"What sporting factors have an impact on the mood of male professional athletes?"

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Abstract

Introduction: Recent research has indicated that professional athletes have a comparable or elevated prevalence of mental health difficulties in comparison to the general population. Despite this, there is a paucity of high-quality research within the area with the majority of studies being of a cross-sectional nature focussing on prevalence rates. Whilst there is a growing evidence base, there is limited knowledge regarding the specific sporting factors that may have an impact on the mood of male professional athletes and the processes by which these difficulties are caused.

Method: A qualitative methodology was adopted in which 9 professional athletes were interviewed using a semi-structured interview format. The data were analysed using thematic analysis.

Results: Four themes were developed from the participants' experiences of the sporting environment and the factors that had an impact on their mood. The super-ordinate themes were: 'Sport is everything', 'Uncertainty about selection', 'Loss', and 'Masculinity'. A further eleven sub-themes were also outlined. The super-ordinate theme of 'Uncertainty about selection' covers the specific factors related to the sporting environment that may have an impact on the participants' mood such as injury, performance and coaching relationships. The super-ordinate theme of 'Loss' explores the underlying reasons that these sporting factors may cause an impact on mood, such as a loss of identity, loss of emotional reward and social life, and loss of financial incentives. In addition, the super-ordinate theme of 'Masculinity' outlines the way that the participants express and manage this impact on mood.

Discussion: The results from this study are related to the wider research and clinical literature, including role identity theory and the masculinity literature. The strengths and limitations of this study, clinical implications and directions for future research are discussed.

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List of Abbreviations

UK- United Kingdom

USA- United States of America

IPA- Interpretive Phenomenological Analysis

GT- Grounded Theory

TA- Thematic Analysis

GAD- Generalised Anxiety Disorder

POM-Policing of Masculinity

GDPR- General Data Protection Regulation

Chapter 1 Introduction and Literature Review

This thesis aims to study what sporting factors have an impact on the mood of male professional athletes. The thesis will then go on to explore the reasons why these sporting factors impact male professional athletes' mood and consider the way that this is expressed and managed by these athletes. The literature review will initially outline the context of the research project considering the number of athletes currently in the United Kingdom (UK) and the current context of the research within this area. This will be followed by outlining and discussing the literature regarding the demographic differences in mental health prevalence in the general population. Literature regarding the prevalence of mental health difficulties will then be presented for the athlete population. Literature relating to differences between athlete groups will then be discussed prior to outlining literature regarding what factors may influence the development or maintenance of mental health difficulties within athletes. Research considering the impact of transitioning out of sport and athlete identity will then be discussed followed by an outline of the literature pertaining to masculinity. Finally, the research questions will be outlined.

1.1 Context of Athlete Research

The Professional Players Federation, an organisation representing Professional Player Associations within the United Kingdom, estimate that there are over 17,500 professional athletes in Britain (Professional Players Federation, n.d.). Until recently mental health research with professional athletes has been limited for numerous reasons. It was believed that professional athletes did not experience mental health difficulties as exercise was a protective factor (Daley, 2008; Hamer, Stamatakis & Steptoe, 2008; Reardon & Factor, 2010; Stanton & Reaburn, 2014). Although exercise can be a protective factor for mental health difficulties, research has also indicated that it can have negative impacts on mood such as excessive training when medically advised not to, overtraining syndrome and muscle dysmorphia to name a few (Peluso & Andrade, 2005). A second factor that may have contributed to the lack of research with athletes until recently was the stigma associated with mental health (Gulliver, Griffiths & Christensen, 2012; Wood, Harrison & Kucharska, 2017). In recent years, it has been recognised

that professional athletes do experience mental health difficulties and research has begun to recognise this. Prior to discussing the research outlining mental health difficulties within professional and elite athletes, this literature review will consider the demographic differences within the general population. As this thesis is investigating the experience of men, gender differences in the prevalence and expression of mental health is an important consideration.

1.2 Gender Differences and Mental Health Prevalence in the General Population

Whilst it has been acknowledged that one in four people will experience mental health difficulties each year (Prince et al., 2011), there has been a consistent and marked difference in the way that males and females experience these difficulties and seek help (Gough, Robertson, & Robinson, 2016).

Deverill and King (2009) analysed data as part of a household survey investigating psychiatric morbidity within England. They conducted a survey to investigate the point prevalence of this population and found that females (20%) were more likely to experience common mental health difficulties in comparison to males (13%). The point prevalence of common mental health difficulties was significantly higher for females in comparison to males for all common mental health difficulties with the exception of obsessive-compulsive disorder and panic disorder. In addition to the findings regarding females experiencing increased prevalence in common mental health difficulties, Nicholson, Jenkins & Meltzer (2009) found that females in England were significantly more likely to have thoughts about suicide (Female=19%, Male=14%) and attempt suicide (Female=7%, Male=4%) in comparison to males. Whilst the presented prevalence statistics may indicate that males are less likely to experience common mental health difficulties in comparison to females, research indicates that the prevalence of other mental health difficulties is increased within a male population. This is apparent when prevalence data for suicide and severe mental health difficulties is observed.

Despite females attempting suicide more frequently than males, statistics indicate that males are three times more likely to complete suicide with male suicides accounting for 75% of the total suicide numbers within the UK (Office for National Statistics, 2018). In addition to an

increased rate of suicides, there have been a number of studies that suggest that males have a significantly higher prevalence of schizophrenia and psychosis in comparison to females (Aleman, Kahn, & Selten, 2003; Castle, Wessely, & Murray, 1993; Lewine, Burbach, & Meltzer, 1984). This remains a topic area of debate with some studies indicating no difference in prevalence (McGrath, Saha, Chant, & Welham, 2008; Perala et al., 2007; Wyatt, Alexander, Egan, & Kirch, 1988), however, despite the debate surrounding the nature of gender differences within the prevalence of schizophrenia, research indicates that males are more likely to develop symptoms earlier in life and experience poorer prognosis and response to treatment (Ochoa, Usall, Cobo, Labad, & Kulkami, 2012). A final study investigating the point prevalence of difficulties, suggest that males appear to experience a higher prevalence of difficulty with substance (Female=2%, Male=5%) and alcohol dependence (Female=3%, Male=9%) in comparison to females (Fuller, Jotangia, & Farrell, 2009a, Fuller, Jotangia, & Farrell, 2009b).

The presented prevalence statistics suggest that a higher prevalence of females experience common mental health difficulties in comparison to males; however, they also suggest that males are more likely to experience severe mental health difficulties, substance and alcohol misuse. Whilst observing differences between sexes provides some insight regarding patterns of behaviour, it does not account for or explain several factors such as the variability of behaviours within sexes. An alternate explanation for the disparity in prevalence data is the role of masculinity and socialised gender differences. These concepts are particularly pertinent to the athlete population as athletes are situated in a unique environment which is often described as an environment in which masculine 'ideals' are highly present and an environment in which these ideals are socialised to young boys (Drummond, 2002). The concept of masculinity will, therefore, be described in later sections of the literature review in section 1.7. The literature review will now outline the mental health prevalence data for professional athletes and draw comparisons to the presented mental health prevalence data within the general population.

1.3 Mental Health Prevalence within Professional Athletes

In recent years, there has been a focus on the prevalence of mental health difficulties within professional athletes. There is currently ongoing debate regarding prevalence within this

population (Bar & Markser, 2013) however, there is research to indicate that elite athletes experience comparable or elevated levels of distress in comparison to the general population (Gulliver, Griffiths, Mackinnon, Batterham & Stanimirovic, 2015; Schaal et al., 2011).   In this research area there have been several medium to large scale prevalence studies within the sporting environment.

Before outlining the prevalence data for elite athletes, it is worth noting the difficulties in defining the term elite and professional athlete. Swann, Moran and Piggot (2015) conducted a literature search to investigate the different and often interchangeable terms used to define athletes in research. They found that across 91 studies, eight different ways to define elite athletes including competing and international or national level, number of years' experience in a sport, professionalism, amount of time and frequency of training, participation in elite development programmes, regional level competition, objective sport measures (e.g. golf handicap), and university level competition. The authors concluded that the highlighted definitions included large inconsistencies in the athletes that may be included within the research citing a lack of adequate operational definition for this population. They outlined several factors which make defining elite athletes difficult including differing levels of competitiveness across different sports, differing levels of competitiveness across the same sport within different countries, and differing levels of income that can be generated from different sports.   This is an important factor when considering the studies presented below. The general prevalence section will now outline data from athletes, footballers, swimmers, and a systematic review.

1.3.1 Large scale prevalence studies.

Schaal et al. (2011) conducted the first research investigating the prevalence of mental health difficulties across a nationwide sample of athletes. They conducted a retrospective analysis on 2067 French elite athletes between 2008 and 2009, representing 13% of the total elite athlete population of France. The authors reported that 16.9% (Female=20.2%, Male=15.1%) of the athletes within their study had recent or ongoing difficulties with one or more of the measured conditions. The most common mental health difficulty experienced by

athletes was reported as generalised anxiety disorder (GAD) with 6% (Female=7.5%, Male=5.2%) experiencing these difficulties. Anxiety disorders as a collective also represented the highest proportion of mental health difficulties within this population with an average of 8.6% (Female=11.3%, Male=7.1%) of athletes experiencing these difficulties. The prevalence of depression within this population was reported as 3.6% (Female=4.9%, Male=2.6%). The authors reported that the prevalence rates for anxiety and depressive difficulties were comparable with the general population, however rates for GAD are elevated in comparison with the French general population (Leray et al., 2007). In contrast, the average prevalence of eating disorders within this study was reported as 4.9% (Female=6.5%, Male=4%) which is significantly higher than the French general population. The authors also highlight that amongst the sample, female respondents reported more mental health difficulties in comparison to their male counterparts.

The authors noted a number of limitations with their study. One identified limitation was that athletes may not have disclosed the full nature of mental health difficulties due to a high level of stigma within the athlete environment. This may have led to an under-reporting of difficulties and therefore the presented statistics may not fully represent the nature of the problem. A second limitation outlined by the authors was that there was professional bias. Psychologists and physicians assessed the sample and the authors noted that psychologists identified more athletes with mental health difficulties (Female=34%, Male=28%) in comparison to physicians (Female=23%, Male=14%) which represents a significant difference. This difference between professional groups may also have led to an under-representation of mental health difficulties within the population.

A second large scale athlete prevalence study was conducted by Gulliver et al. (2015) investigating the prevalence of common mental health difficulties among 224 Australian elite athletes representing a 25% response rate from their initial sample. Athletes were asked to complete self-report measures for general psychological distress, depressive symptoms, anxiety symptoms, social anxiety, panic disorder, and eating disorder. The outcomes of these measures

were then compared with a control group which consisted of 8.800 Australians aged between16 and 85 years old.

The authors reported that on average 46.4% (Female=53.4%, Male=38.7%) of Australian elite athletes within this study were likely to meet the diagnostic criteria for at least one of their measured conditions. Average prevalence rates for GAD were reported as 7.1% (Female=10.2%, Male=3.8%), depression 27.2% (Female=30.5%, Male=23.6), and eating disorders 22.8% (Female=32.2%, Male=12.3%). The authors reported that eating disorder rates in male elite athletes and overall psychological distress in female elite athletes were statistically significantly elevated in comparison to the general population. The rates of all other common mental health difficulties within this study are comparable with the Australian general population (Australian Bureau of Statistics, 2007). In line with Schaal et al. (2011), females within this sample experienced increased prevalence rates of mental health difficulties in comparison to males on the constructs measured.

A number of limitations of this study are outlined by the authors. They noted that the response rate for the study was relatively low which may have led to a biased sample. A second limitation outlined by the authors which may have biased the sample further was that athletes that have previously experienced mental health difficulties may have been more likely to respond. These two factors may have led to an over reporting of mental health difficulties. Finally, the authors note that this sample was not age or gender matched to the general population sample which therefore may make it more difficult to draw prevalence comparisons with people from the general population. As a result of the outlined limitations, when comparing the results of their study to that of Schaal et al. (2011), the authors state that if measurement differences and study limitations of the studies are accounted for, the results of the two discussed studies are comparable.

In addition to the outlined larger-scale multi-sport prevalence studies, there have been a number of sport specific prevalence research which will now be outlined within the literature review.

1.3.2 Sport specific prevalence research.

There have been several sport specific prevalence studies. Within rugby union Gouttebarge, Kerkhoffs and Lambert (2016) investigated the prevalence and potential associated contributors to common mental health difficulties with a self-report questionnaire within a sample of 359 retired male rugby union players from South Africa, France, and Ireland which represented a response rate of 29%. This study reported the prevalence of sleep disturbance (28.8%), anxiety and depression (28.4%), distress (24.8%), adverse smoking behaviour (15%), adverse nutritional habits (61.9%) and adverse alcohol behaviour (23.8%). In addition, the authors report that recent life events and career dissatisfaction may both be associated with a higher prevalence in some common mental health difficulties. As with previous research of similar methodology, the researchers note a number of limitations including sample bias of the participants. As the participants are self-selecting a specific sub-population may be more motivated to respond. Due to the blinded nature of the research, non-response analysis was not conducted. In addition, the researchers note that the self-report nature of the screening measures may not provide the most valid and reliable measure of common mental health difficulties, however, it is noted that this is the most practical for an international research project.

Gouttebarge, Frings-Dresen, and Sluiter (2015) conducted a study analysing responses from current (n=180) and retired (n=121) male professional footballers from six countries (Australia, Ireland, Holland, New-Zealand, Scotland and the United States of America (USA)). The authors state that current players reported prevalence of burnout (5%), anxiety and depression (26%), distress (10%), adverse smoking behaviour (7%), adverse nutritional habits (26%) and adverse alcohol behaviour (19%). In retired footballers, the authors reported a prevalence of burnout (16%), anxiety and depression (39%), distress (18%), adverse smoking behaviour (12%), adverse nutritional habits (42%) and adverse alcohol behaviour (32%). The outlined data highlights that retired professional footballers have higher levels of common mental health difficulties in comparison with current footballers although, current footballers still report high levels of difficulties. In addition to measuring prevalence, the authors also

conducted regression analyses which found that current and retired players were more likely to experience a mental health difficulty if they had little social support and had suffered a recent negative life event.

The authors report a number of limitations which may have impacted the findings such as a low response rate of 29%, which may have led to sample bias. In addition, they note that the study is of cross-sectional methodology and therefore any correlations must be interpreted with caution. Despite this, the authors highlight that although a pilot study, it highlights a need within football that had not been previously recognised.

A second study investigating the prevalence of common mental health difficulties in retired male footballers from eleven countries (Belgium, Chile, Finland, France, Japan, Norway, Paraguay, Peru, Spain, Sweden, and Switzerland) was conducted by Gouttebarge, Aoki, and Kerkhoffs (2015). This study reported the prevalence of sleep disturbance (28.2%), anxiety and depression (35.3%), distress (18.4%), adverse smoking behaviour (11.4%), adverse nutritional habits (64.5%) and adverse alcohol behaviour (24.6%). This study highlights that common mental health difficulties are highly prevalent amongst retired professional footballers in comparison to the general population and athletes still participating in sport. In addition, the study replicated the findings that recent negative life events were associated with poor mental health (Gouttebarge et al., 2015). Despite these findings, the authors reported several limitations such as the random sample selection and the cross-sectional methodology, meaning caution must be used when interpreting the correlations within the data.

In addition to the prevalence data, Brownrigg, Burr, Bridger and Locke (2018) conducted a qualitative study with ex professional footballers who played within English football. The presented study was part of a larger research investigating the impact of transitions within sport and aimed to understand in more depth the psycho-social factors that contribute to addictive difficulties within athletes. They highlighted three themes from their findings which were the culture of pro-football, club relationships and loneliness and social isolation.

The authors highlighted that the theme 'the culture of pro-football' was predominantly concerned with a toxic environment in which mental or physical weakness was not tolerated, ultimately leading to a culture of silence. The authors reported that the culture of silence was ultimately driven by a fear that expressing difficulties may result in the footballers being deselected. Regarding the theme 'club relationships', the authors state that typically the participants within this study were distrustful of relationships and felt as though they were only valued by team mates and coaches when they were performing well. Finally, regarding the theme loneliness, the authors reported that the participants reported that they often felt socially isolated throughout their careers.

The authors report that the participants believed that their addictions, whether it was gambling or alcohol, were, at least in part, a way of coping with the demands placed on them as a result of their professional football career. The authors do acknowledge several limitations with their study including the small sample size and the recruitment strategy of recruiting from an addiction clinic potentially leading to a biased sample.

A final sport in which smaller scale prevalence research has been conducted is swimming. Hammond, Gialloreto, Kubas and Davis (2013) conducted a study investigating the prevalence of depression within 50 elite Canadian swimmers. They found that before swimming trials commenced, 68% of the athletes had met the diagnostic criteria for major depressive disorder in the previous 36 months. After partaking in trials, the prevalence rate fell to 34%. The authors state that a rate of 34% remains higher than comparisons with a Finnish population (Suvisaari et al., 2009). In addition, the authors note that within their sample female swimmers experienced a significantly higher prevalence of depression in comparison with their male counterparts within the study.

Whilst this study appears to suggest that athletes experience heightened prevalence of depression in comparison to the general population, there are a number of limitations. The authors do not provide a rational for using a Finnish population for comparison with the studied athletes. In addition, the authors note further limitations including small sample size, lack of longitudinal follow up and the single sport focus.

Whilst a number of limitations have been identified within the sport specific prevalence research, the studies replicate the findings of larger scale research projects. They highlight that athletes participating in or recently retired from rugby, swimming and football experience mental health difficulties at a rate comparable or elevated in comparison to the general population. The literature review will now outline a systematic review of the athlete mental health literature.

1.3.3 Systematic review.

Rice et al. (2016) conducted a systematic review of 60 studies associated with the mental health of elite athletes. The authors of the systematic review concluded that athletes have a comparable risk to the general population. They did however, highlight that at certain points within an athlete's career, notably retirement, injury or performance decline, this risk of mental health difficulties increase. Despite these findings, Rice et al. (2016) acknowledged that there is a lack of high-quality studies to base these conclusions on and priority should be to further develop more rigorous, good quality epidemiological and intervention-based research.

Whilst the discussed studies have highlighted that athletes experience comparable or elevated prevalence of mental health difficulties with the general population, there has been a small amount of research highlighting that within the athlete population there may be differences between different groups. The literature outlining the differences in prevalence rate between male and female athletes and athletes participating in team and individual sport will now be discussed.

1.4 Group Differences in Prevalence Studies

1.4.1 Gender differences in mental health prevalence within professional athletes.

Gender differences in prevalence of mental health difficulties within an athlete population can be observed. Several of the discussed studies highlight that female athletes are more likely to experience mental health difficulties in comparison to male athletes (Hammond, Gialloreto, Kuba & Davis, 2013; Kotnik, Tusak, Topic & Leskosek, 2012; Schall et al., 2015). The factors attributed to the gender differences have not been investigated in this population,

however they may be a result of the constructs measured in the research. The gender differences observed within an athlete population mirror the gender differences presented in section 1.2 with females reporting more mental health difficulties and males reporting difficulties with substance misuse. As discussed in section 1.2 theories that may partly explain this disparity, such as the concept of masculinity and socialised gender roles, will be discussed later in the literature review in section 1.7.

1.4.2 Differences between sports in the prevalence of mental health difficulties.

In addition to there being differences between male and female professional athletes, differences can also be observed between the participation in team sports and individual sports. Nixdorf, Finlay, Hautzinger and Beckmann (2013) conducted a study investigating depression within German athletes. A sample of 162 athletes demonstrated a 15 % prevalence of depression which is in line with the German general population. During analysis of this data the authors found that athletes competing in individual sports demonstrated a higher prevalence of depression in comparison to athletes competing in team sports. The authors hypothesise that this may be due to the handling of psychological events. They state that any setbacks such as a lost match may be more likely to be internalised by individual athletes leading to depressive symptoms.

The findings of this study must be interpreted with caution for a number of factors. The sample size of the study was relatively small so may not be generalised to the whole athlete population. In addition, the only other comparable study of Iranian student athletes indicates no difference between team and individual sport (Barmi, 2011). As a result, it is difficult to draw conclusions from the presented studies however, it may be worth considering within future research.

This section of the literature review has outlined several studies investigating different mental health difficulties within athletes. The research indicates that athletes experience comparable or elevated mental health difficulties in comparison to control groups and general populations. In addition, group differences have been highlighted indicating that male and

female athletes experience different prevalence rates. Despite this prevalence data providing support that athletes experience mental health difficulties, it does not provide information in relation to the factors that may influence the development and maintenance of these conditions within this population. The literature review will now discuss studies that investigate factors that contribute to mental health difficulties within an athlete population.

1.5 Factors That May Influence the Development and Maintenance of Mental Health Difficulties in Athletes

Athletes are in a unique environment in that their sporting careers require both intense physical and mental demands in addition to a large dedication to their sport of choice. These demands and high levels of commitment may increase an athlete's vulnerability to mental health difficulties in comparison to the general population (Hughes & Leavey, 2012).   Several factors have been discussed in relation to risk factors for developing these difficulties and stressors impacting mood including injury, performance, pressures from coaches to perform, physical appearance, barriers to help seeking and retirement (Biggin, 2015; Hanton, Fletcher & Coughlan, 2005; Noblet & Gifford, 2002; Rice et al., 2016). Despite these factors being discussed, the research investigating the causal factors of mental health difficulties within this population is sparse and requires further investigation.

Whilst the research is sparse and mental health difficulties have only been in focus in recent years, it is worth noting that sport psychology as a field is relatively well established, however, predominantly focusses on issues impacting performance (Reardon & Factor, 2010). One study from within the sport psychology field that outlines some of the stressors within sport was conducted by Hanton, Fletcher and Coughlan (2005). They conducted a content analysis of ten elite athletes from the United Kingdom. They aimed to investigate what sporting factors may lead to stress and the frequency in which these stressors presented. Within the study they outlined two main sources of stress, organisational stressors and competitive stressors.

Regarding organisational stressors, the authors identified factors such as team issues, leadership issues, environmental issues and personal issues. They outlined several factors that

contribute to these broader sub-themes within organisational issues. In contrast, the authors highlight that the main competitive pressure was performance issues. The authors report that prior to their research, most research and interventions had focussed on the competitive stressors faced by athletes with less focus on organisational stressors. They state that their research indicate that these organisational stressors may play a more significant role on the impact of stress in athletes and merit further investigation and consideration.

Further literature from outside of the sport psychology field relating to the factors that may contribute to mental health difficulties within professional athletes will now be discussed.

1.5.1 Injury.

One factor that has been studied investigating the impact on mental health difficulties within athletes is injury. Appaneal, Levine, Perna and Roh (2009) conducted a study in which injured athletes (n=84) were assessed using a depression measure and clinical interview at one week, one month and three months post injury. The authors also recruited a control group of non-injured athletes (n=80). In addition to collecting depression measures, the authors also collected severity of injury (mild moderate, severe) and demographic data. The authors found that athletes with an injury reported higher levels of depression at one week post injury in comparison to healthy controls and these ratings remained elevated between one week and one month post injury. The authors also reported the difference between self-report and clinical interview. Initially, at one week and one month, the self-report scale had good sensitivity (>90%) in comparison to the clinical interview. At three months, however, the sensitivity had reduced (<50%). The authors suggested that athletes may not report accurately on the self-report measures after prolonged injury due to shame and stigma regarding "mental weakness". The authors acknowledged limitations with their study including not controlling for pre-existing depression however, they did report no group differences in depressed mood prior to the study commencing. A second limitation that was highlighted was that the author's definition of injury differed from previous studies. They required athletes to miss a week of sports to be classified as injured. As the definitions differ it is difficult to draw comparisons between studies.

Gouttebarge et al. (2015) conducted a study in which 540 professional footballers completed baseline questionnaires measuring common mental health difficulties and provided demographic information and information regarding previous injury. The authors found that the number of injuries was positively correlated with anxiety, distress and sleeping disturbance. In addition, the number of surgeries a player had experienced was positively correlated with adverse alcohol and smoking behaviour. The authors reported that players who had experienced one or more musculoskeletal injuries were two to nearly four times more likely to report sleep disturbance, distress or adverse alcohol behaviour in comparison to professional footballers who had experienced no injuries. Whilst the results of the study suggest that injury plays a role in mental health difficulties, the results must be interpreted with caution as the authors highlight that the correlations were weak and that the cross-sectional design of the study is a limitation. They also acknowledged that a response rate of 31% may not be representative of all professional footballers.

These findings indicating the impact of injury on mental health difficulties were also supported in a paper by Gulliver et al. (2015). The authors reported that 25% of their respondents were injured at the time of response. They found that the athletes that were injured reported significantly higher levels of depression in comparison to athletes who were not injured.

Despite the paucity of research regarding the impact of injury on mental health difficulties and the methodological limitations, the outlined studies indicate that injury may be a factor that warrants further investigation.

1.5.2 Performance.

Performance decline is another factor that has been studied in relation to its impact on mental health difficulties. Hammond et al. (2013) conducted a study investigating the impact of failure on athletes' negative affect. The authors measured performance using two variables. They compared the athlete's competition time with their personal best and the effect the competition performance had on their national rank. The authors found that when the full

sample (n=50) of athletes were analysed, there was no correlation between failure and depressive mood. The authors then analysed the athletes performing in the top 25% within their sample. Within this population, the prevalence rate almost doubled to 66% and the authors reported a significant correlation and relationship between failure and depressive mood. The authors concluded that the athletes in the top 25% are more likely to have funding, Olympic places and team selection depending on their performance and therefore this may explain their findings.

Jones and Sheffield (2007) conducted a study on male (n=58) and female (n=8) football players investigating the impact of game outcome on mental health and physical health difficulties. The participants were required to complete The Symptoms Checklist, the General Health Questionnaire and the Profile of Mood States- Short Form at four to six days after wins and losses. The authors found that the football players reported fewer somatic symptoms and fewer anger and depression ratings when they won in comparison to losing. This study would suggest that performance outcome has an effect on mood state. The authors do state that this research does not explain the mechanism of these results and future research should investigate this.

As with other studies, the findings of Hammond et al. (2013) and Jones and Sheffield (2008) must be interpreted with caution. The studies rely on self-report measures which may be biased by a number of factors including stigma within the sporting environment. In addition, both studies have relatively small sample sizes which may not be generalisable to the whole population. There have also been earlier studies suggesting that the reverse correlational pattern is true in that poor mental health is a predictor for poor performance (Mahoney, 1989; Morgan, Connor, Ellickson & Bradley, 1988).

The literature investigating performance decline and mental health difficulties is sparse, however it suggests that performance decline may be a factor contributing to mental health difficulties in athletes. The literature highlights that this area warrants further investigation. The study's authors acknowledge that the mechanisms of this correlation is not explored and this may be a valuable addition to the literature.

1.5.3 Relationship with coaches.

Currently there have been no studies directly investigating the impact of coaching relationship on athlete mental health difficulties. Despite this, several studies have been conducted which indicate that the coaching relationship may have an impact on mental health difficulties for this population. Hanton, Fletcher and Coughlan (2005) conducted a qualitative study on ten elite male athletes from a variety of sports to investigate the potential stressors that athletes face. The authors reported five overarching themes in the analysis of their data. One of the themes was "leadership issues" with sub-categories of "coaches" and "coaching style". The interviews that informed the two sub themes included statements relating to coach-athlete tension, coaches not understanding the athlete, an aggressive coaching style and non-supportive coaching attitudes. In addition to the "leadership issues" overarching theme, coaching was also present under "personal issues" and "environmental issues" meaning that coaching was represented in three out of the five overarching themes. This would suggest that the coach-athlete relationship plays a role in the stressors placed on an athlete during training and competition. One of the main limitations with this study was the small sample size and therefore findings may not be representative of all elite athletes.

Biggin (2015) conducted a study which also indicated that coaching relationships may have an impact on mental health difficulties within elite athletes. During this study the author conducted a three round Delphi interview, interviewing both athletes (n=19) and coaches (n=16) investigating their perceptions of mental health difficulties within an athlete population. One area that was explored was the role that coaches play in working with elite athletes with mental health difficulties. Both groups of participants suggested that coaches play an important role in working with athletes with mental health difficulties. Several themes arose regarding coaches being approachable and someone that athletes can talk to openly and honestly. Both groups also highlighted that coaches needed to feel confident in recognising the signs of mental health difficulties and know where to direct the athlete for help. These themes highlight the importance of a good coach-athlete relationship in the recognition of mental health difficulties and ability to signpost to appropriate services. The results suggest that if the relationship is poor

and the athlete does not feel they can talk openly and honestly to their coaches, then the athlete is much less likely to disclose and seek help for mental health difficulties.

Despite there being no direct studies on the impact of coaching relationship on mental health difficulties, the above studies indicate that this may be an area that plays a role in the development and maintenance of these difficulties. It is therefore an area that warrants further investigation. A number of studies have been outlined indicating the prevalence and potential contributing factors for the development of mental health difficulties. In addition to being at a comparable or elevated risk to the general population for developing mental health difficulties, there is evidence to suggest that athletes face additional barriers to help seeking in comparison to the general population (Gulliver et al., 2012). This literature review will now discuss the research associated with barriers to help seeking.

1.5.4 Barriers to help seeking.

Generally, athletes fall into the age range of the non-athlete population (16-35) which is least likely to seek help for mental health difficulties (Rickwood, Deane, & Wilson, 2007). The authors outline a number of factors why this age group do not seek help including, but not limited to, not recognising that they have a mental health difficulty, not trusting professionals and an increased reliance on self due to the adolescent development. In addition to age range, there have also been several studies investigating additional barriers that athletes may face regarding seeking help for mental health difficulties. This is an important factor to consider. If athletes face additional difficulties regarding help seeking, mental health difficulties may be maintained.

Gulliver, Griffiths and Christensen (2012) conducted a qualitative study in which male (n=9) and female (n=6) athletes were interviewed in three focus groups investigating the barriers and facilitators to seeking help. Regarding barriers for athletes seeking help for mental health difficulties, several themes were discussed. The predominant theme discussed was stigma with over 40% of the barriers listed surrounding the stigma of admitting mental health difficulties. Athletes discussed worry in relation to people such as coaches, peers and family

discovering that they may have such difficulties. They stated that seeking support from psychologists for performance related difficulties was more acceptable than seeking help for mental health difficulties. Following stigma, the two most popular themes arising regarding barriers was a lack of knowledge in regard to mental health services and a lack of knowledge of the symptoms of mental health difficulties.

In addition to barriers, the authors also explored potential facilitators for help seeking. The authors identified three main themes from their interviews. The first theme outlined was that athletes felt that they would be more likely to seek help if the people around them, including family, coaches, and friends, had a positive attitude towards seeking help. The second theme that emerged from the interviews was that athletes stated they were more likely to seek help if they had a current relationship with a health provider and in this case, a psychologist was identified. Finally, the athletes indicated that access to online resources and support would increase the likelihood that they would seek support for mental health difficulties. In addition to the findings in relation to barriers and facilitators, the authors reported that the athletes in this study felt as though they were different to their peers who were not athletes.

The authors concluded that athletes face several barriers reducing the likelihood of seeking help for mental health difficulties. They suggest introducing educational and online resources to destigmatise mental health and improve knowledge in regard to the symptoms. They also suggest that athletic organisations emphasise the importance of existing mental health practitioners within sporting environments, such as psychologists, to develop relationships with the athletes. The authors highlighted several limitations including the moderate sample size, the structured nature of the interviews and the analysis only being conducted by one researcher. These limitations may limit the generalisability and validity of the findings.

A further study investigating potential barriers to help seeking was conducted by Wood et al. (2017) who interviewed seven male professional footballers regarding their experience of mental health difficulties and help seeking. The authors used interpretive phenomenological analysis (IPA) to analyse the transcripts. The authors highlighted several themes that may reduce the likelihood of a footballer seeking help. They highlighted the superordinate theme of

"survival" which incorporated several sub-themes linked the barriers to help-seeking. The authors highlighted that these sub-themes outlined that the footballers felt a pressure to be tough and cope, had feelings of shame associated with the perception of struggling, could not access a safe containing space to share these concerns, and believed that disclosing difficulties may impact their career. The authors acknowledge several limitations including potential self-selecting sample bias due to stigma and the small sample size reducing the ability to generalise to other populations.

The two outlined studies highlight several barriers that athletes may experience in seeking help for mental health difficulties. Stigma appeared to be a predominant theme across both studies. Wood et al. (2017) highlighted that the main barriers to seeking help were shame, stigma, lack of mental health literature and fear. The authors also reported that stigma in regard to the expression of 'mental weakness' may threaten an athletes career and therefore identity. The next section of the literature review will outline literature regarding transitioning out of sport and athlete identity and the role this may play in the development of mental health difficulties within this population.

1.6 Transitioning Out of Sport and Athlete Identity

Athletes often develop a strong athletic identity in which the sporting environment permeates many, if not all, aspects of an athlete's life due to the time commitment and dedication required from a young age to compete at a professional level. This time commitment means they have less opportunity to develop other identities (e.g. friend, student, employee etc.). A strong athletic identity has been demonstrated to have a positive impact on sporting performance due to an increased likelihood of partaking in normative behaviours associated with that role (Brewer, Van Raalte, & Linder, 1993). In addition to the positive aspect of enabling an athlete to perform in sport, athlete identity is an important factor to consider regarding the development of mental health difficulties during career transition periods. Several studies have been conducted investigating the impact of a strong athletic identity.

Lally (2007) conducted a qualitative study with male (n=3) and female (n=3) university athletes. The participants were interviewed at the time of their last competition, 1-month post retirement, and 1-year post retirement. The authors found that the athletes did not experience difficulties post retirement and flourished with opportunities to develop roles that were previously neglected. The author stated that this was due to athletes adapting to retirement in the year prior to their careers ending. It is thought that the redefinition of self in a predictable transition to athletic career termination may be a protective factor against mental health difficulties. This would imply that athletes who experience sudden career endings with no transition period may struggle. The authors highlighted several limitations with their study including small sample size. Another limitation is that athletes were interviewed in their last year before retirement. The authors stated that the athletes may have started to transition to a post sport identity at the time of their study and therefore suggested more longitudinal studies in the future.

A second study investigating the role of athlete identity was developed by Lavelle and Robinson (2007) who conducted a qualitative study retrospectively interviewing five former female gymnasts to explore the experience of retirement. The authors note that gymnasts begin and end their careers early and hypothesised that this may lead to reduced opportunities to develop identities outside of a sporting context. The authors found that due to the time commitments associated with sport and the sporting environment, the gymnasts only had the opportunity to develop a few identities which were all related to sport. The gymnasts reported struggling once their careers ended and discussed having to distance themselves from the sport to discover who they were without the gymnast role. The authors suggested that distress may be avoided by pre-retirement planning early in the careers of athletes. Several limitations are noted including a small sample size, meaning an inability to generalise the findings, and the retrospective nature of the research design.

Brownrigg, Burr, Locke and Bridger (2012) conducted a qualitative study interviewing eight former professional footballers who were facing the prospect of retirement from professional sport. The authors were investigating the experience of being a professional

footballer and the experience of career transition. During the analysis of the interviews, the authors identified several themes including a lack of control of their lives, unfulfilled expectations and rejection, difficulties handling the pressure of the unknown and a lack of support from the clubs. The authors concluded that players often stated that the highs and lows of their careers were due to luck and external events and therefore this lack of control fostered uncertainty about the future. They reported that players experienced transition as a 'harsh reality', and although they were encouraged to plan for retirement during their careers, most players ignored this advice. Replicating previous studies findings, the authors stated that pre-planning for career transition may be a protective factor. The authors recognised the small sample size and stated that future research should focus on a larger sample of athletes whilst also investigating the relationship between the experiences in more depth.

The discussed studies suggest that athletes develop a strong athletic identity due to participating in sport from such a young age and dedicating significant amounts of time to competing. If athletes do not prepare for transition out of sport this can lead to distress. One way that athletes can reduce the likelihood of distress is to prepare for career ending. This is not always possible when career ending occurs suddenly and unexpectedly.

The findings of the transition studies are consistent with role identity theory which suggests that individuals hold concepts of themselves in relation to their position within the social structure (Thoits, 1991). The roles that individuals identify with have a set of normative behaviours within society that allows them not only to adopt those behaviours when fulfilling the roles but also to self-evaluate (Hoelter, 1983; Thoits, 1983). An individual will hold a number of different roles within their self-concept which will require them to form a hierarchy influencing the level of investment in to each role (Hoelter, 1983). If an individual has fewer roles such as athletes, it is likely that they will invest more in to each of the roles leading to a greater boost in self-esteem if the normative behaviours of these roles are met, or a greater decline if the identity is threatened (Thoits, 1983). In addition to identity literature, there are a variety of other areas of literature that may contribute to an understanding of why specific sporting factors impact the mood of male professional athletes. As discussed in section 1.2 and

1.4.1, one area of literature that may partly explain differences in prevalence data is the concept of masculinity and socialised gender differences. These concepts will now be discussed.

1.7 Masculinity

The concept of masculinity is important to consider when researching male professional athletes. The outlined prevalence data suggests that there are differences between males and females in the general population. In addition to this, male athletes are in a unique environment which is often described as an environment in which masculine 'ideals' are highly present and socialised to young boys (Drummond, 2002). This section will initially outline masculinity as a concept before discussing how this may present in an athlete environment. The impact of masculinity on male help seeking and coping will then be discussed.

Biological explanations have failed to account for differences in health prevalence statistics, therefore, another explanation is to assume that gendered behaviours, traits, assumptions, and norms are learnt from the society and context that we are socialised within (Addis & Mahalik, 2003). Gender role theory has led to the study of the impact that adhering to masculine and feminine ideals can have on an individual. This theory states that individuals can align strongly with either masculine or feminine ideals, strongly to both, weakly to both or to neither. There have been a number of approaches that have aimed to outline these gendered constructs which will now be discussed with a focus on masculinity.

Within psychology, the study of the construct of masculinity has been growing since the late 1970's and is now viewed as an important area of research (O'Neill, 2008). One area of research in the study of masculinity has been to define sets of behaviours and social norms, such as stoicism, denial of weakness and displays of self-confidence, which would be typified as socially desirable for males (Courtenay, 2000). This area of research has led to the development of a number of scales that claim to measure masculine and feminine traits such as the Sex Role Inventory, Personal Attributes Questionnaire and the Gender Role Conflict Scale (Bem, 1974; O'Neill, 2008; Spence & Helmreich, 1978). These scales assume that masculine behaviours are set traits in which differences are displayed in the way that males and females exemplify these

idealised constructs (Thompson Jr & Bennett, 2015). This approach to understanding masculinity has been criticised as being reductionist by simply outlining a set of fixed traits that dictate the life of all males across all cultures whilst being based on western research and conceptualisations about masculinity (Gough et al., 2016).

In contrast to the trait-based approach to exploring masculinity is the view that masculinity is context, time and culturally dependent. This approach also suggests that whilst there may be an 'ideal' masculinity within a particular context, other versions of masculinities can exist and develop (Thomson Jr & Bennett, 2015). A commonly used term within this literature is hegemonic masculinity. Hegemonic masculinity is a relational concept that dictates that there is an ideal socially constructed masculinity which is defined in relation to other types of masculinity and femininity, therefore leading to a hierarchical system (Connell & Messerschmidt, 2005). Within this system males that have limited access to valued hegemonic masculine traits, such as disabled males, may be marginalised. Whilst females and males not fitting the masculine ideal, such as gay males, are oppressed (Gough et a., 2016). The oppression of behaviours that do not sit within the hegemonic masculine ideal is often referred to as the policing of masculinity (POM) which can include, but are not limited to, referring to other males using homophobic or misogynistic language, physical aggression and a wide array of insults in a way to convey otherness (Froyum, 2007; Kimmel, 1994; Reigluth & Addis, 2016). This concept of masculinity also allows for the changing masculine ideal over time and place which may require males to remain aware of masculine ideals to gain and retain hegemonic status. An area of society that has been cited within the literature as having a role in the maintenance of hegemonic masculine ideals is the sporting environment, particularly contact sports. The next section will outline the literature highlighting the role that sport plays in maintaining hegemonic masculinity.

1.7.1 Hegemonic masculinity and sport.

Competitive sport has been viewed as an environment in which hegemonic masculine values and ideals are taught and socialised to boys from a young age. In addition, the participation in competitive sport has historically been viewed as a passage in to manhood

(Drummond, 2002). In a society in which stereotypical masculine traits such as aggression, risk taking and force are becoming more impractical in everyday life, sport provides an environment in which these traits are acceptable and often applauded (Gagnon, 1974. as cited in, Young, White & McTeer, 1994; Young, 1993. As cited in, Young, White & Mcteer, 1994). As a result of the promotion of hegemonic ideals, sporting environments have historically been criticised as being homophobic and resistant to female participation (Clarke, 1998; Hekma, 1998). Literature suggests that in recent decades masculine ideals have shifted in response to societal shifts. Some authors argue that this has, in turn, led to a reframing of masculinity with a reduction in homophobic attitude and a shift in the perspective of female participation in sport (Anderson, 2002; Anderson, 2014; Anderson, 2015; Senne, 2016).

Whilst it appears that there is a reframing of masculine ideals, there is acknowledgement that both males and females are still constrained by hegemonic masculinity (Anderson, 2014; Senne 2015). Drummond (2002) conducted interviews with 12 elite athletes investigating the construction of masculinity within sports. Amongst the findings the researcher reported that the male athletes subconsciously held views that they were superior to their female counterparts, in addition, they reported that they were willing to sacrifice most other areas of their lives in order to succeed in sport and support their masculine identity. Whilst it was acknowledged that sport may provide physical and mental wellbeing benefits, it may also bring negative consequences as a result of the culture in which sport is aligned (Drummond, 2002). These hegemonic masculine ideals may also impact males in many other areas of their lives. The next section will outline the literature suggesting how these masculine ideals may impact male help seeking behaviour and coping which may partly explain the disparity in mental health prevalence statistics outlined in section 1.2.

1.7.2 Male help seeking behaviour.

There has been an increased focus on the ways in which hegemonic masculine ideals may impact healthcare for males. The first area that will be discussed is the impact that hegemonic masculinity may have on male help seeking behaviour within the medical system.

This will be followed by male coping and the impact that hegemonic masculinity ideals can have on mental health help seeking behaviour and expression of difficulties.

It is well documented that men are less likely to seek help for a wide range of different health conditions (Cusack, Deane, Wilson & Ciarrochi, 2006; Hale, Grogan & Willott, 2010; Moller-Leimkuhler, 2002; Yousaf, Grunfield & Hunter, 2015). In addition, studies indicate that when struggling with psychological difficulties, differences in rates of help seeking between males and females is even more marked (Good, Dell & Mintz, 1989; Moller-Leimkuhler, 2002).

In recent years there has been an increased focus investigating the impact that hegemonic masculine ideals may have on these differences in help seeking behaviour (Addis & Mahalik, 2003; Galdas, Cheater & Marshall, 2005; Yousaf et al., 2015). Yousaf et al., (2015) conducted a systematic review of the literature surrounding barriers to help seeking within males. Within this review four factors were identified that were reported within several papers, across different methodologies and with empirical evidence. The first identified factor was that males often feel anxious, embarrassed, distressed and fearful when engaging with the medical system. The authors state that this is accounted for due to a lack of familiarity with the medical system, in addition to masculine perceptions of weakness and vulnerability that are associated with help seeking. This view is supported by Johnson, Oliffe, Kelly, Galdas and Ogrodniczuk (2012) whose study indicated that males delayed help seeking in an attempt to conform to masculine ideals of self-reliance and strength.

The second barrier to male help seeking identified by Yousaf et al.'s (2015) review was that males aspired to having high levels of emotional control. They report that this barrier was particularly pertinent in studies investigating psychological difficulties. The authors report that in order to align with masculine ideals, males often endure psychological difficulties for as long as possible rather than disclosing perceived vulnerabilities to healthcare professionals, therefore avoiding being perceived as vulnerable and weak.

The third barrier identified by Yousaf et al.'s (2015) review of the literature was the misperception that medical symptoms are minor. The authors identified a number of

contributing factors to this misperception of medical symptoms including a lack of interest in one's own health and a 'wait and see attitude'. Of particular interest in regards to the impact of masculine ideals was the contributing factor of tolerating pain and distress for as long as possible so as not to appear hypochondriacal and weak. By tolerating pain, it reinforces the notion of strength and resilience.

The final barrier as outlined by the authors was poor communication skills and lack of rapport building by healthcare professionals. This perception is supported by Hale et al., (2010) who found that healthcare professionals viewed male frequent attenders as having too much time and being less manly, thus being 'relegated' to the same grouping as over attending females. In contrast, the authors found that healthcare professionals valued males who sought help infrequently. In addition, Anstiss and Lyons (2014) found that males seeking help from 'experts' by writing letters in to magazines were often faced with insensitive replies, challenging their masculinity for expressing vulnerability. These studies would indicate that not only do some males strive for hegemonic masculine ideals which may be barriers to help seeking, but healthcare professionals also reciprocate and reinforce these ideals.

The outlined studies indicate that striving for hegemonic masculine ideals, such as stoicism, denial of weakness and displays of self-confidence, may impact male help seeking behaviours. This may be a contributing factor in the differences observed in prevalence data as outlined in sections 1.2 and 1.3 with males reporting fewer common mental health difficulties however, appearing to have higher rates of severe mental health difficulties and completed suicides (Aleman et al., 2003; Castle et al., 1993; Deverill & King, 2009; Lewine et al., 1984; Office for National Statistics, 2018). In addition to having an impact on mental health prevalence data, hegemonic masculine ideals may also impact the coping strategies utilised to manage psychological difficulties. Literature outlining these differences will now be discussed.

1.7.3 Male coping.

There is a growing body of literature suggesting that not only do males seek help less regularly than females, but, that males expression of psychological difficulties and ways of

managing can also differ drastically as a result of attempting to align with masculine ideals (Branney & White, 2008; Brownhill, Wilhelm, Barclay & Schimied, 2005; Magovcevic & Addis, 2008; Oliffe & Phillips, 2008).

Brownhill et al., (2005) conducted a qualitative study investigating the experience of males with depression. They highlighted that the males within their study shared a number of coping strategies which they clustered in to 'acting in' and 'acting out' coping styles.

The authors initially suggest that males attempt to manage feelings of distress by adopting 'acting in' behaviours. The first behaviour reported within this cluster is avoidance behaviour. The authors suggested that males attempted to ignore or distract themselves from their distress by implementing coping strategies such as over working or filling their time with other activities. The authors report that this behaviour is often praised by individuals in the wider system, however, can result in negative consequence to the distressed individual's health and social life. The second strategy identified within this cluster is numbing behaviour. The authors suggest that males reported using alcohol and drugs to manage emotional distress. The final strategy that males reported within this cluster was escaping behaviour. These behaviours were broad, ranging from increased risk-taking behaviour through to the engagement in extra-marital affairs.

The authors state that if males engage in 'acting in' coping strategies for a prolonged period of time it can cause a build-up of negative emotions. If these emotions build up for too long, a negative external event may lead to 'acting out' coping strategies. The authors identify two main 'acting out' coping strategies. The first of these strategies is defined 'hating you, hating me' which incorporates anger related behaviours such as aggression, violence and breaking property. The second strategy within this cluster was defined as 'stepping over the line' which incorporated reports of males engaging in self-harm or suicidal behaviours. It was acknowledged by participants that both of the coping strategies within this cluster were self-destructive and may result in negative consequences to individuals and property that these behaviours are directed at.

Whilst Brownhill et al.'s (2005) study provided a framework for understanding male coping strategies it is also important to consider the limitations of this study. This study was conducted on a small sample of males which means that generalisation is difficult without further research. In addition, the framework does not account for why some males adopt healthier coping strategies.

Despite this, Brownhill et al.'s (2005) study investigating the ways in which males manage depression may help to explain the difference in prevalence statistics outlined in sections 1.2 and 1.3. Males are less likely to seek help in order to align with masculine ideals which may lead to non-adaptive coping strategies such as substance and alcohol misuse, aggression and ultimately suicide. This has caused growing concern that conventional screening and diagnostic tools are ineffective in the identification of males suffering with psychological difficulties such as depression. This has led to the development of male specific screening tools such as the Gotland Scale and the Masculine Depression Scale (Magovcevice & Addis, 2008; Martin, Neighbors & Griffith, 2013). Whilst an increasing body of literature is available in regards to the ways in which males express and manage mental health difficulties, it is widely acknowledged that further research is needed within this area of study (Martin, et al., 2013).

The outlined masculinity literature indicates that by observing prevalence data, females appear to experience more common mental health difficulties than males. In contrast, males appear to experience severe and enduring difficulties more frequently than females. The outlined masculinity research indicates that the differences within this data may partly be explained by males attempting to adhere to hegemonic masculine ideals. This may lead males to seek help less frequently and express their difficulties through avoidance behaviour and anger.

The presented literature highlights that athletes have a comparable or elevated level of mental health difficulties in comparison to the general population. A number of sporting factors have been identified as potentially contributing to mental health difficulties within athletes including injury, retirement, performance issues, coaching relationship and self-image. Whilst

the presented literature highlights these issues, there is an acknowledgement of a paucity of research within the area and a need to further explore what sporting factors have an impact on athlete's mood and what the underlying reasons are for this. In addition to the athlete literature, it is evident that males are likely to express, manage and seek help for mental health difficulties differently to their female counterparts.

1.8 Research Aims

Literature indicates that male professional athletes are at a comparable or increased risk of mental health difficulties in comparison to the general population (Gulliver et al., 2015; Schaal et al., 2011). Whilst several sporting factors that may contribute to these difficulties have been identified, the research within this area is sparse. In addition, it has been acknowledged that the current research is predominantly quantitative in nature and provides little understanding of the psychosocial factors that may be contributing to these difficulties (Brownrigg et al., 2018; Rice et al., 2016). In addition, research highlights that males express and manage mental health difficulties differently in comparison to females. This research aimed to investigate the experiences of male professional athletes within their sporting environment by answering the following research question:

1)   What sporting factors have an impact on the mood of male professional athletes?

2)   Why do these sporting factors have an impact on the mood of male professional athletes?

3)   How do male professional athletes express and manage impacts on their mood?

Chapter 2 Method

2.1 Research Design

This study adopted a qualitative research methodology to investigate the outlined research questions. More specifically, thematic analysis was used as a framework to gather and analyse the data. The researcher adopted a mixture of face to face and telephone semi-structured interviews to gather the data by interviewing nine participants from three different sports. The following chapter will outline the method in more detail with rationale for specific decisions. This chapter will begin by outlining the research paradigm followed by the methodological approach that was selected. The sample selection and recruitment strategy will then be discussed before outlining the interview setting. The development of the topic guide and interview procedure will be discussed followed by an outline of the participants with brief pen portraits. The chapter will then outline the ethical considerations and data analysis procedure. Finally, the quality checks to ensure rigour will be outlined prior to a reflective statement.

2.2 Research Paradigm

The research paradigm is concerned with the "worldview" of the researcher and the ways in which these views impact and shape the development of research methodology (Mackenzie & Knipe, 2006). Research paradigms are important to consider in the design of research as these underlying researcher beliefs often guide what knowledge is studied, how it is studied and how the results are interpreted (Kivunja & Kuyini, 2017). Research paradigms include a wide variety of different approaches to research which are grounded in different ontological, epistemological and methodological philosophies.

Ontology is concerned with a researcher's philosophical stance on reality. A researcher's ontological stance is an important consideration as their views on the existence of an external reality will influence the methodology selected to study a research area (Tebes, 2005). Ontological positions are often discussed in relation to a spectrum with realism and relativism at opposite poles of the same spectrum. Realism suggests that there is an objective reality in its own right

which is independent of the human mind (Braun & Clarke, 2013). This philosophical approach to research often lends itself to quantitative methodology in which the aim of the research is to uncover an existing world truth. In contrast, relativism is the position that there is no independent reality and that reality is constructed solely within the human mind (Niiniluoto, 1991). This philosophical approach to research lends itself to some qualitative research approaches in which the aim of the research is to investigate the experiences of an individual within a specific context and time period (Braun & Clarke, 2013). At the centre ground of the ontological spectrum is critical realism. Critical realism is the philosophical approach that there is an external reality however, the way in which this reality can be known and studied is influenced by the social context in which individuals exist. This stance therefore implies that individuals can only partially access external reality through the 'lenses' that each individual holds (Madill, Jordan, & Shirley, 2000).

Epistemology is concerned with a researcher's philosophical position on what is considered and accepted as knowledge. Similar to ontological philosophies, epistemological positions are often discussed in relation to a spectrum with post-positivism and constructionism at opposite poles of the same spectrum. Post-positivism developed as a result of criticisms of positivism and suggests that there is an objective truth that can be discovered through the application of known scientific principles (Clark, 1998). Whilst post-positivist researchers acknowledge that researchers' social context can bias research outcomes, the underlying assumption is that there is a singular objective truth to investigate (Clark, 1998). In contrast, constructionism suggests that there are multiple truths which are constructed and dependent upon the social contexts and systems in which individuals live. Constructionists would argue that as social contexts and structures change through location and time, knowledge will in turn change (Gergen, 1985). At the centre ground of the epistemological spectrum is contextualism. Contextualism shares similarities with constructionism in that it does not assume a single objective truth and acknowledges that truths are dependent on the social contexts and structures in which individuals live. In contrast to the constructionist perspective, contextualism does aim to investigate truth and makes the assumption that knowledge will be true within certain contexts

and time periods (Henwood & Pigeon, 1992). Contextualism therefore also partially adopts aspects of realist philosophy.

Whilst it is acknowledged that ontological and epistemological stances do not exist independently of each other it is of value to acknowledge and reflect upon the stances that researchers hold and the way in which this influences the selection of research methodology. At the time of writing, I hold a critical realist ontological stance and a contextualist epistemological stance. Researchers that align with these stances often refer to themselves as pragmatists. Pragmatists hold the belief that debating which pole of a philosophical spectrum is correct is somewhat of a tangent, thus suggesting that science and philosophy should be focussed on answering the problems that arise within individuals lives (Hammersley, 1989). The method that was selected to investigate the outlined research aims will now be discussed.

2.3 Methodological Approach

Several methodological approaches were considered whilst developing the qualitative methodology for the research including Interpretive Phenomenological Analysis (IPA), Grounded Theory (GT) and Thematic Analysis (TA). TA was selected as the methodology of choice as it provided several advantages over IPA and GT which will now be discussed and outlined.

IPA is a qualitative approach that focusses on the meanings that individuals make of an experience rather than attempting to seek the objective cause of the events that impact these experiences (Pietkiewicz & Smith, 2014). This is contrary to several of the research aims outlined for this research project in which the researcher is aiming to identify specific factors that may contribute to mental health difficulties within professional athletes. In addition, IPA methodology outlines specific ontological and epistemological stances that the researcher must adopt and adhere to (Larkin &Thomson, 2011). The epistemological approach in which IPA is grounded is interpretivism which, as discussed previously, does not align with the researcher's epistemological stance.

GT is an inductive methodological approach which is often associated with qualitative data collection. The approach aims to generate new theory from the systematic collection of data rather than test existing theory (Eisenhardt, 1989; Glaser & Strauss, 1967). GT's philosophical origins are grounded in pragmatism (Heath & Cowley, 2004). Whilst these aspects of GT would lend itself to the researcher's stance and research aims outlined above, a series of factors made TA more appropriate. As GT is an inductive methodological approach, researchers attempt to limit bias by not conducting literature reviews prior to data analysis (Glaser & Strauss, 1967). Due to the course of the current research project, a thorough and extensive literature review had been conducted which may have biased the researcher's theory development. GT also employs theoretical sampling as a core component of the approach. Theoretical sampling allows the researcher to continually narrow the focus and clarify existing data collection to allow for theory generation (Charmaz & Belgrave, 2007). This requires the researcher to transcribe, code and analyse interviews prior to conducting further interviews. Due to the practicalities of the research time frame and participants' time commitments, this was not feasible.

TA is a qualitative research process which is used to organise, analyse and describe patterns within complex data sets (Boyatzis, 1998). It has sometimes been perceived as a research approach of lower quality, however, several authors argue that a number of qualitative analyses, including IPA and GT, have TA at their core (Braun & Clarke 2006). Whilst the researcher of this project has outlined their epistemological and ontological stance, TA is often considered to be independent of theory and epistemology and therefore can be adopted by researchers from a wide variety of stances to investigate rich and complex data sets (Braun & Clarke, 2006). As TA provides only a method of analysis and not any underlying theoretical frameworks, its main advantage is its flexibility which allows the application of this research approach to a wide variety of different data sets (Braun & Clarke, 2013). Despite TA being a flexible approach, a number of areas must be considered prior to data analysis which will be outlined later in the chapter in section 2.9. The method of sample selection and recruitment will now be discussed.

2.4 Sample Selection and Recruitment

A convenience sampling approach was taken in the selection of participants for the study. Whilst this is often seen as the least rigorous qualitative sampling technique (Marshall, 1996; Sandelowski, 1995), it was selected due to the hard to reach and difficult to engage nature of the studied population. The participants were selected using the three following steps:

Step one: Sporting player associations and individual sports clubs were contacted to provide them with the opportunity for their athletes to take part in the outlined research. The Professional Players Federation distributed the research proposal to their members, who represent approximately 17,000 male and female athletes. In addition, a variety of individual sports clubs and player associations were also contacted. The information sheet (Appendix A) and recruitment e-mail (Appendix B) were sent to the organisations during this initial contact. The player associations and sports clubs that agreed to participate in the study were asked to distribute the recruitment email (Appendix B) and information sheet (Appendix A) to their athlete membership.

Step two: It is not known which player organisations, that received the information from the Professional Players Federation, distributed the initial engagement email to their members. The initial recruitment email (Appendix B) and information sheet (Appendix A) was distributed to 100 athletes as a result of contacting sports clubs and player organisations directly. This included the British Boxing Board of Control, a professional rugby union team, a professional rugby league team and a professional cricket team. These organisations represent male athletes with the exception of the British Boxing Board of Control who represents both male and female athletes.

Step three: Athletes that were interested in participating in the study were asked to respond directly to the researcher's contact information provided in the initial recruitment email (Appendix B). Six athletes responded directly to the researcher and eight athletes responded to their coaches who then provided the athlete's contact details to the researcher. The athletes that

responded were contacted to confirm eligibility of the study criteria. The study selection criteria were as follows:

1) Participants must be professional athletes;

2) Participants must be over the age of 18;

3) Participants must be able to speak fluent English.

Further detail regarding inclusion and exclusion criteria is outlined in section 2.4.1 Inclusion and exclusion criteria.

Step three: If the athletes met the above inclusion criteria, they were invited to arrange a one to one interview with the researcher. At this stage, the athletes that stated they did not want to participate (n=5) were thanked for their time and consideration. If the athletes agreed to take part, a time and location was arranged for the interview. The interviews were conducted between 25th April 2018 and 18th July 2018.

Following each interview, the researcher had telephone supervision to reflect upon initial thoughts and discuss whether data saturation had been reached. It was agreed that data saturation was reached after 9 interviews (Fusch & Ness, 2015).

2.4.1 Inclusion criteria.

As outlined above, this research study had three inclusion criteria. Several decisions were considered during the development of these criteria through the process of discussion with research supervisors.

Professional Athlete Status: One inclusion criterion was that the athletes had to have professional status. Within the literature, there is a broad range of different terminology and definitions for athletes including elite and professional. Swann, Moran and Piggot (2015) conducted a study investigating the ranges of definitions across athlete studies. They reported that across 91 studies, eight broad definitions of athletes were used. The authors highlight that

professional status is one valid way of defining elite athlete however, they outlined that within this category, as with others, there can be different tiers. The pen portraits of the athletes will capture this information.

Mental Health Diagnosis: The diagnosis of a mental health condition was considered as an inclusion criterion for the study however, after significant discussions with the research supervisors, it was decided not to include this. Several factors influenced this decision including the reliability and validity of mental health diagnosis in the general population (Aboraya, Rankin, France, El-Missiry, & John, 2006; Jablensky, 2016), the reliability and validity of mental health diagnosis within males (Magovcevice & Addis, 2008; Martinet al., 2013), and finally the barriers and stigma associated with the athlete population that may prevent athletes from seeking a diagnosis (Gulliver, Griffiths, & Christensen, 2012). In addition to the difficulties with confirming a diagnosis, the research aimed to investigate what sporting factors had an impact on male athletes' mood which was therefore not reliant on a confirmed diagnosis. The researcher felt that by including the diagnosis of a mental health condition as an inclusion criterion, this may have led to a biased sample for the above reasons.

2.5 Interview Setting

Participants were offered the opportunity to conduct the interview either face to face or via the telephone. These different interview techniques provide a number of advantages and disadvantages in comparison to each other. As face to face interviews are synchronous in time and place, they allow the use of social cues and body language during communication. In addition to the use of social cues and body language, face to face interviews can provide the researcher with the opportunity to standardise the interview setting (Opdenakker, 2006).

Whilst face to face interviews offer a number of advantages, they may not be feasible due to the time required and costs incurred by travelling to the geographical location of the participants. Telephone interviewing offers researchers the opportunity to conduct interviews that would otherwise be unfeasible due to the practicalities of accessing certain populations (Opdenakker, 2006). In addition to allowing access to difficult to reach populations, the

literature suggests that telephone interviews can offer several other advantages. One advantage is the ability to engage participants who have concerns about anonymity and the potential to access difficult to engage populations. In addition, there is literature to suggest that telephone interviews may be beneficial in facilitating the disclosure of sensitive information due to the partial anonymity of the interview (Opdenakker, 2006). Whilst there are several advantages and disadvantages of each approach, a flexible approach was taken within this study in an attempt to reduce as many barriers to participation as possible.

The majority of participants (n=5) selected face to face interview and requested that these were conducted at their sporting club. Whilst this was convenient for participants and provided the familiarity of their surroundings, it introduced several challenges such as finding a private and discreet room to conduct the interviews in whilst not being disturbed.

2.6 Topic guide and interview procedure

A semi-structured interview format was selected as it provides structure and guidance for the research topic whilst allowing flexibility to collect data and discuss topics that had not been anticipated prior to the interviews (Louise Barriball, 1994). The interview topic guide (Appendix C) was developed following a review of the literature outlined in Chapter 1. The topic guide was developed by the researcher, however, was checked by the research supervisors throughout its refinement. Due to the sparse nature of the literature within this topic area, the topic guide incorporated an initial set of questions within the introduction asking the participants to identify sporting factors that may impact their mood prior to any prompting from the researcher. After the participants identified the breadth of sporting stressors, each one was explored individually. These initial questions meant that the semi-structured interview was open ended however, any additional sporting factors not already identified within the topic guide were explored in the same format as the outlined sporting factors. Adopting this format ensured that a basic structure was present to guide the interview whilst also allowing a broader discussion of issues relevant to the research area. The topic guide contained questions relating to the following areas:

1) The participant's perspectives on what sporting factors had an impact on their mood.

2) The participant's experience of what impact that the sporting factors outlined by them and the literature (e.g. injury, performance, and coaching relationship) had on their mood

3) The participant's perspective on why they believed the factors outlined by them and the researcher had an impact on their mood.

4) The participant's experience of how they expressed and managed the impact of the sporting factors on their mood

The participants were sent an information sheet by email prior to the interviews. Before the interview was conducted, the information sheet was revisited with the participant. If the interview was being conducted by telephone, the participant was sent an information sheet electronically and the information sheet was read aloud by the researcher. After the participant had read, or been read the information sheet, they were asked whether they had any questions about the research and if they would like to continue. If they stated that they would like to continue they were asked to complete the consent form (Appendix D) or give verbal consent to continue with the interview. The interviews lasted between 43 minutes and 73 minutes and were recorded using a Dictaphone. Once the interview had finished, the information sheet and withdrawal procedure were revisited, and participants were offered the opportunity to ask any questions about the research or research process. Following each interview, the researcher had telephone supervision with their research supervisor to reflect on initial thoughts, identify any potential biases and ensure that the interview finished without complications and that the researcher was safe.

The recorded interviews were stored on the University of Leeds secure drives. The researcher transcribed one interview to increase familiarity with the data. The remaining eight interviews were transcribed by staff within the University of Leeds. Upon receipt of the transcribed interviews, the researcher conducted quality checks to ensure the accuracy of the transcriptions.

2.7 Participants

The participants (n=9) were all male and consisted of athletes predominantly participating in team sports (n=8) with only one athlete participating in individual sport. The athletes that participated in team sports consisted of rugby players (n=5) and cricketers (n=3) whilst the athlete that participated in individual sport competed in boxing. The participants represented a broad age range (Range:18-32 years old) and had varying levels of time and experience playing professional sport. Each participant was provided a pseudonym and a synopsis of each participant's sporting experience is outlined below. Whilst it is generally beneficial to provide a detailed synopsis of the participants, the outlined synopses are deliberately brief with limited demographic data to ensure confidentiality in an environment with a relatively small population and due to the sensitive nature of the interviews.

Participant 1**:** Andrew is a male between the ages of 18 and 23 who currently represents a professional championship rugby union team. Andrew has recently started being selected for the first team at the club that he represents and has been playing rugby since he was a young child.

Participant 2**:** Brian is a male between the ages of 18 and 23 who currently represents a professional championship rugby union team. Brian has recently started being selected for the first team at the club that he represents and has been playing rugby since he was a young child.

Participant 3**:** Chris is a male between the ages of 28 and 32 who currently represents a professional championship rugby union team. Chris has had a long career representing teams in both the premiership and championship. Chris was not born in the United Kingdom but has been involved in rugby and sport since a child.

Participant 4**:** David is a male between the ages of 28 and 32 who currently represents a professional championship rugby union team. David has played rugby at a variety of different clubs and has been involved in the sport since he was a young child.

Participant 5**:** Edward is a male between the ages of 18 and 23 who currently represents a professional championship rugby union team. Edward has recently started being selected for

the first team at the club that he represents and has been playing rugby since he was a young child.

Participant 6**:** Finlay is a male between the ages of 28 and 32 who is currently a professional boxer. Finlay has fought for several championships within his career. Finlay stated that he has always been interested in sport but when he was younger, his sport of choice was swimming or football.

Participant 7**:** Gerry is a male between the ages of 18 and 23 who is currently a professional cricketer. Gerry reported that he has played sport from a young age for his county.

Participant 8**:** Henry is a male between the ages of 18 and 23 who is currently a professional cricketer. Henry has played sport from a young age.

Participant 9**:** Ian is a male between the ages of 18 and 23 who is currently a professional cricketer. Ian has played sport from a young age.

2.8 Ethical Considerations

The development of the research project highlighted several ethical issues that required consideration prior to the commencement of the interviews. Whilst ethical considerations are important within all research areas, a number of the ethical issues were particularly pertinent when studying the above population due to the populations high interest to the media and the wider public. The current research project was submitted and approved by the University of Leeds School of Medicine Research Ethics Committee (Appendix E and Appendix F.) on 8th March 2018.

2.8.1 Informed consent.

Participants were provided with an information sheet (Appendix A) during the initial recruitment email and prior to the interview taking place. The information sheet outlined the purpose of the research along with any potential benefits and consequences for the participants. Participants were asked whether they had any questions regarding the research prior to the interview taking place and were informed that they could withdraw from the study at any time

up until transcription began without any consequences. Participants were asked to give written (Appendix D) or verbal consent confirming that they wished to participate in the study.

The interviews were recorded on an encrypted Dictaphone before being transferred and stored on the University of Leeds computer servers. The audio files were assigned a number before being transcribed by individuals within the University of Leeds who had signed a confidentiality agreement in line with General Data Protection Regulations (GDPR).

2.8.2 Confidentiality.

The participants were provided with the participation information sheet (Appendix A) informing them of how their data would be used prior to the interview. Participants received the information sheet during the initial recruitment email. During face to face interviews confidentiality was maintained by booking a private room within the relevant sports club. This enabled the researcher and participant a confidential space in which they would not be overheard. When conducting telephone interviews, the researcher was located in a private room. The participants' location could not be guaranteed, however, they were advised to participate at a time and place that confidentiality could be maintained. As the studied population is of high interest to the media, due thought and consideration was taken at every stage of data collection, transfer and storage to ensure that risks of a data breach were minimised.

2.8.3 Anonymity.

Interview data is presented within this thesis anonymously using pseudonyms. As the studied population is small, demographic information such as age has been presented using ranges to ensure that individuals cannot be identified. Any other potentially identifiable information has been omitted or altered to ensure participant anonymity.

2.8.4 Harm to others.

The interviews were 43 to 73 minutes in length. It was not predicted that the topic of the interview would cause significant distress to the participants, however, participants were

encouraged to seek support from their GP if difficulties were highlighted within the interviews. In addition, participants were provided the contact information of the researcher should they have any questions or wish to withdraw after the interviews had been conducted.

2.8.5 Harm to self.

A protocol was developed to ensure risk to the researcher was minimised. The researcher informed their supervisors of the location and time of any face to face interviews and telephoned to confirm that the interviews had finished without any concerns.

2.9 Data Analysis

Prior to the beginning of data analysis, the interviews were transcribed with the participant's identifiable information removed and each participant being assigned a pseudonym. The interview transcripts were printed out in their entirety enabling the researcher to analyse the transcripts. As discussed previously in section 2.3 Methodological approach, TA was selected as the analysis of choice for this research project and several decisions required consideration prior to the beginning of data analysis Braun and Clarke (2006). The initial decision was whether to adopt an inductive or deductive approach to coding the data. An inductive approach to data coding and theme generation aligns the themes closely to the data collected without any influence from the researcher's theoretical interest of the topic area (Patton, 1990.As cited in, Braun & Clarke, 2006). In contrast, a deductive approach to data coding and theme generation would be theory led, seeking data to confirm existing theoretical concepts. The researcher adopted a mixed approach to the analysis of data within this research project. As stated previously, the interview schedule was devised from pre-existing literature within the topic area which would be considered a deductive approach to data generation. During the initial stages of data analysis an inductive approach was adopted, drawing codes and themes directly from the data which were then considered in the context of the wider theoretical literature in the latter stages of the analysis.

The second consideration prior to the beginning of data analysis was whether the data would be analysed at a semantic or latent level. When analysing data at a semantic level the

researcher does not attempt to identify underlying broader meaning within the data and therefore, only analyses the data that is explicitly recorded. Despite this, semantic data analysis should still attempt to interpret rather than just describe the data, often linking the data to existing theories (Patton, 1990, As cited in, Braun & Clarke, 2006). In contrast, when analysing data at a latent level the researcher is seeking to interpret the underlying assumptions and meaning that underpin the data that is collected from participants (Braun & Clarke, 2006). For this research project, the researcher analysed the data at a semantic level however, ensured that the data moved from summary to interpretation which allowed for the data to be linked with existing theory.

Braun and Clarke (2006) developed a six-stage systematic approach to TA. The first stage of this method requires the researcher to familiarise themselves with the data by transcribing and re-reading the passages of text. Whilst the audio recordings were transcribed externally, the researcher ensured that they transcribed one interview and spent additional time familiarising themselves with the whole data set. Throughout this stage and the entirety of the TA process, the researcher maintained a notebook ensuring preliminary ideas were documented throughout. The second stage of TA consists of identifying codes within the data set. The researcher printed the transcripts in their entirety and began to identify codes by scribing directly on to the transcript. The researcher intentionally did not narrow the focus of the coding process to ensure that the identified codes were data driven. Stage three is concerned with the development of themes from the coded data. The researcher clustered the individual codes into a set of preliminary broader themes and sub-themes.

During stage four the researcher reviews the themes and begins to refine the number of themes based on the strength of data available for each theme and whether the themes 'work' as a complete data set. During this stage the researcher began to cluster the preliminary themes that had significant overlap to ensure that the themes were distinct from each other however, combined, communicated the participants' experience in its entirety. Once a satisfactory thematic map had been developed the researcher moves on to stage five in which the names for

each theme are decided and defined. It is important during this process to ensure that the theme names are concise but also encapsulate the essence of the data that contributed to that theme.

The final stage of TA is the production of the report summarising the themes that have been developed from the initial data set. At each stage of this process the data, codes, and themes were discussed with the research supervisors to provide a critical analysis of the analytic process and ensure that the themes were sufficiently refined and suitable to provide a clear and concise account of the data.

2.10 Quality Checks to Ensure Rigour

There has been an ongoing debate in qualitative research in regard to the best process of ensuring quality within the research process (Smith & McGannon; Sparkes & Smith, 2009). The two approaches often applied are the criteriological approach and the relativist approach. The criteriological approach is the process of having a set of universal and agreed upon criteria in which any piece of qualitative research can be assessed against to ascertain its quality (Garratt & Hodkinson, 1998). The criteriological approach to assessing the quality of qualitative research aligns itself with a realist philosophy. The function of research within this approach is to inquire about an objective reality and thus the quality of research can, in turn, be assessed using fixed and universal criteria (Burke, 2016). Within sports and exercise qualitative research, the most commonly used criteria are that of Lincoln and Guba (1985). The primary criticism of the criteriological approach is the philosophical contradiction of applying a set of universal criteria, aligned with a realist research philosophy, to qualitative research which often adopts a relativist research philosophy (Sparkes & Smith, 2009).

The relativist approach to quality checking qualitative research also uses criteria to ascertain research quality. In contrast to the criteriological approach, the relativist approach views these criteria as context and research dependent rather than a universal and agreed upon set of criteria (Burke, 2016; Sparkes & Smith, 2009). Whilst a list of criteria is often a starting point for relativist researchers in evaluating qualitative research, these lists are viewed as

flexible and open ended to allow for the nuances of different contexts and qualitative research approaches (Smith & Deemer, 2000; Sparkes & Smith, 2009).

In line with the relativist approach to quality checking qualitative research in sports and exercise psychology, several quality checks were adopted from the criteria outlined by Smith and Caddick (2012, p. 70-71). The following quality checks were conducted:

2.10.1 Transcription checks.

Once the researcher received the transcribed interviews, the transcriptions were verified by the researcher. This process entailed listening to the interview recordings alongside reading the transcriptions. This ensured that the transcribed interviews provided an accurate representation of the raw data.

2.10.2 Research supervision (research process).

Research supervision was regularly attended and sought throughout the research process. This was in the format of face to face meetings or reflective phone conversations after conducting each interview. The research supervision served two functions in relation to quality checking. Initially, it provided a reflective and critical space for the researcher to present ideas and theoretical positions in relation to the research to ensure that individual bias was reduced throughout the process. Secondly, it provided a space to consider the practicalities of the research such as when data saturation had been achieved.

2.10.3 Research supervision (data analysis).

Research supervision was sought throughout the data analysis. This allowed for different perspectives on the codes and themes that emerged from the data enabling a critical approach to the analysis process. If there was disagreement regarding a code or theme, the researcher and supervisor had a discussion until consensus was reached.

2.10.4 Grounding the Data.

At each stage of the data analysis, the codes and themes that emerged were grounded within the raw data of the transcripts.

2.10.5 Audit trail.

The researcher kept a reflective journal throughout the research process. This was particularly important during data collection and analysis as the researcher was able to document key thoughts, reflections, and considerations at different points throughout the process.

2.11 Reflexive Statement

Yardley (2008) discusses the importance of researcher reflexivity, highlighting that research will inevitably be influenced by the knowledge and experience of the researcher. In addition, the knowledge of the researcher is influenced by the societal and cultural contexts in which the researcher obtained it. It is therefore essential to reflect upon the knowledge and experience that the researcher holds to ensure that bias within the research is acknowledged and reduced.

The lead researcher is a white British, 30-year-old male who was raised within a working-class family. The researcher has experience playing sport, particularly rugby union, at a variety of different standards. Having experience of playing sport and having friends representing professional rugby clubs provided the researcher with an understanding of some of the additional pressures that may be placed upon athletes and the lack of support that is often available from a mental health perspective. It was these prior experiences, alongside an interest in sport, that influenced the researcher's decision to undertake this research project. The researcher was aware of the potential bias that may occur throughout the research project as a result of these prior experiences. To attempt to mitigate these biases the researcher kept a reflective journal, making entries following each interview. During the interviews, the researcher attempted to ensure that their experiences within sport did not influence the course of the interview. Finally, the researcher sought guidance from their research supervisors reflecting on the experience of each interview.

Whilst it is important to consider the researcher's prior knowledge and experience to reduce bias within the research, this prior experience and knowledge can have a beneficial

impact on data collection. Sawyer et al, (1995) discuss 'matching' in the design of research interviews. They suggest that if interviewers are matched with a participant's demographic variables (e.g. age, gender, race, ethnicity, social class and values etc.), it can lead to the participant feeling more comfortable disclosing sensitive information, which can facilitate an increase in the likelihood of understanding the research topic from the participant's perspective. Within the current research project, I 'matched' a number of each of the participants' demographic variables which may have facilitated more open communication.

Chapter 3: Results

This study aimed to investigate what sporting factors may contribute to mental health difficulties within professional athletes. As the research evolved, three more specific research questions developed under this broad category;

1. What sporting factors have an impact on the mood of male professional athletes?
2. Why do these sporting factors have an impact on the mood of male professional athletes?
3. How do male professional athletes express and manage impacts on their mood?

Within the results section, four super-ordinate themes will be presented summarising these three research questions. The four themes that will be outlined are 'sport is everything', 'uncertainty about team selection', 'loss' and 'masculinity'. Figure one demonstrates these themes visually and a description of the links between them will now be discussed.

During the interviews, it was evident that the participants had been immersed in the sporting environment from a young age which led to the development of the 'sport is everything' theme. This investment in sport from a young age may create a vulnerability in that the participants' lives are so dependent on the sporting environment. This may therefore contribute to the themes of 'uncertainty about selection' and 'loss'. The participants stated that the sporting environment had a lot of uncertainties within it such as injury, performance and the coaching relationship. The participants reflected that these uncertainties often had an impact on their selection and were ultimately linked with the theme of 'loss'. The participants stated that they may experience a fear of, or actual loss of identity, emotional reward and social life, and financial. These factors may be facilitated by the outlined sporting factors in the theme 'uncertainty about selection'. Finally, the theme of 'masculinity' contributes to the way that themes of 'uncertainty about sport' and 'loss' are expressed and managed.   These themes will now be discussed individually and to enable the exploration of the main themes in more depth, an additional eleven sub themes will be outlined and discussed.
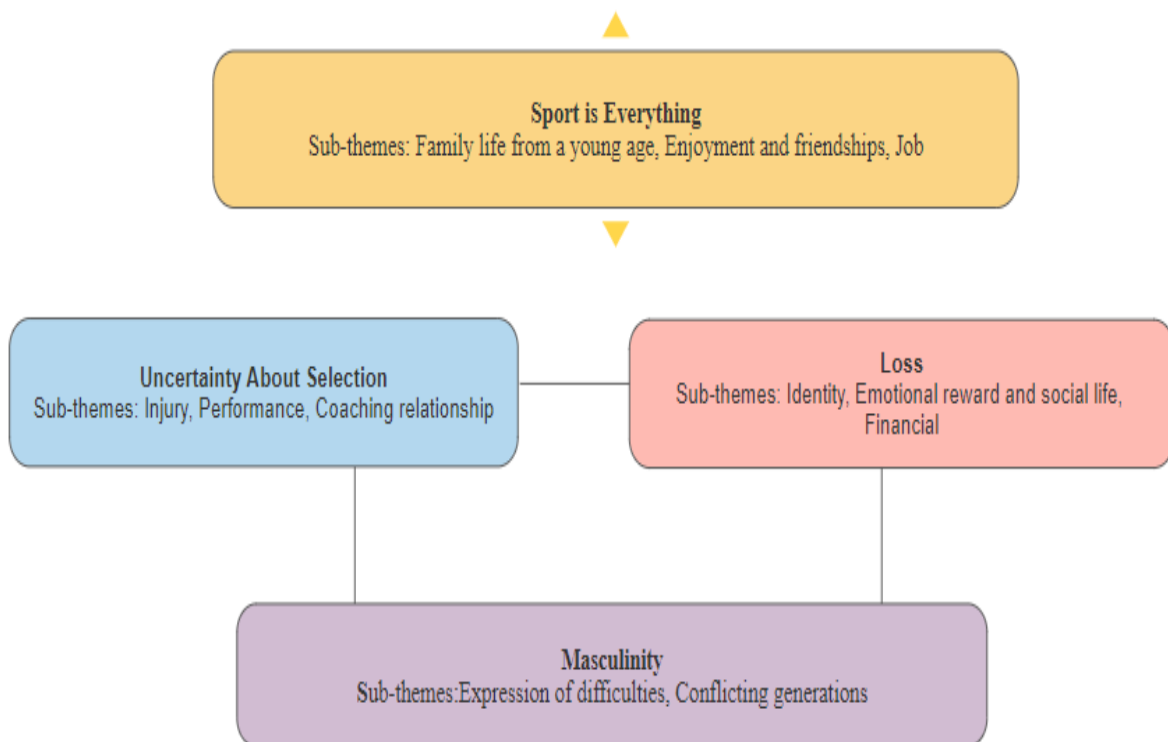
Figure 1 Thematic map of themes and sub-themes

3.1 Sport is Everything

Pursuing a career as a professional athlete is often a very competitive and time demanding process. The participants discussed how the sport that they play is often incorporated in many, if not all, areas of their lives. Whilst some participants shared that this was often an active choice to ensure that their goals were achieved, others stated that they made active efforts to have areas of their lives outside of sport. Gerry acknowledged the all-consuming nature of sports during his interview.

"So it's just having, like having that sort of social life outside of cricket was, is always

quite tough and obviously when like when a lot of my mates went off to uni...when they

come for summer…you don't want to be away playing cricket so, it was always quite

tough to sort of say, ah yeah I can't do anything because I've got cricket…" (Gerry)

When considering the areas of an athlete's life that sport impacts, the sub-themes of 'family life from a young age', 'enjoyment and friendships' and 'job' will be discussed in further detail.

3.1.1 Family life from a young age.

Within this study all of the participants discussed how sport had been a part of their lives from a very young age. They described how sport was a big part of them growing up and that they were immersed in a sporting environment from their early years. Andrew described his experience of sport when he was younger.

"I started when I was four, maybe three . . . I think er, they actually shoved me in with

like four-four age groups above; I played my first game when I shouldn't have done."

(Andrew)

This experience of being involved in playing sport from a very young age was echoed by Finlay.

"obviously I've been involved in sports since . . . since I could kinda walk. I was about

2 or 3 and er, yeah, I was swimming umm, my dad was swimming. I was about 2 with

my sister so yeah, I was actually sport and I wouldn't say my parents pushed it but they

. . . they encouraged it" (Finlay)

In addition to being involved in sport from a young age, a lot of the participants described how sport was important to their family members. Harry recalls spending time at a cricket club watching his dad play.

"Um, I used to go down and watch my dad play, um (sharp exhalation of breath) I can't

think, maybe six or seven, probably younger than that even. And I ended up watching

and then I ended up playing on the side with a few of, like, other kids- There was, like, a

little area we always used to play and then basically made that transition, when I was old enough, into playing for the men's side as well." (Harry)

Chris described an even more immersive experience in sport. As he was from a different country that highly values sport, he describes not only being involved from a young age and his family being involved but, that the whole country being involved in the sporting 'culture'.

"I've loved it mate, like obviously being born in [country] it's like a culture, it's like a way of life. It's not just a sport to me I mean my Dad played a little bit for like 18 years. So, I was sort of immersed in it from day one. And, so obviously I'm immersed in it being a [nationality] but even more so I got to know a lot of the [team]…" (Chris)

As the participants progressed through their sporting careers they described different experiences of family involvement. Some participants described their families remaining part of the sporting environment whereas, others described a changing relationship with their family and sport. Harry described how his family remained involved in sport throughout his journey.

"I've gone further than anyone else in my family, um, with that and they've followed me all the way…" (Harry)

This view was echoed by Andrew who described his family coming to watch an important match that he was involved in.

"…pretty much same as [name] but er, yeah, which was one of my biggest games I've played, [name of team] all me family and that there…" (Andrew)

In contrast, some of the participants described how their families had not continued to be involved in the sporting environment but had taken a less active but supporting role. When discussing a tough decision Finlay shared that he often went and spoke to his family as a support system outside of the sporting environment.

"when you're in that situation you-you don't see things logically, you don't see them as clearly... And that's where it took, took my family to kind of talk to me and then I had to get a new trainer" (Finlay)

Family not being directly involved in the sporting environment was echoed by Edward who shared that he often ended up missing out on family events because of his sporting career.

"I've probably had 2 weeks off in between time and then . . . my season start-new season starts in 2 or 3 weeks. So it's just like crazy . . . but all my family are going away on holiday and stuff l can't go on that cause that's when season starts again…" (Edward)

The outlined accounts above highlight that the participants within this study have been immersed in sporting culture since being very young often with a lot of family involvement. As a result of the high levels of participation in sport from a young age it is likely that sport is a key aspect of the participants' identities. The accounts also highlighted that as the participants career developed, the family involvement differed from remaining involved to disengaging from the sporting world. The impact of each of these positions will be discussed in more detail in section 3.3. The next sub-theme to be discussed regarding 'sport is everything' is 'enjoyment and friendships'.

3.1.2 Enjoyment and friendships.

In addition to discussing family involvement within sport, all of the participants apart from Harry stated that the majority of their friends and activities they enjoyed were associated within a sporting environment. As all of the participants apart from Finlay are involved in team sports a significant amount of time will be spent with the other athletes in the team. Andrew commented that he really enjoyed this aspect of sport, developing close relationships with the other members of the team around him.

"er, it's definitely like being round a bunch of lads, I reckon, like is the main, like a good, yeah, there's a great like group of, like team unity, like, it's like a big, a big like bunch of brothers." (Andrew)

This view was echoed by Christopher who also shared that a lot of his friends were involved in the sporting environment.

"I love spending time with the lads; it's a brilliant life, the rugby culture like, you know." (Chris)

In addition to having a lot of friends in a sporting environment, two of the participants shared that they lived with a member of the team that they played for. Brian discussed this when he was speaking about training.

"I think after training, talk to my housemate and stuff like that after-especially after training. Sometimes, even after a game, we'll chat…" (Brian)

The outlined interviews highlight that many of the participant's social groups are contained within a sporting environment. In some cases, their living arrangements also incorporate members of their teams and work-life. Whilst a lot of the participants indicated that they liked this aspect of playing team sport, it is evident that having a strong friendship group within the sporting environment can lead to difficulties finding time to do other activities. This was outlined by Gerry when discussing the time that sport requires.

"you sort of, you probably treasure that part a bit more when you get a chance to see your mates and spend more time with your family and things like that" (Gerry)

In addition to having friendship groups aligned with sport, the participants highlighted that sport is often the main hobby that they engage in. When discussing the main positives about being a professional athlete, Christopher shared that he got paid to do something he enjoys.

"I've just got a passion to train anyway being able to, promise myself I'd keep fit and active so being able to do that as part of your job is brilliant and getting paid for it" (Chris)

This view was also shared by Andrew who stated that one of the main positives of being a professional athlete was playing the sport itself.

"…It's really good crack and then er, like, I just enjoy the ball in my hand, to be fair as you enjoy playing rugby like running about on a field…" (Andrew)

In contrast, some athletes identified other hobbies and enjoyment that from outside of a sporting environment. Ian stated that he enjoyed playing sport but then goes on to discuss other hobbies that he enjoys outside of his sport of choice.

"Whereas we're lucky enough to kind of spend time with our team mates every day, do something we love, and then in our free time we can do whatever we want, whether it's playing golf, chilling out, going out with our mates, whatever…" (Ian)

Whilst some of the participants, such as Ian, shared that they engaged in hobbies outside of the sporting environment, it was clear that some of the participants enjoyment was sourced solely from sporting activities. Whilst this has the potential to be positive as the participants reported that they enjoyed these aspects of sport, it may lead to difficulties which will be discussed in later themes. The final sub-theme to be discussed regarding 'sport is everything' is 'job'.

3.1.3 Job.

Within this study, all of the participants acknowledged that whilst they enjoy sport and have invested a lot from a young age, that it is now their job. Being a professional athlete is unusual in that at some point in time all of the participants within this study engaged in their sport of choice purely for pleasure. This can lead to a lot of enjoyment coming as a result of something that they are being paid to participate in. This was evident in Brian and Harry's account of their jobs.

"I, I think the positive thing about is like I know . . . I know that I, I enjoy it and I've always wanted, ever since I first started playing rugby, I know I've wanted to be a rugby player. And er . . .yeah, I were six and then I've always wanted to be a rugby player, which is, it's been pretty cool…" (Brian)

"It's like, cricket is a lot to me but, um- and I sometimes question where I'd be without it, I know it's not something that you need to do because plenty of stuff other than cricket…but it's a little bit, like, this is the dream job that I've had and everyone looks up to you because you play cricket for [county] and who you are…" (Harry)

Despite this enjoyment reported by a lot of the participants, Edward's account of transitioning between a hobby and professional sport is different in that he has noticed a change in attitude which he recognises may reduce his enjoyment.

"…cause I've grown up with all these lads since I was 15 a lot of players like being like released and not signed so . . . it's getting a bit more serious, and a bit more like as a job. Whereas previous years it's been . . . a bit, not laid back but it's literally like 10 mates all just train together" (Edward)

The above accounts highlight that whilst the participants enjoy their jobs and, in some cases, feel privileged, there is an acknowledgement that their salary is dependent on sport. In addition to this acknowledgement, several of the participants disclosed that they had not given any serious consideration to a job outside of being a professional athlete. Harry was one participant who shared that he had not given another job serious consideration.

"Previously, yeah, I reckon it's more the fact that: 'What the hell would I do if I didn't do this?' Because I still wouldn't know what I'd directly do." (Harry)

Gerry also shared this opinion in that he had not considered a backup plan to professional sport.

"I've not really had chance to think of like a back-up plan for after cricket which is something they normally hammer, sort of hammer into you…but I didn't really have that because I was so young and so obviously I was with the U19s and it's all cricket, cricket, cricket! You kind of think that you're, not that you're invincible but you kind of think well this is kind of what I'm going to do for the rest of my life" (Gerry)

The above accounts from the participants within this study highlight that whilst they enjoy their job, there is an acknowledgement that their salary is dependent on their sporting engagement. In addition, several of the participants identified that they had not considered any viable alternative employment.

3.1.4 Summary of 'sport is everything' sub-themes.

The above summary of the theme 'sport is everything' highlights that the participants within this study have a lot of vested interest in their sporting life including, but not limited to, family involvement, friendships, their enjoyment and their employment. It is often required that athletes devote so much of their lives to sport in order to achieve as a professional athlete however, it is evident that by pursuing this goal, an athlete's life experience and enjoyment external to sport may be narrowed and limited as a result. The next theme to be discussed is 'Uncertainty about selection' and outlines the factors specific to sport that may have an impact on an athlete's mood.

3.2 Uncertainty About Selection

The main overarching sporting factor that had an impact on mood for the participants within this study was not being selected to participate in their sport of choice. In addition, a feature of the athlete environment that arose frequently during the interviews was the uncertainty and lack of control particularly in areas of selection. The participants shared that there are a variety of external factors that can contribute to an individual not being selected to represent their team. These factors remained present for the participant engaging in an individual sport, however, impacted whether they were selcted to engage in their sport of choice at an individual level. The participants in this study were aware of the uncertainty and lack of control in the sporting environment. Andrew described this uncertainty in his interview

> *"...you can go from making your championship debut to getting injured next week. Like anything could happen really so it's like . . .yeah, it can go from 100 to 0 like within seconds so" Andrew*

The uncertainty of the environment often led the participants to change their behaviours and value specific traits in others around them in an attempt to artificially create certainty. The three main factors consistently identified by the participants were injury, performance and coaching relationship. These sub-themes will now be explored in more depth which will enable the researcher to begin to explore the reasons that these factors may contribute to mental health difficulties in later themes.

3.2.1 Injury.

Within this study injury was identified as a factor contributing to changes in mood by six out of the nine participants prior to any questioning about this topic from the researcher. The three participants who did not mention injury were two cricketers (Henry and Gerry) and a boxer (Finlay). Upon further questioning, the cricketers had not experienced injuries that had stopped them from playing more than one game. In contrast, Finlay had experienced a number of injuries and discussed the impact of injury further once prompted. Within sport, injury can be common place and can have differing impact on an athletes ability to perform. When injury impacts athletes it can mean that the athlete spends a significant amount of time not engaging in their sport of choice. David discussed the differing nature of injury ranging from a 'niggle' to being out of sport.

> *"…it's not, when you actually get injured, that is, that's bad but a lot of the time you would sort of be dealing with, you know half a niggle or like, you know you-you you know you're sore, you're a bit worried that you actually are hurt but you can just about get by…that is quite stressful because you're like, you're a bit worried about making it worse... That is an ongoing, like that-that-that can be very frustrating." (David)*

David's account of feeling worried when having a 'niggle' is echoed in Edward and Ian's account of returning from injury.

> *"…it was my knee felt, my knee passed all the tests I knew was like strong as before but then I just in my head I just a bit, I needed a few collisions in it just to like actually it*

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was all right. So the first half and hour I was just like, I was just a bag of nerves like. It was horrible then after that it was fine and then..." (Edward)

So obviously when you come back the week after a bit of rehab, you're always worried that, again, it might hurt, so for the first few days of playing again you're like: 'Oh, I don't want to land fully on it because it might hurt again,' and obviously you don't want to get injured straight away, so I think that's the main thing (David)

Following discussing a 'niggle' injury, David then goes on to discuss how the differing types of injuries that he has sustained may have varying impacts on his mood. In contrast to a niggle he speaks about the impact that an injury that stops him playing sport may have on him.

"say I get injured and it's quite a serious injury. So say my Achilles, I would be, you know I'd be frustrated on game day or you know while that limited my life, so say while I was on crutches, that is like obviously frustrating, and while I can't drive: that is obviously a stressor. And while I can't play rugby: that is a stressor." (David)

When questioned more David states that the emotion behind his 'frustration' would be him feeling down with this type of injury.

"I would, obviously in the immediate aftermath having like I say a series of Achilles injuries I would be down..." (David)

This is in contrast to David's response to a 'niggle' injury where he also initially reported this as frustrating but the underlying emotion from his account is one of worry that the injury is going to get worse.

In contrast to David, Edward and Ian's account of differing levels of injury, the remainder of the participants focussed primarily on injury that stopped them participating in their sporting activity. The participants appeared to describe their experience of injuries that kept them out of the sport in one of two ways. In line with David's account of frustration and low mood, Brian and Finlay describe their experience of injury as a difficult experience.

"you're just a bit, it's just a bit, it's quite frustrating just missing training as well; cause like missing them Monday night sessions with the academy I always look forward to do, it's just . . . it's just a bit annoying..." (Brian)

"When you know that you, you can't perform to the best of your ability umm, due to, to injuries, again, it, it's a hard pill to swallow because you know you're better than that." (Finlay)

In contrast, Andrew, Chris and Edward report a brief initial emotional impact followed by periods of relative stability in mood.

"I'm just trying to like stay positive and like cause like I need to put a bit of size on so it could be a, I'm just thinking it could be a blessing injuring my shoulder like I can work on my leg strength, my power and stuff like that. So just trying to like think about it in a different way instead of thinking, 'F**k I'm injured." (Andrew)

"F**k!' I was like gutted for like an hour; catched the train back with the physio. I was like, 'Right, let's just crack on… what's done is done. It's not a big thing." (Chris)

"It was really, like really frustrating I missed it but at the same time I can do nothing about it and umm, I can do other stuff while I'm injured" (Edward)

The above accounts of injury provide insights in to the emotional responses that differing injuries can evoke. The responses from the participants in this study suggest that when an athlete is suffering from an injury that does not stop them from participating in their chosen sport, it can increase levels of worry about sustaining a more serious injury. If, however, an athlete experiences an injury which renders them unable to participate in their chosen sport, the responses in this study indicate that this may lead to a picture of low mood. Whilst this appears a subtle difference, it is nevertherless significant as it indicates different emotional responses to injury dependent on whether it is still possible to participate in sporting activity.

Within the participants in this study there appeared to be two distinct groups, athletes that struggled with injury for a long period and athletes that had an initial emotional response to

the injury but whose mood didn't remain affected for a longer period of time. The main difference between the two groups appeared to be the acceptance of the injury and lack of control. During these discussions the athletes shared some of the ways that they attempted to reduce the impact of these injury on their emotional state. All the participants who spoke about injury apart from Ian stated that they attempted to manage this by setting goals and targets for when they wanted to achieve certain milestones. Edward discussed this in his account of managing injury.

> *"…she (Edward's physio) had all her plans like written out and every, every week she was sending me over the new plans and like what I was doing and keeping it fun and stuff. It was really good yeah and all the stuff written on there so what day I can start and what day I can start doing this…" (Edward)*

The participants that reported a more positive experience of injuries were often successful in hitting the goals that they had set, whereas, the athletes that struggled often reported repeated setbacks. Brian and David describe their experience of setbacks.

> *"…like you having expectations and then not meeting them expectations…'Oh, your back doesn't feel too good. I don't think you should do running sessions,' 'Right.' I was looking forward to that and now I can't do it.' And it feels like another setback" (Brian)*

> *"just like setbacks or you end up having to do the same bit over and over again or the worse bit would be say like you know there's been an oversight by yourself at physio and you've not worked on some area and you have to go back and do it again" (David).*

If the participants have set goals in order to create certainty and control in a situation where that has been removed, then not achieving these goals is likely to further increase the sense of uncertainty and lack of control. The next sub theme will discuss performance and its impact on the uncertainty about selection.

3.2.2 Performance.

In addition to injury within this study, performance was identified as a factor contributing to changes in mood by all of the athletes prior to any questioning about this topic from the researcher. A difference between team performance and individual performance was discussed with some participants preferring if the team succeeded whilst they had a poor game and others preferring the opposite. This difference was highlighted in Andrew, Brian and Chris's interviews.

> *"it might be a bit selfish but like if, if the team's lost but I've played all right, I think anybody I think any player'll say well obviously frustrated about losing cause no one likes losing, but like if they played well it takes, takes a bit of the sting out of it. Yeah. But er, yeah, you'd obviously rather win. I think I'd rather win and play average than er, than lose and play outstanding and score five tries" (Andrew)*

> *"For-for me now it's, I'm being quite selfish and quite individual. So if, for example, on Saturday, I played pretty well; I was really pleased how I played. We got absolutely smashed. I was, I couldn't have been happier." (Brian)*

> *". . . even if I play a good game. If we lose I still think, 'Oh f**k!' it's more for the team, which is good because I care more I think" (Chris)*

Whilst there were two different focuses in regards to team performance and individual performance the predominant concern of the participants was a perception that if they were performing poorly they were less likely to be selected for their sport of choice. This was highlighted in Edward, Finlay and Ian's interview.

> *"...If I don't play well here I could be- could be on my way and then obviously looking for another job then..." I(an)*

> *"...if you-like I was saying, if you only get a small opportunity you don't perform and then it's all like gives you a bad reputation cause umm, like will I be picked next week..." (Edward)*

"...if you lose a [competition] you don't just drop down one place you drop down maybe 10 places. Umm, you go right down to the bottom of the pecking order..." (Finlay)

In addition to being concerned about the impact of bad performances on their team selection, the athletes reported that often there was uncertainty surrounding whether they were performing at a level to maintain their position. This was discussed by Gerry.

"they obviously like to keep their cards close to their chest with whether you're in there playing...or who they want to get rid of and things like this and you kind of never really know, unless you're not scoring any runs or you're not taking any wickets or...or the opposite you're scoring loads of runs and taking loads of wickets, then obviously, you know they'd be stupid not to, not to keep you on" Gerry

The impact that uncertainty about selection may have on mood was further highlighted by Chris when he was comparing his experience in the team he currently plays for, in which he is guaranteed to start as the captain, to a team he used to represent where there was more competition for places.

"one of the things at [team1]...I always felt like a lot of the boys felt this worse; playing each game with a pressure, like keep your spot . . . which is like it's s**t because you can never go out and express yourself as much as I'd like to I've found. Whereas here I'm almost like...I know like I'm starting every game so I can just go out and enjoy myself and I think actually it ends up being like, you end up playing better anyway." (Chris)

The participants discussed the impact that not performing well can have on their selection to participate in sport, combined with the uncertainty of whether they were performing at the required level to maintain their position, often led to polarised mood states dependent on sporting performance. This contrast was discussed by Andrew and Brian.

"...yeah, if you like, if you haven't played very well that like, it does ruin your week, to be fair like... So then like you do, like when I play well I just like completely like lifts my mood for rest of week..." (Andrew)

"...it's probably one of the best feelings of playing rugby: after the game you've played well; everything's good. You've got no worries about anything..." (Brian)

"...it's happened once or twice where it-I've just not been really pleased and then I've kind of thought about it deep and then it's in my head for a couple of days... if I've had a bad game then from the Saturday, I'm thinking about it Saturday night, all Sunday, Monday" (Brian)

In section 3.2.1 it was highlighted that when the participants of this study were participating in sport, their emotional response differed to when they were not. This theme appeared to be replicated when considering performance. Whilst the participants were participating in their sport of choice they reported polarised mood states, whereas, the participants that were not regularly engaging in sport reported more prolonged difficulties. This was discussed by Finlay and Harry.

"after I lost the [name of] title. I was in, and I was in, again, I was in no-man's land; didn't know, nowhere to turn. Umm promoters weren't really answering my calls. So I kinda I'm turning up to meet a partner I couldn't get out of the car I was, I was so upset I was embarrassed" (Finlay)

"I was caught with a shot early and it was, it was over before it started. So there was, there was dis-disappointment waking up first thing in the morning it was on my mind; go to bed on a night: it was on my mind. I was just thinking, 'What if, what if, what if.' (Finlay)

"I've travelled everywhere this year, but just not played much...I have usually been in the couple who miss out, unfortunately, so- but that's sport at the end of the day, that's how it goes, it's just getting 'round that frustration really...Um, when I first signed I

was really worried about: 'How am I going to keep on? How am I going to- contracts and stuff" (Harry)

The above accounts indicate that when uncertainty about selection is present as a result of performance and the participants were engaging in their sport of choice, they were susceptible to polarised mood states as a result of the fear of losing their place or joy of securing their place in their sport of choice. This contrasts with when the participants indicate that uncertainty is present, and they are not involved in their sport of choice. The above accounts indicate that this scenario may lead to more consistent, longer term difficulties.

The participants in this study stated that they managed the emotional response to poor performance differently in comparison to injury. As stated in section 3.2.1, participants attempted to manage injury by creating certainty. When the athletes within study had periods of poor performance, they stated they managed the emotions by attempting to rectify the performance after the event by practising or punishing themselves. Andrew, Brian and Edward discuss these strategies in their accounts recalling a poor performance.

"...Say if you've like nearly dropped a ball that you shouldn't have done, you can then do a bit of catching practice and then get more con-you get more confidence up but you just like..."(Andrew)

"...maybe sometimes if I organized to go out and have a few beers after and I've played badly then I might be like, 'Oh no I'm not.' Cause I feel like I haven't deserved . . . deserved to." (Brian)

"yeah, so this week I've absolutely caned myself at the gym and umm, the fitness is not, I'll never be like that again ever, it was disgusting it was like the hottest day I've ever seen in my life! So I was just like dripping and ohhh!" (Edward)

Both of these strategies involve displaying to the coaching team and others around the individual that they were not happy with the performance. One way to explain the rationale for engaging in these ways of managing the emotion is that it communicates to the coaches that the athlete is not happy with the outcome by attempting to ensure it doesn't happen again. This

may therefore negate the impact that the performance may have on their chances of selection. The next subtheme will discuss the coaching relationship and the impact this has on uncertainty about selection.

3.2.3 Coaching relationship.

Relationships with coaches were identified as a factor that could impact mood by all of the participants prior to any questioning about this topic from the researcher. As with the sub themes of injury and performance, there were some individual differences identified between the participants in the style of coaching that they preferred. This difference is highlighted in the accounts presented by Andrew and Brian.

> *"So like, like shouting and bawling at someone for doing something wrong is not gonna like, it dun't help some people but then again, it helps, it helps other people. Like I think I'd rather be like told off like on top of telling me what to do. But I know that some people don't react well to like some people telling 'em what to do. They're like, 'Oh just f**k off'"* (Andrew)

> *"...as a young man, not really being accepted by the coaching and they've been like pretty, not, kind of a bit ruthless with ya. So it's been like just saying it like in a bit of an aggressive way and that's, I think that's what's kind of like what's knocked my confidence sometimes."* (Brian)

The above accounts highlight that within this study different participants preferred different communication styles. Some participants preferred the coach to be firm whereas others preferred a different approach to coaching. Whilst these individual differences were present, there were a number of consistencies in regard to the ways in which coaching relationships can impact mood. There was an acknowledgement by all of the participants within the study the importance of being able to trust the coach, the coach being honest and being able to have a personal as well as professional relationship with the coaching team. This was highlighted in the accounts of Andrew, David and Harry.

"yeah, like with me, I think I'd rather like have a laugh and a joke about with him and all, you know look like he's . . . he's like, he actually cares about me as a person as well" (Andrew)

"honesty and integrity; so when a coach says something he does it; like that would be vital . . . so if he says we're gonna do this, we do it. But if he says I want you, you know if a coach says I want you to play like this and then you do something along those lines and maybe it doesn't go quite right, you want him to be like, no, that's what I asked from ya." (David)

"I think that's massive…say, like 'How's the family?' Or 'How's your weekend been' jus something away from cricket, I think that's a massive thing because it gives you another connection rather than just cricket…it's a more united environment if you do ask stuff like that and- rather than just being all 'Cricket, cricket, cricket.'" (Harry)

In contrast, the participants within this study indicated that if the coach treated them as a commodity or that they could not trust the coaches intentions then this could impact their mood negatively. This was highlighted in the accounts of Chris, Gerry and Ian.

"…yeah-yeah, cause mate, honestly, some players just like . . . you're just like a number, 'There you go. Go and play. You get injured. Yeah, okay it's just get you out. See you later' like. It does happen like so…" (Chris)

"sometimes you feel like er, sort of with other people that it, it's not quite like that. you kinda feel like they sort of listen to sort of every word you say and sort of just to make sure if you say something bad they might hold it against you or things like that…" (Gerry)

"but the coach hasn't said anything to them before that they're not going to play…So, it's like: 'Well, you haven't told me so it's annoying because I've been preparing all this time and now I'm going to sit around all day and do nothing.'" (Ian)

The outlined accounts highlight that the coaches being trustworthy, honest and caring about the individuals on a personal level, as well as professional, were important factors to consider. The participants then discussed that if these were not present, it could make them feel unsure, stressed and potentially impact on confidence and performance as discussed by David, Finlay and Harry.

"If you're dealing with someone who you think's unprofessional and also is unpleasant to be around that will just, that will just add that stress to your life." (David)

"it left you unsure umm, it kind of if you didn't know you were [working out] or [exercise] or [exercise] you go to bed that night or the night before and you could feel a bit uneasy umm, you'd think, 'Well actually what shall I eat for, for dinner or what shall I . . . I'll be a little stressed out tonight" (Finlay)

"I over-think things and technical stuff- would be, say, if they then don't coach you individually then all of a sudden they're bringing up something that they think that you should- that you've- that you're working on with other coaches…then you sort of think about that every time you then bowl, because you think: 'If that's right then I can then get back in.' Or if it's not right then you're thinking: 'Oh, well that's it, my chance has gone.'" (Harry)

In addition to identifying the particular qualities of a coach that the participants valued and the impact that this may have on mood, the participants also discussed the ways in which these coaching qualities may encourage or reduce the likelihood of them seeking help if they were struggling. When speaking about the coach caring about you as a person, Gerry highlights the importance of the coaches being approachable.

"I think you just, you know, you know you've got somebody to talk to; like if things aren't going well, you know that you can go and speak to people…So like if you're not in a, in a great place then you know that you can go and speak to someone and you've got that sort of, you're not gonna be, sort of be held against ya; and they're gonna go

around and say, 'Oh well, it feels like he's not playing well so we're gonna drop him,'

kind of thing." (Gerry)

In contrast, Ian highlighted the lack of control that athletes often experience in sporting environments and the impact this may have on seeking help if the coaching relationship isn't positive.

"...the lads refrain from, um, confronting the coach because obviously from like…'Cos

that could obviously make them think badly of you and obviously you don't want that to

happen when they're controlling the squads and your contracts as well, so you kind of-

so you keep them happy." (Ian)

The above accounts demonstrate the importance of the coaching relationship and how it can be a factor in impacting mood. As with the other factors of injury and performance, the interviews suggest that the athlete's mood can be negatively impacted if there is increased uncertainty. This is evident with the responses indicating that personal values such as honesty and trust are highly valued within coaches. Gerry highlighted this when discussing that he would prefer to be told bad news rather than kept in the dark.

"...I'd much rather have said, [team] had said to me, 'Look, we don't think you're good

enough at the minute. You're not scoring any runs. We're dropping ya.' I'd prefer

somebody to say that to me than kind of keep in the dark…" (Gerry)

By a coach providing an environment with honesty and trust, it increases an athlete's certainty about what they can expect and provides them with the opportunity to take control of aspects that may have an impact on their selection.

3.2.4 Summary of 'uncertainty about selection' sub-themes.

The accounts in the above sub themes have highlighted how events specific to the sporting environment such as injury, performance and relationship with coaches can have a negative impact on an athlete's mood. The predominant concern was the uncertainty and lack of control that the participants often experienced within the sporting environment. The

participants reported that if they were still able to engage in their sport of choice then the factors were more likely to contribute to increased stress and worry. This is in contrast to if an athlete was not able to engage in their sport of choice in which the factors may lead to periods of low mood. These three factors can all contribute to whether the participants were selected to participate in their sport of choice. The next section will explore the theme of loss and how this may contribute to mental health difficulties within the participants of this study.

3.3 Loss

When exploring the reason that 'uncertainties about selection' and associated sub-themes impacted the mood of the participants within this study, the main overarching theme that was apparent was that of 'loss'. Athletes discussed that the worry or low mood, that was outlined in section 3.2, was often concerned with the fear of, or actual loss of, a variety of different areas associated with the sporting environment as a result of not being selected for their sport of choice. The main sub-themes to be explored in more detail in the 'loss' theme are 'identity', 'emotional reward and social life', and 'financial'. It is worth acknowledging that these sub-themes appear very similar to those outlined in section 3.1. Whilst there is some overlap, the sub-themes within this section are more nuanced and offer specific detail regarding what the participants perceived as losses in the present moment and what factors may be protective.

Section 3.3.1 Identity.

Identity was a consistent factor that was discussed when the participants were asked to consider why the sporting factors, outlined in section 3.2, had an impact on their mood. As outlined in section 3.1, the participants within this study had often been involved in sport from a very young age and had often sacrificed other areas of their life to participate in sport at a professional level. Struggling with the loss of their professional athlete identity was present in many of the interviews. Finlay discussed this following a loss which he perceived at the time may have a significant impact on his career. He was discussing the events that unfolded after

the loss in which he was upset and had locked himself in his car and would not let his girlfriend in.

> *"The, the embarrassment was I didn't know what you know what purpose I had. And er, yeah, I mean after about half an hour I kind of, I let her in and she, she like talked me round and then er, we like discussed things, got it out in the open and she dismissed the whole idea (that) sport was me" (Finlay)*

This view of that individuals lost a sense of themselves when they were not participating in their sport of choice was also echoed by Brian when he was discussing what it was about a long-term injury that was leading to him feeling frustrated.

> *"...it's just a bit annoying having to miss them. And then on a Saturday I felt like I was doing nothing with my day: I was like, just wanna go out and play rugby and it was quite tough just . . . having to miss things and . . . just not be, not feeling like you're a rugby player..." (Brian)*

This was also shared by Chris when he was talking about his pending retirement. After a long discussion about his plans for retirement he spoke about some of the other rugby players he knew.

> *"I know tons of rugby players, you know I worry about them but who are playing now. Lots of them playing [country] and earning good money but you just hope that they've been financially smart. I know that some of them have got no, nothing outside of rugby... yeah, they've got nothing mate. You hear a lot of them like, a lot of like, they become overweight, no jobs and they struggle like it's quite sad" (Chris)*

Some of the participants in this study spoke about the development of other identities and how this can be a protective factor. Chris discussed this when he was sharing his feelings after a loss in a game and the impact of becoming a new dad.

> *"I can have an absolutely stinker of a game . . . and I'll be literally just wanna like f*****g rip the f*****g, you know the wall, the walls apart and I see my son run down*

and I don't care about anything else, you know. It sounds cheesy it sounds, it's so true"

(Chris)

This was also echoed by Edward when he was discussing his injuries and having other goals outside of rugby.

"yeah, so I'm . . . I wanna play in the prem I really but I just want to play for as long as I can . . . sounds a bit silly like just make as much money from rugby as I can and I want to set a . . . er a coffee shop . . . or a coffee brand up… so yeah, I don't really know what I wanna do ideally but I quite like to do something outside of rugby so it's just a bit of a hobby instead of being all rugby and it's quite nice" (Edward)

The above accounts highlight the difficulties that the participants in the study faced when they were not engaging in their sport of choice. As their identity from a young age had been heavily invested in sport, when this is removed it, appears it can leave some players with very little to fall back on. Some participants however, stated that if they had other goals to focus on or other priorities in their life, then whilst it would still be hard it would lessen the impact of not engaging in their sport of choice. The next sub-theme to be discussed is 'reward and social life' and the loss that can result from not engaging in sport.

3.3.2 Emotional reward and social life.

A second area that was highlighted by a lot of the participants was the loss of emotional reward and impact on an individual's social life that not participating in their sport of choice can have. In terms of rewards that participants stated that a major positive of playing sport was the emotional reward when they were engaging in their sport of choice. This was evident in David and Gerry's account.

"…like I love going into training. I love the craft of it. I love playing the games. I like, I like, I like, I enjoy the thrill of playing games, and when it's good, well when you've got a team of good players, good blokes, and you're playing rugby, it's, it's the best thing I've ever done." (David)

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"…you do enjoy doing it but um I think you just, just the chance to sort of entertain and, and if you're doing well then obviously then you get, you get a massive satisfaction…" (Gerry)

This was also evident in Harry's account when he was discussing what he liked about.

"…the being an athlete; the playing in front of, like, twenty thousand, playing in front of full stadiums and getting on the stage, really…" (Harry)

When the participants were not engaging in their sport of choice the loss of the positive feeling was evident. Chris discussed when he was not selected to start when he was playing premiership rugby.

*"…just missing out like, you know especially like premiership going out like you start again in premiership you run out in front of thousands of people like. And like in rugby like showcase it's class like d'ya know what I mean. If you're on the bench or not even playing and you're seeing your mates out there . . . so jealous like, 'F**k, I want to be out there man!'" (Chris)*

Brian also discussed the specific loss of enjoyment as a factor when he missed several games through injury.

"I think because you know the feeling. You know the good feelings and you're not getting that kind of like stimulant of, of that good feeling. So you just feel like you're missing out" (Brian)

In addition to discussing the loss of enjoyment when not participating in sport, several participants discussed the impact this had on their social relationships. Andrew discussed his experience of being injured and not being able to socialise with his team mates.

"…being injured I think like I've, like I said, I, I've not, I'm pretty new to like fresh, freshly injured, but er, I think you're like, you are a bit isolated from the team like cause like while they're training you're doing rehab on your own. So it can be quite, like I

think others, some other boys think it's like a bit of a lonely thing like being, being

injured…" (Andrew)

This was also evident in Gerry's account of feeling isolated when he was asked by coaches to work on a specific technical part of his game which led to an impact on his performance.

"…I'd been, I'd been working on sort of technical stuff with the coaches over the winter

and me and another lad sort of got isolated a bit in terms of we kind of went off and did

our own bits for pretty much the whole winter which was mainly sort of on the bowling

machine, so we didn't get to face many like actual, er, bowlers in practice and things

like that." (Gerry)

Chris also shared the feeling of being isolated when not selected.

"yeah, and another thing with rugby I find like when you're injured you-you're so far

away from the group . . . cause you do your own training or the injured group or

something. Sometimes you find yourself you're missing out on like the, you're missing

the things, the banter and stuff cause you're not always at trainings or, so you feel like,

it's quite hard to like get back in the group like. So that's another thing. It's quite

annoying cause you want to be part of it all". (Chris)

Later in his interview, when discussing his impending retirement, Chris highlighted the loss of the social aspect as being one of the hardest aspects to come to terms with.

"And I know it will be because more for me it will be the training and the, the lads.

That's what I'll find really hard to leave" (Chris)

The above accounts highlight that the participants within this study experienced loss of emotional reward from not participating in their choice of sport. In addition, they reported that they often experienced isolation due to not having the opportunity to engage with their team due to deselection. They also identified that not engaging in the social group was a factor that could have an impact on loss. The next sub-theme considering loss is 'financial'.

3.3.3 Financial.

The financial impact of the participants not engaging in their sport of choice was also identified as a factor contributing to loss. The participants in this study outlined two potential ways that this could impact them financially. As outlined in section 3.1, there was a realisation by some athletes that sport transitioned from a hobby in to a job. There was a recognition that if they were not engaging in their sport of choice for a long period of time, regardless of the reason, it may threaten their career. This was also evident in Andrew's account.

"yeah, someone's, someone's gonna replace ya. Yeah. 'Specially if you've been like in the first team like having a sick game and then if you get injured not like worrying about not being able to get back into the team and stuff like that… (Interviewer: it could threaten…) your job, basically." (Andrew)

In addition to the very final nature of not receiving a new contract, Chris also disclosed financial impacts about being out of the first team line up for shorter term periods. He was discussing the nature of sporting contracts and how often, they have appearance and win bonuses. If an athlete is therefore not selected, it can have a detrimental impact on their salary.

"…and when I was in [team1] I'd sort of like, we got good bonuses. We could pick up £1,000 a game if you're playing and stuff. It never bothered me in terms of a mental thing. I was just like . . . but saying it's still . . .yeah, you know 3 or 4 grand a month extra just doing extra things so it's like …yeah it's like £250 a bench spot and another £250 if you get on so if you're one on the bench you got 3 or 5 hundred. If you're one started to get . . . a thousand. If you lost the start you get extra on top of what you're on so . . . it's a good little thing, a couple of months it's like . . ." (Chris)

The above accounts highlight the potential financial implications of an athlete not engaging in sport. Not only is there a risk that an athlete may not have their contract renewed threatening longer term employment, but, in some cases athletes may suffer financially whilst still being employed due to the nature of athlete's contracts.

3.3.4 Summary of 'loss' sub-themes.

The above accounts indicate that one of the potential underlying factors that may cause an impact on mood is loss. As described, the participants have several large parts of their lives reliant on participating in their sport of choice. As outlined in section 3.2, due to the uncertainty and lack of control within the athlete environment, athletes may be constantly worrying about this significant loss occurring. If this loss does then occur, this may lead to a negative impact on mood. Some of the participants identified ways to mitigate this emotional impact which included having aspects of their lives outside of the sporting environment. The next theme to be discussed is masculinity and the role this has on the expression of distress within an athlete population.

3.4 Masculinity

Within this study a theme that was universal across athletes were discussions about different ways of expressing the sporting factor's impact on their mood. Whilst the data was predominantly analysed in an inductive fashion, the researcher was already aware of the masculinity literature and social constructions of masculinity. The researcher did endeavour to use different language for the title of this theme however, believed that the term masculinity summarises the data in the clearest way. Throughout all of the interviews the participants discussed the different way that they experienced emotions and managed emotions. In addition, there appeared to be a difference in the styles that athletes and coaches of different ages expressed and managed their difficulties. The two sub-themes that will be explored in more detail to highlight this is the 'expression of difficulties' and 'conflicting generations'.

3.4.1 Expression of difficulties.

All of the participants within this study shared emotional responses that they experienced as a result of the sporting environment. The predominant way that athletes expressed difficulties within the sporting environment was to externalise or internalise their emotions which was often expressed as frustration or anger. In addition to outlining the way that the participants expressed their difficulties, the sub-theme will discuss the highlighted

management strategies that the participants used for these emotions. These factors are evident when Chris was discussing his experience of returning to sport from injury.

> *"I was out for a year. And in the whole time I didn't know until sort of nine months that I was actually better . . . play. So that was a mess, that was the hardest point of my. . . probably in terms of rugby life easily, hands down – and my life generally but there's been a lot frustration a lot of the time in terms of selections and . . ." (Chris)*

Chris then goes on to share how he expresses those difficulties to others around him and how his family helps him to manage those emotions.

> *"oh I probably go home and my wife'll get the brunt of like my frustration. But she's also my best friend so like we've been together since 15 so . . .she's a [type of] girl. So she loves rugby. She'd be the first to tell me if I'm playing like s**t but I can actually have a proper conversation about . . .my frustration rugby and stuff like, you know what I mean…" (Chris)*

This was not universal to Chris with all of the participants, apart from Finlay, stating that frustration was the primary emotion that they experienced. In addition, several of the other participants stated that it was their families who often experienced the frustration. Andrew shared his experience of managing frustration when experiencing setbacks from injury recovery.

> *"er, I think like you're more prone to – I haven't experienced it – but I think like you're more prone to being in like a worse-r mood and like probably be a bit like more short-tempered because you're injured, and you're frustrated with . . . frustrated with not playing...when I, yeah, I've probably been a bit more snappy with my mum back home, which she won't appreciate. But I think like I, I've been pretty positive about it so I've not been too bother but . . .yeah. She takes all of it off me when I, when I get home; shouting at her and stuff – no! I'm not, I'm not that bad" (Andrew)*

In contrast, not all of the participants expressed their frustration to their families at home. When discussing being frustrated after a bad performance, Ian describes how he won't speak about sport at home and can leave the frustration 'at the ground'.

"That's sort of one thing I make sure doesn't happen. My girlfriend always says to me if I play badly and I come back home I never- like, I don't talk about it, I just say that it's happened and it is what it is. She's always like: 'You're never frustrated with yourself.' But it's just, like, I leave it at the ground because there's no point coming away and affecting people who haven't seen it and making their lives misery, if you get what I mean?" (Ian)

At times, the frustration that the participants experienced built up to anger which was managed in a more expressive manner. Ian described an experience when he was younger and 'got out' because of a mistake.

"When I was younger I was a bit hot-headed so I would react in worse ways than I do now, but I kind of take it out, if I do something stupid I'll be a bit calmer with myself but I won't go in a throw my kit around or whatever. 'cos I know- because I've matured and mellowed over the years" (Ian)

Whilst Ian stated that he had mellowed over the years, as we discussed this further, he stated that his anger is projected towards himself since he's got older rather than externally. It may be that rather than 'leaving it at the ground', Ian internalised this anger as outlined below.

"...there's no point in taking it out on other people or taking it out on your kit because I'll just take it out on myself for ten, fifteen minutes and then I'll forget about it (sniffs)...Like I said, when I was younger I used to throw my kit around but now I'm a lot quieter so I'll just go into the changing rooms and I probably won't say a word for ten, fifteen minutes and just think about what I've done...And just kind of abuse myself but in my head...." (Ian)

As the outlined accounts suggest the primary way that the participants within this study expressed their emotions was through frustration and anger towards others and themselves. In contrast to these accounts, Finlay spoke about other underlying emotions very early in the interview. When initially asked about his experience of sport Finlay discussed feeling stressed and depressed.

"well, certainly had a, there's been plenty of ups and downs umm, throughout my career. I've met a lot of very good people umm, throughout…Um, so yeah, I've certainly been in some, some dark places; at times have been very . . . yeah, very down on my luck and er, very stressed out, bit depressed. Umm, but I think in all walks of life I don't know many of my friends that haven't kind of those upsets and those down periods." (Finlay)

As the interviews progressed and the participants were asked where the frustration and anger arose from, more of them began to disclose other emotional responses and ways that they managed these emotions outside of anger. One emotional response that some participants acknowledged was one of disappointment. This was evident in Brian and Edward's interviews when they initially disclosed feeling frustrated about a poor performance.

"…I think for me I . . . I feel like kind of disappointed in myself cause I know I can do better…" (Brian)

"…like I know I'm capable of doing and I can affect the game a bit differently or umm, I think frustrating is probably the wrong word; it's more like . . . er, I don't know, just a little bit disappointed that I can do better…" (Edward)

It appeared that an underlying feeling of disappointment was present in Ian's interview when we discussed the underlying emotion when he was 'abusing' himself.

"thinking to myself just, obviously, saying: 'It was silly, it was something you didn't need to do, you had the chance to score a lot of runs and you've just thrown it away, so you just need to make sure it doesn't happen again.'" (Ian)

The participants discussing their underlying emotions, that were initially reported as frustration, was also evident when discussing injury and has been briefly outline in section 3.2.1. Brian initially discussed both a 'niggle' injury and long-term injury as frustrating however, when this was explored further, he was able to disclose different underlying emotions of worry and feeling down. This was also evident in Brian's account of injury in which it appeared that underlying feelings of disappointment were the predominant emotion whilst disclosing this as frustration.

"you're just a bit, it's just a bit, it's quite frustrating just missing training as well; cause like missing them Monday night sessions with the academy I always look forward to do, it's just . . . it's just a bit annoying having to miss them. And then on a Saturday I felt like I was doing nothing with my day: I was like, just wanna go out and play rugby and it was quite tough just . . . having to miss things…" (Brian)

Whilst this was present with some of the participants, further exploration of emotions underlying the frustration was not universal. Some athletes reported that they didn't think about it too much, continued to report the difficulties as frustration or reframed the response to avoid exploring underlying emotions further. This was evident in Andrew's interview when he was asked to consider if there were any underlying emotions under the frustration.

"er, I'm not really a, like a deep thinker; so I don't look into things too much, to be fair. But like I don't think it'd affect me that bad but I'd, I think I'd just be like obviously more frustrated" (Andrew)

This response to exploring frustration further was also echoed by Chris who reframed the question.

"yeah. I don't get sort of like, I'm, I'm a very positive person. So I see the positives as opposed to the negatives generally I'm quite a . . . like what's the word like . . logical, optimistic person." (Chris)

In addition to some of the participants beginning to explore emotions other than frustration, they also disclosed other ways of managing these emotions outside of externalising anger. The strategies that were mentioned by participants varied ranging from talking with family and friends, trying mindfulness, visualisation and reflection. This was evident in the accounts of David, Finlay and Gerry.

"…Er, not really thinking about, you know thinking about rugby but not really . . . er, you know tryin' to come up with strategies like that. but in my other times so I'd, I'd looked at stuff: I'd have used like Headspace. I'd have looked at, well I've looked at things like er . . .yeah, yeah. I use that for a year. Er, I'd have done-well maybe not

quite a year, maybe six months stuff like I'd have done . . . give myself like set er,

visualisation periods. I'd have done stuff around . . . I've kept like diaries or logs or,

you know journals where I've talked about stuff and I'd give myself like, you know, you

know , 'How happy am I' sort of thing. So like really looked at how I'm feeling…

(David)

"yeah, certainly talk about it and er, I've been dead fortunate my mum tells me and

she's a, a strong woman" (Finlay)

"…I don't know, to be honest. I kinda, I kinda just got on with it. I mean . . . er,

obviously, my, my Mum and Dad were on the scene, really supportive and er, they

obviously like helped like financially wise. If I ever needed anything then they were

obviously they would help me out. Um, they were happy to help me out. My Dad, my

Dad, obviously playing cricket himself, obviously knew that obviously sort of been my

whole life…"(Gerry)

The accounts in the above sub-theme indicate that the athletes within this study were

initially likely to communicate distress though the use of frustration and anger. In addition, the

participants reported that they attempted to manage these emotions of frustration and anger by

directing their anger towards others, typically family, or directing their anger towards

themselves in the form of punishment. Despite this, when the participants were afforded the

opportunity to discuss and explore emotional responses at a level beyond anger, many of them

were able and willing to have these conversations. The next sub-theme to be explored will be

'conflicting generations' and the impact this has on masculinity.

3.4.2 Conflicting generations.

Within the athlete environment there are often individuals spanning several generations.

The coaching team often, but not always, consists of individuals from an older generation.

Within a playing squad there can also be differences in generational constructs and ideals as

ages can range by up to and above 20 years dependent on the squad. Within this study, several

of the participants alluded to the idea that there was a generational divide between some of the

older members of the team and coaching staff and the younger members. This generational divide was regarding the way that information was communicated and the expectations of how individuals managed difficulties. This was evident in Chris' account when he was reflecting on being one of the older members of the squad.

> *"...young kids are too soft whatever you give. Cause me as an older guy I'd be like, 'that, that's f*****g s**t like. We've gotta sort that out like,' they take it the wrong way, it's just the way it's coming across. Cause we're trying to say like, you know, 'You've gotta be open and honest...' " (Chris)*

Chris then goes on to acknowledge that he is one of the older members of the squad and that his communication style may be different.

> *"I think they're very like, yeah, they take the criticism personally yeah. I'm old school maybe that sort of thing . . . " (Chris)*

In contrast, Brian reflected on his experience of being one of the younger members of the team and his experience of an 'old school' communication style.

> *"yeah, some-some of the coaching here like is quite, I feel like it's quite old school like some of the coaching is quite . . .just kind of like, 'You're f*****g s**t,' and all this" (Brian)*

Brian then goes on to explain the impact that this difference in communication has on him and others around him.

> *"I find myself like bitchiness-bitching a lot, which is about the coaching and the way it's been delivered cause it's like, 'Can you not just kind of think about it and help me? Rather than absolutely bollocking me and stuff like that'" (Brian)*

This view was also held by Edward who reflected on his experiences of being a younger member of the team.

> *"it's just like staff . . . some coaches like you do something wrong and there's like no need to like tell them to f**k off or do . . . down the line I get that it's quite a serious*

thing but not me person-even if I see someone say it to someone else it's just like well . .

.yeah like, well, like a few of us like 18, 19, 20, it's just like well . . . what's the point?"

(Edward)

The above accounts suggest that as communication styles and ways of managing distress evolve over time, it may cause conflict between individuals holding different generational perspectives within the same environment. It may be particularly problematic for younger athletes who prefer a different approach in comparison to their coaches or senior players, as often the individuals holding control within the system may hold different concepts of ways to manage distress and communicate.

3.4.3 Summary of 'masculinity' sub-themes.

The accounts expressed in the above sub-themes highlight the role that masculine norms play within an athlete environment. It indicates that athletes are more likely to primarily express their distress as frustration and anger. If athletes are encouraged to manage emotion in this format it may lead to strategies such as self-punishment and/or the outward expression of anger towards others. The above accounts do suggest however, that if athletes are provided with the opportunity to reflect on emotions other than anger and frustration, they are often able and willing to consider this. This allows the athletes to explore other ways of managing these emotions such as talking to others and reflection. In addition, it is evident that within one sporting environment, several constructs of masculinity may be held. If this isn't acknowledged, it may cause conflict and difficulty particularly for younger athletes.

Chapter 4: Discussion

This chapter will initially outline the research aims. Consideration will then be given to summarising the findings individually and discussing how the findings position themselves within the existing theoretical and clinical literature. This will be followed by a discussion of the strengths and limitations of the presented research before, finally, considering the clinical implications for this research and discussing potential directions for future research.

4.1 Introduction and Research Aims

In recent years, there has been a focus on the prevalence of mental health difficulties within professional and elite athletes. The limited research that has been conducted has indicated that athletes experience a comparable or elevated prevalence of mental health difficulties in comparison with the general population (Gulliver et al., 2015; Schaal et al., 2011). Previous research highlights that several sporting factors may play a role in the development of mental health difficulties within athletes including injury, performance, coaching relationship and retirement (Biggin, 2015; Noblet & Gifford, 2002; Rice et al., 2016). This research aimed to contribute to the limited existing literature regarding the sporting factors that contribute to mental health difficulties and the reason these sporting factors are so pertinent to this population. The researcher adopted a semi-structured interview technique to explore the specific sporting factors that were relevant to the participants before considering the underlying reasons that these factors elicited these emotional responses. The data was then analysed using TA. This study aimed to explore the following research questions:

1. What sporting factors have an impact on the mood of male professional athletes?
2. Why do these sporting factors have an impact on the mood of male professional athletes?
3. How do male professional athletes express and manage impacts on their mood?

The research project identified four superordinate themes and eleven sub-themes associated with the outlined research aims. The four identified superordinate themes were 'sport is everything', 'uncertainty about selection', 'loss' and 'masculinity'.

4.2 Discussion of Findings

The four identified themes summarised the participants' accounts of their experience of sport focussing on a broad time frame ranging from their journeys into the sporting environment, through to their ongoing experiences within that setting. As discussed previously, it was evident that the participants had been immersed in the sporting environment from a young age with these accounts contributing to the 'sport is everything' theme. As a result of this, many aspects of their lives were centred around this environment which may potentially create a vulnerability to sporting factors impacting their mood. The participants discussed a lot of uncertainty within the sporting environment which may impact on their selection. This 'uncertainty about selection' ultimately linked with the theme of 'loss'. The participants reported fear of, or actual loss of their 'identity', 'emotional reward and social life', and 'financial', as a result of not participating in their sport of choice. Finally, the theme of 'masculinity' contributes to the way that the participants within this study shared that they expressed and managed the difficulties associated with the themes of 'uncertainty about selection' and 'loss'.

These themes will now be individually summarised and discussed in relation to the wider theoretical and clinical literature.

4.2.1 Sport is everything.

The participants initially discussed their journey into sport and the impact that this had on their lives. The superordinate theme 'sport is everything' encapsulates the accounts of the participants in which they describe sport permeating many, if not all, areas of their lives. Role identity theory (Thoites, 1991) suggests that individuals develop their identity and concepts of themselves in response to their environment. Stryker (1968) discusses the hierarchical nature of an individual's identities indicating the probability that an identity being expressed within and between situations. If an individual spends a significant amount of time engaging in one

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environment or role, they are likely to develop a strong identity and associated behaviours with this at the cost of other identities.

This concept is particularly pertinent when considering the sub-themes generated from the participants' accounts within this study. The three sub-themes identified were 'family life from a young age', 'enjoyment and friendships', and 'job'. The participants acknowledged that from a very young age they had been immersed in a sporting environment. They discussed how this not only permeated their family life, but also that of their friendship groups, hobbies and interests, and eventually their livelihood. As sport has been so prevalent within the participants lives it is likely that it is an integral part of their identity. In addition, as sport has required such a high level of commitment, it is likely that limited other identities have been explored and developed.

Complementing previous work on identity, Hoelter (1983) discusses the concept of identity salience which is described as the value that an individual place on a particular identity to define themselves. Within their study they found that identity salience increases as an individual engages in behaviours associated with a specific identity. In addition, they found that identity salience also increases if an individual's behaviours whilst engaging in a role are appraised positively. This is also pertinent to the population within this study. As outlined, they reported that sport encompassed a significant amount of their lives. In addition, by nature of becoming a professional athlete, the participants would have been positively appraised for their performance throughout their lives. This therefore indicates that not only are other identities outside of sport going to be limited but, that the athlete identity is likely to be highly salient to the individuals.

In addition to identity, Tew et al., (2012) outlined three social criteria that if absent, could contribute to the onset of mental health difficulties. They identified that these factors include; supportive interpersonal relationships, social inclusion, and empowerment and the development of positive identity. The participants' accounts indicate that engaging within the sporting environment from a young age fulfils many, if not all, of these criteria. By engaging in the sporting environment, athletes can develop close interpersonal relationships with other

individuals around them. It provides the athlete with a sense of belonging within a wider group whilst engaging in this as part of an individual's occupation also provides a sense of social inclusion. Finally, being involved in this environment from a young age enables the individual to develop a positive identity which is valued by society.

If considered alone Tew's (2012) study could suggest that significant engagement in the sporting environment, as outlined by the participants within this study, could be a protective factor for mental health difficulties. If, however, this is considered alongside the high levels of athlete identity salience and lack of other identities, if an athlete is unable to engage in sport, they will have very few resources outside of this environment. As discussed later in the discussion, in section 4.2.3, athletes may therefore experience double jeopardy, in that mental health difficulties may arise in response to not being able to partake in behaviours aligned closely to their identities, whilst in addition, athletes may lose key aspects of their lives that have been highlighted as important social factors to mitigate against mental health difficulties. The factors outlined within the 'sport is everything' theme may add to the understanding of why some sporting factors may contribute to mental health difficulties. The heavy investment in sport may increase an athlete's vulnerability to impacts on mood as a result of sporting factors which will be discussed further later in the discussion.

4.2.2 Uncertainty about selection.

The participants within this study also discussed their experience of sport as a professional athlete. The superordinate theme of 'uncertainty about selection' was discussed by all participants and was predominantly concerned with the research question of what sporting factors contribute to mental health difficulties within professional athletes. This theme was split into three sub-themes of 'injury', 'performance' and 'coaching relationship'. Whilst the participants outlined topics related to the sub-themes, they also shared that these were so pertinent due to how rapidly their status under each of the sub-themes could change.

Participant's responses to the issues that impacted on their mood were consistent with previous research in that injury and performance were highlighted as factors (Gulliver et al.

(2015; Hammond et al., 2013). Whilst the research regarding the impact of coaching relationship on mood prior to this study was limited, all the participants within this study stated that coaching relationship could also have a significant impact on their mood.

When discussing topics relating to the sub-themes of injury and performance, the participants acknowledged differences between if they could or could not engage in their sport of choice when uncertainty about selection was present as a result of these factors. When discussing injury, the participants stated that if they were suffering from a 'niggle' injury which meant that they could continue to participate in sport, their predominant emotion would be one of worry. In contrast, the participants stated that if they suffered an injury that kept them out of sport the primary emotion would be low mood. The reason for these emotions will be explored in other themes, however, if the prevalence rates presented in chapter 1 are observed it is evident that GAD is elevated in comparison to the general population and within injured athletes depression levels are elevated further (Gulliver et al., 2015; Leray et al., 2007; Schaal et al., 2011). The findings of this study could provide an explanation for this disparity.

Similarly, when discussing performance, the participants also acknowledged a difference in emotional states when engaging in sport and not engaging in sport. When engaging in sport, participants reported that their mood state was polarised dependent on their sporting performance and sporting outcome. In contrast, if the participants reported that they were not performing well and not able to engage in their sport of choice, this was likely to lead to longer term difficulties including low mood and worry. Hoelter's (1983) work on the saliency of identity and Thoites (1991) work on role identity may provide an explanation for the polarised mood states dependent on sport performance. As discussed previously, athletes are likely to have reduced numbers of identities and high saliency with the athlete identity. If therefore, they perform well, in line with the behavioural expectation aligned with this role, then they are likely to experience positive consequences such as a large boost in self-esteem (Thoites, 1983). The participants reported that if they performed poorly, they questioned whether they would be selected for future sporting events. This is likely to lead to a threatening of the athlete identity which Thoites (1983) suggests can lead to negative emotional consequences. In line with the

latter point, if an athlete is not participating in their sport of choice this is likely to threaten their athlete identity also. This will be discussed in more detail in section 4.2.3.

The final aspect of the sporting environment that the participants discussed was the impact that the coaching relationship could have on their mood. The participants disclosed that if the coach was not honest, trustworthy, and able to have a personal relationship with the individual, this could have a negative impact on mood. By not being able to trust their coach it creates uncertainty about whether the athlete will be selected, again potentially further threatening their identity. Similar to the traits valued in the coaches, the way that participants managed uncertainties around injury and performance was to attempt to artificially create certainty. They reported that they would do this by creating goal directed recovery from injury, practising specific skills after making a mistake or punishing oneself after a poor performance to communicate to others that they were displeased with the performance.

Whilst this can have positive consequences, e.g. large boosts in self-esteem, when an individual is engaging in the normative behaviour associated with an athlete identity, it may also lead to heightened negative consequences if this identity is threatened.

In addition to the identity theory, the three sub-themes may be further explained by considering the athletes' perception of the control, or lack of, that they have over their sporting lives. Rotter (1966) suggested that individuals can hold an internal or external locus of control. It was suggested that individuals who believe they have agency over their own future have an internal locus of control, whereas, individuals who believe that luck or other people are in control of their futures would be deemed to have an external locus of control. It has been demonstrated that individuals who hold an external concept of control have poorer outcomes on wellbeing scales, depression scales and the ability to manage stress in comparison to individuals who hold an internal concept of control (Twenge, Zhang & Im, 2004). The athletes within this study highlighted that they had little control over much of their sporting lives including injury and the coaching style and relationship. In addition, it was outlined that whilst they may have control over their own individual performance, they had limited control over the performance of the team around them. This perceived external locus of control within the sporting environment

in combination with the level of investment in the athlete's identity, may begin to explain why some studies indicate that athletes have a higher prevalence of mental health difficulties in comparison to the general population.

Finally, a study discussed previously was conducted by Hanton, Fletcher and Coughlan (2005) investigating the stressors within sport from a sports psychology perspective. Within this study similar themes of injury, selection, coaching relationship and performance (pressure) were present. Whilst similar themes were present, the authors interpreted the hierarchy of these themes differently identifying performance issues and environmental issues as super-ordinate themes with the other factors as subordinate themes. It is possible that both conceptualisations of these stressors hold merit dependent on the focus of the research and potential intervention (e.g. mental health support vs support with performance).

4.2.3 Loss.

When discussing the reasons that uncertainty about selection may impact on mood, the participants identified factors associated with the theme of 'loss'. The participants within this study discussed their experience of injury, fluctuations in performance and different coaching relationships and considered why these factors may contribute to mental health difficulties. The superordinate theme of 'loss' was discussed by all participants and was predominantly concerned with the research question of why do these sporting factors contribute to mental health difficulties within professional athletes. This theme was split into three sub-themes of 'identity', 'reward and social life' and 'financial'.

When discussing topics relating to the sub-theme of 'identity', several of the participants identified that the reason the specific sporting factors, outlined in section 4.2.2, had an impact on their mood was because they had lost their identity. The concept of a loss of identity when deselected and difficulties arising from this is consistent with previous research (Brown & Portac, 2009; Brownrigg et al., 2018). The participants within this study whose mood was less impacted, or those who managed the sporting factors better, often spoke about other identities (e.g. being a father) that helped them through this period of time. As discussed previously in

the discussion, one explanation is role identity theory and the identity saliency associated with an athlete identity (Hoelter, 1983; Stryker, 1968; Thoites, 1983; Thoites, 1991). This would suggest that the participants who were aligned more closely to their athlete identity and had fewer identities outside of sport would be more susceptible to an impact on mood. In contrast, athletes who had additional identities (e.g. being a father) were likely to have a reduced impact on their mood. This is consistent with research that indicates that if athletes are provided with the opportunity to develop other identities prior to transitioning out of sport, they were less likely to experience difficulties (Lally, 2007). Whilst identity was disclosed as a reason for the sporting factors impacting mood and has been consistent throughout the themes discussed so far, it cannot account for the full impact as participants disclosed other reasons why sporting factors may have an impact.

When discussing topics associated with the sub-theme 'reward and social life' participants within this study shared that this had an impact because of the loss of positive emotions. They shared that whilst they weren't participating in their sport of choice, they were not experiencing the "thrill" of participating. If an athlete is deselected as a result of the sporting factors outlined above, it may be experienced as a punishment. Punishment occurs when a positive stimulus, such as playing sport, is removed (Skinner, 1938; Skinner, 1953). Whilst in the case of injury this may not be intentional, the accounts of the participants indicate that regarding performance and relationship with coaches it may well be with reports of participants being deselected in an attempt to motivate them to perform better or for disagreeing with the coaching team. In addition to discussing the loss of positive emotions, within this sub-theme participants also discussed the loss of relationships and feeling isolated from the group. Tew et al., (2012) highlights that the absence of close inter-personal relationships can be detrimental to mental health. By being isolated from the group as a result of deselection, it is therefore likely to have an impact on an athlete's mood and mental health.

The final sub-theme within 'loss' was 'financial'. Several of the participants discussed the impact on their mood due to the potential financial implications of not being selected for their sport of choice due to the outlined sporting factors. For some of the participants, they

discussed this in relation to losing their career completely, whereas, others discussed the short-term loss of bonuses due to the structure of their contract. The outlined sub-themes within 'uncertainty about selection' and 'loss' may constitute significant life events. The impact of loss of career, concerns about retirement and poor job satisfaction have been linked with poor mental health (Kanner, Coyne, Schaefer, & Lazarus, 1981). The previously outlined sporting factors may all realistically contribute to these experiences.

4.2.4 Masculinity.

The participants within this study also discussed topics surrounding masculinity and the expression of mental health difficulties. The participants' accounts of the way that they managed the emotional impact of 'uncertainty about selection' and 'loss' contributed to this theme. The super-ordinate theme of 'masculinity' was split into two sub-themes of 'expression of difficulties' and 'conflicting generations'. These sub-themes are predominantly concerned with the research question how do athletes express and manage mental health difficulties.

When discussing topics relating to the sub-theme of 'expression of difficulties' the findings within this study were consistent with previous literature. The participants within this study typically initially expressed and communicated their difficulties as anger and frustration. Within Brownhill et al.'s (2005) framework, these behaviours would typically be classed as 'hating you hating me acting out behaviours'. Within this framework, it suggests that prior to this, men may engage in 'acting in' behaviours such as avoidance of the difficulty and numbing. Whilst there was some evidence of this with participants reporting isolating themselves, the most commonly reported emotion was anger. Brownhill et al. (2005) states that men may also engage in 'stepping over the line acting out' behaviours which typically consist of self-harm and suicide. There was some evidence that the participants within the study engaged in self-punishing behaviour such as participating in a gym session until exhaustion. This may not be recognised as self-punishment within a sport setting as it is often perceived as positive engagement in training. Whilst initially the participants consistently reported their emotional difficulties as anger and frustration, when given the opportunity and space to reflect and discuss this further, several of the participants were able to discuss and disclose a broader emotional

range. Several of the participants disclosed that the emotions underlying frustration and anger was often worry, disappointment or low mood. In addition to disclosing a broader emotional range, when given the opportunity the participants were also able to discuss ways that they managed these emotions outside of anger and annoyance with others. This highlights that although athletes are likely to initially express emotional difficulties in line with masculine norms if they are provided with the opportunity, they are able and willing to express mental health difficulties in other ways.

The participants within this study also discussed topics relating to the sub-theme 'conflicting generations'. The participants shared that there appeared to be a generational divide in the way that information was communicated, and difficulties were expressed. The participants shared that the older generation of athletes and coaches often communicated in ways that may be perceived as more aggressive. This was often framed within this environment as the older generation being "old school". This finding relates to two specific areas of masculinity literature. Initially, it relates to the concept of policing of masculinity (POM) in which behaviours that are not deemed to align with hegemonic masculine ideals are supressed by others in the environment (Froyum, 2007; Kimmel, 1994; Reigluth & Addis, 2016). This finding is also consistent with literature suggesting that in recent decades masculine ideals have shifted in response to societal shifts. The literature suggests that this has led to a reframing of masculinity (Anderson, 2002; Anderson, 2014; Anderson, 2015; Senne, 2016). This is worth acknowledging within a sporting environment because if there are differences within generational societal expectations, the differing communication styles may be important to consider to mitigate any negative emotional impact and improve athlete performance.

4.2.5 Summary of the super-ordinate themes' links to mental health difficulties

The research questions within this study have been concerned with what sporting factors, and why these sporting factors, have an impact on the mood of male professional athletes. Whilst theory development is outside of the scope of this research project, it is worth noting that links between the themes have been observed which may provide a pathway to understand the development of mental health difficulties within this population. The super-

ordinate theme of 'Sport is everything' outlines how, from a young age, the athletes may develop a strong sporting identity and limit the development of other identities. This has been highlighted in the literature as a risk factor for mental health difficulties and may make athletes more susceptible (Hoelter, 1983; Stryker, 1968; Thoits, 1983). The super-ordinate theme of 'Uncertainty about selection' highlights that there are several factors within the sporting environment that can impact an athlete's selection, in turn, potentially threatening their athlete identity. It was acknowledged within the interviews that the participants within this study perceived that they had little control over their sporting lives. An external locus of control has been linked with poorer outcomes on wellbeing and depression scales (Twenge, Zhang & Im, 2004). The super-ordinate theme of 'Loss' highlights that when an athlete is not selected, even for a short period of time, they experience a variety of losses including 'identity', 'emotional reward and social life', and 'financial'. In addition to the previously outlined identity research, the other losses have been highlighted in the literature as risk factors for mental health difficulties (Kanner, 1981; Tew et al., 2012). Finally, the super-ordinate theme of 'Masculinity' outlines the way in which the male athletes within this study expressed and managed their emotional difficulties. Adhering to hegemonic masculine 'ideals' has also been identified as a risk factor for mental health difficulties as it can lead to a reduction in help seeking behaviour and the adoption of maladaptive coping strategies such as substance misuse (Branney & White, 2008; Brownhill, et al., 2005; Magovcevic & Addis, 2008; Oliffe & Phillips, 2008).

As stated previously, theory development was not within the scope of this research so the presented links between the themes must be interpreted with caution, however, this may be a framework for future research to explore and investigate to move towards a deeper understanding of the links between the risk factors for mental health difficulties within the male professional athlete population.

4.3 Strengths and Limitations

4.3.1 Strengths.

Research within the field of mental health within professional athletes is limited with the majority of research to date focussing on rates of prevalence within this population or other quantitative methodology. The outlined research presents a more in-depth investigation of the sporting factors that may contribute to these difficulties offering a perspective on the reason these factors are so pertinent and the way that these difficulties are expressed by athletes.

Qualitative methodology allows researchers to investigate phenomenon and elicit data that are grounded in human experience (Sandelowski, 2004). In an area in which there is a paucity of research, qualitative research can provide large amounts of rich data to 'illuminate' an area of study (Carr, 1994). In an area such as discussing mental health difficulties with male athletes, where significant barriers may be present, qualitative analysis allows the researcher to explore the area of inquiry at greater depth (Sofaer, 1999). TA as a qualitative method has several strengths. One strength of TA in comparison to other qualitative methods is its freedom from theoretical constraints. This allows the methodology to be used flexibly meaning it can be adapted to the needs of the study (Braun & Clarke, 2006; Nowell, Norris, White, & Moules, 2017). Whilst providing the flexibility that other approaches cannot, thematic also provides a structured approach to handling large data sets allowing researchers to outline and highlight similarities and differences between participants' accounts of experience (Braun & Clarke, 2006; Nowell et al., 2017). The advantages of TA have been outlined it is acknowledged that there are some limitations. These will be discussed in section 4.3.2.

In addition to the specific methodological advantages, a number of quality checks were undertaken by the researcher to ensure rigour and attempt to mitigate bias. Throughout the research process, the researcher consulted with their supervisors to discuss theoretical positions and reflect upon any potential impact that these may have on the data. During data collection, the researcher consulted with their supervisor after each interview to reflect upon the process and discuss initial thoughts. As the analysis began, the researcher immersed themselves in the data re-reading the transcripts several times and ensured that regular supervision was attended to share and discuss initial codes, themes and extracts from the data. At each point of the analysis, the researcher revisited the raw data to ensure the super-ordinate and sub-themes remained

grounded within the data. The purpose of these checks was to ensure the research findings were credible (Elliot, Fischer & Rennie, 1999; Nowell et al., 2017; Tracy, 2010).

The researcher has also attempted to provide the reader with some context regarding the participants' lives and life experience by providing pen portraits in Chapter 3 (Elliott et al., 1999). Whilst ideally these portraits should provide as much detail as possible, this was not feasible within this study due to the population sampled. To ensure confidentiality of the participants it was important for the pen portraits to remain brief and for demographic information to be presented in ranges or not presented at all.

Finally, the researcher kept a reflective journal and audit trail of the decisions made throughout the research process. The rationale for some of these decisions have been presented in Chapter 3. The reflective journal was particularly important throughout the data collection and analysis to enable the researcher to reflect upon their experience of this process and attempt to identify any potential bias (Ortlipp, 2008).

4.3.2 Limitations.

As discussed previously, TA has several strengths in comparison to other methods of research. Whilst there are strengths, there are also some limitations with this methodology. The flexibility of TA can be identified as a strength however, it can also be perceived as a weakness of the methodology. Holloway and Todres (2003) state that flexibility can also be a weakness in that it can lead to inconsistencies and lack of coherence in data analysis. They argue that this can be mitigated if an epistemological position is outlined during the research process. A second criticism of TA is that in comparison to other qualitative methodologies, there is a lack of substantial literature (Nowell et al., 2017).

A second limitation of the study was the potential for researcher bias. As stated previously a range of methods and quality checks were implemented to reduce any researcher bias. These included keeping a reflective journal to acknowledge any biases that were noticed, attending regular research supervision and quality checks being conducted throughout the data analysis. Despite these methods and quality checks, it is worth acknowledging that the

researcher has spent a significant amount of their life within the sporting environment and is male. This, therefore, may have had an impact on the data collection and analysis process.

A third limitation of the study is concerned with the sampling technique implemented and the potential for sample bias. The research implemented a convenience sampling strategy due to the hard to reach nature of the population. One limitation with convenience sampling is that it is more likely to be biased due to individuals self-selecting whether they want to be involved in the research (Etikan, Musa & Alkassim, 2016). As a result of this self-selection, a subset of the studied population may be more likely to participate. In addition to a subset of the population being more likely to participate, within convenience sampling there is little way of quantifying whether bias has occurred. Within the population studied in this research, participants may have self-selected if they were having difficulties at the time of recruitment. If this was the case, then it may have led to an over-representation of difficulties within the outlined participant's accounts. In contrast, participants may have selected to participate because they felt comfortable in their current role leading to an under-representation of difficulties expressed in the participants' accounts. In addition to self-selection for the study, it is worth noting that all of the participants that were interviewed, bar one, were still under contract in their sport of choice. This may have led to social desirability bias in that the participants may have denied or downplayed socially undesirable behaviours within the sporting context (Chung & Monroe, 2003). As a result, caution must be taken when attempting to generalise the findings to the wider population as the sampled population may not be representative.

In addition to the sampling technique adopted, a fourth limitation of the study is the homogeneity of the sample. Robinson (2014) indicates that there are both strengths and weaknesses to homogeneity dependent on the methodological approach taken. In addition, it is identified that the homogeneity can be perceived across different factors. The participants within this study were homogenous in some respects, such as that all of the participants were male, between the ages of 18 and 32 and had spent a significant amount of their life within the sporting environment. In contrast, there were differences between the participants in that they

participated in three different sports; rugby, cricket and boxing, and one of the participants spent his early life in a different country. In addition, it is worth noting that one of the participants engaged in an individual rather than a team sport. Whilst there were some differences between participants, the accounts of the participants regarding the sporting factors that contributed to emotional difficulties and the reasons why these factors were pertinent remained consistent. The way that the difficulties were expressed differed in that from an early stage in the interview, Finlay the boxer, expressed a wider emotional range in comparison to the other participants. As Finlay was the only participant to engage in boxing and an individual sport, it is difficult to know whether this is representative of the wider population.

4.4 Clinical Implications

The presented research has wider clinical implications when considering the welfare of professional athletes. The research indicates that there are specific factors unique to the sporting environment that can contribute to mental health difficulties within professional athletes. The sporting factors within this study replicate previous literature in that injury and performance were identified as contributing to these difficulties. This research also suggests that relationship with the coaches can also contribute to mental health difficulties. The common theme linking these factors was that of uncertainty. A key consideration for sports clubs to reduce the impact of these sporting factors is to attempt to create certainty within the sporting environment. Some examples of how this may be facilitated by sports clubs could be by ensuring open, honest and transparent communication styles regarding selection, ensuring communication with injured players is maintained, developing goal directed recovery plans for injured players, and providing athletes with consistent feedback about performance and ways that any performance issues may be rectified. In addition, when an athlete is experiencing injury, performance decline or difficulties with the coaching relationship, it may be important to consider additional emotional support as soon as possible to ensure difficulties are identified and managed. This support could be provided by a wide range of individuals dependent on the severity ranging from a coach, the sporting medical team (e.g. physiotherapist, sport psychologist) or a specialist mental health professional (e.g. clinical psychologist).

This study also highlighted that often, male professional athletes are not likely to express their emotional difficulties in line with the public perception of conditions such as depression and anxiety (e.g. crying, reassurance seeking etc.). Male professional athletes are likely to express emotional difficulties in the form of anger and frustration. This is an important consideration when attempting to identify athletes that may be struggling. Often within a sporting environment emotion such as anger and frustration are normalised. This may lead to difficulties in the identification of individuals who are struggling with mental health difficulties. Routine mental health screening or the involvement of specialist mental health professionals within the sporting environment may be beneficial to identify any difficulties. This is particularly relevant considering that this research indicates that when athletes are given the opportunity, they can share their difficulties which will allow the exploration of more adaptive strategies to manage these emotions.

A key consideration for the coaches working with athletes is that all the participants within this study highlighted the importance of a coach not only being competent professionally but also taking time to know the athletes as people outside of sport.

In addition to exploring the sporting factors that had an impact on the participants' mood and the way that this was expressed, this research also explored why the outlined sporting factors are so pertinent to this population. The predominant finding was that the participants' identity was aligned so closely to the athlete role that anything that may threaten this is likely to contribute to mental health difficulties. Encouraging athletes to develop other roles outside of sport and not have 'all of their eggs in one identity basket' may be a protective factor should their athlete identity be threatened.

4.5 Future directions for research

As discussed, this study researched the sporting factors that may contribute to mental health difficulties within professional athletes. The causes of mental health difficulties and ways that these are expressed within this population is an under researched area that would benefit from additional studies. Whilst this research topic explored the factors that may

contribute to mental health difficulties within this population, it was beyond the scope of this research to develop a theoretical model. Further qualitative inquiry within a methodology that would lend itself to theory development, such as GT, would be beneficial. As outlined previously in the research, this study's participants were male and participated in one of three sports. Further research exploring female athletes' experience of mental health difficulties and the way that these are expressed, and research into groups participating in other sports may be beneficial. This would provide additional detail investigating whether the masculine expression of mental health difficulties is a construct within the sporting environment or a result of wider societal values. Finally, larger scale quantitative research that is not of cross-sectional methodology would be beneficial in an attempt to establish causal links between identity, sporting factors and mental health difficulties.

4.6 Summary and conclusion

The outlined research aimed to investigate what sporting factors contributed to mental health difficulties in professional athletes. In addition, it sought to understand why these factors were so pertinent to this population and the way that these difficulties were expressed and managed.

The participants within this study highlighted that the main sporting factors that impacted on mood were injury, performance and coaching relationship. They stated that these three factors increased uncertainty about their selection to participate in their sport of choice. The participants shared that due to a large investment of their time in to the sporting environment from a young age, sport often permeated many, if not all, aspects of their lives. As a result, if the outlined sporting factors threatened their ability to participate in their sport of choice, they reported a perception of loss of their identity. In addition, they also reported that by not participating in sport they lost the positive feelings associated with this, often became isolated from their friendship group, and lost financial incentive associated with their sport. The participants initially reported that these events would evoke emotions of anger and frustration, however, when given the opportunity, were able to reflect on other emotions such as loss, worry, disappointment and low mood. This highlighted that whilst initially the participants

expressed and managed difficulties in line with masculine 'ideals' they were able to move outside of these if provided the opportunity.

The findings of the study were consistent with and built on previous research. This research provides a more in depth understanding of why these sporting factors have an impact on mental health and begin to offer an explanation for some of the prevalence data previously reported. The research offers practical clinical implications that sporting clubs and organisations can implement to reduce the likelihood that sporting factors will contribute to mental health difficulties and hopefully, improve player welfare. The findings of this study may be beneficial for a wide range of audiences from professionals in the sporting environment (e.g. coaches, physiotherapists, sports psychologists etc.), larger scale sporting organisations (e.g. player associations) and specialist mental health professionals (e.g. clinical psychologists). The findings of this study will be fed back to the participants and participating sports clubs and organisations.

4.7 Personal Reflections

When beginning the study, I was surprised by the paucity of research regarding mental health in professional athletes. Within the athlete environment, the physical aspect of an individual's health and wellbeing has significant time and resource invested to ensure the individual is performing to the best of their ability. Whilst some professional sports teams and individuals have access to a sports psychologist, I was surprised that there was not more provision for this and additional access to mental health support.

When initially contacting player associations and sports clubs to recruit participants I was shocked at the levels of systemic barriers that were present within some clubs and sporting organisations to conducting this type of research. There was more than one experience where a club or sporting organisation was initially willing to engage in research however, when the topic of mental health was disclosed, no further response was received.

When undertaking the interviews with participants I was surprised by how open and willing the athletes were to engage with and talk about the difficulties that they experienced

within this environment. Whilst initially sharing this as frustration and anger they were quickly able to discuss more sensitive topics when given the opportunity.

Overall, it has been a privilege to be able to conduct this research and summarise and communicate the participants responses to a wider audience. I hope professionals inside and outside of the sporting environment can find use in the presented study and are able to conduct further research exploring this important area.

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Appendix A. Participant Information Sheet

UNIVERSITY OF LEEDS

Participant Information Sheet

What factors influence the mental health of a UK professional athlete population?

You have been sent an email to take part in the above-named study. Before you decide whether you would like to take part please read the following information.

What is the purpose of this study?

Recent research has highlighted that athletes may have a higher risk of experiencing common mental health difficulties in comparison with the normal population. Several factors have been highlighted as potential risk factors including transition periods, injury and coaching relationships. This study aims to investigate common mental health difficulties within athletes.

Who is doing the study?

The primary researcher of the study is Mr Sam White at the University of Leeds. The study is being conducted as part of a Doctorate in Clinical Psychology and is being supervised by Dr Tom Cliffe, Dr Shaunna Burke and Dr Andrea Utley.

Who is being asked to participate?

Professional athletes representing UK teams are being asked to participate in the study. It is important that participant's main source of income is from sporting activities. Participants must be 18 years or older and must be able to speak fluent English.

What will be involved if I take part in this study?

Participants will be required to complete a face to face, telephone **or** skype interview. The interview will take approximately 45-60 minutes to complete.

What are the advantages and disadvantages of taking part?

You will receive a £20 love to shop voucher as remuneration for your time. Your participation will also inform research which has the potential to raise awareness and increase support for athletes. It is not expected that there will be any disadvantages of taking part in the study apart from the time that you give to complete the interview. **In the unlikely event that this interview raises concerns, please speak to Mr Sam White at the interview or seek advice from your General Practitioner.**

Can I withdraw from the study at any time?

You can withdraw from the study up until data analysis begins at which point the study will be written up and submitted. No reason is needed to withdraw from the study and this can be requested by contacting Sam White on the details provided at the end of this information sheet. If you decide to withdraw it will not negatively impact you and any data or information that you have already provided will be destroyed.

Will the information I give be kept confidential?

Confidentiality is taken seriously by the researching team. Any information that you provide will be kept confidential and will only be seen by Mr Sam White, Dr Tom Cliffe, Dr Shanna Burke and Dr Andrea Utley. The interviews will be recorded on encrypted Dictaphones and will be transferred and stored on secure servers at the University of Leeds. The data will be stored on this system and destroyed after three years. During publication of the study, no personal data or email addresses will be published. If any quotations are used anonymity will be preserved.

The data handling procedures are in accordance with the Data Protection Act 1998.

What will happen to the results of the study?

The results of the study will be submitted as a thesis research project as part of a Doctorate in Clinical Psychology. The study will also be submitted for publication within peer reviewed journals and may be presented at conferences.

Participants are entitled to receive results of the study upon request.

Who has reviewed this study?

Ethical approval has been sought and obtained for this study from the University of Leeds School of Medicine Research Ethics Committee (SoMREC/SHREC project number 16-149)

If you would like more information or have any questions or concerns about the study please contact:

Mr Sam White	**Dr Tom Cliffe**
Psychologist in Clinical Training	**Lecturer and Academic Supervisor**
umsaw@leeds.ac.uk	**T.D.Cliffe@leeds.ac.uk**

Appendix B. Recruitment Email

UNIVERSITY OF LEEDS

Dear Athlete,

Re: What factors influence the mental health of a UK professional athlete population?

We would like to give you the opportunity to receive a £20 love to shop voucher for 45-60 minutes of your time!

I am a trainee clinical psychologist undertaking my doctoral research (Doctorate in Clinical Psychology; DClinPsych) at the University of Leeds. I invite you to participate in my study investigating factors that may influence mental health within a professional athlete population. This project is being supervised by Dr Thomas Cliffe, Dr Shaunna Burke and Dr Andrea Utley.

You will be invited to complete a face to face, telephone or skype interview that takes approximately 45-60 minutes.

Your participation will help to contribute to the growing evidence base in this area, enabling an increased awareness of common mental health difficulties and support for athletes. I have attached the participant information sheet should you wish to find out more about my study.

The study has been approved by the University of Leeds Ethics Committee (MREC 16-149).

If you would like to participate or have any additional questions about the study, please contact:
Sam White at umsaw@leeds.ac.uk

Thank you for your time and consideration

Yours sincerely

Sam White

Psychologist in Clinical Training

University of Leeds

Address: Leeds Institute of Health Sciences, Level 10, Worsley Building, Clarendon Road, Leeds, LS2 9NL

Email: umsaw@leeds.ac.uk

Appendix C. Interview Topic Guide

UNIVERSITY OF LEEDS

<u>Appendix Y: Interview Schedule</u>
<u>Version 1, 25/02/18</u>

Introduction to the interview

- Permission to record
- Participant information sheet summary
- During information sheet socialise to topic area (Are there periods when sport is more stressful for you? Thinking about how this may impact you and how you manage?)
- Confidentiality
- Verbal consent/signed consent
- Demographic Information

Sporting Experience

- How long have you been a professional athlete?
- At what level?
- What's your experience of sport? (Positive/negatives, Why?)
- What are the main positives of being an athlete?
- What are the main stressors of being an athlete for you?
- What can help manage these stressors?

Stressors identified by athlete

- Discuss factors identified by athlete in sporting experience section.
- Maintain similar format to questioning below for factors

Injury

- Have you ever suffered an injury whilst playing sport?
- If yes, what was the nature of this injury/injuries?
- What impact, if any, did the injury have on your mental health/psychological wellbeing?
- Why do you think it had this impact?
- Did anything make this impact better or worse?

Performance

- How would you rate your current performance?
- Has this always been the case? (encourage to reflect on times when this may have been different)
- What impact did this have on your mental health/psychological wellbeing?
- Why do you think it had this impact?
- Did anything make this better or worse?

Coaching relationship (Link in and join up with previous coping strategies if appropriate)

- What's your experience of coaching relationships? (good/bad)
- If participant reports all good or all bad: Has there been a time when you have experienced the opposite?
- What impact did this/these coaching styles have on your mental health/psychological wellbeing?
- Why do you think it had this impact?
- Did anything make this better or worse?

Ending

- Thank you for taking part
- Revisit information sheet, withdrawal protocol and contact details for researchers
- Provide remuneration for time

Probing Questions

- Are there any other sporting factors that impact you?
- Why is that a source of stress for you?
- Tell me more about that?
- How does that impact you?
- How does that impact you emotionally?
- Why does it impact you in that way?
- How do you manage/cope?
- How did that make it better/worse?
- Follow links between categories if appropriate
- Explore stress as an emotion further, how does this impact on mental health? What caused the stress? What were you feeling under the stress?
- What do you think makes a good coaching relationship? Why? How does this impact you?
- What factors about injury/performance/coaching relationship/other influence your mental health?

Appendix D. Participant Consent Form

Appendix Z: Participant Consent Sheet   **UNIVERSITY OF LEEDS**

Version 1. 25th February 2018

Participant Consent Sheet

By signing below I confirm that:

- I have read and understood the information in the participant information sheet
- I have had the opportunity to discuss the research with Mr Sam White prior to participation in the study
- I am over the age of 18 years old
- I am a professional athlete
- I can read and speak English Fluently
- I understand that I can withdraw from the study up until the time data analysis begins without a reason
- I understand that any data provided will be anonymised and my identity will be kept confidential

Name…………………………………………   Signature……………………………………….

Date……………………………………………..

Appendix E. Ethical Approval

Faculty of Medicine and Health Research Office
School of Medicine Research Ethics Committee (SoMREC)

Room 9.29, level 9
Worsley Building
Clarendon Way
Leeds, LS2 9NL
United Kingdom

✆ +44 (0) 113 343 1642

10 October 2017

Mr Sam White
Psychologist in Clinical Training
Leeds Institute of Health Sciences
School of Medicine
Faculty of Medicine and Health
Level 10, Worsley Building
Clarendon Way
LEEDS   LS2 9NL

Dear Sam

Ref no: MREC16- 149

Title: What factors influence the mental health of a UK professional athlete population?

Your research application has been reviewed by the School of Medicine Ethics Committee (SoMREC) and we can confirm that ethics approval is granted based on the following documentation received from you and subject to the following conditions *which must be confirmed as being fulfilled prior to the study commencing*:

- Evidence of local managerial or gatekeeper permission to access their members from the Rugby Football Union, Rugby Players Association, Football Association, Professional Footballers Association, Rugby Football League, British Athletics and any other organisation you approach for participants must be submitted

Document	Version	Date Submitted
University ethics version 3.1TC signed	3.1	22/08/2017
Appendix A. Version 2. 24.07.17 Psychometric Properties of Surveys	2.0	22/08/2017
Appendix B. Version 1. 01.05.17 Independent Variables	1.0	22/08/2017
Appendix C. Version 1. 01.05.17 Demographic Data	1.0	22/08/2017
Appendix D. Version 2. 24.07.17 Participant Information Sheet (Email)	2.0	22/08/2017
Appendix E. Version 2. 24.07.17 Participant information sheet (BOS)	2.0	22/08/2017
Appendix F. Version 2. 24.07.17 Opening Statement BOS	2.0	22/08/2017
Appendix G. Version 2. 24.07..17 Email Correspondence	2.0	22/08/2017
Appendix H. Version 1. 01.05.17 PHQ 9	1.0	22/08/2017
Appendix I. Version 1. 01.05.17 GAD 7	1.0	22/08/2017
Appendix J. Version 1. 01.05.17 FAST	1.0	22/08/2017
Appendix K v1.0 Mini Social Phobia Inventory (SPIN)	1.0	11/05/2017
Appendix L. Version 1. 01.05.17 SCOFF	1.0	22/08/2017
Appendix M. Version 1. 01.05.17 EAI	1.0	22/08/2017
Appendix N v1.0 Panic Disorder Severity Scale (PDSS)	1.0	11/05/2017

Appendix O. Version 1. 01.05.17 Adverse Smoking	1.0	22/08/2017
Appendix P. Version 1. 01.05.17 PGSS	1.0	22/08/2017
Appendix Q. Version 1. 01.05.17 Injury Assessment	1.0	22/08/2017
Appendix R. Version 1. 01.05.17 Perceived Performance	1.0	22/08/2017
Appendix S. Version 1. 01.05.17 Athlete Identity	1.0	22/08/2017
Appendix T. Version 1. 01.05.17 CART-Q	1.0	22/08/2017
Appendix U. Version 1. 01.05.17 SRRS	1.0	22/08/2017
Appendix V. Version 1. 01.05.17 Qualitative Questions	1.0	22/08/2017

Please notify the committee if you intend to make any amendments to the original research ethics application or documentation. All changes must receive ethics approval prior to implementation. Please contact the Faculty Research Ethics Administrator for further information (fmhuniethics@leeds.ac.uk)

Ethics approval does not infer you have the right of access to any member of staff or student or documents and the premises of the University of Leeds. Nor does it imply any right of access to the premises of any other organisation, including clinical areas. The committee takes no responsibility for you gaining access to staff, students and/or premises prior to, during or following your research activities.

Please note: You are expected to keep a record of all your approved documentation, and all other documents relating to the study, including any risk assessments. These should be kept in your study file, which should be readily available for audit inspection purposes. You will be given a two week notice period if your project is to be audited.

It is our policy to remind everyone that it is your responsibility to comply with Health and Safety, Data Protection and any other legal and/or professional guidelines there may be.

We wish you every success with the project.

Yours sincerely

Dr Naomi Quinton
Co-Chair, SoMREC, University of Leeds

(Approval granted by Co-Chair Dr Naomi Quinton on behalf of the committee).

Appendix F. Ethical Approval Amendment

Faculty of Medicine and Health Research Office
School of Medicine Research Ethics Committee (SoMREC)

Room 9.29, Level 9
Worsley Building
Clarendon Way
Leeds, LS2 9NL
United Kingdom

& +44 (0) 113 343 1642

08 March 2018

Mr Sam White
Psychologist in Clinical Training
Leeds Institute of Health Sciences
School of Medicine
Faculty of Medicine and Health
Level 10, Worsley Building
Clarendon Way
LEEDS   LS2 9NL

Dear Sam

Ref no: **MREC16- 149 – Amendment 1**

Title: **What factors influence the mental health of a UK professional athlete population?**

We are pleased to inform you that your amendment to your research ethics application has been reviewed by the School of Medicine Research Ethics Committee (SoMREC) and we can confirm that ethics approval is granted based on the following documents received from you:

Document	Version	Date submitted
Amendment_form	1.0	02/03/2018
Appendix W. Version 1. 25.02.18 Participant Information Sheet Interview	1.0	02/03/2018
Appendix X. Version 1. 25.02.18 Email Correspondence Interview	1.0	02/03/2018
Appendix Y. Version 1. 25.02.18 Interview Schedule	1.0	02/03/2018
Appendix Z. Version 1. 25.02.18 Participant Consent Form	1.0	02/03/2018

Please notify the committee if you intend to make any further amendments to the original research as submitted and approved to date. This includes recruitment methodology; all changes must receive ethical approval prior to implementation. Please contact the Faculty Research Ethics Administrator for further information (fmhuniethics@leeds.ac.uk)

Ethics approval does not infer you have the right of access to any member of staff or student or documents and the premises of the University of Leeds. Nor does it imply any right of access to the premises of any other organisation, including clinical areas. The committee takes no responsibility for you gaining access to staff, students and/or premises prior to, during or following your research activities.

Please note: You are expected to keep a record of all your approved documentation, as well as documents such as sample consent forms, risk assessments and other documents relating to the study. This should be kept in your study file, which should be readily available for audit purposes. You will be given a two week notice period if your project is to be audited.

It is our policy to remind everyone that it is your responsibility to comply with Health and Safety, Data Protection and any other legal and/or professional guidelines there may be.

We wish you continued success with the project.

Yours sincerely

Dr Naomi Quinton
Co-Chair, SoMREC, University of Leeds

(Approval granted by Dr Naomi Quinton on behalf of SoMREC Co-Chairs)

Appendix G. Example of initial coding and development of super-ordinate themes

Interview Extract	Initial Coding	Super-ordinate Theme
when I was 9 / 10 as you grow up it's other sport and other stuff but rugby was obviously my . . . oh mate I'm just like a rugby player. Like the boys joking that I just play rugby, I watch rugby, you know and I love it like so. I'm very, I feel myself very fortunate to have done what I've done like going from, I was professional from . . . when I was in the academy, getting paid from 18 getting like student like fees, like university fees were paid until now obviously I'm full . . .	Alternative sports Identity/Rugby is all/Lucky/Career	Sport is everything
I was out for a year. And in the whole time I didn't know until sort of nine months that I was actually better . . . play. So that was a mess, that was the hardest point of my. . . probably in terms of rugby life easily, hands down – and my life general…but there's been a lot frustration a lot of the time in terms of selections and . . .	Uncertainty/Potential life changing/Life event/Toughest time/Frustration/Selection	Uncertainty about selection
yeah, and another thing with rugby I find like when you're injured you-you're so far away from the group . . . cause you do your own training or the injured group or something. Sometimes you find yourself you're missing out on like the, you're missing the things, the banter and stuff cause you're not always at trainings or, so you feel like, it's quite hard to like get back in the group like. So that's another thing. It's quite annoying cause you want to be part of it all	Loss of relationships/Isolation/Missed social aspect	Loss

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I can have an absolutely stinker of a game . . . and I'll be literally just wanna like f*****g rip the f*****g, you know the wall, the walls apart and I see my son run down and I don't care about anything else, you know. It sounds cheesy it sounds, it's so true	Poor performance/Anger/Dad identity/Stops anger	Masculinity/Loss

□