“Playing with injury”: the health-related aspects of a career in women’s handball

Authors’ contribution:

- A) conception and design of the study
- B) acquisition of data
- C) analysis and interpretation of data
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Abstract

Health, injury, and pain within the social contexts of sports remain relevant. Sociologists have repeatedly pointed out a set of factors that shape the sociocultural background of sports and aim to normalize the high risk of injury, pain, and negative impacts on health. The literature contains inspiring studies with valuable guidelines for conceptualizing this issue. Some researchers have focused on the social factors shaping athletes’ experiences with health-related risks and have proven that it is possible to oppose the deeply rooted “culture of risk.” The fact that most studies on the subject involve men’s sports increases the importance of those that address health-related risks in women’s sports. The literature includes few works concerning the sociocultural contexts of injury, pain, or health issues in handball. The aim of this study was to learn about the opinions and experiences of professional female handball players related to health in their discipline. Three main directions of research were followed: 1) health as a value; 2) significance of injury and pain; and 3) effect of health-related risks on a career in sports. The data were collected before the COVID-19 pandemic. The results do not reflect the opinions or experiences of the participants during the period of heightened epidemiological risk. The sample comprised female athletes ($n=52$) who participated in the Polish First League of women’s handball and represented the highest competitive level in their category in Poland.

Keywords: Health, injury, sport, women’s handball

Introduction

A survey conducted in Poland showed that health is one of the most cherished values among Poles (PORC, 2016, 2019; CSO, 2017). According to the data collected by the Polish Public Opinion Research Center (PORC, 2016) before the COVID-19 pandemic, most Poles consider their health to be satisfactory. An increasing number of Poles believe that a healthy lifestyle is popular. The percentage of respondents declaring that they make an effort to stay healthy has increased significantly. Most Poles also believe that caring for one’s health is primarily an individual duty. However, compared to 2012, twice as many respondents declared that the duty to foster the health of citizens should primarily fall on the state (an increase from 20% to 41%).

A PORC (2016) report on the health and health-related behaviors of Poles indicates that it is unclear whether the health-related behaviors of Poles are more preventive or interventive in nature. The vast majority of Poles declare that they take care to stay healthy, but actual fitness-promoting activities are still relatively uncommon.

The very well-known Polish saying, “sports are health” (“*sport to zdrowie*”), indicates a fairly simplistic view of reality and a superficial attitude toward sports, especially competitive sports. Sociologists have repeatedly pointed out a set of factors that shape the sociocultural background of sports and aim to normalize the high risk of injury, pain, and health issues (AlHashmi & Matthews, 2021; Curry, 1993; Edwards, 1973; Frey, 1991; Hughes & Coakley, 1991; Malcolm, 2006a, 2009; Matthews & Channon, 2016; Matthews, 2020; Nixon, 1992, 1993; Theberge, 2006). The literature contains inspiring studies with valuable guidelines for conceptualizing this issue. For instance, a study by Howard Nixon (1993) on the cultural framework of American competitive sports based on the popular *Sports Illustrated* magazine with respect to injury and pain clearly shows that athletes are encouraged to take significant health-related risks. Nixon (1992) identified similar phenomena as elements of the “culture of risk,” which is dominant in a type of social structure he called “sportsnet.”

Sigmund Loland, Berit Skirstad, and Ivan Waddington (2006) provide an overview of pain and injury management in sports in their book, *Pain and Injury in Sport: Social and Ethical Analyses*, and reflect on ascribing meaning to pain and injury. In turn, a book by Joseph Kotarba (1986) on the social dimension of chronic pain shows that the sports subculture is dangerously fond of taking risks related to physical suffering. Studies on health-related risks in sports also address such issues as cachexia (Guttman, 1988; Muniowski, 2020) or aggression and violence (Dziubiński, 2007; Young, 1991). Keith Ewald and Robert Jobu (1985) used the concept of “positive deviation” to analyze pain tolerance in runners and bodybuilders. Zbigniew Dziubiński (2019) reviewed deviations in sports from the perspective of the following basic sociological paradigms: 1) the structuralist-functionalist approach; 2) the theory of conflict; and 3) symbolic interactionism. Examples of the application of the individual approaches appear in studies on hooliganism among football fans (Grodecki & Kossakowski, 2020; Jasny & Lenartowicz, 2021).

Sport sociology and medical sociology have much in common, specifically cooperation with researchers from outside the humanities; shared subjects of interest; and a focus on various dysfunctions (Stempień, 2020). There are many studies concerning sport sociology (Hughes & Coakley, 1991; Nixon, 1992, 1993) and medical sociology (Arksey, 1994; Freidson, 1960; Löwy, 1988) that are used to this day, which leads to the conclusion that health, injury, and pain within the sociocultural contexts of sports remain relevant. Some researchers have addressed the problem of the medicalization of sports by focusing on the social factors shaping athletes’ experiences with health-related risks (AlHashmi & Matthews, 2021; Malcolm, 2006a, 2009; Malcolm & Sheard, 2002; Roderick, Waddington, & Parker, 2000; Safai, 2003; Walk, 1997, 2004). A few sociologists who investigated the significance of health care proved that it is possible to oppose the deeply rooted “culture of risk” (Killick, Davenport, & Baker, 2012; Malcolm, 2006a, 2009; Safai, 2003; Walk, 1997, 2004). However, with the exception of studies by Elizabeth Pike (2005), Katie Liston et al. (2006), and Christopher Matthews (2020), researchers have paid little attention to sports disciplines with limited access to physicians. This lack has been addressed by studies on the subculture of combat sports conducted by Reem AlHashmi and Christopher Matthews (2021). AlHashmi and Matthews focus on “team-doctoring,” a term introduced into sociology by Parissa Safai (2003). According to Safai, difficult access to physicians leads to coaches and team members giving unprofessional and sometimes dangerous medical (or rather, pseudo-medical) recommendations to athletes.

A number of works on aggression, violence, injury, and pain in sports address issues related to gender studies (Curry & Strauss, 1994; McKay, Messner, & Sabo, 2000; Messner, 1992, 2002; Nixon, 1994a, 1994b, 1996; Rail, 1990, 1992; Young, 1993; Young, White, & McTeer, 1994). According to Michael Messner (1992), the greedy owners of sports clubs, irresponsible coaches, or athletes seeking success at all costs cannot be held exclusively responsible for athletes’ tendency to take significant risks when it comes to health issues, injury, and pain. Another potential reason why athletes may decide to compete despite injury is the social construct of masculinity. The fact that most studies on the subject involve men’s sports increases the importance of those that address health-related risks in women’s sports (Pike & Maguire, 2003; Young, 1997; Young & White, 1995). Some female athletes identify coping with pain with masculinity (being a “tough guy”). Consequently, during competitions, they “play with pain and injury” to prove that they are not “malingerers,” but rather “true” athletes (Jakubowska, 2017; Malcolm, 2006b; Theberge, 1997).

The literature includes few works concerning the sociocultural contexts of injury, pain, or health issues in handball. In Poland, the story of Karol Bielecki, a member of the national team in handball, is still fresh in people’s memories. During a friendly match with Croatia in 2010, Bielecki lost an eye following a collision with another player and faced a premature end to his career. Women’s handball is given much less attention than men’s. The aim

of this study was to learn about the opinions and experiences of professional female handball players related to health in their discipline. By necessity, the study addressed only some of the aforementioned aspects of the subject. Thus, three main directions of research were followed: 1) health as a value; 2) significance of injury and pain; and 3) effect of health-related risks on a sports career.

Methods

This study was quantitative and explorative-descriptive in nature. The data were collected in January 2019, before the COVID-19 pandemic. Thus, the results do not reflect the opinions or experiences of the participants during the period of heightened epidemiological risk. The study used non-probability sampling. The sample comprised female athletes ($n = 52$) who participated in the Polish First League of women's handball and represented the highest competitive level in their category in Poland. The participants were aged between 16 and 32 years old, with an average age of 21 years. The declared training experience ranged from 11 to 20 years for 46% of the participants, from 6 to 10 years for 44% of the participants, and from 3 to 5 years for the remaining 10%.

The data were collected using the Computer-Assisted Web Interview method. The method was selected based on the following considerations: 1) the relatively large spatial distribution of the participants (female handball players from various sports clubs across Poland); and 2) the expected elasticity of the research tool, i.e., a questionnaire addressed to players with limited free time due to rigorous training regimes. The participants were able to answer the questions on their own at their convenience. Before the questionnaire was sent to the participants during the main phase of this study, it was tested in a pilot study.

Results and discussion

Health as a Value

Sociology defines values as particular points of reference that underlie the standards, model behaviors, and practices followed by an individual or a community. Stanisław Ossowski's (1967) classic concept distinguishes three types of values: 1) accepted values; 2) experienced values; and 3) implemented values. Accepted values are those that society perceives as important and appropriate. Societal pressure also forces conformists to adopt these values as individuals who uncritically accept the axiological order in a given community. Experienced values are those that are important and appropriate from the viewpoint of an individual. They are the stimuli that prompt individuals to take particular actions. Lastly, implemented values are those that actually dictate the functioning of specific individuals, i.e., the focal points of their everyday activity aimed at fulfilling their personal goals.

One of the factors affecting the range and significance of health culture is the rank of health within the individual or collective hierarchies and systems of values. Ossowski proposed an approach that allows us to determine the rank of health within the structure of values held by Poles in general and held by the study participants. While implemented values are difficult to analyze with a questionnaire based on the respondents' declarations, the answers provided by the participants of this study shed some light on the issue.

The aforementioned report from a PORC (2016) survey concerning the health and health-related behaviors of Poles observed that the hierarchy of values accepted by Poles did not change significantly over the decade preceding the survey. In addition, it observed that 57% of respondents indicated maintaining good health as one of the most important values in everyday life, second to familial happiness (79%). In a later PORC (2019) survey concerning the significance of family, the proportions were similar, with 55% for maintaining good health and 80% for familial happiness.

Health is especially important for athletes. Staying healthy is an integral part of athletes' lives (Edwards, 1973; Pisarek et al., 2011). The female handball players who participated in this study were asked about their most important (experienced) values in everyday life. As with the PORC (2016, 2019) surveys, a similar share of respondents indicated good health (89%) and familial happiness (87%). However, in this case, the former was the slightly more popular answer. The obtained responses are even more consistent with a report prepared by the Polish Central Statistical Office (CSO, 2017) on the quality of life in Poland, in which the proportions were 89% and 81%, respectively. Both values were declared regardless of gender, age, or place of residence.

Analyzing such a complex and abstract construct as a system of values using quantitative methods can only provide a generalized, simplified structure. However, the data presented in this paper allow for the conclusion that

the handball players' responses concerning the rank of health in the hierarchy of values did not differ significantly from those obtained among the general Polish population.

A report from a PORC survey from 2016 underlined that between 1993 and 2016, the percentage of respondents who declared that they take care to stay healthy increased by 27 percentage points, from 58% to 85%. In turn, the percentage of respondents who declared that they engage in no health-promoting activities decreased nearly three-fold, from 38% to 14%. Women declared that they take care to stay healthy more often than men.

The questionnaire used in this study also asked the participants about caring for one's own health. As with the 2016 PORC survey, 85% of the participants declared that they care for their health. However, it is worth noting that the remaining 15% of the participants answered "hard to tell" (with no negative answers), whereas in the PORC survey, "hard to tell" answers amounted to 1% and negative answers amounted to 14%. Maintaining health and physical fitness is a vital part of the sports ethos, which is why the lack of negative answers among the handball players should come as no surprise. However, at the same time, some participants were unable to provide a clear answer.

According to a CSO (2021) survey about the health of Poles in the year before the COVID-19 pandemic (i.e., the survey did not concern the period of the pandemic), 66% of respondents assessed their health as good and 9% assessed it as bad. Compared to the previous edition of the survey (from 2014), Poles assessed their health in similar proportions, with only minor differences (amounting to about 1 percentage point). Slightly higher differences were observed in the report from a PORC survey (2016), according to which 55% of respondents were satisfied with their health (a decrease of 2 percentage points compared to the corresponding report from 2012), and 9% were unsatisfied (a decrease of 4 percentage points compared to 2012).

The female handball players participating in this study were asked about their health. A total of 58% assessed their health as good, and 11% assessed it as bad. These results did not differ significantly from those obtained among the general population of Poland. However, as the PORC (2016) and CSO (2021) reports observed, subjective assessments of health usually vary significantly depending on the respondents' age, with negative assessments increasing with an increase in age. It is worth noting that the participants of this study were aged 16–32 years old, with over 81% aged 18–23 years old. In the PORC (2016) report, 85% of the cohort aged 18–24 years old and 80% of the cohort aged 25–35 years old assessed their health as good, and almost no responses were negative (0% and 1%, respectively). In a CSO report from 2021, 94%, 89%, and 85% of the age groups of 10–19, 20–29, and 30–39 years assessed their health as good, respectively. Likewise, there were very few negative responses (2% in each of the three age groups). Taking these data into account, it can be concluded that the handball players assessed their health as worse than their peers from the general population of Poland.

The responses provided by the participants of this study indicate that health is the value they cherish most. Furthermore, the vast majority declared that they take care to stay healthy. However, 79% admitted to having participated in a match at least once despite a physician advising against it due to injury. A total of 70% admitted to having done so more than once (60% "a few times," and 10% "many times"). This means that the vast majority of the participants risked their health on multiple occasions by participating in matches. Moreover, all of the participants declared that they had witnessed such behavior in other handball players (46% "a few times," and 54% "many times").

The respondents were also asked whether they expected their teammates to participate in matches despite their physician's recommendation against it due to injury. A total of 84% of participants agreed, adding that they would expect their teammates to do so only in exceptional circumstances such as an important match or a match with no replacement player. A few respondents had more categorical and extreme opinions on the matter, declaring that they would either "always" or "never" expect such self-sacrifice (8% each).

The participants' responses suggest a discrepancy (described by Ossowski) between health as a value that they internalize and, consequently, experience the most as part of socialization, and their day-to-day actions in their sports practice. This discrepancy can be explained based on the concept of a "positive deviation," which is also applied in research on sports (Ewald & Jiobu, 1985). A positive deviation results from overconformism, which in this case involves an uncritical acceptance of the basic values and rules of the sports ethos, such as striving for victory (especially during an important match), self-sacrifice, or even transgression. These values and rules are clear and unambiguously positive not only for athletes, but also for coaches, managers, and fans. However, when their uncritical internalization leads athletes to strive for victory at all costs, including by taking health-related risks, it becomes a form of deviation that extends beyond the conventional, institutionalized practices within a given sports discipline (Hughes & Coakley, 1991).

However, a social configuration can occur in which people consider victory at all costs as a given (Curry & Strauss, 1994). According to the contextual explanation, which is typically used in interpretative sociology, sports

are socially defined, and it is a given community itself that is the most privileged to express their nature (Nosal, 2015). Consequently, a deviation in sports is anything that a given social discourse considers as such. This inclusive – or even permissive – approach means that even complete dedication to achieving victory in sports and the resulting health-related risks may become conventionalized. Participating in a handball match against a physician's recommendations and expecting the same from others may become an "overarching custom" that is never labeled as a deviation (Becker, 1963). The rules of play that transgress laws and legal standards are defined and solidified through institutionalization.

Contextualism coincides with the constructionist interpretation of social reality (popular in contemporary sociology), according to which individuals interpret their surroundings based on their own cultural circles, environments, and experiences, which precludes the existence of objective reality and emphasizes the relevance of cultural relativism. Constructionism, which states that social reality is created as a result of interactions between individuals and groups (and consequently does not exist independently from the perceiving agent), may prove useful for the analysis of risky decisions among handball players.

The theory of the social construction of reality (Berger & Luckmann, 1966) is the foundation of symbolic interactionism, which is also used to analyze deviation in sports (Jasny & Lenartowicz, 2021). From this perspective, a community's approval of players' participation in matches against medical recommendations can be explained by the concept of the social construction of deviation (Dziubiński, 2019). As long as athletes, coaches, managers, and fans do not consider the insufficient medical attention given to athletes to be a problem, such behavior will either never become socially labeled as deviation or the label will be negligible. It is a specific sociocultural definition, rather than a set of objective circumstances, that shapes the nature of this phenomenon and determines the community's approach to it and actions taken to address it (Blumer, 1971).

It is easier to notice the structural determinants of health-related problems surrounding female handball players by observing how the cultural environment imposes specific models of behavior on individuals (Mills, 1959). Interpreting this matter through the categories of functional and structural analysis of deviation in sports offers two important observations: 1) the mechanism of the formal and informal monitoring of the players' health may be ineffective or superficial; and 2) collective agents such as competition organizers or participating clubs may be demobilized with respect to the shared responsibility of maintaining safety in matches.

A total of 69% of the study participants believed that it was not worth hiding an injury from their coach and teammates. In turn, 21% believed that hiding an injury was justified only in specific circumstances. If the vast majority of the participants play in matches against medical recommendations and frequently expect the same from their teammates, yet at the same time do not believe that hiding an injury from their coach and teammates is justified, then it can be assumed that the women's handball community (including players, coaches, and other training staff) approves of taking relatively significant health-related risks. Consequently, the circumstances surrounding top-ranking female handball players seem to encourage them to take risks that may considerably impact their health (Nixon, 1993).

It is especially disturbing that coaches, who play a key role in facilitating players' health and development and preventing health-related abuse, may also approve of taking such risks (Rynne et al., 2017). Coaches are the chief initiators and organizers of preparations for competitions. They also affect the atmosphere in the club and are primarily responsible for fostering players' development in a holistic and healthy manner (Mallett, 2005, 2013). The beliefs held by a given sports community, especially among coaches and team members, influence the attitudes of each player, including practices related to health and development (Wattie & Baker, 2018). For this reason, without appropriate medical supervision, players looking for medical advice first turn to their teammates or coaches (Safai, 2003; AlHashmi & Matthews, 2021).

Sports methodology, which is well established in science, promotes a systematic and predictable process of preparation for competitions. Nonetheless, sports often involve extreme emotions (Jakubowska, 2017), and some sports-related actions are difficult to explain from a rational stance (Kotarba, 1983; Jankowski & Lenartowicz, 2007). In particular social conditions, even the basic duties of a coach, such as ensuring the health and safety of the players (by following a physician's recommendations and preventing risky situations), are not necessarily obvious.

Significance of pain and injury

All female handball players participating in this study declared having sustained an injury at least once in their career. Eight percent sustained an injury once; 52% sustained multiple injuries, 19% sustained 10–20 injuries, and 10% sustained injuries a few dozen times. The remaining 11% of the players sustained too many injuries to count. The players were also asked about the type of injuries they sustained. A total of 71% declared a sprained ankle;

54% – pain due to joint overload; 50% – muscle strain; 42% – moderate muscle tear; 37% – torn anterior cruciate ligament in the knee; 33% – fractured finger; 31% – meniscus injury; 19% – torn ligament; 17% – sprained knee; 10% – fractured arm; and 6% – fractured toe. There were also individual cases of a fractured leg; Achilles tendinitis; torn Achilles tendon; spinal hernia; fractured nose; shoulder or wrist injury; torn tendon of the patella, ankle, or other tendon; and torn muscle.

All participants admitted to having sustained an injury serious enough to prevent them from playing matches at least once in their career. The participants were also asked about the typical duration of the downtime caused by injury. The majority (75%) declared that the downtime usually lasted from one month to a few months (23% – one month; 21% – 6–7 weeks; 31% – a few months). Furthermore, 52% of the participants admitted that they had sustained a serious injury requiring a surgical operation at least once in their career, with 23% having undergone an operation once and 27% a few times. One of the participants declared having undergone many operations.

A total of 89% of the handball players believed that pain and injury are an unavoidable and natural part of competitive sports. The frequency and variety of the injuries sustained by the participants of this study, as well as the fact that they are accustomed to pain and injury, suggest that handball is no exception in sports: its cultural context supports the acceptance, or even glorification, of health-related risks, pain, and injury (AlHashmi & Matthews, 2021). This unique culture of risk is reproduced through interactions within the community of each sports discipline. Importantly, sportsnets tend to reinforce an infantilizing attitude towards pain and injury (Nixon, 1992). In-depth qualitative research on the degree and specifics of the medicalization of handball, with particular focus on the sociocultural determinants of the players' attitudes towards and experience with health-related risks, pain, and injury, would no doubt shed light on the issue (Malcolm, 2009; Roderick, Waddington, & Parker, 2000; Safai, 2003).

According to 78% of the participants, engaging in competitive handball comes with a high risk of health issues. Further research may help to determine the extent to which this belief is the result of everyday contact with the culture of risk. Such research may also help to characterize this belief (what model it may pertain to) and the structure of relationships within it. Howard Nixon (1992) determined that the higher the threat, immediacy, and centralization (subordination to the leaders) of the interactions taking place within a sportsnet, the higher their homogeneity and stability. This in turn leads to the internalization of the axionormative paradigm prevalent in a given community, even if the paradigm promotes players making risky decisions. Functioning in such a sportsnet forces the participants to “play with pain and injury.”

Even a small, loose, and decentralized sportsnet may normalize negative impacts on health in the name of victory (Liston et al., 2006), which can be interpreted as overconformism. On the other hand, a higher heterogeneity resulting from the emergence or reconfiguration of relationships within a sportsnet may encourage respect for athletes' autonomy in terms of taking health-related risks and caring for their health (Killick, Davenport, & Baker, 2012; Malcolm, 2006a; Walk, 2004). Therefore, any emanations of the culture of risk can and should be counteracted with a “culture of caution” to help both athletes and coaches resist the pressure to take significant health-related risks, whether occasionally or on a regular basis (Safai, 2003).

Effect of health-related risks on the participants' careers

The chances for success and career development decrease drastically for professional athletes who do not care for their health. Health-related behaviors may directly extend or limit their participation in matches (Pisarek et al., 2011). The participants of this study were asked why professional handball players end their careers. The most popular response (52%) was health issues or injury, followed by reaching retirement age (29%). A few respondents also indicated a career change (8%) or pressure from family (4%). A comparison between the results of this study and those obtained among the general population of Polish national representations of different summer Olympic disciplines (including handball) shows that in the latter study, the most popular response (35%) concerning the primary career threat was subpar sports performance; health issues was the second-most popular response (15%; Jankowski et al., 2007).

Health problems, injury, and pain are the chief worries among both athletes and coaches at every stage of any sports career. These issues can lead to the loss of an athletic scholarship and, consequently, a loss of livelihood; loss of income from sponsors; and sudden, forced downtimes (either long-term or permanent) resulting in an end to the sports career (Lenartowicz, 2019).

From the viewpoint of the sports club as an employer, the final decision to hire an athlete depends primarily on the athlete's experience, achievements, and health (Lenartowicz, 2009). An athlete's values and usefulness are assessed based on both their sports performance and whether their health allows them to take full advantage of their capabilities (Ciok & Lenartowicz, 2020). Health-related risks are a significant contributing factor to sports being

considered an “up and down career” (Pawlak, 1995). An unexpected success or failure, or health issues or injury, can rapidly change an athlete’s socioeconomic status.

A total of 69% of the participants of this study never considered terminating their career in sports following an injury, while 31% considered it at least once (6% – following their first injury; 21% – after subsequent injuries; 4% – only after their first injury). However, 79% observed other players struggling with this dilemma. The participants’ responses can be interpreted in the context of the significance of socialization in sports (Craig & Mellor, 2010; Malcolm, 2006b). In this case, it seems particularly important to determine why so few of the participants considered ending their career in handball despite the high risk of health issues and nearly constant injuries and pain. Joseph Kotarba (1983) analyzed chronic pain in professional athletes based on the concept of sports subcultures. This concept suggests that athletes use social networks to discreetly communicate their injury-related problems and ascribe meaning to them. Because the handball players share similar experiences and problems, they are an important source of knowledge for one another about hiding pain and returning to playing as quickly as possible. However, an uneven distribution of confidential information about the assessment of injury and pain and coping with these issues may create division among the players within their sportsnet. Consequently, two different groups of players form: those who “succumb” to pain and injury and are consequently stigmatized due to the culture of risk; and those who communicate their pain and injuries only when they are “really suffering.” Such labeling usually takes place with the approval of the coach, who often prefers to work with “game participants,” rather than “malingerers” (Kotarba, 1983).

Of the players who participated in the study, 77% admitted to having experienced difficulties due to a past injury despite their physician’s approval of participation in matches. Furthermore, 89% observed the same in other players. As in other sports disciplines, professional handball deals with the subjective assessment of an injury sustained during a match and the fine line between being “injured but able to play” and “injured and unable to play” (Messner, 1992). Handball players do not have to report every injury, especially very minor ones, or pain experienced during a match to their coach. If they do, they may be threatened with downtime, especially before an important match, or be labeled a “malingerer.” However, sometimes the pain associated with a minor injury can grow or lead to other injuries (Coakley, 1978). Increased susceptibility to injury in athletes is the primary consequence of neglecting health-related problems (Pisarek et al., 2011).

A total of 52% of the participants of this study declared that according to their knowledge, experience, and contact with other players, the negative health effects of sports usually arise after retirement. Professional athletes experience an important dilemma. On the one hand, the culture of risk, which dominates in sports subcultures and is difficult to understand outside this limited social context, promotes the acceptance of high health-related risks and disapproves of injury and pain. On the other hand, this culture does not protect athletes from the physical, mental, emotional, social, or economic consequences of serious injury and chronic pain (Nixon, 1993; Good et al., 1992). This is especially important when the time comes for a retiring athlete to look for a new professional identity and life path (Lenartowicz, 2019). Consequently, a more in-depth study is needed on respect for health and the significance of injury and pain in the context of the attitudes and experiences of handball players and coaches, as well as representatives of other disciplines. Ultimately, athletes, coaching staff, and all other members of each discipline’s community should take responsibility for the correct holistic development and health of the players, implement good practices, and prevent abuse.

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