Dublin Business School

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"A Qualitative Study on the Benefits of Counselling With Long term Injured Amateur Footballers"

Thesis submitted in partial fulfilment of the Requirements of the BA Counselling & Psychotherapy

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I don't want to be at the mercy of my emotions. I want to use them, to enjoy them, and to dominate them.

- Oscar Wilde, *The Picture of Dorian Gray*

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I truly stand on the shoulders of giants.

Abstract

This study looks at understanding the perception of mental health in amateur sport focussing on long term injured athletes. The views of athletes were sought to gain a personal account of experience and the views of physiotherapists were sought to gain a more professional opinion. A qualitative study was used to explore emerging themes using semi structured questioning. The main findings were that injured athletes do suffer from isolation, anxiety and depression during injured stages but very few athletes could recognise counselling as a resource. A recommendation of the study is to promote mental health awareness amongst amateur sports clubs reducing any stigma which may reside. The loss an athlete feels when injured is comparable to the grieving process and this researcher sought to implement the tasks of overcoming grief towards the injury process (Worden, 2009) **.**

Chapter 1: Introduction

1.1 Background to the Study:

Sport has a common conception of being good for mental and physical health at what point however does winning, losing and peer pressure take its effect on a young athlete? A football team, amateur and professional will pay to have a player's broken leg or twisted ankle healed and operational as soon as possible, but who is looking out for the mental injuries of an athlete? From the research listed below, variations of studies and surveys identified anxiety and mental health as a possible debilitative factor in sports. The treatment chosen was seemed to serve the purpose of getting results in sport. What is best for the person seemed to be missing? In amateur football in Ireland, the average age of players is between 18 -32 (FAI, 2012). In April 2011 the Minister for Health, Kathleen Lynch announced suicide rates at an all time high in Ireland with young male adults the highest percentage of deaths (O Regan, 2011).With thousands of amateur football clubs in Ireland there is an opportunity for clubs to highlight mental health amongst players with the same priority as they would over a physical injury.

1.2 Aim of the Study:

The aim of this research project would be to identify the need and awareness for counselling and psychotherapy within a club infrastructure. In amateur sport coaching and management techniques may be somewhat limited in comparison to professionals. Research, therefore may provide some foundations for dealing with long termed injured athletes within the amateur environment. By posing questions to both athletes and professional physiotherapists this researcher aspires to gain a greater insight to the following subjects.

- The responsibilities of a physiotherapist within the sports environment

- The awareness of athletes and physiotherapists within a sports environment regarding mental health.
- The understanding of what counselling could provide towards amateur athletes with particular focus on the long term injured
- To discover if counselling and psychotherapy would be a welcome addition to the sports environment

1.3 Significance of the study:

This researcher has been involved in amateur football for fifteen years and coaching young adults for the past five. Whilst studying counselling and psychotherapy a number of players aware of this background felt comfortable in discussing personal issues they were experiencing. This highlighted the need for awareness and a service within the hopefully trusted framework of the local football club. This researcher feels that men's amateur team sport is an area where male pride and virility strives and that if more awareness of mental health and support was available then it could prove beneficial in reducing the stigma of support within the team sports environment.

1.4 Structure of the study:

The study will be qualitative and will examine experiences of injured amateur footballers and compare and contrast these with the experiences of physiotherapists regarding mental health awareness and anxiety within sport. This will be done through semi structured interviews to find out their perceptions of the efficacy of counselling and support services, possible deficiencies and areas for improvement. A thematic analysis will then be applied to the interpretations of the responses received. The literature will be reviewed to provide grounds for research for enquiry amongst the candidates. The results will offer a number of themes

which will precede a discussion of the findings from which recommendations and limitations will be presented.

1.5 Conclusion:

During the research of this topic there has been an increase in media coverage surrounding mental health issues of high profile sports personalities. With this in mind, this researcher feels the topic is relevant and opportune to understanding if and where counselling could find a place within the sports environment.

Chapter 2 Literature Review

2.1 Introduction:

Upon researching the topic of mental health in sport, it was noticed that the general consensus was that involvement in sports is a positive outlet for a person. Those who may feel lonely can be part of a team and feel a sense of belonging amongst peers. Exercise can boost morale, fitness and self esteem. Liu's research of social inclusion with sport results with findings that reflect a widespread belief in the therapeutic potential of sport (Liu, 2008) .

Jones quantitative research on the mental health implications of physical activity provided results displaying 64.3% of participants showing higher frequency of self esteem, identity and health where involved in regular vigorous physical activity (Downs & Ashton, 2010).Others used empirical research to examine the validity of positive youth development through the vessel of sports (Jones, 2010) .

However, what about when the final whistle blows? The adrenalin disappears, perhaps the adulation weans, and does the sense of failure and disappointment haunt the loser for a few hours or days? Consider the injured player watching from the sidelines? Who is looking after his sense of belonging and self esteem? The classic childhood scenario of the child last picked, how this emotion and memories resides within the athlete? Who prepares the athlete for life after sport? Most sports are time sensitive which one must factor when considering the sense of loss after defeat. Which season will be the last? What will my identity be when I stop being an athlete?

The loser engulfs the winners by enormous ratios. Sport is primarily about achievement and strives for success. The competitive primal instinct to be alpha male seeks new outlet in the civilised world. For some it's the taking part that matters, for others it is the sense of belonging.

2.2 Psychological approaches within Sport:

According to a review by Brewer and Petrie, a conclusion was made that psychopathology arise in athletes *"*at rates equal to and sometimes greater than the general population*"* (Brewer & Petrie, 2001).

For the purpose of this research, articles which look to serve the welfare of the athlete through different approaches are being reviewed and also to ascertain where the place of counselling and psychotherapy may be within these studies.

The aim will be to identify common threads within the journals, highlight the research achieved and then provide a critique which should offer an alternative on mental health in sport and in particular to the attention of the injured athlete.

Raglin tells us that the mental health model of sports performance (M.H.M.) shows that there is a relationship between the psychopathology and sports performance (Raglin, 2001).The hypothesis is that, an athlete suffering from mental health or anxiety issues may see a decline in performance whereas, an athlete exhibiting positive psychological qualities such as "emotional stability, low trait anxiety and high psychic vigour" (Raglin, 2001) would prove to be more successful. Therefore, by identifying mood and personality state and psychological structure, it can be possible to gauge which athletes are to be successful or unsuccessful. It has been suggested that if an athlete engages the required psychological resources to direct the mind and body towards the injury spell as a rest period as opposed to falling out of the zone, this can result in the negative momentum turning positive. (Heil, 2009)

Raglin offers empirical research to offer insight in to the theory that the mental qualities of an athlete are as important as the biological qualities. The M.H.M. introduced in 1985 summarized results from 8 investigations with athletes from various sports backgrounds.

The sample size ranged from 16 to 735, the athletes were measured for personality and mood and then categorized into fields of "successful, unsuccessful" the model used pre-existing criteria such as status in sports team to help categorize the athlete.

The accuracy of the clinical methods averaged 80% and that the test was far more consistent in prediction than if by chance (Raglin, 2001) The results showed that athletes who displayed better mental health were deemed more successful than those with factors of depression, fatigue or tension.

2.3 Anxiety in sport:

The M.H.M's early cross sectional research finds that the mood behaviours are more visible and clear during phases of intense training. (Raglin, 2001) This correlates with the research of (Monsma, Farroll, & Mensch, 2009) that used sports specific imagery to aide anxiety amongst injured athletes. The premise is that by using sports specific imagery the injured player can focus on a positive goal to help fight anxiety and return to sports and winning ways. Those who used debilitative imagery were deemed to be injured for longer spells and more likely to experience somatic anxiety, whilst those that were positive in using imagery such as focusing on recovery and returning to sports showed signs of confidence and positive mental health. The main premise is that the longer the player is injured the less he will apply sports specific imagery and with that, the anxiety increases. (Monsma, Farroll, & Mensch, 2009)

Although the sports specific imagery may have been used, those who did not apply cognitive strategies prior to return to sport were found to be suffering from anxiety and confidence issues. The Competitive State Anxiety Inventory (CSAI-2) (Martens, Vealey, Bump, Burton, & Smith, 1990) is a popular instrument within sports psychology and aims to distinguish between somatic and cognitive anxiety. Dietrich & Ehrlenspiel sought to improve this

questionnaire by using cognitive interviewing on a qualitative level to measure somatic anxiety, cognitive anxiety and self-confidence. They measured fifteen athletes using this questionnaire and the results provided proved inconclusive due to the athlete's interpretations of the words, secure and confident. (Dietrich & Ehrlenspiel, 2010)

> Individuals who do not take ownership and understanding of their own values can often revert to accomplishing goals that adopt an attachment to the conceptualized self and this can lead to psychological inflexibility. (Mahoney & Hanrahan, 2011, p. 257)

Moore warns that the sports psychologist however, must be competent enough to know if their particular skills are what is required to suit the specific requirements of the athlete be it therapeutic or performance enhancing. (Moore, 2003)

2.4 Vulnerability:

The first general theme identified above is that athletes with positive mental attitude are deemed more successful and of the injured parties, those that react in a more positive manner tend to bear the best results.

What seems however, to be the focal point of both is how to get the athlete back to playing and winning? Is there any consideration or support for the athlete who struggles for fitness mentally? Habif examines the stress injury theory developed by Williams and Anderson (1998) which highlights the correlation of life stress, personality and injury, The conclusion is that anxiety is the consistent factor to increasing vulnerablilty in injury (Habif, 2009). Anderson and Johnson using the stress injury theory this to be the case (Ivarsson & Johnson, 2010).Therefore, both agreed with Williams and Anderson's conclusion that reducing the athletes vulnerability to stress will tend to decrease risk of injury, (Williams & Anderson,

1998). Junge maintains that an athlete's emotional state and stress level could affect injury risk. Such as an athlete with pessimistic views may be more inclined to injury than that of an athlete with positive mentality (Junge, 2000) .

Raglin states that athletes with elevated levels of depression are more likely to be excluded from the team and more likely to suffer from somatic injury due to anxiety. Those with positive attitudes and coping skills suffer less from injury. (Raglin, 2001)

Studies have shown however that even athletes who recover from injuries experience injury related distress, which leads to hesitancy and low estimation of ability in the athlete which can cause poor self esteem and further risk of injury reoccurring (Verhagen, Van Stralen, & Van Mechelen, 2010). Mahoney would suggest that an athletes emotional experience through injury could highlight the struggle he suffers psychologically and therefore, would a sports psychologist or counsellor be required?

2.5 The Role of a Sports Psychologist:

The IAAF Medical handbook recognised that athletes take great pride in the capabilities of their bodies and that, injuries can be psychologically as well as physically damaging. Athletes habitually identify themselves by who they are as an athlete therefore; injury brings about an identity crisis which in turn raises stress levels.

Injured athletes universally experience at least three emotional responses: isolation, frustration, and disturbances of mood (IAAF, 2006).

This could be where the role of a sports psychologist comes to effect. Raglin tells us that sports psychologists are known to teach relaxation techniques to help the athlete avoid injury. The psychobiological model is now more prevalent than before but what are the ethical dilemmas in sports psychology? (Raglin, 2001) Moore questions the position of the sports

psychologists in the club regarding loyalty, is it for the good of the club or the good of the athlete? (Moore, 2003)

> Anxiety management techniques should correspond with symptoms, so with somatically anxious athletes, practitioners should use relaxation strategies rather than cognition based strategies (Monsma, Farroll, & Mensch, 2009, p. 416)

> Psychological help could come at the expense of the athletes self esteem and welfare. (Raglin, 2001, p. 877)

Ferraro, however, raises concerns about the future of sports psychology due to resistance from athletes (Ferraro & Rush, 2000). He tells is that even with depression, anxiety and other maladaptive causes to sports performance the athlete will turn to sports psychology as a last resort. The conclusion from a survey of twenty athletes was that there was an unconcious resistance to seeing a sports psychologist and that of the twenty athletes, none mentioned their emotions with regards to the benifits of seeing a sports psychologist. The research also mentioned popular belief that stigma attached would deter the athletes from engaging sports psychology.

2.6 Psychological Services:

Moore points out the need for a working alliance between the sports psychologist and athlete yet the guidelines understate the need for psychological services. (Moore, 2003).
Meyer's research discovered that 85% of Olympic athletes, who sought performance enhancement services at an Olympic training centre, actually experienced more psychological issues. (Meyers, Whelan, & Murphy, 1996).

The MHM model offers positive outlets for reducing emotional disorders such as depression by teaching the athlete coping skills and involving them in strong camaraderie with the team. One critique is that the research used can cause an athlete to avoid such test for fear that the coach or manager may see the athlete as potentially unsuccessful. It does however point out that it is equally important to focus on the psychological health in terms of its impact on sports performance and that of the athlete (Raglin, 2001).

2.7 Conclusion:

A club will spend money and time to get an injured player fit however little attention is paid to the mental fitness of the player.

Does the modern day physiotherapist know how to spot signs of injury caused or exacerbated by stress and other anxiety disorders? If so what does the physiotherapist do with this knowledge? The concern is that the solutions are short term based. Consider an injury caused through anxiety, the sports psychologist may motivate the athlete using sports specific imagery or improved coping skills and the athlete returns to fitness and is deemed successful. The goal was achieved; the source however of the anxiety may still be residing within the athlete. The goal and drive to success may just be a distraction from underlying problems. The sports psychologist role is to help the athlete function more optimally and the physiotherapist role is to get the athlete back to fitness as soon as possible and the coaches role is to get results by coaching the players to be the best they can be.

The hypothesis of this review is that each field should have an awareness of the benefits of counselling, be able to identify the signs of depression and anxiety and encourage the athletes to seek assistance not just for the benefit of the athlete, but for the person. The field of sport is of great magnitude and for this research project the focal point will be focusing on amateur athletes with long term injuries and the role psychotherapy can play with tackling emotional issues.

Chapter 3 Research and Methodology

3.1 Introduction:

This research is a qualitative study of six amateur footballers who have been long term injured. By using thematic analysis lead interviews; this researcher aims to find consistent themes amongst the athletes with regards mental health awareness, emotional wellbeing and anxiety during periods of long term injury. Themes are identified by ″bringing together components or fragments of ideas or experiences, which often are meaningless when viewed alone″ (Leininger, 1985, p. 60).

Following this, a second phase of interviews was conducted with professional physiotherapists with the intention to gauge the professional protocol and awareness of mental health in athletes during periods of long term injury.

The expectation of these interviews is to provide a greater understanding to the mental health of athletes and locate matching themes across the two sets of interviews. These matching themes should, alongside the literature research, provide enough information to suggest the importance of counselling and psychotherapy and the role in which it could play within the amateur sports environment.

A detailed description of methodology will be accounted for in this section.

3.2 Context:

Due to recent media coverage of mental health in sport, this researcher feels that a certain amount is targeted towards the professional sports environment. Considering the high population of amateur sport in Ireland there could be more information to ascertain what amateur athlete's attitudes are towards mental health. The increasing rates of suicide in Ireland suggest that more can be done to raise awareness and increase prevention with young

males in Ireland; The National Office for Suicide Prevention reported male suicides at a rate of 26.93 per 100,000 based on age average of 20 to 35 year old males (HSE, 2010).

If these figures for young male suicides are compared to the population of young males participating in amateur sport then it must be conceivable that there is a relevancy to which mental awareness can be promoted and encouraged.

Over 597 amateur soccer clubs competed for the Fai Junior Cup in 2011 which would equate to approximately 11000 athletes (FAI, 2012).

There are over 2300 clubs within the G.A.A. which could equate to numbers well in excess of 40000 participants (GAA, 2012).

This study is interested in finding out;

- What the general view amongst young male amateur footballers are during a phase of injury regards emotional wellbeing?
- What a physiotherapist views as necessary or required treatment to what could be a very vulnerable phase for an athlete?

3.3 Participants:

The sample size for the study was six amateur male footballers who suffered long term injuries and five professional sports physiotherapists. The six athletes are all male and aged between 20-35 years of age. Three are Amateur soccer players, the remaining two play both soccer and Gaelic football. All five participants are located in Dublin. These participants were chosen due to the length of injury, sex and age. The injury suffered was not specific to category. Serious injury was defined in a recent study as an absence from sports participation for a minimum period of 3 months (Goldberg, Moroz, Smith, & Ganley, 2007).

The six athletes where all injured above this criteria. The Physiotherapists are located within Dublin and Kildare. All are professional and each qualification is listed in Table 1.

Table 1: Physiotherapist Qualifications

Physio A :(Hon) Sports Therapy F.A. Dip Injury
Physio B :BSC Physiotherapy MSC Sport and Exercise
Physio C: BSC Physiotherapy
Physio D: Degree in physiotherapy Bls, Sports Traumatology & A.E.D Training
Physio E: BSc (Hon) Sports Therapy F.A Dip Injury Management

Unlike the athletes, the physiotherapists were not age or sex specific but all work with sports clubs on a professional and amateur level. (4 males, 1 female)

All candidates where informed of the nature of the interview and overall theme of research as per appendix 1. Each signed consent forms agreeing to participation Appendix. Ethical considerations are listed below and all of the candidates were assured of confidentiality and pseudonyms were assigned to each candidate (Physio A/ Athlete A).

3.4 Procedure:

Athletes were asked eight questions and physiotherapists were asked ten questions. All answers where transcribed during the interview which lasted approximately thirty minutes. Each participant met the researcher privately and in confidence. The questions were semi - structured and encouraged elaboration and feedback from the participant.

Following completion of the interview, all the applicants were debriefed and offered the opportunity to withdraw any of the information given. All refused this offer.

The researcher then compiled all the interviews and analyzed the data into relevant themes and subthemes. The analysis compiled was aimed at reinforcing this researcher's proposed hypothesis from the literature review. Randolph tells us that if the literature review identifies a weakness in information, then a dissertation research is a proposition to remedy such weakness (Randolph, 2009). The goal of this research is to bring forth information regarding

- Mental Health Awareness and attitudes towards anxiety and counselling services
- Relationships with club and team-mates during injury
- Physiotherapists' professional approach to dealing with the injured athlete.

The application of thematic research will hopefully materialize a greater understanding of the core questions and raise more questions as a result.

3.5 Ethical Consideration:

Although interviewing an athlete currently recovering from a long term injury may prove more insightful, it was deemed unethical to undertake with careful consideration towards the level of engagement an injured athlete may have with their emotions (Bianco, 2001). The injury period, as the research has indicated, can be a traumatic period in an athlete's life and this researcher felt it was appropriate to exclude athletes currently in rehabilitation. Therefore all athletes are fully recovered from all injuries.

Throughout the interviewing process sensitive information was provided by some athletes and this researcher felt it was appropriate not to explore out of respect for the candidate and these are noted in the results. Due to the delicate and confidential nature of physiotherapy, both athletes and physiotherapists were assured of anonymity for this research.

The physiotherapist and athletes were from different clubs to avoid any possible conflict of interests. Following the findings of the Belmont report and recommendations from the DBS Ethical Guidelines for Research with Human Participants, every effort was made to ensure the ethical considerations where observed when interviewing the candidates. The three considerations of the Belmont report were as follows (Belmont, 1979)

- **Informed consent**

  Candidates were informed in writing of the nature of the topic and given the opportunity to decline and withdraw at any stage of interviewing.

- **Risk/benefit assessment**

  Through discussion with Research Supervisor and careful review of the proposed questions the level of harm towards the candidates was deemed minimal.

- **Selection of subjects of research**.

The candidates were selected carefully to suit the nature of the specific topic. As mentioned above candidates who have recovered from injury where chosen over currently injured athletes.

Due to the relevance of counselling and psychotherapy this researcher used the IACP Code of Ethics as a guideline to ensuring the main principles of Respects, Competence, Responsibility and Integrity were followed. The results and discussions will show evidence of such principles (IACP, 2011).

3.6 Conclusion:

The principle objective of this research was to gain a greater understanding of attitudes regarding mental health, anxiety and emotional well being amongst amateur athletes who incurred long term injury and then cross referencing these thoughts and opinions with the professional opinions of physiotherapists. The researcher was curious to observe what themes may be common across the two sets of interviews and where differences emerge amongst the answers. This technique is commonly known as the compare and contrast approach (Glaser & Strauss, 1967).

From the research of literature, many of the authors cited had various opinions and research on the relevance of the factors of anxiety and mental health with regards to injury recovery, a few, however seemed to discuss the relevance or need for counselling and psychotherapy within the sports network. This study set out to see if there was a requirement for such services.

Chapter 4 Results:

4.1 Introduction:

The results of the interviews showed various matching themes amongst athletes, amongst physiotherapists and across both fields, also some quite contrasting themes emerged in light of the interviews.

- Responsibilities of physiotherapists primarily focused on physical rehabilitation
- Physiotherapist displayed awareness and identification of anxiety in athletes but limited knowledge and responsibility towards treatment
- Feelings of isolation and fear amongst long term injured
- Contrasting views regards emotional support from sports environment and perceived stigma of counselling amongst peers
- A need for support services and understanding of what it could provide in a sports environment

4.2 Responsibilities of physiotherapists:

Of the physiotherapists interviewed there was a variance of opinions and experience towards emotional and mental health of athletes. The common thread amongst each candidate was the consistent theme of responsibility. Each was asked if they referred an athlete on when injury was beyond expertise. Four responded they had but never for a mental health issue. Physio D was the exception.

> **Physio D**: yes but only after discussing it with the client and gaining their consent

It can be noted that the qualification and training of Physio D is unique to the remaining samples and seems to be the main exemption to the common responses. The majority of the interviewees would not deem it appropriate or ethical to refer on in the case of psychological issues. The interviewees would feel this is outside the training received and they are therefore not fully qualified to make such assessments.

When discussing an athlete's rehabilitation with club management, the common thread was that treatment and injury was priority and that emotional wellbeing was not discussed.

> **Physio A**: plans are reported to manager, the players mental and emotional wellbeing are rarely discussed

> **Physio C**: the only thing that is discussed is how quickly they can get back and play, mental health does not come into it.

Of the selected athletes, five of the six recalled that the club provided little extra than required physiotherapy. One Physiotherapist did offer an alternative insight by enquiring with management to the athlete's potential for recovery

> **Physio B***:* I report to the coach, do tend to ask coach about players usual form, personality, motivation, diligence.

The Physiotherapists were informed of the guidelines proposed by the IAAF (Table 2) and asked if any training was catered for within their education towards athlete's mental health. The response was negative with the exemption of Physio D. There was however recognition for the benefits of awareness amongst all candidates.

Physio D: I have attended multiple sports psychology lectures and meeting high level athletes who have been or are currently injured and discussing their case.

Physio A: Psychological issues are very important in sports injury rehab: Research has shown that athletes who adopt a positive outlook whilst injured return to play quicker.

The athletes interviewed identified many of the considerations listed in Table 2.

Athlete A: It was horrible to watch your team lose and imagine yourself doing better, it's frustrating, I did fade out for a few weeks and it affected my home life.

Athlete B: Angry I couldn't play, maybe jealous even.

Athlete C: You feel out of the group.

Athlete F: I felt completely redundant and insignificant, there was a fear of career ending injury, falling behind other players in pecking orders, frustration at the lack of reinforcement of worth to club, there was a real frustration in knowing that as a person my best interests were clearly not a point of importance to the club.

4.3 Awareness of Physiotherapist:

The physiotherapists noted factors such as symptoms of anxiety, depression, frustration, fear of re injury, lack of belief in the rehabilitation process.

Physio A: When an athlete is injured they show signs of anxiety in the form of depression and irritability.

Physio B: Occasionally frustrated, can be impatient with rehab, disregard advice etc.

Physio C: Yes, they are more fixated on their injury and protective of themselves once injured.

Physio D*:* Depression, less sociable, avoids sporting friends because they can't train/play/compete.

4.4 Isolation and Fear:

The athletes interviewed discussed the isolation of being long term injured and the majority of physiotherapist's recognised this period as a crucial time to have players integrate back into squads as quickly as possible.

Physio A: A treatment is generally one to one but the player is encouraged to integrate with rest of squad as soon as possible.

Physio B: Initially it is usually individual programs but tend to incorporate team members once rehab progresses in order to help athlete feel included in team.

Physio D*:* Interaction is very important. Treatment should take place at the same time as group training if the patient cannot participate in the training.

The fear of re injury was common across both physiotherapist and athletes and both sets recognised the fear of job loss and loss of earnings.

Athlete D: What I've noticed is that more are afraid to get hurt with the financial cost to miss work, less training, playing or the fear of quitting.

Athlete F: There was a fear of career ending injury.

4.5 Contrasting views and stigma regards emotional support within sports environment:

Although most of our athletes said they would consider counselling if a service was made available one of the six had actually considered using such a service prior. Other comments emerged that displayed the stigma associated with "emotional weakness". The athletes were responsive to the importance of mental health but not as responsive to discussing it for themselves.

Athlete A: I went through a rough patch and while injured and while injured not being able to play football, looking back at it I was depressed but at time didn't consider counselling**.**

Athlete C: I'd rather keep things like that confidential, don't think my club would be open minded enough for anything like that.

Athlete A: Maybe for some people but not for myself.

A theme that emerged through questioning was the brief responses given whenever personal emotions were questioned. The interviewees would often answer with one word answers yes/no or as above "*maybe for some people but not for myself* ". This researcher found that although a second explorative question did bring out more results, the initial answer was more intriguing on a psychoanalytical level. Resistance may be a factor and this researcher was conscious of the defence mechanism that may be in operation and with this in mind it

was deemed appropriate to accept such defences (Kennedy & Charles, 1977). The relationship between physiotherapist and athlete requires time, commitment and the development of trust. With this in mind, this researcher was interested to know if the injured athletes confided with the physiotherapists on personal matters. All our physiotherapists said they have not been confided in nor would they deem it ethical. Physio A recognised that athletes would relay fears regarding sports matters but not on a personal matter.

> **Physio A:** Players often discuss their worries of not being able to regain position in team or returning to pre injury levels of fitness.

4.6 A need and understanding of support services within in a sports environment:

All our candidates were asked if a support service was available through the sports club would they use it? Could they see the benefits? Could they identify areas in which it could help? Four of the six athletes would consider counselling if they felt it was needed, the remaining two felt the stigma towards seeking support again would be too much.

> **Athlete A:** I don't know if I would go through club first, maybe if I was in that position again I would probably go to a G.P. I think that even though there is a lot of counselling services available especially with the recent footballers coming out about their struggles etc, I think there is a stigma to it and I would rather keep it away from the club.

> **Athlete B***:* I'd rather keep things like that confidential, I don't think my club would be open minded enough for anything like that.

The Physiotherapists answers varied more so to the answers of the athletes. Both Physio B and D were inclined towards improvement in performance which would be more related to the professional athlete.

> **Physio B**: For a sports team I would recommend a sports psychologist if the anxiety is sports related) as they can teach the athlete self calming/concentration techniques that would be applicable to their individual sport.

> **Physio D:** Yes though only in elite sports where athletes are under pressure or athletes attempting to attain elite status otherwise it would be a waste of money.

Physio C and E felt it was not appropriate for the athletes that they work with.
The athletes were asked to consider the benefits of counselling and a couple related it to sports performance more so than general mental health. A constant theme however was that a support service could provide tools to improve psychologically in order to develop in sport.

> **Athlete B:** I believe in positive thinking in sport, the power of confidence is huge so any kind of positive sports psychology is a major benefit in my opinion.

> **Athlete F:** Improvement of mental strength, self belief, motivation and discipline.

Both the above cases could find the benefits of sports psychology which Physio A recommended and Physio D considered a waste of money for a non professional. Of the two sets of interviewees Athletes C and Physio A identify the primary reasons for counselling.

Athlete C: it would make things a lot easier when you can talk about things to a non judgemental party, receive advice and support plus an opportunity to advise others about my experiences.

Physio C: A counselling programme would benefit clubs by addressing problems that players experience when injured, addressing problems players may experience in work or at home.

Of the athletes interviewed, special consideration was noted to the answers of Athlete D.

Athlete D: If it helps one person that is enough

Athlete D had mentioned that his club lost 4 players due to suicide in the past 4 years. This researcher felt it was appropriate to accept the brevity of this response and offer the candidate the opportunity to withdraw from the interview.

Chapter 5 Discussion:

5.1 Responsibilities and Awareness of Physiotherapists:

This researcher noticed that even though the physiotherapists recognised and identified known symptoms of anxiety, depression and emotional distress amongst the long term injured athletes, only Physio D has received training to handle such issues. The physiotherapists duly pointed out that their role within the organisation is to treat the athlete's physical injuries and not psychologically and that ethically the treatment is compromised if the physiotherapist is looking at other matters other than the focus point of the injury. Only Physio D has referred an athlete on for matters of a psychological nature. The physiotherapist does not discuss emotional wellbeing with managers regarding an injured player and are rarely asked either. Physio B enquires with a view to gauging athletes motivations to recovery. Mahoney and Hanrahan (2011) would confirm this approach, as an athlete who is aware of his values within sport can tackling to the uncomfortable emotions that arise through rehabilitation and should be able to commit readily to the programme by implementing mindfulness and acceptance techniques. This awareness of commitment can prove beneficial throughout the recovery stage. All of the physiotherapists displayed highly ethical approaches to the treatment of athletes and responsibilities to the care of their clients. Research however, is mounting that anxiety and emotions are a hindering factor to an athlete's rehabilitation (Gardner & Moore, 2007) (La Mott, 1994) (Mahoney & Hanrahan, 2011) (Sinden, 2010). This researcher feels that physiotherapists are in a position to recognise the symptoms of anxiety and depression in injured athletes and that it could be beneficial for athletes' rehabilitation to understand the connection of emotions to the body.

Gilbourne & Taylor (1998) as cited by (Gilson, Chow, & Ewing, 2007) suggest athletes that use goal setting programmes to recover from injury may find enhanced feelings of control in later life when faced with possible crises. This is a measure which may prove beneficial for training staff; however, this researcher raises concerns for the implications if the goals are not achieved. In the field of medicine a general practitioner has the necessary education and the DSM IV Diagnostic Statistic Manual of Mental Disorders to assess a patient's mental health (APA, 1994). In the case of physiotherapy, the Interviewees would feel this is outside the training received and therefore not fully qualified to make such assessments. In the domain of world athletics however, a different stance is taken.

> The health care team must be aware and include psychological support as an Integral part of the treatment and rehabilitation processes. (IAAF, 2006, p. 1)

This view correlates with the research of (Mahoney & Hanrahan, 2011)

> The emotional experiences associated with athletic injury highlight the struggle some athletes encounter when injured and the need to assist athletes in overcoming psychological hardships of athletic injury (Mahoney & Hanrahan, 2011, p. 252)

Table: 2 From common to clinical responses: gauging referrals to therapy (IAAF, 2006)

Consider referring to a trained, experienced sport psychology consultant if injured athlete:
• Lacks confidence in his/her ability to recover, or to engage in the rehabilitation Process.
• Lacks belief in the rehabilitation process.
• Has difficulty filtering out environmental distractions during rehab or training Sessions.
• Is withholding effort out of fear (of re-injury, of failure, etc.).
• Loses focus easily when pain intensifies or when discouragement sets in.
• Is engaging in excessive cognitive thinking over simple tasks.
• Is unsure of how to set and attain meaningful goals.
• Has trouble controlling thoughts about the injury, or worries about re-injury.
• Is unable to control negative self-talk.
• Desires to maximise the utility of the rehab and wishes to work more intensely on developing his/her mental game (e.g. improving confidence, concentration, Composure, trust).

By combining the physiotherapists and athletes results with IAAF guidelines (Table 2) it is apparent that emotions do play a role within rehabilitation of athletes. An athlete is in a vulnerable position where their assumed role is questioned, self worth is at stake and a state of isolation can be assumed (Mahoney & Hanrahan, 2011)

5.2 Isolation and Fear:

> An athlete's injury experience is considered by regular interactions with medical and rehabilitation staff, and they experience a great deal of isolation from teammates and team activities. Their sense of worth and strong athletic identity can be severely tested and often, athletes are left alone to deal with associated negative cognitions and emotions (Mankad, Gordon, & Wallman, 2009, p. 2)

Isolation can be considered a defence mechanism in which a person can avoid anything which may cause distress (Jacobs, 1988) and with injury the early stages are most vulnerable to depressive states (Wippert & Wippert, 2010). It can therefore be suggested that the injured athlete is at a phase where anxiety levels are high and the isolation from team involvement may force the athlete to disengage from recognising these emotions. This suppression of emotion can disrupt emotional awareness and cause conflict within the person (Sinden, 2010). In amateur sport, the requirement to be seen about a sports club would be less important than that of professionals therefore, club management may find it harder to monitor an athlete's well being if that athlete stays away whilst injured. This research highlighted the isolation that occurs within an athlete when injured and the majority of the athletes recognised spells of isolation and loneliness when injured. The promising outlook was that the physiotherapists recognised that injured players require interaction as soon as possible with team members so treatment plans tend to involve others as soon as physically possible. When this is not possible, some of the physiotherapists will have the athlete work

on his rehabilitation alongside the team restricting as much isolation as possible. The injured athlete is in a vulnerable position not just physically but emotionally too, some will seek isolation for fear of having to deal with emotions (Casement, 1985) others will feel it thrust onto them for the injury restricts their participation and possible role and status in the club. The risk of re-injury is suggestive of a vicious cycle whereby athletes who return to sport with psychological distress are likely to experience subsequent injuries (Mahoney & Hanrahan, 2011, p. 253).

Both our categories of samples recognised the fear associated with injury and fear of re-injury which as stated above has the potential to increase chances of re-injury. It asks the question that if fear of re-injury does cause such damage what is in place to tackle such an issue. Injured players can suffer trauma and restricted emotions due to injury therefore, the risk of re trauma is also possible which leads to avoidance of engagement with rehabilitation. A counsellor/psychotherapist can use this trauma if identified to unlock such fears and anxieties. Traumatic memory, mainly unconscious and habitually distorted, is imprinted in a unique way to common experience. In traumatic disassociation, unbearable features of experience are circulated into the body as sensory fragments (Van Der Kolk, 1996) that are stored in the non-verbal domain of the unconscious. By revisiting the trauma and identifying emotions, an athlete may recognise the traumatic feeling in a different light as the emotional mind may offer new words to describe the event. These emotions previously may have caused distress or anxiety but now the reactions can be more understandable and manageable (Goleman, 1995)

This researcher felt that there was an underlying fear amongst the athletes to discuss their own emotions which will be discussed in the next section.

5. Contrasting views and stigma regards emotional support within sports environment:

In recent studies athletes have expressed views that emotions are a sign of mental weakness, that there is no room for emotional expression in sport (Sinden, 2010). Athletes would think that emotions should be restrained or forbidden in the goal of achieving former status (Mankad, Gordon, & Wallman, 2009). Much research in the field of psychotherapy will propose that accepting and discussing emotions provides a person to see improvements with mental and physical health (Jacobs, 1988) (Sinden, 2010) (Mankad, Gordon, & Wallman, 2009) (O' Farrell, 1988).

The alpha male attitude within sport has left athletes with little scope for emotional awareness. The thoughts of letting an injury beat an athlete can be deemed weak and even shameful (Mankad, Gordon, & Wallman, 2009).

Four of the six athletes would consider counselling if they felt it was needed, the remaining two felt the stigma towards support again would be too much. Of the four who would consider using such a service, only one was able to identify why he would use such a service. Which raises the question? At what stage should a person seek help? Only one of the athletes knew of a local counselling service and only one physiotherapist deemed it appropriate to provide such a service within the sports environment. When our athletes where asked what they would find beneficial from a support service this researcher noticed a consistent pattern surrounding sports motivation and mental strength. These very words project the masculinity and drive required to succeed in sports. The researcher noted a considerable amount of briefly worded answers were provided when discussing emotional support and it offered a suggestion to the resistance surrounding such topics with young males in a competitive environment. Sinden (2010) categorizes five misinterpretations of emotions within sport and considering the resistance felt by this researcher it offers light on such findings

- Emotions are private
- Emotions are negative
- Emotions are feminine
- Emotions are irrational
- Emotions are a sign of mental weakness (Sinden, 2010)

This researcher feels that this may be the case in sport but it would also hold weight in the Irish young male population considering the increasing rates of suicide.

Stressful events can cause neural activation of the hypothalamic-pituitary-adrenal system which in turn strains the hormonal system through constant activation; the allostatic load of the human will be strained just as much as dehydration would affect an athlete who doesn't drink enough water (Wippert & Wippert, 2010). The body and the emotions are connected and it would be advisable for athletes to have an awareness of such connections (Goleman, 1995). Somatic anxiety can lead to increased muscle tension and if a club incorporates muscle relaxation techniques in the training plans then injury risk decreases (Ivarsson & Johnson, 2010) (Raglin, 2001)**.**

> **Physio A:** players often discuss their worries of not being able to regain position in team or returning to pre injury levels of fitness.

If the IAAF's guidelines (Table 2) are considered, then this comment could be applicable to fears of rehabilitation, lack of confidence and negative self talk, should it be therefore be ethical for a physiotherapist to recommend the services of a sports psychologist or counsellor?

It is not the role of a physiotherapist to read between the lines to what an athlete may be saying a sports psychologist or counsellor however, should be alert and tentative to not only

what is being said but also to what is not being said. This is where a support service may be a beneficial utility within a sports club.

5.4 A need and understanding of support services within in a sports environment:

Athletes that are injured can be in distress and require support; the male athlete can feel isolated and alone, hiding his emotions from the world or denying the emotions at all. The counsellor can offer a safe haven to explore these emotions, frustrations and provide support. This support is provided so long as it does not undermine an athlete's independence (O' Farrell, 1988). Empowering the athlete to make choices and establish a true sense of identity rather than "footballer or injured footballer" (Mahoney & Hanrahan, 2011). It was clear that the athletes were resistant in recognising their emotions and feelings and this would correlate with research of (Sinden, 2010) (Mankad, Gordon, & Wallman, 2009) (Wippert & Wippert, 2010) , the counselling environment creates a unique environment where the therapist can share these feelings unconsciously and gradually make them more manageable over time (Casement, 1985).

The sooner the athlete can accept his emotions, the sooner the connection with the here and now begins and with that, the focus for recovery can begin (Mahoney & Hanrahan, 2011). Much of the research towards the early stages of injury can be compared it to the grieving process. This researcher believes therefore that counselling can play a considerable role at such stages.

> Injury events have been shown to elicit grief responses, and they can cause depressive mood states with the potential to hinder the athlete's rehabilitation (Sinden, 2010).

Worden describes four tasks in which a person should go through when dealing with grief (Worden, 2009). Grief is loss and when suffering a long term injury the athlete is dealing with loss, loss of ability, loss of role, loss of community, loss of potential earnings. Worden's four tasks are listed below and it is quite plausible to consider them in relation to the injured athlete and how a counsellor may be of assistance.

1. Acceptance of the loss

> Acceptance of one's emotional states allow athletes to connect more easily with the present moment and to focus on the task at hand Gardner and Moore (2007) as cited in (Mahoney & Hanrahan, 2011, p. 256)

The first stage is facilitating an athlete in accepting the authenticity of their loss. An athlete needs to accept this loss both on an intellectual and emotional level. Once an athlete can accept the loss for what it is then an athlete can prepare for readjustment and rehabilitation. An athlete may encounter levels of shock and trauma from the injury and with that defence mechanism can be enforced.

2. Process the Pain of Grief

The pain of injury for an athlete has a double edge it will no doubt have a physical pain but it may also carry psychological anguish also which in turn may exacerbate the somatic pains. An athlete may not be willing to process this pain and may turn to other methods to cope such as painkillers, eating disturbances and alcohol to numb the feelings.

An athlete would need to acknowledge the loss and pain otherwise the risk of prolonging the injury spell is highly possible (Sinden, 2010).

It is vital for an athlete to discuss the pain both physical and emotional; there is a need for expression of this fear, isolation, anger or sadness. The stigma surrounding the sports team may be preventing such processes to manifest.

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3. Adjustment to the Non playing world

The extent of adjustments will vary depending on the injury however; the athlete can use this opportunity to acquire a new set of skills such as mindfulness, and relaxation techniques.

4. Integration of the Lost and Found

An athlete may find that being injured is a permanent feature and the pain of not being able to compete again may be too much, the athlete therefore will deny or erase the sporting achievements prior to the injury. It is important for an athlete to understand the past and use those feelings in the present and by doing this there is a greater opportunity to succeed in the future.

5.5 Recommendations:

The goal of this research was to bring forth information regarding

(a) Mental health awareness and attitudes towards anxiety and counselling services

The research suggests that the stigma of attending counselling does reside in the sports environment or male dominated environment. Although the majority of athletes were receptive of a support service within the club few could list the benefits or felt

the need to attend such a service. This researcher would recommend promoting mental health awareness and support services from the management level of the club reducing any stigma within the sports community. Both sets of candidates recognised sports psychology as an outlet yet the research of Ferraro and Rush suggested similar resistances to attendance (Ferraro & Rush, 2000).

(b) Relationships with club and teammates during injury

The athletes highlighted the isolation during injury whilst the physiotherapists recognised the need for integration of injured athletes with team. This recognition on both levels brought about an understanding of the fragile state an injured athlete may be in and that if club management was alert to this relationship. It could prove beneficial for athlete on a sporting and personal level and also beneficial to the team. This researcher, therefore, believes that clubs could have more procedures in place to cater for the injured athlete as well as standard physiotherapy. Injured athletes undergoing rehabilitation alongside the teammates training was one recommended procedure by the physiotherapists.

(c) Physiotherapist professional approach to dealing with the injured athlete.

This researcher found all the physiotherapists held highly ethical stances on all issues towards athletes. The research found that injured athletes have displayed anxiety and depression when injured and the physiotherapists recognised this as a possible hindrance to rehabilitation.

5.6 Conclusion:

Ivarsson & Johnson (2010) highlight the importance of creating an atmosphere of trust and openness within the club where an athlete may feel safe to express his feelings. This researcher feels that this is the role a counsellor can play within a club.

The counsellor's role here is not to numb the pain or provide simple solutions; the counsellor can allow an athlete to discover and identify their feelings and provide an environment that is safe to explore these. The mourning period of an athlete will bring out defence mechanisms and some of these defence mechanism will be needed especially in the early stages of the injury recovery. By containing an athlete and allowing the space for mourning within the counselling environment, an athlete will gain a new sense of freedom knowing the stigma and judgement of such mourning regardless of scenario is absent (Kennedy & Charles, 1977). Similar to the mourning period, the emotions and perceptions of the event change over time and hence the importance of tackling these conflicts early on is paramount to prevent the initial stages to become fixed in the athlete's mindset. Research on long-term athletic injuries suggests that the distress athletes experience throughout the injury process is not constant but instead changes over time (La Mott, 1994). The role of a counsellor however, will only take true effect if the environment welcomes such a role and what it potentially can provide within sports.

Chapter 6 Conclusion:

6.1 Limitations:

- The sample size of athletes and physiotherapists was small because of the required factors of the study and a larger sample however may provide more diverse findings and themes. The diversity of physiotherapists through a larger study may show a different response considering that Physio D had contrasting views to the majority and also a different level of training.
- The athletes were discussing retrospectively and this researcher wonders whether time has diluted the emotions since the injury phase.
- The athletes were all amateur and the line of questioning did not make much allowance for external factors such as family and employment for reasons of anxiety.
- This researcher feels more understanding of the role a sports psychologist might play could be beneficial to the study. The sports psychologist was a recommended outlet for some of the physiotherapists and the athletes expressed an interest in mental strength and positive thinking which would be a feature of sports psychology.
- This researcher discovered literature regarding anxiety and mental health in sports but primarily with the function of returning the athlete to full fitness or winning ways. There was a lack of attention or consideration amongst most journals for the welfare of an athlete. Berlin's recommendation of counselling in sport was the main exception but was over 25 years old (Berlin, 1985).
- Restrictions on time and word allowance reduced the opportunity for more specific findings.

6.2 Further research:

The majority of athletes welcomed the idea of a support service within the sports environment; however, few could identify the benefits of such a service. This researcher believes this is an opportunity to understand why the athlete welcomes the idea but cannot relate to it.

- The researcher would like to interview healthy athletes to gain a viewpoint on athletes attitudes and mental health awareness.
- The researcher would also like to interview female athletes again to broaden the understanding of the research and gain a comparison to the male criteria

Both of these would be through semi structured interviews and reviewing to outline themes which span both areas of research.

The physiotherapists are professional practitioners; this researcher found that the answers received were of a highly professional manner. Each physiotherapist displayed high regard for the ethical constraints of the profession and duty of care. This research proved valuable in understanding the protocol of a physiotherapist however, felt that the personal experience was secondary to the protocol,

The physiotherapists recognised the need for integration with their team as soon as possible and this researcher believes this element is vital for the prevention of possible depression and anxiety. This researcher therefore feels that, it would be necessary to interview sports psychologists through semi structured interviews to gain an understanding to what their experiences are with professional and amateur athletes.

This researcher felt that the athletes and physiotherapists were answering with the focus being on sport achievement as opposed to the person's emotional well being. This researcher

feels that by asking questions less related to sport and more to emotions might reveal new material.

6.3 Conclusion

Research from the literature review raises a question regarding who the sports psychologist works for; the club or the athlete? (Raglin, 2001). The Irish Sports Council lists 22 accredited sports psychologists in Ireland, compared to the aforementioned number of amateur athletes in Ireland (I.S.C., 2012). This researcher feels that counselling and psychotherapy can offer a unique outlet to athletes alongside sports psychology. The Athletes interviewed suggested that although they would see the benefits of a support service within the club, some felt they would not like their club being involved in such issues. The results provided suggest that a support service within a club may not the best solution; it does however suggest a need for clubs to provide awareness and direction to external sources on such issues. Coaching staff must take some responsibility for the transition period an athlete undertakes when injured**.** (Wippert & Wippert, 2010)**.**

This researcher cannot maintain that the sample is representative of the amateur sports environment. There is however, no doubt in the researcher's mind that from the sample participants interviewed that mental health awareness is a requirement within the sports community. That trusted mentors such as a coach, manager or physiotherapist could provide the encouragement and necessary reassurance to break the stigma of emotional awareness of young men in Ireland. In England the Professional Footballers Association have begun to distribute a booklet called The Footballers Guidebook to Mental Health which offers advice on support regarding mental health issues within professional sport (Hytner, 2011). This researcher believes that sporting organisations in Ireland could follow suit and help bring down the barriers of mental health.

References

APA. (1994). *Diagnostic and Statistic Manual of Mental Disorders.* American Psychiatric Association.

Belmont. (1979). *The Belmont report: Ethical principles and guidelines for the protection of human subjects of research.* Department of Health, Education and Welfare. Washington DC: OPRR Reports.

Berlin, R. F. (1985). Psychological Counselling and Personality Testing of Top Level Sportsmen. *International Journal of Sport Psychology* , 20-27.

Bianco, T. (2001). Social Support and recovery from Sport Injury; Elite Skiers share their experiences. *Research Quarterly for Excercise and Sport* , 376-388.

Brewer, B., & Petrie, T. (2001). Psychopathology in Sport and Excercise. *Exploring Sport and Excercise Psychology* , 257-274.

Casement, P. (1985). *On Learning from the Patient.* Routledge.

Dietrich, H., & Ehrlenspiel, F. (2010). Cognitive Interviewing: A Qualitative Tool for Improving Questionaiires in Sports Science. *Measurement in Physical Education and Exercise Science , 14*, 51-60.

Downs, A., & Ashton, J. (2010). Vigourous Physical Activity, Sports Participation, and Athletic Identity:Implications for Mental and Physical Health in College Students. *Journal of Sport Behaviour , 34* (3), 228-249.

FAI. (2012, April 4). *fai.ie*. Retrieved April 4, 2012, from retrieved from fai.ie: http://www.fai.ie/domestic-a-grassroots/affiliated-leagues.html

Ferraro, T., & Rush, S. (2000). Why Athletes resist Sports Psychology. *The Online Journal of Sports Psychology , 2* (3), 9-14.

GAA. (2012, April 4). *http://www.gaa.ie*. Retrieved April 4, 2012, from retrieved from http://www.gaa.ie: http://www.gaa.ie/clubzone/club-info/

Gardner, F. L., & Moore, Z. E. (2007). *The Psychology of Enhancing Human Performance: The Mindfulness-Acceptance-Commitment Approach.* New York: Springer.

Gilbourne, D., & Taylor, A. H. (1998). From Theory to Practice: The Intergration of Goal Perspective Theory and Life Development Approaches withing an Injury Specific Goal Setting Program. *Journal of Applied Sport Psychology* , 124-139.

Gilson, T. A., Chow, C. M., & Ewing, M. (2007). Defining Success in Strength Training Using Achievement Goal Orientations. *Journal of Sport Behaviour , 31* (3), 220-236.

Glaser, B. G., & Strauss, A. (1967). *The Discovery of Grounded Theory: Strategies for Qualitative Research.* New York: Aldine.

Goldberg, A. S., Moroz, L., Smith, A., & Ganley, T. (2007). Injury Surveillance in young athletes: A clinician's guide to sports injury literature. *Sports Medicine* (17), 208-210.

Goleman, D. (1995). *Emotional Intelligence.* Bloomsbury Publishing.

Habif, S. (2009). Examination of Injury and the association between Sport Injury Anxiety and Injury Severity and Frequency among Olympic Distance Triathletes. *Dissertation Abtracts International Section A:Humanities and Social Sciences , 69*, 3048.

Heil, J. (2009, March). Turning Injury to Advantage: Rapid Recovery on Game Day. *Athletic Therapy Today* , 13-15.

HSE. (2010, September). *National Office for Suicide Prevention Annual Report.* Retrieved April 4, 2012, from retrieved from http://www.nosp.ie: http://www.nosp.ie/

Hytner, D. (2011, June 2). *http://www.guardian.co.uk/football/2011/jun/02/footballers-guidebook-mental-health-pfa*. Retrieved February 17, 2012, from retrieved from the www.guardian.co.uk: http://www.guardian.co.uk/football/2011/jun/02/footballers-guidebook-mental-health-pfa

I.S.C. (2012). *Professional Members*. Retrieved March 31, 2012, from Instuteofsport.ie: http://www.instituteofsport.ie/Institute_Of_Sport/Athlete_Zone/Performance_Science/Professional_Members/Professional_Members.html#Psychology

IAAF. (2006). IAAF Medical Manual Sports Psychology. In IAAF, *IAAF Medical Manual* (pp. 1-8).

IACP. (2011, November 5). *IACP Code of Ethics*. Retrieved April 2012, from http://www.irish-counselling.ie: http://www.irish-counselling.ie/index.php/code-ethics

Ivarsson, A., & Johnson, U. (2010). Psychological Factors as Predictors of Injuries among Senior Soccer Players. A prospective Study. *Journal of Sports Science and Medicine , 9*, 347-352.

Jacobs, M. (1988). *Psychodynamic Counselling in Action.* London: Sage.

Jones, M. (2010). Exploring the 5C's of Positive Youth Development in Sport. *Journal of Sport Behaviour , 34* (3), 250-267.

Junge, A. (2000). The Influence of Psychological factors on Sports Injuries, Review of the Literature. *American Journal Of Sports Medicine* , 10-15.

Kennedy, E., & Charles, S. S. (1977). *On Becoming a Counsellor.* New York: Crossroad Publishing.

La Mott, E. E. (1994). *The Anterior Cruciate Ligament Injured Athlete: The Psychological Process.* Minneapolis: University of Minnesota.

Leininger, M. M. (1985). Ethography and ethnonursing:Models and modes of qualitative data analysis. In *Qualitative research methods in nursing* (pp. 33-72). Grune & Stratton.

Liu, Y. D. (2008). Sport and Social Inclusion:Evidence from the Performance of Public Leisure Facilities. *Springer Science and Media* , 325-337.

Mahoney, J., & Hanrahan, S. J. (2011). A Brief Educational Inervention Using A cceptance and Commitment Therapy: Four Injured Athletes' Experience. *Journal of Clinical Sport Psychology* , 252-273.

Mankad, A., Gordon, S., & Wallman, K. (2009). Perceptions of Emotional Climate Among Injured Athletes. *Journal of Clinical Sports Psychology* , 1-14.

Mankad, A., Gordon, S., & Wallman, K. (2009). Psycholinguistic Analysis of Emotional Disclosure: A Case Study in Sport Injury. *Journal of Clinical Sports Psychology* , 182-196.

Martens, R., Vealey, R., Bump, S., Burton, D., & Smith, D. (1990). Development and Validation of the Competitive State Anxiety Inventory 2. *Competitive Anxiety In Sport* , 117-190.

Meyers, A., Whelan, J., & Murphy, S. (1996). *Cognitive Behavioural Strategies in Athletic Performance Enhancement.* Brooks Cole.

Monsma, E., Farroll, J., & Mensch, J. (2009). Keeping Your Head in the Game: Sports Specific Imagery and Anxiety among Injured Athletes. *Journal of Athletic Trainers Association , 44*, 410-417.

Moore, Z. (2003). Ethical Dilemmas in Sports Psychology (Discussion and recommendations for practice). *Proessional Psychology , 34*, 601-610.

O' Farrell, U. (1988). *First Steps In Counselling.* Dublin: Veritas.

O Regan, M. (2011, April 8). *Irishtimes.com*. Retrieved November 8, 2011, from retreived from Irishtimes.com: http://www.irishtimes.com/newspaper/ireland/2011/0408/1224294223554.html

Raglin, J. (2001). Psychological Factors in Sport Performance (The mental health model revisited). *Sports Med , 31*, 875-890.

Randolph, J. J. (2009). A Guide to Writing the Dissertation Literature Review. *Practical Assessment,Research and Evaluation , 14* (13), 1-13.

Sinden, J. L. (2010). The Normalization of Emotion and the Disregard of Health Problems in Elite Amateur Sport. *Journal of Clinical Sport Psychology* , 241-256.

Van Der Kolk, O. (1996). Relieving or Reliving Childhood Trauma? *Theory and Psychology , 9*, 533-540.

Verhagen, E., Van Stralen, M., & Van Mechelen, W. (2010). Behaviour, The Key Factor for Sports Injury Prevention. *Sports Med , 40* (11), 899-906.

Williams, J., & Anderson, M. (1998). Pyschosocial Antecedents of Sports injury:Review and Critique of the Stress Injury Model. *Journal of Applied Sport Psychology , 10*, 5-25.

Wippert, P.-M., & Wippert, J. (2010). The Effects of Involuntary Athlethic Career Termination on Psychological Distress. *Journal of Clinical Sports Psychology* , 133-149.

Worden, J. W. (2009). *Grief Counselling and Grief Therapy:A Handbook for the Mental Health Practitioner.* Routledge.

Appendix 1

Eoin Killeen

Student 1365194 Course: HBACAG

(BA) Counselling and Psychotherapy

Dublin Business School

2012

A Qualitative Study on the Benefits of Counselling with Long term Injured Amateur Footballers

My name is Eoin Killeen and I am conducting research that explores attitudes to mental health amongst long term injured athletes. This research will form a pivotal role in my studies and will be submitted for examination.
The hypothesis is that injured athletes are potentially at risk of depression, anxiety and other mental health issues.

You are invited to take part in this study and participation involves a face to face interview which will last no more than 30 minutes. Participation is completely voluntary and so you are not obliged to take part and can withdraw at any stage of interview.

Participation is anonymous and confidential. Pseudonyms are assigned to each participant.
The questionnaires will be securely stored and data from will be transferred to electronic format and stored on a password protected computer.

Should you require any further information about the research, please contact Eoin Killeen, eoinkilleen77@hotmail.com or (087) 0515232.
My supervisor can be contacted at honeymanandrew@gmail.com

Thank you for taking the time to complete this interview

Appendix 2

Consent Form

I have read and understood the attached letter regarding this study. I have been offered the opportunity to ask questions and discuss the study with the researcher and I have received satisfactory answers to all my questions

I understand that I am free to withdraw from the study at any time.
I agree to take part in the study

Participant's Signature: _____ Date: _____

Participant's Name in print: _____

Appendix 3

Questions for Physiotherapists

1: What qualifications and training have you achieved?

2: What would you classify a long term injury?

3: The IAAF (World Athletics Federation) offers guidelines to Physiotherapists to follow regarding an athlete's mental health. In your training did you learn about identifying factors of anxiety in athletes?

4: If working with a sports club, where does your responsibility lie? (A) Club (b) Athlete

5: Have you noticed any shifts in moods and behaviours with athletes whilst injured?
Can you please elaborate?

6: Have you referred clients on f injury was beyond your expertise?
If answer is yes would you refer if it is a mental health issue?

7: Do you report your treatment plans and results to someone else in the club and are you ever asked about the athlete's mental and emotional wellbeing?

8: When assigning treatment plans and fitness programmes do you include programs that involve interaction or are they primarily individual? Please explain

9: Due to the relationship of trust between you and your client can you recall occasions where a player has come to you for assistance regarding symptoms of anxiety or other personal matters?

10: Do you think that a sports club could benefit from having a program in place to offer a counselling service? Could you name such benefits?

Appendix 4

Questions for footballers who have suffered long term injuries (3 months or more)

1: What length of time have you been injured for?

2: What was extent of injury?

3: Did any your club provide any support beyond the required treatments? If yes please explain

4: Have you ever considered or availed of counselling services? Please explain

5: Would you avail of counselling service through your club if available? If no please explain why?

6: If a support service was made available with your club what would you find useful or beneficial?

7: Would you be aware of counselling services in your area that would be beneficial for you or your team mates?

8: When injured did you feel part of the club? Can you explain how you felt through the recovery**?**

Table 1: Physiotherapist Qualifications

Physio A: (Hon) Sports Therapy F.A. Dip. Injury
Physio B : BSC Physiotherapy MSC Sport and Exercise
Physio C: BSC Physiotherapy
Physio D: Degree in Physiotherapy BLS, Sports Traumatology & AED training
Physio E: BSC (Hon) Sports Therapy F.A Dip Injury Management

Table: 2 From common to clinical responses: gauging referrals to therapy (IAAF, 2006)

Consider referring to a trained, experienced sport psychology consultant if injured athlete:
• Lacks confidence in his/her ability to recover, or to engage in the rehabilitation Process.
• Lacks belief in the rehabilitation process.
• Has difficulty filtering out environmental distractions during rehab or training Sessions.
• Is withholding effort out of fear (of re-injury, of failure, etc.).
• Loses focus easily when pain intensifies or when discouragement sets in.
• Is engaging in excessive cognitive thinking over simple tasks.
• Is unsure of how to set and attain meaningful goals.
• Has trouble controlling thoughts about the injury, or worries about re-injury.
• Is unable to control negative self-talk.
• Desires to maximise the utility of the rehab and wishes to work more intensely on developing his/her mental game (e.g. improving confidence, concentration, Composure, trust).