

Male professional footballers' experiences of mental health difficulties and help-seeking

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Abstract

Objectives: Male professional footballers represent a population that is at-risk of developing mental health difficulties and not accessing professional support. One in four current footballers report mental health difficulties. Higher prevalence is reported after retirement. This qualitative study aimed to provide in-depth insight into male professional footballers' lived experiences of mental health difficulties and help-seeking.

Methods: Seven participants were interviewed. Data was analysed using interpretative phenomenological analysis.

Results: One superordinate theme emerged; 'Survival'. This related to survival in the professional football world, of mental health difficulties and after transition into the 'real world'. Six subordinate themes are explored alongside literature pertaining to male mental health, identity, injury, transition, and emotional development. Shame, stigma, fear and lack of mental health literacy (knowledge of mental health and support) were barriers to help-seeking.

Conclusion: Support for professional footballers' mental wellbeing requires improvement. Recommendations are made for future research, mental health education and support.

Key Words: *Professional football, soccer, athletes, mental health, help seeking, male mental health, interpretative phenomenological analysis.*

1. Introduction

Mental Health Difficulties and Help-Seeking

One in four people experience mental health difficulties during their lifetime [1]. Unfortunately, people who could benefit from mental health services do not access them because personal attitudes, shame and stigma are barriers to accessing support [2-6]. The presence of mental health difficulties is a strong predictor of suicide therefore accessing professional help is important for receiving evidence-based interventions in order to facilitate symptom reduction, recovery, and reduce the risk of suicide [6-12]. Men in particular display higher levels of stigma, negative attitudes towards mental health and less help-seeking behaviour [1, 4, 13-17]. Furthermore, men are at higher risk of suicide, alcohol dependency and being detained in psychiatric hospitals [9, 18].

Mental Health Difficulties in Sport

The onset and prevalence of mental health difficulties in 16-34 year olds is higher than in other age groups and they are the least likely group to access support [9, 16, 19-20]. Professional and elite sports people typically fall within this at-risk age group. The average retirement age across a range of sports is 34 years indicating that most sports people fall into the at-risk age group during participation however they are underrepresented in mental health literature [21-22]. Therefore, substantial gaps exist in understanding the diagnostic and therapeutic issues, risk factors, prognosis and unique experiences of this population [22-23]. Eating disorders and substance misuse have been the most studied and appear common in male and female athletes [23]. A study of elite Australian athletes found a similar prevalence to community epidemiological studies

[24]. A total of 46% of elite athletes reported symptoms of at least one mental health difficulty. Depression was the highest reported difficulty (27.2%), followed by eating disorders (22.8%), social anxiety (14.7%), generalized anxiety (7.1%) and panic (4.5%).

Understanding barriers to help-seeking for mental health is important [6-12]. A qualitative study identified stigma as the most important barrier for young elite athletes [19]. This included negative self-appraisal, embarrassment and fear of negative appraisal, particularly for male athletes. A lack of mental health literacy (MHL), confidentiality concerns, and past negative experiences of help-seeking were also barriers. MHL is the ability to recognise mental health difficulties, beliefs about these, and awareness of support [25]. Positive relationships with help providers and coaches were facilitators to accessing support [19].

Mental Health Difficulties in Professional Football

Mental health in professional football remains an understudied area despite increased social media reports and former professionals sharing their experiences through, for example the BBC documentary 'Football's Suicide Secret [27]. This is surprising because footballers fall into the at-risk age group for the onset of mental health difficulties with the average age of a first professional contract, 18.2 years, and average age of retirement, 32.5 years [28]. The majority of professional footballers fall into the category of young males who are at-risk of experiencing mental health difficulties, suicide and not engaging in help-seeking [9, 16-17, 19]. Severe or recurrent injury, osteoarthritis, organisational and financial pressure and the loss of public and media interest following retirement contribute to the onset of mental health difficulties and not

seeking help [24, 26, 29-30]. In particular, the period of transition and retirement from professional sport is particularly difficult and could trigger the onset of mental health difficulties [31].

The prevalence of mental health difficulties in male professional football is only recently being explored. A study found that 26% of current footballers reported experiencing anxiety and/or depression, 10% distress, 5% low self-esteem, 7% adverse smoking habits, and 19% adverse alcohol behaviours [26]. The reported prevalence of mental health difficulties increases following retirement, such that 35% of former footballers experienced anxiety and/or depression, 18% distress, 24% adverse alcohol behaviour, 28% sleep disturbance and 65% adverse nutrition behaviour [32]. Footballers' experiences of mental health difficulties were associated with severe injury, low social support and recent life events [26].

The need to improve the provision of support for mental health difficulties is evident, with recorded suicide accountable for 11% of deaths of current and recent male professional footballers between 2007 and 2013 [34]. In addition, as role models there is also a societal impact of their methods of coping. For example, following the railway suicide of German international Robert Enke there was a significant increase in the number of 'copycat' railway suicides in the general population, despite preventative measures [33]. This highlights the need for the development of mental health support in professional football to prevent potential suicidal behaviours [34].

Mental health support within professional clubs is limited [35]. Young footballers are critical of the support offered for the emotional and psychological disturbances experienced during transitions [36]. Clinical levels of psychological distress are

reported in young footballers after deselection and the transition out of football alongside a breakdown of athletic identity is associated with considerable emotional distress, including anxiety, fear, depression, anger, humiliation, and rejection [37, 38]. There is a need for pre-planning of transition, providing support and actively encouraging help-seeking to support the footballers' life-long wellbeing [26, 38]. However, support offered by clubs is considered inadequate, particularly by footballers forced to retire through injury [28].

Aims of Current Research

This research aimed to expand upon the knowledge and understanding of male professional footballers' experiences of mental health and help-seeking. Advancing understanding in this area is important for educating and supporting this at-risk population. Using an in-depth idiographic approach, this research informs future research and policy, mental health education and support within professional football from the voice of footballers as experts by lived-experience.

2. Methods

Research Design

A qualitative research design using interpretative phenomenological analysis (IPA) was adopted [39-40]. IPA is an idiographic approach and therefore focuses on personal meaning and how people, in a given context and with shared experiences, perceive their experiences and make sense of them [39-40]. The study was undertaken in England.

Participants

In line with IPA methodology, and data saturation of emergent themes, a sample of seven male professional footballers was recruited [40]. Inclusion criteria: has held a professional football contract, experience of mental health difficulties and >18 years old. Mental health difficulties were self-identified by the participants and verified by the research team of Clinical Psychologist from the transcripts. This process resulted in 3 participants being excluded because there was no self-identified or professionally identified mental health difficulty. Exclusion criteria: retired from football >10 years.

Ethical approval

Ethical approval was granted by Coventry University. The research adhered to the British Psychological Society (BPS) Code of Human Research Ethics and BPS Code of Ethics and Conduct guidelines [41-42].

Procedure

The researcher undertook a bracketing interview to explore and identify pre-existing beliefs to avoid contamination. A semi-structured interview schedule was developed in line with IPA methodology [40]. Interviews were conducted in a private room. Participants were provided an information sheet and gave written informed consent. The interviews were audio recorded. The duration of interview ranged from 65 to 110 minutes (mean = 83 minutes). Participants were debriefed upon completion. The audio recordings were transcribed in verbatim. Identifying information was removed. The data was analysed following the procedure for IPA [40]. After initial noting and emergent themes were identified connections between emergent themes were explored. Validity

was supported by adherence to Yardley's four principles; sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance [43-44]. A researcher independent from the research team coded excerpts from the transcripts and similarities and discrepancies were discussed. Attention to reflexivity and inter-rater reliability of coding, and themes were used to encourage rigour and closeness to the data.

3. Results

Demographic Information

Participants were aged between 32 to 41 years (mean =37.2 years). Four participants were White British, two of Mixed/Multiple ethnicities and one of Black/Caribbean British ethnic origin. Six were retired. One participant was playing football part-time. Two participants were involved in football coaching at professional clubs. All participants reported experiencing an injury of greater than six weeks during their career. The highest playing level ranged from Premiership (n = 3), Championship (n = 1), League 1 (n = 1) and former League 1 (n = 2). Two participants had also played at youth international level.

A form of professional support was accessed by three participants. One participant accessed a sport psychologist during their career. One participant accessed the PFA and NHS, and one participant accessed a private clinic after their career. All participants

identified contact with another professional footballer who has experienced mental health difficulties.

Superordinate and Subordinate Themes

The study explored male professional footballers' experiences of mental health difficulties and help-seeking. One superordinate theme emerged; 'Survival'. This superordinate theme contained six subordinate themes which are presented in Table 1. Convergence and divergence within the themes is discussed. Pseudonyms are used for the quotations.

Table 1: Superordinate and subordinate themes.

Superordinate Theme	Subordinate Themes
Survival	<ol style="list-style-type: none">1) "It resembles a kind of battle field, just constant challenge and fight"2) "They must have seen me as a golden nugget...now I was like a dead duck"3) "I was struggling and this show, this outwards show, wasn't the reality"4) "I need somewhere to go and talk about this but I don't feel like I can go anywhere with it"5) "I had fallen out of love with the game"6) "Playing stops and that's it"

Superordinate Theme: Survival

The participants communicated a strong sense of their struggles and fight to survive within and outside of the football world. The superordinate theme was identified from the participant's description of an environment that encapsulated the notion that the fittest and strongest survive. The football field was analogous to the battle field and participants perceived signs of vulnerability or weakness, particularly emotional struggles or injury, as a threat to their survival as a professional footballer. The power behind the superordinate theme is reflective of the importance that being a professional footballer held for the participants; being a footballer was as valued as life. Footballers who could adapt to their niche environment had better chances of surviving. Learning new adaptations to survive in the real world seemed more natural for some participants than others and was facilitated by personal and professional support. This superordinate theme emerged in the context of six subordinate themes (Table 1).

Theme 1: "It resembles a kind of battle field, just constant challenge and fight"

This theme highlights the survival instincts evoked in the participants' experience of fighting for survival in the football world. The quotation encapsulates the "challenge", "focus", and "dedication" felt as a professional footballer. The words "battle field" and "fight" are perhaps indicative of the brutality and hurt, winning and losing, or more primitively, the sense of life and death as a footballer. This was furthered by participants referring to the football world as "cut throat", "ruthless" and "brutal" as they faced challenges such as team selection and earning professional contracts.

“It’s just so ruthless. You’re just constantly on trial really. If things go well on a Saturday, you play and you win, you just kind of dodge the bullet because it’s coming round the corner next Saturday.” (Graham, lines 200-204)

This experience seemed to be shared by other participants. Aaron described experiencing the football world as a “character assassination”, whilst metaphors such as “you’re on a tight rope” communicated a sense of just how high the risk of ‘falling’ out of the professional football world felt for the participants.

There was a perceived cost to the level of sacrifice and dedication expended in becoming a professional footballer. There was an expectation from the participants that these sacrifices and narrow focus felt necessary, to improve their performances and football career. With the exception of expanding identity brought by fatherhood, they saw their whole identity as a footballer.

“I had an epiphany that it’s just become that everything I do is related to football; where we’re eating, what we’re eating, can I take the kids to the park? No I’ve got a game tomorrow. Everything, every decision I made had a foot hole in being a footballer and I was just so so narrow, assuming that being narrow would help my performance. I was just completely wrong looking back.” (Benjamin, lines 793-798)

There was a primitive nature to the fight for survival against an opponent, which in contrast to a traditional battlefield, could be colleagues competing for selection.

“If you’re on a football field I would say that the other person is prepared to do almost anything to beat you. The nature of it is either; I’m going to eat or you’re going to eat, my family is going to eat or your family is going to eat.” (Dwayne, lines 333-336)

Theme 2: “They must have seen me as a golden nugget...now I was like a dead duck”

The quotation exemplifies the commoditised sense of self that was expressed by the participants. It appeared difficult to move from feeling like a “golden nugget” that everybody wanted a piece of, to a “dead duck”, to be eaten or discarded. The participants described the realisation that the football world was like a business, where they felt treated like an asset with conditional value. This appeared to reflect the experience of dehumanisation as a professional footballer.

“No one says how are you feeling...they’re not bothered how you’re feeling, they’re bothered about making...being injured you realise you’re commodity really quickly, that they want you for what you can deliver. They don’t want you because it’s you, [Benjamin]. They want you to do that job for them. This like loyalty in football is the biggest load of rubbish ever. There’s none. There’s absolutely none, you’re a tradable commodity.” (Benjamin, lines 996-1001)

A sense of changeable value was often expressed as a dichotomy of valuable to dispensable. In particular, injury highlighted a sense of devalued worth and being

classed as a “non-producer”, “disabled”, and “worthless”. This sense of self is incongruent to surviving in the football world with its perceived physical and mental expectations and added to the participants’ emotional distress.

“What they want is this robust you know performance machine. Performance machines don’t have erm...issues and insecurities, and problems, they get on with it.” (Benjamin, lines 310-312)

Theme 3: “I was struggling and this show, this outwards show, wasn’t the reality”

The quotation reflects the “stage character” used to mask the experience of struggling. Descriptors such as “bravado”, “actor” and “brave face” illustrated the shield participants hid behind as a defence to conceal emotional vulnerability. This was fuelled by the perceived pressure to be tough and cope, both as footballers and as men.

“I think it was a case of being out of sync in terms of coping with life and it manifested itself in an outwards show of ‘oh yeah I’ve got it together’ and it was pushing people away cause if you get to what’s really going down for me; that I’m struggling with stuff, I don’t feel that I’m good enough, I don’t feel that I should be here, I don’t feel like I deserve to be here, then you’re going to find that I’m a bit of a fraud.” (Edward, lines 129-136)

There was a fear of a “straight ticket out of football” if their true, human, vulnerabilities were revealed and a shared perception that as a footballer you couldn’t be vulnerable and survive. Mental health difficulties were not perceived as acceptable or compatible

within football. Although participants referred fondly to the camaraderie of the dressing room they also acknowledged a fear of rejection if they revealed mental health difficulties. This reflected the level of stigma and intolerance towards mental health in the football world.

“I think you’d have been, ‘black balled’ I suppose, so an admittance to me at that time would have felt like erm you know he don’t fit in with the culture, he’s not tough enough, just being shunned and probably found myself out the game” (Aaron, lines 770-774)

The struggle and pressure to hide emotional difficulties left participants feeling trapped and was linked with seeking escapism from their internal and external world. This included alcohol, substance misuse, gambling, women, partying, aggression, and withdrawal. The risk of permanent escapism was communicated by Aaron and Freddy who experienced suicidal ideation and Edward who survived a serious suicide attempt.

“I’d been out the game for about two years and I saw no way out. My drinking, drug taking, everything else had materialized, escalated heavily. I had no structure, I wasn’t training every day, my relationships were bad and this aspect of not knowing a way out and it wasn’t a cry for, or there weren’t many cries for help at the time, I wanted out because I didn’t see any other way cause I was really struggling, really really struggling and I saw that as the only option really, which is sad looking back but fortunately I’m here to tell the tale.” (Edward, lines 690-698)

Language was used to create emotional distance and disconnection from internal experiences, for example the use of “you feel” rather than owning their emotional response with “I feel”.

“You’re stuck in bed weeks at a time and your knee feels like it’s going to explode or someone’s stuck in a hot poker which was just...I can’t explain the pain and you’ve got to try to learn to walk again. Never mind run, sprint, kick a ball, head it and tackle. It was hard. It was hard and I think that’s why I turned to the drink. It just helps you get away from everything, a bit of escapism.” (Freddy, lines 417-422)

Theme 4: “I need somewhere to go and talk about this but I don’t feel like I can go anywhere with it”

The theme reflects the dilemma as participants sought to manage their experiences and tried to survive the internal experience of mental health whilst surviving externally in the football world. Barriers to seeking support were expressed, including; internal obstacles such as feelings of shame, believing help was for those “at their wits end”, fear of rejection and a lack of MHL.

“I wasn’t aware enough or I suppose I didn’t wanna accept where I was you know. I wanted to be isolated, not wanting people to find out how I was feeling cause at that point I didn’t want to talk about it cause I didn’t understand it. I thought I was...for want of a better word abnormal. I

suppose I took it as part of the game and I had to find a way round it and toughen up.” (Aaron, lines 470-476)

The disclosure of mental health difficulties felt threatening and the perceived lack of a safe containing space to share their experiences contributed to the feelings of helplessness, isolation and a sense of being trapped.

“I think it’s one of the things why I suffered more than probably what I should have done is because I didn’t have anyone to talk to.....not just about the injuries but about the ways that it affects you.....it erm...made life a lot more difficult.”

(Freddy, lines 720-725)

The participants spoke about valuing support from their family, in particular female partners and mothers. This may be due to the perception of females being nurturing and caring, in contrast to the competitive, macho culture associated with their experience of males in the football world. The experience of more formal help-seeking was viewed positively by the participants who accessed support.

“[Sport Psychologist] was like the biggest influence on my career both professionally as a footballer and personally as a man really. Straight away we got to work on how cause I was more anxious there was increased injury risk because I was constantly looking and searching for things that might be wrong and then obviously you’re not playing with any freedom because you’re already tighter and anxious. Then coming back I’d set my

expectations at perfection and anything other than perfection in how my body was feeling was a negative and that would set it off. Just understanding myself and I suppose that outlet of being able to talk to someone who wasn't judging you as a footballer, just trying to help you as a person." (Benjamin, lines 59-69)

Theme 5: "I had fallen out of love with the game"

All participants communicated a love for football that was integral to fuelling their drive, passion and commitment needed to survive and thrive as a footballer. This love was analogous to childhood passions and romantic relationships. At times, the love for football was presented as a blind fantasy, where participants were unable to acknowledge the reality of professional football; that some experiences were special but that others were physically and emotionally hard, such as the "torture" and "hard miles". Sadness was evident for participants whose love for football had died.

"I wanted to get out, but being so far in it that you've got to continue. It felt a bit like when you've made a choice to kind of jump off something or do something and you change your mind and you've got to carry on doing it you know. It's like you got to keep going despite the fact you're like shit I don't want to do this no more and that's how it felt. I think from that my drinking, my drug taking, my gambling got worse you know." (Edward, lines 451-457)

Through reflecting on being in and out of love for football, the participants communicated a concern for the next generation of young footballers, how they would survive the intense relationship with football, and an emphasis on the need for education around mental wellbeing and support. It seemed like the participants had not felt forewarned or prepared for the death and loss of their football fantasy.

“They’re living the dream and they want people to know they’re living the dream, unfortunately they’re building it on quicksand.” (Dwayne, lines 403 – 404)

Theme 6: “Playing stops and that’s it”

With the exception of Dwayne, who returned to the family business, the participants described football as their whole world and they faced several losses at transition into the “real world”. This included the loss of the team environment, attention, adulation, structure, purpose, and identity. Feelings of loneliness, sadness, failure and fear were apparent. The transition was synonymous with the death of the footballer/athlete identity and the need to construct a new sense of self to survive in the real world.

“You have to reinvent yourself; personality, the way you conduct yourself, sometimes the way you talk, the language you use...it’s a...it’s a different world, a different world.” (Freddy, lines 857-860).

“I feel like that’s me, the piece of paper, and I just sort of like keep tearing little pieces away and not getting anything done, not growing in size but actually shrinking in size.” (Graham, lines 453-455)

When playing stopped, or was threatened to stop, by a career threatening injury, the emotional impact of the sudden and potential loss of football was evident. Choice and readiness seemed to be related to adjustment. Greater emotional distress was associated with less control over factors influencing retirement, such as injury. The powerful grief, sadness and murderous rage expressed by Freddy towards the perceived perpetrator may reflect the perceived ‘murder’ of his football career, hopes and dreams.

“One of the hardest things as well is that the player that caused my injury []you know you have silly thoughts like you want to go round and slaughter his wife and kids...just to fuck his life up as well, but erm.....fortunately like I say we live in a civilized society so you don’t do it... []...and you just think have you not got any bollocks. Do you think you should have kicked his head in...put him in a wheelchair....” (Freddy, lines 874-892)

The participants faced challenges to adjustment when ‘playing stops’ having experienced their life as “mapped out” for them in football. The development of autonomy seemed to be arrested and presented challenges in decision making, task-management and longer-term planning. The metaphor; like a “rabbit in the headlights”, communicates a sense of feeling stunned, scared and in danger of becoming road kill as they started a new journey feeling lost, not knowing which way to turn.

“For a lot of your life your main thing is just to go out and play football and other people take care of other things for you. Then when you come out and you haven’t got those things it’s a massive...a massive challenge to erm... to sort of fit in and try and readjust.” (Aaron, lines 1390 – 1394)

“My wife would go to me; what’s your plan, what you going to do, she was in tears getting frustrated at me and I was getting frustrated back saying I don’t know what I want to do. I had no idea, absolutely no idea. I didn’t have a clue what I was going to do. It was quite fraught at times.”
(Craig, lines 340–344)

In contrast, Benjamin and Dwayne described coping relatively well with transition. This was facilitated by personal and professional support, engaging in a new passion and applying personal and football values into a new career. For Dwayne, his work colleagues became “the lads” and “my team now” and is indicative of the potential benefits of footballers continuing to work in teams upon transition, in comparison to Graham’s description of feeling “lonely” and “on my own” in his self-employed role. For Benjamin, he described being able to apply the “drive”, “graft” and “challenge” of his football career to his studies alongside the support from the sport psychologist to help him to consider his future plans prior to retirement.

“I was so into the content [University Degree] and I was ready for it and it was my decision to do it. I just took to it like a duck to water and it was...it was amazing.” (Benjamin, lines 837-839)

The contrast of moving to a position of acceptance verses being stuck in regret was a central factor to how the participants were surviving in the real world. It was sad and frustrating for Craig, Edward, and Freddy to imagine what might have been if their decisions and experiences had been different.

“Looking back now I should have, I wish I’d, I wish I’d carried on. Wish I carried on now but at the time I thought I was ready.”

(Craig, lines 120-121).

“If you dwell on it, it will just eat you up, eat you up.....I still have the thoughts, you know, what if...what if? (Freddy, lines 876-877).

4. Discussion

This study explored male professional footballers' experiences of mental health difficulties and help-seeking using IPA. One superordinate theme, “Survival”, emerged. The survival narrative was carried throughout six subordinate themes. The nature of survival as a professional footballer was built around the notion that the fittest, strongest and best adapted, survived. Consistent with previous research, physical, mental and emotional difficulties were seen as weakness and threats to survival [19. 45]. Charles Darwin’s theory of evolution has a fitting application in understanding the functions of the participants’ survival in the niche environment of professional football and in

adjusting to the new demands of the real world. The level of challenge and fight alongside football being described as a battle field and cut throat was reflective of the primitive survival nature of sport from its roots in warlike sports in early Western cultures to Spartans in Ancient Greece [46].

The sense of being a commodity with conditional value reflected the experience of dehumanisation as a professional footballer. The participants' value could be externally and conditionally constructed by stakeholders in football. This seemed to contribute to the on-going sense of threat to a footballer's survival. This prolonged sense of fear is counterintuitive to performance and the consequences of altered focus of attention and muscle tension increase the risk of injury [47]. A focus on externally and conditionally applied value, such as praise or attainment, can have negative implications for self-esteem, as well as higher levels of anxiety and depression in elite sports people which is detrimental to performance [48-49]. Furthermore, low self-esteem is a risk factor for developing mental health difficulties [50-51].

The dichotomised sense of self as a valuable or dispensable asset overlaps with traits of narcissism, for example the narcissistic split of seeing oneself as either special/grandiose or vulnerable/worthless [52-53]. Narcissism can develop when the child (young footballer) exists to fulfil the parents' (football stakeholders) wishes and needs [54]. Higher traits of narcissism have been found in sport and are linked with increased effort in performance climates [55-56]. However, the narcissism defense is fragile and is correlated with mental health difficulties and substance misuse in men and violence in sports people [53, 57-58].

An embodied metaphor was used to express the dichotomy of relating to a body that was “a robust performance machine” compared to “disabled”. The experience of anger, sadness, vulnerability, worthlessness and adjustment following injury is consistent with sport injury literature and may reflect the psychological distress associated with the breakdown of the athlete identity [59-60]. This is an important area of concern given the increased risk of mental health difficulties and suicidal tendencies of injured athletes [19, 26, 61-62].

Consistent with male mental health literature, the participants felt the need to conceal their emotional vulnerability and mental health difficulties behind a stage character and brave face [15-17, 63]. This appeared to be driven by the fear that revealing vulnerabilities was not congruent with survival as a professional footballer. Forms of escapism, such as alcohol, substances and gambling, were used as a means to gain emotional distance from difficult feelings [64-65]. This way of coping left the participants feeling isolated and trapped, which are risk factors for mental health difficulties and suicide [9, 66]. The shared perception that footballers must cope and not show they are struggling, may be introjections absorbed by the participants from their environment as well as reflective of the social-cultural pressures of being a man [63, 67]. Introjections are not always negative, however, this example is debilitating to their wellbeing as it reduces their ability to access support that is important for increasing wellbeing, treating mental health and reducing suicide risk [6-12]. Low levels of MHL were barriers to support which is consistent with male MHL research [16-17, 68-69]. Feelings of shame and stigma also hindered participants help-seeking. Addressing these beliefs is important in facilitating help-seeking and recovery [1, 6].

The passionate relationship with football was like a blind fantasy where at times participants were unable to acknowledge an integrated reality of the positive and negative experiences of professional football. This relationship has some parallels to the addictive quality and compulsion to repeat abusive relationships [70]. Detecting violations in social contracts when one is at-risk of being harmed enables a person to withdraw [71]. However this is counterproductive if the 'victim' is dependent on the 'perpetrator', as the footballer is on their employer, because withdrawal threatens their survival goals [71]. Dissociation through the decreased awareness of betrayals contributes to maintaining this relationship [71]. Therefore the blind fantasy may have developed to help footballers undertake the demands of the football world in order to survive as a professional.

The footballers described a number of losses at transition, including identity, feelings of fear and grief. Consistent with sport transition literature; personal and professional support after transition and finding a new passion was associated with better coping [72-73]. In addition, applying the values developed in professional sport to a new role, as well as continuing to work and feel part of a team was also associated with better coping at transition. The greater psychological distress associated with involuntary retirement is also supported by sport transition literature [74-75]. The participants' narrow professional footballer identity is consistent with athlete identity literature, and a limited exploration of other identity roles [21, 38, 76]. Narrow identity is linked with increased confidence and performance however it is also associated with adjustment difficulties at transition [36, 38, 76-77]. Furthermore, the loss of a strong group identity can lead to the reduced clarity of self-identity [78-80]. As identity formation is an important component of adolescence, football may not have been a secure and nurturing

environment for footballers to develop a sense of self and autonomy [81-82]. Therefore, arrested emotional development may have contributed to difficulties with self-esteem, mental health and maladaptive coping [83]. The 'death' of the footballer identity was challenging as participants attempted to construct a new sense of self for the real world. The experience at transition was analogous to that of military personnel for whom the experience of a unique subculture, masculine environment, banter, and loss, particularly of identity at transition, has also been identified [84-85]. Having left 'the battle field', footballers too had to learn how to adjust to 'civilian' life.

Methodological Limitations

Findings should be considered in light of the study's limitations. Firstly, this sample represents a specific group of male footballers in England at a time where the sport is starting to open up about mental health difficulties. Although theoretical links and hypotheses may be drawn, generalising the findings to other sports, female footballers, countries and time periods should be done with caution and consideration. Secondly, the study relied upon self-identified mental health difficulties which may reduce the construct validity of the inferences made. However, the participants' transcripts and experiences were reviewed by qualified mental health professionals and demonstrated good face validity of mental health difficulties. Professional footballers are a difficult to access population for research and the participants' had to acknowledge their experience of mental health difficulties and be willing to volunteer in the research. Therefore this may represent a bias in the sample and reflect a subgroup of the target population who are comparatively more open to talking about mental health.

Areas for Future Research

The findings from this study, alongside the limited literature, indicate the opportunities and need for further research, for example; replicate prevalence studies of mental health difficulties professional football using standardised and validated assessment tools, assess levels of MHL and the effectiveness MHL interventions, replicate in the growing domain of women's professional football, to evaluate the effectiveness of clinical models at transition.

Clinical and Organisational Implications

Football is at the start of a culture shift in recognising mental health but as the participants identified "there is a long way to go". The findings have implications for understanding difficulties in professional football and for the delivery of interventions targeting mental health by the FA, PFA, and third sector organisations. Providing access to professional support, with knowledge of football but outside the footballers' immediate world, is important. The PFA counselling network is an important step but more needs to be done to promote confidence in accessing support. In addition, several clinical models exist for managing responses to injury and trauma and access to professionals qualified in such interventions is important [61]. Collaboration between musculoskeletal professionals and clinical professionals may facilitate this. Attending to the personal development of a footballer, including self-esteem, may increase the footballers' resources to cope with the emotional demands of football and transition [86]. The overlap in components of transition with military personnel suggests that football organisations would benefit from consulting military transition literature.

Supporting young footballers to overcome the barriers to early planning for career transition will also improve psychological wellbeing and adjustment [21, 28, 87].

5. Conclusion

This study explored male professional footballers' experiences of mental health difficulties and help-seeking. The powerful sense of trying to survive in the professional football world and the real world emerged. Injury and transition were linked to mental health difficulties. Shame, stigma, fear and lack of MHL were prominent barriers to accessing support, whilst maladaptive escapism was used to try to manage difficult emotional experiences. Football has continued to evolve; players are more skilful, quicker and stronger. The evolution of the mental health side of football is slowly beginning and further attention and research is needed to provide adequate support for professional footballers' mental wellbeing.

“Some people think football is a matter of life and death. I assure you, it's much more serious than that”

Bill Shankly (1913-1981)

Declaration of Interest

This research was completed and submitted by the lead author in the partial fulfilment of the requirements for the degree of Doctor in Clinical Psychology at Coventry University and University of Warwick, England.

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