

Applying The Silences Framework to  
explore the mental health of professional  
footballers

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Applying The Silences Framework to explore the mental health of professional  
footballers

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## ABSTRACT

Professional footballers are increasingly vulnerable to developing common mental health symptoms and disorders. This is highlighted by the untimely deaths, by suicide, of the German international goalkeeper Robert Enke in 2009, and the former Wales international player and manager Gary Speed in 2011. It can be argued that these two players were marginalised and evidently suffered in silence. The demands within the professional game are significant, and there is an increasing pressure to perform. In addition to being exposed to the risk of significant life events in line with the general population, footballers are also frequently exposed to the distress caused by injury, psychological pressure, changing and ending of contracts, and club dynamics. As part of this qualitative study, eighteen current first team professional footballers were interviewed from across the English Football League (EFL) in order to explore how male professional footballers are affected by mental health. Braun and Clarke's thematic analysis (2006) was applied along with 'The Silences Framework' (Serrant-Green, 2010) to allow the voices of this marginalised group to be heard. This study makes an original contribution to the knowledge base as it is the first study to innovatively apply 'The Silences Framework' to a sporting context. This study does not just explore the views of professional footballers, a group which was little researched or understood before, but takes an iterative approach to explore these views within the context of closed networks and communities. This approach makes the findings unique in bringing out issues that have not been explored before such as the key themes of *social networks, environment, help seeking and support, masking vulnerabilities, and mental health*. The mental health theme is split into two sub themes which focus on the *impact on self* and the *reaction of others*. This study



aimed to help identify issues that can impact upon a footballer's mental health, understand how social construction occurs within football and identify the issues that affect men's help seeking behaviour. Recommendations for further research, implications for practice, and for policy are identified with the aim of improving the mental health of professional footballers.

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To my colleagues and students that I have met along the way. Thank you for supporting me, and for asking me how my thesis is going. Also, please accept my apologies for talking at you about football. I can see the glazed look in your eyes when you regret that you have asked me.

Thank you to all the participants within the study, including the *Collective Voices* reviewers. Without you all this study would not have been possible. Thank you for being brave and sharing your personal stories with a stranger. I would like to extend this thanks to the people in and around the football industry who have created the assists so I can score the goals.

Finally, I would like to dedicate this thesis to all footballers who have lost their lives due to experiencing symptoms of mental illness with a special mention to both Gary Speed and Robert Enke whose deaths awoke the footballing world to mental health and are the inspiration to my developing research career.

## GLOSSARY OF TERMS

BAME	Black Asian Minority Ethnic
CEO	Chief Executive Officer
CTE	Chronic Traumatic Encephalopathy
DoS	Director of Studies
EFL	English Football League
EPL	English Premier League
FA	Football Association
FIFA	Federation Internationale de Football Association
GP	General Practitioner
HEI	Higher Education Institution
IOC	International Olympic Committee
IPA	Interpretive Phenomenological Analysis
LAPS	Life After Professional Sport
LMA	League Managers Association
NFL	National Football League
NHS	National Health Service

NIMHE	National Institute for Mental Health in England
NMC	Nursing and Midwifery Council
PFA	Professional Footballers Association
PPF	Professional Players Federation
RMN	Registered Mental Nurse
TSF	The Silences Framework
UEFA	Union of European Football Associations
UK	United Kingdom
US	United States
WHO	World Health Organisation

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## INTRODUCTION

This chapter sets the scene for the study and provides an overview of the structure of the thesis. It outlines the aims and objectives of the study and introduces the conceptual framework that guided the research process and provided the structure for the following chapters.

### **i) Background**

This study is about professional footballer's lived experience of mental health, and as such it is important to identify the interpretation of mental health that is applied to this study.

Mental health problems are responsible for 23% of the total burden of disease in England, this is the largest burden and compares to 23% for cancer and 16% for heart disease (Thomas, 2017). The World Health Organisation (WHO) defines mental health as a "state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (WHO, 2004). Although I feel that this definition is open to interpretation, it serves as a useful starting point to shape a person's thinking about mental health. However, the absence of mental health does not imply the presence of mental illness and the presence of mental illness does not imply the absence of mental health, and the promotion of mental health is thought to reduce the propensity for developing mental illness (Uphill et al., 2016). There is not one clear single factor that explains why some people are susceptible to mental health problems (Felton et al., 2018), so it is



important to view a person holistically and consider the biological, psychological, and social factors that impact upon an individual. Everyone has mental health needs, even without a diagnosis of mental illness. Having positive mental health helps us to understand and make sense of our surroundings, to be able to cope with change and to communicate effectively with other people (Lester and Glasby, 2010). A useful way to consider mental health is to view mental health and mental illness as two extremes of a continuum, as illustrated in Figure 1 below (Prymachuk, 2011).

Mental Health	Stressed	Mild disorder	Mental illness
Absence of mental disorder	Occasional stress or transient mild distress that is part of the normal experience of living.	Minor mental health problems	Significant distress whether S/T (acute) or L/T (ongoing)
WHO definition		Mild – Moderate stress that is over and above the ‘normal’ experience	Disabling; unable to cope; quality of life affected (own &/or of those around them)
Wellbeing	Able to cope	May be some degree of impairment; struggling to cope; quality of life affected	
	Generally good quality of life		
<b>Prymachuk (2011)</b>			

*Figure 1 the mental health/mental illness continuum (Prymachuk, 2011).*

The right-hand side of the continuum can be associated with terms such as ‘mental illness’, ‘mental health problems’, ‘mental health issues’ and ‘mental ill-health’. This continuum and the aforementioned terms establish the viewpoint applied in this study in exploring mental health with professional footballers.

It is also important to recognise the term ‘mental disorder’. This is the term used in UK law to determine who should be forcibly treated or detained under mental health legislation (Prymachuk, 2011). Mental disorder affects more than one in four of the

population at any one time and costs the English economy £105 billion a year (Department of Health, 2011). The participants within this study were not under forcible treatment or detained under the Mental Health Act (1983), but employed as professional footballers at clubs within the English Football League (EFL), although their mental health existed within this continuum.

The mental health of professional footballers has been highlighted by the untimely deaths, by suicide, of the German international goalkeeper Robert Enke in 2009, and the former Wales international player and manager Gary Speed in 2011 (Victor, 2017). The exploits of former elite players are usually well documented either within the national media or the players themselves share their stories through published autobiographies. For example, ex-England internationals Tony Adams, Paul Gascoigne, Kenny Sansom, Paul Merson and Stan Collymore have struggled with issues such as alcoholism and addiction. There are an increasing number of former players willing to discuss their difficulties and share their stories with the hope of inspiring others. It is noticeable that in comparison there are very few current professional footballers willing to speak about their mental health issues. Players who struggle at the elite level of football have easy access to the media who are willing to listen to their every word, however players further down the football leagues do not receive the same level of media attention. England international Danny Rose bravely spoke about his struggle with depression during the 2018 World Cup and the world listened. Fans of football and people working within the football industry will be aware of the elite players previously mentioned but few people outside of Scotland will have heard of Chris Mitchell and Jack Syme.

Chris Mitchell played in Scotland for Falkirk, Ayr, Queen of the South and Clyde, as well as a season with Bradford City. He also represented Scotland Under-21s. He had surgery following an injury and experienced complications which may have been a factor in his struggle with depression and anxiety. Chris took his own life at the age of twenty-seven. His family have since set up the Chris Mitchell Foundation (<https://cmfoundation.org.uk/>) to help raise awareness around mental health and wellbeing for players, ex-players and staff working in Scottish professional football, through working with specialised organisations which understand and provide badly needed support.

Twenty-year-old Jack Syme played for Forfar Athletic in Scotland and had a bright future ahead of him. He was found dead the night after leaving a suicide note.

The plights of these two young footballers have been an inspiration for this study. These stories suggest that many experiences of mental health within professional football are unknown and that there could be a significant number of current players struggling and suffering in silence.

## **ii) Marginalisation and under-representation**

Marginalised discourses are concerned with power and privilege in relation to characteristics such as ethnicity, class, sexuality, or age. Crenshaw (1991), and Davis (1983) have emphasised the ways in which these characteristics are connected in shaping marginalised people's experiences. Blodgett et al., (2017) argue that intersectionality refers to how these characteristics are connected and how intersectionality facilitates understanding of the marginalised topics within a social justice component. These marginalised discourses are opposed by

mainstream society and positioned as being far removed from what society considers to be normal (Afshar and Maynard, 2000).

Serrant-Green (2010) defines 'Screaming Silences' (also referred to as 'Silences') as:

*'...areas of research and experience which are little researched, understood or silenced.'*

I would argue that this definition fits neatly with this study as mental health within professional football is under-researched, little understood and definitely silenced.

There appears to be a common misconception that professional footballers are overpaid and privileged and therefore they cannot have anything to worry about.

Teasdale (2022) refers to this misconception and suggests that the narrative is that footballers are overpaid, over-pampered boys. Gernon (2016) suggests that society has little sympathy for footballers and there is a belief that footballers are overpaid, arrogant and egotistical. Gernon (2016) goes further to say that mental health issues in footballers are not only unrecognised by society but also by the professional footballers themselves, which then further exacerbates the silences around mental health in football.

This lack of recognition could be due to a lack of knowledge and awareness; however, it could also be due to the perceived stigma related to mental health. It can also be argued that this stigma attached to mental health issues make it an under-investigated and under-reported area in football and in sport in general. Despite there being several top-level footballers experiencing mental health issues, mental disorders are rarely reported within elite football. Stevenson (2020) believes that the perceived stigma is holding footballers back from discussing and disclosing their

mental health issues. Players can fear disclosing mental health issues due to the possibility of team deselection, the impact on their market value, and their standing amongst their club's fans (James et al., 2022).

In the UK, mental health issues within professional football often become headlines in the media (Bennett 2020) and although this can be viewed positively to raise awareness, the intensity of social media platforms can highlight negative societal attitudes towards footballers experiencing mental health issues. Professional footballers have previously been viewed as people who should be immune from mental health issues due to their status, wealth, and adulation (FIFA, 2021). Therefore, professional footballers can be viewed as a marginalised group due to these negative societal attitudes.

This stigma surrounding mental health also includes the perception that men are reluctant to seek help due to their masculinity. This will be discussed in more detail later in the thesis.

### **iii) Introducing 'The Silences Framework' (TSF)**

Originally developed from research exploring ethnicity, gender and sexual health decision-making, The TSF (Serrant-Green, 2010) was derived from anti-essentialist viewpoints which hold that reality is constructed and contextual (Williams and May, 1996). This framework highlights that multiple perspectives and personal experience are valued in constructing knowledge. This framework is ideally suited for researching issues which are little researched, where voices are seldom heard, silent from policy discourse and marginalised from practice (Serrant-Green, 2010).

The TSF comprises of four key stages to help guide the research process:

1. Stage 1: *Working in Silences*
2. Stage 2: *Hearing Silences*
3. Stage 3: *Voicing Silences*
4. Stage 4: *Working with Silences*

There is a fifth stage – *Planning for Silences* which relates more for applied research in which the study outputs require action planning for service delivery or community action (Serrant-Green, 2010). For the purpose of this study the focus will be upon the first four stages.

The first stage of the framework, *Working in Silences*, contextualises the study by exploring existing knowledge regarding the research subject itself and the characteristics of the situation in which the research takes place. This stage is where the critical literature review takes place, and in this study, this was focused around exploring mental health and mental health in sport, especially within football. This is discussed in chapter one of this thesis.

The second stage, *Hearing Silences*, aims to identify the silences at the centre of the planned research, i.e., the silences inherent in conducting this research study, by this researcher, at this time (Serrant-Green, 2010). Reflection is therefore required on the ‘Silences’ arising out of the study involving the researcher, research subject and the research participants (Eshareturi et al., 2015). As part of this stage, I have considered my identity and positionality within the research and defined who I am in relation to the participants and the setting. This is explored later within this chapter.

The third stage, *Voicing Silences*, is where the data collection and analysis take place. This stage is designed to collect the data and expose the situated views and experiences of those involved (Serrant-Green, 2010). This includes a four-phase cyclical analysis. In phase one, I analysed the data in reference to the research question to develop the *initial findings*. In phase two, I invited research participants to review the *initial findings* to ensure that their voices were not silenced further. This *Silence Dialogue* helped to generate the *draft 1 findings*. In phase three, I included the user voices of the social networks of the participants to see if their views impact on the research question. The aim here was to hear from the *Collective Voices* reviewers to analyse the evidence through the experience of the research participants. This *Collective Voices* discussion alongside the consideration of the *Silence Dialogue* from Phase 2 helped me generate the *draft 2 findings*. In phase four, I reflected upon the findings from the previous stages of the analysis to present the *final study outputs*. The phases within *Voicing Silences* form chapters three and four of the thesis.

The fourth stage, *Working with Silences*, covers the discussion section of the study, which is explored in chapter five of the thesis. This is where I addressed what has been changed as a result of this study, including a detailed reflection on the potential practical gains arising from the study. Recommendations arising from the research and the implications of this study for further research, alongside implications for practice and policy are also discussed in this section. The below diagram shows TSF and highlights how one stage progresses to the next.

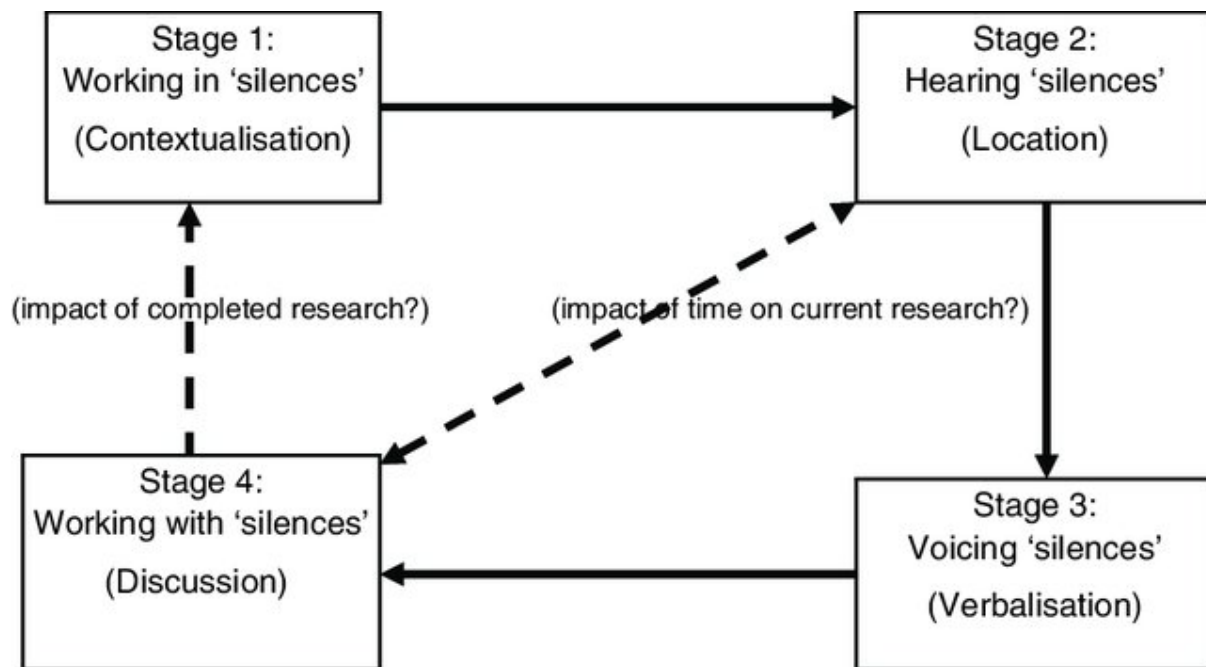


Figure 2: *The Silences Framework* (Serrant-Green, 2010).

#### iv) **Aims and objectives of the study**

The aim of this study is to understand how issues in male professional football are constructed socially and impact upon mental health. The objectives are:

- To identify the issues in male professional football than can affect men's mental health.
- To critically discuss the social construction of male professional football and how men are socialised into professional football; and
- To explore how the identified issues affect men's help seeking behaviour within professional football.



## **v) Positionality**

In order to explore my research identity, it is important to acknowledge my personal and professional drivers for undertaking this research. Within this section I will discuss my research positionality. Bukamal (2022) describes positionality as a biography that pays attention to the context of the researcher's identity in a way that the social world is understood. Positionality necessitates the researcher consciously examining their own identity (Wilson et al., 2022) to allow the reader to understand how the data was gathered and the effect of the researcher's personal characteristics in relation to the study (Massoud, 2022). I will explore my positionality by discussing my clinical background, my use of mental health counselling skills throughout the study, and my relationship with football. I will then consider the concept of reflexivity and how that impacts upon this study.

### **v.i) My clinical background**

I began my mental health nurse training in September 2000 and qualified as a Registered Mental Health Nurse (RMN) in February 2004. I worked within the National Health Service (NHS) for over ten years before moving into nurse education within Higher Education Institutions (HEI). I have previously worked with men with mental health and forensic needs. The men I have provided care for were detained under the Mental Health Act (1983) and were identified as a grave and immediate danger to the general public. They predominantly had a diagnosis of Personality Disorder and regularly experienced challenges within their daily lives. These men are a marginalised group and have grown up encountering stigma and discrimination. Their "voices" are rarely heard as society is quick to give them negative labels such as "dangerous" "violent" and "untreatable".

Although services are improving, people with a Personality Disorder have been marginalised by society and frequently experienced disparities in healthcare either through Accident and Emergency departments, through inappropriate admissions to inpatient psychiatric wards, or on the caseloads of community team staff who are likely to prioritise the needs of other clients and may lack the skills to work with them (National Institute for Mental Health in England, [NIMHE] 2003). I have regularly seen these men deliberately harm themselves although traditionally we are led to believe that men are violent, and women are more likely to harm themselves.

Through my clinical experience I have seen this to be untrue and many men with Personality Disorder that I have worked with have self-harmed. They often suffer in silence as they do not always have the skills to ask for help and when they summon the courage to do so they may be neglected, ignored, and not taken seriously.

These experiences led me to conduct a critical review for my MSc dissertation, entitled 'Why Men Self-Harm: A Critical Review' (Souter, 2015) of which I subsequently published. A key theme that emerged from this review was that men self-harmed due to interpersonal relationships and staff attitudes. Another theme explored educational approaches to train clinicians working with men who self-harm. Studying for a master's degree gave me the thirst for academic challenges and reinforced the need for continuing professional development, particularly in my role as a nurse.

### **v.ii) My mental health counselling skills**

My position as a mental health nurse has been advantageous throughout this study. My training and experience in mental health counselling skills have been key to extracting data related to a sensitive subject from a marginalised group. I have over twenty years' experience of facilitating sensitive and confidential discussions with men experiencing significant mental illnesses. I have been able to effectively build trusting therapeutic relationships with men who have experienced various levels of trauma and distress.

The importance of the therapeutic relationship was first identified seventy years ago by Hildegard Peplau (1952) and is still evident within contemporary mental health care. Stickley (2002) highlighted that the therapeutic relationship is fundamental to the care of mental health service users, and Faulkner (1998) states that for the therapeutic relationship to be successful, the counselling skills used need to be effective.

During the data collection phase of this study, I interviewed 18 participants, all of which had never previously met, or heard of me. They all responded to my request to participate within this study as presumably they recognised the importance of mental health within football and felt that they could contribute to the discussion. As the interviews intended to ask questions about a sensitive subject, I approached the participant interviews in the same way as I would approach a clinical meeting with a mental health service user. Throughout my career I have adopted a person-centred approach and rely on the core conditions developed by Carl Rogers (1957). These core conditions of warmth, empathy, unconditional positive regard, and genuineness were essential to help me acknowledge the participants as the expert of their own

problems, and to allow the silences to be voiced and heard. I found that my use of these core conditions helped me to provide a safe environment for the participants, which enabled the development of an effective, trusting relationship.

Providing a safe environment was essential due to the sensitive nature of the conversation. Participants were asked to recall events that may have triggered an emotional response from them. It was important to ensure that they were not in a state of distress at the end of the interview and therefore safe to leave and continue with their day. As an example of this one participant spoke about the suicide of his father and the impact this had on him. Through my constant use of empathy and genuineness I was able to gain reassurance from him that he was ok and felt safe before he left the meeting.

My experience as a mental health nurse has helped developed my skills recognising non-verbal behaviour. In some cases, people can verbally say they are ok, but their non-verbal behaviour can tell a very different story. With the participants that I met in person I would continuously assess their behaviour in a similar way to how I would continuously assess a mental health service user. With each participant interview I felt satisfied and reassured that they were safe before the end of the meeting. The utilisation of my mental health counselling skills has made a positive difference to the quality of the research interviews and the information shared. If I had attempted to conduct the research interviews without being a mental health nurse, I would suggest that the interactions and information shared would not have been as detailed or relevant to the research question.

### **v.iii) My relationship with football**

It is important to clarify my positionality within football. My relationship with football has consumed my life for almost forty years. I am a lifelong supporter of Doncaster Rovers Football Club and for several years I have been a season ticket holder.

Throughout my life from a very young age, I have watched football, read about the characters, and as a child obsessed over football sticker books.

I have watched and read with interest cases of high profile footballers, and more frequently, former footballers talk about the issues they have faced. Unfortunately, some footballers do not have the opportunity to talk about their issues as they seem to feel that the only way out from their problems is to take their own lives. The case of Gary Speed, who took his own life had a huge impact across the football world. I also read the book "A life too short" by Roland Reng (2011). It tells the story of German goalkeeper Robert Enke, who went on to take his own life. The book of Robert's story was a huge influence behind researching professional football and mental health. The heart-breaking cases of Robert and Chris Mitchell highlighted the issue that footballers' mental health had been neglected, and through further reading it was evident that there was minimal support available for professional footballers to discuss their emotional wellbeing.

It is also essential to mention that through years of watching English football, at some point in my life I have paid to watch many of the research participants play football. Therefore, I am familiar with some of the matches and experiences that they referred to during the interviews. One of the participants used to play for my father's favourite team and scored the winning goal in a cup final at Wembley Stadium. My father and I were at the game and this winning goal reduced my father to tears.

Braun and Clarke (2013) have the view that we are likely to have multiple insider and outsider positions. As I am not a professional footballer, I am very much an outsider to this industry. Green and Thorogood (2014) discuss insider-outsider research and identify that an outsider (or etic) position represents a detached analytic pursuit of generalisability, whilst an insider (or emic) position suggests an informed and influential standpoint in which the researcher is deeply invested. Breen (2007) compares insider and outsider researchers and suggests that generally, insider-researchers are those who chose to study a group to which they belong, while outsider- researchers do not belong to the group under study. Reed and Proctor (1995) developed a position continuum which suggests a range of positions that can be taken throughout the research process. This fits with my research of the football industry, although I am a fan and have a vast knowledge of football, I am very much an outsider looking in. However, as I am researching men and their mental health in their context of work, I am very much an insider and would share some group identity with the participants.

This means that my positionality and insider-outsider status is complex in relation to this study.

#### **vi) Reflexivity**

To fully understand my research position, it is also important to be reflexive.

Reflexivity is the process of critically reflecting upon the knowledge we produce and our role in producing that knowledge (Braun and Clarke, 2013). My own 'voice' as a researcher in this study needed to be heard and by being reflexive, I was able to

examine how my beliefs and values changed as a result of carrying out this study (Steward, 2006).

Green and Thorogood (2014) define two key aspects of reflexivity. The first is to reflect upon the research itself and to consider the broader political and social context of the research. The second aspect is more personal and considers my own role in generating and analysing the data. My experience as a mental health nurse helped the generation of data through being able to facilitate supportive and courageous conversations within the participant interviews, whilst being aware of my positionality as a researcher, an academic, and a clinician has had a positive impact upon the completion of this study. This role consideration aligns with TSF in terms of understanding who I am and where I am as a researcher. By being reflexive helped me to understand what Serrant-Green (2010) calls a 'screaming silence' or 'deafening lack of voice' which when 'heard' can be difficult to 'unhear' and resulted in the development of this study.

In order to consider reflexivity in further detail it is worth analysing Green and Thorogood's (2014) view regarding insider-outsider research and their concepts of an outsider (or etic) position, and an insider (or emic) position. The emic perspective explains the social world provided by a participant within it, and the etic perspective is one of analyst. There is an ongoing tension between these two perspectives which Green and Thorogood (2014) explore using the metaphors of the 'native' and the 'stranger from Mars'. In other words, the researcher moves between developing an understanding as a 'native' participant and making sense of the culture and behaviours as if they are a complete alien.

I have mentioned above that my research positionality is complex and throughout conducting this research, I have fluctuated between these two positions. I am a mental health nurse and nurse academic with more than twenty years' experience working in mental health settings therefore when exploring views and experiences surrounding mental health, I have adopted an emic position. Within the participant interviews I have been empathetic and understood experiences that they may have tried to explain even if a participant struggled to use the correct terminology. If I was a researcher conducting this study with minimal mental health experience, I would have been adopting an etic position and therefore would have been naïve to some of the concepts and experiences that participants were trying to discuss.

I am also a man interviewing other men about their experiences with mental health. Within these conversations I have also approached these from an emic position as I understand the challenges and barriers to men showing and discussing their vulnerabilities and their desire to hide behind a mask.

I will reflect upon the research process and revisit my positionality within the discussion in Chapter 5.

#### **vii) Chapter summary**

This chapter has set out the background to the study and defined the study aims and objectives. It has introduced the theoretical framework underpinning the research and providing structure for the thesis and has also outlined my research positionality. Chapter one builds on this by applying Stage 1 of the TSF, *Working in Silences*,



which provides the context for the study, including the current literature relating to the impact of mental health within elite sport and professional football.

## CHAPTER 1

### STAGE 1: WORKING IN SILENCES: SETTING THE CONTEXT

#### 1.1 Introduction to the chapter

Stage 1 of the TSF (Serrant-Green, 2010), *Working in Silences*, highlights the situated nature of human experience and research which seeks to make sense of this. This chapter provides the context for the study, including the current literature relating to the impact of mental health within elite sport and professional football. This is based on the search strategy detailed in section 1.2 and critical review of the literature which is presented in sections 1.3 – 1.7. This chapter explores the concepts of silence, anxiety and depression, employment and the impact of injury, masculinity and mental toughness, stigma, self-identity, and help seeking. The *Working in Silences* stage of TSF is applied to these concepts in relation to elite sport and professional football.

#### 1.2 Search Strategy

A search of the literature was undertaken to situate this exploration of mental health in professional football study within the context of the current body of knowledge. The search strategy primarily comprised electronic database searching but also included backward citation and forward citation search approaches (Briscoe, Bethel and Rogers 2020). The database search included major international databases including CINAHL, Medline, PsychINFO, SPORTDiscus, and the Sheffield Hallam University Library Gateway between 2007 and the present

day.

These were selected as they incorporated a large range of relevant international journals and offered appropriate coverage of the topics and concepts of relevance to the study. A systematic database search was undertaken using a range of key words, synonyms and phrases which were combined, and Boolean operators were used to expand and narrow the searches as appropriate.

Inclusion criteria was initially developed to focus upon elite sport and mental health. Truncation was used for mental\* to maximise retrieval of all derivations of the search terms including mental health, mental illness, and mental disorder. Keywords included elite sport, depression, stress, anxiety, alcohol, substance abuse to capture the prevalent symptoms of common mental health disorders. As the aims of the study include exploring issues within professional football the search was amended using the keywords previously mentioned however, the term elite sport was replaced with terms including professional football, football, soccer, and association football. Papers that focused on professional football clubs facilitating mental health initiatives within their local communities were also excluded to maintain the relevance of mental health issues within professional football players.

The initial search was undertaken in March 2016 and refreshed in November 2022. Duplicates were deleted then the results filtered to remove those with no perceived relevance to the study. A decision to include/exclude papers was based on reading the title, abstract and/or full text as relevant. Papers were included if they considered mental health within the context of either elite sport or professional football. Papers that did not meet this criterion were excluded. Forward and backward citation searching was also undertaken from key papers until no relevant new sources were

identified and familiarity with the research field or 'owning the literature' as described by Garrard (2014) was judged to have been achieved. This combined search strategy was undertaken because it is more comprehensive and produces more reliable results than database searching only (Greenhalgh and Peacock, 2005).

### **1.3 Silences**

As this study applies TSF to explore the mental health of professional footballers it is important to define the concept of silence. Serrant-Green (2010) states that silences reflect viewpoints and information that are not openly said, heard or evidenced in relation to a particular subject. This study also considers the idea that professional footballers are a marginalised group, and Fivush (2010) suggests that marginalised experiences or oppressed groups are not given credibility and therefore their voices are silenced. Bruening et al., (2005) claim that silencing is both a metaphorical lack of voice and a functional and symbolic description of underrepresentation.

Within elite sport, Albisu (2018) believes that members of a team are expected to make sacrifices and to be loyal to teammates and that camaraderie can produce a culture of silence. Although Moriconi and Cima (2020) report this culture of silence in relation to deviant and corrupt behaviour, this idea of being loyal to teammates may also silence footballers who are struggling with their emotional wellbeing. According to Donaghey et al (2011) staying silent can be an adopted communicative choice, and athletes may also stay silent to prevent any potential repercussions from an organisational perspective.

Professional athletes are employees of the organisation that they work for, and their silence could be understood as organisational silence. Morrison and Milliken (2000) use the term 'climate of silence' to refer to organisational silence. They suggest that speaking up about problems can be futile and potentially dangerous. This is supported by Roberts and Sojo (2020), who state that a culture of silence in sport prevents athletes from speaking up about grievances for fear of experiencing backlash, and this is further confirmed by Noblet and Gifford (2002). They analysed sources of stress in Professional Australian Footballers and their thematic findings included (i) negative aspects of organisational systems and culture, (ii) worries about performance expectations and standards, (iii) career development concerns, (iv) negative aspects of interpersonal relationships, (v) demanding nature of work itself, and (vi) problems associated with the work/ non-work interface. These findings can be viewed through the lens of silence. Tangirala and Ramanujam (2008) discuss the idea that silence can be information, which is consciously held back by employers or employees rather than an unintentional failure to communicate or simply having nothing to say.

Morrison (2014) states that if an employee's voice is silenced within an organisational context, both performance and employee morale may suffer, so the consequences may be significant. If an athlete feels silenced the potential detrimental impact on their performance will increase the pressure that they experience and therefore exacerbate their levels of stress. Athletes frequently cite performance related pressure as a source of stress within competitive sport (McKay et al., 2008), and according to Arnold and Fletcher (2012) elite athletes are susceptible to hundreds of stressors that may induce common mental disorders.

Elite sport can amplify any pre-existing mental ill-health (Baumann, 2016), and the extreme load of physical training can impact psychological stress (Nixdorf et al. 2013). This plethora of stress can have a debilitating effect on the emotional wellbeing of athletes, however athletes, particularly footballers, may choose to suffer in silence rather than be perceived to be letting their team-mates down. The conscious choice to remain silent links with the consideration by Fivush (2010) that some speakers, in this case athletes, deliberately silence themselves perhaps because they do not wish to share their experiences with others for fear of not being listened to, or the perception that the listener will not care. Their feelings for their work and emotional reactions can remain silenced leading to their 'true' feelings being kept in check, leaving athletes feeling emotionally isolated (Roderick and Gibbons, 2014).

There is also a fear of stigma especially in relation to sensitive subjects. The concept of stigma will be explored further later in the chapter, however stigma in relation to mental health and illness is an important factor as to why people and employees, whether they are athletes or non-athletes continue to suffer in silence. For example, Schofield, Thorpe, and Sims (2021) suggest that too often notions of "silence, secrecy and omission" have been overlooked in research, and they consider it to be essential to understand the silences and uncomfortable tensions when conducting research.

Within elite sport, representations of athletes' lives can be constrained (Douglas and Carless 2015) and their stories of certain experiences can be normalised and therefore silenced. This normalisation can silence trauma and create a culture where athletes and coaches fear to speak out (Day 2018).

However, it is also worth noting that on some occasions it can be beneficial to remain silent. This can be particularly relevant for young professional footballers. Manley et al., (2016) found that young footballers were able to utilise silence as a self-directed strategy. This self-imposed compliance could potentially be advantageous for a player's career enhancement and financial rewards that would accompany this advancement. Roderick (2014) notes that footballers understand the need to comply with the cultural expectations of behaviour anticipated by managers if they wish to continue their career as a professional footballer. Therefore, some players may remain silenced to avoid challenges and confrontations. They may recognise that they are employed to do something that they love and acknowledge that they can be seen to be privileged (Roderick et al., 2017). Making their voice heard may jeopardise their position and subsequent love of the sport.

#### **1.4 Anxiety and depression**

Anxiety and depression are commonly referred to as common mental disorders. Anxiety can be normal and experienced by everyone at some point in their lives. However, it can also be problematic and interfere with the ability to meet the demands of daily life, including demands related to work, home and relationships (Baguley et al., 2011). Additionally, depression is a commonly occurring, serious, recurrent disorder linked to diminished role functioning and quality of life, medical morbidity, and mortality (Kessler and Bromet 2013).

Approximately 150 million people worldwide are affected by depression at any moment (Ormel et al., 2020), while 374 million people suffered with anxiety in 2020 (Santomauro et al., 2021). Elite athletes are not immune from these common mental

disorders. Mummery (2005) suggests that athletes may be more predisposed to depression than the general population due to the physical and psychological demands placed upon them by the sporting environment. Their high status and experience of extreme pressure (Frank et al., 2013), perceived acceptance within a result based elite environment (Doherty et al., 2016), and sport related stress (Gulliver et al., 2012), can increase their vulnerability.

Additional factors that can increase an athlete's risk of depression include injury, termination, and performance pressures (Wolanin et al., 2015). Hammond et al., (2013) proposes that there is a significant relationship between an athlete's depressive symptoms and performance, and Newman et al., (2016) suggests that, as an athlete's depressive experiences intensify, their performances are negatively affected by their symptoms.

Depressive symptoms can impact athletes across the world. For example, Yang et al., (2007) found that 21.4% of US college athletes self-reported clinical symptoms of depression. However, it is well known that mental health symptoms are under-reported due to stigma. Stigma is still prevalent in mental health and some athletes will choose to remain silent rather than self-disclose symptoms relating to mental ill health. Athletes may also remain silenced as difficulties recognising mental health and well-being concerns can occur due to the public idolising athletes and subsequently becoming blind to the struggles that they face (Twizell and Hanley 2021). Gulliver et al., (2015) further highlight the prevalence of common mental disorders in athletes as they found that 46.4% of Australian athletes experienced symptoms of at least one common mental disorder, including 27.2% for depression.



In contrast to the debilitating effect of depressive symptoms, symptoms of anxiety can sometimes be facilitative within elite sport. Neil et al., (2012) suggest that symptoms of anxiety can be performance enhancing and, in some sports, competition anxiety is not only considered as normal, but it can also be advantageous. Baghurst (2012) states that anxiety can be both helpful and unhelpful to performance and can be linked to self-confidence. An athlete's self-confidence levels can fluctuate closer to the event and depending upon the level of competition. Lundqvist et al., (2011) found that high levels of self-confidence can help to protect athletes from interpreting anxiety symptoms as debilitating and change their emotional response to a positive state. There is a balance to be found as although symptoms of competitive anxiety can become habitual (Hanton et al., 2005), Gardner et al., (2015) suggests that athletes who experience excessive levels of competition anxiety can experience negative consequences including impaired performance.

Jensen et al., (2018) highlight that younger athletes can be more susceptible to competition anxiety and social phobia in comparison to older athletes. They found that players on the elite junior team indicated higher levels of depressive symptoms than those on the professional team. This aligns with the findings from Gulliver et al., (2015) indicating that younger athletes are more vulnerable for depressive symptoms than older athletes. It may be that younger players struggle more due to a lack of maturity and life experience, the ongoing transitions through adolescence (Weber et al., 2018), parental pressures (Pok-Him Tam and Sahni, 2017), and the creation of a one-dimensional athletic identity (Wilkinson, 2021).

Junge and Feddermann-Demont, (2016) reported that male under-21 footballers had anxiety scores comparable to the general population although footballers over 21 had significantly lower average anxiety scores. In comparison, a study examining the prevalence of anxiety and depression of elite rugby league players found that the prevalence of generalised anxiety disorder symptoms ranged from 10.1% to 14.6% which is in excess of the general population rate of 5% (Du Preez and Graham, 2017). This highlights that the impact of depression and anxiety on young elite athletes is complex. There may be issues related to culture, support, finance, and empowerment within the different sports which contribute either positively or negatively towards mental health.

Van Ramele et al., (2017) suggest that professional footballers have a higher risk than the general population of experiencing symptoms of common mental disorders. They found a 12-month incidence for symptoms of anxiety and depression amongst retired players of 29% and they assume that players who are recently retired are more likely to report symptoms compared to those who had more time to transition out of sport. Gouttebarga and Frings-Dresen et al., (2015) found that common mental disorders are prevalent within 26% in current players and 39% in former players, and Gouttebarga et al., (2015a) reinforce the view that the prevalence of symptoms of anxiety and depression is higher in retired players with a prevalence rate of 35%.

Junge and Feddermann-Demont (2016) found the prevalence of depression among Swiss footballers was 9% in male players and 13% in female players although they found that the prevalence of moderate anxiety disorder was significantly lower than in the general population. This is in line with findings by Russell et al., (2020) that

former professional soccer players in Scotland were at lower risk of hospital admissions for the most common mental health disorders. Howells and Fletcher (2015) highlight that footballers are exposed to similar stressors as the general population including bereavement, health concerns and relationship breakdowns.

Further research to compare common mental disorders in current players and retired players was conducted by Gouttebauge, Backx et al., (2015) who found that the prevalence range of anxiety and depression symptoms within current players varied from 25% in Spain to 43% in Norway, and a 12-month incidence of symptoms of anxiety and depression among current European professional footballers was found to be 37% (Gouttebauge et al., 2016).

A larger study by Gouttebauge, Aoki and Kerkhoffs (2015) also found an anxiety and depression prevalence rate of 38% and a high level of career dissatisfaction associated with anxiety and depression symptoms. However, employment status and a higher number of working hours also correlate to symptoms of anxiety and depression and players who are unemployed are likely to report mental health problems (Gouttebauge et al., 2016). Prinz et al., (2016) found that 8.5% of elite female players of the sample reported symptoms of depression within the first two years after their career. They also found players who had clear plans for when their career was over had lower depression scores compared with players who had either vague or no plans.

It is important to stress that silences exist within existing evidence. The majority of the literature included within this review, particularly related to mental health and professional football, is quantitative. Kuettel and Larsen (2020) highlight that in their scoping review researchers have used mostly quantitative and, to a lesser extent,

qualitative methods across both genders and various types of sports. The quantitative studies have used a range of surveys, which it can be argued only capture a limited amount of data and do not allow the full voice of the participant to be heard. This is supported by Vealey et al., (2019) who suggest that although the use of surveys and questionnaires can be efficient and credible, their limitations include a lack of relevance and problems with interpretation. Luppino et al., (2010) also stress that the use of questionnaires is very susceptible to be biased by confounding covariates. Gouttebauge et al., (2019) conducted a systematic review and meta-analysis of mental health symptoms and disorders in current and former elite athletes and concluded that accurate comparisons can be difficult to make because the outcomes related to mental health symptoms and disorders were not measured using the same scales from one study to another.

### **1.5 Employment and the impact of injury**

Professional footballers engage in skilled manual labour (Roderick and Schumacker, 2017) which can be demanding both physically and mentally. Injuries that may potentially end a football career and the wear and tear that accrues from season-upon-season of physical hardship are accepted as inevitable features of their employment (Roderick, 2006b). As such a career as a professional footballer is relatively short and in addition to the physical demands there are many uncertainties that can impact upon their employment such as contract issues, competition for places in the team, the excessive supply of labour, and their own vulnerability to ageing (Roderick, 2006b).

Professional football players trade their sport labour to attain a livelihood (Magee and Sugden, 2002) and all football players are contractually obliged to perform on behalf of the club which holds their registration. Professional footballers work in a highly public arena where their performance and mistakes are scrutinised by large audiences (Roderick, 2006), although despite this, McGillivray et al., (2005) state that even if professional footballers were offered alternative career choices, most of them would still select the life of a footballer. Roderick (2006) states that a professional footballer spends much of his youth preparing for his football career and serious injury can have devastating effects including the possibility of early retirement.

Injury is the most significant risk factor for psychological distress amongst professional footballers (Gouttebauge, Frings-Dresen et al., 2015), and is one of the most recognised risk factors for psychological distress amongst male elite athletes (Wolanin et al., 2015).

Ekstrand et al., (2004) reports that the overall level of injury for a professional footballer is about 1000 times higher than that of a high-risk industrial worker. Injuries can vary in length of time, and they appear to be an accepted side effect of playing professional football (Ekstrand et al., 2020).

Gervis et al., (2019) found that long-term injuries can have a significant psychological impact on professional footballers. This is supported by Junge (2000) who suggests that being severely injured during a football career might lead to mental health problems in the long term. Gouttebauge, Aoki, Ekstrand et al., (2015) also emphasise that severe injury is a significant risk factor for mental health disorders, and professional footballers who had sustained one or more severe joint

injuries during their career are three to four times more likely to report distress compared to footballers who had not suffered from severe joint injuries during their career. Also, footballers who had sustained three or more severe muscle injuries during their career are two and a half times more likely to report symptoms of distress and male players who had sustained one or more severe musculoskeletal injuries during their career were two to four times more likely to report symptoms of common mental disorders (Gouttebarga et al., 2016, Kilic et al., 2018).

Gulliver et al., (2015) found that injuries are associated with depression in elite athletes, and Rice et al., (2016) reported that injury may increase the risk of mental ill-health. Former athletes who had suffered from several severe injuries or surgeries were 2-7 times more likely to report symptoms of common mental disorders than former athletes without injury or surgery, and Gouttebarga, Aoki and Kerkhoffs, (2015) suggest that professional footballers who had sustained one or more severe joint injuries during their career were three to four times more likely to report distress compared to footballers who had not suffered from severe joint injuries during their career.

The link between injury and distress is also highlighted by Junge and Feddermann-Demont (2016) who state that injured players have higher scores for depression and anxiety when compared with uninjured players. This is further reinforced by Ivarsson and Johnson (2010) who state that injured players display a higher level of susceptibility to experiencing stress compared to non-injured players.

There is also a significant link between head injuries, including concussion and multiple brain injuries, and depression (Kerr et al., 2012; Guskiewicz et al., 2007). Within American Football, Didehbani et al., (2013) found a significant relationship

between the number of self-reported concussions and self-reported depressive symptoms in retired National Football League (NFL) players. Mez et al., (2017) found that 99% of professional NFL athletes had a disease associated with head injuries. Out of a sample of 202 players 87% were found to have traces of Chronic Traumatic Encephalopathy (CTE). Although these results need to be viewed with caution as the brains of the sample were donated by concerned family members, however the awareness of the impact of head injuries and the link to depression, Alzheimer's disease and CTE is certainly on the increase. This is supported by Cockerell, et al., (2021) who highlight that there is an indication that professional footballers have a higher incidence of dementia than the general population, particular in footballers with professional career lengths of longer than 15 years (Russell et al., 2021), however there is no current evidence that repetitive concussive injuries or heading leads to permanent alterations in brain functioning. According to Nixdorf et al., (2013) irrespective of the type or cause of sport injury and the physical impact it will have on the athlete, it will evidently serve as a psychological stressor for the athlete.

Despite the clear link between injury and symptoms of common mental disorders, professional footballers are contracted to comply with their employment obligations. Borg et al., (2021) suggests that there is pressure from football clubs to fulfil their role as footballers, and Gledhill et al., (2020) suggest that footballers may be pushed into an early return to play as the club may need them in a game. Roderick et al., (2017) state that it is all-but taken-for-granted that athletes love their work and pursue performance perfection relentlessly. Despite this professional sportspeople are rarely conceptualised by the public as anything other than very privileged in terms of their working conditions, with their work being constructed as a labour of love (Roderick, 2006), (Roderick and Allen Collinson, 2020).

## 1.6 Masculinity and mental toughness

Football has a male tradition, and despite the recent growth of women's football it is still male dominated. This is partly due to the fact that football provides a historical example of masculinity demonstrated by physical strength and power (Gaston et al., 2018). Football helps to define and reinforce dominant ways of being male (Forbes et al., 2015), and is associated with masculine dominance where boys and men construct their identities and sculpt their bodies to align with hegemonic perspectives of masculinity (Magrath, 2017). This concept of hegemonic masculinity is comprised of behavioural ideals that help guide men's actions and are reinforced through interactions (Connell and Messerschmidt 2005), which can then give men a sense of invulnerability (Gilbert et al., 2018).

This is supported by Cashmere and Cleland (2012) who state that football has taught men and boys to construct, express and value masculine notions of identity and embodiment, and by Hearn and Morgan (1990) who suggest that masculinity is constructed through actions rather than presence and therefore perceive football as an ideal constitution for replicating these actions of hegemonic masculinity. Holt (1989) suggest that the emotions and attitudes expressed within football correlate with characteristics that can be considered to represent true masculinity, while Clayton and Humberstone (2006) state that football basks in the philosophy of dominant masculinities and male ideology.

Claringbould and Adriaanse (2015) interviewed twelve parents of football playing boys. They found that most fathers believe that football is unique to other sports and that these fathers reproduced the boundary between dominant versus subordinate



masculinities as symbolised by different sports. In this example football represents the sport for 'real' men. Jeanes and Magee (2011) found that fathering a professional footballer helped men reinforce their own masculinity identities as this gave them a sense of status within their community, and particularly within the competitive world of youth football. This is supported by Connell (2000) who proposed that men who are able to display attributes associated with hegemonic masculinities can gain considerable power and status.

Burton Nelson (1994) state that football is male, masculinity, manliness, while Spandler and McKeown (2012) suggest that football is a site where gender is performed; in other words, not where men are men but where men 'do' or 'don't do' being male. It can be argued that the environment within professional clubs is aggressively masculine, and players are encouraged to exhibit macho behaviours (Richardson et al., 2004). Magrath (2017) discusses how footballers use banter as a playful tool however due to the competitive nature of elite football, especially within the academies, banter can be double-edged and potentially used for players to score points over each other in a form of aggression. If a player discusses feelings and emotions in these environments, it can be associated with being feminine and weak (Nesti, 2010).

Kimmel (2008) suggests that the fear of being seen as 'not a real man' is fundamental to the formulation of masculinity. This fear can contribute to men remaining in silence. Chandler (2021) states that as men are guided by dominant masculine ideals, they prize being strong and silent. This is supported by Roy et al., (2017) who believes that men emphasise stoicism, strength, working hard, and solving problems independently, and by Dixon (2016) who found that football

produces the strong silent type, a type of man that can manage his own affairs, fight his own battles, does not need help and that footballers need to be tough, there's no room for weakness.

The perception of weakness can relate to the notion of mental toughness in sport. Although Baumann (2016) refers to a belief that mental toughness and mental health are contradictory in elite sport, there is still a stigma that exists regarding mental strength and perceived weakness. Mental toughness may represent a positive indicator of mental health, or facilitate its attainment, rather than be at odds with it (Gucciardi et al., 2017).

Jones et al., (2002) found that mental toughness provided the performer a psychological advantage over their opponents; and that mentally tough performers consistently remained determined, focused, confident and in control of the pressures and demands of their sport. In terms of football, coaches are united in believing that mental toughness is a key ingredient to a successful sporting career (Owusu-Sekyere and Gervis, 2016). This is expressed in the notion that 'It's the difference between making or breaking careers', and a significant influencer of team selection.

Communication is important in mental toughness, mentally tough players would communicate positively by encouraging and activating their teammates whereas negative communication either towards oneself, teammates or opponents are seen as a sign of mental weakness (Diment, 2014). Evidence shows that mentally tough academy players have a desire to achieve, a love for the sport alongside a commitment to excellence that translated passion into success (Cook et al., 2014).

Even though there are positives of mental toughness in sport, mental toughness can silence vulnerable athletes (Andersen 2011) and can force them into carrying the mental burden alone, so they do not appear mentally weak (Papathomas, 2018). Papathomas and Lavallee (2010) also state that athletes can become withdrawn and isolated as they suffer in silence rather than disclosing mental ill health. Ryall (2019) discusses the argument that to be a successful athlete, one needs to be mentally tough; being mentally tough is to be able to face and overcome adversity, whilst being mentally weak is to succumb to pressure; therefore, admitting to not being able to face and overcome adversity, or succumbing to pressure is to admit failure as an athlete and is a barrier to sporting success. Sothorn and O’Gorman (2021) found that academy players would remain silent to portray themselves as mentally tough, and they would actively avoid discussing thoughts and feelings that could be interpreted as being weak. The stigma and barriers to disclosing mental health issues will be explored in the next section.

### **1.7 Stigma, self-identity, and help seeking**

Stigma has been identified as a barrier to help seeking in athletes (Gulliver et al., 2012; Bird et al., 2018), in a timely and appropriate way (Breslin et al., 2017). Roberts et al., (2016) suggest that the prevalence of common mental disorders in elite sport is underreported because of stigma, and Watson (2005) believes that there is a view that male athletes who do seek help for psychological problems may be seen as weak by other athletes and coaches. Elite athletes often believe mental health symptoms and disorders are a sign of weakness, or report stigma associated with mental health symptoms and disorders (Castaldelli-Maia et al., 2019).

However, it is important to highlight that it is okay for men to talk about problems and feelings, it should not be seen as a sign of weakness, rather a strength (Rae et al., 2016). According to DeLenardo and Terrion, (2014), stigma can be seen as a strategy to protect one's survival in the team, as well as to cast out individuals who threatened the team's success. Glick et al., (2012) support this view and refer to the situational narcissism that athletes who are used to the spotlight can experience. This can make it difficult for them to seek or accept assistance or easily discuss their emotions as they have been taught to work through pain. Being in the spotlight leaves athletes open to negativity from the media and fans. This public stigma that is created significantly impacts athletes' willingness to disclose and seek treatment for mental health related issues (Merz, et al., 2020).

Wood et al., (2017) states that footballers are an at-risk group for the onset of mental health issues and most of them are young males who may not engage in help seeking behaviour. They may not seek help because they may have a mistaken belief that help is unnecessary (Lim et al., 2017), and some individuals think that the problem will just go away (Picco et al., 2017). Wood et al., (2017) discussed the concept of survival within football, this suggests that the fittest, strongest, and best adapted survive and because of this, players can feel the need to mask their vulnerabilities and suffer in silence. Players can feel isolated and trapped and experience shame and stigma, all of which can increase their risk factors for mental health issues.

Lim et al., (2017) found that footballers are reluctant to disclose their problems to other players and club staff for fear of appearing weak and potential losing their place in the team. Smith (2018) agrees and states that players are reluctant to

disclose mental illness mid-career for fear of being stigmatised, discredited, and subjected to deselection. In relation to survival, professional footballers must adapt and cope with banter from their teammates. Smith and Sparkes (2009) explored the idea that banter may impact on young players who construct their identities within narrow cultural ideas of what it means to be a 'real man'. Hickey and Roderick (2022) suggest that banter often creates circumstances that are potentially identity threatening and can encourage footballers to conceal real emotional distress. The view from Champ et al., (2018) that young players tend to construct their identities and see their future possibilities solely within the professional football context is concerning as this will present a clear barrier to help seeking.

According to Carragher et al., (2010) men seek medical and psychological help less frequently than women, and men who adhere to traditional masculine ideologies are less likely to seek assistance (Wasylikiw and Clairo, 2018; Ramaeker and Petrie, 2019). As discussed above, stigma is a key barrier to help seeking and Poucher et al., (2019) believe that if athletes continue to perceive stigma surrounding mental disorders, the rates of help-seeking will likely remain low, regardless of their awareness and knowledge of mental disorder.

Rickwood et al., (2005) found that a major barrier to seeking help from a mental health professional is that adolescents do not have established trusting relationships with such people or services. It can be argued that this is similar to professional football due to the precarity of the work environment. However, Mazzer and Rickwood (2009) believe that sports coaches may be in a unique position to notice if an athlete is experiencing difficulties and act as gatekeepers for professional mental health services, although the coach would need the relevant knowledge and skills to

effectively assist an athlete experiencing a mental health disorder (Mason et al., 2015). Ferguson et al., (2019) found that coaches can be reluctant to approach the subject of mental health directly with athletes because of negative attitudes and stigma associated with it and their concerns about how the players might react. This is disappointing as Drew and Matthews (2018) suggest that there is a potential opportunity for both teammates and coaches to be additional avenues for informal help-seeking for athletes who may be experiencing mental ill-health.

A further issue is that coaches act as role models to their athletes, although Gorczyński et al., (2020) found that coaches would be most likely to seek help from their partners, friends, parents, before approaching mental health professionals and their General Practitioner (GP). If coaches are reluctant to seek professional help that may also create a further barrier to athlete's help seeking behaviour. They should encourage help seeking behaviour and reduce mental health stigma, Confectioner et al., (2021) stress the importance of having an environment where mental health symptoms and disorders are not stigmatised and openly discussed.

It is noticeable within the literature reviewed above, quantitative surveys that have relied on self-report measures have been used. This represents an inherent silence as there are still barriers to reporting symptoms of common mental disorders. Gagne et al., (2022) explored concerns regarding the nature of the relationship between public stigma and self-reporting of mental health symptoms. They found that this stigma has been unequally distributed across English regions for a long period of time. This may impact professional footballers differently depending upon the geographical location of their club. Russell and Russell (2021) criticised the use of self-reporting quantitative surveys and suggested that standardised questionnaires

do not vary the order of constructs measured or that of items within these measures. In addition, the validity of self-report assessments relies on respondents being able to objectively assess and report on their own health. There also remains the silence that men, in general, are less likely to report or seek treatment for mental health problems (Brook, 2001; Addis and Mahalik, 2003; Addis and Cohane, 2005).

### **1.8 Chapter summary**

In this chapter I have adhered to the *Working in Silences* phase of TSF to set the context for this study. I have analysed the evidence base to highlight that elite athletes and professional footballers experience mental health symptoms such as anxiety and depression, they are exposed to a range of stressors including the psychological impact of injury, and how that can impact upon their employment. I have considered the concept of masculinity and mental toughness, and the challenges of stigma that may prevent athletes and professional footballers from seeking help. This chapter has explored the impact of silence in relation to elite sport and professional football and provides the justification for researching this particular subject at this particular time.

Chapter 2 will apply Stage 2 of TSF 'Hearing Silences' and situate it within the methodology of this study.

## CHAPTER 2

### STAGE 2: HEARING SILENCES: METHODOLOGY

#### 2.1 Introduction to the chapter

In this chapter, I will apply Stage 2 of TSF to allow the reader to ‘hear’ the silences. To do this I will present the three aspects of the silences which are the researcher identity, the research subject, and the research participants. With this research study, I set out to understand how issues in male professional football are constructed socially and impact upon mental health. I will detail the interpretive research paradigm that I have used to address this aim. I highlight my epistemological position rooted in interpretivism where I discuss Max Weber’s concept of *Verstehen* and explore Berger and Luckman’s (1966) theory of social constructionism in relation to football. I also explore the application of TSF, and how using TSF in a new environment enabled the collection and analysis of data to identify and validate individual and collective experiences. I also offer a critique of TSF and compare it against grounded theory and Interpretive Phenomenological Analysis (IPA). The use of social media within the research design is detailed and ethical implications are discussed.

#### 2.2 Research paradigm/ Epistemological position

To explore the research question, I have chosen to adopt an interpretive approach rooted in social constructionism.



### **2.2.1 The interpretive research paradigm**

Interpretivism is a major anti-positivist stance that looks for culturally derived and historically situated interpretations of the social lifeworld (Gray, 2014). It is an approach based upon assumptions that in order to make sense of the world, human behaviour should be interpreted by taking into account the interactions between people, and that it is important to acknowledge that just as human beings are different, so are the societies and cultures in which they live their lives (Topping, 2010). Goodley and Smailes (2011) state that this stance understands the social world as an emergent social process, created by individuals and their shared subjective understandings. This is supported by Rubin and Rubin (2005) who suggest that interpretive research is about figuring out what events mean to research subjects, how people adapt and how they view what has happened to them and around them. The goal of interpretivist research is to understand and interpret the meanings in human behaviour rather than to generalise and predict causes and effects (Neuman, 2000).

This approach has been developed from the work of Max Weber who believed that knowledge of the world is based on *Verstehen*, meaning understanding, which arises from reflecting upon what happens. He suggested that the human sciences are concerned with understanding, compared to the natural sciences approach of explanation and causality (Crotty, 1998). His development of *Verstehen* focuses on the exploration of understanding and perception from the points of view of research participants or patients, to understand why a phenomenon exists or why they behave the way they do.

Wilhelm Dilthey did further work on the importance of understanding and suggested that research should explore lived experiences so that the connections between the social, cultural, and historical aspects of people's lives can be revealed (Ormston et

al., 2014). Dilthey's view of *Verstehen* acknowledges all human capacities, including subjective experience, as opposed to the pure intellectual understanding of *verstand*, which reflects positivism's identifying of causality, consistencies, regularity, and universal laws (Kelly et al., 2018).

Interpretivists argue that truth is relative, and there is not one reality but many and these all depend upon our perspective (Finlay, 2006). This is supported by Fellows and Liu (2015) who argue that reality is relative and that there are many different realities which all can be valid. The task of this research would be to understand these realities rather than to determine the cause-effect relationships. Interpretivism has a 'relativist' ontological perspective. Relativists suggest that reality is only knowable through socially constructed meanings and that there is no single shared reality (Ryan, 2018). For example, a professional football club would have a number of players in their first team squad. All of these would have their own experience of their treatment by the football club informed by their interactions with their manager, coaching staff, club chairman and other executives as well as their own previous experiences. The concept of social constructionism and how it relates to professional football is explored below.

### **2.2.2 Social constructionism**

Gergen (1985) suggests that social constructionism is a belief that a great deal of human life exists as it does due to social and interpersonal influences. Berger and Luckmann (1966) developed the theory of social construction, and they proposed the idea that meanings of concepts develop from the way people talk about the concept of interest, the attitudes people assume in reference to the concept, and the ways

people act with respect to the concept and that reality is the result of these constructive processes (Mobily, 2018). When critiquing and developing the concept of social construction, Berger and Luckmann (1966) proposed a model of symbolic interactionism to understand how 'truth' in science or societal norms became shared versions of reality. This is useful, as symbolic interactionism has been used to understand how the reality of mental illness has grown as a construct within western culture (Springham, 2016).

It is useful to think of professional football as a social construct and the impact that societal forces and expectations that footballers, or any elite athlete, are exposed to can have a significant impact upon them. As well as their own intrinsic beliefs, values and ideas regarding football and their athletic identity, professional footballers are also exposed to external factors such as parental and family expectations, performance pressures, demands applied by sponsors and societies expectations of them as a professional sportsperson. A combination of these factors can have a detrimental impact upon the footballer as a person (Drummond, 1995).

### **2.2.3 My ontological position**

My belief is that the world is made up of people who have their own thoughts, interpretations and meanings connected to their experiences. My focus throughout this research was to seek to arrive at reality through an appreciation of the meanings ascribed to events by the individuals concerned (Denzin and Lincoln, 1998). I agree with Finlay (2006) in that there are multiple truths within a group of people and that these are derived from their lived experiences. These lived experiences and how

individuals have attached meanings to them makes up the reality or truth of the individuals concerned.

The focus on lived experience with an interpretive approach fits with my clinical experience of being a mental health nurse. As a mental health nurse my clinical viewpoint is to try to understand a person's behaviour or experience and empower them to find the meaning of their lived experience. My role as a nurse involved actively listening to the service user's story and attempting to understand the subjective meanings of the service user to create knowledge. This viewpoint fits with how interpretivists understand the world. Interpretivism focuses upon understanding the lived experience from the points of view of those that hold it (Ormston et al., 2014).

Interpretivism principles and values align with nursing values including patient-centred, holistic, and personalised care. The ways in which patients or groups of service users place meaning on their health, well-being or experience are of great value in nursing (Ryan, 2018).

A researcher's previous experience can be an advantage within interpretivism, although it can also be a disadvantage as the researcher may influence the research process (Janes, 2016). Kelly et al., (2018) suggest that "explanation and understanding' reflect 'the researcher's understanding of the subject's own understanding of his or her experience'. Coffey (1999) states that the researcher must get the balance right between strangeness and familiarity and stresses the need for effective reflexivity. Reflexivity is key in interpretivism. The researcher needs to recognise that any of their own experiences could shape their interpretations (Crotty, 1998)

It is important for me to make clear my researcher positionality and identity. This has been discussed within the introductory chapter.

#### **2.2.4 Application of The Silences Framework**

I intend to illicit and understand the lived experiences of professional footballers, and to help make sense of their interpretation of their world around them. In this study, the lived experiences of professional footballers are the poorly understood phenomenon. They are a marginalised group and under researched. Their 'voices' are seldom heard, for this reason the theoretical framework TSF developed by Serrant-Green (2010) was utilised within this study. This framework is ideally suited for researching issues which are little researched, silent from policy discourse and marginalised from practice (Serrant-Green ,2010).

I have chosen to use TSF (Serrant-Green, 2010) as it values the way in which people make sense of their world and their experiences within it, which fits with my epistemological position, interpretivism. Interpretivists argue that people, unlike phenomena in the natural sciences, interpret the world through human cognition (Grix, 2002). This recognition of the importance of individual perception (Williams and May, 1996) means that interpretivist researchers can take seriously participants' accounts as attempts to make behaviour meaningful to others and the person themselves. This approach fits with my experience as a mental health nurse, for example in the responses of different individuals to the same illness or experience and the social nature of health and healthcare during which the patient and their illness or injury 'interact' with multiple social agents. These include healthcare professionals and members of multiple social networks such as family and friends,

work, and wider society. Thus, in emphasising the contested and contextual nature of knowledge and its creation, an interpretivist approach seeks instead to understand the subjective meanings people construct to create knowledge. This approach is therefore congruent with the aim of this study, which seeks to explore the experiences of mental health within male professional football. The act of participating in research using an interpretivist approach can be therapeutic for the participant as this process of recounting experiences helps them make sense of these (Morse and O'Brien 1995, Colbourne and Sque, 2005). Hollis (1994) emphasises the importance of context arguing that individuals have social constraints or obligations that cannot be explained by reference to the individual alone, arguing further that the social world must be seen from within first.

I have also chosen TSF as it correlates with my personal and professional values. It is attractive to me as a novice researcher because it provides a clear, easy to follow structure to guide the research process. The phased, cyclical nature of the framework reminds me of the nursing process with which I am very familiar. It therefore offers the potential to draw on my transferable, professional nursing knowledge and skills in undertaking the research.

'Screaming Silences' are recognised as being situated in the subjective experiences of individuals or groups, and the social and personal contexts in which their experiences occur (Serrant-Green, 2004). 'Screaming Silence' as a concept acknowledges and seeks to give voice to the experiences, subjects and issues which are often hidden, devalued, or silenced (Eshareturi, 2016). These silences reflect how an issue, in this case experienced by professional footballers, screams out to them in relation to their health and its impact on their reality, while concurrently

remaining silent in the consciousness of society and the application of practice (Eshareturi et al., 2015). This framework fits with my intention to explore the lived experiences of professional footballers.

There is a public perception that professional footballers are overpaid and irresponsible. The media reinforce this with a relentless stream of negative reports of ill-disciplined behaviour (Roderick, 2006). The application of TSF will allow footballer's voices to be heard to highlight a true reflection of their experiences.

### **2.3 Hearing silences**

To successfully hear the silences within this study I had to consider three key aspects that underpin my research. These relate to the possible silences inherent in researcher identity, the research subject itself and the nature of the research participants (Serrant-Green, 2010).

#### **2.3.1 Researcher Identity**

The identities of both researcher and participants have the potential to impact the research process (Bourke, 2014), therefore it is important to reflect upon my own research positionality. Positionality reflects the position that the researcher has chosen to adopt within a given research study (Savin-Baden and Howell Major, 2013). Herr and Anderson (2015) state that positionality as a researcher means asking the question, who am I in relation to my participants and my setting? Serrant-Green (2010) suggests that researcher identity forms the central mechanism to

which all other silences are heard and located within the context of the study. I have discussed my positionality in detail within the introductory chapter of this thesis.

### **2.3.2 Research subject**

The literature review highlighted the gap in the current evidence base regarding mental health in professional football and has helped identify how the issues related to professional footballers “scream out” to them in relation to their health and its impact upon their reality while the issues remain silent in the consciousness of society. These identified issues have informed the research design for this study to enable the exploration of footballer’s lived experiences and to challenge society’s perceptions of professional footballers. Society continues to perceive professional footballers as highly paid people who have everything provided for them. They are frequently in the media and if they behave badly away from the football pitch that is regularly scrutinised and scandalised. The reality is that elite football is a multi-billion-pound industry, and the elite clubs pay their players handsomely. However, as you look lower down the football pyramid, particularly in England, several professional clubs struggle financially to maintain stability or to remain in business. Their players are paid far less than their counterparts in the English Premier League (EPL), and many players could earn more money in careers away from football. As players drop down out of the football league to the conference level and below, they must decide whether to go part-time or to take alternative employment to provide an income to look after themselves and their families.

Footballers have an uncertain future, they can lose their place in the team without any warning, they are at risk of experiencing a career-threatening injury every time



they step onto a pitch, and they always think about their contract status. Unless they play at the elite level, they are usually on short-term contracts, so within the second half of the season they must be mindful of either negotiating a new contract or experiencing anxiety that they may be unemployed in the summer. As players become older and begin to have families, their footballing choices may be decided by their family commitments and their willingness to relocate their family and young children. They are also susceptible to life events just like the general population, however society seem to ignore this with a view of 'they are well paid, so they should be able to cope'.

As mentioned earlier in the chapter, this research aims to identify the issues in male professional football that can affect men's mental health, how male professional football is socially constructed and how the identified issues affect men's help seeking behaviour within professional football.

### **2.3.3 Research participants**

During the planning process of developing this study, I was given access to an EFL first team playing squad to deliver a one-hour seminar to discuss mental health in professional football. Twenty-seven players of the first team squad were present and most of them engaged well within the session. What stood out for me was that these footballers acknowledged there are issues both within the workplace as a professional footballer and away from their workplace in their personal lives. It appeared that they 'scream in silence' as they either do not have the resources to support them to look after their mental health or they choose not to access these resources through fear of being discriminated against. I conducted a brief evaluation

at the end and most of the group said that they would be interested in further sessions in mental health and almost all of them stated that they have never had any mental health training before.

The main source of support for professional footballers comes from the Professional Footballers Association (PFA). They offer a 24-hour helpline and access to a nationwide network of counsellors. They also provide support through the Sporting Chance clinic which aims to help athletes with a range of conditions and addictions. Although these services exist and the PFA suggest that players seeking help for mental health issues are on the rise, it is still apparent that many footballers suffer in silence. In anecdotal conversations I have had in the lead up to this study with both current and former players the suggestion is that the professional players opt not to access these services, either through fear of stigma and discrimination, or negative experience of having accessed services before.

For this study, I have chosen to use purposive sampling to identify the population under research. As previously discussed, professional footballers can be fearful of speaking out and can suffer in silence, therefore purposive sampling is the preferred approach to recruit participants that are willing to share detailed and in-depth information related to mental health within football. Bryman (2012) suggests that a sample is chosen because they have particular characteristics which will enable detailed exploration and understanding of the central themes and questions which the researcher wishes to study. Connelly and Yoder (2000) encourage the use of the term purposive rather than convenience sampling for qualitative studies to describe the selection of participants who are not only accessible but more importantly, relevant to the phenomenon being examined. Gray (2014) states that qualitative

research usually works with purposive samples because it seeks to obtain insights into practices that exist within a specific location, context and time.

The target sample were professional footballers playing first team football within the EFL. This population was chosen to address the gap in the knowledge base regarding first team professional footballers and mental health. As previously mentioned, professional football is a closed shop, in fact Roberts et al., (2017) refer to research access in football as an 'impenetrable fortress'. Following a long period of negotiation, I was given access to an EFL club to recruit participants. A recruitment flyer was developed and distributed through social media directly to the first team players of the identified EFL club.

The key inclusion and exclusion criteria were that participants had to be part of the first team squad and not the development squad or academy. Participation was subject to written informed consent. Players who wished to participate were given a participant information sheet with details of the study, a consent form for them to sign and a debrief information sheet with a list of useful contacts in case participating within the study triggered any emotional factors that they may wish to seek further support with. The study received ethical approval from the Faculty of Health and Wellbeing, Faculty Research Ethics Committee at Sheffield Hallam University, reference number 2017-18/HWB-HSC-03.

### **2.3.4 Critique of The Silences Framework**

Overall TSF has been an appropriate framework to explore the mental health of professional footballers as it has been designed specifically for sensitive subjects and marginalised groups. This framework explores screaming silences that exist

within a marginalised group, and these can be linked to marginal discourses (Afshar and Maynard, 2000). Marginalisation contributes directly to physical and emotional health inequalities (Cleary et al., 2014), and marginalised groups are on the edge of society in an economic, political and/or social sense (Moore, 1991). Barron (1999) assumes that marginalised groups are powerless and oppressed and therefore researchers need to liberate these groups from their subordinate social position. Parson (2019) discusses the power that researchers have within the research process and to liberate the marginalised groups and make their voices heard it is essential for the researcher to clarify their positionality. This is important for researchers using TSF as the researcher's decisions take agency away from the participants and control how they are involved, represented, and presented.

Cleary et al., (2014) state that people with mental health problems or substance misuse or other comorbidities are often marginalised, especially when there are visible signs of these conditions, and people from marginalised groups are more vulnerable to the development of mental health problems (Rafferty et al, 2015).

Professional footballers are a marginalised group and Evans et al., (2020) referred to the notion that footballers are wealthy, although these assumptions highlight the implicit gender-based and class-based norms and inequalities that exist in football.

Culvin (2020) states that football is a precarious occupation that lacks long term security therefore footballers are unlikely to voice their opinion as it is likely to be damaging to their career progression (Roderick, 2006). This will be exacerbated for footballers experiencing mental health issues. TSF is a useful framework to allow the screaming silences of marginalised footballers to be heard.

Before deciding to use TSF as the theoretical framework the alternatives of grounded theory and Interpretive Phenomenological Analysis (IPA) were considered.

Grounded Theory was developed by Glaser and Strauss (1967) who introduced the strategy of simultaneous data collection and analysis (Charmaz and Thornberg, 2021). They defined it as 'the discovery of theory from data' (Urquhart, 2013), and it is a systematic method of conducting research that shapes collecting data and provides explicit strategies for analysing them (Charmaz and Thornberg, 2021).

Charmaz and Bryant (2011) state that it helps researchers develop inductive theoretical analyses from their collected data and subsequently gather further data to check these analyses.

Urquhart et al., (2010) state that the main purpose of grounded theory is theory building and the intention is to keep sampling and analysing data until saturation point has been reached, in other words until nothing new is being generated (Green and Thorogood, 2014). This concept of theory building contrasts with IPA as IPA does not offer a theoretical explanation but instead an interpretive phenomenological account (Gill, 2020). IPA is the focus on how phenomena are experienced and is suitable when the research aims to explore how people have personally experienced a phenomenon (Howitt, 2016). IPA does not aim to test hypotheses but aims to understand how participants make sense of their own social world (Lyons and Coyle, 2007).

TSF compares to grounded theory as they both include a cyclical process. According to Green and Thorogood (2014) the cyclical process is a strength of grounded theory as it includes collecting data, analysing it, developing a coding scheme, using this to suggest further sampling, more analysis and checking out emerging theory and so

on. TSF cyclical data analysis which includes the *Silence Dialogue* and *Collective Voices* processes, is an effective strategy and I would argue that it would be a useful framework for novice nurse researchers. As an experienced nurse, I would regularly draw on cyclical behaviours and practices that have previously been successful. TSF cyclical process is presented in a similar way to both the nursing process, and a variety of reflective models, of which have been fundamental within my nursing career. Although grounded theory would have been a useful framework for this study as it is suited to questions about influencing factors of a particular phenomenon (Braun and Clarke, 2013), it can be confusing for a novice researcher due to the plethora of variations of grounded theory. Birks and Mills (2011) suggest that it can be difficult to know where to start and completing a full grounded theory can be demanding and time consuming.

Due to researching a sensitive subject within a marginalised group I anticipated that a grounded theory approach would prove problematic. The cyclical process of sampling, analysis, coding, and then further sampling would have been a risk. Recruiting active professional footballers to this study was a challenge due to a combination of my positionality, the barriers to accessing footballers, and the perceived stigma around mental health. If I had attempted to recruit participants after conducting data analysis it would have potentially caused significant delays to the study and I believe that there would be an element of bias as I may have unconsciously targeted footballers based on the developing themes and theory.

Sampling was another factor in my decision making. According to Brocki and Wearden (2006) small sample sizes are the norm in IPA and I aimed to recruit at least ten participants to compare a range of data rather than focus on single sample

case studies. In IPA the aim is to select participants to illuminate a particular research question, and to develop a full and interesting interpretation of the data. This contrasts with grounded theory which uses theoretical sampling and aims to keep collecting data in the light of the analysis that has already taken place, until no new themes are emerging.

A further reason why IPA was ruled out for this study is that Tuffour (2017) states that IPA relies on both the researcher and the participants having the requisite communication skills to successfully communicate the nuances of experiences. As the topic under investigation is a sensitive subject focused on mental health, I predicted that it would be unlikely that all participants within the study would have a similar level of mental health literacy and understanding that I possess as an experienced mental health nurse.

In relation to literacy, TSF introduces new terminology which may take a new researcher time to become familiar with and clear about the different stages, phases, type of findings (*initial findings*, *draft 1 findings*, *draft 2 findings* and *final study outputs*), how these fit together and the best way to report a study guided by it.

Throughout this study I have become familiar with these terms but novice researchers using this framework will also need to be prepared to explain this to other people and have a sound understanding so they can provide the necessary context to allow the reader and/or audience to engage and process the new information. An additional challenge with TSF is the *Collective Voices* reviewers. For researchers using this framework for the first time it is important for them to understand that the *Collective Voices* process belongs to the data analysis and not

the data collection phase. It is also difficult to identify who would make up the *Collective Voices* user group, and researchers would not know this until they have completed the data collection. For example, within this study I would not have been able to predict who the important social networks of professional footballers would be that would meet the criteria for the *Collective Voices* phase until I had completed and analysed the participant interviews.

TSF brings the concept of silence to the fore when investigated the sensitive subject of mental health within the marginalised group of male professional footballers. Screaming silences are situated in the subjective experiences of the participants and the social and personal contexts in which their experience occurs (Serrant-Green, 2010). These subjective descriptions then enable a presentation of experiences or 'truths' which are seldom heard (Eshareturi et al., 2015). Goffman (1961) defined stigma as the 'situation of the individual who is disqualified from full social acceptance'. Sixty years later stigma, especially in relation to mental illness, still exists. As this study presents, professional footballers can be affected by mental health issues, therefore TSF is an effective framework to allow their voices to be heard.

## **2.4 Research Design**

In this section I will explore how social media was used to recruit participants for this study. Accessing first team footballers was always going to be challenging, so a suitable strategy was needed. I decided to explore the potential for using the social media platforms Twitter and LinkedIn, as I used them both already for personal and professional reasons. Twitter is a microblogging service where users tweet about



any topic within the 140-character limit and follow others to receive their tweets (Kwak et al., 2010). LinkedIn is a business focussed social network which operates on a system of three degrees of separation and connections. First degree connections are the users that you are connected with, second-degree connections are connected to your first-degree connections and third-degree connections and connected to the second-degree connections. Users can send invitations to connect with second-degree connections and first-degree connections can send direct messages to each other.

I chose to use this approach as social media can be utilised to recruit participants for academic projects and can potentially reach large, targeted populations rapidly (Khatri et al., 2015). This is supported by Lynch and Mae (2018) who suggest that internet media may be particularly useful for reaching certain social communities, and Gelinias et al., (2017) who state that social media is attractive as investigators can reach wider segments of the population that may be otherwise inaccessible. Social media users frequently log on to the various platforms daily which means that it can be a valuable resource for promoting studies and collaborator recruitment (Khatri et al., 2015). Users tend to access social media during times of boredom or when they want a distraction (Whiting and Williams, 2013). Social media has been highly successful in capturing audiences and it has made it easier for prospective participants to engage in research from the privacy and comfort of their own homes (Yuan et al., 2014).

Advantages of social media include the speed of which information can be transmitted, the large numbers that can be reached and the interactive aspects of the recruitment process (Odwazny, 2017). It allows for a two-way interactive

experience which enables real-time discussion on the chosen topic and enables the researcher to develop a connection with the participants (Stokes et al., 2019). Iribarren et al., (2018) state that social media can be time consuming, labour intensive and offers no guarantee of success, however it can transcend barriers such as physical distance, transportation, limited time and limited financial resources (Yuan et al., 2014). It has the potential to yield a demographically representative sample by oversampling and it is possible to create multiple advertising campaigns targeted to different populations (Fenner et al., 2012). An added benefit of social media is that users can access them via applications, or apps on their smartphones. Iribarren et al., (2018) suggest that social media and smartphone apps are effective recruitment tools for health-related research and may have benefits over traditional recruitment strategies. People with mental health problems are regularly using e-mental healthcare to address their needs (Wilson and Usher, 2017) and Rickwood (2012) believes that social media is an appropriate way to seek volunteers for mental health research. This view is reassuring given the focus is the mental health of professional footballers.

#### **2.4.1 The initial approach**

The initial plan was to target an identified EFL club and aim to recruit first team footballers from that club. I researched the level of activity of Twitter use amongst professional footballers and I noticed that the majority of the club's first team footballers were active on this social media platform. Using my personal Twitter account, I followed each of the first team players that use this platform. I sent a tweet to the players asking if they would like to participate in this research study and to

follow me back if they would be interested in more information. If Twitter users follow each other, it allows them to private message each other. Five players from the identified club followed my account which then allowed me to privately message them further information. However, only three players agreed to be interviewed. Two of which I was able to meet in person and conduct a face-to-face interview and the third although he had agreed to take part, we had not been able to agree a mutually convenient time and date. Further tweets and messages were sent to the identified players to attempt to encourage them to take part. The direct (or private) messaging service on Twitter enables the sender to tell that a message has been sent and received by the form of a read receipt. This showed me that the players had received the messages, but some chose not to reply.

A different approach was needed to recruit further participants. It was decided to expand the recruitment scope to any current first team player with the EPL or the EFL. I therefore modified the recruitment strategy to use both Twitter and LinkedIn to target potential participants.

#### **2.4.2 Twitter as a recruitment tool**

Twitter is a cost-effective means of recruitment with difficult to reach populations, providing them with transparency, anonymity, and an accessible way to participate in research (O'Connor et al., 2014). The simplicity of 140-character tweets and the ease of their collection has proven to be popular in research (Bruns and Weller, 2014). Data generated from Twitter can be easily collected and available in extremely large quantities. With the use of hashtags, retweets and links can be easily analysed (Blank, 2017).

Twitter is a key recruitment tool due to its ease of use and the fact that conversations and research interest can be quickly generated using a variety of hashtags and by followers either liking or retweeting the original tweets. The other clear advantage of Twitter is that each of the ninety-two professional football clubs within the EPL and EFL have a Twitter account with a huge number of followers across the world. In addition, governing bodies such as the FA and the PFA also have Twitter accounts. I developed a recruitment poster for social media which was tweeted at regular intervals between November 2017 and September 2019 (Appendix 2). The FA, the PFA, the Professional Players Federation (PPF) and Life After Professional Sport (LAPS) were all tagged in each time the recruitment poster was tweeted. LAPS is a career resource platform for current and former elite athletes and their account is followed by professional footballers. I hoped that these organisations would retweet the advert for participants, however only the PPF and LAPS did. The FA and PFA either did not notice my tweets potentially due to a large amount of Twitter activity that they may be involved in, or they actively chose to ignore them. I also noticed that several current first team footballers were either tweeting about their own mental health experiences or joining in online conversations regarding mental health. I decided to target these individuals to encourage them to participate in the research as they were clearly interested in mental health. I began by following their accounts and sending them a tweet asking if they can follow me back so that I can ask them about the research study. I also continued to tweet regarding the conversation of mental health and football and through this my network of connections began to expand.

This approach was initially successful as a small number of footballers responded and followed my account. This gave me the opportunity to message them privately

and gave them more detailed information about the study and reassurance that their confidentiality and anonymity would be maintained. I was patient in this approach, as I was able to see that the messages were read, although in some cases there was a long delay before the player would respond. In some cases, players would agree to take part, although for some players it was challenging to agree a convenient time and date to meet. It was apparent that within professional football the work routine can fluctuate depending on the decisions of the management team, the performance on the pitch (for example, a run of poor performances may induce extra training sessions), the travel arrangements for away matches, and a player's individual training programme.

Quite often players struggled to commit to a particular time and date and meeting face to face became challenging. I initially managed to interview seven participants face to face. However, as this became increasingly challenging, I altered my approach and offered the possibility of using either Skype or telephone interviews. I had to take a flexible approach as in some cases players would send me a message stating that they could be available at a particular time. Ideally, I had to be flexible so that I could take the opportunity to interview them. The use of Skype was liberating as it meant that interviews could take place with a player at any club in England without the time and financial constraints of travelling. This is supported by Rowley (2012) who recognise that the great advantage of using Skype as a qualitative research tool is that it allows researchers to transcend geographical boundaries, by nullifying distances and eliminating the need to visit an agreed location for interview. This flexibility can resolve the researcher's concern to reach key informants and increase participation (Janghorban et al., 2014). Skype allowed the interviews to

occur in more convenient conditions for participants, for example one player conducted a Skype interview in a hotel room the night before an away match.

I posted regular tweets and reminders advertising the study and I tagged in relevant organisations such as the PFA and PPF. Other users would like these tweets which helped increase the visibility of the original tweet. Players who had followed my account and had shown an initial interest would be messaged on a regular basis until either they confirmed their willingness to participate or until they responded declining the invitation. On two occasions players who had publicly spoken about mental health and who had followed my account chose to decline the invitation to participate.

Overall, by using Twitter as a recruitment approach, ten professional footballers consented to participate and were successfully interviewed.

### **2.4.3 LinkedIn as a recruitment tool**

LinkedIn requires more time and patience to build connections in comparison with other social media platforms (Stokes et al., 2019). It allows users to create a profile based on their professional affiliation and connect to professional contacts within and outside their professional networks (Papacharissi, 2009). Witzig et al., (2012) state that LinkedIn provides organisations an opportunity to connect on a more personal level enabling organisations to better understand and target appropriate audiences. It was thought that LinkedIn was a suitable platform to target professional footballers. Throughout the duration of this research study, I have been steadily expanding my LinkedIn network with individuals within the football industry. I have developed connections with a variety of people ranging from professional footballers

(both current and former), coaches and managers, football agents and club chairman. I believed that, by expanding my network within the industry, it would improve my reach for circulating the participation recruitment information.

As LinkedIn is not as restrictive as Twitter in terms of content limits, I decided to make a video promoting the research and encouraging participation. I posted this on LinkedIn which then enabled people that I was connected with to watch and share where appropriate. I then followed this up at three monthly intervals with further posts to advertise the study and call for participants. The reminder posts were useful as during that time my connection network was continuing to grow. LinkedIn enabled me to see posts from my connections and engage in like-minded conversations. This is also possible on Twitter, as one can see the tweets of the people they follow; however, it is not uncommon for tweets to have thousands of retweets and likes and due to the large amount of content it can be easy to miss certain information.

LinkedIn is much more manageable due to its nature of being a professional networking site. There is less likelihood of online debates, arguments, and hostility, as can be found with other online platforms. Being able to access my connections' posts was useful. For example, I was able to watch a video posted by a footballer who was playing for a Championship club. He filmed himself discussing his anxiety with a therapist. Although he did not disclose much in the video, it was evident that this player recognised the importance of mental health. As a result, I contacted him and gave him further information about this study, and he agreed to be interviewed.

As previously mentioned, LinkedIn operates on three degrees of separation and connection. When a current player accepted a request to become a first-degree connection, I was able to message them privately to give them further information

about this study and ask them if they wish to be involved. Through this accessibility of messaging, I was able to answer any questions that they had and develop an online rapport before we were able to conduct the interview.

Overall, by using LinkedIn as a recruitment approach, four professional footballers consented to participate in the study and were successfully interviewed.

## **2.5 Chapter summary**

In this chapter I have applied Stage 2 of TSF to allow the reader to 'hear' the silences. I have discussed the aspects of research identity; research subject and research participants and I have also presented a critique of TSF. I have highlighted my epistemological position and detailed the methodology of this study required to illicit and understand the lived experiences of professional footballers, and to help make sense of their interpretation of their world around them. Max Weber's concept of *Verstehen* and Berger and Luckman's (1966) theory of social constructionism have been considered in relation to football.

I have also highlighted the benefits and challenges of using social media as a recruitment tool for research participation. I have discussed the long journey of proactively using Twitter and LinkedIn to promote the research and attract participants in this study. I have outlined my initial approach to recruiting the sample and then explained how and why the study was expanded from targeting one football club to any current first team player across the EPL and EFL. With this research study, I set out to understand how issues in male professional football are constructed socially and impact upon mental health.



Chapter 3 will address Stage 3 of TSF *Voicing Silences*, and detail how the data was collected and analysed.

## CHAPTER 3

### STAGE 3 (I): VOICING SILENCES: DATA COLLECTION AND ANALYSIS

#### 3.1. Introduction to the chapter

Having previously discussed the theoretical underpinnings of the study in Chapter 2, this chapter will address Stage 3 of TSF *Voicing Silences*, where the identified silences from the perspectives of the key players in this research are explored (Serrant-Green, 2010).

Initially three pilot interviews were conducted as part of the learning process. The learning from this was used to develop and conduct subsequent interviews. Although minor amendments were made to the questions used in the main interviews (these are detailed below), due to the content and the relevance of the pilot interviews it was decided to include these within the main study. The study data set then comprised of eighteen semi-structured interviews which were each transcribed verbatim and analysed using an inductive, data driven thematic analysis as outlined by Braun and Clarke (2006) guided by the cyclical, four stage data analysis process required by TSF (Serrant-Green, 2010). The data collection and analysis processes are described in detail within the following sections. Strategies undertaken to ensure the trustworthiness of the study are also detailed.

#### 3.2 Data collection process

### **3.2.1 Pilot study**

Three pilot face to face interviews were conducted between May and September 2017, and these were all conducted face to face. Three participants were recruited for the pilot study. The first two participants were recruited through my expanding network of contacts and connections. Participant one was a player at an EFL Championship club who was a school-friend of one of my friends. When my friends became aware of my chosen study one of them suggested a player who may be interested. Contact was made and he agreed to take part. The second participant was recruited after I had reached out to a former professional footballer who studied for a doctorate exploring player transitions. He put me in contact with a player who was just completing a degree based on football and mental health. The player was with another Championship club, and he agreed to take part. The third participant was a first team player at an EFL League Two club who I noticed had just begun to speak out publicly regarding his mental health experiences. I contacted him via social media, and he agreed to meet face-to-face. Although he played for a club which was geographically far away, he already had plans to visit a friend in Sheffield. He agreed to be interviewed during his visit to Sheffield. A pragmatic approach was taken for developing and conducting the pilot interviews. These experiences were used to assess how challenging it could be identifying and accessing participants from this client group. This was immediately evident as these three interviews were conducted over a four-month period. These interviews were also used to develop my interviewing approach for the main study and to test the suitability of the interview questions.

In line with the ethical approvals granted for the study, three semi-structured interviews based on the interview guide in Appendix 6 were undertaken to enable the participants to give full accounts of their experiences.

The first participant was invited to suggest the venue for the interview for them to feel safe, comfortable and relaxed enough to give a true account of their experiences.

The venue chosen was a public coffee shop. The participant was relaxed and able to fully answer all questions asked, however because of how busy the coffee shop there were several loud distractions which interrupted the flow of the interview. This was even more noticeable when listening back to the recording. The constant background noise made the transcription process lengthy and challenging.

On reflection it was decided that a quieter venue was needed to conduct the interviews, therefore the following two pilot interviews were conducted within a private meeting room on a university campus. These interviews were free of outside distractions and enabled a clearer recording for ease of transcribing.

As a mental health nurse, I am experienced in recognising non-verbal communication using active listening and have skills in building a therapeutic rapport. These skills were valuable when conducting these interviews as the participants felt secure enough to open up to discuss their experiences. I was also conscious that the content of these interviews could potentially trigger negative emotions within the participants. I was able to maintain the balance between enabling the participant to open up but also maintaining a safe space for them to do so. I also made sure that the participant was ok and safe before they left the interview.

All three participants were asked a set of questions towards the end of the interviews to offer feedback as to how the interview went. After reflection on the process, it was

decided to amend the interview questions to be used in the main study. Within the pilot interviews I asked if the participants '*could describe a situation that is highly important in their experience of playing professional football*' and '*what kind of emotions they were experiencing at the time*'. I felt that although the participant's answers were interesting, I did not feel that they would make a significant contribution to the study. The answers were varied and included a particular moment in a particular match, being released from a club (this was explored in more detail within a different question) and making a first-team debut.

I also decided to remove the feedback questions at the end of the interview. This was because after conducting the three interviews I was comfortable in my approach, in addition to my extensive experience as a mental health nurse, being able to hold difficult conversations and conduct interviews in a variety of settings. I felt that the combination of these experiences enabled me to recognise and develop a suitable approach for me to conduct the main study. The feedback questions were:

1. "How do you think the interview went?"
2. "Did you feel you could tell your story fully did you have the opportunity to get across what you want to get across?"
3. "Did I lead or influence your responses in any way?"
4. "Have you any comments or suggestions about the interview itself?"

After further exploration of the literature and ongoing reflective thinking I decided to add questions related to socialisation and masculinity, as I was interested in how these behaviours could potentially impact upon a person's mental health. Therefore, I added the following questions:

1. "Have you been told to behave in a certain way or encouraged to behave in a certain way either positive or negative and can you give any examples of that?"
2. "Football is a masculine place so thinking in terms of a masculinity as well how would you explain the culture within football or maybe the culture within the dressing room?"

The interview question guides can be found in Appendix 6 and 7.

I also decided to include the three pilot interviews in the main study to be analysed due to the relevant content of the data provided, particularly regarding their experiences of mental health within football. The participants in the pilot interviews were asked for permission to be included within the main study and informed consent was granted. They understood that their data would be used in the main analysis.

As previously mentioned, transcribing interview one was difficult due to the excessive background noise however, transcribing interviews two and three were unproblematic although the time-consuming nature of the process became evident. This transcription process was a useful learning experience and the transcribed interview documents helped to develop a secure system for data management. This data management system is how the research data, files, research notes and supporting documentation were securely organised and stored throughout the length of this study.

This pilot interview data was also used to practice importing and coding using NVIVO 11 which was then used to support the data analysis in the main study.

### **3.2.2. Main study**

A further fifteen participants were recruited to take part in this study. All participants were current professional footballers within a first team squad at an EFL club. The initial plan was to interview participants face to face to enhance the conversation and pick up on non-verbal cues. Four interviews were conducted face to face ranging from the shortest interview of approximately fifteen minutes, to the longest interview of approximately ninety minutes. Due to a combination of geographical location and the player's irregular training program it was decided to facilitate further interviews using a combination of video-conferencing facilities such as Skype or Zoom, and telephone interviews depending upon the preference of the participant.

Five interviews were conducted using Skype or Zoom and the remaining six interviews were conducted by telephone. The participants who were interviewed in person all were based within an hour's drive from my home base. The participants who agreed to use Skype or Zoom conducted this either from within their own home, or in the case of one participant, from a hotel room the night before an away game.

The remaining participants who preferred a telephone call chose this option as they were either uncomfortable or unfamiliar with videoconferencing or did not have available time, so preferred to be interviewed during their commute to, or from training.

All interviews within both the pilot study and the main study were recorded using the voice recorder app on an iPhone. The recorded audio files were then uploaded to a laptop and filed securely. The interviews that were conducted using Zoom were also

video recorded using the Zoom recording facilities and converted into password protected audio files.

### **3.3. Data analysis**

#### **3.3.1 Preparation for data analysis**

In preparation for the data analysis process, all audio recording of interviews were transcribed verbatim as soon as practically possible. The transcriptions were conducted in multiple rounds (Kowal and O'Connell, 2013). Firstly, a transcription of the key conversation between the interviewer and interviewee was conducted. This was followed by another round adding in the natural pauses and breaks between sentences. A further round was conducted to allow for reflection of the 'Silences' – the words or thoughts that were not being said and to reflect on what was happening just prior to the pause. In research underpinned by theoretical frameworks closeness between researchers and the text is critical to the research design and philosophical tenets of the methodology. Therefore, a verbatim record of the interview is clearly beneficial in facilitating data analysis by bringing researchers closer to their data (Halcomb and Davidson, 2006). It was essential that I maintained a closeness with the text and fully immersed within the data as this was congruent with an interpretivist methodology and the Silences Framework (Serrant-Green, 2010). As I found the transcribing of interviews a lengthy process, I took the opportunity of university funding to have three of them contractually transcribed. Although these were returned within a short time span, I realised that these only represented the first round of transcription and that I still needed to revisit these to add the pauses and breaks and to reflect on the Silences. I decided that it was more beneficial to



transcribe the remaining interviews myself so that I was engaged with the data throughout the process. It was also more advantageous to transcribe the interviews myself as I have the expertise in the interview subject, and the advantage of having participated in both verbal and nonverbal exchanges with the participants (Halcomb and Davidson, 2006).

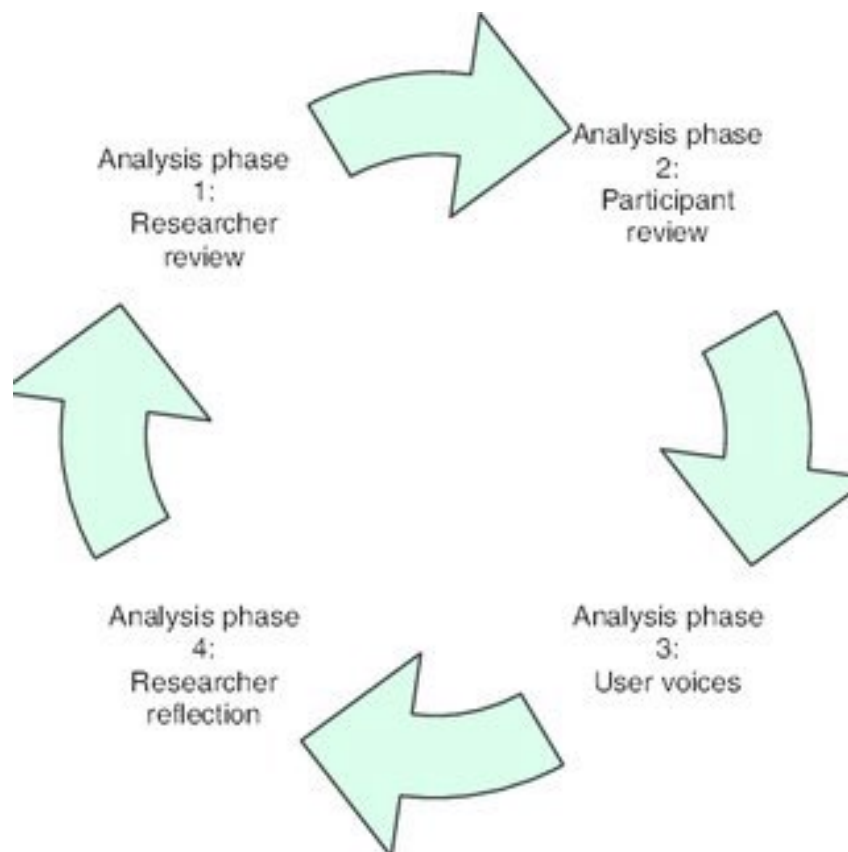
I found that the interviews conducted face to face were by far the more successful interviews. I was able to utilise my skills that I have developed as a mental health nurse and recognise the non-verbal communication that the participants were displaying. This allowed me to probe further on particular questions and enabled me to ensure that the participant felt safe and comfortable. Face to face interviews were also more beneficial in helping to build a rapport and put the participant at ease, especially as we were able to enjoy a drink together and talk about football in more general terms. This also enabled me to understand the silences occurring within the interview, as well as to reflect on what is happening during these silences, as I was physically present during the interview. They may have been asked a question that made them reflect upon a difficult period in their life and their silences may have been opportunity to collect their thoughts and respond in a sensitive way to protect themselves.

Interviews conducted via video conference were also productive in a similar way, although in some cases I was only able to see the face and head of the participant which meant that not all non-verbal communication could be captured. The interviews conducted by telephone call were the most challenging. Not only was it impossible to observe any non-verbal communication, but I was also acutely aware that some participants were distracted by outside influences. For example, some

were either driving or travelling as a passenger in a car. One even asked to pause the interview as he ordered a coffee from a drive through restaurant.

### 3.3.2 Data analysis processes

The data was analysed by following the four-phase cyclical analysis process identified with TSF as shown in Figure 2 below. In addition to utilising TSF, Braun and Clarke's (2006) thematic analysis were used to understand the data and identify key emerging themes and sub-themes.



*Figure 3: Phases of analysis in Silences Framework (Serrant-Green, 2010).*

TSF highlights the importance of identifying the silences within the data. The Silences are the unspoken things as opposed to the moments just where people do

not talk. Themes were identified based on an iterative process that considered patterns of behaviour of ways of thinking, feeling, and acting. This iteration makes themes identifiable and converts them from the emic-implicit meaning of participants to the etic-explicit meaning of the researcher (De Santis and Ugarriza, 2000).

Braun and Clarke (2006) describe the process of thematic analysis by following six key steps. These steps are:

Step 1: Familiarising yourself with the data

Step 2: Generating initial codes

Step 3: Searching for themes

Step 4: Reviewing themes

Step 5: Defining and naming themes

Step 6: Producing the report

The first five steps of Braun and Clarke's (2006) thematic analysis steps align with the first analysis phase of TSF, which is the researcher review. This is where the data is analysed in reference to the research question. The sixth step of thematic analysis, producing the report aligns with the *final study outputs* which are identified in the fourth stage of TSF which is the researcher reflection stage.

### **3.3.3 Phase 1 analysis: Researcher review and initial findings**

I conducted the initial analysis of the data within phase 1 of the cycle. Here I also conducted step 1 of Braun and Clarke's (2006) thematic analysis. Within this step I

immersed myself in the data as I began transcription and uploaded the audio recordings of the interviews to NVivo 11. I then listened to the audio recordings and typed out a text transcript of each interview. Difficulties were experienced when transcribing the recordings due to background noise. One of the early interviews was conducted within a coffee shop which was quite noisy. The noise did not appear to be a factor during the interview, however upon transcription this became a challenge. It was also a challenge punctuating the transcripts as it can be difficult determining where one sentence ends and the next begins. I used the functions on NVivo to amend the playback speed but also had to rewind and re-listen to interviews several times. I realised that transcribing an hour-long interview can be a lengthy process. Although this process was time consuming it was also extremely valuable. I was able to develop an increased familiarity with the interviews and develop a deeper understanding of what was said. There were key comments or phrases that I may have missed when conducting the interviews, but I was then able to reflect upon them during transcription. It was also important to focus upon the silences and hidden meanings of what the participant was not saying as well as what they were saying.

Following completion of the interview transcription, I began step 2 of thematic analysis and generated initial codes using NVivo 11. NVivo supports the analyst in making use of multiple strategies concurrently – reading, reflecting, coding, annotating, memoing, discussing, linking, and visualising (Bazeley and Jackson, 2013). By developing these processes, I was able to learn about coding. Corbin and Strauss (2008) state that a code is an abstract representation of an object or phenomenon and Saldana (2013) states that coding is a method that enables you to organise and group similarly coded data into categories or families. The process of

coding allowed me to segregate, group, regroup, and relink data to consolidate its meaning and explanation (Grbich, 2007). Codes were developed by carefully interrogating the transcripts. Each transcript was coded line by line, sentence by sentence to determine the underlying meaning of each section. Based upon the understanding of the text codes were attached. Inductive coding, otherwise known as in-vivo coding was used (Saldana, 2016). This is where the codes are labelled from the words and phrases that the participants use. This is important so that the codes are kept as close as possible to the original text (Flick, 2015).

This initial coding process generated 57 codes. Column 1 in Table 1 (on page 95) provides a list of these initial codes.

While searching for themes – Step 3, I developed a list of 57 different codes that had been identified through a thorough analysis of the transcripts. Braun and Clarke (2006) state that a theme represents some level of patterned response or meaning within the data.

Through a thorough analysis and re-reading of the transcripts I began to recognise the patterns within them, and I was able to identify how some of the initial codes could merge together to form either main themes or sub-themes. Columns 1-4 In Table 1 (on page 95) illustrate how the codes were combined to generate five key themes. Burnard's (1991) process of collapsing was used to combine the codes into overarching themes. This process resulted in the emergence of the five main themes *social networks*, *environment*, *help seeking and support*, *masking vulnerabilities*, and *mental health*. As the theme of mental health covers a wide array of codes, it was spilt into two sub-themes. These sub themes were labelled as a) *impact on self* and

b) *reaction of others*. These themes will be discussed in detail within the subsequent chapters.

I then became immersed in the refinement of themes – Step 4. It is important that data within the themes should correlate and have a meaningful connection. To help with this process, I printed out the extracts from each theme and identified any coherent patterns. If I felt that an extract did not fit coherently into a particular pattern, I would exclude it from that theme and re-work the theme. I then considered if the removed extract would fit into an alternative theme or if the creation of a new theme was justified. I then conducted a second review of the themes and read through the transcripts again. This was important to make sure that I had captured and coded all relevant data.

After this, I started defining and naming themes (Step 5). The process of theme development is outlined in Table 1 below. It is important to construct an informative name for each theme. Boyatzis (1998) refers to theme naming as a label and a definition of what the theme concerns. I named the key themes as:

*Theme 1: Social networks*

*Theme 2: Environment*

*Theme 3: Help seeking and support*

*Theme 4: Masking vulnerabilities*

*Theme 5: Mental health*

The themes were developed based on the higher number of recurring codes. Codes were arranged into themes based upon the similarity of the codes to each other. As themes developed all identified codes were assigned to one of the five themes identified above. Most of the codes were grouped into the mental health theme. There were 36 codes grouped into this theme. Due to the large number of codes in this theme the transcripts were analysed further. This led to the creation of two sub-themes. These were: (i) *'the impact on self'*, so how mental health symptoms or illnesses have directly impacted upon the individual, and (ii) *'the reaction of others'*, which refers to how an individual's mental health symptoms or illness is perceived by others and how they respond. The code of *'injury'* was combined with *'masking vulnerabilities'* due to the perception of footballers who mask or hide the emotional and physical aspects of injury to either resume training or return to the playing squad at the earliest opportunity. The codes of *'help-seeking'* and *'support'* were combined into *'help-seeking and support'* as it was felt they were inter-related. This theme also included the code *'planning for transition'*, as players require help and support to make the transition out of football. The *'environment'* theme combined issues both on and off the pitch ranging from pressure and performance to social media and being in the public eye. *'Social networks'* were identified as the key theme due to having the most references within the transcripts, the code of *'family'* was then added to it making this an extremely significant theme. Column 4 of Table 1 below presents the theme structure for the *initial study findings*.

Table 1: Theme development

	Column 1	Column 2	Column 3	Column 4
No.	Initial codes list	Number of references in coding	Code combining	Initial findings themes
1.	Social networks	79	Social networks	Theme 1: Social networks
2.	Family	21	Social networks	
3.	Environment	70	Environment	Theme 2: Environment
4.	Socialisation	37	Environment	
5.	Performance	37	Environment	
6.	Contract	37	Environment	



7.	Pressure	28	Environment	
8.	Relationships	25	Environment	
9.	Social media	12	Environment	
10.	Teammates	9	Environment	
11.	Public eye	4	Environment	
12.	Personalities	2	Environment	
13.	Impact on others	1	Environment	
14.	Help seeking	60	Help seeking & support	Theme 3: Help seeking & support
15.	Support	56	Help seeking & support	
16.	Planning for transition	23	Help seeking & support	
17.	Introduction	17	Help seeking & support	

18.	Recommendations	14	Help seeking & support	
19.	Masking vulnerabilities	58	Masking vulnerabilities	Theme 4: Masking vulnerabilities
20.	Injury	34	Masking vulnerabilities	
21.	Depression	26	Mental health	Theme 5a: Mental health – Impact on self
22.	Anxiety	17	Mental health	
23.	Not partying	15	Mental health	
24.	Escapism	14	Mental health	
25.	Mental health	13	Mental health	
26.	Positives	13	Mental health	
27.	Dream	12	Mental health	

28.	Loved playing	12	Mental health	
29.	Mental toughness	9	Mental health	
30.	Confidence	9	Mental health	
31.	Career highlights	8	Mental health	
32.	Coping	8	Mental health	
33.	Moving away	7	Mental health	
34.	Sacrifice	5	Mental health	
35.	Wellbeing	5	Mental health	
36.	Diet	4	Mental health	
37.	Bereavement	4	Mental health	
38.	Healthy lifestyles	4	Mental health	

39.	Motivation	3	Mental health	
40.	Fear	3	Mental health	
41.	Holidays	1	Mental health	
42.	Uncertainty	1	Mental health	
43.	Rejection	20	Mental health	Theme 5b: Mental Health – Reaction of others
44.	Trial	20	Mental health	
45.	Attitude	15	Mental health	
46.	Negatives	10	Mental health	
47.	Psychology	9	Mental health	
48.	Not good enough	7	Mental health	

49.	Winning	5	Mental health	
50.	Experience	5	Mental health	
51.	De-selection	4	Mental health	
52.	Industry issues	4	Mental health	
53.	Stigma	4	Mental health	
54.	Competitiveness	3	Mental health	
55.	Non-football job	2	Mental health	
56.	Politics	1	Mental health	

### **3.3.4 Phase 2 analysis: Silence Dialogue and draft 1 findings**

Phase 2 of the four phase cyclical data analysis process of TSF is known as the *Silence Dialogue*. For this phase, a summary of the *initial findings* of each theme was developed and then sent to each participant for them to sense check and make any additional comments that they felt relevant. This allowed an opportunity to engage in a dialogue with the 'silenced' participants about my situated view of the findings (Serrant-Green, 2010). The summaries were developed to combine an overview of the key points from all eighteen interviews. It was important to make these summaries concise and user-friendly, as it was felt that participants would be reluctant to read a lengthy document and potentially make them unwilling to return the document.

Participants had been given opportunity during the individual interviews to share as much detail about their experiences however, the generated theme summaries enabled them to question or confirm my understanding and interpretation of what they wanted to say as participants.

Using TSF the developed summaries are known as the *initial findings* summary and this was sent to all eighteen participants by email, and they were given a four-week deadline for return. They were all also sent a private message by social media, either Twitter or LinkedIn, depending on the platform that they were originally contacted on, to notify them that the *initial findings* summary had been sent.

Participants were asked if they recognised the themes within their experience of playing professional football. They were given a yes or no option to each theme and the opportunity to add further comments.

Ten participants responded, which is a 55% response rate. The *initial findings* summary was then amended to include their feedback, and this became the *draft 1 findings* summary. This can be found in Appendix 9 with the amendments resulting from the phase 2 *Silence Dialogue* underlined.

### **3.3.5 Phase 3 analysis: Collective Voices and draft 2 findings**

In Phase 3 the inclusion of ‘user’ voices is expanded to include the social networks of participants or others whose cultural, social, or professional situation may impact on the research question (Serrant-Green, 2010). This expansion of user voices is known as the *Collective Voices* and, in this thesis, the purpose of these voices was to allow people within the wider social networks of professional footballers to provide their perspectives on the identified silences from stage 1 of the study. Within the phase 1 analysis, the key theme emerging was *social networks*. Within this, the participants referred to the following networks:

- Female family members
- Coaches/managers
- Club physiotherapists
- Counsellors
- Sports psychologists

Representatives from each of these identified groups were invited to participate within the *Silence Dialogue* review to offer any further insights to the issues identified. A total of ten *Collective Voices* reviewers provided feedback on the *draft 1 findings* summary (Appendix 9). These included:

- A first team manager at an EFL Championship club
- A first team coach at an EFL League One club
- A first team physiotherapist at an EPL club
- A first team physiotherapist at an EFL League One club
- Two psychologists with experience of working with professional footballers
- A counsellor who has experience of working with professional footballers through the PFA
- A counsellor/ Club Chaplain at an EPL club
- The mother of a former Championship footballer
- The wife of a League Two footballer

All reviewers replied to an invitation to review the *draft 1 findings*. They were all contacted using Twitter and LinkedIn. This approach was taken to be commensurate with the approach taken when recruiting the research participants. Nine reviewers completed the form electronically and returned it by email. The first team manager at a Championship club requested a phone call to discuss the *draft 1 findings* in more detail. The verbal feedback followed the structure and headings of the *draft 1 findings*. The *draft 1 findings* summary was then revised to reflect the comments from the *Collective Voices* feedback to arrive at *draft findings 2 summary* which can be found in Appendix 11.

### **3.3.6 Phase 4 analysis: Researcher reflection and final study outputs**

In this final phase of the analysis, I was able to critically reflect on the findings from the previous three phases including the theme summaries, 'draft findings 1' and 'draft findings 2'. Through this reflection, I was able to follow the cyclical four-phase



analysis and visit and review the development of the study findings. This process of analysis is central to aligning the *Voicing Silences* stage to the underpinning screaming silences which are the core of TSF.

The *final study outputs* arising from this final phase of analysis are presented in Chapter 4.

### **3.4 Trustworthiness**

It is important to demonstrate methodological rigour in qualitative research. Especially as it can be criticised for being unscientific, anecdotal, and based upon subjective impressions or lacking generalisability (Gray, 2014). To counter this, Lincoln and Guba (1994) developed four criteria for demonstrating rigour in qualitative research, and these criteria should be considered to confirm the trustworthiness of a qualitative study (Shenton, 2004). The criteria consist of:

- Credibility – which is the confidence in the 'truth' of the findings.
- Transferability – which shows that the findings have applicability in other contexts.
- Dependability – which shows that the findings are consistent and could be repeated; and
- Confirmability – which is a degree of neutrality or the extent to which the findings of a study are shaped by the respondents and not researcher bias, motivation, or interest.

### **3.4.1 Credibility**

Credibility concerns the degree of confidence in the truth of the study findings.

Lincoln and Guba (1994) suggest that credibility can be strengthened by the researcher making a conscious effort to establish confidence in the accuracy of interpretation, and the fit between description and explanation.

I followed the recommendation of Polit and Hungler (1999) to offer all participants the opportunity to review and comment on the *initial findings* developed from the phase 1 analysis. This process was used to generate the *draft 1 findings*.

The phase 3 or *Collective Voices* stage of TSF data analysis process enabled members of the social networks identified by participants to further comment on the study findings. This feedback then informed the development of the *draft 2 findings*.

### **3.4.2 Transferability**

Transferability relates to the extent to which the reader can assess what is likely to be relevant in other settings and contexts another (Green and Thorogood, 2014). I have ensured that a thick description of the participants and research process has been provided. I have clearly described the need for the research, the context in which the research was carried out, study inclusion criteria, the sample size and demographics, the method of analysis and the theoretical underpinning of the study. All these criteria ensure that there is sufficient detail for the reader to evaluate the extent to which the conclusions arrived at could be transferred to other settings (Korstjens and Moser 2018).

### **3.4.3 Dependability**

Dependability relates to the transparency of the research process and decision trail (Lincoln and Guba, 1994). To ensure this, I made all documents used to support the research and decision-making processes available for examination. I conducted all interviews and transcribed fifteen out of the eighteen interviews to ensure consistency in these processes. I conducted multiple rounds of transcript analysis as previously detailed.

### **3.4.4 Confirmability**

Confirmability is about the neutrality of the research. It is important to present enough detail of my data collection and data analysis processes so that the reader of this study can understand how I might have reached my conclusions. Korstjens and Moser (2018) state that to ensure dependability and confirmability it is important to keep an accurate audit trail including keeping a complete set of notes on decisions made throughout the research process. Using Braun and Clarke's six step approach helped provide structure to assist the audit trail.

## **3.5 Ethical considerations**

Ethical approval before the commencement of data collection was granted by the Faculty of Health and Wellbeing Faculty Research Ethics Committee, Sheffield Hallam University, Sheffield, United Kingdom, reference number 2017-18/HWB-HSC-03.

The ethical approval is included as Appendix 1. The purpose of seeking ethical approval was to evaluate the potential risks to researcher and participants of taking

part in the study balanced against the likely benefits resulting from it (Polit and Hungler, 1999).

No physical risk was anticipated however there was a possibility that participants may encounter an emotional risk as discussing issues personal to them may trigger uncomfortable thoughts, feelings, and emotions. To counter this, all participants were given a participant information sheet and a debrief sheet (see Appendices 3 and 5) to signpost them to relevant services that would be able to offer additional support should they choose to access it. I have the training and skills to develop effective therapeutic relationships and recognise the cues and non-verbal communication if a participant was experiencing discomfort during the interview. I also clearly explained the process for seeking help if they have a later onset of triggered negative emotions. As a Registered Mental Health Nurse, I had additional professional responsibility and accountability in relation to the study (NMC, 2018). Participants were notified that they were free to withdraw from the study at any time and they were also given the contact details should they wish to make a complaint about either myself or my research study. As a novice researcher I accessed appropriate support from the supervisory team throughout the research process.

Informed consent is essential in research. After having received the Participant Information Sheet (Appendix 3), verbally agreeing to take part in the study and having the opportunity to ask questions, participants were asked to sign a consent form (Appendix 4) immediately prior to interview.

I conducted the interviews in a mutually agreeable safe environment. It was important for the participants to be able to relax and develop a trusting relationship with me whilst respecting their confidentiality. I initially hoped to conduct the

interviews at either the club's training ground or stadium. However, I realised that, if I conducted an interview at their place of work and they were seen by the other players meeting me, then this might breach confidentiality and potentially lead to discrimination from their teammates. Following the completion of the interviews, the audio recording was uploaded to a password protected laptop and the files were encrypted and then stored in NVivo 11 as soon as possible. Where names of individuals were inadvertently mentioned during interview, these were removed during the transcription process. Once confirmed that the data were uploaded, the audio files were deleted from the smart phone used to do the recordings. All data were anonymised to remove any reference to names, where participants lived or the football clubs that they played for. To further protect the anonymity of the participants, interviews have been randomly numbered, for example 01,02,03 etc.

### **3.6 Chapter summary**

This chapter has detailed Stage 3 of TSF and explored how the four-stage cyclical analysis process of TSF has been used to develop the study themes and include the *Collective Voices* reviewers to review the *draft 1 findings*. Ethical considerations have also been discussed including clarification of the study's ethical approval. An understanding of how the study meets the standards of rigour and trustworthiness has been demonstrated.

Chapter 4 will present the findings of the study which are a result of the four phase cyclical data analysis process from TSF within which this thematic analysis was undertaken.

## CHAPTER 4

### STAGE 3 (II): VOICING SILENCES: FINDINGS

#### 4.1. Introduction to the chapter

This chapter presents the findings of the study and includes Stage 6 of Braun and Clarke's (2006) thematic analysis framework. This is the final stage of their data analysis which involves the production of a final report. In this stage the purpose of the report is to produce a compelling story about the data based on the analysis (Braun and Clarke, 2012). The findings presented in this chapter are the result of the four phase cyclical data analysis process from TSF within which this thematic analysis was undertaken as outlined in Chapter 3. These phases were:

- Researcher review and *initial findings*.
- Participant review and *draft 1 findings (Silence Dialogue)*.
- *Collective Voices* review and *draft 2 findings*; and
- Researcher reflection to arrive at the *final study outputs*.

This cyclical data analysis and continuous reviewing of the findings is an essential component of TSF.

This chapter is structured in seven sections. The first section provides information on the participant demographics and background information. The subsequent five sections present the findings by theme. These themes are *social networks*, *environment*, *help seeking and support*, *masking vulnerabilities*, and *mental health*. The mental health theme is split into two sub-themes. These are *impact on self* and *reaction of others*.

## 4.2. Participant demographics and background information

The purpose of including participant demographics and background information is to provide an overview of the participants and to help contextualise the responses.

Table 2 provides a breakdown of age at time of interview, ethnicity, nationality, the number of professional clubs in their career (non-professional clubs were not counted), the level of English football that they were playing at when the interview was conducted, and finally the highest level of English football that they have played at during their career.

Age at time of interview	Ethnicity	Nationality	Number of professional clubs during career (including loans)	League level at time of interview	Highest level played at during career
35-39	White British	English	5	Championship	Championship
35-39	White British	English	2	League one	Championship
18-23	White British	English	1	League Two	League Two
18-23	White British	English	2	League One	League One
24-29	White British	English	5	League One	League One
30-34	BAME	English	4	National League	League Two
30-34	White British	English	8	League Two	Championship
35-39	White British	Irish	3	League Two	Championship
30-34	White European	Austrian	8	League Two	Premier League

24-29	BAME	French	6	Championship	Premier League/ International
35-39	BAME	English	8	National League	Championship
40 +	White British	English	8	League Two	Championship
30-34	BAME	English	9	National League	Championship
24-29	BAME	English	9	League One	Premier League/ International/ Olympics
18-23	White British	English	4	League Two	Championship
30-34	White British	Scottish	6	League Two	Premier League/ International
24-29	White British	English	6	League One	League One
30-34	White British	English	4	League One	League One

*TABLE 2: Participants' socio-demographics*

Table 2 demonstrates that a third of the study participants (33.3%) were aged between 30-34 years old at the time of the interview. 22.2% of participants were aged between 24-29 years, 22.2% were aged between 35-39 years, 16.6% were aged between 18-23 years and one participant (5.5%) was over 40 years old.

There was a mixture of nationalities, although English was the most predominant (77%). This was to be expected, given that all participants were footballers within the EFL. Two-thirds of the study participants (66.6%) identified as white British, five



participants (27.7%) were from a Black, Asian, Minority Ethnic (BAME) background and one (5.5%) was white European.

The participants represented all three levels of the EFL. Two participants (11.1%) played in the championship at the time of interview, six participants (33.3%) played for a club in League One, seven participants (38.8%) played for a club in League Two, and three participants (16.6%) were currently playing in the English National League, although had recently moved on from EFL clubs. No current EPL player chose to take part in this study.

Between all participants all levels of professional football in England were represented from the National League to the Premier League. Three participants (16.6%) had played senior international football and one participant (5.5%) had represented Great Britain in the Olympic games.

Accumulatively the study participants have played for fifty-five different English professional football clubs. These are listed in table 3.

Accrington Stanley	Cheltenham Town	Leyton Orient	Peterborough United
AFC Bournemouth	Chester City	Lincoln City	Plymouth Argyle
AFC Wimbledon	Chesterfield	Luton Town	Rotherham United
Aston Villa	Colchester United	Macclesfield Town	Scunthorpe United
Blackburn Rovers	Coventry City	Mansfield Town	Sheffield United

Bolton Wanderers	Doncaster Rovers	Middlesbrough	Southend United
Bradford City	Exeter City	Millwall	Swindon Town
Brentford	Fleetwood Town	MK Dons	Tranmere Rovers
Bristol City	Gillingham	Morecambe	Walsall
Burnley	Grimsby Town	Northampton Town	Watford
Cambridge United	Hereford United	Norwich City	West Bromwich Albion
Cardiff City	Huddersfield Town	Nottingham Forest	Wycombe Wanderers
Carlisle United	Hull City	Oldham Athletic	Yeovil Town
Charlton Athletic	Leicester City	Oxford United	

*TABLE 3: List of professional clubs represented in this study*

### **4.3. Findings by theme**

The following subsections present the findings in five main themes. The fifth theme is split into two sub-themes. The themes are:

- Theme 1 – *Social networks*
- Theme 2 – *Environment*

- Theme 3 – *Help seeking and support*
- Theme 4 – *Masking vulnerabilities*
- Theme 5 – *Mental Health: Sub-theme 1 – Impact on self; Sub-theme 2 – Reaction of others*

### **4.3.1 Social Networks**

This theme will present the study findings in relation to social networks. Social networking can be seen as a way of describing the patterning of everyday practices of social interaction taking place within family structures, between friends, and in communities, and this section presents the findings from this theme within three key narratives: ‘mum’s the word’, ‘family matters’, and ‘support’.

#### **4.3.1.1. Mum’s the word**

As footballers grew up through childhood and adolescence they relied heavily upon their families, and in particular their parents. Without the support, encouragement and commitment from parents and grandparents, it could be argued that some players would not have developed into elite professional footballers. These family members often invested significant time and money playing taxi driver to take their son to training, matches and trials to give them the best opportunity to become a footballer. But sometimes this dedication could be frustrating for parents:

It used to frustrate my mum. I got to 17 or 18 and she is saying, right you’ve got to get a proper job. (Int#1)

Although participants made brief references within this study to their fathers, the main influence of the participants was their mum:

My mum is basically like our boss like she deals with everything (#Int5)

Mum was a central figure within the stories of the study participants and had clearly been a positive influence:

I think from a very young age my mum instilled some good values in me. I'm fortunate in the fact that I'm 30 years old though I have been drip fed the old school principles and morals. (Int#6)

I've been brought up by my mum who's a strong woman. I'm really a family man, my mum's my world. (Int#11)

One of the participants was experiencing grief and required counselling support. It was his mum that reached out and connected him with the right support:

My mum phoned up and got me an appointment, that was on a Saturday got me an appointment for the Wednesday and through seeking help or speaking to someone that is a qualified counsellor that sort of was the first step back to sort of reality. (#Int5)

Some participants referred to a desire to repaying their mums for their support and devotion. One participant mentioned that as a child he had witnessed his mum being the victim of domestic abuse. This participant implied that he is protective towards his mum, and he used this as a 'driving factor' to be successful at football and to provide his mum with a better life:

My intention was to always get my mum and nan out of certain situations because sometimes the electricity used to go out and the candles went on and we didn't have much money. I always attached a legacy to what I was doing, it was always my driving force, I always wanted to get my mum out and nan out of certain situations and I'd seen that football was an opportunity, an avenue that I could go down and work really hard at to provide them with that support. (#Int6)

Another participant spoke about his worries regarding his mum's ongoing health condition:

My mum's got rheumatoid arthritis so I try and look after her as much as I can. So obviously being away from her for long periods is difficult knowing her condition. (Int#11)

A further participant chose not to burden his mum with his difficulties surrounding mental health and football although as he was able to make sense of it himself, he

now had a sense of regret as he wished he could have talked to his mum about his struggles:

I wish I could have spoken to my mum who recently passed away. She got buried worrying about me and my troubles but not realising I'm over the worst of it. Because even though I come out and spoke I still never spoke to her about it and yeah when I did see her for the couple of months after I come out speaking about it before she passed away, she was always asking me, you OK lad, you all right? I was like yeah, I'm all right mum I'm fine, that was it. (#Int12)

#### **4.3.1.2. Family matters**

As footballers mature and develop intimate relationships, some of them chose to get married and start a family. The love and support of a wife and family could keep a player grounded and add much needed stability in their lives. Football could be credited with helping players mature and commit to a long-term relationship.

It's grown me as a person, I'm you know, I met my wife through football. Which is, you know, fantastic for me, obviously. I've got a beautiful family, three beautiful kids. (#Int13)

During their career, footballers made sacrifices which included being away from their loved ones:

I have to move away from home away from family from friends, sometimes away from your kids and your, your wife, or boyfriend or girlfriend or wherever it may be, you know, you might have to move away from your partner, as well as your children. And that's as big as a sacrifice as you can get really not being able to spend time with your, your loved ones. (#Int14)

However, wives of footballers also made sacrifices to support their husbands:

She sacrificed probably more than me. We moved away for four and a half years so it's just me and her. Her family to be fair came down and supported us but she made as much of a sacrifice as I did. (#Int1)

The stability provided by the partners of footballers could be hugely supportive:

I've got real good support network, my wife and kids and my close friends so I've never felt I've always been able to appreciate football for what it is, it's football it's my job. (#Int16)

Although relationships do not always last. Some partners struggled to cope with the incessant demands of professional football, and this could put a strain on the relationship. Some partners did not even like football:

I was having a conversation with my missus about this actually the other day and she hates it. She hasn't really, she's not had a lot to do with football and she doesn't understand how I can do it. (#Int11)

One participant spoke about the detrimental impact that football had on his marriage, the travelling involved in football could restrict the time partners have together, and if a player's partner had their own career, it could add further pressure to the relationship:

When you live with somebody who works a normal week, Fridays become very limited, because she'll come home, want to relax, unwind, and you can't really because that's your most stressful day. Then Saturday you go and play football, and then Sunday you want to relax. That's your only day together. So, you want to relax and recover, whereas my wife's argument was always well that's our only day we've got together. (#Int9)

Other participants also discussed the impact of football on their intimate relationships:

I was becoming snappy and this and that. She used to call me Jekyll and Hyde. One minute you'd be all right and the next you'd be down, and she said she'd be walking on eggshells around me because she didn't know how I'd react. (#Int12)

My wife calls it like living with a ticking time bomb she just sort of never knows when I'm going to sort of kick-off. (#Int8)



Some footballers relied on the support from their partners, particularly at a time of change. Footballers frequently change employers, and some chose to move to a different country completely. English football attracts players from around the globe and one participant talked about how his wife helped him as he moved to England from a European country:

So, I knew it was a bit difficult at the beginning, because my English wasn't very good, and it's a new culture, the food is different, the way they behave is different. So, I had a few months to, but I came with my wife, it was a lot easier to be two and to share it than going out on your own. (#Int10)

Another participant explained how he has matured with the support of his wife and family, which helped him cope with the negative side of football:

I've got a family; I've got two kids I've got a missus and I've realised that other opinions don't matter but when I was younger, I would probably take it a bit different to what I do now. (#Int17)

#### **4.3.1.3 Support**

Homophily is where people are drawn to people similar to themselves and this is reinforced by the view of one of the participants:

I think you naturally gravitate to certain people. (#Int1)

This idea of homophily could be of benefit to young players who move away from home to pursue their dream of being a footballer. In some cases, they could feel isolated and homesick, however other players may have found it easier to make new friends as they could be drawn to similar people with similar personalities. One participant had moved across to England from Ireland and connected with other young players who had made a similar journey:

It was a lot easier at [unnamed club] because there were about 10 to 12 Irish lads at any one time. It was like a home away from home. (#Int8)

Participants in this study believed that footballers who had a good quality social network could feel supported and have an outlet to manage their personal stress levels:

I think to be fair I feel blessed because I've got a nice circle around me, with people I can talk to and I can share my anxiety or my stress or my fear, any doubts I've got. So, I just talk to the close people around me then I feel much better. (#Int10)

Having a strong support network outside of football could help enable footballers to be mentally tough and resilient to the stresses and challenges of professional football. Some players were reluctant to open up about their personal issues that

may be affecting their mental health especially within the masculine dynamics of the changing room:

What I find is people who sit there and don't struggle at all are either lying or they generally have got a really good support network around them outside of the game. (#Int16)

Footballers are susceptible to the same life events as the general population, including financial pressures, relationship breakdowns, and bereavement. One participant spoke openly and honestly about his experiences of being a son of a father who completed suicide due to ongoing mental health issues. Following his father's death, he struggled with his own mental health and his behaviour was impacting upon his relationships and his football career. Fortunately, he had a good social network, and it was his aunt who offered him the necessary support:

The immediate period after it I was aggressive. I was doing stuff I shouldn't have been doing and I was probably in a cycle where if it had carried on, I would have probably got myself in trouble one way or the other. It was my Auntie that intervened and said look here's the number if you want to call it. (#Int2)

A family support network can help a player maintain a healthy work life balance and as one of the participants points out a football career will not last forever, yet he would still enjoy family support:

I know I would do something else, and my family would be there, and my close friends would still be there. So, I don't have this kind of stress thinking that I just have football in my life. (#Int10)

For all the challenges that can develop within professional football feeling supported and having a social network both within and without the game can be extremely positive. One participant reflected upon the importance of social networks within his own playing career:

I think the biggest thing the most positive thing for me is the connections I've made throughout the game whether it be with staff or other players, certain supporters have been good to me and just the experiences have given me I've been able to share my family my kids like getting promoted at the end of last season and playing on the pitch for two hours after the game with my two sons and my daughter playing football. (#Int16)

#### **4.3.2 Environment**

This theme will present the findings relating to the environment of professional football. This includes considering contract and employment issues and how these can be a source of stress for players. Professionalism and expectations involved in representing the club are presented including the impact of psychological pressure, performance related pressure, and peer pressure. Finally, the theme will present findings related to the dynamics and behaviours that exist within the changing room.

#### 4.3.2.1 Contracts

The uncertainty of contracts in professional football could frequently be a cause of stress and anxiety for footballers:

I've made the assumption, but I don't think there will be many footballers that don't worry about the future about the next contract. It's natural as a person to worry about. I think we need security as people to thrive really. (Int#15)

Signing that first professional contract is a key moment in a young footballer's journey. It marks a key transition from youth or academy football to the professional team:

And then I was at xxxx for two years, involved for those two years with a YT scholarship side of things ... and then when you turn 18/19, they give you the player contract as it generally is with the bigger clubs (Int#9)

Young players are susceptible to a variety of stresses during the transition to senior football. One participant certainly struggled with the transition yet when the offer a professional contract was presented, he felt that he could not refuse:

Second year I hated it. Then I went into the pro game, which I never really wanted to. I signed my first pro contract because who wouldn't? (Int#3)

Some participants talked about their frustrations with contracts being withdrawn and the lack of loyalty within some football clubs:

I've been on trial at clubs, I've been offered a contract at clubs, and phone calls have been made and then those contracts have been withdrawn (Int#11)

They offered me non-contract bit annoyed with them actually because they offered me a contract and took it away last minute. Long story short on that one, ended up getting in the team, they offered me a contract there and then, didn't sign it because they annoyed me two months before right there was no loyalty there, so why should I show loyalty back? I just ended up signing a contract until the end of the season'(Int#5)

If a footballer spends months out injured this will not only be detrimental to their emotional wellbeing but it can also affect their perceived value. When it comes to a renewing a contract a club may make a salary offer that is considerably less than the previous contract:

Ruptured my ACL two weeks into moving to xxxx gutted. Like near enough nine months out then xxxx tried to play a bit funny with the contract negotiations... got myself back fit kept myself fit and, in the team, and then at the end of the season they tried to offer us a new contract which was nowhere near, it was disrespectful actually. (Int#5)

Having a long-term injury can severely impact the length of the contract offered as clubs may decide that the risk is too high should a footballer suffer a recurrence of a previous injury or pick up another long-term injury.

I mean, I'm only on a short-term contract now. So being 33 years old...and I had a bad leg break two seasons ago that I've managed to come back from at the end of last season. And I'm fully, fully aware that you know, this contract will be my last one in professional football. (Int#7)

Professional footballers are no different from employees in other industries as they need regular employment and a regular wage to have a good standard of living and pay their rent and bills. When they are unable to play because of injury players can experience anxiety and constant self-doubt:

Because it was that point where you think you've not played for six, seven, eight months, who's going to (a) offer you a contract to pay all your bills, and (b) well in general who's going to offer you a contract? Where are you going to go next, sort of thing. I didn't really have any security at the time. A lot of the money my wife and I at the time invested was in a house, so there was a lot, it was very much pay cheque to pay cheque living, rather than having a security. (Int#9)

Approaching the end of a contract can exacerbate anxiety as players need to maximise their exposure to try to gain a new contract. If they have fallen out of favour at a club, it is likely that they know they will not be offered a new deal:

And I knew what was coming, I had three months left of my contract and when you're like that you're looking elsewhere, you need to be out and playing and be in the shop window to try and get a contract elsewhere (Int#12)

Some participants talked about how they struggled when they were out of contract and the fear that they experience when they are no longer wanted by a football club:

When I've been out of contract for example, maybe stress levels have increased, anxiousness has increased as purely probably through fear of not been able to provide from my family more than more than anything. (Int#7)

They then may have to start planning for an alternative career and accept that their football career is coming to an end:

It's so cutthroat like one minute you are employed the next minute you're unemployed and it's not as easy finding a new club as you'd think unless you're coming from the premier league, and you can possibly find one in the lower leagues but if you get released from a league one league two team sometimes it can be hard to stay in the football league. (Int#4)



You find yourself on the scrapheap. There are thousands of players out of contract each year, each season. (Int#6)

The comments above highlight the importance of contracts to a player's career

#### **4.3.2.2 Representing the club**

Players are expected to conform to the clubs' expectations and always represent the club positively.

I think you have to conform as a footballer to a lot. And you get so used to the routines you can tell where to be what to wear, what you know, all of that stuff. (Int#16)

You almost felt that you had a duty, a responsibility to behave a certain way. (Int#6)

Participants discussed the challenges and pressures of being told how to behave, and the negative impact a coach can have upon a player This could be increasingly difficult especially if there is a conflict between the player and the manager, or if the manager doesn't rate the player's ability:

Yeah, I think it's difficult. I mean you've got one person as a manager that dictates your life. So that can be very difficult; especially if they don't like you or whatever. (Int#11)

On some occasions players would challenge the rules set for them. Footballers are expected to have a good attitude however what constitutes a good attitude can be subjective. However, this simplistic definition can be perceived differently in the mindsets of the manager and the player. Some players have strong principles and core values, and they will stick to them even to their own detriment:

So, there are things in football naturally that you will get conditioned by without even realising. I get that. But I think my core values and my core beliefs have always been the same. I think that's probably one of the reasons why I probably didn't play as high as what I should have, because I probably could have, I should have shut my mouth a little bit more than what I did. (Int#11)

Due to a high level of scrutiny and the pressure to win, some managers were very prescriptive with rules, regulations and expected behaviour and they want the player's entire focus to be about football.

I've had managers before who have said I don't want anybody out tonight for example after a game after a Saturday game it's common really for a manager to say if it's a Tuesday game no-one is out tonight, if anyone is they will be fined a week's wages. (Int#15)

Some managers would also try to control a player's behaviour away from football:

Because a lot of managers say, all I want you to do is concentrate on football, I don't want you doing anything else outside of football, all I want you to do is concentrate on football. Well, that's all great if you're playing in the premier league and you're on 50 grand a week, but when you're playing league one, league two football realistically you're going to have to work after you retire, so it's probably not the best advice in the world. (Int#11)

Participants spoke about the how being told what to do all the time could have a detrimental impact on their match day performance:

At other clubs I was told, I need to do this, which I think took the edge out of my game, it took the person out of me, it took the player out of me, the player that enjoyed football and the player that got me up the levels of a good standard, of me being technically very good and doing this and doing that where certain managers would cap that. When you go home then and beat yourself up. Well, why don't I just say this? Why don't I do that? Why don't I do it my way? This is what got me here. But for whatever reason it is what it is, and I don't think that will change in football. (Int#12)

Participants discussed that representing the football club and behaving appropriately also extended to their use of social media. Some clubs had clear rules and guidance for how players use social media:

We get told not to say certain stuff on social media. (Int#7)

There's a kind of, a way that we have to behave. So, you know, going on Twitter and battering fans and doing all that stuff, you're not allowed, you get in trouble. (Int#11)

Participants spoke about the pitfalls of social media and highlighted the fact that their behaviour both on and off the pitch was constantly scrutinised:

Well, everything's scrutinised, isn't it? Everything's like you can't if you say something tongue in cheek and stuff people take it the wrong way everyone's offended by anything you say, I don't agree with that, I think there has to be a bit of fun in it, but we play football, that's why we started playing football for fun and now obviously we get paid to do it. It is the best job, but I think people have to relax a little bit more and obviously social media is a massive part football. I think it should be a little bit more relaxed. (Int#18)

To be successful at their clubs they must follow the rules and as such they had to mature more quickly than if they were in a non-footballing environment:

I think younger players now realise and like say, especially with social media that they can't really get away with, with things like that they can't really get away with being a normal teenager or normal young person, you have to maybe mature quickly. (Int#7)

As a professional footballer making sacrifices, the weight of expectation and the pressure of club rules and regulations could be stifling:

If you're a footballer you can't move, you can't do anything, and I don't think that's right but it's just the way football is. (Int#18)

Some footballers struggled with the restrictive environment and would benefit from additional support. However, they found that they just had to get on with it:

As a footballer you are just told to get on with it all the time. (Int#16)

#### **4.3.2.3 Pressure**

The environment of professional football is extremely pressurised. This pressure can occur within the academy and continue throughout a player's career. Pressure could come from a variety of sources including pressure from the managers and coaches, self-induced pressure, peer pressure, pressure from fans and the media, and performance-related pressure. Successful footballers can spend years living and working within a pressurised environment:

I'm 35 now and I've been in a stressful environment since I was 13. It's a long time. And it's tiring. (Int#11)

One of the participants suggested that pressure on a player would start right at the beginning of a player's career and the pressure to earn a contract was inherent in the academy environment:

I never really enjoyed academy football too much pressure I didn't like the way they filmed the games as well at such young ages because I think like I remember warming up for a game but as soon as I saw the camera my heart would just sink, I knew any mistake I'd make we were gonna look over again in front of the whole team which would be embarrassing. (Int#3)

As a young player progresses and they begin to play in front of larger crowds the pressure begins to intensify:

I was in the youth team so I was quite young for a goalkeeper and we played xxx away so that would have been probably 20,000 I'd warm up, we do volleys every day I couldn't concentrate just the noise was deafening for a young kid... they just see it as your name on the team sheet they don't see it as bloody hell he is young, how's he gonna cope , he's never done nothing like this before and it's almost like every scenario you have as a footballer is being chucked in the deep end. (Int#3)

Participants discussed peer pressure and the pressure to perform:

I always feel the pressure to perform, and when you do perform you get called busy and if you're not pulling your weight, you are called lazy. So, it's like where is the happy medium? Do you know what I mean? There is a lot of peer

pressure in football, there is a lot of pressure coming down from people above you...it is very tough because the higher you go the more the pressure comes. (Int#2)

I think there's a lot of pressure that comes with playing I think, especially when you get higher up, and it can be difficult to lead a very normal life as a football player at the highest level compared to the slightly lower down. (Int#14)

The performance pressure that participants spoke about could lead to performance anxiety. which was discussed during the participant interviews:

I mean, performance anxiety, I think I had, and I think a lot of football players have had or do have. (Int#14)

One participant explained that on some occasions he really struggled with the pressure to the extent that he would fake a physical injury rather than state that he was struggling with anxiety:

I was playing really well week in week out I was still having all these horrible thoughts all these pressures like not wanting to go out and there's points in my career if you want to call it that I'd fake an injury the pressure got so bad that I couldn't play like I'd go out to warm up I can't do it today and then I'd pretend I'd hurt my wrist something like that so I'd literally do anything to stop myself from playing. (Int#3)

These unpleasant experiences can exacerbate a player's self-criticism about their own performances, and they spoke about how either their performance or the result of the game could affect them emotionally. These feelings of doubt and self-blame could be exhausting and potentially trigger symptoms of depression.

That's the hardest thing as soon as you concede every goal you let in you think you can save so even if it's a world class goal you still think you could have done this, I could have saved it or if I was in that position, I could have saved it so its non-stop self-criticising yourself that's what's exhausting a little as well.

(Int#3)

I've been up there where I'm thinking life is absolutely perfect and down there thinking is it really worth it and it is a lot to do on your performance I think, and you reflect on your performance and how you have helped the team if you have played well obviously you feel brilliant if you don't then. (Int#1)

Negative performances and results could affect a player's personal life; however, it goes both ways. So, if a player is experiencing issues in their personal life, they could sometimes find it difficult to switch off and as a result it could negatively impact their performance:

My performances dropped a lot just because, you just feel exhausted, because you're obviously going over things in your head...I've had times where I've split up with girlfriends and things haven't been right off the pitch and, you know, I've had a little wobble. My performances have dropped a little bit. And to be honest



I've been around lads that have been caught cheating or they split up with their partners and it's really affected them massively. (Int#11)

If you don't feel comfortable outside football, it's hard to perform 100% in football. (Int#10)

Additionally, not being able to play football and do what they enjoy could also increase the pressure that a player is experiencing.

And the tough bits are the disappointment when you're not able to do what you want to do, which is play football and perform. You know, if you go through a bad patch of your performances, or if you get an injury and things like that, those are tough to deal with. Because ultimately, all you want to do is play the game. You just want to play football. Because that's what your there to do that's just what you love doing. So, yeah, those disappointments can be tough. (Int#13)

Participants spoke about the difficulties of playing in a struggling team, and in particular a team that is relegated at the end of the season:

I think people underestimate how pressurised the environment is obviously if it's not going well. I've been in a relegated team like the atmosphere can be when you come into training...everyone's down obviously. (Int#4)

Playing for a relegated team could also have wider implications that could affect the emotional wellbeing of the players:

We are responsible for people losing their jobs because ultimately, you know, the Premier League comes, people get all these jobs, get that money. And then when you get relegated again, these jobs are taken off them and it's nothing to do with how they perform but how you performed. I felt that really personally at times. I'm not sure if other people would say the same but I was always really conscious of that because I knew these people, I took time to make sure I knew these people and what they had done. (Int#16)

Despite the abundance of pressures within the footballing environment one participant was able to focus on the positives:

I think all the pressures are outweighed by the positive side really because you are going into training every single day and you're with twenty other lads who you are with every day and who you become good friends with, and you have a lot of laughs. I think that definitely outweighs the sort of pressure of injury, performance that comes with it. (Int#15)

#### **4.3.2.4 The changing room**

The bonding and collective group identity is a central aspect of the changing room. This is a place where footballing teammates prepare for either a training session or a matchday. It is also a place where relationships could be formed, and players interacted within a masculine environment.

It is very much like a banterous environment. (Int#1)

I would say, majority of the time, it's a fun place with lots of laughter, lots of jokes, lots of messing around pranking around. (Int#7)

Some participants enjoyed the banter within the changing room:

I think because there is still the competition every day at training and in the game to fight for your position on the pitch, you've got good banter with these guys. The team morale is always most of the time good. (Int#10)

This behaviour could be quite unique within a football changing room compared to other industries:

the culture of banter and what's acceptable and what's not, is very much different in the football world than it would be in any corporate world or any other business... dressing rooms a lot of times really overstep the mark and you thinking, that's not acceptable. (Int#16)

Some participants would interact differently within the changing room with their peers compared to when they are in non-footballing environments. Seemingly, players are

allowed to get away with discriminatory behaviours not permitted in other contexts under the guise of banter.

I just think football dressing rooms are difficult because nothing is out of bounds for banter, so literally nothing. The worst thing you can think of in the world a footballer will have banter about. It's just the environment. I mean some of the conversations and the banter you have about some of the topics, people will be disgusted. But it's just humour. I think it's a way of releasing all that stress and the anxiety. (Int#11)

Not all participants enjoy the banter, but they recognised that this appears to be standard behaviour within the changing room. One participant appeared to make an excuse for this behaviour by stating 'it's just the environment':

Every where's different to be honest but the one thing that does stay quite consistent is you've got to be thick skinned. the banter as they say is very different. Like I've got football set of friends, and I've got a home set of friends. And there's a big difference in the boundaries of what's acceptable and what's not, if you understand what I mean. There is a big difference in the type of things that are funny in the football dressing room people will be like whoa, I don't think that's funny. It's a hard one to explain if you have not been in that environment. (Int#17)

The idea of being thick skinned was mentioned by other participants:

you have to have thick skin, otherwise you just won't survive, to be honest with you. (Int#7)

This concept of being able to 'survive' appeared to be key to enable players to make it within first team football.

I think players react to banter in different ways. People lose their head and kick off; others take it on the chin, but you can tell they are affected by it. Others join in and have a little bit more...it is sometimes very much sort of like you get thrown into that environment and you just survive, and everybody's got their way of surviving. (Int#1)

I think if you can't survive in a dressing room then you're not going to survive on a pitch. (Int#2)

Other participants thrived in the changing room, and they enjoyed spending time with their teammates:

the camaraderie with the lads is fantastic. (Int#11)

I enjoyed it there I loved the atmosphere, loved the vibe, I really enjoyed going into training, I love being around the boys and stuff. (Int#13)

Participants spoke about the bond between teammates that could extend beyond the changing rooms into their social lives:

Don't get me wrong, when things are going really well at a football club and you're going on nights out and you have team dos and all that stuff, it's amazing, and you do make some good friends; like I have made a couple of good friends. (Int#11)

However, not all of the participants liked the changing room environment:

They're not a nice place to be honest mate. I know everyone thinks oh it's your teammates and that, but they are only teammates, there's an old saying which I'll never forget, it's like we're ships passing in the night. (Int#12)

One participant stated that the competitive nature of football had an impact in the changing room and the ability to make true friends:

It's quite a poisonous environment. So, I don't know how to explain it. So, when I was 13, I joined West Brom. From the age of 13 I've had to fight to get a spot in a football team. And you don't play, well there's someone else waiting, like I was, to take your place. And that never changes. The stakes just get higher the higher you go up. I mean I have some friends in football, but it's hard to make friends when it's so dog eat dog. (Int#11)

This competitiveness intensifies as players graduated to the first team:

When I first came to a professional team it was difficult for me, because in the academy you spend time with friends. Because from 12 to 18 most of the time it's with the same team, so you're like brothers. And then when you go to the first team you feel the competition, and you feel like there is no brotherhood anymore, you have to fight. It's like a hostile environment. (Int#10)

Some players did not enjoy the changing room environment:

It's not a nice environment. People say oh the team spirit this, the team spirit that, yeah, it is on the football pitch, but at the end of the day if you look at it in the dressing room. I've got two children at home I want to do best for myself to provide for my children. And I think that's what it boils down to: it becomes a selfish game in a way. (Int#12)

Another participant spoke about his difficulty in fitting in:

I made one attempt at making friends in the dressing room, being a bit more open and discussing my, not personal life to that degree, but just to give something so I get something back. And it's backfired so much that no matter what I said it would always be turned against me. So, I've just said scrap this, I'm not interested in making friends. (Int#9)

Participants talked about difficult personalities within the team, although it is unsurprising that football clubs have players with difficult personalities.

I hated every personality. I don't know how to explain it, it's just so far off from like the real world the characters that are just so stupid and so in their own little world and they don't care they are selfish it's just not a nice environment when you have got a lot of personalities like that and I think that depends on how well a team does as well the personalities because a personality can kill the whole changing room. (Int#3)

One participant gave the perspective of a foreign player and how they adjusted to a changing room in England:

Because I was always a foreigner in every changing room I've been in since I travelled to England. Naturally you stick with the foreigner, with the other guys when you can talk the same language or something like this. You can have like a nice contact with the others, but it's just natural to stay with your community. So, I've never had any problem in the changing room, always have been some good atmosphere. Sometimes where the result is not going well obviously it's always about the foreigner, they talk too much in French, or they do this too much or they do that too much. So, you just get used to it, and at the end of the day you come into your work, and you go home with your family. (Int#10)

Participants spoke about the level of peer pressure within the changing room:



There's a lot of peer pressure. A lot of peer pressure to like certain things, objective things, which are impossible that everybody likes. But somehow footballers manage to find common ground on stuff. (Int#9)

It's very much peer pressure. If you hear three people say oh, I like Messi, I think Messi's better, the fourth person is going to say oh yeah, I like Messi, even though you deep down might like Ronaldo or a blonde over a brunette or whatever. And I think that's very much the attitude in football. It's a lot of peer pressure and a lot of bravado. (Int#9)

Peer pressure extended not just to what they said or how they behaved but also to how they presented themselves and in what they wore.

A lot of them wear the same trainers, a lot of them have the same headphones, a lot of them will have the same laptop, wash bags, why is that? It's an objective thing, and why do they have those? A lot of them have similar haircuts or similar tattoos. A lot of them have tattoos in similar places. Why is that? Do they actually like it, or is that something that, they might like it, they might be genuine characters that like it, but you can't tell me that in a sample size of 22 you're going to have 22 identical tastes? I don't believe that. (Int#9)

If the team were doing something everyone would do it together. When we won promotion to league one like everyone would always go out together, we used to socialise with each other. (Int#18)

### **4.3.3 Help seeking and support**

This theme presents the findings in relation to help seeking and support within professional football including the potential barriers preventing footballers from seeking help, the concept of reaching out for help and support, and the importance of counselling within football.

#### **4.3.3.1 Barriers**

The potential impact of stigma could have a debilitating effect on footballers who were experiencing mental health symptoms. If a footballer struggled with their mental health, they could become labelled as 'mentally weak or not mentally tough'.

Encouraging professional footballers to seek help and access support is challenging.

One participant acknowledged that denial prevented him from seeking professional help:

Mine was more denial. I was thinking I can sort this I'm fine I don't agree with that I'm absolutely fine I can turn this around myself. (#Int8)

This debilitating combination of denial and stigma prevented a participant accessing the help and support that he needed until he had reached his crisis point. Although he recognised that he needed help, and he knew who to call there was still a barrier in place for him to pick up the phone and dial the number.

I've put the phone call off for a year to 18 months. (#Int8)

The reluctance to seek help due to the perceived consequences were clear:

I think, well it's difficult because the tip of the spear's the manager, isn't it? So, it's very difficult to open up to a manager about issues and about things like that when he's the one that picks you. He's the one that runs your life. So, if he sees you as being weak, he's not going to pick you. (#Int11)

Players could be less likely or unwilling to show vulnerability or seek help because of the anticipation of being perceived as weak or treated unfairly. This was apparent in the view of one of the participants:

I wouldn't go and ask for help. There's not a chance that I would turn round to one of my mates in football. (#Int2)

Other participants discussed the concept of being weak and the reluctance to tell the coach or manager that they were struggling:

If you ever said look, I'm struggling a little bit here, it is probably seen as a weakness to be honest. I'm not saying that's the same at every club or every coach or every manager but what I sort of experienced I'd say nobody I know has approached a manager to say I'm really struggling a bit. (#Int1)

One participant gave a good summary of this perception that managers did not want certain players:

And I think to this day I think if you ask many of the football players playing today, I'd say a very high percentage of them would not still to this day go and speak to a manager or a coach or somebody at the football club regarding mental health. Because I think some managers will see it as a weakness, some managers will look at it and think well if he's coming here saying he's got problems at home this and that, I don't want him on my team on a Saturday, I don't want him in my squad. But I think that's what a majority of the football managers I think would still think to this day and that's the God's honest truth. (#Int12)

One participant discussed accessing help for anger issues and he decided to seek help independently to the football industry despite the financial cost to himself. He was concerned about the consequences for him and his family if his club was aware that he needed help:

I wouldn't go through the football club or through the PFA because you don't want them to judge you or think, is this going to affect his football and then if it affects his football, he's not going to be no good to us and then I'm thinking well I need a contract next summer, I've got two kids to support. (#Int12)

There was a perception that younger managers were more open to discussing mental health issues with their players compared to the older managers:

But I think if you look at the older school managers, I think if you were to go to them with a mental health problem, I think you'd be laughed at in a way. And you'd be told just to get on with it. Like probably your grandad and nan used to say to your mum and dad when they had troubles, man up and get on with it. (Int#12)

#### **4.3.3.2 Reaching out**

It is essential for players who are experiencing difficulties to reach out for support as early as possible rather than suffer in silence. The participant previously mentioned who accessed independent help built up the courage to reach out for support. But for some players reaching out could be difficult because they could be unaware what support is available:

It is a big problem I think in football. If I knew that there was somebody that I could turn to I don't think I would have let it build up and release all these unnecessary chemicals inside where I had this anxiety attack. (Int#6)

All participants within this study were eligible to be members of the PFA, which is the union aimed at protecting the rights and status of male and female footballers.

Although the participants were aware of the PFA, their experience and view of the PFA differs greatly. These mixed experiences had a clear impact upon their own help-seeking behaviour:

This is my issue at the moment, so the PFA are nowhere near good enough at telling people where to go if they need help. It's almost like you have to hit rock bottom first before you then get help. There's no preventative help. There's no support. (Int#16)

Other participants agreed with the above participant that the PFA needs to do more to support players emotional wellbeing:

I think help seeking in football generally should come from the union. I think that it's impartial. Well, it should be impartial, it should be separate. So, then you've got someone you can go to with any issues and get them dealt with any time of the day wherever you are. I think that could help. Having a little slogan saying, you know, we'll help you with your mental health is not enough. (Int#11)

If the organisations such as the PFA developed mental health strategies, they also need to change the perception that some players have of them. Players are informed about the PFA during their career as a footballer, but they do not always have a positive perception of them in terms of help seeking and support and this may have prevented from reaching out:

Sounds horrible, but I don't see them doing nothing. I know they are there, and I would like to think a phone call to them would trigger support network from somewhere, but I've never wanted to use them or feel that I should use them. There are too many boxes to tick before actually going through the right

process. I just think it would be easier to just crack on and get whatever you need yourself independently, privately away from football. (Int#5)

When seeking professional help, the traditional route is to make an appointment to see a GP in the first instance. One of the participants who, after some encouragement from his wife, developed the courage to see his GP:

I went to speak to a doctor, actually a GP about anxiety. But it got dismissed on the basis that it wasn't anxiety. That was the doctor's answer. And I'd deliberately sought out that doctor, because it was a clinic and there were four or five different doctors, and I knew this one person had studied mental health. So, I deliberately asked to see this person. (Int#9)

Negative experiences such as this could have had a detrimental impact on the individual and prevented them from accessing help in the future. Some participants discussed more positive experiences regarding reaching out and accessing the PFA:

I think the PFA do help they are there for you to pick up the phone. (Int#1)

One participant spoke about how the PFA enabled him to access the appropriate support and signposted him to the Sporting Chance clinic, which is a leading treatment and education provider for professional and former professional sports people:

The help for footballers is there without a shadow of a doubt, I'll be honest, I found that out in recent weeks, because I've made contact with the PFA and through sporting chance I've been seeing somebody for the last couple of weeks. (Int#8)

Another participant spoke positively about receiving help from a counsellor after initially contacting the PFA:

Yeah, I rang the PFA, they put me in touch with a local counsellor. I had a Skype session with a counsellor, and I went to see her in her office, and I spoke to her for a little bit. I think I only spoke to her maybe three or four times max but talking about it definitely helped. (Int#15)

It is apparent from the participants within this study that there were mixed views and experiences regarding seeking help. The main view is that most of the participants acknowledged that it is important to reach out and seek help although they also talked about their own difficulties in doing this. The participants that did discuss their experiences of reaching out also discussed the importance of counselling.

#### **4.3.3.3 Counselling**

One of the participants not only recognised the importance of counselling, but he was also able to make sense of how it had helped him open up and admit that he needed support:



I think one thing is for me that the big step was to come out and talk about it because I was just withdrawn, and I kept cards close to my chest. I always tried to be the man of the house and try to be the provider and try and have it all together and but then no-one was taking care of me, or I wasn't taking care of myself. When I was going to counselling it was good to offload and I felt like I was making strides in terms of opening up. (Int#6)

Effective counselling could help reassure players that reaching out can make a difference. One participant spoke about how his mindset had changed due to the impact of counselling. Here he discussed the fact that he now had insight into his vulnerabilities:

I wouldn't have thought in a million years of doing it because as I say, me being me now, if I was going to become a bit vulnerable again and a bit in a dark place, I would. For whatever reason, I think it's not because there's a stigma going round that people are trying to get rid of it; more because I'm more competent in myself and I know where I've been in a bad place. (Int#12)

Players could be reluctant to reach out and therefore access counselling. There must be a starting point and the player had to feel ready and motivated to engage. In some cases, the starting point might come from some friendly advice in the dressing room:

I think there's one or two players in each dressing room that other players will know that they can have a quiet word with to seek help, or to seek advice. (Int#7)

The player may have needed that further push to seek professional help. This is another example of why social networks are so important as it is likely that a family member, or a friend from outside the world of football would have given them the encouragement to make an appointment for counselling:

It's got to be encouraged by the players who want to do it first themselves I think it comes from within, either persuaded by family or encouraged by his family or people around him but more from within to say like yeah, I need help I've identified it and let's get it, let's get the help, it's there. (Int#1)

When a player developed the courage to acknowledge that they needed counselling support, the help should have been accessible. Although players were aware that the PFA exists, as discussed in the previous section there are still some barriers in place as to why players did not want to access the PFA.

I wouldn't have phoned the PFA I've been since my [private] sessions have finished I've actually been feeling a lot better and ok, but if I ever did feel I need help again I would maybe consider phoning the PFA because now I know at the time, I thought I was in a bit of an emergency state and I didn't want the PFA to drag it out. (Int#5)

He also felt that the football industry was only superficially talking about mental health and that they would soon move on to a different subject:

Problem is people forget about it, people move on and want to talk about the next thing and then Gary Speed will get remembered for years and years and years, and rightly so but again no-one will do anything about it. (Int#5)

Another participant spoke about the importance of counselling support being visible within football clubs:

If someone like you said that if someone came to me once every two weeks, I don't know like a doctor of some sort or an advocate of mental health and he just sat in a room like this and said look I'm here for four hours if you want to pop in, I'd probably come in. (Int#2)

Some of the participants suggested that both the PFA and individual football clubs should do more to offer counselling support. One participant spoke about the PFA outsourcing their counselling support and mentioned that due to the amount of income the PFA receive it would have made sense to increase their own counselling and welfare department:

But the thing is, from my point of view, the PFA have got, what, a hundred million sitting in the bank? You can't pay what 10 counsellors or five counsellors a salary to go round all the football clubs on a daily basis or monthly basis, whatever it is, and make sure they're looking after their clients? Not difficult. (Int#11)

Another participant supported this view and thought that football clubs should adopt a holistic approach to looking after their players. The idea of making a player feel settled and content off the pitch would help them feel better on the pitch:

I think the clubs have a duty to improve it. It baffles me how you sign someone for 30 million and go come on then just go and play your best football well actually no, he might need a little bit more support than that. He might need you to help him find a school for his kids, he might need you to help him find a house that his wife is going to be happy. (Int#16)

In order to for the counselling process to be effective there needed to be a therapeutic relationship between the player and the counsellor. For a professional footballer to seek help there needed to be an emphasis on this therapeutic relationship:

I have had managers that I would go and talk to, it all depends on the relationship you that you've got with that person. (Int#17)

Unfortunately, one participant described how this therapeutic relationship was not present between him and the counsellor, yet when he requested further help from the PFA he felt rejected and abandoned:

The PFA said they are going to help me all they can. They sent that man for two sessions, and I said it weren't working out. They said yeah that's fine we will help you out, we will get in contact. They still haven't got in contact with me,

that's been over a month now so it's kind of like they love saying on social media how they are doing this, but it's all lies. (Int#3)

Another participant agreed that although they were seeing a counsellor, the therapeutic relationship was missing, and he did not feel he was benefitting from the experience:

I went to counselling for four months and I realised that I was paying money to get this help. It wasn't helping me in any shape or form, you know I wasn't given any methods or techniques during the week to overcome it. (Int#6)

This was not the case for all participants. One participant discussed how counselling, provided through the PFA, helped him feel ok:

So, I went to them and had a bit of counselling and spoke to this guy and told him what I was feeling and this and that. In the meantime, my missus had left and then I found myself going to that counselling thing and then the course comes to an end, and you think, yeah maybe I'm all right, I feel all right. (Int#12)

This participant explained why he decided to seek counselling. He wanted to be proactive and prevent more debilitating issues later in life after his football career had finished. His relationship with his partner had ended and he reached out for help so he could still have access to his children:

I'd lost my partner, so that was the worry for me, because I didn't want to then lose my kids, so it was down to me to go and see people and try and get myself sorted. (Int#12)

This is a good example to highlight that footballers were susceptible to general life events, such as relationship and family issues, in a similar way to members of the general population who were not footballers or elite athletes.

#### **4.3.4 Masking vulnerabilities**

This theme presents the findings related to masculinity within professional football and the concept that footballers mask or hide their vulnerabilities to cope with the ongoing challenges of being a professional footballer. This theme will consider the masculine language of football, the footballing alpha male, and the vulnerability of the man behind the mask.

##### **4.3.4.1 The language of football**

Professional football is heavily linked with the concept of masculinity, and this was reflected in conversations with the participants:

I mean that's what it's based on isn't it really, it's your masculinity, who's macho, who's stronger, who can be relied upon, you know, who's the

toughest guy. Who will run through a brick wall for you, that's what it's based on. I think it's the fundamental background of football in this country unfortunately and it's quite sad. (Int#11)

This idea of being strong and tough is interwoven within the matchday language of professional football teams. This was evident within the participant interviews:

If you're more masculine, perceived more masculine than your opponent, you're going to win the battle against him. (Int#9)

And:

it's just natural to be strong on the pitch and fight. (Int#10)

The language of strength and weakness was used to exaggerate a team or player's own strength whilst at the same time targeting the perceived weakness of the opportunity. One participant captured this view as he discussed faults and weaknesses:

I think it's probably one of the biggest aspects of football. If you look at, or if you listen to any manager who team talks, it's faults and weaknesses. How can you hurt that team? Oh, this player does this, so that's how you can hurt him. So, it's exploiting weaknesses. And a lot of the times it's about oh he's

very weak in the area, he's not physically very strong, or we're a big side. It's that perception of we're a six-foot two side. He's not six foot two, but you just say you're six foot two and straightaway that masculinity, that side of it is perceived very much. (Int#9)

When focusing on strengths and weaknesses, violent and aggressive language is frequently used when giving individual instructions to a player before he steps out onto the pitch. One participant shared the following example of how his manager wanted him to be aggressive and hurt his opponent:

And you've got to roll your sleeves up, I want you to run through a brick wall, I mean I had an argument with a manager not long ago, not an argument, but we had a discussion, and it was "I want you to be a horrible centre half, I want you to smash people, I want you to head everything, I want you to be horrible!" I'm like OK. He's like "you're not heading enough balls!" I'm like OK "but they're playing one up front". He's like "so, I want you to head everything". I said, "yeah but if they're playing one up front and I can get tight to him and let him head it, flick it on to no one, why would I not do that?" "I don't want you doing that, I want you to head it. I want you to smash him and head it!" (Int#11)

#### **4.3.4.2 The alpha male**

This requirement for aggression and physicality fits into the stereotypical view belonging to an alpha male. This laddish culture was mentioned by one of the participants:



I'd describe it as the lad culture, being shown that bravado and, you know, given the... what's the word I'm looking for? giving the image that you're always one of the lads, everybody does to a certain extent (Int#8).

Another participant referred to the alpha male status and highlighted that behaving as an alpha male could be beneficial within football:

Because if you are seen weak, as I say before, if you're the so-called quiet one or don't really mingle with somebody or won't go out on a team bonding session as such, you get picked on as if it's wrong. But yet you might not want to go out and drink, you might not want to go and do this, you might not want to do that, but it's seen as a weakness and people will play on you for that. (Int#12)

When discussing the behaviours within football one of the participants believed that the need for behaving as an alpha male was driven by fear and bravado:

Yeah, I think the culture is one of a lot of what's behind it is fear and self-preservation. So, players at any level, I've played at every league in the football pyramid, from league two to premier league any level, there's always a fear and insecurity from certain people which show in different ways. And sometimes that'll be through heightened self. Well, self-belief that's not really there, nothing behind it, and confidence, delusion, whatever you want to call it, or there's loads of introverts and I think in football at the minute if you've been introvert, if you're an introvert person who's not that comfortable, you know, coming out and speaking in big groups and stuff, you've just been

deemed a bit of a weirdo, that's been the culture. Oh, this guys a weirdo, or he just doesn't try. He doesn't try, you know, integrate with the group or become friends with lads, well actually no he is just a little bit different to you. So, I think there's been, there's not really been an acceptance of people who are deemed different (Int#16)

Some players played up to this alpha male label and felt the need to be perceived as strong, tough, and macho. There would be players, who dependent upon their background and upbringing would naturally gravitate to perceived toughness, aggression, or violence. This aggressive persona when channelled appropriately could help players thrive in the changing room environment and help them physically on the pitch:

I think if you ask people about me, I'm not just saying it, but I'm not a soft person. I quite fancy my chances of having a ruck with anybody and you see the way I do it on a football pitch, that's just me (Int#12)

However there appeared a significant number of players who felt that they needed to present as tough and macho, yet they were hiding behind a mask. One participant raised the issue that showing vulnerability could be difficult:

it's very to show your vulnerability in a football changing room very, very hard (Int#7)

This behaviour of masking their vulnerability will be discussed in the next section.

#### **4.3.4.3 The man behind the mask**

Due to the stigma surrounding mental health issues, an individual would be unable or reluctant to disclose to others, unable to or unwilling to reflect on their own limitations, mistakes, or needs, resulting in a desire to control or suppress any kind of perceived weakness. This behaviour was reflected within football changing rooms and the suppression of perceived weakness was pervasive. There were several examples where players who presented as tough and masculine disclosed their vulnerabilities after their playing career had ended and through the publication of an autobiography or through interviews within the media. One participant referred to this:

I've played with players who are quite lively characters and then I've read about them and heard things that they're going through treatment for alcoholism and when you're there you don't see it no chance of seeing it. I won't name any names, you see that they're going through depression, they're down and then you realise that they have split up with their wife and their wife's had an affair and moved out taken half the house and he's got no money things like that and I think in football you tend to not see it and then obviously when it happens you read about it and you think wow I've seen it on a few occasions with players I've played against I've played with (Int#1)

There is a lot of information within this quote. This participant referred to lively characters and has given a clear example of players masking their vulnerabilities.

This is reinforced by a plethora of autobiographies released by high profile former footballers, who during their playing days displayed a tough masculine exterior yet within their autobiographies they revealed a variety of vulnerabilities. These vulnerabilities frequently include vulnerabilities including, but not limited to, depression, anxiety, alcoholism, addiction, and gambling. Loud and lively characters are prevalent within football however, another participant suggested that footballers would make good actors due to their ability to hide their emotions:

I think footballers are quite good at hiding their emotion. I know now back when I was at xxxx one player did suffer mental health problems, but he was the happiest loudest player at training, so I think I think we're good actors actually. Maybe we should go into acting (Int#7)

This was reiterated by another participant who corroborated the concept of acting:

Because I would never ever have guessed xxxx, the likes of xxxx being the person that he is, was struggling because he's always been the most outgoing and loud, you know, funny guy. So, I've never ever noticed. There's no way I would have ever guessed he was struggling (Int#8)

One participant raised his concerns about being masculine all the time as it can be unhealthy:

I think it's a big issue because you're almost wearing a mask, you know it's strength to be vulnerable and to live in your feminine side but because you're around guys every single day it's very hard to tap into that side of it. I think that it is a big problem that people are living in the masculine all the time. I think it's not healthy and you need that balance of being out of that and just being real (Int#6)

Maladaptive consequences for masking vulnerability could be draining for the individual and have a significant impact on their wellbeing as this participant points out:

It was it was a tough time for me, I was unhappy. Sometimes it's tough in football. So, you go into football when you pretend, you're fine. And you never really talked about how you're feeling or how you feel, you never want to show any kind of weakness. And then what happens is you go home and you're behind closed doors and then you kind of let that out and your family end up picking up the pieces or you end up doing different things. So, it was tough. (Int#13)

This is a clear example of how the perceived need to be masculine and either hide or mask personal vulnerabilities can have a direct impact on a footballer's mental health and how they cope, or frequently fail to cope with the consequences. Mental health will be discussed in more detail within the next section.

### **4.3.5 Mental Health**

This theme will present the findings in relation to mental health. This theme is presented as two sub-themes. These are the *impact on self*, and the *reaction of others*. The *impact on self* sub-theme will consider how mental health symptoms have directly impacted upon the participants within this study. The *reaction of others* sub-theme relates to how the participants have experienced stigma and discrimination by others due to their mental health symptoms

#### **4.3.5.1 Impact on self**

An individual could suffer from mental health symptoms when they experienced adverse or abnormal thoughts feelings and behaviours that may then affect them within their daily life. Common symptoms can include distress, anxiety, depression, burnout, sleep disturbance, disordered eating, and substance abuse.

Sometimes individuals could experience these symptoms without realising that their mental health was affected. This was the case with one participant who was affected by the death of his brother. He spoke about the impact of his brother's death and how that affected his role as a footballer:

I was waking up and I couldn't get out of bed I couldn't train I couldn't run; I couldn't do anything I was just a pudding, but I didn't realise that until actually somebody well, clocked on (Int#5)

This participant was experiencing a new traumatic event and was not sure how to process what was happening to him. It was clear that he was trying to continue with his usual routine but the effects of the grieving process and associated mental health symptoms came to the surface:

I lost my way basically, and football was probably one of the last things on my mind at that time. I was getting up going to training trying to play games and everything else, but things were happening to me that were out of my control (Int#5)

As a footballer, losing control could be difficult as they relied on their body to perform in sport. When their lack of control affects their footballing performance, footballers may be at risk of an identity disruption. This experience was described by one of the participants. He was sent out on loan to a club in a lower league which meant that he became a part-time player for the first time. This also coincided with his partner being pregnant, and he struggled with the change:

I wasn't depressed but I was very down. I questioned my career. I questioned whether or not I wanted to play anymore, I questioned my motivation, all that kind of thing and, you know, it was hard. I was waking up every morning absolutely zonked. I was getting 10 hours sleep, waking up and I felt like I had one hour's sleep. Just things like that (Int#11).

Other participants had questioned their career and whether they wished to continue playing football due to adverse events in their life and the impact on their mental

health. One of the participants had multiple events that made him question whether he wanted to play football. His father completed suicide which had a significant impact upon him. At a similar time, he had experienced a serious injury and had been released from the club that he was playing for:

So, at that point in time, I had the death of my dad, I'd just been released from a professional club, I'd had an injury and I didn't want to play football. After that I could have gone to other clubs, I had offers contracts at other professional clubs, but I didn't want to do it (Int#2)

Many of the participants within this study were released from a club or had a contract cancelled at some point within their career. The participants within this study were fortunate and were able to find further employment within football although in some cases this correlated with a loss of motivation and lack of confidence:

I was down and out I was broken confidence, there was zero, zero confidence, and as a goalkeeper, that's obviously detrimental to your performance (Int#8).

The effects of a lack of confidence and the fact that some participants questioned whether they should step away from football triggered maladaptive coping strategies including excessive alcohol consumption:



I ended up kind of I ended up drinking quite a lot. Which was I was going out and stuff like that which just wasn't good for me. But it was my way of escaping. And unfortunately, it wasn't it wasn't the right way. But yeah, it was kind of my way of dealing with at the time (Int#13)

I had a bad eighteen months before I went out on loan. I actually started drinking quite a lot which I'd never done. I've never done that. I weren't playing so I thought Sunday night when I'm training Monday I said to the missus shall we go out and have a few? Drinking in the house quite a lot just because I didn't want to be there, I didn't want to be anywhere near it (Int#17)

Symptoms of anxiety were prevalent within this study. One of the participants appeared to be pre-disposed to symptoms of anxiety. He discussed experiencing panic attacks throughout his childhood and into adulthood:

You always look at the bad side first. Any little thing that can happen you're always worrying about everything, it's like quite exhausting because constantly panicking about every little scenario (Int#3)

He shared his experiences about how that impacted on his football career. He would struggle in the build-up for big games, even to the point of feigning a physical injury. This has been explored earlier in the chapter. His anxiety was pervasive and had a near constant impact on him. On some occasions it affected his ability and motivation to socialise with teammates and other people:

I was in quite a bad way to the point where I would go in train, go in for breakfast at nine, we'd leave about 1 every day and I'd literally just go home to bed close the curtains and I wouldn't leave my bed until the next day. I had no social life wouldn't talk to anyone (Int#3)

Another participant explained that he experienced panic attacks during childhood and recognised that there must have been a potential trigger underlying that he had not dealt with. However, it was not until he turned 28 that it really affected his football career:

It wasn't until I was 28 and had this anxiety attack that everything was just overwhelming and it all sort of come out at once. Your body gives you a clue, gives you signs all the time, it's about listening to that, catching it and seeing right what is this, what is going on and sort of trying to deal with it at the time but I think also it's catch 22 because football has always been a release mechanism so I'd go to training, play matches and that would always make me feel better because I'd let out that anger, that energy, I'd utilise it in a much more positive way (Int#6)

Although in the above example the participant was able to turn the experience into a positive, there was a significant experience where the team he played for won the league title, yet his anxiety prevented him from enjoying the success:

I can remember playing a game and we won the league, and I didn't celebrate. The reason why I didn't celebrate is because I woke up that morning and I didn't want to play. I messaged the manager saying I'm really struggling today, and I can remember having really bad anxiety that morning and I didn't want to play, physically felt drained mentally I wasn't with it. I played 60 minutes and he

said you know just get through it and I remember coming off the pitch and I look back now on the photos and stuff and have regrets because I didn't join in with the celebrations. At that time, I wasn't in any right state of mind to celebrate  
(Int#6)

The participants discussed some challenging experiences related to mental health however one participant disclosed an extremely serious situation. He was affected by events both internal and external to football. He felt pressure within a match to have the perfect game:

It's been a very difficult thing for me to understand that you cannot play the perfect game. But in my head, I'm always thinking about the perfect game  
(Int#9)

This player had recently separated from his wife and had moved into smaller accommodation on his own. He also had a pre-season tour abroad that he needed to prepare for physically and mentally. He also had anxieties relating to a fear of flying which did not help the situation. This combination of factors had a significant impact on him where he considered taking his own life.

Cautionary note for the reader - Please note – this following extract refers to suicidal ideation:

And I remember getting dressed, I didn't even realise I'd put my t-shirt on the wrong way round. I had the label hanging out, everything, literally inside out my t-shirt was on. And I was walking down the street, and I thought I don't know

what to do at this moment, I don't know who to phone at this point in time. It was that helplessness that was the worst thing. I couldn't ring my girlfriend, because I'd literally hung up on her and I'd left my phone. I said I can't speak to you because you're not helping the situation. And I remember walking down the street, and that was probably the only time I've ever felt like this. There was a bus driving past, and I thought, this is the only way I can think of to stop this feeling is just to chuck myself in front of the bus. That's literally at the time, that short a period I could think of what I do to. Then I thought brilliant, just get pissed. But then you can't really do that.

And I remember thinking just get pissed to make it, to make this disappear, because I didn't know what to do at the time to make myself feel any better, I wanted to forget about it, let alone deal with it. I just wanted to not feel like this, and I literally didn't know what to do at the time.

But it was that split second, but something deep inside of me was saying don't, it'll be OK, but at the time the lack of looking forward to it, it made it not, not worth living in terms of in a suicidal way, but it was like that's the truth. What's the point of being alive if you haven't got anything to look forward to?

(Int#9)

Fortunately, this participant resisted the urge to act impulsively and returned home. He found the pre-season tour helpful as it distracted him from his negative thoughts. At the time of the interview this participant had not disclosed his previous mental health issues and has not accessed professional help. It is likely that one of the reasons behind this is his anxiety and trepidation regarding the reaction of other people.

#### **4.3.5.2 Reaction of others**

One participant spoke about the stigma surrounding mental health:

I think the whole thing around the stigma of mental health, I think a few years ago I think if someone had said mental health people would say oh, he's cracked and he's round the bend, he's this and that. But it's not that, it's nothing to be ashamed of if you have got a few vulnerabilities, if you are feeling a bit low over certain stuff and I know by me personally by speaking out over certain things and going to speak to people and telling them how I feel it's made me realise and understand things that not everybody's perfect, everybody has their own issues and some time in life you will be affected by it, either you or people around you definitely, and I think there shouldn't be a stigma about it (Int#12).

This stigma correlated with being judged. Footballers were constantly judged, either by their manager and coaches, team-mates, fans, and the media; the ongoing pressure and high expectations had an impact on their confidence, self-worth and wellbeing:

And it is a hard thing, people judge you daily I think in our work environment. You're always told you're not good enough, you need to do this better, you need to do that better and if you don't do this he's playing and you haven't pulled up trees in training this week, he looked better, he looked sharper so I'm playing him (Int#12)

But behind closed doors, sometimes people don't understand how tough it can be. Since the age of six, I've constantly been judged and been told whether I am or aren't good enough, whether I'm good enough to be in a team where I'm not good enough to be in a team or if I am good enough to be discovered, I'm not good enough to be at these clubs. Those are the daily things that we go through as footballers, that's a tough thing to deal with. But

that's our norm that's what we are expected to do every day, you know, we constantly live our life based on someone else's opinion. That can be a tough thing to deal with. You know, it can be tough, especially when you might go to one club, it doesn't work out and you go to another and it doesn't work out and you kind of in two or three clubs and you think to yourself why? Am I good enough? Those things can start to build momentum and play on your mind (Int#13)

Judgement from others was a core concept within football, and that brought lots of uncertainty and doubt. A footballer's behaviour and performance both on and off the pitch was continuously assessed and critiqued:

It's always uncertainty in football so whether a manager likes you, whether he doesn't, whether the fans like whether they don't, you know, you're one mistake away from being a villain or one goal away from being a hero, it is like a roller coaster being a footballer.

And again, there's nothing the players can do about it, for example, it's not necessarily because they're not good enough it's because maybe the manager wants to send a message to the chairman (Int#7)

The comment about the manager wanting to send a message to the chairman referred to the interpersonal politics that exist within football. I had previously mentioned that the football industry could be cut-throat, and one participant referred to being a commodity. If a player is struggling emotionally, not performing on the pitch, or does not quite fit within the team set up he would be moved on with little consideration as to how that may have impacted on his mental health:

the football industry doesn't really care, we're commodities aren't we at the end of the day? They just want to suck what they can get out of you. Get the best performances out of you what's great for the football club and then when the time comes then obviously you move on, and they get someone else in. It's a conveyer belt, isn't it? So, the mental health of footballers is not really thought upon (Int#11)

The notion of being a commodity was also suggested by another participant:

because at the end of the day you're just a number. If you're not good enough or if someone doesn't think you're good enough they will find someone else (Int#18)

The lack of disregard for the mental health of footballers was highlighted by two other participants within the study. One participant had struggled with episodes of depression throughout his life, and he experienced negativity towards him from various sources, including staff and management at the clubs he played for, and supporters of the teams he played for. He had the mindset to challenge negativity towards him but the accumulation of these experiences at times had a detrimental impact upon his depression:

There were times when it did go against me. And at times, I had spats with people, because people would say things about me, and I'd protect myself and defend myself as a normal person would in any given day, in any walk of

life so, if someone said something to me on the street. You know, I'd say by saying why are you saying that? you don't know me. And on social media, and because where my position has taken me, I should be the bigger person or whatever and that did affect my career. And so, you know that's why I went the other direction. And then, as I said, as I got older, I just, it doesn't bother me anymore. People want to have a certain opinion about me, that's fine. If it is going to affect my career, that's fine. Because at the end of the day, I know how I play. And if you don't want to take me, take a chance on me as how I play and see who I am as a person, then that's something that they're missing out on (Int#14)

As presented earlier in the chapter, one of the participants was a goalkeeper who struggled with his pervasive anxiety. He was regularly concerned by the reaction of others and often questioned himself if he should reach out for help as he did not wish to be a burden to other people:

It feels like if you are approaching them, you're making them make a decision. So, if you're satisfied and think you can cope being on the bench, but every day you're hating it, are you going to sacrifice that by going to tell them you're struggling? Because the next game they will find a new keeper to sit on the bench, and then you're in an even worse state so it's kind of like balancing things out and seeing what's worth doing and what's worth trying to cope with (Int#3)

This player captured the reaction of others to his mental health challenges:



it's like a taboo subject you don't really mention it. Whenever I mentioned it to the physio it was kind of like whispered upon. We'd have secret conversations about it, no-one wanted to really let it out of the room. It was like the manager wasn't really aware of it until I told him I'm leaving because I couldn't cope, the Chief Executive Officer (CEO) didn't know that either. He was actually really frustrated that he wasn't aware of the situation he said he would have tried to help (Int#3)

The stigma and discrimination that this player experienced in conjunction with his belief that he did not feel supported, pushed him to decide to not only leave the club he was playing for at the time but to step away from professional football altogether. The combination of players being treated as commodities and displaying either poor or deteriorating mental health could lead to players experiencing negative reactions and consequences.

#### **4.4. Chapter summary**

This chapter has presented the study findings by theme following completion of eighteen semi-structured interviews with first team professional footballers. The findings presented in this chapter are the result of the four phase cyclical data analysis process from TSF within which this thematic analysis was undertaken.

Chapter 5 explores the impact of these findings by applying Stage 4 of TSF, working with silences.

## **CHAPTER 5**

### **STAGE 4: WORKING WITH SILENCES: DISCUSSION**

#### **5.1 Introduction to the chapter**

This final chapter applies Stage 4 of TSF which is working with silences. This discussion chapter is presented in two main sections. The first section discusses the findings presented in the previous chapter within the context of the current literature on mental health and professional football, and the original study aims. The second part of the chapter explores my reflections on the research process. This includes reflections on the recruitment process, the data collection process, and the data analysis process. Strengths and limitations of the study are then explored. This enables the reader to judge the appropriateness of the recommendations presented in section 5.8 for future research, practice, and policy in respect of professional football and mental health.

#### **5.2 Discussion of findings**

This study set out to 'give voice' to first team professional footballers in relation to their lived experiences of mental health and mental illness. Despite being an outsider to the football industry, the response rate indicates that a group of professional footballers are keen to have their voices heard. This discussion will be presented in relation to the themes arising from the findings.

### 5.2.1 Mum

As footballers grow up through childhood and adolescence they rely heavily upon their families, and in particular their parents. Without the support, encouragement and commitment from parents and grandparents, it can be argued that some players would not have developed into elite professional footballers. The findings indicate that family members often invest significant time and money playing taxi driver to take their son to training, matches and trials to give them the best opportunity to become a footballer. Clarke and Harwood (2014) found that parents described their decision to support their son's football as "a life choice for me" or "it's like my hobby now".

Although participants made brief references within this study to their fathers, it is clear from the findings that the main influence of the participants is their mum. This contrasts with the research by Jeanes and Magee (2011) and Claringbould and Adriaanse (2015) who focused on the involvement and masculinity of the father. This can signify that the voices of footballer's mothers are silenced due to the dominant masculinity within football. The role of mum is a core factor in the development of the participants, with one of the participants referring to himself as a 'mummy's boy'. This is supported by Desjardins and Leadbeater (2017), who suggest that young men benefit from increasing levels of maternal emotional support during the transition to adulthood.

Orr et al., (2018) suggest that young people who engage in sport are externally motivated due to their mother's initial suggestion. Mothers usually had more time accompanying children to practice sports than fathers (Juriana et al., 2021). This is

supported by Solomon-Moore (2018) who state that mothers primarily support child activity during the week. because fathers worked long hours or late into the evening.

Johnson et al., (2021) explored discourses around the 'good mother' and recognised the important characteristics of placing the needs of the family above her own and taking on the nurturing role. This nurturing role is evident throughout the participant interviews as the mother has played an essential role in shaping these participants as men and supporting their socialisation within football. Clarke and Harwood (2014) discuss mothers placing the needs of their sons above their own, sacrificing their free time and personal relationships to support their son's football commitments. The findings highlight that the participants wish to protect and provide for their mothers, and it may be that they feel rewarded for giving back to a parent who cared for them when they were young (Lane et al., 2003).

The findings of the study indicate that players have both a desire to repay their mums for their support and devotion, and a desire to protect them. Dorsch et al., (2009) found that mothers described protecting their children from negative outcomes of being a youth sport athlete, and it is evident that some of the participants within this study have a strong bond with their mothers and wish to provide for and look after them.

### **5.2.2 Sacrifice**

The findings highlight the concept of sacrifice. Being a professional footballer comes with a big commitment to the sport. As mentioned above parents and grandparents make sacrifices with their time to meet young players travel and football

commitments. In addition to this, partners of footballers must adapt to a life where they see the footballer fleetingly and at a time that suits the demands of the sport (Brown et al. 2019). Footballers are expected to be away from their partners and families on a regular basis, which can require sacrifices from footballers' wives. The sacrifice made by the wives of professional footballers could be compared with the sacrifices made by wives of serving military personnel. Macer and Chadderton (2020) recognised that a serving spouse's career in the military is prioritised by the military over any career their non-serving wife may follow.

This also links to the view of Papanek (1973) who suggested that female spouses of men in certain occupations assume a role within their husband's career because of informal and formal demands from his employer that aim to ultimately benefit the institution. This could also be the case in the wife of a professional footballer.

Although Albisu, (2018) discusses the need for teammates to make sacrifices for each other the voices of the wives and girlfriends are silenced as they are expected to confirm to a supportive role to conform with the life of a professional footballer.

The findings highlight that living with a professional footballer can be intense, although this is from the perspective of the participants rather than the players' wives. This further emphasises the notion that their voices are seldom heard. The stress and pressure that players experience could potentially render them volatile and unpredictable and therefore have a detrimental impact on their intimate relationships. It is no surprise that Gernon (2016) suggests that 33% of footballers are divorced within twelve months of career transition.

Despite the challenges of sacrifice and the unpredictable nature of a footballer's life, the findings emphasise the importance of having stability and a good support

network. Wong and Waite (2015) argue it is the quality of the relationship and the quality (rather than the size) of social networks that is critical to any positive or negative effect. If a player has positive relationships with family and trusted friends, it will have a stabilising impact upon their mental wellbeing and better equip them to cope with the challenges of professional football. This is supported by Holt-Lunstad et al., (2010) who found that individuals with adequate social relationships have a 50% greater likelihood of survival compared to those with poor or insufficient social relationships. This reinforces the view that positive social networks and relationships can have a positive effect on an individual's mental health.

### **5.2.3 Contracts**

The findings suggest that for every participant within this study playing football is their 'dream' and they 'love playing'. They have worked hard from a young age to develop a career in professional football, although the career of a professional footballer can be a comparatively short-term affair, and most players are signed on relatively short, fixed term contracts (Roderick, 2006). The issue of contracts is central to their footballing environment, and they can be a source of stress and uncertainty, particular as the football labour market can be fragile (McGillivray and McIntosh, 2006).

The findings show that transition in football can be an extremely difficult for the players, particularly as they transition into senior football. They move from youth football where the environment is supportive and protective of players' development to senior football, which can be brutal and driven by success, rather than player development (Richardson et al., 2013). Additional stressors during transition include

internal factors, such as putting pressure on themselves, and external stressors such as family, friends, and the club (Morris et al., 2016).

Røynesdal et al., (2018) suggest that for a player to successfully negotiate the transition from youth to senior football they must be able to juggle the act of social integration with adherence to the performance related standards expected by the first team stakeholders. It is likely that young players struggle with skills such as communication, negotiation and assertiveness which can make the transition even more challenging. Teammates are valuable tools for knowledge acquisition, although professional football clubs do not strategically foster knowledge exchange and transfer among footballers (Werner and Dickson, 2018). Therefore, if a player struggles to integrate with his teammates, he may find it difficult to develop the required social skills such as communicating with the coaching staff and negotiating contracts. This is in line with the literature relating to organisational silence (Morrison and Milliken, 2000; Donaghey et al., 2011; Roberts and Sojo, 2020) as difficulties with communication, or choosing not to communicate, may leave the player suffering in silence.

Participants suggested that negotiating contracts can be a stressful time. Brown and Baines (2019) state that even at League Two level the contracts can be 60-70 pages long and can run into hundreds of pages in the Premier League. Participants also suggest that the concept of loyalty is idealistic. Professional clubs do not have the same sense of loyalty to their players. They use them as goods and exchange them when they are perceived as spent material (Castillo, 2007). Players do not feel the strong sense of loyalty to their clubs that the players of the past felt. They may push

to leave a certain club for another in search of money, trophies, or the opportunity for increased playing time.

What appears clear is that professional football is a business that generates huge income (Rodriguez-Pomeda et al., 2014), therefore players are treated as a commodity by the clubs and their emotional needs are frequently ignored due to the business element of the football club. Professional footballers who are treated this way can have their dreams broken, and they can experience feelings of depression and emotional disturbance which is perhaps unsurprising given their heavy investment in their respective football careers (Brown and Potrac, 2009). Players can often be victim to boardroom business decisions leaving them vulnerable to anxiety, uncertainty, and unemployment. A renewed contract can offer stability and security, however if a contract is not renewed then a player's life and that of his partner and family are turned upside down often with financial concerns. When trying to gain a contract at an alternative club, footballers in League One and league Two may have to choose their potential suitors from a geographical perspective as it is likely that they will not earn enough to justify uprooting their family (Ravenhill, 2015). Their families may be settled so relocating further afield may not be an option.

The findings show that long-term injuries can impact on a club's decision to either offer or renew a contract, and participants are very mindful of this. Gouttebarge, Frings-Dresen, et al., (2015) propose that injury is the most significant risk factor for psychological distress amongst professional footballers, and when combined with contract anxiety can have a significant impact on a player. Being injured may affect a player's ability to work and can create a source of conflict (Roderick 2006). Within



football the player-as-worker is put under pressure to 'produce the goods' or else face rejection (Roderick, 2003).

#### **5.2.4 Conformity**

Clubs have strong cultural values around 'professionalism' and expected behaviours (Parker and Manley, 2017), and the findings show that players must comply and conform with these expectations set by the football clubs. The players receive constant messages, from how and where to dress, eat, train, play and behave which all reinforce this conformity (Cushion and Jones, 2012).

To encourage this conformity, the coaching staff have responsibilities that reach beyond the technical and tactical including role modelling appropriate behaviour (Hardman et al., 2010).

This idea of role modelling was reinforced by the view of one of the *Collective Voices* reviewers. They believed that coaches and managers can have a huge impact on the environment in both a positive and negative light. They gave examples where some coaches are nurturing and can be a positive role model for players and can help create a positive environment. This is in line with existing research indicating that coaches can serve as enablers, decision-makers in promoting positive sport experiences, and teachers of life skills (Santos et al., 2017).

Participants discussed the expectation that they had to solely concentrate on football and avoid pursuing outside interests. This represents a silence as players are prohibited from pursuing outside interests that may have a positive impact upon their mental health. Players may decide to continue developing these interests although remain silent about these endeavours to prevent any negative repercussions from

their club. Concentrating solely on football can be beneficial for a player's career on the pitch, however it will put them at a disadvantage when their career ends. This pursuit of football excellence, for some players, could be developed at the expense of essential life skills which are needed to overcome the challenges of career transition. Football only really prepares you for football (Wright, 2016). Footballers may be at risk of developing difficulties adjusting during career transition because essential skills were not available to them as they were required to be completely focused on football (Brownrigg, 2015). Managers are always focusing on the next game or urging their team to keep its focus (McVeigh, 2013) and in some cases can actively discourage outside influences. When a player retires and is forced to retire early through injury, they are faced with a critical moment' (Tonge, 2020; Nesti and Littlewood, 2011). The experience of a critical moment can bring upon a sudden lack of structure and potentially create anxiety due to the uncertainty of what may be coming next (PFA, 2019).

The findings identify that players must conform to the social media guidance issued by their club and their use of social media is scrutinised. Players must be careful with not only how they use social media but also how they are portrayed on social media. Following a game, they regularly check their social media accounts to see what has been said about them (Olley, 2020). Fortes et al., (2020) found detrimental effects of social media and video games and concluded that the use of social networks on smartphones and/or playing video games right before official football matches might impair the passing decision-making performance in professional football athletes. However, Kilvington and Price (2017) suggested that first-team players are almost considered untouchable, and no support is in place for all kinds of difficulties they may face. Online social media training could be delivered, but the main barrier is

access to the players as this is seen as a detraction from their football activities. This further supports the view that football is a closed shop (Roderick, 2006), and further reinforces the notion that some managers want players sole focus to be on football.

### **5.2.5 Pressure**

The findings clearly show that all footballers want to do is to play football well (Brown and Potrac, 2009). Professional football is characterised by a heightened level of performance expectation alongside a reduced tolerance for failure (Reilly et al., 2008). This performance expectation manifests as performance anxiety, which can harm physical well-being and enjoyment of sport participation (Scanlan et al., 2005). This competitive element of anxiety is very demanding for the psychological processing of an unexpected result. If footballers are unable to handle it properly, it can lead to various psychological problems. Kaplánová, (2020) found that there are fragments that consist of fear, tension, or unpleasant experiences that can cumulate and grow into anxiety.

Despite the performance pressures, participants highlighted the positive aspects of playing football. This positivity includes being with friends and having a laugh with teammates which correlates with Swain's (2000) view that the bonding value of football has an almost tribal appeal, it is a chance to 'be with your mates', to form a collective group identity and it gives the opportunity to 'belong'. This positivity about playing football is linked to good mental health as becoming part of a team, sharing a pitch and team spirit helps players to normalise their feelings and allows them to build connections to each other as individuals and as members of a team (Llewellyn et al., 2020).

### 5.2.6 Survival

The findings show that professional football is deep rooted in hegemonic masculinity. The hegemonic male ideal which traditionally embodies qualities such as being strong, successful, capable, unemotional, and in control (Connell, 2003), appears important within football. Sport can define and strengthen traditional masculine principles (Amodeo, 2020) and can be where boys learn values and behaviours such as competition, toughness and winning-at-all-costs (Steinfeldt, and Steinfeldt 2012). Football reflects masculine codes like strength, power, and competition (Kaelberer, 2020), and embraces the form of masculinity that traditionally relies on the public demonstration of violence, aggression, and physical prowess, alongside a violent rejection of femininity and homosexuality (Adams, 2011). This masculinity is reflected throughout football and in particular the team talks either before kick off or during the half-time interval. These team talks have military characteristics and the language used can be interpreted in categories of battle orders (Herzog, 2019).

Connell's (2008) concept of hegemonic masculinity also applies to the changing room which is a place where camaraderie and banter is prevalent. Banter is often a tool used to initiate conversations and create cohesion. Wixey (2011) states that it can sometimes be assumed to be a positive thing. However, although professional football permits a culture of behaviours under the label of banter, Newman (2019) posits that banter which might otherwise illustrate bullying. Participants stressed the need to be able to survive within the dressing room and this implies that players need to have a 'thick skin'. One of the *Collective Voices* reviewers also spoke about the importance of having a thick skin. She is the wife of a goalkeeper and stated that

players are easily replaced, and other players are almost waiting to replace you. Her husband plays with the mindset that he is always two bad games away from being replaced. Jeanes and Magee (2011) found that you must have a thick skin to do well in football and players need to learn how to cope with that to succeed and survive. This correlates with the participants view that you need to be able to survive within the changing room. Wixey (2011) also found that certain aspects of banter were stressful but were adamant that it was needed and to be understood to 'survive' and make it within first team football.

To help players survive the cutthroat industry of professional football many of them mask their vulnerabilities even though this can be detrimental to them and lead them to suffer in silence. Although masks enable the wearer to hide their emotions and vulnerabilities, they also hide the true self of the subject which may generate behaviours, thoughts or self-perceptions that are dysfunctional (Dahò, 2020). Dognin and Chen (2018) found that men can feel fearful of male friends learning of their distress, worrying that their vulnerability and emotional pain might make another male think of them as weak or feminine. This masking behaviour is a clear example of how male footballers suffer in silence and are reluctant to have their voices heard for fear of exposing their own vulnerabilities. According to Uphill and Hemmings (2017) vulnerability can have adaptive and maladaptive consequences. These findings suggest that the participants involved in this study displayed maladaptive coping strategies to survive, however their behaviours had a detrimental impact upon their families and personal relationships.

### **5.2.7 Anxiety**

Intense mental and physical demands placed on elite athletes, and footballers, are a unique aspect of a career in sport (Rice et al., 2016). Careers in football are notoriously fragile, short-term, and hyper-competitive where the focus on the short-term often means long-term objectives such as the wellbeing and mental health of players are often neglected (Culvin, 2020). These demands may increase susceptibility to mental health issues and risk-taking behaviours (Rice et al., 2016). Despite increased sensitivity to mental health problems, to assume those athletes who do not present with clinical disorders are healthy is overly simplistic (Henriksen et al., 2019). Mental health is a human lived experience and a highly dynamic feature of life.

These findings have identified that the most common symptom of mental health that has had a detrimental impact on several participants within this study is that of anxiety. Although anxiety can be normal and something that everyone will experience at some point, it can also become problematic, persistent, and be accompanied by feelings of dread, apprehensive or impending disaster (Baguley et al., 2011). Anxiety has been problematic at some point within the careers of each of the participants within this study. The anxiety has varied from competitive and performance anxiety to symptoms of generalised anxiety disorder that would be experienced by the general population. Between them participants have experienced grief, loss, relationship breakdown, suicidal ideation, and substance abuse. These are experiences that can have serious consequences and are not exclusive to the lives of professional footballers. However, the findings show that the variety of pressures that footballers are exposed to can exacerbate their vulnerability to problematic anxiety. Participants referred to experiencing a loss of control and Canivet et al., (2017) state that having no control in an individual's own life may

trigger additional stress responses and lead to a further deterioration in their mental health. The notion that the participants within this study have felt that could not talk to teammates, coaches or managers about their anxiety is evident of the silences that they exist in. A clear example of this is the player who feigned a physical injury to mask his increasing anxiety before an important game. The concept of masculinity and stigma, both discussed within this chapter, restrict, and restrain the players voices being heard and create a space for silences to exist.

### **5.2.8 Stigma**

It is evident from the findings that stigma regarding mental health and mental illness continue to exist within professional football. Castaldelli-Maia et al., (2019) suggest that stigma attached to mental health symptoms and disorders is the strongest barrier to help seeking in sport. This is supported by Hainline and Reardon (2019) who state that elite athletes are not unbreakable, however stigma may prevent them from seeking mental health treatment and exclusion often follows (Bauman, 2016). There remains a reluctance for players to seek help for mental health symptoms and therefore they continue to suffer in silence.

In a systematic review by Jones et al., (2019) men revealed that their attempts to kill themselves were to avoid revealing their weaknesses and the stigmatising labels they would be subject to had they sought help. Although the systematic review focused on suicidal men, the findings mirror those emerging from the interviews with footballers that participated within my study. The perception of 'being weak' appears to be a key barrier to why footballers are reluctant to seek help from those around them. The findings reinforce this perception as participants fear opening up about their mental

health symptoms or difficulties in case it negatively affects their chances of becoming a successful athlete (Kola-Palmer et al., 2020).

The findings highlight that a potential barrier revolves around the players feeling confident enough to disclose their emotional issues to the manager or coaching staff. This could be related to a player's fear that he will lose his place in the team and the perception that the manager will not want 'weak' players in the squad. This desire to control or suppress any kind of perceived weakness restricts help-seeking behaviour (Hågglund et al., 2019). Abbott et al., (2019) suggest that if a player is not playing, then they are unable to impress coaches and support staff who ultimately decide whether they receive a contract with the club, and Bissett et al., (2020) consider that the emphasis sport culture places on winning may induce pressure that interferes with a coach's ability to adequately support their players' mental health.

### **5.2.9 Help**

Participants have acknowledged that they have either delayed or been completely reluctant to seek help which can then have a detrimental effect on them. Almeda et al., (2017) found that help-seeking is most effective when individuals access support when problems first arise, and DeBate et al., (2018) state that the longer the individual delays reaching out the more likely they are to develop unhealthy coping strategies and subsequent adverse emotional outcomes. According to Mitchell (2017), three-quarters of psychiatric disorders in adults emerge before the age of 25 years, therefore professional footballers need to be alert to their risk, recognise early symptoms, and have the knowledge and signposting as to where to access the appropriate support. This is supported by Wood et al., (2017), who discussed the



concept of survival within professional football. Due to either the perceived barrier or lack of support players can feel that they must keep going and may only reach out when they reach a crisis point.

The findings in relation to the level of support from the PFA were contradictory. Some participants discussed the need for the PFA to improve the level of support that they offer players whilst other participants spoke positively about the service that the PFA provide. The participants view of the PFA will be informed by their previous experiences of help seeking and potentially of their experience of accessing the PFA for non-mental health reasons. Although a selection of participants had positive experiences of the PFA, the literature supports the notion that footballers would benefit from increased level of counselling and therapeutic support. Akturk et al., (2014) found that former professional football players state that psychosocial care during a professional football player's career should be given more attention, because they experienced psychosocial problems later in life. This suggests that there is a need for early intervention counselling support for current professional footballers to prevent psychosocial issues impacting both their playing career and after retirement. In a study by Prinz et al., (2016), sixty players stated that they wanted or needed psychotherapeutic support during their career, however only fifteen players in this sample were offered counselling or treatment by a psychologist or psychotherapist. However, Darpatova-Hruzewicz (2021) concludes that there is limited counselling and psychotherapeutic guidance available within applied sport, and at the time of writing there is only one active psychotherapist working within English professional football. It is also notable that this psychotherapist works within the EFL which suggests that the EPL clubs have not yet recognised the importance

of this approach. This further highlights the need for the football industry to develop appropriate support networks to enable the voices of the players to be heard.

### **5.3. Reflections on the research process**

This doctorate project has been the most challenging academic experience I have undertaken to date. It has taken six years of part-time studying and researching alongside working in busy fulltime roles. Throughout this journey, I have achieved a career promotion and moved academic institutions. I have also transferred my doctorate from Sheffield Hallam University to Manchester Metropolitan University in order to keep Professor Laura Serrant as one of my doctoral supervisors. I felt that this was essential as I have used Professor Serrant's TSF to underpin my research. In addition to work and academic careers, I have also had to try and balance my family life. I have five children with my youngest child been born within the later stages of writing this thesis. This child was also born during a global pandemic which brought the additional challenges of national lockdown, working from home and the constant anxieties caused by the risk of coronavirus. I have also moved home whilst writing this thesis. Fortunately, I thrive on a challenge and have been able to maintain consistent progress despite multiple challenges.

This doctoral study has also been my first experience of conducting primary research. The experience has been enjoyable and has given me a deeper understanding of not only the research process but also my ontological and epistemological position. Before undertaking this doctoral project, I held the false belief that a PhD would be viewed as my 'life's work', or certainly one of the biggest research projects I would work on. However, I have learnt through conducting this research that a doctorate, along with being an academic qualification, is a starting

point in research and is the gateway to a vast research universe full of new opportunities, projects, and networks. Throughout my academic career working in higher education institutions, I have been on a teaching focused contract, although I am now considering opportunities to engage in post-doctoral research and moving to a teaching and research contract to further develop my research skills and knowledge in addition to further exploring the work I have started within this study.

An essential part of the research using TSF is to be fully aware of your research positionality. I have previously explored my researcher identity in the introductory chapter, although it is worth revisiting Green and Thorogood's (2014) view regarding insider-outsider research and their concepts of an outsider (or etic) position, and an insider (or emic) position. The emic perspective explains the social world provided by a participant within it, and the etic perspective is one of analyst. There is an ongoing tension between these two perspectives which Green and Thorogood (2014) explore using the metaphors of the 'native' and the 'stranger from Mars'. In other words, the researcher moves between developing an understanding as a 'native' participant and making sense of the culture and behaviours as if they are a complete alien.

Throughout conducting this research, I have fluctuated between these two positions. I am a mental health nurse and nurse academic with more than twenty years' experience working in mental health settings therefore when exploring views and experiences surrounding mental health, I have adopted an emic position. Within the participant interviews I have been empathetic and understood experiences that they may have tried to explain even if a participant struggled to use the correct terminology. If I was a researcher conducting this study with minimal mental health experience, I would have been adopting an etic position and therefore would have

been naïve to some of the concepts and experiences that participants were trying to discuss.

I am also a man interviewing other men about their experiences with mental health. Within these conversations I have also approached these from an emic position as I understand the challenges and barriers to men showing and discussing their vulnerabilities and their desire to hide behind a mask. I honestly believe that if I did not choose a career in healthcare, I would have been another statistic of a man who struggles to seek support. This empathic understanding along with my mental health nursing skills helped many interviews feel like a therapeutic nurse-patient relationship. To give an example of this, during the participant interviews I would ask about their experiences with mental health and encourage them to open up and share their personal thoughts.

I would always make sure that the participant was safe before leaving the interview, I felt that this was particularly important during face-to-face interviews. One participant discussed the impact of his father completing suicide whilst the participant was eighteen years old. Understandably this experience had a profound impact on the player and coincided with challenges within his playing career as well. I was grateful and humbled that the participant felt that they could share this experience with me as it was the first time we had met. At the end of the interview, I moved back into the role of a mental health nurse rather than a researcher to seek reassurances that the participant was ok and would be going home to a supportive environment. My understanding of the emic perspective was beneficial here to maintain the participant's safety and to safely elicit a powerful personal narrative to add to the research study.

The emic perspective was also helpful in building rapport with the participants. I wanted them to feel relaxed so they could tell their stories. Again, I utilised the range of mental health nursing skills within my toolbox but also the skills of how men may use humour and banter within a supportive conversation. I have previously discussed the concept of banter within the dressing room earlier in the thesis, and there are a lot of similarities in how male offenders communicate with each other. My experience of working with men who hide behind their masculine exterior was advantageous throughout this study.

Researching from an etic perspective posed more of a challenge. I am an avid football fan and have been supporting my hometown football team more than thirty years. I also played football very regularly across a twenty-year period before choosing to stop due to family and work pressures. I have a good understanding of football and what football players do before taking on this research, however I am very much an outsider. I do not work within the football industry, and I am not a professional football player. This etic approach has been helpful for me to become the 'stranger from Mars' to analyse the experiences of a professional footballer from a theoretical perspective. Nettl (1983) suggests that etic represents the perspective of the researchers and the emic that of the members of the culture. Adopting the etic perspective has helped frame my critical thinking when analysing the data produced in this study.

#### **5.4. Reflections on the recruitment process**

Recruiting participants for the study was challenging and time-consuming. After being fortunate enough to be given access to an EFL first team squad to deliver a presentation about mental health and football I intended to aim to recruit participants from this one club. At the end of the session, I distributed an evaluation form and explained that I was looking for volunteers to participate in my doctoral research. I had a good response rate with the evaluation forms and a good number of players left their contact details and suggested that they would be interested in taking part. I left the session feeling enthused and that recruiting and arranging the interviews would be reasonably straight-forward. I later emailed the players who had shown an interest and sent them the participant information sheet and consent form presuming that they would respond within a prompt timescale. However, it soon became clear that the uptake was not going to be as good as I had hoped. Some of the players declined to respond to my initial email. I reflected on whether I should accept that as a refusal or withdrawal or decide to email them again. I did not want to apply any pressure to potential participants yet at the same time I hoped for a response either way so I could begin to make progress. After sending a follow up email two players agreed to participate. During this time, I could see that the same players that I was awaiting a response from were active on social media and regularly posting and responding to comments. I used Twitter (as discussed in Chapter 2) to try and contact them. A third player messaged in response to say that he was interested in taking part however unfortunately we failed to agree a convenient time to conduct the interview. I felt frustrated and that my research was stalling before it had really had chance to gather any momentum. I decided that rather than focusing just on one

professional football club I would open up the study to potential participants from across the EFL to see if I could attract a more diverse range of participants.

I thought that by advertising the call for participants nationally it would increase the number of participants involved and raise the profile of the research study. I also decided to try and target any suitable player who had discussed mental health issues publicly or made mental health related comments on social media. I would either tag targeted players in tweets or sending direct messages via either Twitter or LinkedIn. I also hoped to try and recruit EPL players to try and include the top five leagues in England. As previously mentioned, football is a closed shop and premiership footballers in particular live in a seemingly impenetrable bubble. Frequently their social media accounts are run and monitored by their public relations team rather than the individual themselves. Unsurprisingly I was unable to gain a response from these players. I also decided to print off information regarding the study and I posted the information via recorded delivery to the football clubs of the players in question. Again, I had no response. However, I have no way of knowing if these letters reached their intended targets.

When targeting other players across the EFL I decided to use the tactic that unless they reply with a definite no then they are fair game, and I would send them a message at regular intervals to encourage them to participate. Only on one occasion did a player politely decline. This was disappointing as he had spoken publicly regarding his experiences of mental illness and how it had impacted his football career. We exchanged messages back and forth until he decided that he did not wish to take part. I believe that the main reason that he declined was because I am an outsider. I was unknown to him and discussing sensitive issues requires a development of trust. At the other end of the spectrum was a player who I had

messaging on a regular basis. He had shown early interest and asked for further information, although when I sent this through, I did not hear back from for a while. This player had posted online about his involvement with neuro linguistic programming and was advertising workshops that he was involved in facilitating. I knew that he had a story to tell so persevered with my recruitment drive. Eventually he agreed and we met face to face a couple of times. It took almost a year from the initial contact to meeting face to face, but it was worth it as his experiences were fruitful and were valuable to the study.

Some players were recruited via word of mouth. As my networks expanded different people would suggest other players that might be interested. When I first started this doctorate, I worked at Sheffield Hallam University, and I made colleagues and students aware of what I was doing. One of my personal students at the time disclosed that she used to go to school with someone who became a professional footballer. With her help I was able to recruit the first participant. Also, a colleague that I used to share an office with informed me that he grew up with several people who became elite athletes, either in professional football or other sports. He identified several players who may be interested and through his contacts I managed to recruit another participant. A third participant was also studying a degree at Sheffield Hallam so colleagues across the university connected the two of us.

I used a similar approach to recruit the *Collective Voices* reviewers. I found LinkedIn more successful than Twitter to recruit reviewers for this stage as the people involved had professional occupations. Through this platform I was able to target physiotherapists, counsellors and psychologists who agreed to take part. I continued to use Twitter to recruit player's family members as it is a frequently used social media platform by professional footballers.



## **5.5. Reflections on the data collection process**

Initially I wished to arrange to meet participants face to face as I feel they are easier to manage and can generate a natural conversation. Meeting face to face also helps the interviewer to recognise social cues and non-verbal behaviour, create a relaxed ambience and allow spontaneity (Opdenakker, 2006). As a football fan I also found it exciting to meet elite footballers that may have contributed to my memories of watching live football. For example, one of the participants scored the winning goal at an important game that I attended with my father at Wembley Stadium. Seven participants were interviewed face to face. The first participant was interviewed in a coffee shop which at the time of the interview was extremely busy and distracting. Although the interview itself went well and the player felt supported enough to be open about his experiences there was a young child stood in the booth behind him screaming almost continuously. This was disruptive and this was apparent when I was listening back to the interview during transcription. This was an important learning point for conducting qualitative research.

I interviewed the next two participants on university premises in a quiet meeting room. This was convenient as one participant was studying for a degree on campus and another participant, although based elsewhere in the country, had planned to visit friends in Sheffield. The next interview I conducted was in a quiet coffee shop. This interview was the quickest. This participant was the youngest and least experienced to take part in this study. I felt that this participant could elaborate further in his answers although he seemed reluctant to do so despite volunteering readily for the study. Fortunately, many of the participants were relatively easy to

build a rapport with and elicit their stories. One of the participants was particularly easy to build a rapport with. He was very talkative and keen to share his experiences. I conducted this interview in a hotel reception near Nottingham in an evening after being at work all day. The interview went well and was so enjoyable that I lost track of time. My wife was concerned for my wellbeing and almost called the police to report a missing person. I may have been in trouble at home but at least I had collected valuable research data.

Due to the geographical location of some of the participants it was not feasible to always meet face to face. I would fit the interviews in around my full-time career as an academic and it was noticeable that professional footballers do not have a set routine. Depending on results, performances and the managers view at that time their training routine and days off can be changed at short notice which impacts on their ability to plan and arrange meetings. I had hoped to meet a very experienced player face to face, and it would have included driving a five-hour round trip. Due to the uncertainty of his training routine we agreed to conduct the interview via telephone for convenience. There is a belief amongst some qualitative researchers that face-to-face interviews are the gold standard and telephone interviews are not preferred as they are open to misunderstanding, and difficult to manage (Rubin and Rubin, 2011). However, Johnson, Scheitle and Ecklund (2019) believe that telephone interviews can provide a more private setting allowing for the generation of richer information. As well as telephone interviews I was also able to use Skype or Zoom depending on the preferences and available technology to the participants. Skype is also beneficial to minimise geographical barriers (Deakin and Wakefield, 2014). Deakin and Wakefield (2014) suggest that online participants are more open and expressive. I found this to not always be the case. I interviewed one participant

via Skype, and I knew that he had a story to tell. He had publicly spoken about his experiences with mental illness, and I was looking forward to the interview. He was sat and home and seemingly relaxed however I found the interview challenging. I had previously interviewed several participants at this point, and I was familiar with the questions and recognised which questions worked well and which questions may have needed fine-tuning. I attempted to use prompts and encouragement to allow the participant to expand on his answers further although he seemed reluctant to do so. On reflection there may have been reasons for this. He has lived with depression for a number of years, and he may have been experiencing depressive symptoms at the time. This was impossible to ascertain unless he stated it as it was the first time we had met, and it may have been he was reluctant to trust me as I was unknown to him. It also may have been due to the fact that I was asking him questions about a sensitive subject that still carries a lot of stigma and discrimination. At that point in time, he may have been uncomfortable talking about mental health. What became even more frustrating was that within a few weeks later he announced his retirement from professional football and gave numerous media interviews in depth about his career and his experiences. It is difficult to know if it was my experience as a novice researcher, the fact that I had no prior relationship with the participant, or if he was experiencing a depressive episode yet felt obliged to conduct the interview as he previously agreed to take part.

Skype was also useful as it can be downloaded onto a mobile device. I realised that a potential ideal time to conduct an online interview was the evening before an away match. One of the participants was due to play an away match on a Saturday so was staying in a hotel along with his club on the Friday night. He said that he enjoyed the interview, partly because he has nothing better to do as he was sat alone in a hotel

room. This would be worth considering should I choose to recruit current footballers for any future research projects. Capturing the times where they are available with minimal distractions may be advantageous.

For the *Collective Voices* stage data collection was predominantly via email communication. I send them the draft findings summary and they responded with any additional comments. One of the *Collective Voices* reviewers was a first team manager at a Championship club, and he asked for a telephone call to discuss this further. This telephone call was beneficial as he was able to fully understand my research study and offer clear insights to mental health experiences that were currently affecting his first team playing squad.

## **5.6. Reflections on the data analysis process**

As a novice researcher the data analysis process was a steep learning curve. I had previously been involved in research projects collecting data and inputting data into relevant software however this was my first experience as a lead researcher. In keeping with TSF I used Braun and Clarke's (2006) thematic analysis. Although I had previously read about thematic analysis before undertaking this study, this was the first time I had put it into practice. I had no prior experience of coding yet with the help of Nvivo 11 and a few YouTube tutorials I managed to make sense of what I was required to do. Nvivo was chosen as it can create a simple to work with structure to create codes and discover themes (Zamawe, 2015).

I had chosen to transcribe the interviews myself and I did not realise how time consuming this would be. The first interview was difficult to transcribe, partly due to my inexperience, but also partly due to the background noise and coffee shop

distractions on the recording. I transcribed the first few interviews and found myself immersed in the data and reliving the interviews as if I was there in real time. This was helpful as I could remember the conversation and how it progressed alongside listening back to the recording.

I was offered a small amount of funding to pay for transcription services and due to my busy workload, I chose to accept this offer. Three of the interviews were transcribed by a professional transcription service and although I found this helpful in terms of the speed in which they were completed, I found them more difficult to understand. I felt that I was reading through somebody else's interpretation of the interview rather than my own. I decided to transcribe the rest of the interviews myself so I could re-immense myself in the data and consider potential codes or themes as they stood out.

After uploading all eighteen interview transcriptions to Nvivo 11 and spending time analysing them and looking for codes and themes I ended up with 57 codes. I wanted to step back from the codes and review them as a whole but I did not feel that I could do this effectively on a computer screen. I wrote each code on separate post-it notes and placed them on my living floor. When I had placed all 57 post-it notes I took a step back and using the voice notes application on my iPhone I recorded a discussion with myself regarding how I allocated the codes into themes.

Through this process I was able to agree on five main themes. I always anticipated that there would be a theme about mental health as it is the focus of the research, and the semi-structured interviews were based around this concept. However, I felt that mental health was too big as a theme as it was still open to interpretation. This gave me the opportunity to split this theme into two so I could focus on the impact of

self and the reaction of others. I felt that these two sub-themes encapsulated the lived experiences of this sample of participants. I was surprised that social networks were the main theme that appeared from this research, however considering my experience as a mental health nurse and belief that what happens in childhood affects us in adulthood, it makes sense that a supportive structure away from football is instrumental in the wellbeing of the players.

The *Collective Voices* reviews were reassuring as they validated the experiences of the participants. *Collective Voices* were able to recognise the stories that were being told which providing confirmation of the robustness of the research. The emergence of the social networks theme was interesting as it helped shape my thinking to recruit player's family members to the *Collective Voices* review. I was able to contact the wife of a EFL league two goalkeeper, and the mother of an EFL player who had played in the Championship. The player's mother was particularly insightful and highlighted the emphasis on 'strength', and any form of 'weakness' be it from battles with addiction, to loneliness, to relationships, would have been looked upon in a poor light. She disclosed that her son was not willing to take the chance to open up about his problems with gambling to either his football family, or his actual family, and instead, chose to mask it for many years. She described how his behaviour as a joker hid his addiction and unhappiness. Fortunately, the player in question has since been able to reach out for help and support however her story regarding his experience was powerful and highlighted that mental health experiences within football are frequently overlooked and, in some cases, players may be released to pass the burden onto another club. This player's story emphasised that I am researching an important topic and justified my decision to undertake this research study.

## **5.7. Strengths and limitations of the study**

This section will highlight the strengths, limitations, and constraints of this research study. To begin with it is worth commenting on the fact that this study only considers male professional football. Although I have made it explicit from the outset that the research participants of this study are male professional footballers, the mental health challenges discussed in this thesis also affect female professional footballers. Junge and Prinz (2019) suggest that the prevalence of depression symptoms and generalised anxiety disorders in elite female footballers is similar to the female population of similar age, and according to Clarkson et al., (2020) the reality for professional women footballers, is that their work conditions are more uncertain and unstable compared to the men's game, particularly in the aftermath of the covid pandemic.

Female footballers are another marginalised group and the covid pandemic will have impacted their security and livelihood as professional football (Souter et al., 2021). Elite women's sport, including football experience significant differences in the level of professionalisation. This will add to the level of financial strain and lead to poorer injury management subsequently impacting upon their mental health (Perry et al., 2021). Although this study focusses on the lived experience of male professional footballers, the experiences of female footballers need to be captured and understood to develop a holistic understanding on the prevalence, impact and treatment options of mental health throughout football at all levels and for all genders. A FiFPro (2020) survey exploring the impact of Covid-19 on women footballers identified that in 84% of countries players did not receive mental health

support. This is evidently an area that requires immediate support and improvement.

I believe that the silences framework would be a valuable tool to identify these disparities and help research the mental health experiences of female footballers.

This study also focuses on current first team footballers. This can be seen as a limitation as each professional club within the EPL and EFL will have an academy system and some clubs, although not all, will operate teams at the under 21 and under 23 age groups. Sagar et al., (2010) found that young football players faced a stressful time due to pressure and the challenges to win and to enter the first team. Although all participants within this study have previously progressed through the academy system Adams and Darby (2020) suggest that success stories of individuals breaking through the academy system into the first team are increasingly a rare occurrence. This is supported by Calvin (2017) who states that supports 98% of players given an academy scholarship by English clubs at sixteen years old are no longer playing in the top five tiers of English football at the age of eighteen. It is evident that there are several issues affecting the mental health of academy players, although this thesis does not specifically address these. However, the findings and recommendations arising from this study will have the potential to directly benefit academy footballers. If the key stakeholders address these recommendations, then professional football clubs should adopt the approach of improving the mental wellbeing of all players from the first team to the youth team players.

This study also does not focus on the issues in retired professional footballers. As retired footballers transition out of elite football, they will face several new challenges including adjusting to a new lifestyle (Gouttebarga et al., 2018) and a change in their identity. Retirement can be seen as a traumatic experience regardless of the



circumstances which led to it (Gervis et al., 2019) and retired professional footballers are particularly susceptible to several physical and mental health problems (Carmody et al., 2019). Campbell (2020) compares the transition out of football as a grieving process surrounding the player's loss of their sporting identities. This loss is linked to their self-esteem and for some players their reasons for living. This thesis does not include the discourse relating to retired football players and the risk of traumatic brain injury and chronic traumatic encephalopathy (CTE) (Russell et al., 2020), including the potential link between heading a football and the risk of developing dementia (Taylor, 2021).

Within this study I have captured the stories of eighteen professional footballers who were current players at the time of the interview. Although some of the participants have played in the EPL at some point during their career, I was unable to recruit participants directly from EPL clubs. As mentioned in Chapter 2, football is a closed shop and my experience of attempting to recruit players from EPL clubs reinforces this view. Law (2019) discusses the challenges attempting to recruit a sample of professional footballers to engage in qualitative research. He suggests that without having an "insider" status gaining access to professional football players for qualitative research, is almost impossible. He also attempted to write to footballers to request their participation yet received a zero-response rate. This correlates with my experience of attempting to recruit premier league footballers.

As discussed in Chapter 2 I used social media to recruit the study participants and it can be argued that many premier league footballers use social media platforms. However, it is unclear how many players post to these platforms themselves as many allow agencies acting on their behalf to post as part of their brand. These

agencies frequently post similar messages from a variety of players and therefore lack authenticity (Howell, 2021). This management by media agencies also helps protect players from the negativity of social media and keeps them enclosed within a protective bubble. This practice may contribute to the difficulty in accessing premier league players. It is likely that my attempts to recruit premier league players using social media were wasted as I doubt that the players were aware of my requests.

During the timescale of this study there have been an increasing number of allegations of historical sexual abuse and safeguarding concerns around young players within English professional football (Oliver and Parker, 2019). In November 2016, former professional football player, Andy Woodward, disclosed that when he was a youth player at Crewe Alexandra football club he was sexually abused by a former coach (Dixon, 2020). Following this, several former professional footballers also disclosed publicly that they were sexually abused by the same former football coach, Barry Bennell. In February 2018 Barry Bennell was sentenced to thirty years imprisonment after he was found to have systematically abused young boys over several decades (Nash, 2019). These players disclosed being victims years after the events happened. This delayed disclosure can be associated with greater mental health impairments in adulthood (Romano et al., 2019). In addition to this, Sanjeevi et al., (2018) state that childhood sexual abuse has been found to make a lasting impact on an individual's psychological functioning, as evidenced by a broad range of negative mental health outcomes in adulthood. Childhood sexual abuse has a significant impact on the mental health of the individuals involved and the sex abuse scandal that affected English football made headline news nationally and internationally. At the time of interviewing the research participants about mental health in football, the impact of this scandal would have been in their consciousness.

However, it is important to note that the impact of the sex abuse scandal was not included in the aims of this study and therefore this topic was not discussed in any of the participant interviews.

Another limitation relates to how I recruited participants. Although I used social media to recruit participants, I only used the social media platforms Twitter and LinkedIn. According to Arigo et al., (2018) Facebook is becoming increasingly useful for reaching middle to older age adults as they make up a considerable subset of Facebook's active user base. In contrast adolescents and young adults make up large proportions of the active user bases for Instagram and Twitter. Facebook can be effective in recruiting hard to reach research participants (Guillory et al., 2018), however this platform was not used because recruitment adverts would be subject to prohibitive rules and regulations (Kamp et al., 2020). More importantly Facebook was not used to as a recruitment strategy as I do not like Facebook and therefore elected not to have a Facebook account. Similarly, Instagram was not used because I do not have or wish to have an Instagram account. I also felt that the platform's visual nature places too much emphasis on content that is aesthetically pleasing (Carpenter et al., 2020), and therefore this was not an appropriate recruitment tool for this research.

I had intended for all participant interviews to be conducted face to face as it would allow me to explain the intent of the research personally (Jain, 2021). Face to face interviews provide the most natural conversational setting and can be seen as the gold standard (Johnson et al., 2019). They also help to establish rapport and credibility as a researcher, developing the relationship and to enable the facilitation of storytelling to answer the researcher's questions (Brown and Danaher, 2019). As I

used a mix of face-to-face interviews, skype and telephone interviews this may have affected the consistency of the interview facilitation and participant's responses.

Although the use of Skype interviews did allow face to face communication it was not possible to capture every aspect of non-verbal behaviour as in many cases only the head and shoulders of the participant were visible.

There was also a reliance on participants having good internet access, being digitally literate and some participants might not be as comfortable on-camera as they would have been during a face-to-face interview (Heath et al., 2018). Despite the useful information provided by the telephone interviews it was not possible to visually capture the additional non-verbal communication therefore triggers and cues that might have been beneficial to the interview were missed. The telephone interviews impacted the ability to develop the rapport and telephone interviews tend to be both shorter and less detailed than face to face interviews (Mirick and Wladkowski, 2019). Although it would have been preferential to have conducted all interviews face to face, the fact that I was able to adapt and be flexible to conduct the data collection can be viewed as a strength.

A further limitation of this study is that there is a reliance on the memories of the participants. As Crotty (1998) states, semi-structured interviews rely on the participants' memories and reflections to help them revisit their experiences. According to Bantjes and Swartz (2019), memory for any past event is constructed in the present and it can change from context to context. Memory can also be unreliable in the production of narrative accounts (Thompson et al., 2014). As the participants were asked about their personal experiences of mental health, they were requested to recall memories and experiences that may have been uncomfortable

and caused distress. If a participant had previously experienced a traumatic event, these memories may have been disorganised and fragmented leading to an inability to recall key features of the traumatic event (Brewin, 2018).

How memories are formed can be impacted by the way individuals relate to other people. Situations in their adult lives are shaped by family experiences during infancy, which can then help to determine the ways in which individuals predict and mispredict the actions of others (Kredlow et al., 2018). This relates to the importance of social networks as discussed in Chapter 4 and the participants experiences within childhood. Relevant features of the lived experience may have been omitted either accidentally or intentionally when recalled during the semi-structured interview.

When recalling events some people aim for accuracy whilst others prefer to focus on the entertainment aspect of the story. Sometimes they may make the story more interesting by omitting certain details and exaggerating and embellishing others (Dudokovic et al., 2004).

It is clear that the memory and recall are intricate and complicated. The potential impact of the inaccuracy of events and experiences of the participants is to be acknowledged

As discussed in Chapter 3, the *Collective Voices* reviewers are the 'user' voices which include the social networks of participants or others whose cultural, social, or professional situation may impact on the research question (Serrant-Green, 2010). Communication between myself and the *Collective Voices* reviewers was predominantly through social media messages and email, although I did have a telephone conversation with one of the participants. Although they were able to give their feedback on the draft findings and the resemblance to their own experiences

within football, the information was not as detailed as it would have been if the *Collective Voices* reviewers were interviewed. Although other researchers using TSF conducted semi-structured interviews with their *Collective Voices* reviewers this study does not therefore the depth of feedback may not be comparable to other studies using this framework. Although the *Collective Voices* reviewers are positioned within the social networks of professional football players, many of these reviewers have never played professional football and sit within the supporting structures around the players. They have been able to comment on how the draft findings match with their experiences of being associated with professional football players however their ability to truly empathise with the player's lived experiences may be limited. Furthermore, the research participants within this study have collectively played across the top five leagues in English football. Within the *Collective Voices* reviewers, it is not clear how their experiences fit with these five leagues and therefore there may be a disparity between the football league experience of the study participants compared to the football league experience of the *Collective Voices* reviewers.

Throughout this study, I have been the 'Stranger from Mars' (Green and Thorogood, 2014) and an outsider to the football world. This has posed challenges and limited my access to a wider range of research participants. Being an outsider allows the researcher to remain objective, however it can be a barrier to access potential participants (Kerr and Sturm, 2019). As discussed earlier in the thesis, the notion of professional football being a closed shop has created a significant barrier when I have attempted to recruit research participants, particularly premier league footballers. It is to be acknowledged that although some of the participants have previously played in the EPL, the impact of mental health within the EPL may not

have been accurate at the time of the research interview. It may be that within the amount of time that had lapsed since the study participants had last played in the EPL improvements and an increased acceptance of mental health in the EPL may have occurred. Being an outsider may have prevented the depth of the participant's responses as they may have been less willing to reveal sensitive information to me (Holmes, 2020), particularly as we may not meet again in the future.

As discussed in Chapter 4, two-thirds of the study participants (66.6%) identified as white British, five participants (27.7%) were from a BAME background and one (5.5%) was white European. Black players make up 30% of professional footballers in England and Wales (Bennett 2021), and although the BAME sample within this study is almost 30%, the small sample size is not fully representative of the BAME population of the EPL and EFL.

Unfortunately, racism still exists within society and within football and has done throughout the history of football. Despite the awareness of the Black Lives Matter movement (Francis and Wright-Rigueur, 2021), and the introduction of taking the knee at just prior to kick off within English football matches, racism within football is still prevalent. Although one of the BAME participants within this study alluded to an experience relating to racism, their experiences of racism were not explicitly discussed within the research. In addition to this people from BAME communities are disproportionately at risk of involuntary mental health detentions, have longer inpatient stays and recurring admissions (Barnett et al., 2019). There is also an increased prevalence of schizophrenia in BAME populations and an insufficient awareness of mental health issues. Discourses around mental health and race are not considered within this study.

As this study only used one method of data collection it does not demonstrate method triangulation. Triangulation refers to use of multiple methodological resources or practices (Denzin, 2009). In triangulation researchers may draw from multiple data sources by gathering data from different time periods, locations, or perspectives, or they may employ more than one type of qualitative data collection procedure (Natow, 2020). Triangulation can improve the reliability of a single method by examining where the different data intersect (Silverman, 2014), and it can be a way of capturing multiple voices or truths that relate to the topic (Braun and Clarke, 2013). Although I have only used one method of data collection a range of other strategies have been employed to increase the validity of the study. For example, asking participants to review their transcripts and draft findings to ensure member-checking, the use of transparent interviewing, transcribing and data analysis procedures along with a structured approach to data analysis. This was further supported using cyclical data analysis, including the *Silence Dialogue* and *Collective Voices* processes in addition to staying as close as possible to the language and terminology used by participants in analysing and reporting the study findings.

Finally, this research study has focused on first team professional footballers within the EPL and EFL. Although the issues discussed will be relevant to footballers playing within the top five leagues in England many of the findings will be transferable to elite footballers across the globe. Football can be referred to as 'the people's game' (Bergh and Ohler, 2018) and has widespread global appeal, however it must be acknowledged that the concept of mental health differs significantly across cultures. In many cultures mental health and mental illness can be viewed as a foreign concept (Proctor et al., 2017). People experiencing mental illness can be heavily stigmatised and some cultures may reject the idea of mental illness and



prefer to explain health and illness through spiritual models. People from diverse cultures often use culturally specific language to describe the mental distress that they experience (Warren, 2019). These challenges will have to be considered when looking to transfer this research globally.

## **5.8. Recommendations**

The recommendations from this study will be presented in the following three sections, recommendations for research, recommendations for practice, and recommendations for policy. These recommendations are based on the silences identified within the key themes of social networks, environment, masking vulnerabilities, help seeking and support, and mental health.

### **5.8.1. Recommendations for further research**

The findings from this study highlight the following areas for further research.

- There should be further research to see if there is a link between playing position and mental health. Within this study sample of eighteen participants, three of these were goalkeepers and five were predominantly attacking players. Goalkeepers can be vilified by supporters if they are perceived to have made a mistake which led to conceding a goal, and similarly attacking players receive negative comments and verbal abuse if they miss an opportunity to score a goal. The severity of this negativity can be linked to the perceived importance of the match. Conversely if a defender or midfielder

makes a mistake, misses a tackle, or misplaces a pass it can be quickly forgotten. It would be useful to conduct further research to see if mental health symptoms are exacerbated dependent upon a footballer's playing position

- There should be further research to explore mental health literacy within players, coaches and support staff working in professional football. Research should be conducted to understand and evaluate the level of knowledge about mental health risk factors and causes, their understanding of specific disorders or presentations of psychological distress, and potential treatment and therapeutic interventions.
- Do mental health symptoms affect professional football or does professional football affect mental health symptoms? Further research is recommended to explore whether mental health symptoms effect the training, performance and role of a footballer, or whether the implications of training, performance and role of a footballer exacerbate mental health symptoms. It would be useful to understand the prevalence rates of professional footballers predisposed to mental health symptoms and consider a longitudinal study to examine mental health presentation and symptomology across regular checkpoints within the lifecycle of a professional footballer.
- Although this research study is focused on male professional footballers, I would anticipate that many of the findings would be transferable to women's professional football. Women's football is growing and developing nationally and internationally. Although there have been positive developments regarding the professionalisation of women's football there are still disparities between the women's and men's game. The Covid-19 pandemic had a debilitating effect on women's football and contributed to wage cuts, job

losses and a lack of mental health support. Further research is recommended to specifically focus on the impact of mental health on women's professional football and its relationship with performance.

- As this study is focused on professional football players, there should be further research exploring the lived experiences of managers and coaching staff. Not only are the managers and coaches responsible for the wellbeing of the players they also have to contend with the complexities of management and team selection dilemmas. Should players disclose their own mental health issues to the management and coaching staff it is unlikely that they will have the knowledge and training to process the information. There is a huge pressure within football to win matches to either improve the club's league position or challenge for trophies. The employment of a manager can be precarious, and this can have a detrimental impact upon their mental health.
- This study has been the first study within sport to utilise TSF. It would be beneficial to apply this framework to other sporting groups who experience marginalisation and under-representation. Further testing of TSF to hear the unheard silences within football, in addition to applying the framework to exploring mental health issues across other elite sports would be advantageous. I would also recommend testing TSF within non-sporting mental health research across a range of settings and populations.
- As identified within this research study, the majority of published research exploring the mental health of professional footballers has been conducted using quantitative research. There is a paucity of qualitative research examining issues within professional footballers. I would recommend that not only should there be an increase in qualitative research exploring the lived

experience of professional footballers, but also professional football as an industry should develop ways to improve access to players and clubs to allow the opportunity for further research to take place. The Premier League should work collaboratively with other agencies to remove barriers where appropriate.

- This research study has focused upon the lived experiences of mental health within professional footballers playing in the English Premier League and English Football League. The findings can be transferable to professional football leagues around the world. Further research is recommended to understand the mental health issues internationally and to understand the transcultural issues that affect mental health within football globally.

#### **5.8.2. Recommendations for practice**

- Professional football clubs should develop a holistic approach to mental health. Mental health in sport is more than just a prioritisation of the impact on performance. Clubs should continue to explore the benefits of sport psychology, marginal gains, and the improvement in physical performance, however they should also develop a person centred approach. Professional footballers have many identities. In addition to being a footballer they have other identities that define them and subsequently can impact their mental health. A holistic approach should consider all these aspects to assess, treat and improve the emotional wellbeing of the player, coach, or support staff affected.

- To support a holistic approach to the emotional wellbeing of player, coaches and support staff, professional football clubs should appoint a wellbeing officer. This role should support existing structures in place within the clubs and should have a particular focus on psychological wellbeing. They should also support identified mental health champions and assist in the organisation and delivery of the recommended mental health training.
- Professional football clubs should introduce a mental health champions scheme and identify volunteers from within both the playing staff and support staff to take on the champion role. Identified mental health champions would take action to raise awareness of mental health and challenge stigma. These individuals would also act as role models for other players to reach out to them to discuss their emotional wellbeing. These mental health champions should also be trained in mental health first aid.
- There should be an increased focus for mental health support for released players. Many participants within this study have been released by a professional football club at some point in their career and as discussed, being released can trigger feelings of anxiety, depression, and low self-esteem. As Green (2009) suggests that 99% of academy players do not make it through the youth development systems. Therefore, there will be a substantial population of young men being released from professional football who may then develop signs and symptoms of psychological distress. Professional football clubs should develop an aftercare package for released players to include access and signposting to appropriate therapeutic support services.

- All professional footballers will transition out of playing football at some point in their career. This can happen at any time in their career and players cannot always prepare for it. Players are released from clubs, or some will come to the end of their contract and not be offered a new contract either with their existing club or a new club. They may be left with no choice but to leave football and seek alternative employment. Some players may experience a career-ending injury which prevents them from continuing playing. There are also cases where footballers have a lengthy career and choose to naturally retire where they are seemingly prepared for retirement. Professional footballers may not fully understand the implications and adjustments involved for their life after football, therefore their needs to be improved access to interactive workshops with a focus on coping with the transition out of football.
- Professional football clubs should employ qualified counsellors to improve access to psychological support. Currently there is only one professional football club within England that employ a sports psychotherapist. There should be an increase in the number of clubs offering psychotherapeutic support to their players where appropriate. The PFA offer a 24-hour helpline with counselling support, however some players are cautious to access the PFA as there is a belief that the coaches and managers would find out and there would be repercussions such as losing their place in the team. Clubs should further support players to access the support that the PFA offer.
- Professional football clubs should consider modifying the language and terminology used to reduce stigma and discrimination. There are frequent examples of stereotypical masculine language used within football. This occurs during training, matches but also within team talks prior to playing a

match. There can be an over-reliance of using masculine terms based on strength, toughness and being macho, which may inhibit players who feel vulnerable speaking out and seeking help. Players should be encouraged to express their vulnerabilities and offered appropriate support when they require it. Managers and coaches should cease using outdated terms such as ‘man up’ and other similarly negative stigmatising terms.

### **5.8.3. Recommendations for policy**

- Professional clubs should develop appropriate policies and procedures to support the mental health and emotional wellbeing of players, coaches and support staff. Clubs should also consider incorporating the International Olympic Committee (IOC) consensus statement (Reardon et al., 2019) and the subsequent IOC mental health toolkit to guide the development of these policies. These policies should encourage the promotion of positive mental health and the creation of an open and supportive environment for all employees.
- I would recommend that there should be a consultation between key stakeholders including the Professional Footballer’s Association, The Football Association, The Premier League, The Football League, and the League Manager’s Association (LMA) to develop a national mental health strategy for professional football. This national strategy should create a positive mental health environment for all players, coaches and support staff working within professional football. It should provide education, guidance for reducing the risk of mental health problems developing, and an early intervention approach to provide the necessary support, assessment, and treatment options.

- Within this national strategy, the key stakeholder should collaboratively develop a pathway for former players to become wellbeing officers, qualified counsellors, and sports psychotherapists. If former footballers are encouraged to develop into these roles, not only will it provide an attractive career option following their transition out of football, it will also support active footballers to have access to the appropriately trained therapists who will be able to identify and empathise with the mental health issues that players experience because they understand the challenges of being a professional footballer themselves.
- There should be an increase in the level and standard of mental health training within professional football clubs. There should be a development of an interactive training programme for all playing, coaching and support staff working within professional football to engage with. Training should be developed and delivered to improve the mental health literacy within professional football. There should be a particular focus on suicide awareness. This training should be evaluated, and key points disseminated nationally.
- A training package should be developed to enable playing, coaching and support staff to focus on early intervention and recognise the signs, symptoms and early warning signs of psychological distress. There should be improved links between professional football clubs and their local NHS or private healthcare providers to allow for clear signposting to relevant services and improved accessibility to appropriate mental health support.
- There should be an increased recognition amongst all stakeholders within professional football regarding parity of esteem. There should be an increased awareness that mental health should be treated in an equal way to physical



health. Injury is the most significant risk factor for psychological distress amongst professional footballers, and frequently during injury rehabilitation the players spend a prolonged period working with the club physiotherapist. This may be the only opportunity a player has to talk about possible mental health symptoms within a football club. The physiotherapist may not have had any previous training in mental health awareness and may also be under pressure from the first team manager to declare a player fit to play. Managers, coaches and support staff need to be aware of how a physical injury can lead to symptoms of psychological distress.

- Professional football clubs should support players to have a negotiated period of time out of the team where necessary to access help and support should they be experiencing mental health issues. It is important for clubs, with the consent of the player affected, to publicly acknowledge that the absence is related to mental health or emotional wellbeing. By being honest and transparent clubs can help reduce the stigma surrounding mental health and hopefully encourage other people, either players or fans, to seek help for their mental health issues. There have been examples in the past where clubs will report a player's absence to the media with the excuse of a physical injury. This practice needs to end to reduce stigma and discrimination
- Finally, I would recommend a consultation with key stakeholders involved with the Union of European Football Associations (UEFA), and the Federation Internationale de Football Association (FIFA) to explore the potential to transfer the findings and recommendations from this study to a global footballing audience.

## **5.9. Chapter summary**

This chapter has applied Stage 4 of TSF which is working with silences. This chapter discussed the findings presented in the previous chapter within the context of the current literature on mental health and professional football, and the original study aims. This chapter explored my reflections on the research process and considered the strengths and limitations of the study. Finally, recommendations for future research, practice and policy were presented.

## CHAPTER 6

### CONCLUSION

This study has achieved the stated aim and objectives and has applied TSF to explore the mental health of professional footballers. The specific objectives were to:

- identify the issues in male professional football that can affect men's mental health.
- critically discuss the social construction of male professional football and how men are socialised into professional football.
- explore how the identified issues affect men's help seeking behaviour within professional football.

This study achieved these aims and has made an original contribution to knowledge in being the first study to use TSF in a sporting context. It is also the first study to adapt it to researching issues in professional football. TSF is used to investigate sensitive issues or marginalised perspectives, and this study has evidenced that mental health within professional football is under-researched, little understood and silenced.

This study also makes an original contribution to knowledge through the following peer-reviewed publications:

- Souter et al., (2018). Men, Mental Health and Elite Sport: a Narrative Review. *Sports medicine - open*, 4(1), 57
- Souter (2020). Substance abuse and gambling in professional football. *Football Medicine and Performance*, 30, pp. 28-31

- Souter et al., (2021): The impact of Covid-19 on the mental health of professional footballers, *Managing Sport and Leisure*, [Online] [Accessed 14<sup>th</sup> January 2021]  
<https://www.tandfonline.com/doi/abs/10.1080/23750472.2021.1877569>

This study has given a voice to first team professional footballers in relation to their lived experiences of mental health and mental illness and is one of the first studies to use qualitative research to explore the lived experience of mental health within current first team professional footballers. There have been studies exploring issues in academy football and retired footballers that may reference mental health, however this is the first (as far as I am aware) to explicitly focus on the mental health of current first team professional footballers.

The key messages from this study are that participants love playing football, and playing football is their dream. In order to fulfil their dream, they expose themselves to a range of unique pressures and stresses that come with being a professional footballer. Not only do they have to conform to a range of rules, regulations and expectations, they have to make sacrifices which impact upon their emotional wellbeing and their relationships with their families.

Silences exist in professional football as players mask their vulnerabilities to survive in the masculine environment of first team football. Participants fear showing weakness due to the belief that it will have detrimental repercussions including losing their place in the team and the impact on future contracts and employment. This masking behaviour combined with performance pressures inherent within football exacerbate the anxiety experienced by footballers. Footballers are also exposed to life events similar to the general population such as bereavement, relationship

breakdown, and financial issues. However, footballers suffer in silence due to the perceived stigma surrounding mental health that exists within professional football.

This study has applied TSF to show that professional footballers are affected by their mental health, and without appropriate access to support they continue to suffer and silence. This is likely to have negative consequences within their personal life, their football career, and their eventual transition away from being a professional footballer.

This study has made several recommendations for research, policy and practice that if implemented will have a positive impact on the overall mental health of professional footballers.

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## APPENDICES

## Appendix 1 – Email confirmation of ethical approval from Sheffield Hallam University

**From:** "Allmark, Peter" <[hwbp3@exchange.shu.ac.uk](mailto:hwbp3@exchange.shu.ac.uk)>  
**Date:** 29 September 2017 at 10:03:09 BST  
**To:** "Souter, Gary" <[hwbg1@exchange.shu.ac.uk](mailto:hwbg1@exchange.shu.ac.uk)>  
**Subject:** SHUREC approval

Research proposal number: 2017-18/HWB-HSC-03

Dear Gary SOUTER

This email relates to your research proposal:

The impact of a mental health awareness programme on elite football psychological wellbeing and subsequent performance

This proposal was submitted to the Faculty Research Ethics Committee with a standard SHREC2A form. It has been reviewed by three reviewers; one is your supervisor, the other two are independent. I can now give it FREC approval – please note any comments from the reviewers.

You will need to ensure you have all other necessary permission in place before proceeding, for example, from the Research Governance office of any sites outside the University where your research will take place. This letter can be used as evidence that the proposal has been reviewed within Sheffield Hallam University. If you need a hard copy then get back to me.

The documents reviewed are amalgamated in a file

SOUTER Binder1.pdf

This is at address: N:\HWBStaff\Business Services\Research\Shared\Ethics & Research Governance\HSC Research Ethics\Applications for review\2017-18\SOUTER, G Aug 2017.

I have also attached it along with the two independent reviews.

Good luck with your project.

Best wishes

*Peter Allmark*

## Appendix 2 – Social media recruitment poster

### Mental Health & Professional Football

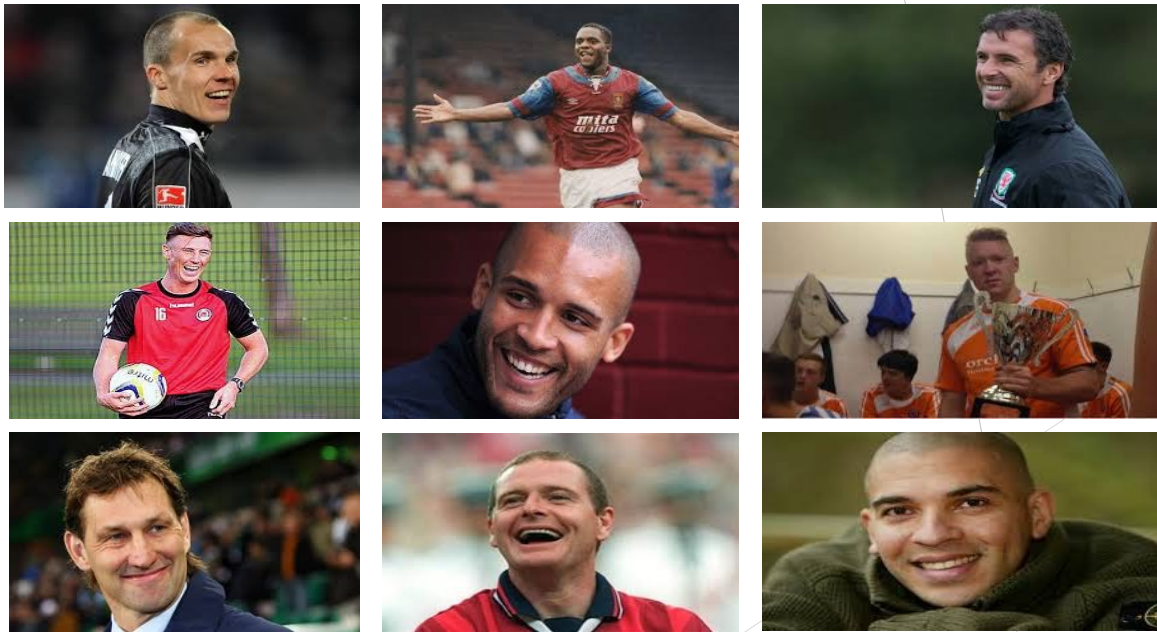
Would you be interested in participating in this exciting research?

Mental Health can affect anyone at any time and 1 in 4 of the population experience mental health issues at some point in their life. Professional Footballers are vulnerable to mental health issues and many suffer in silence.

As part of my PhD study I am looking for current first team footballers from across the EPL/EFL to participate in an individual interview to explore your experiences within football

**You do not need to have had any mental health issues to take part in this study**

All interviews are **100% confidential** and can be held at your convenience – either face to face/skype/telephone



For more information please contact:

Gary Souter – Associate Professor in Nursing @ University of Leicester

[gs316@leicester.ac.uk](mailto:gs316@leicester.ac.uk)

[@garysouter3](https://www.instagram.com/garysouter3)

## Appendix 3 – Participant Information Sheet



### PARTICIPANT INFORMATION SHEET

#### Study title:

The impact of a mental health awareness programme on elite football psychological wellbeing and subsequent performance.

#### Introduction

You are being invited to take part in a research study undertaken by Gary Souter a student and lecturer in the Faculty of Health and Wellbeing at Sheffield Hallam University Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. If there is anything that is not clear or if you would like more information please do not hesitate to ask me (See contact details at the end of this information sheet). Take time to decide whether or not you wish to take part.

### Purpose

The purpose of this study is to gain an insight into professional footballer's experiences of mental health issues, level of awareness and training and how they access psychological and emotional support. Findings from this study will be used to develop an education package for footballers and to see if an improvement in mental health awareness can have an impact upon match day performance.

### Why have you asked me to take part?

I have asked you to take part as you are within the first team playing squad of a professional football club. Your participation is entirely voluntary and you are free to decline to answer any questions I will be asking or stop the discussions at any point. If you prefer not to answer a question, simply tell me and I will move straight to the next question. If you change your mind you are free to withdraw at any time

### Where will this take place?

The interview would take place within a safe location either at the football club's stadium or training ground.

### How often will I have to take part, and for how long?

I would expect the interview to last approximately 45 minutes.



When will I have the opportunity to discuss my participation?

Following the completion of the interview you will have the opportunity to discuss your participation. You will be provided with a list of useful contacts and websites after the interview if you feel you would like to access further support.

How will you use what you find out?

This study will be written up and a copy sent to Sheffield Hallam University as part of my studies there. A report of this study will be published in a number of nursing journals and a copy sent to the PFA. In addition, the findings will be presented at a number of relevant conferences. A copy of the study's findings will be made available to you on request.

How long is the whole study likely to last?

I am a part-time student and I will be working on this study around my existing work commitments. I aim to complete the whole study within five years. I aim to submit my completed thesis in June 2021

Will my taking part in this study be kept confidential?

All information you provide will be treated in the strictest confidence and will not be shared with anyone in your name. Your name will not be used on any written notes

or reports of the study. All notes and/or tape recording made during the study will be stored so no one else can see them and where on computer will meet the requirements of the Data Protection Act. All data (notes, audiotapes and transcripts) will, on completion of the study or in the case of you choosing to withdraw from the study, be destroyed in line with national and local guidelines.

Confidentiality will only be breached if there is a safeguarding issue that needs to be referred on or if a participant discloses active and immediate thoughts of suicide or thoughts of harm to others.

#### Details of who to contact with any concerns or if adverse effects occur after the study.

If you have any concerns or adverse effects after the study contact either myself for further questions/ advice on [g.souter@shu.ac.uk](mailto:g.souter@shu.ac.uk). Alternatively, if you require further psychological or emotional support please contact the Professional Football Association's 24-hour counselling helpline on 07500 000 777

#### What happens if I have a complaint?

If you have any cause to complain about any aspect of the way in which you have been approached or treated during the course of this study, you can use the normal University complaints procedure and contact the University Secretary and Registrar, Liz Winders, Tel 0114 225 2051.

Who has reviewed the study?

This research has been reviewed by:

The Faculty Research Ethics Committee

Sheffield Hallam University

Robert Winston Building

11-15 Broomhall Road

Sheffield

S10 2BP

What if I have any further questions?

Please contact:

Gary Souter

Telephone:

Mobile:

Email: [g.souter@shu.ac.uk](mailto:g.souter@shu.ac.uk)

Twitter: [@garysouter3](https://twitter.com/garysouter3)

Thank you for agreeing to take part in this study.

## Appendix 4 – Participant Consent Form



### Participant Consent Form

TITLE OF RESEARCH STUDY: The impact of a mental health awareness programme on elite football psychological wellbeing and subsequent performance.

*Please answer the following questions by ticking the response that applies*

	YES	NO
I have read the Participant Information Sheet version 1.25.5.17 for this study and have had details of the study explained to me.	<input type="checkbox"/>	<input type="checkbox"/>
My questions about the study have been answered to my satisfaction and I understand that I may ask further questions at any point.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I am free to withdraw from the study at any time without giving a reason for my withdrawal and that I can decline to answer any particular questions in the study without any consequences to my future treatment by the researcher.	<input type="checkbox"/>	<input type="checkbox"/>

I agree to provide information to the researchers under the conditions of confidentiality set out in the Information Sheet.

I wish to participate in the study under the conditions set out in the Information Sheet.

I consent to the information collected for the purposes of this research study, once anonymised (so that I cannot be identified), to be used for any other research purposes.

I currently have mental capacity to choose to participate in this study.

Participant's Signature: \_\_\_\_\_ Date:  
\_\_\_\_\_

Participant's Name (Printed): \_\_\_\_\_

Contact details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Researcher's Name (Printed): \_\_\_\_\_

Researcher's Signature: \_\_\_\_\_

Researcher's contact details:

(Name, address, contact number of investigator)

Please keep your copy of the consent form and the information sheet together.

## Appendix 5 – Study Debrief Information Sheet



### Study debrief information:

For further advice or questions please contact the Principal Researcher, Gary Souter by email: [g.souter@shu.ac.uk](mailto:g.souter@shu.ac.uk)

If you wish to access further psychological or emotional support please contact the following agencies where relevant, alternatively please contact your GP.

Professional Football Association (PFA)

Email: [wellbeing@thepfa.co.uk](mailto:wellbeing@thepfa.co.uk)

PFA members can contact the 24hr counselling helpline: 07500 000 777

MIND

[www.mind.org.uk](http://www.mind.org.uk)

Mind infoline on 0300 123 3393 or email [info@mind.org.uk](mailto:info@mind.org.uk)

Rethink Mental Illness

[www.rethink.org](http://www.rethink.org)

0300 5000 927

Samaritans

[www.samaritans.org](http://www.samaritans.org)

116 123

CALM – Campaign Against Living Miserably

[www.thecalmzone.net](http://www.thecalmzone.net)

0800 585858

Drinkaware

[www.drinkaware.co.uk](http://www.drinkaware.co.uk)

0300 123 1110

GamCare

[www.gamcare.org.uk](http://www.gamcare.org.uk)

0808 8020 133

FRANK

[www.talktofrank.com](http://www.talktofrank.com)

0300 123 6600



## Appendix 6 – Pilot Study Interview Guide



### Interview Questions

#### Section 1:

1.1 Would you tell me the story of your football career from your earliest memories to the present?

1.2 Can you tell me about any positive experiences of playing professionally?

1.3 Can you tell me about any negative experiences of playing professionally?

1.4 Can you tell me about any sacrifices you have made to become a professional footballer?

#### Section 2:

2.1 Have you experienced any mental health issues yourself? If so what?

2.2 Have you previously accessed help or support regarding mental health issues? If so who/how/ where?

2.3 Have you experienced any low points during your football career? If so what was happening at the time?

2.4 Do you think that your performance has ever been affected by mental health issues you may have experienced?

### Section 3:

3.1 Are you aware of any support available for mental health within professional football?

3.2 Have you ever accessed this support?

3.3 Have you felt that you could approach the coaching and management team at any club you have ever played for?

3.4 Have you ever confided in any teammates at any club you ever played for?

3.5 Do you feel that the dressing room is a supportive environment? If so why? If not, why?

3.6 Do you have any concerns about your future in professional football? If so, what?

### Section 4:

4.1 Have you noticed any mental health issues amongst your teammates either past or present?

4.2 Did they receive any help or support?

4.3 Have you ever supported a teammate who has experienced mental health issues? If so, what did you do?

4.4 Do you think that professional football has any issues with mental health?

4.5 Do you think that more could be done to support professional footballers with mental health issues?

#### Section 5:

5.1 Could you describe to me a situation that was highly important in your experience of professional football?

5.2 What do you believe are the reasons for why this situation was so important?

5.3 What did you think at the time?

5.4 How did you respond?

5.5 What emotions did you experience?

5.6 How did you feel?

5.7 What did you do?

5.8 How did you think this situation and your responses would affect your performance?

#### Section 6:

6.1 Have you any previous training about mental health? If so, when and where?

What did it involve?

6.2 Would you be interested in attending further mental health training?

6.3 What topics or areas of mental health would you be interested in finding more about?

6.4 Do you think professional football clubs should deliver more mental health training? If so, how should they do this?

Section 7:

7.1 How do you think the interview went?

7.2 Did you feel you could tell your story fully?

7.3 Did I lead or influence your responses in any way?

7.4 Is there anything that we haven't talked about that you are able to tell me about your experience of mental health?

7.5 Have you any comments or suggestions about the interview itself?

Thank you for participating in this study.

## Appendix 7 – Main Study Interview Guide



### Interview Questions – Main Study (Amended)

#### Section 1:

1.1 Would you tell me the story of your football career from your earliest memories to the present?

1.2 Can you tell me about any positive experiences of playing professionally?

1.3 Can you tell me about any negative experiences of playing professionally?

1.4 Can you tell me about any sacrifices you have made to become a professional footballer?

#### Section 2:

2.1 Have you been told to behave in a certain way or encouraged to behave in a certain way either positive or negative and can you give any examples of that?

2.2 Football is a masculine place so thinking in terms of a masculinity as well how would you explain the culture within football or maybe the culture within the dressing room?

### Section 3:

3.1 Have you experienced any mental health issues yourself? If so what?

3.2 Have you previously accessed help or support regarding mental health issues? If so who/how/ where?

3.3 Have you experienced any low points during your football career? If so what was happening at the time?

3.4 Do you think that your performance has ever been affected by mental health issues you may have experienced?

### Section 4:

4.1 Are you aware of any support available for mental health within professional football?

4.2 Have you ever accessed this support?

4.3 Have you felt that you could approach the coaching and management team at any club you have ever played for?

4.4 Have you ever confided in any teammates at any club you ever played for?

4.5 Do you feel that the dressing room is a supportive environment? If so why? If not, why?

4.6 Do you have any concerns about your future in professional football? If so, what?

#### Section 5:

5.1 Have you noticed any mental health issues amongst your teammates either past or present?

5.2 Did they receive any help or support?

5.3 Have you ever supported a teammate who has experienced mental health issues? If so, what did you do?

5.4 Do you think that professional football has any issues with mental health?

5.5 Do you think that more could be done to support professional footballers with mental health issues?

#### Section 6:

6.1 Have you any previous training about mental health? If so, when and where? What did it involve?

6.2 Would you be interested in attending further mental health training?

6.3 What topics or areas of mental health would you be interested in finding more about?

6.4 Do you think professional football clubs should deliver more mental health training? If so, how should they do this?

Thank you for participating in this study.

### **Appendix 8 – Initial findings summary**

#### Initial findings summary

How are male professional footballers affected by mental health within football?

Initial themes for participant verification/ comment

Five main themes emerged from the study:

- Social networks
- Environment
- Help seeking/support
- Masking vulnerabilities
- Mental health

A summary of the findings in each theme is provided below:



## 1. Social networks

People talked about the importance of family members throughout their journey in football. They talked about the influence of a male figure, either a father or grandfather who initially encouraged them to play football. However, some people spoke about a maternal figure being central to the family. This was either a mother or aunt that was either a role model or the main figure of support. Some people talked about the sacrifices that family members, including children had made in terms of relocating around the country depending upon contract offers that players had received. People talked about their wives and girlfriends and valued their support. Some players spoke about ex-partners and how football had impacted upon their relationships. People talked about the positives of connections within football and the benefits of having a good support network. People appeared to have an increased sense of wellbeing where they had a close circle of friends and family to help them feel supported.

Do you see your experiences of social networks reflected in theme 1?

Yes

No – if no, please briefly state why here:

## 2. Environment

People talked about their enjoyment of playing and training with a group of lads who they can have a laugh with, have a good camaraderie with and that the dressing room can be a supportive place. The majority of people spoke about how the environment within football can be negative. People spoke about the impact of banter within the dressing room and that you need a thick skin to survive. People stated that on frequent occasions the level of banter is unacceptable and would not be allowed in any other workplace. Some people talked about the pressure is higher in the first team compared to youth and academy levels and that the dressing room can be hostile and masculine place to be. They also spoke about the pressure to perform and the impact of peer pressure. People spoke about the link between results and the atmosphere. If a team is winning and doing well the environment is positive and an enjoyable place to be. In contrast, if a club is struggling and maybe threatened with relegation the environment can be toxic and negative. The environment can also be impacted by the style and approach of the manager and coaching staff.

Do you see your experiences of the environment within football reflected in theme 2?

Yes

No – if no, please briefly state why here:

### 3. Help seeking/ support

People talked about how difficult it can be to seek help. Some people acknowledged that it is easier to seek help now compared to a few years ago. They state that some of this is due to the increasing awareness of mental health issues and that there appears to be less stigma surrounding help seeking now. This may also be due to the players having matured and recognise the need to speak out. Some people said that they haven't spoken to a teammate about their issues as they feel that they might tell someone else and they might be viewed differently. People talked about the importance of seeking help way from the football clubs. This could be an independent counsellor or psychologist. Some people spoke about their reluctance to approach their manager or coach about their issues as they feel that the manager would see it as a sign of weakness and potentially affect their place in the team. People also spoke about the support available. This appears to differ depending on what club a player is at and the approach of the manager. Some people report that they have felt supported where others have cited a distinct lack of support. People are aware of the support available from the PFA but have had mixed views. The

majority of people indicating that the PFA do not offer enough support and that clubs as well as the PFA should offer more support.

Do you see your experiences of help seeking and support reflected in theme 3?

Yes

No – if no, please briefly state why here:

#### 4. Masking vulnerabilities

People talked about the masculine culture within football and feeling the need to live in their masculine side. They talked about difficulties in showing their vulnerable side within a dressing room. There still appears to be a perception that by showing vulnerabilities can be seen as a sign of weakness. The metaphors used within football are very masculine with comments referring to “being strong”, “win your battles” “who’s the toughest?”. People talked about footballers being good actors and “bottling up” their emotions. There is a strong view of not to show weakness and people have spoken about repressing emotions. People spoke about players who have experienced mental health issues but when they are in the dressing room, they

were usually loud and extroverted. People spoke about it being more acceptable to have a physical injury rather than approach the manager to say that they feel vulnerable or emotional. People also gave examples of feigning physical injuries rather than admit that their mental health is impacted their ability to play or perform.

Do you see your experiences of masking vulnerabilities reflected in theme 4?

Yes

No – if no, please briefly state why here:

## 5. Mental health

People had mixed responses in relation to their own mental health. Some people spoke about how they see themselves as levelheaded and have spoken about being mentally tough and they have enjoyed the routine that football can give. Other people have explored a range of mental health issues. Some players have spoken about accessing support for anger management that has developed over a period of time. Some players spoke about experiencing panic or anxiety attacks. These

experiences ranged from appearing in childhood to later adult onset during a player's professional career. People spoke about the fear of making mistakes and the anxiety they feel in relation to their career ending and transitioning out of football.

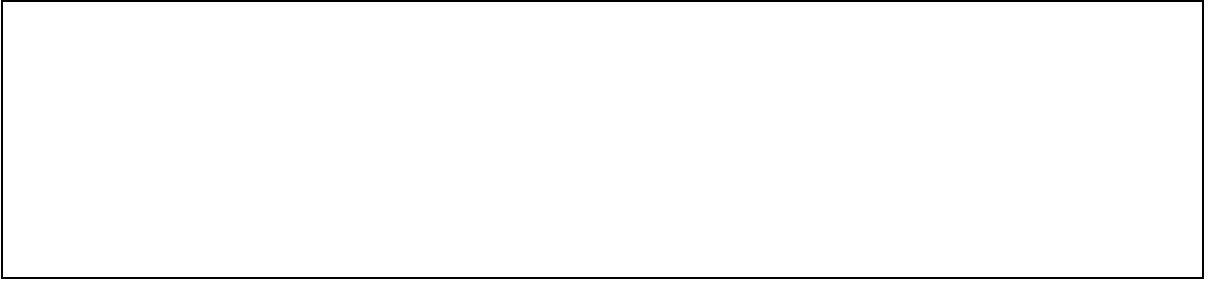
People also spoke about depression and feeling low at times. This could be related to negative results or performances on the pitch or issues away from the pitch. People spoke about feeling lonely, moving away from home, experiencing emptiness and questioning their motivations for playing. Some gave negative examples of being at a particular club and spoke about negative behaviours such as drinking as a form of escapism.

People spoke about the impact of injuries on their mental health. They spoke about being isolated away from the rest of the team as they work on their rehabilitation and not being part of the camaraderie of the group and the subsequent impact on their identity. People spoke about recurring injuries and how their mood would impact on their relationships at home. Players spoke about their anxieties after returning from an injury and whether they would be able to perform at the same level as previously and the anxieties caused by the uncertainty of being offered a new contract.

Do you see your experiences of mental health reflected in theme 5?

Yes

No – if no, please briefly state why here:



## Appendix 9 – Draft 1 Findings Summary

### Draft 1 findings summary

(changes following participant review/Silence Dialogue underlined)

How are male professional footballers affected by mental health within football?

Initial themes for participant verification/ comment

Five main themes emerged from the study:

- Social networks
- Environment
- Help seeking/support
- Masking vulnerabilities
- Mental health

A summary of the findings in each theme is provided below:

#### 1. Social networks

People talked about the importance of family members throughout their journey in football. They talked about the influence of a male figure, either a father or



grandfather who initially encouraged them to play football. However, some people spoke about a maternal figure being central to the family. This was either a mother or aunt that was either a role model or the main figure of support. Some people talked about the sacrifices that family members, including children had made in terms of relocating around the country depending upon contract offers that players had received. People talked about their wives and girlfriends and valued their support. Some players spoke about ex-partners and how football had impacted upon their relationships. People talked about the positives of connections within football and the benefits of having a good support network. People appeared to have an increased sense of wellbeing where they had a close circle of friends and family to help them feel supported.

Do you see your experiences of social networks reflected in theme 1?

Yes

No – if no, please briefly state why here:

## 2. Environment

People talked about their enjoyment of playing and training with a group of lads who they can have a laugh with, have a good camaraderie with and that the dressing room can be a supportive place. The majority of people spoke about how the environment within football can be negative. People spoke about the impact of banter within the dressing room and that you need a thick skin to survive. People stated that on frequent occasions the level of banter is unacceptable and would not be allowed in any other workplace. players gravitated towards people who they felt comfortable with and this provided safety for the players who struggled with the banter

Some people talked about the pressure is higher in the first team compared to youth and academy levels and that the dressing room can be hostile and masculine place to be. They also spoke about the pressure to perform and the impact of peer pressure. People spoke about the link between results and the atmosphere. If a team is winning and doing well the environment is positive and an enjoyable place to be. When winning games and experiencing success, the players who were regularly playing were certainly more positive and optimistic than the players left out of the squad. This was an interesting dynamic in terms of players views and outlook on the environment.

In contrast, if a club is struggling and maybe threatened with relegation the environment can be toxic and negative. The environment can also be impacted by the style and approach of the manager and coaching staff. So many different personalities and characters are within the dressing room which created the environment which was not always a positive one which at times restricted growth and togetherness

Do you see your experiences of the environment within football reflected in theme 2?

Yes

No – if no, please briefly state why here:

### 3. Help seeking/ support

People talked about how difficult it can be to seek help. Some people acknowledged that it is easier to seek help now compared to a few years ago. They state that some of this is due to the increasing awareness of mental health issues and that there appears to be less stigma surrounding help seeking now. Having the capability to be open about your vulnerabilities and the ability to ask for help is certainly a strength but is also a difficult task

This may also be due to the players having matured and recognise the need to speak out. Some people said that they haven't spoken to a teammate about their issues as they feel that they might tell someone else and they might be viewed

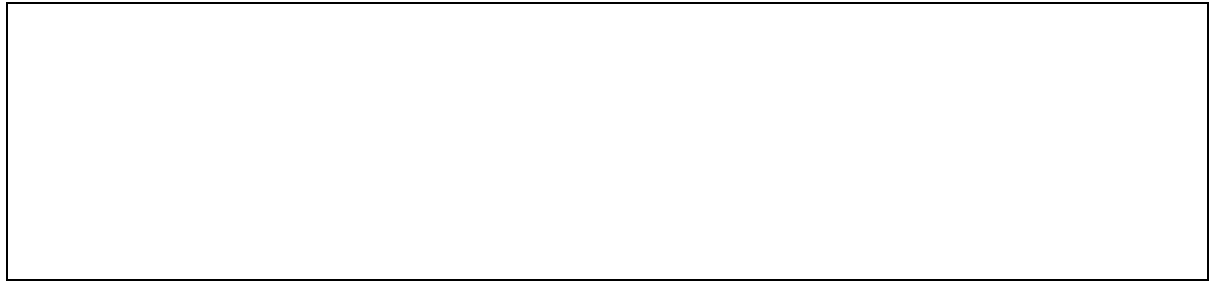
differently. People talked about the importance of seeking help way from the football clubs although one player said that he was greatly supported by his football club. This could be an independent counsellor or psychologist. Some people spoke about their reluctance to approach their manager or coach about their issues as they feel that the manager would see it as a sign of weakness and potentially affect their place in the team. People also spoke about the support available. This appears to differ depending on what club a player is at and the approach of the manager. Some people report that they have felt supported where others have cited a distinct lack of support. Social media and the way human beings interact through computers is having a huge impact on mental health. This needs to be controlled and restricted.

People are aware of the support available from the PFA but have had mixed views. The majority of people indicating that the PFA do not offer enough support and that clubs as well as the PFA should offer more support. The support seems to only be given or the awareness around mental health is recognized when a high-profile person is the subject.

Do you see your experiences of help seeking and support reflected in theme 3?

Yes

No – if no, please briefly state why here:



#### 4. Masking vulnerabilities

People talked about the masculine culture within football and feeling the need to live in their masculine side. They talked about difficulties in showing their vulnerable side within a dressing room. There still appears to be a perception that by showing vulnerabilities can be seen as a sign of weakness. The metaphors used within football are very masculine with comments referring to “being strong”, “win your battles” “who’s the toughest?”. People talked about footballers being good actors and “bottling up” their emotions. There is a strong view of not to show weakness and people have spoken about repressing emotions. People spoke about players who have experienced mental health issues but when they are in the dressing room, they were usually loud and extroverted. People spoke about it being more acceptable to have a physical injury rather than approach the manager to say that they feel vulnerable or emotional. People also gave examples of feigning physical injuries rather than admit that their mental health is impacted their ability to play or perform.

Do you see your experiences of masking vulnerabilities reflected in theme 4?

Yes

No – if no, please briefly state why here:

## 5. Mental health

People had mixed responses in relation to their own mental health. Some people spoke about how they see themselves as levelheaded and have spoken about being mentally tough and they have enjoyed the routine that football can give. Other people have explored a range of mental health issues. Some players have spoken about accessing support for anger management that has developed over a period of time. Some players spoke about experiencing panic or anxiety attacks. These experiences ranged from appearing in childhood to later adult onset during a player's professional career. People spoke about the fear of making mistakes and the anxiety they feel in relation to their career ending and transitioning out of football.

People also spoke about depression and feeling low at times. This could be related to negative results or performances on the pitch or issues away from the pitch. People spoke about feeling lonely, moving away from home, experiencing emptiness and questioning their motivations for playing. Some gave negative

examples of being at a particular club and spoke about negative behaviours such as drinking as a form of escapism.

People spoke about the impact of injuries on their mental health. They spoke about being isolated away from the rest of the team as they work on their rehabilitation and not being part of the camaraderie of the group and the subsequent impact on their identity. People spoke about recurring injuries and how their mood would impact on their relationships at home. Players spoke about their anxieties after returning from an injury and whether they would be able to perform at the same level as previously and the anxieties caused by the uncertainty of being offered a new contract. One player felt that it is very important to not create the identity of being a footballer. You are a person who plays football for a living and with that approach then the transition into life after football becomes easier. Placing an emphasis on what to do after football, no matter how successful the playing career, is an important part for a smooth transition. Giving back during your playing career can be so rewarding and something one of the players wishes he had done more of. Football players are in position where they can positively influence communities and inspire young people but can also have a strong impact on your own mental well-being.

Do you see your experiences of mental health reflected in theme 5?

Yes

No – if no, please briefly state why here:



## Appendix 10 – Collective Voices Invitation

Dear

Study title: How are male professional footballers affected by mental health within football.

I would welcome your comments on the attached summary of initial findings from the above research study. The purpose is to determine whether or not these findings reflect your experience of working with or dealing with professional footballers.

This should take no longer than a few minutes.

The study explores the experiences of mental health within a group of first team footballers playing for clubs within the English Football League (EFL).

This summary has been developed following interviews with 18 current first team footballers.

Please complete your responses to the questions in the five boxes and return by email to [gs316@leicester.ac.uk](mailto:gs316@leicester.ac.uk)

The study has the appropriate ethical approval. If you have any queries regarding the study please contact me by email.

Thank you

Gary

Gary Souter

PhD student – Manchester Metropolitan University

Email: [gs316@leicester.ac.uk](mailto:gs316@leicester.ac.uk)

## Appendix 11 – Draft 2 Findings

### Draft 1 findings summary

(changes following participant review/Silence Dialogue underlined)

How are male professional footballers affected by mental health within football?

Initial themes for participant verification/ comment

Five main themes emerged from the study:

- Social networks
- Environment
- Help seeking/support
- Masking vulnerabilities
- Mental health

A summary of the findings in each theme is provided below:

#### 1. Social networks

People talked about the importance of family members throughout their journey in football. They talked about the influence of a male figure, either a father or

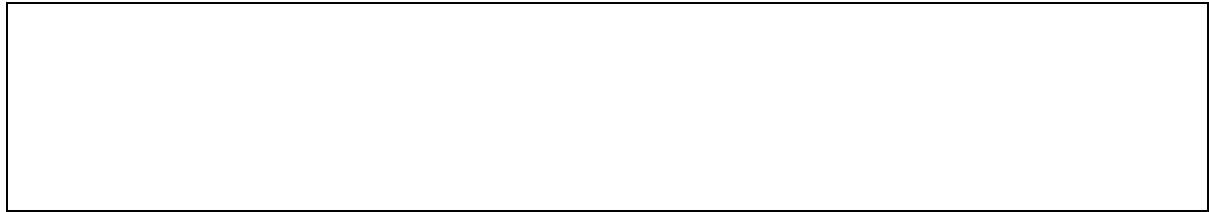
grandfather who initially encouraged them to play football. However, some people spoke about a maternal figure being central to the family. This was either a mother or aunt that was either a role model or the main figure of support. Some people talked about the sacrifices that family members, including children had made in terms of relocating around the country depending upon contract offers that players had received. People talked about their wives and girlfriends and valued their support. Some players spoke about ex-partners and how football had impacted upon their relationships. People talked about the positives of connections within football and the benefits of having a good support network. People appeared to have an increased sense of wellbeing where they had a close circle of friends and family to help them feel supported.

The sacrifices and support we make as a family in terms of locating, sacrificing family time throughout the season etc is influential in allowing him to concentrate on football and would agree that as his wife this is largely my role.

Do you see your experiences of social networks reflected in theme 1?

Yes

No – if no, please briefly state why here:



## 2. Environment

People talked about their enjoyment of playing and training with a group of lads who they can have a laugh with, have a good camaraderie with and that the dressing room can be a supportive place. The majority of people spoke about how the environment within football can be negative. People spoke about the impact of banter within the dressing room and that you need a thick skin to survive. People stated that on frequent occasions the level of banter is unacceptable and would not be allowed in any other workplace. players gravitated towards people who they felt comfortable with and this provided safety for the players who struggled with the banter

Some people talked about the pressure is higher in the first team compared to youth and academy levels and that the dressing room can be hostile and masculine place to be. They also spoke about the pressure to perform and the impact of peer pressure. People spoke about the link between results and the atmosphere. If a team is winning and doing well the environment is positive and an enjoyable place to be. When winning games and experiencing success, the players who were regularly playing were certainly more positive and optimistic than the players left out of the squad. This was an interesting dynamic in terms of players views and outlook on the environment.

In contrast, if a club is struggling and maybe threatened with relegation the environment can be toxic and negative. The environment can also be impacted by the style and approach of the manager and coaching staff. So many different personalities and characters are within the dressing room which created the environment which was not always a positive one which at times restricted growth and togetherness

The themes of having a thick skin are particularly important particularly within the goal keeping world. You are very easily replaced and people are almost waiting to replace you - you're two bad games away from being replaced and plays with that mind set. Atmosphere hugely affects the team and camaraderie/ results - I would say so much of football is mental and to enjoy successful you need to be able to block off certain elements of the game. The most successful teams he has been a part of have had the most "team spirit" and friendships.

mostly the scene is set by the recruitment of players and the cultural set that the manager, his staff and the senior playing group promote. I have been involved with and around playing squads who have excellent dynamics and string bonds despite be in a failing team relative to performance and or league position. Generally it is the accepted culture and values which dictate the behaviors witnessed.

Do you see your experiences of the environment within football reflected in theme 2?

Yes

No – if no, please briefly state why here:

### 3. Help seeking/ support

People talked about how difficult it can be to seek help. Some people acknowledged that it is easier to seek help now compared to a few years ago. They state that some of this is due to the increasing awareness of mental health issues and that there appears to be less stigma surrounding help seeking now. Having the capability to be open about your vulnerabilities and the ability to ask for help is certainly a strength but is also a difficult task

This may also be due to the players having matured and recognise the need to speak out. Some people said that they haven't spoken to a teammate about their issues as they feel that they might tell someone else and they might be viewed differently. People talked about the importance of seeking help way from the football clubs although one player said that he was greatly supported by his football club. This could be an independent counsellor or psychologist. Some

people spoke about their reluctance to approach their manager or coach about their issues as they feel that the manager would see it as a sign of weakness and potentially affect their place in the team. People also spoke about the support available. This appears to differ depending on what club a player is at and the approach of the manager. Some people report that they have felt supported where others have cited a distinct lack of support. Social media and the way human beings interact through computers is having a huge impact on mental health. This needs to be controlled and restricted.

People are aware of the support available from the PFA but have had mixed views. The majority of people indicating that the PFA do not offer enough support and that clubs as well as the PFA should offer more support. The support seems to only be given or the awareness around mental health is recognized when a high-profile person is the subject.

The support of the PFA in my experience is limited. He has thankfully never experienced mental issues where he has needed support I think he would probably look to us a family rather than the club - agree that could potentially be seen as "weakness" from a manager. Social media has had a huge impact on players we have known, in particular twitter and football forums - he has had to have many chats with younger players about this in particular.

From my limited experience, the Professional Football environment has been a tough place to seek out support with mental health problems. The emphasis is on



'strength', and any form of 'weakness' be it from battles with addiction, to loneliness, to relationships, certainly during his time as a professional footballer, would have been looked upon in a poor light. He was not willing to take the chance to open up about his problems with gambling to his football family, OR his actual family, and instead, chose to mask it for many years. His giddiness whilst a young professional footballer (as it was referred to), was just seen as him being the joker in the pack with a somewhat hyper personality which manifested itself as being unable to concentrate. What it really hid, was a desperately unhappy poor who was completely out of control and hurtling towards an addiction which would blight his life for over 10 years.

Had he had the maturity behind him then to speak out sooner he may have garnered support from his Football Club but given the massive lack of understanding towards mental health at that time, I think he knew the outcome would have been to quietly release him and let him be the 'burden' to another club.

Fast forward to years later down the line and thankfully he found the strength to open up to me. What followed was amazing support from the Professional Football Association – a month in Sporting Chance the rehabilitation clinic – which transformed his, and his family's life forever.

Players have spoken to me one matters related to their families. Less so about themselves. I have found the football community a very closed shop. Building trust for people to speak is key.

Yes, largely speaking although as it is in society things are changing. Access to help is more readily available in and outside of the clubs particularly at an elite level. Whilst the stigma of mental health remains, many clubs and even player leadership groups are realizing their role in the process. They are beginning to explore how they can support their teammates, how sharing feelings and vulnerability is actually a strength and not a weakness. This is only possible when the environment has at its core a 'non-blame' culture.

Do you see your experiences of help seeking and support reflected in theme 3?

Yes

No – if no, please briefly state why here:

#### 4. Masking vulnerabilities

People talked about the masculine culture within football and feeling the need to live in their masculine side. They talked about difficulties in showing their vulnerable side within a dressing room. There still appears to be a perception that by showing vulnerabilities can be seen as a sign of weakness. The metaphors used within football are very masculine with comments referring to “being strong”, “win your battles” “who’s the toughest?”. People talked about footballers being good actors and “bottling up” their emotions. There is a strong view of not to show weakness and people have spoken about repressing emotions. People spoke about players who have experienced mental health issues but when they are in the dressing room, they were usually loud and extroverted. People spoke about it being more acceptable to have a physical injury rather than approach the manager to say that they feel vulnerable or emotional. People also gave examples of feigning physical injuries rather than admit that their mental health is impacted their ability to play or perform.

Would agree that masking vulnerabilities is def present within the football environment. It is a tough environment to work in unless you are very mentally strong and, to a degree, have a form of self assurance (can be seen as arrogance but I think it’s integral to success as a footballer).

As Mum I can tell you that once he spoke out about his illness, he told me there were so many nights he was unable to sleep through his problem gambling and trying to ‘switch his brain off’. He then had to go to training and carry out grueling physical exercise with no word to anyone that actually, he was overwhelmingly sleep deprived. He would occasionally feign the odd sickness/diarrhoea spell just

because he was so incredibly tired. Back then it would sadly have never been accepted to tell the truth.

Do you see your experiences of masking vulnerabilities reflected in theme 4?

Yes

No – if no, please briefly state why here:

## 5. Mental health

People had mixed responses in relation to their own mental health. Some people spoke about how they see themselves as levelheaded and have spoken about being mentally tough and they have enjoyed the routine that football can give. Other people have explored a range of mental health issues. Some players have spoken about accessing support for anger management that has developed over a period of time. Some players spoke about experiencing panic or anxiety attacks. These experiences ranged from appearing in childhood to later adult onset during a player's

professional career. People spoke about the fear of making mistakes and the anxiety they feel in relation to their career ending and transitioning out of football.

People also spoke about depression and feeling low at times. This could be related to negative results or performances on the pitch or issues away from the pitch. People spoke about feeling lonely, moving away from home, experiencing emptiness and questioning their motivations for playing. Some gave negative examples of being at a particular club and spoke about negative behaviours such as drinking as a form of escapism.

People spoke about the impact of injuries on their mental health. They spoke about being isolated away from the rest of the team as they work on their rehabilitation and not being part of the camaraderie of the group and the subsequent impact on their identity. People spoke about recurring injuries and how their mood would impact on their relationships at home. Players spoke about their anxieties after returning from an injury and whether they would be able to perform at the same level as previously and the anxieties caused by the uncertainty of being offered a new contract. One player felt that it is very important to not create the identity of being a footballer. You are a person who plays football for a living and with that approach then the transition into life after football becomes easier. Placing an emphasis on what to do after football, no matter how successful the playing career, is an important part for a smooth transition. Giving back during your playing career can be so rewarding and something one of the players wishes he had done more of. Football players are in position where they can positively influence communities and inspire young people but can also have a strong impact on your own mental well-being.

Thankfully he has never experienced depression although as a wife I would say at times when he has felt vulnerable of “losing his spot” or generally unhappy at training with manager/team, he is visibly less happy/ more stressed at home. Completely agree that to see football as a “job” and not “being a footballer” is also key - football will inevitably end and you must have an awareness that this WILL happen and at an age where most people are coming into the prime of their career. A “get out” plan is key I believe and something we have started to discuss now. Anxieties related to contract renewal are something I particularly worry about when he is coming to the end of a contract/ new manager comes in.

I suspect all the above, but players have not been too forthcoming with their thoughts around mental health. Some players have said to that me once they have finished playing football, they will be walking away from it completely.

Do you see your experiences of mental health reflected in theme 5?

Yes

No – if no, please briefly state why here:



## PUBLICATIONS ARISING FROM THIS STUDY

The following publications have contributed to original knowledge and are products of this research study are added to the end of this thesis:

- Souter et al., (2018). Men, Mental Health and Elite Sport: a Narrative Review. *Sports medicine - open*, 4(1), 57
- Souter (2020). Substance abuse and gambling in professional football. *Football Medicine and Performance*, 30, pp. 28-31
- Souter et al., (2021): The impact of Covid-19 on the mental health of professional footballers, *Managing Sport and Leisure*, [Online] [Accessed 14<sup>th</sup> January 2021]  
<https://www.tandfonline.com/doi/abs/10.1080/23750472.2021.1877569>