Corporeality marked by pain: experiences of female sitting volleyball players[1]

Corporeidades marcadas pela dor: experiências de mulheres jogadoras de voleibol sentado

Maria Denise Dourado da Silva[a]
https://orcid.org/0000-0002-9767-3732
Email: mdedourado@gmail.com

Adriano Jabur Bittar[b]
https://orcid.org/0000-0003-1710-4095
E-mail: adriano@studioabittar.com

Natan Monsores[a]
https://orcid.org/0000-0002-0293-8460
E-mail: monsores@unb.br

Dulce Filgueira de Almeida[a]
https://orcid.org/0000-0003-2352-5478
E-mail: dulce.filgueira@gmail.com

[a]University of Brasília. Faculty of Physical Education. Brasília, DF, Brazil.

[b]Universidade Estadual de Goiás. Escola de Educação Física e Fisioterapia de Goiás. Goiânia, GO, Brasil.

Abstract

This study aims to comprehensively analyze the corporal experience of women with disabilities and their relationship with pain, understood in its complexity. A socio-anthropological analysis was used, considering the body as a biopsychosocial construction. Field research, with a qualitative and hybrid approach, was carried out with a group of female sitting volleyball players. The tools used included sociodemographic and open questionnaires and pain reports. Results suggest that physical pain is intertwined with feelings and emotions such as fear, inability, disgust, and abandonment, attending a subjective dimension. We conclude that the socialization stemming from participation in sports and experiences with pain reframe women's corporeality.

Keywords: Corporeality; Pain; Women; Sitting Volleyball.

Corresponding address
Dulce Filgueira de Almeida
dulce.filgueira@gmail.com
University of Brasilia. Faculty of Physical Education. North Wing.
ZIP CODE 70910-900

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[1] We thank the Graduate Program in Physical Education at the University of Brasília (PPGEF/UnB), the Federal District Research Support Foundation (FAP/DF) and the Association of the Disabled of Aparecida de Goiânia (ADAP)

DOI 10.1590/S0104-12902025240442en

Resumo

O artigo apresenta uma análise compreensiva da experiência da corporeidade de mulheres com deficiência e sua relação com a dor, entendida em sua complexidade. Utilizamos uma análise socioantropológica, considerando o corpo como uma construção biopsicossocial. A pesquisa de campo, com abordagem qualitativa e híbrida, foi realizada com um grupo de mulheres jogadoras de Voleibol Sentado. Foram utilizados: questionário sociodemográfico, questionário aberto e relato sobre a dor. A dor física se entrelaça com sentimentos e emoções como medo, incapacidade, repulsa e abandono, atendendo a uma dimensão subjetiva. Concluímos que a corporeidade das mulheres é ressignificada a partir de experiências com a dor e no processo de socialização por meio da participação no esporte.

Palavras-chave: Corporeidade; Dor; Mulheres; Voleibol Sentado.

Introduction

Corporeality and pain are notions that permeate the construction of this article, which deals with female sitting volleyball players' bodily sensations. Corporeality is constituted as a set of physical, social, and emotional experiences marked and signified in human bodies (Le Breton, 2012). More than a material entity, the term corporeality comprises a theoretical-methodological approach, whose basis is the phenomenological horizon and is expressed in the construction of perceptive experiences (Csordas, 2008; Le Breton, 2012).

We assume the perspective that the body is the result of a social construction and functions as a mediator of the relationship of human beings with themselves, others, and the world. We understand that human existence is a bodily state. Thus, everyday actions and practices are inscribed and experienced in and by the body, while they conform to the distinct corporealities, which correspond to the social ways of perceiving and studying the body (Le Breton, 2013a).

Interpreting human corporeality as a paradigm, Le Breton (2012) and Csordas (2008) point out the multidimensional character of the concept. Constituted at the interface of the social with the individual, of nature with culture, of the physiological with the symbolic, human corporeality crosses these borders, establishing itself in an intersection between human praxis (practice) and perception. Csordas (2008) states that there is a collapse or clash between perceptual consciousness and collective practice in this context, which form a dialectical pair, concerned with the cultural elaboration of "sensory engagement" and not with the body as an isolated phenomenon.

In the scope of the constitution of human corporeality, we understand that pain is something that humanizes us (Le Breton, 2013a). As a part of the bodily experience, pain is built from experienced sensations, encompassing the body in its entirety, depth and surface. In different dimensions, pain has already been studied by many, including authorities on anthropology, such as Mauss (1979), when addressing the obligatory expression of feelings and the idea of death. Understanding that pain, like all kinds of bodily sensations, does not attend to exclusively physiological or psychological phenomena is a common theme in the interpretation of Mauss (1979) and Le Breton (2013a). For Le Breton, pain presents singularity, since each sufferer feels it in a particular way, and, at the same time, perhaps contradictorily, it is influenced by social and cultural impregnation as a result of the education of bodies (Diálogos [...], 2018).

Regarding musculoskeletal pain, approaches mediated by the biopsychosocial model allows us to understand the relationships between beliefs and outcomes of the experience of pain, hinting to its duration and the restrictions resulting from it (Caneiro, 2021). Clinical criteria indicate that the first factors to be addressed when there is musculoskeletal pain, for example, are those related to beliefs that limit effective progress and the reestablishment of health (Caneiro, 2021).

We consider the bodily sensations experienced by female sitting volleyball players, in their physical, psychological, and social dimensions, thus constituting a total social fact—concept adopted from Mauss (2003)—while understanding sitting volleyball (SV) as a sport that presents itself as a singular social phenomenon. As such, this physical practice, in addition to its rules and the layout of the court, engenders a body movement that implies the sliding of the player over the buttocks, with the use of existing limbs, especially the upper ones, to propel the body (Silva, 2013). In this way, a *sui generis* corporeality is forged among players.

In light of that, this article aims to understand how the corporeality of female SV players is constructed, considering sensory expressions (sensations) in the sports *ethos*. Nevertheless, pain presented itself as a native category in the analysis of their accounts of the construction of their corporeality. In other words, the construction of their corporeality was marked by the experiences of their bodies with pain, while the sport is seen as an important socialization factor.

Method

The research was designed as a field study with a qualitative approach. The procedures included: direct observation; a sociodemographic questionnaire; an open questionnaire (OQ); pain reports (P). The research project was approved by the Research Ethics Committee (CEP) under No. CAAE 3.785.188.

The hybrid field state (part in person and part remote) happened due to the COVID-19 pandemic, with women with disabilities from a SV team as participants. The locus was a multi-sport gymnasium in the city of Goiânia (Goiás, Brazil), and, later, social media took over the scenario, contextualizing the research.

Flick (2004) shows that research can be adjusted according to new facts, including the adaptation of research to be carried out on social media. To this end, the following was observed: (1) whether the social group surveyed, and the researcher have easy access to the internet; (2) whether they have the necessary skills to handle the instruments online; and (3) the advantages that the redefinition of the method can offer, without detracting from the nature of the research. Considering that there were no obstacles to the development of the investigation according to the terms mentioned, we believe that the methodological reorientation, in addition to being necessary, did not compromise the quality of the research. The information was analyzed by three independent researchers. The participants were given fictitious names.

The research comprised two stages. (1) In person. Jan/Feb-2020. The ethical procedures of the research were presented, and the fieldwork began: observation and application of the sociodemographic questionnaire. (2) Remote. Mar/Sep-2020. Monitoring the group via social media, with OQ and P sent by e-mail. Only one of the OQs was not replied.

The researched group is made up of women, evincing the specificity of the socioeconomic profile of the participants in relation to sex/gender. We agree with the approach adopted in the study by Nicolau, Schraiber and Ayres (2013), in which they state that research with women with disabilities is still scarce today. This is because this group is part of a population segment that has restricted rights in various areas, including sexual and reproductive, and, in this way, is coated in double vulnerability: being a woman and having a disability that is generally stigmatized. International research in the field of disability studies also defend the double vulnerability and, allied to feminist studies, emphasize that bodily differences are sociocultural constructions, distinct from the natural condition of the lesions (Nicolau; Schraiber; Ayres, 2013).

Our women's group consists of nine participants, aged 22 to 49 years, with a low-income socioeconomic profile; some receive an athletic scholarship and/or some type of government subsidy. Three are married, and of these, two have children, and the rest are single. As for education, one attended elementary school, two completed secondary education and one is attending higher education; five completed higher education. All of them live in the metropolitan region of Goiânia and are linked to an association of people with disabilities, whose headquarters are in Aparecida de Goiânia. With reference to the condition and origin of the disability, the group comprises: (1) four athletes with amputated lower limbs; (2) one with paraparesis; (3) three with lower limb monoparesis; and (4) one with spastic hemiplegia (Chart 1).

Table 1. Sociodemographic characteristics of the respondents

Name/Clubs	A	MS	C	E	SP	D/O
Flor—Association and Brazilian national team	34	Married	0	Higher education—degree in Physical Therapy	Average income—receives athletic scholarship	LL amputation—motorcycle accident
Flor-de-Maio—Association	42	Married	2	Higher education—degree in Pedagogy	Low income—receives athletic scholarship	Lower limb monoparesis—poliomyelitis
Sofia—Association and Brazilian national team	32	Married	1	Complete secondary education	Average income—receives athletic scholarship	Amputation of the leg/below the knee—motorcycle accident
Girassol—Association	29	Single	0	Higher education—degree in Physical Therapy	Low income	Hemiplegia—CVA
Elisa—Association and Brazilian national team	37	Single	0	Higher education—degree in Human Resources Management	Average income—receives athletic scholarship	Amputation of the leg/below the knee—motorcycle accident
Rosa—Association and Brazilian national team	29	Single	0	Higher Education—degrees in Physical Education and Administration	Average income—receives athletic scholarship	Paraparesis—partial vertebral spinal cord injury
Tulipa—Association	22	Single	0	Higher Education—undergraduate Journalism student	Low income	Lower limb monoparesis—femoral tumor
Cristal—Association	49	Married	3	Incomplete Primary Education	Low income—receives athletic scholarship	Lower limb monoparesis—motor vehicle accident
Mariazinha—Association	34	Single	0	Complete secondary education	Low income—receives athletic scholarship	Amputation of the foot—motorcycle accident

Caption: A — Age; MS = Marital Status; C = Children; E = Education; SP = Socioeconomic Profile; D = Disability; Origin = O; LL = Lower Limb; CVA (Cerebrovascular Accident).

Source: devised by the authors (2020).

Results

As previously highlighted, understanding the construction of the corporealities of female SV players was our initial objective. By applying our research techniques, a sociodemographic questionnaire, and an open questionnaire, especially the latter, we showed that pain was present in the women's accounts as a central category. This led us to the insertion of a complementary technique, defined in our terms as "pain reports," which will be examined here.

Female sitting volleyball players: why they have painful stories to tell

To present a comprehensive analysis of the corporeality of these women, relating it to the experiences of pain, we see the relevance of considering it at the intersection of the categories of gender, disability, and sports *ethos* because they interact and enhance our understanding of this reality.

Connell and Pearse (2015) state that society has mechanisms capable of shaping individuals, making them recognize themselves as men and women, taken from overlapping characteristics, such as culture, media, religion, education, among other social life spheres. In this context, gender stereotypes are defined, which vary according to society, culture, and the education of bodies.

The education of bodies is also responsible for ways of perceiving, feeling, and reacting to pain. The perception of pain is traversed by social and cultural symbolisms (Le Breton, 2003), and the attitude of the social actor to the resulting sensation is attuned to a system of meaning and value specific to the social and cultural fabric to which they belong, at the same time that they are reinterpreted. Disability, in turn, is re-elaborated in the confrontation of social forms of interpreting bodily differences. This option leads us to consider pain as a phenomenon that is part of the experience of the constitution of the researched disabled bodies.

In the sports *ethos*, "the athlete asks for pain as the raw material of the work he performs in his body," says Le Breton (2003, free translation). Pain was presented by the author (Le Breton, 2023) as "pain figures" and declared as chosen, and even desired. Because it is controlled pain, suffering becomes insignificant, having the advantage of extrapolating one's own thresholds as a reference, by experiencing it in the frontal relationship with the world and transforming oneself.

The meanings of pain

When we asked the participants about the meaning of pain, the answers obtained were as follows:

> Flor: [...] *The reaction that your body feels when it is injured or with some pathology is a sign that the body sends to tell you that something is wrong. I can endure physical pain and am attentive to any signs. In addition to musculoskeletal pain, horrible headaches, I have already gone through phantom limb pain.*

> Sofia: *Pain, for me, is as if I felt a knife in me. Only the phantom pain, which for me is not a pain, but it is feeling a limb that is inside me.*

> Elisa*: It is a discomfort, an unpleasant experience. That something is not right with our body, it can be physical or emotional. Fear of not being able to have children (inability relation). Insomnia and lack of appetite.*

In all responses, the meaning of pain goes beyond its physical sense or significance, although the latter is always present in the records. For the participants, pain is more than a corporal or physical sign, it is a demonstration that the body has a limit that affects the experience of being; it is an unpleasant experience, which brings suffering, hurts, and causes agony. We see that there is a relationship that expresses pain in a sensory and emotional way.

Living with pain, according to Le Breton (2013b, p. 16), is a tragedy that changes the person's sense of identity and undermines their existence. Pain carries with it an ambiguity, as it demonstrates an organic defense and evinces the "extremely" vulnerable existence. "Pain forces lucid and difficult learning of the dangers that threaten physical integrity" (free translation), as we saw in Sofia's records, when she said that pain ended up imposing limits on her body, making her recognize that she no longer had that limb. Tulipa's formulation is also similar to Sofia's, who also points out that pain became a factor that made her discern that the body needed to be cared for and given attention, since it would have a certain degree of vulnerability. At this point, pain is mixed with fear. These sensations and emotions meet and forge the senses/meanings of their corporeality.

Le Breton (2013b, p. 16) states that "First of all there is pain that destroys the person, it is a pain that imposes itself on the circumstances [...] and the person becomes powerless." All the statements of the research participants fit into the situation of going through pain that was instituted by a generating event, especially due to personal accidents with cars or motorcycles, conditions that made these women go through a readaptation in their ways of living, a moment in which their corporeality were adapted, both as human beings who are forced to live with pain and as women who have had their social roles redefined and marked by the double vulnerability of being a woman and having a disability (Nicolau; Schraiber; Ayres, 2013).

Pain is coated in aspects of three orders, demonstrating that it is imposes on the human being as a total social fact. We observed that Le Breton (2013) does not make a completely negative assessment of pain. He presents it as something ambivalent and, at the same time, of extreme complexity, which performs the function of favoring the apprehension of the symbolic dimension underlying the relationship between the omnipotence of the human being and his violable aspect.

Regarding the personal suffering caused by bodily injury or even by the disease from which the participants suffer, we asked "what other sufferings accompanied your experience with pain in some way and have you ever felt discriminated against because of your disability." In this regard, the opinions are:

> Flor-de-maio: *First a loss (father) and family distancing...*
>
> Girassol: *Fear, loneliness, misunderstanding, inability, sadness. Feeling inferior or less than happened at different times in life... I believe that this is from an emotional nature, also related to self-acceptance or feeling inadequate when compared to those who do not have any disability.*

From what has been stated, personal suffering is demonstrated by the combination of fear, loneliness, a sense of inadequacy and sadness. Feeling less of a person than others. In Goffman (2011) we see that the image of the "self," in terms of socially approved personal attributes, was abandoned as he began to perceive himself as a person with a disability and to recognize himself as having a "wrong facade" or being excluded from the "facade." People find themselves in this situation when they feel ashamed or inferior due to the fact that they do not have a body that corresponds to the "standard" imposed by bodynormativity (Malmberg, 2009). It means feeling bad in the ritual process of interaction, which affects the constitution of their identities, their corporeality, as well as their relationships with others.

We observed an exaggeration in considering the person with disabilities "incapable" of performing daily tasks even in the women who received family support, despite the fact that the suffering caused by body modification or of becoming a person with a disability is still evidenced, as recorded by Tulipa:

> *Well, no one has moved away from me because of the disability, quite the opposite; a lot of people are closer because of this, but I've felt less of a person when it comes to extreme care, so... People wanting to take care of me and looking at me like I'm a baby again* [...] *That bothers me a lot. It bothered me a lot more, but today, in parasports, I managed to find myself... like... people not treating me like that, both my family and my friends... people treated me like I was untouchable... like nothing could happen to me.*

What Tulipa said relates to the feeling of "inability" corroborated by the reactions of diverse agents, as it pertains to the belief that people with disabilities need "extreme care," "that they cannot do anything," and with the fact that the family and society in general end up seeing these people in a stigmatized way. This is because, according to Goffman (2011), when a person is identified on another facade, in which they often do not recognize themselves, but are perceived by others as such, they end up being subjected to an asymmetrical social rule, that is, they start to be treated differently.

We can understand that this type of asymmetrical rule imposed on women with disabilities reinforces a personal feeling of inability. Instead of seeing themselves as holders of freedom of decision and a sense of control over their lives, these women see themselves as inferior and dependent during interactions to which they are susceptible.

We also questioned these women about the knowledge that their life experiences brought them, especially those related to pain:

> Sofia: *It taught me to know how to take care of myself more, and to be very careful not to forget that I don't have a leg, it served as a lesson in my life.*
>
> Girassol*: We adapt and always try to move forward, which does not mean that there are no questions or dissatisfactions with certain situations, in one way or another the emotional pain exists, but we try to change the focus.*
>
> Rosa*: I don't accept the situation. I'm always suffering for no longer having strength, speed and control over my whole body. To adapt is to survive. I live each day looking for meaning in everything that happened, because standing still is the worst thing I could do.* [...] *However, the physical pain has passed, meanwhile, the psychological one hides between the lines of everyday life, but it always manages to make me shed a tear due to the memories.*
>
> Cristal: *Pain taught me that... The best moments in life are not necessarily the most enjoyable.*

The women's statements demonstrate a feeling of nonconformity with their body presentations, with their current characteristics. Although they are athletes and are always busy with other tasks, like studying and/or working, all have an economically active life, the dynamics of their daily lives is the object of personal suffering. Personal pain and suffering are not forgotten by them.

Le Breton (2013) helps us by stating that we live with pain as long as it does not profoundly alter the performance of daily activities, especially work activities. This is also perceived in the records obtained from the participants' OQ and P. When pain becomes unbearable, daily life is affected and everyday tasks become unfeasible.

Pain, phantom limb, and the meanings of mutilation

Of the women surveyed, four suffered lower limb amputation. An amputation is the total or partial loss of a limb; it is always accompanied by a feeling of bodily mutilation associated with a sense of inability and dependence (Miron, 2011). These women, after amputation, went through psychological, physical, and existential suffering due to changes in body structures and, consequently, in ways of life. In the Ps, we found that there is an association between pain and personal suffering linked to the notion/conception of disability, especially for those who had limbs amputated.

The P says:

> *I thought I would depend on everyone, I would be useless to my family.* [...] *And my thinking was all negative and I just wanted to die so I wouldn't be a burden to anyone* [...] *I couldn't leave the house because I was ashamed of my body, I felt useless, powerless and incapable of anything* (Mariazinha).

Basing our discussion on amputation on Mariazinha, we perceive, according to Miron (2011), that the participant presents a characteristic thought of someone who is in the situation of an amputee, relating her condition to inability, impossibility, and dependence on the people closest to her. Goffman (2011) also associated this with the issue of the "wrong facade."

According to Hill (1999, p. 11), "the loss of a limb for any reason is one of the main events with profound implications for the psychological health of the individual involved" and it generates, as we can confirm by what Mariazinha said, feelings of uselessness, dependence, as well as depressive reactions.

Elisa suffered a motorcycle accident at the age of 16. She had an open fracture, the artery ruptured, which was followed by severe bleeding episodes, she had several surgeries and an infection. After fifteen days in the hospital, she returned to the operating room to clean the area, and the foot became cyanotic and lost sensitivity, which made the doctor say that he would have to amputate the limb: "*I despaired, screamed, said no and asked them to make another attempt because I didn't want to be without my foot.*" After five surgeries, amputation was necessary:

> *When I returned to the room, I even thought that I had not been amputated because I felt as if I had a leg, I felt everything, the sensation of the leg, then I looked at it and I no longer had my foot and my world had changed, I did not feel the pain that I had before, but the sensation was different.*

In this case, contradictorily, the removal of the member brought relief from the suffering caused by intense pain. The clinical alternative was to sacrifice a part of the body to interrupt the pain and end the suffering. The recovery of functionality occurred only after three years, with the use of the first prosthesis, which required a new adaptation in arm movement.

The level of amputation and the age of the person define different conditions for physical activity and the use of different types of prosthesis. The residual limb, called the stump, is considered the new limb that must be trained to control the prosthesis during body movement.

Flor suggests that this was a difficult process for her:

> [...] *Adapting to the prosthesis was not easy. It hurt a lot in the region where it is supported, so I felt a lot of pain that lasted for approximately five months. Today, 14 years later, I feel discomfort in the stump when I spend a long time either sitting or standing.*

All amputees in the group began to participate in the SV activities, that is, to be part of the training team, after rehabilitation, the healing of the stump and recognizing in themselves the potential and possibilities of overcoming the bodily challenges suddenly imposed, drastically transforming their bodily conditions and mobility. Contrary to the idea of inability, lower limb amputation does not interfere negatively with the performance of the SV game, because, as Silva says, "*Who has two legs, has too many legs,*" which puts them at a disadvantage during movement. On the other hand, everyday pain, especially the ones related to injuries resulting from repetitive strain on the joints, pain in the stump and phantom limb, are part of the personal suffering of these women-athletes.

According to Crawford (2009), the meaning of phantom limb paralysis and morbidity contains in itself a sensation of deep, merciless pain. Phantom limb is defined by researchers as any sensation in the missing limb with the exception of pain. Its presence is consequent to amputation in a traumatic, surgical or congenital way and has aroused curiosity and fascination among researchers who try to find out why this phenomenon occurs.

Considering the information obtained, Sofia's records demonstrate that the sensation of having a phantom limb represents what may be sensible, but is not tangible:

> *I don't feel pain, I just feel my toe moving (which no longer exists). Sometimes I even look to see if it's moving (amputee stuff). I fell the day after I had the surgery, thinking I had a leg. I fell about three times, but there was one that was the worst. I fell, thinking I had a leg I didn't react, I hit the stump bone straight to the ground and almost died of pain* [...] *I couldn't get up, I just cried and screamed from so much pain, I spent a week without putting the prosthesis on and without training because it was so swollen, after that, thank God, I didn't forget that I don't have a leg anymore.*

The participant mentioned that she has the perception of her amputated leg, that is, that the sensation of the existence of the limb remains from the moment she regained consciousness from anesthesia after surgery. According to Crawford (2009), corporeal ghosts have been felt by people who have suffered some type of mutilation or amputation. However, the author brings an interesting approach to our prism of analysis. She presents the idea that these sensations may represent a form of bodily transgression. While it has undergone the process of amputation of a limb, the body resists and reacts, insisting on telling itself that the amputated limb is there. It would be a bold way to challenge bodily materiality (Crawford, 2013).

Phantom limb pain is defined as the sensation of pain associated with the missing limb. These pain conditions can begin immediately after amputation or even years later. These people are often stigmatized because the general population believes psychological pain is not real. Some patients do not report phantom limb pain precisely because they suspect that they will not be understood. The limb is gone, but the pain is material. Crawford (2013) recognizes that these rebellious pains are no less real or less painful. They are different.

Flor completes her account:

> *After the amputation, I had pain and phantom sensation. I felt like I had my leg, I felt my toes move. If someone passed in front of me, I would immediately scream and say that they were stepping on my foot. The pains come in twinges, a feeling of shock, tingling. I had phantom pain during the month I was hospitalized. Until one day the doctor said it was all in my head. So, I started training my right side LL, and then the pain and sensation started decreasing.*

She mentions the phantom limb perception and the painful sensation during the month she was hospitalized as incomprehensible. The sensation is not the same for everyone, it can be tingling, shock, stabbing, and crushing in varying intensities, qualities, durations, and frequencies, being difficult to treat, which leads to suffering, impaired sleep quality and a reduced quality of life.

They are female bodies that have been mutilated by amputation and that suffer from phantom limb pain. Here, the horizon of the sensible becomes corporeal. They are, therefore, bodies redefined by other sensibilities, daily informed by pain, which violates the ontological stability of an unfathomable, surprising, enigmatic, and cunning body. The embarrassing and often audacious characteristics of phantom limbs raise epistemological and ontological questions about the body and its many eccentricities, forging distinct corporealities.

A body with a disability and the interaction in and for sports

We observed that the interaction mediated by SV appears as an interesting element to provide emotional support and enable exchanges of experiences and socialization among the women participating in the research (Miron, 2011).

According to the sociodemographic profile of the respondents (Table 1), we found that some participants in the research are part of the athletes association, and that others represent both the association and the Brazilian national SV team. This prompted us to ask them about the role of sport in their lives:

> Rosa*: What moved me was the desire to recover everything I lost. My desire to win and always improve led me to another sport. The determination in my personal life was taken to the courts, uselessness was replaced with a new role in the game, weakness became strength to move and keep the ball rolling, and anger became hope in the search for new frontiers and new achievements* (R Rosa).

> Mayflower: *I can say with all conviction that sport transforms the life of any citizen in every way, when it comes to thinking, acting, reacting.*

From the reports, we perceive the importance of SV for the resumption of these women's daily lives; sports motivated them to compete, to seek alternatives beyond the processes of pain and personal suffering that afflict them. Rosa's report shows that her participation in SV was important for breaking the feeling of uselessness, that is, the feeling, evidenced in all statements, of being incapable. In expressing herself, she says that "*Weakness has become strength,*" denoting that there was a reframing of her social role, which, in some way, helps overcome the double vulnerability. In addition to this fact, Flor-de-Maio's report shows the relationship between the women and the technical team as something relevant and, in a way, a source of pride for her, as it expresses forms of social exchange.

We interpret these socialization processes as possibilities in which these bodies interact in SV contexts and also enable exchanges of experiences, that is, exchanges that occur from social interactions. Thus, the sports *ethos* seems to promote distinctive scenarios, ranging from situations (reported in the participants' statements) with detailed descriptions of the sensations of pain to possibilities to overcome, while body perceptions of the interviewees are mixed with the will to overcome the obstacles that their lives have imposed on them.

In effect, SV as part of an *ethos* is an indication of socialization among women players, the coaching staff, and their families, who come to recognize them as people capable of acting in this world, which transforms their lives. On the other hand, their experiences of corporeality are undoubtedly mediated by pain and, in one way or another, are penetrated by the achievements and frustrations that sport raises. The disabled bodies of the SV players from this social group were marked by painful sensations imposed by various circumstances and experiences, echoing in their relationships with themselves, with others and with the world.

Final considerations

This article presented a comprehensive analysis of the experience of corporeality of a group of women with disabilities, SV players, and their relationship with pain. They are bodies whose bodily experiences are intertwined with a set of sensations that are redefined by the interaction processes provided by sport.

The surveyed women experienced the most varied episodes of pain. Painful sensations and consequent physical and emotional suffering were part of the trajectories of these bodies: poliomyelitis, amputations, burns, spinal cord injury, surgeries, bone removal and grafts, spastic hemiplegia, and aggressive bone tumor with bone removal and endoprosthesis implantation, events with consequent submission of their bodies to the condition of people with disabilities.

The meaning of pain can be interpreted in the face of various changes and consequences, such as losing the ability to perform everyday actions and depending on others. This shows us how fragile the "human body" is and, paradoxically, confronts our immense capacity for adaptation and repositioning in times and spaces, in both bodily and social practices. People with disabilities often see themselves as "wrong facades" and suffer from the imposition of asymmetrical rules, due to the way interaction with others occurs in the ritual process, in their daily lives, an argument guided by the current bodynormativity. All of this allows us, at the same time, to recognize the aspiration for completeness and the revelation of bodily insufficiency interpreted in the disconcerting experience with pain and in the obligatory redefinition of bodily identity by these women.

Not all of the participants experienced the same sensations or the same feelings and emotions when feeling pain; in a group of nine women, most overcame the traumatic aspects of their experiences. This variation is closely related to the singularity of their personal trajectories in the face of the interpretation of what was learned in the process of body education, even if informal, in coping with pain, notably in the case of the four amputees, the new ways of redefining their corporeality in the face of mutilation processes and phantom pain.

The evidence of pain shows its multidimensional character and requires an approach to epistemological and ontological questions about the body and corporeality within the criteria of analysis of senses and meanings. We hope that the permanent interactions of the individual and collective, natural and cultural, and physiological and symbolic dimensions will be considered, governing the complexity of the painful experience in the materiality of human flesh .

Pain is transformed into personal suffering, overflowing bodily limits, and it is as an ontological thread that sews our physiological, symbolic, cultural, social, individual, and collective dimensions and comes to remind us, in the existential fabric, of all the vulnerability of the human condition.

This study is in the phase of information analysis from the data obtained and, therefore, we consider it a provisional achievement of the objectives for which it was possible to approach the reality of the participants' corporeality and relate it to the pain experience. The results corroborate other findings in the field and point to physical pain being intertwined with emotions and feelings of incapability, repulsion, and abandonment, thus meeting a subjective dimension, especially considering the case of those women who had their bodies mutilated.

We conclude that the corporeality of women, both those who were born with disabilities and those whose disability was constituted in other stages of life, is reframed through the relationship with pain, with sports and the socialization process that it presupposes.

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Author contributions

Maria Denise Dourado da Silva: Conducting the research, analysis and writing of the text. Adriano Jabur Bittar: Contribution to the analysis and writing of the text. Natan Monsores: Contribution to the analysis and writing of the text. Dulce Filgueira de Almeida: Orientation of the research, contribution to the analysis and writing of the text.

Received: 06/12/2024
Approved: 09/17/2024