



The role of ultrarunning in drug and alcohol addiction recovery: An autobiographic study of athlete journeys

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ABSTRACT

Purpose: There is contentious understanding of the role of sport in adult recreational drug and alcohol addiction recovery. This study explored athlete autobiographies as cultural sites of analysis in relation to the role that one sport (i.e., ultrarunning) plays in addiction recovery capital pathways.

Design: Working at the intersection of an autobiographical approach grounded in relativist narrative inquiry, a social constructionist narrative thematic analysis was conducted of two autobiographies—Catra Corbett and Carlie Engle—about addiction recovery through ultrarunning (i.e., distances of 43 km or more). The narratives used to construct life transformation and recovery capital in relation to ultrarunning were centralized in the analysis using Frank's (2013) work on illness narratives and the body.

Results: Two narrative themes threaded athletes' addiction recovery journeys: chaos narrative and quest narrative. Two sub-themes related to fluid identity transformation intertwined with ultrarunning were identified within these narratives: 1. 'addict-runner' (chaos) and 2. 'addict runner to ultra-runner' (quest). Nuanced meanings of suffering were connected to identity transformation and running and two forms of addiction recovery capital: human (e.g., psychological adjustment, life perspective) and social (e.g., family connection, community).

Conclusions: The research findings provide insight into the role of sport in psychosocial aspects of addiction recovery using an autobiographical approach grounded in narrative theory. This study also extends work in sport psychology focusing on autobiographies as research and pedagogical resources to learn more about athlete mental health.

Substance addiction is a public health issue, with over 21.6 million people age 12 years and older suffering with substance dependence or abuse worldwide (Potenza, 2013). Reflecting on addiction as encompassing psycho-social and cultural intersections, clinicians and researchers agree that addiction recovery (i.e., lifestyle characterized by sobriety and/or lack of substance use to maximize health) requires a multi-dimensional approach (Witbrodt, Kaskutas, & Grella, 2015). The contributing aspects of addiction recovery are termed 'recovery capital' (Granfield & Cloud, 2015), which includes the sum of available resources to support recovery pathways (Hennessy, 2017). Recovery capital resources include social (e.g., family, friends, community belonging), physical (e.g., money, shelter, services), human/personal (e.g., health, personal aspirations, psychological adjustment), and cultural (e.g., values and beliefs linked to social norms and behaviours) (Granfield & Cloud, 2015). A review of recovery capital literature highlighted that recovery resources vary in need and effectiveness

depending on the addiction and life circumstance, with human and social capital centralized as important to facilitate recovery for many recovering addicts (Hennessy, 2017).

There are diverse ways in which people may construe addiction recovery experiences and how identity is (re)shaped through human/personal (e.g., adjustment) and social capital (e.g., relationships, community) (Best, Musgrove, & Hall, 2018). From this perspective, recovery involves a shift from involvement with using groups and an 'addict/user' identity, to being part of a new community that cultivates shared recovery values consistent with a 'non-user identity' (Best et al., 2018; Mackintosh & Knight, 2012). This identity shift requires a transformation to new ways of thinking and being, which creates adjustment difficulties if human, social and cultural recovery capital resources are lacking (Best et al., 2018). An additional pathway to life transformation through recovery capital can be derived from participating in meaningful activities that cultivate skills and an identity

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grounded in non-using behaviours and social connections (Cano Best, Edwards, & Lehman, 2017).

Sport is one meaningful activity that holds potential to facilitate addiction recovery capital due to the identity transformative and positive social impact that sport participation may provide (Harmon, 2018). Studies in exercise psychology support the role of exercise in addiction recovery in facilitating psychological adjustment intertwined with social capital (Stoutenberg, Rethorst, Lawson, & Read, 2016; Zschucke, Heinz, & Ströhle, 2012). Although studies of illegal doping and performance enhancing drugs in sport are growing (Reardon & Creado, 2014), studies on sport and adult recreational drug and alcohol addiction are less common, particularly in terms of addiction recovery (de grace, Knight, Rodgers & Clarke, 2017; Reardon et al., 2019). Palmer (2018) summarized four themes around which substance use and addiction has been primarily researched in sport. These themes include (a) the commercial economy (e.g., branding and marketing of alcohol); (b) social practices and identities (e.g., sport as conduit and space for creating gendered identities related to drug/alcohol consumption); (c) crime and violence (e.g., alcohol's role in violence at sport events); and (d) health behaviours (e.g., spectator and athlete (mis)use). These research themes coalesce mainly around studying sport environments as problematic and/or conduit to unhealthy forms of substance (mis)use, addiction and related negative outcomes.

One published qualitative study in sport sociology is an exception to the above research themes, showing the potential value of sport in the addiction recovery process. Landale and Roderick (2014) used a case-study approach to explore substance-misusing adult offenders engaging in community-based sport (i.e., soccer) to facilitate recovery. Analysis of participant life stories showed that sport played a central role in facilitating addiction recovery by building social connections and personal growth through identity transformation. Such transformation was complex, involving (re)construction of an 'addict identity' into an 'athlete' and 'teammate' through sport skill development connected to new life meanings and health (i.e., human recovery capital). When taken in conjunction with addiction research findings on recovery capital, the role of sport culture (i.e., values, meanings, social interactions) in addiction recovery is an intriguing line of inquiry. Alcohol and drug addiction struggles within sport contexts warrant further investigation to expand the sport, alcohol and drug research nexus, as struggles are often underpinned by stories of suffering across the addiction journey worth exploring (Brownrigg, Burr, Bridger, & Locke, 2018; Jones, 2013).

1. Narrative inquiry and autobiography

Given the contentious role of sport in the alcohol and drug addiction recovery process, one way to expand this understanding is to use narrative inquiry. Narrative inquiry is a theoretical approach making inroads in sport psychology to learn about athlete identities by focusing on stories (Douglas & Carless, 2015; Smith & Sparkes, 2009). Stories are prioritized as sites of analysis within narrative inquiry because people use them to make sense of who they are (i.e., self-identities) and in so doing, draw on particular narratives made socially and culturally available (McGannon & Smith, 2015; Smith & Sparkes, 2009). In this sense narratives— and the stories told within them— are resources and 'actors' because they have the capacity to *do* things; narratives shape identities, behaviour, experiences and emotions through telling and witnessing of stories (Frank, 2013; Smith & Sparkes, 2009). The present study was grounded in a relativist ontology and social constructionist epistemology, with narratives viewed as *constructing* self-identity and experiences, in contrast to self-identity being conceptualized within the mind of the individual in post-positivism (McGannon & Smith, 2015; Smith & Sparkes, 2009). From a relativist ontology, the focus "shifts from selves and identities as individualistic, real, and interior-based, to them being constructions derived from narratives and performed in relationships" (Smith & Sparkes, 2009, p. 5).

Aligning with relativism and social constructionism, narratives are the socio-cultural resources that athletes may use to fashion identity-related stories when negotiating life changing events such as illness (Carless, 2008; Stewart, Smith, & Sparkes, 2011) and psycho-social tensions during drug and alcohol addiction recovery (Cooftfield, 2009; Dunlop & Tracy, 2013a; Hanninen & Koski-Jannes, 1999). Addiction recovery studies have shown the potential of a narrative approach, with some work identifying a redemption narrative within which a 'bettered identity' is constructed and linked to a more lasting recovery (Dunlop & Tracy, 2013b; Kougliali, Fasulo, Needs, & Van Laar, 2017; Mackintosh & Knight, 2012).

Despite the potential of a narrative approach for learning more about sport and addiction recovery, there is minimal work focusing on athlete stories of addiction recovery and the narratives within which such stories take shape and meaning. One form of culturally rich self-story—athlete autobiographies (Sparkes & Stewart, 2016)—has much to offer toward expanding understanding of the role of sport in addiction recovery. An autobiography is a first person life writing story told by a single narrator which contrasts with biographies written by a third person about someone (Smith & Watson, 2010). Sport autobiographies are commercially produced stories focusing on recognizable athlete's lives, providing access to unique aspects of performing bodies, and in the case of addiction, ill and/or suffering bodies, in sport contexts (Palmer, 2016). Studying autobiographies as cultural sites worthy of analytical attention can be traced to work in literary theory, history and anthropology (Eakin, 1999; Smith & Watson, 2010). Relevant to conceptualizing athletic identities, is that the body has been recognized as a central site of autobiographical knowledge and expression, and a textual surface on which a person's life and material experiences are inscribed (Eakin, 1999). Aligning with tenets of narrative inquiry from a relativist perspective, autobiographies infuse personal, social and cultural realms, because their content and ways in which they are told, draw on socio-cultural narratives for understanding and shared meaning (Eakin, 1999; Smith & Watson, 2010).

When grounded in relativism, autobiographies can be studied as textual resources that connect identities to the socio-cultural realm, rather than providing windows into 'true' identities and lives (Smith & Watson, 2010). Studying athlete autobiographies grounded in narrative inquiry is thus useful toward addressing the contentious understanding of sport's role in addiction recovery toward (re)shaping identities and lives. While not yet utilized to study sport and addiction recovery, qualitative analysis of athlete autobiographies has expanded understanding about athlete health, showing the potential of such work for sport psychology. Autobiographic work includes elite athletes' illness experiences (Stewart et al., 2011), cyclist Lance Armstrong's struggles during cancer and recovery (Butryn & Masucci, 2003; Sparkes, 2004), performance pressure and depression for elite athletes (Newman, Howells, & Fletcher, 2016), disordered eating recovery for elite female swimmers (McGannon & McMahon, 2019), and post-traumatic growth in elite swimmers (Howells & Fletcher, 2015).

Relevant for the present study is Palmer's (2016) analysis of professional athlete autobiographies and alcohol addiction struggles. This study explored addiction in sport cultures through identifying metaphors used within the stories. Metaphors of 'war and fighting the enemy' were identified within a restitution narrative, which is an illness narrative that expects someone to quickly return to prior health (Frank, 2013). Within a restitution narrative, war metaphors were connected with an addict's identity and ambition to return to sport, offering a form of redemption identified as important in addiction recovery literature (Dunlop & Tracy, 2013b). While the role of sport was not looked at in relation to addiction recovery capital, this study showed the value of studying autobiographies as cultural resources to learn more about sport and addiction.

Autobiographies can also be useful pedagogical resources, particularly in terms of learning more about lived experiences of athlete mental health, because they centralize emotional life worlds of athletes

(McGannon & McMahon, 2019; Newman et al., 2016). Autobiographies ‘do things’; they facilitate reflections in tellers and listeners through forms of disclosure and exposure of silenced or difficult to access topics (Eakin, 1999; Frank, 2013). In turn, space is opened up through personal and cultural forms of accessible storytelling to humanize stigmatized and/or expose hidden aspects of addiction within sport culture (Brown & de Matviuk, 2010; Palmer, 2016). Despite the potential of studying autobiographies as cultural sites of analysis to provide insight into the role of sport in addiction recovery capital, as yet there are no published studies with this intent and focus.

2. Purpose and research questions

Given the complex narratives surrounding sport and drug and alcohol addiction recovery have been less explored and that there is the potential to learn more by studying stories using narrative inquiry (Dunlop & Tracy, 2013a; Palmer, 2016), focusing on athlete autobiographies of addiction recovery is a fruitful research direction. Focusing on autobiographies in this manner affords the inclusion of data forms in sport psychology in addition to interviews as the ‘go to’ or ‘default’ option, opening up additional understanding (Day, 2016; McGannon, Smith, Kendellen, & Gonsalves, 2019). Publicly disclosed stories of athlete addiction struggles are in abundance (Palmer, 2016), with a search for ‘endurance athletes, drug and alcohol addiction recovery’ stories yielding 3.43 million matches within the google database. Mediated stories of ultrarunning and addiction recovery have become a particular phenomenon, with such stories profiling athlete recovery journeys (see Daniloff, 2017). A search on ‘athletes and addiction struggles’ across sport contexts yielded over 70 published autobiographies, which was narrowed to 12 published autobiographies on distance running and addiction recovery. Research underscores the value of exploring ultrarunning (i.e., distances over 42 km) and addiction recovery autobiographies in sport psychology, given the link to physical and mental skills, identity transformation and social connections (Holt, Lee, Kim, & Klein, 2014; Roebuck et al., 2018; Simpson, Post, Young, & Jensen, 2014). Although these psychosocial outcomes are centralized as forms of addiction recovery capital, ultrarunning has not yet been explored within addiction recovery research.

The purpose of the present study was to extend understanding of sport and addiction recovery by studying ultrarunning autobiographies using relativist narrative inquiry, to learn more about the role of ultrarunning in addiction recovery capital pathways. Two ultrarunner’s—Catra Corbett and Charlie Engle—autobiographies of addiction recovery were the focus of analysis. The autobiographies detail each athlete’s complicated path of alcohol and drug addiction, recovery struggles, and role of ultrarunning in recovery. Narrowing to these two autobiographies from the 12 published autobiographies located provided the opportunity to study unique cases (McGannon & McMahon, 2019), who are part of a growing community of recovering addicts using running in sobriety (Daniloff, 2017). Both athletes also have similarities (e.g., using ultrarunning to transform their lives, working class background, advocating for addiction awareness and running for sobriety, ultrarunning into their 50s) whose stories told from a life span perspective further allowed for exploration of complex meanings and practices surrounding addiction recovery within the sport, alcohol and drug addiction research nexus (Palmer, 2016). The following research questions guided the study: 1. What narratives are used to construct meanings related to ultrarunning in addiction recovery journeys? And 2. How does ultrarunning assist in forms of addiction recovery capital (e.g., personal/human, social, cultural) within narrative resources identified?

3. Methods and methodology

3.1. Illness narratives and ideal typical bodies

In order to contextualize our analysis, Frank’s (2013) work on illness, identity and embodiment warrants discussion. As a form of narrative inquiry, Frank’s work has been influential in theorising illness experiences, health decline and/or recovery. Within this work, three narratives—restitution, chaos and quest—are centralized as resources that people may draw on to structure their own, and others’, illness stories. Each narrative type has a unique plot and set of tensions by which people make sense of illness, which in turn constitute experiences and identities (Carless, 2008; Sparkes, 2004; Stewart et al., 2011). Depending on the life circumstances, illness narratives may be drawn at different points in time, and may result in positive or problematic outcomes for well-being (Frank, 2013).

The restitution narrative is a dominant storyline that focuses on hope, recovery and body-self restoration placed in the hands of medicine, health workers (e.g., therapists) and/or adopting particular regimes (e.g., exercise) (Papathomas, Williams, & Smith, 2015). Given that addiction recovery is characterized by relapse, the downside of a restitution narrative is that space is not made for the reality of recovery as a struggle which does not end in ‘cure’. Individuals drawing on restitution may feel like failures at recovery when they relapse, or they may draw on two other narratives: chaos or quest. A chaos narrative is characterized by a plot that imagines life will not get better, with a sense of futility and loss of control within the illness experience. Chaos stories are not heard by others because they are less palatable and anxiety provoking, and because they cannot be told until the sufferer has distance from the illness (Carless, 2008; Frank, 2013). The paradox of chaos stories is that suffering needs acknowledgement and witness before one can move forward, but due to chaos lacking palatability and narrative order, a wall is built around the sufferer which silences chaos. A quest narrative affords another possibility of self-reconstruction within the context of illness, in that suffering is met head on, and the illness experience provides self-related insight and/or learning for others (Frank, 2013). Quest stories may use the metaphor of a journey marked by suffering and set-backs, which keep chaos at bay, though not cured and fully overcome.

The body is also centralized within illness narratives, with Frank suggesting four questions that the body must answer within stories: questions related to control (e.g., body function and performance), body-relatedness (e.g., association and awareness of one’s body), other-relatedness (e.g., monadic/isolation or dyadic/connected to others), and desire (e.g., how what one wants is expressed with, for and through the body). Four ‘ideal typical bodies’ within Frank’s work afford particular actions within illness narratives: the disciplined body, mirroring body, dominating body, and communicative body. The disciplined body seeks control of illness through regimes (e.g., medical treatments, exercise training), with stories told through pursuit of the regime in isolation (i.e., monadic) and desire known through the regime itself; the body is an ‘object’ to be controlled via regimes. The mirroring body is also an object dissociated from itself and others, defined in relation to consumption and regimes similar to the disciplined body to attain desires of image and the ‘picture of health’ for real and imagined others. The dominating body assumes contingency of illness but does not accept it, becoming angry toward others, seeking to dominate others through acts of punishment (i.e., dyadic). Dominating bodies may also absorb acts of punishment (e.g., painful exercise), losing desire and connection to one’s self due to having little control over illness. Finally, the communicative body accepts that illness cannot be controlled, and expresses a desire to be an example with, and for, others (i.e., dyadic) (Frank, 2013).

Within a restitution narrative, illness control and desire to be healthy are promised to individuals through monadic/isolated acts of a disciplined body or mirroring body, which lead to a restored healthy

self as ‘good as new’. Becoming ill or sick again is not entertained within restitution, since illness is controlled through disciplined or mirroring acts of the body (Frank, 2013). Within a chaos narrative, the body is “swept along, without control, by life’s fundamental contingency” (Frank, 2013, p. 129) and is monadic and dissociated from one’s self and desire to be well, due to such stories being silenced and/or experienced in isolation. An ill body-self in chaos is the antithesis of disciplined and mirroring body regimes, since chaotic bodies expose that illness cannot be controlled by treatments nor keep up appearances of health or normalcy. Within quest stories, because suffering and illness contingency are acknowledged, the possibility to associate the body with realities of illness is opened, serving as a communicative body whereby suffering is witnessed by others (Frank, 2013).

Our analysis of Corbett’s and England’s autobiographies will make reference to the features illness narratives outlined, along with general characteristics of questions of the body and ideal typical bodies. Given the outcome of our analysis, the focus will be primarily on chaos and quest narratives within the context ultrarunning and addiction recovery. The value of identifying these narratives within autobiographies for sport psychology will come forward in our results/discussion and conclusion sections.

3.2. Athlete autobiographies of addiction recovery

The autobiographies analysed to answer the research questions were ‘Reborn on the run: My journey from addiction to ultramarathons’ (Corbett & England, 2018) and ‘Running man: A memoir’ (Engle, 2016). Catra Corbett was born on December 24, 1964 in Fremont, California, USA. She took up running in 1996 after being released from prison for dealing drugs and began her recovery journey from methamphetamine and alcohol addiction. Corbett’s drug and alcohol use were partly the result of sexual abuse as a child by a family friend and death of her father at 17 years of age. Never having been a runner previously, she tried a 10 km race with her only clean/sober friend, which led to running a marathon shortly thereafter. Within the first year of sobriety, ultramarathon distances (i.e., 50 km or more) followed, becoming centralized in Corbett’s life transformation and addiction recovery process. Corbett’s prominence is the result of multiple ultrarunning milestones including being the first American woman to run over 100 miles more than one hundred times, competing in over 250 ultramarathons and holding the fastest known time for running the 212 mile John Muir trail in the Sierra Nevada mountains of California out and back (i.e., 425 miles in twelve days). Corbett is also the oldest woman to complete three back-to-back 200-mile races at age 53, winning the ‘200 triple crown’ US races (i.e., Bigfoot 200, Tahoe 200, and Moab 240).

Charlie Engle was born on September 20, 1962 in Charlotte, North Carolina, USA, and began running in elementary school, competing in his first cross country meet where he qualified for the Junior Olympics. Throughout Engle’s childhood, a lack of family stability led to teenage-onset of alcohol use, which continued into University where alcohol and cocaine use intensified. Engle’s addiction journey spanned his 20s and 30s and included membership in Alcoholics Anonymous (AA) and several relapses. Engle’s first marathon was Big Sur, California in 1989, accompanied by running numerous marathons, before sobriety. During recovery, Engle signed up for his first ultra-marathon; Nanango Forest Foot Race, a 52 km race near Brisbane, Australia, winning the men’s division. Engle completed 30 marathons within the first 3 years of his (new) running career as a sober man, becoming known for completing the ECO-Challenge, a televised 300-mile race of trekking, kayaking and mountain biking. Engle is also known for running across the Sahara Desert in 2007 to raise money to supply clean water to communities. Engle’s experiences with two other athletes were the subject of a documentary film ‘Running the Sahara’ which covered more than 6500 km over the 111 days.

Corbett’s autobiography consists of 22 chapters and acknowledgements totalling 216 pages and Engle’s autobiography consists of 14

chapters and acknowledgements totalling 290 pages. To facilitate analysis, chapters were scanned into a database and converted into files. Chapters centring on addiction recovery and the unfolding role of ultrarunning were the focus of analysis, with other chapters used as contextual stories. This form of sampling in relation to the research questions aligns with recommendations for analysing autobiographies as socio-cultural phenomena (Eakin, 1999; Smith & Watson, 2010; Stewart et al., 2011).

3.3. Thematic narrative analysis

Operating as *story analysts* (i.e., stories are objects of analysis) guiding principles drawn from Reissman (2008) and Smith (2016) were used to conduct a social constructionist thematic narrative analysis. These guiding principles were viewed as *characterizing traits* done in a cyclical manner, rather than as linear fixed criteria (Smith, 2016), used to identify the themes/patterns within the stories (i.e., the what’s of stories). This social constructionist underpinning of how self-stories function within narrative resources contrasts with a post-positivist conception of autobiography as providing access to ‘true’ experiences or mental structures (Eakin, 1999; McGannon & Smith, 2015; Smith, 2016). Awareness of these assumptions was part of attaining theoretical and methodological coherence in rigorous contemporary qualitative research (Smith, 2016; Smith & McGannon, 2018).

The first guiding principle of ‘data organization’ was done by converting chapters into data files, followed by ‘narrative indwelling’ achieved through multiple readings of the stories and recording impressions of what was said with each reading by the co-authors. Narrative indwelling facilitated identification of recovery capital meanings related to the research questions in order to think *with*, rather than *about*, the stories (Frank, 2013). The co-authors met as ‘critical friends’ throughout subsequent analysis to open up dialogue, provide a sounding board to explore multiple interpretations, and enhance the analytical process (Smith & McGannon, 2018). The principle of ‘identifying and refining narrative patterns and relationships’ was facilitated by moving back and forth through close readings of passages and writing content meaning summaries attached to key phrases/text segments. To facilitate this process, we asked ourselves “what theme(s) or thread(s) occur consistently and repeatedly?” and “what twists/turns mark a key transition in the story?” (Smith, 2016).

The principle of ‘describing and interpreting’ was done by linking summaries to surface meanings (i.e., excerpts were linked to Corbett’s and Engle’s experiences as stated) and underlying meanings within the stories (Smith, 2016). For example, when storying early running experiences, both athletes noted that physical and emotional suffering was part of running. This thread of ‘physical and emotional intensity’ through embodied running challenges carried through the stories over time, but with nuanced tensions related to identities shifting from an ‘addict’ to an ‘ultrarunner’. To show this fluidity, two central narrative themes were developed: a chaos narrative characterized by unpredictability to (re)shape an ‘addicted self’ and a quest narrative within which suffering was re-appropriated to construct an ‘ultra-runner’ intertwined with addiction recovery capital. The final step of ‘representing results’ was done by writing across analysis steps and linking themes with narrative theory, autobiography research and other related qualitative research. Results and discussion are presented together to show this interpretive phase of the study (Smith, 2016).

4. Results and discussion

Two narratives were identified threading Corbett’s and Engle’s stories: chaos and quest, and two sub-themes related to identity transformation intertwined with ultrarunning: 1. ‘addict-runner’ (chaos narrative) and 2. ‘addict runner to ultra-runner’ (quest narrative). The narrative themes of chaos and quest allow for highlighting nuanced meanings of suffering as part of identity (re)configuration, within the

context of addiction recovery as a journey with twists and turns. Within the chaos and quest narratives woven throughout the stories, ultra-running played a fluid role in forms of human/personal (e.g., psychological adjustment, health, life perspective) and social (e.g., community belonging) recovery capital. The central features of each narrative are outlined, followed by a discussion of each identity sub-theme.

4.1. Chaos narrative

Within our thematic narrative analysis findings when a chaos narrative threaded Corbett's and Engle's autobiographies, their addiction recovery stories were characterized by emotional and physical suffering, loss of control over their bodies, and a loss of desire in the sense that life may not get better (Frank, 2013). Corbett's and Engle's running were connected to a 'fragmented self' experienced in isolation within a chaos narrative (Carless, 2008), which meant that running was intertwined with an uncertain path to human (e.g., health, adjustment) and social (e.g., family connection, community) recovery capital. Running was part of a 'zigzag story line' in Corbett's and Engle's recovery process, which went from bad to worse and back to bad (Frank, 2013). An example of these points is shown when Engle experienced his first cycle of relapse after 6 months of sobriety, despite his running regime:

I called for another shot and a beer and another beer and another shot, and then, shit, I don't know what happened. The next morning, I woke up hungover and bewildered by how easily I had picked up that first drink. I had thrown away six months of sobriety without a fight. I was ashamed of my behaviour, but the good news was that I had done it in relative privacy. Pam didn't know I had relapsed and neither did my father, and I wasn't going to tell them. I didn't plan to keep drinking, so there was no reason to share my secret (Engle, 2016, pp. 42–43).

The above quote aligns with Frank's (2013) idea of isolated suffering and monadic body, which suggests that a chaotic body is cut off from entering dyadic relationships of care; Engle hides his relapse from his partner and father. The above example also shows the lack of control through a structuring of "and then and then and then" often seen within a chaos narrative (Frank, 2013), as Engle shoots back one drink after the other as a loss of control in isolation.

Our findings further align with addiction recovery research that has shown elements of chaos are experienced as relapse and/or emotional struggles, rather than recovery being a linear destination ending in certainty of cure (Widtbodt et al., 2015). Studies on athletes' illness experiences have shown that within a chaos narrative, illness meanings are intertwined with emotional turmoil and lack of clarity as to how—and if—recovery is possible (Carless, 2008; Sparkes, 2004; Stewart et al., 2011). Research on substance addiction in sport underscores the chaotic struggles that athletes experience when negotiating the uncertainty of sobriety (Brownrigg et al., 2018; Jones, 2013; Palmer, 2016). The meanings identified within a chaos narrative are further understood in relation to a restitution narrative. As noted, restitution is the opposite of chaos, as an ill person and those around them seek a swift resolution to illness, usually with medical help, leading to a restored identity and life (Frank, 2013). Restitution was shown to foreground Corbett's and Engle's chaos stories in problematic ways by painting an unrealistic picture of recovery, which impacted recovery capital. These points regarding restitution will be shown in the sub-theme of 'addict runner' that follows.

4.2. Sub-theme: addict runner

The chaos narrative and associated meanings are shown in greater detail through the sub-theme 'addict runner' identified within our analysis. Within a chaos narrative, an 'addict runner' meant that running was intertwined with addiction for Corbett and Engle. Although Corbett took up running as a healthy replacement for drugs, she quickly supplanted drug addiction with an eating disorder, as running became a form of dominating form of bodily punishment after a suicide attempt

led to weight gain. This led to over-training and food restriction, which were normalized practices linked to emotional and physical suffering (McGannon & McMahan, 2019). The suffering Corbett experienced in her first two ultramarathons as an 'addict-runner' was a legacy intertwined with a past 'addict identity' shown in the following example:

When I began running, which quickly escalated into my first marathon, I'd feel like crap on most of my runs, especially my long runs. But I thought that's how you're supposed to feel. You were running for as long as three to 4 h on those long runs. Who didn't feel like crap while you were running that long? As I began running more, the weight dropped off even faster. I ate a few pieces of fruit a day, and then I cut down to three apples a day (Corbett, 2018 p. 48).

Corbett's eating disorder was explored in detail in the chapter 'one bite at a time'. Within a chaos narrative that threaded this chapter, Corbett noted that despite running officials saying she was 'too skinny' to sustain running 50 km, she privately experienced anxiety and distress intertwined with addiction. While trying to recover:

I struggled, and in some ways, I struggled more with this addiction than with my addiction to drugs. It was hard when I started to put on weight. It felt weird. It felt wrong in some ways. I'd step on the scale every morning, and it was very hard to see the numbers go up, even though that meant I was in recovery (Corbett, 2018, p. 77).

Engle's running during recovery was also intertwined with addiction, as he continued to use drugs and alcohol along with training and racing. Despite trying dissociate himself from his addiction through running, similar to Corbett he experienced a loss of control and despair as drug and alcohol use merged with running. The following example after Engle completed a marathon shows these points and emotional let-down he experienced:

All around me, runners were whooping, pumping their fists, hugging friends. Some were crying. And I felt, what? Some satisfaction, yes. I had done it; I had shown Pam and my friends and myself that I could follow through on something. And relief, definitely, that I had finished the goddamned thing and would never have to do it again. But something else overshadowed the other feelings: crushing despair. I had just run 26.2 miles. A fucking marathon. I should have been flying. Where was my joy? Where was my runner's high? As soon as I got home, I put in a call to my drug dealer (Engle, 2016, pp. 33–34).

The foregoing examples from Corbett's and Engle's stories can be further understood through Frank's (2013) concepts of the 'monadic body' and loss of control constructed within a chaos narrative. When athletes draw on a chaos narrative to make sense of illness, forms of other-relatedness are monadic and constructed as a unique suffering burden not to be shared (Carless, 2008; McGannon & McMahan, 2019; Stewart et al., 2011). Within an 'addict runner' sub-theme, Corbett and Engle constructed their recovering bodies as monadic and dissociated from their own body-relatedness, as both experienced isolated suffering (Frank, 2013) when using running to negotiate sobriety. Autobiographic research on athletes' recovery from cancer, depression and panic disorder has also shown that when a monadic body is constructed within chaos, it becomes difficult to dissociate illness as a fixed part of identity and connect with an authentic self (Newman et al., 2016; Stewart et al., 2011). Corbett and Engle viewed addiction as a fixed part of identity, making it difficult to construct a non-using identity (Mackintosh & Knight, 2012; McKeganey, 2001) through running.

Our thematic narrative analysis further shows the difficulty of dissociating from addiction, also keeping self-body relatedness dissociated, despite taking up running as a meaningful activity, due to a monadic body being foregrounded in a restitution narrative. As a restitution narrative centralizes a straightforward cure, along with a restoration of a healthy identity and lifestyle, those experiencing chaos during recovery may face stigma and fear others' reactions toward their addiction recovery as imperfect (Coonfield, 2009; Dunlop & Tracy, 2013a). The result for Corbett and Engle was that relapse and suffering were silenced or hidden within their stories, with pain and suffering unable to be voiced and find forms of recognition or support (i.e., social

capital) (Brownrigg et al., 2018; Carless, 2008; Frank, 2013). This complicated process was further shown in Corbett's and Engle's stories when they spoke about using running as a mirroring body practice, via a public display of addiction recovery, due to ultrarunning's association with fitness and discipline (Simpson et al., 2014). Engle used running to literally 'keep up appearances' to prove to himself and others (e.g., partner, parents), that he was on a straight forward path to recovery:

Somehow, even with my escalating drinking and cocaine use, I was still running several times a week with a local running club. I had enough of an ego that I wanted to at least look good, and running was the most efficient way to keep my body lean and muscled (Engle, 2016, p. 31).

Like-wise, Corbett's restrictive dietary practices and long runs served as tangible demonstrations of a mirroring body practice and form of human recovery capital (health, commitment, new life goals), to show recovery and restitution to herself and family in particular, despite suffering privately:

It was my sister, Peggy, who talked to my mother about my weight. "Catra is on drugs again", she said to my mother. But Mom knew she was wrong. "She's just running," my mother said, putting her off. By this time my mother mostly accepted the excuse as well. I was a vegan and a runner. There was no need to worry (Corbett, 2018, p. 75).

In addition to the above examples which show ultrarunning was used to publicly demonstrate health and recovery through practices of a mirroring body, our findings further highlight the nuanced ways in which ultrarunning was used by Corbett and Engle to experience familiar forms of suffering within a chaos narrative thread. This 'embracing of pain' meant that Corbett and Engle approached training and racing in a trial and error manner, with minimal preparation and planning, to punish themselves. While it is a given in ultrarunning communities that mental challenge and bodily suffering are part of the sport (Atkinson, 2008; Holt et al., 2014; Simpson et al., 2014), Corbett's and Engle's approach to ultrarunning was not done with this intent and body-relatedness (i.e., awareness) within a chaos narrative. For each of them, the goal was to run long and hard to experience physical and mental anguish similar to addiction, which may be further related to practices of a dominating body which absorbs punishment and pain (Sparkes, 2004). An example of these points comes from Corbett's reflection on her first 50 km race, during which she had not fuelled her body and fallen behind in the race, after months of bodily punishment:

I refused to listen to my body. As I began to ultramarathons that would catch up with me. Not only was I catching up in the race, I was catching up from months of refusing to feed my body to overcome all the punishment I was putting it through. And yet I would continue to ignore the warning signs (Corbett, 2018, p. 69).

Engle also used ultra-running to experience familiar feelings (i.e. numbness, exhaustion) linked to using drugs and alcohol. This is shown in the following quote when Engle reflected back on his serious racing, while still using drugs and alcohol:

My training philosophy was to run as hard as fucking possible every time I went out.

I craved depletion; anything less left me anxious. I knew nothing about the benefits of speed work, aerobic thresholds or hill repeats or tapering. Pacing was not in my vocabulary. My results reflected my ignorance. I'd run balls out during the first three-quarters of a race, then find myself breaking down in the final miles. I felt helpless (Engle, 2016, pgs. 63–64).

Intertwining ultrarunning with meanings of suffering in these ways made it difficult for Corbett and Engle to dissociate addiction from who they were, despite taking up running as a meaningful activity within their stories. The identification of a chaos narrative thread within which an 'addict identity' was constructed allows for less palatable and hidden sides of embodied suffering to come forward (Carless, 2008; Frank, 2013). However, the monadic and dissociated body linked to an 'addict identity' within Corbett's and Engle's chaos stories was problematic as it impeded human recovery capital development (e.g.,

psychological adjustment, coping, healthful running), closing off forms of social capital (e.g., family, community) useful for recovery (Landale & Roderick, 2014; McKegane, 2001). In order to move through a chaos narrative, chaos stories need to be disclosed and witnessed (Frank, 2013). Chaos stories only came to the fore as Corbett and Engle reflected back, having gained distance from painful experiences (Carless, 2008; Stewart et al., 2011).

In light of the above points, the question becomes "how does one move through a chaos narrative and beyond monologues of solitary suffering in the addiction recovery journey?" An identity shift is facilitated by telling a different story—one associated with self-forgiveness, acknowledgement of trauma and/or pain—shared with others (Mackintosh & Knight, 2012; McKegane, 2001). The meaning and use of ultrarunning within Corbett's and Engle's stories eventually shifted from a source of solitary suffering aligned with addiction, to a meaningful activity linked to healing, by drawing on a quest narrative, which is explored next.

4.3. Quest narrative

The quest narrative identified within our thematic narrative analysis was characterized by a plotline in which perspective and lessons are gained from the illness experience (Frank, 2013). In contrast to drowning in hidden suffering in chaos or seeking a quick straightforward resolution to suffering and addiction in restitution, quest narratives meet suffering head on and bring it out in the open (Carless, 2008; Frank, 2013; Sparkes, 2004). When drawing on a quest narrative, Corbett and Engle reconfigured the meanings of suffering in relation to a monadic body lacking in desire to connect with one's self and others constructed within chaos stories, to 'mark pain and suffering' as a way to spark growth and new life meaning (Howells & Fletcher, 2015; Newman et al., 2016; Stewart et al., 2011).

The quest narrative plot was not magically drawn upon without struggle, but was the result of turning points within Corbett's and Engle's stories as 'addict runners' within which trauma and addiction was confronted (McGannon & McMahon, 2019). Corbett and Engle were supported through this process by developing human capital (e.g., physical and mental skills, confidence, coping) and social capital (e.g., family and friend support, community connection) through ultrarunning (Holt et al., 2014; Simpson et al., 2014). Addiction recovery support outside of ultrarunning was also used to work through past trauma (Best et al., 2018; Hanninen & Koski-Jannes, 1999); Corbett saw a therapist and Engle continued to attend AA meetings. Corbett's and Engle's stories within a quest narrative drew on a journey metaphor to re-position painful memories within chaos as bumps on the 'road of trials' to link suffering (e.g., emotional, physical, social) to a sense of purpose (Frank, 2013). The journey metaphor has been shown to facilitate psychological adjustment for athletes with mental health struggles as it facilitates personal growth (Howells & Fletcher, 2015; McGannon & McMahon, 2019). Within their quest stories, Corbett and Engle moved from solitary suffering as 'addict-runners' in chaos toward using suffering as forms of redemption as 'ultrarunners', keeping chaos at bay.

4.4. Sub-theme: addict runner to ultrarunner

The quest narrative and associated meanings are shown in greater detail through the sub-theme 'addict runner to ultrarunner'. Within a quest narrative, becoming an 'ultrarunner' was an unfolding process of Corbett and Engle disassociating themselves from addiction. This process was partly accomplished through key moments within their stories, which opened up the possibility of new ways of living, with ultrarunning centralized as a meaningful activity (Best et al., 2018; Harmon, 2018; Simpson et al., 2014). Key moments can be viewed as 'turning points' (i.e., key psycho-social events that change life trajectories and sense of self-identity) in life stories within sport contexts which

facilitate understanding of the infusion of experiences, identity meanings and actions as shaped by cultural narratives (Barker-Ruchti, Lindgren, Hofmann, Sinning, & Shelton, 2014; McGannon & McMahon, 2019). An example of this shift for Corbett came when a fellow ultra-runner told her she was “too skinny to run a hundred miles” (Corbett p.72). That statement marked a turning point in Corbett’s story where she repositioned her ‘addict-runner’ identity (e.g. having an eating disorder) as holding her back from becoming an ‘ultra-runner’ intertwined with her life goal of running 100 miles:

I thought about what he said. It stuck with me. I thought I passed my biggest test to becoming an ultra-runner by finishing that fifty-miler. But I was wrong. In order to become an ultra-runner, I would need to figure out how to beat my eating disorder (Corbett, 2018, p. 73).

The above turning point also marked Corbett’s acknowledgement of having agency in her recovery journey, as the meaning of struggle was appropriated as a tension that did not disappear but kept chaos in the background within a quest narrative (Frank, 2013; Stewart et al., 2011). These points are shown when Corbett threw away her scale which controlled her mind and body, but now discarded as an act of control and redemption:

I took it out to the trash can in the backyard, and I opened the lid and threw the scale away. As soon as I closed the lid I felt so relieved. *Fuck you*, I said to the scale. *I have control of my life now*. That was the biggest step in my recovery, but just like my addiction to drugs, my addiction to the scale is always there (Corbett, 2018, p. 78).

Engle’s use of a quest plot also allowed him to acknowledge his addiction through associating with his body and creating desire for self-body change using a disciplinary regime that allowed him to connect with the reality of addiction and his bodily pain, keeping chaos at bay (Frank, 2013). Engle’s turning point came after a race when his son asked, “did you have fun?”. Similar to Corbett with her eating disorder, Engle acknowledged his running was compulsive and linked to suffering, and he took intentional action and met suffering head on:

This wasn’t working. I had to find pleasure and reward in the running itself. It had to be about how I felt when I was doing it, not just how I felt when I was done. And I had to listen to my body. It was time to make adjustments, come up with a new plan. (Engle, 2016, p. 65).

Corbett’s and Engle’s shift toward a quest plot and the turning points within their stories were partly the result of self-reflection and desire for redemption, which have been shown as important for addiction recovery (Dunlop & Tracy, 2013a; 2013b). This process was facilitated by developing human recovery capital through training and challenging races featured within Corbett’s and Engle’s stories. The aforementioned turning points that led to uncoupling bodily suffering with addiction, began to shift the meaning and use of running in Corbett’s and Engle’s identity construction and lives. Consistent with previous research on ultrarunner’s experiences, running became intertwined with physical and emotional challenges, confidence and building spiritual and social connections (Holt et al., 2014; Roebuck et al., 2018; Simpson et al., 2014).

Unique in our findings was that dissociating their identities from ‘addict runners’ to become ‘ultrarunners’ through building human and social recovery capital was facilitated by reconfiguring the meaning of pain and suffering. The meaning of Corbett’s suffering was intertwined with social capital, shown when she reflected on a running partner (Palmer) and ultrarunning community bonding through pain and suffering (Atkinson, 2008):

... it’s an example of the bond you form with other people out there suffering with you. That unique suffering creates a bond that is hard to describe to people who don’t run, those who may run but chose not to do ultras. Many people can’t relate to the kind of pain it takes to finish one of those races. The people were crazy but friendly open and loving in a way I’d never experienced before from strangers (Corbett, 2018, p. 81).

Engle’s appropriation of the meaning of suffering was done associating with what his body could endure, rather than aligning suffering

with familiar addiction experiences. Engle embarked on a long a journey of self-reinvention through meeting suffering and pain head on, as shown in the following quote where he won the men’s division at the Nanango Forest Race:

This was new territory. Now every step was the farthest I had run. Twenty-eight, twenty-nine, thirty. Something remarkable was happening. I was suffering, yes, but this was not the kind of pain I was used to, the kind that implored me to stop. This pain told me to go on. Feel the pain, use the pain, transcend the pain (Engle, 2016, p. 68).

Corbett’s and Engle’s self-reflection, identity change and re-configuration of suffering are further understood through the concept of a ‘communicative body’ (Frank, 2013). In contrast to a monadic body suffering in silence in chaos and never heard by others, a communicative body is dyadic, existing with and for, others. Within Corbett’s and Engle’s recovery journeys, the construction of a communicative body aligned with research on sport and illness drawing on a quest plot, whereby bodily suffering is used as a resource to make sense and meaning of the chaotic illness experience (Sparkes, 2004; Stewart et al., 2011). The construction of a communicative body within a quest narrative further opened up the possibility of Corbett and Engle disclosing addiction recovery struggles to others to destigmatize their pain and suffering (Carless, 2008; Coonfield, 2009; Dunlop & Tracy, 2013a; Jones, 2013).

In the previous examples, a communicative body was developed through ‘communities of pain and suffering’ shared in ultrarunning (Atkinson, 2008; Holt et al., 2014). The communicative body was also developed by telling their stories as forms of testimony to fellow runners, loved ones, and ultrarunning community (Frank, 2013; Sparkes, 2004). Corbett’s and Engle’s autobiographies may thus serve as pedagogical resources of learning and witness (McGannon & McMahon, 2019; Sparkes & Stewart, 2016). Moreover, their chaos and quest stories are ethical acts of living relationally with their suffering bodies and forms of resistance to chaos and restitution narratives. Drawing on these narratives as resources to reconfigure suffering allowed Corbett and Engle to experience their addiction without stigma and shame (Coonfield, 2009).

As noted, Corbett’s and Engle’s identity transformation as ultrarunners were intertwined with forms of social capital linked with a communicative body. Within a quest narrative, Corbett began to experience her running as allowing her to derive a sense of life purpose by linking her ultrarunner identity to a lost connection with her deceased father, a restored relationship with her mother, and connecting with TruMan her trail-running dachshund as a trauma survivor. Engle’s communicative body was linked to forms of social capital built through running races (e.g., ECO challenge, running across the Sahara Desert), in which he faced hardships (e.g., lack of equipment/preparation, dehydration, bodily suffering) shared with fellow racers made possible by a supportive crew team, children and partner.

Corbett’s and Engle’s addiction recovery journeys through ultrarunning were not straightforward within a quest narrative. Consistent with research on addiction recovery (Witbrodt, et al., 2015) and athletes’ addiction experiences (Brownrigg et al., 2018; Palmer, 2016), life stressors sometimes led to circling back to past addiction struggles, linked to elements of chaos. When Corbett’s running partner died of cancer and her mother died shortly after, her running was again intertwined with emotional suffering and eating disorder struggles:

I collapsed, sobbing. I had no energy, I just felt empty. I tried to drown the pain and the emptiness with race after race after race ... Because I felt lost I stopped eating again. My eating disorder, like my former addiction, was always there, ready to strike when I was weak (Corbett, 2018, p. 106).

Engle experienced narrative tensions and a pull to use drugs and alcohol when he was convicted of twelve counts of mortgage fraud, and sentenced to twenty one months in prison:

Shaken, I went back to the couch, stretched out, and closed my eyes. I was so tired. *Tomorrow*, I thought, as I was drifting off to sleep. *I give*

myself permission to drink and use drugs if that's what I feel I need to do. To let it go, to say "Fuck it", take the plunge. I submit to the intense relief of these words. I will feel the alcohol flow not my body and the drugs course through my blood. I give myself permission to get wasted TOMORROW. Not today. (Engle, 2016, p. 202).

Engle did not relapse the next day and threw a party to which 150 friends from the running community and family came, followed by a group run the next day before he went to prison. When in prison, Engle continued to develop aspects of a communicative body by starting a running group and serving as mentor for prisoners (Sparkes, 2004). Corbett continued to struggle during her grief, but she also appropriated emotional suffering through running in nature, as a way to reconnect and heal spiritually with herself and loved ones:

After my mother passed, I returned to Yosemite for solace. The wilderness and the peace it offered called to me. I still didn't feel completely comfortable in the wilderness yet, but using Suzanne's memory and inspiration, I knew it was the right place to help me get past the pain of my mother's death (Corbett, 2018, p. 107).

Corbett and Engle were able to use difficult times, setbacks and navigate narrative tensions on their addiction recovery journeys as opportunities to grow by drawing on a quest narrative. Frank (2013) calls this form of reflection a 'moral opportunity' to take responsibility for the past, but without blaming oneself or others. Within addiction recovery research these aspects of the quest journey are framed as redemption (Dunlop & Tracy, 2013b) or as taking personal inventory in 12-step addiction recovery programs (Withbrodt et al., 2015). Ironically, in 2016, Engle contacted Corbett to do the 'Icebreaker Run' across the US consisting of 3100 miles in twenty-four days. The purpose of the trip for Corbett and Engle converged on showing that addiction recovery can be managed through a deep personal and social connection to running. Corbett's and Engle's stories featured in our autobiographic study have been sources of inspiration and change, further showing the legacy of the communicative body constructed within their person and public quest stories. These athletes are now facilitators of human and social capital in the ultrarunning community, whose stories have inspired people to use sport to renegotiate their identities and lives.

While the implications of a quest narrative are positive, quest narratives should also be regarded with caution and criticality, as the heroic portrayals painted of sufferers risk romanticizing illness (Frank, 2013; Stewart et al., 2011). Additionally, positioning quest stories as the antidote to restitution or chaos within the context of a 'Phoenix rising from the ashes' of a difficult journey metaphor, also runs the risk of simplifying the addiction recovery process as clean and final. Indeed, for those who have experienced the trauma of addiction and recovery, consistent with Frank's (2013) original tenets of a quest narrative, the sufferer can still remember and/or re-experience pain, suffering and trauma (Dunlop & Tracy, 2013b). These points were shown explicitly in Corbett's and Engle's autobiographies when both confronted difficult challenges in their addiction recovery journeys, which led to re-experiencing pain and suffering, and revisiting addiction struggles.

5. Conclusions

Studying autobiographies of addiction recovery through sport-in this case ultrarunning- as cultural sites of analysis adds to, and expands, research showing that narratives matter for athlete mental health (Howells & Fletcher, 2015; McGannon & McMahon, 2019; Newman et al., 2016). Our thematic narrative analysis, allowed for a novel window into understanding ultrarunning's potential and nuanced role in impacting drug and alcohol addiction recovery capital, linked to fluid identity construction within chaos and quest narratives. The identification of these cultural narratives provided insight into addiction recovery as a complex process, that may result in silencing of suffering, or allow it to be channelled productively. Our analysis of Corbett's and Engle's autobiographies also show that bringing chaos stories to fore is important in order for people to move through an

addiction recovery journey and avoid experiencing a monadic suffering body disconnected from one's self and others, linked to shame and stigma. Yet chaos stories are the least popular and heard forms of illness narratives because they expose the horrific and painful sides of illness. Additionally, chaos narratives are often not heard until the teller of them has gained some distance and is able to reflect back ((Frank, 2013). For those working in sport psychology and/or sport contexts, these theoretical insights point to providing safe spaces and/or opportunities to let chaos stories come forward (Carless, 2008; Sparkes, 2004; Stewart et al., 2011). In this sense, autobiographies such as Corbett's and Engle's, may serve as pedagogical tools/resources, that can be used to show sports workers the nuances and features of a chaos narrative, and the psychosocial and behavioural impact it may have. In turn, conversations may be opened for practitioners and athletes to share their own experiences and/or what they learn from chaos stories within the context of sport and addiction recovery.

Related to the above points, because narratives and stories within them are theorized as being relational (i.e., taken up, witnessed and listened to by others), it is important that those seeking to support and/or hear chaos and quest stories resist imposing a restitution narrative on stories to make them more palatable and inspirational (Carless, 2008; Frank, 2013). While a restitution narrative may be useful for some athletes negotiating addiction recovery (Palmer, 2016), it should not be assumed that recovery should be oriented toward restoration of a previous self and life. Addiction recovery is linked to relapse and struggles rather than cure (Dunlop & Tracy, 2013a; Kougiali et al., 2017; Withbrodt et al., 2015) as our analysis of Corbett's and Engle's stories highlighted.

Distance running has the potential to impact human (e.g., healthy identity, mental skills) and social (e.g., family connection, community belonging) addiction recovery capital in productive ways, but our findings also suggest that this is not straightforward. The use of narrative theory allows us to point to being aware that distance running/ ultrarunning within the context of addiction recovery may take on complex meanings and uses depending on the questions of the body in action (i.e., control, body-relatedness, other-relatedness, desire) and ideal typical bodies (i.e., disciplined, mirroring, dominating, and communicative) invoked within particular illness narratives. Corbett's and Engle's use of running was at times used as a mirroring body practice to demonstrate health and/or cure to others against the backdrop of restitution narrative. This seemingly positive mirroring body practice was masking isolated suffering, dissociation from self and others, and use of dominating body practices of running and training as self-punishment within a chaos narrative. While our analysis also showed that a quest narrative which acknowledges suffering and opened up a dyadic/other-relatedness form of social capital through a communicative body, such narratives must also be reviewed with criticality and caution. As noted, a reflexive awareness of quest narratives is also needed to avoid romanticizing the use of sport (i.e., ultrarunning) in addiction recovery or falling back into a restitution narrative of cure concerning sport and addiction recovery. Given the complexity of these findings, more work is needed to tease out the role of running, and other sports, in the development of specific forms of addiction recovery capital.

Centralizing athlete autobiographies in research to learn more about addiction recovery and sport opens new lines of inquiry and theoretical understanding in the addiction recovery and sport research landscape. Future research might explore recreational athletes and recognizable elite athlete autobiographies in different sport contexts. Critical addiction studies and literature on recovery capital points to additional work needed that includes other forms of addiction such as sex, gambling and other drugs (e.g., prescription drugs, marijuana). Some of these addiction forms may intersect with drug and alcohol addiction or may be part of an individual's life history on its own. Autobiographical data sources to study the foregoing might come from published books (digital, audio or written), film, television or digital media spheres (e.g.,

websites, blogs, podcasts).

Finally, given that narrative theory points to stories 'doing things', a focus on research exploring autobiography as a pedagogical tool to learn more about how stories are taken up and impact others, would be valuable. Future research in this regard could invite athletes—recreational, competitive, elite—to write short autobiographies in relation to substance use and/or addiction. Stories could then be analysed for content and structure, within the context of socio-cultural narrative resources, and linked to the stage that people are in relation to use or non-use behaviours. Autobiographies of addiction recovery and the role of sport culture can also be shown to stakeholders (e.g., coaches, teammates, sports medicine staff), who can be interviewed either individually or in focus groups. The exploration of the narrative resources used to make sense of the stories, and how such stories impact their own practices, would be of interest. Because autobiographical data has not yet been 'tapped' in the manner, future research using autobiography to explore sport and addiction recovery is wide open. The findings in the present study are a modest starting point for what we hope will be continued stimulation and growth concerning narrative and autobiographical research, to learn more about addiction recovery capital and the role of sport.

Declaration of interest

None.

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