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# Between the lines: an interpretative phenomenological analysis exploring injury, mental health and support in professional and semi-professional football in the United Kingdom

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## ABSTRACT

Injuries among footballers present significant physical and psychological challenges. However, limited research has explored how injury affects the overall wellbeing of players across different levels of the sport. This study investigated the lived experiences of six male semi-professional and professional footballers, defined by the highest level they have played at, who sustained injuries necessitating prolonged absence from play, using Interpretative Phenomenological Analysis (IPA). In-depth semi-structured interviews revealed two overarching themes: (i) mental health challenges in football, including stigma surrounding psychological vulnerability, the emotional impact of injury and fear of re-injury; and (ii) support and resources in lower league football, highlighting limited psychological support and concerns around career and financial stability. Findings demonstrate that injury disrupts not only physical functioning but also psychological wellbeing and athletic identity. The stigma associating emotional struggle with weakness intensifies distress and deters help-seeking, complicating emotional adjustment and adherence to rehabilitation. These insights highlight the need for integrated rehabilitation frameworks that address mental health stigma, provide accessible psychological resources, and support career transitions - particularly for semi-professional players. Such interventions are vital for promoting players' wellbeing and sustaining long-term football careers.

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## Introduction

Football holds a distinctive and powerful position within the cultural fabric of the United Kingdom (UK), with a hierarchical structure that spans from globally celebrated Premier League clubs to semi-professional grassroots teams embedded within local communities. The Premier League alone commands a global audience of approximately 1.87 billion followers, with 35.7 million domestic viewers and average stadium occupancy rates reaching 98.7% during the 2023/2024 season (The Premier League, 2024). This widespread popularity elevates professional footballers to prominent social and cultural status. However, footballers also experience high expectations and a pressure to perform from fans, teammates and coaching teams alike, exacerbated by constant social media exposure (Kvillemo et al., 2022; Law & Bloyce, 2019). With the average professional football career lasting 11.6 years (Jones et al., 2025), and career transition preparation typically beginning between the ages of 28 and 30 (Wylleman, 2019), the sport can significantly affect players mental health—particularly when dealing with injuries during or near the end of their careers. Importantly, the psychological effects of injury are not confined to Premier League athletes. A recent report found that 68% of over 1,000 players surveyed across the Premier League, EFL Championship and Women's Super League indicated that the fear of injury negatively impacted their mental wellbeing (Professional Footballers Association, 2024). This highlights the widespread and systemic nature of mental health challenges in professional football and the need for further exploration of how injury-related stress affects players across all levels of the sport.

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Career trajectories in English football are shaped by a deeply stratified system that often results in instability for players outside the elite levels. Jones et al. (2025) highlight that while Premier League and internationally capped players tend to enjoy longer careers averaging 14.8 ( $SD=3.3$ ) years—they stand in stark contrast to those in lower leagues like League Two, where the average career length is just 6.2 ( $SD=4.1$ ) years. Moreover, Premier League and internationally capped players typically spend 7.5 ( $SD=5.0$ ) years at their peak level, compared to only 2.9 ( $SD=2.2$ ) years for those in League Two. Many players start in Premier League academies but are released as teenagers, often moving quickly into semi-professional football. Notwithstanding initial selection, nearly half of all academy players leave the system before turning 16 (Premier League, 2011). For these players, the pathway back to higher professional tiers is limited and highly competitive, with minimal structural support, making injury and performance setbacks even more psychologically disruptive. Moreover, McGlinchey et al. (2022) found that players described a lack of psychological aftercare from Premier League clubs following their release, and an underutilisation of social support networks, both of which impeded their transition away from full-time football.

Research has consistently identified professional footballers as a population at heightened risk for developing mental health difficulties, while also being less likely to access appropriate psychological support services (Sothorn & O’Gorman, 2021; Wood et al., 2017). This vulnerability arises from a complex interplay of biological, psychosocial, and sport-specific factors. Biologically, the physical toll of high-intensity performance substantially increases the risk of injury, with match injury incidence nearly ten times higher than during training [36 vs. 3.7 injuries per 1000 hours, respectively; (López-Valenciano et al., 2020)]. Notably, professional footballers who sustain severe time-loss injuries - defined as those causing an absence of  $\geq 28$  days - are two to four times more likely to experience symptoms of common mental disorders such as depression, anxiety, sleep disturbances, and substance misuse compared to their uninjured peers (Gouttebarger and Kerkhoffs, 2018). These injuries not only compromise physical conditioning but also disrupt players’ daily routines, social connections, and support networks, all of which are integral to maintaining psychological wellbeing (Gervis et al., 2019). Psychosocially, footballers face unique challenges including identity loss, social isolation during injury recovery, performance anxiety, and public scrutiny. Additionally, career-specific stressors such as short-term contracts, limited job security, and fear of de-selection - particularly prevalent in lower league clubs - create an environment where mental health struggles can flourish yet remain hidden due to stigma and fear of reputational damage (Wilkinson, 2021). The deeply embedded football culture that emphasises stoicism and physical toughness further discourages open discussion or help-seeking for psychological issues, compounding these risks. Moreover, Cranswick et al. (2024) explored whether higher levels of athletic identity were associated with greater gender role conflict and injury-related fear-avoidance behaviours in male English academy footballers. Their findings revealed weak but significant positive correlations between athletic identity and two subscales of the Gender Role Conflict Scale - namely, *‘success, power, and competition’* and *‘restricted affectionate behaviour between men’*. These results suggest that footballers who strongly identify with the athletic role may be more vulnerable to masculine role conflicts, particularly when injury threatens their ability to perform and conform to expected norms. These sport-specific dynamics remain underexplored, particularly at semi-professional and lower-tier professional levels where resource constraints amplify vulnerability during injury recovery. Together, these factors highlight why footballers, more than athletes in many other sports, are especially vulnerable to mental health challenges following injury and why they may underutilise available support services.

While professional footballers often benefit from comprehensive support systems - including medical staff, physiotherapists and mental health professionals - such resources are typically unavailable to amateur, semi-professional and lower league professional players. These players frequently rely on volunteers and minimal medical support, with mental health services particularly scarce. The lack of integration of psychological support is not simply due to perceptions that it is unnecessary. Rather, structural barriers such as limited club funding, short-term contracts, and high staff turnover often deprioritise long-term mental health planning. Additionally, many club stakeholders—including owners, managers and technical staff - may lack mental health literacy (Ferrante and Muscat, 2022; Muscat et al., 2024) and undervalue psychological care, focusing instead on physical recovery and immediate

performance outcomes (McGinty-Minister et al., 2023). Cultural norms within football—including stigma, masculine role expectations, and a ‘play through pain’ ethos—further disincentivise open discussion and institutional investment in mental health services. This disparity contributes to uneven recovery outcomes and further isolates less-resourced athletes during injury (Professional Footballers Association, 2024). Evidence also suggests that recurrent injuries are significantly more common in lower-tier footballers, with one large-scale European study reporting recurrence rates of 35.1% in amateur players, compared to 25% in Swedish top-division players and 16.6% among elite European professionals (Häggglund et al., 2016). These differences likely reflect disparities in access to rehabilitation and monitoring and highlight the increased vulnerability of players outside the top tiers. Given football’s unique structural hierarchy, deeply embedded cultural norms, and sport-specific pressures, these findings reinforce the need to study footballers as a distinct population. Tailored interventions must account for the cultural and resource-based challenges that differentiate football from other athletic contexts.

The impact of injury extends beyond the physical domain. Mental health challenges are increasingly recognised as integral to injury recovery. This is particularly relevant in high-performance environments where athletes are routinely pushed to - and beyond - their physical and emotional limits (Brownrigg et al., 2012). Approximately one in four professional footballers report experiencing symptoms of depression or anxiety (Wood et al., 2017) and over 4,000 injuries were recorded during the 2023/24 season - representing a 4% increase from the previous year (Howden, 2024). Given the reciprocal relationship between mental and physical wellbeing, injury recovery necessitates an interdisciplinary approach that integrates physical rehabilitation with psychological support. The biopsychosocial model (Engel, 1977) offers a valuable lens for understanding recovery, emphasising the interaction of biological, psychological and social factors. Mental wellbeing not only influences the speed of physical rehabilitation but also affects vulnerability to re-injury and long-term career sustainability. Recent findings suggest that emotional responses to injury - such as fear, frustration or hopelessness - can significantly disrupt recovery motivation, particularly in the absence of adequate therapeutic and physiotherapeutic support (Dawes & Roach, 1997). Mental health concerns among footballers mirror broader public health issues, yet the demands of the sport—such as high injury incidence, constant performance evaluation and the precarious nature of contracts—create a psychological landscape that is uniquely intense, particularly within the UK football system (The Professional Footballers Association, 2025; Wood et al., 2017).

Self-determination theory (Deci & Ryan, 2012) outlines three basic psychological needs which are needed for optimal psychological wellbeing - autonomy, competence, and social relatedness. Applied to the footballing context, injury disrupts these needs: athletes may feel a loss of control over their bodies and rehabilitation routines (autonomy), experience reduced confidence due to impaired performance (competence) and feel isolated from teammates or staff (relatedness). The frustration of these needs can contribute to mental distress and impede recovery. Conversely, environments that support these needs are associated with improved motivation, greater adherence to rehabilitation and more successful returns to sport (Chan & Hagger, 2012; Podlog & Eklund, 2007; Rocchi et al., 2013).

While mental health in elite football has been widely studied, there remains a lack of understanding of how injury affects players across different levels. Semi-professional footballers, despite facing similar injury risks, are notably underrepresented in existing research on the psychological impact of injury in football. Wood et al. (2017) conducted a qualitative study using Interpretative Phenomenological Analysis (IPA) to provide in-depth insight into the lived experiences of male professional footballers dealing with mental health challenges and their attitudes toward seeking help. The authors revealed that footballers described an overarching sense of ‘survival’ in both the professional world and subsequently adapting to the ‘real world’. Moreover, they also identified multiple barriers to accessing support including shame, stigma, fear and a lack of mental health literacy (Wood et al., 2017). Considering the above, the present study aims to address the following research question:

How do injured professional and semi-professional footballers in the UK experience and make sense of the psychological impact of injury within the unique cultural, structural and resource-based context of football, and what are their perceptions of the support systems available during rehabilitation?

## Methodology

### *Research design and philosophical positioning*

IPA was employed to analyse data collected through six semi-structured interviews. IPA facilitates both descriptive and interpretative engagement with participants lived experiences, acknowledging the researcher's active role in the co-construction of meaning while remaining grounded in the participants' personal accounts (Smith et al., 1999). The analytic process adhered to the systematic, iterative stages outlined by seminal IPA authors, allowing for flexible and responsive questioning during interviews, and culminating in a detailed, idiographic engagement with each transcript (Smith et al., 2021).

Central to IPA is the double hermeneutic: the researcher's interpretation of the participant's own interpretation of their experience. IPA is underpinned by phenomenology, hermeneutics and an idiographic approach. The phenomenological component focuses on how individuals perceive and make sense of their lived experiences (Murray & Holmes, 2014). This aligns with the hermeneutic emphasis on interpreting these experiences, while recognising the researcher's role in making sense of the participants' sense-making. An idiographic approach was central to this study, with analysis beginning at the level of the individual. Each transcript was examined in depth to identify emergent themes, which were subsequently analysed across cases to develop superordinate themes. Sub-themes were then extracted under each superordinate theme to ensure a rigorous and nuanced interpretation of the data (Pietkiewicz & Smith, 2014).

### *Participants and sampling*

The present study recruited six male participants (mean age  $\pm$  SD;  $27.16 \pm 6.21$ ) who had experienced football-related injuries requiring time away from play. Participants were classified as semi-professional or professional based on the highest competitive level they had played at during their football careers. This distinction reflects their career history rather than their club affiliation at the time of injury. The sample size aligns with IPA guidelines, which recommend a small, homogeneous sample is recommended to allow for detailed and idiographic examination of individual experiences (Gauci, 2019).

Eligibility criteria for participation were as follows: (i) aged  $\geq 18$ ; (ii) sustained a physical injury resulting in time away from football within the past three years; (iii) recovered from the injury within the past year; (iv) currently playing at semi-professional or professional level. Purposive and snowball sampling methods were employed to gather rich, first-person accounts of participants lived experiences of injury within a football context. Initial recruitment was facilitated through the lead authors' (AP) father, who has extensive connections within football through his previous playing and managerial roles and circulated a study advertisement. With permission, contact details were shared for individuals who expressed interest in participating, and were then approached by the researcher. Additional participants were identified via snowball sampling as initial recruits referred others. WhatsApp was the primary mode of communication due to its efficiency, although email was used where necessary—particularly for sending invitations for online interviews. Informed consent was obtained via a secure Qualtrics (XM, Provo UT) survey link, which included all ethics-approved documentation and was accessible only to invited participants.

Ethical approval was granted at the University of Derby (Ethical approval code: ETH2425-2032) and adhered to the British Psychological Society's Code of Ethics and Conduct (2021). All participants provided both written and oral informed consent prior to taking part in the research. Demographic characteristics of the sample are presented in Table 1.

### *Interview schedule*

The interview schedule was developed to investigate the lived experiences of footballers who had sustained football-related injuries, with a particular emphasis on the mental and physical impacts of injury. The interview schedule consisted of 14 core questions, organised across six sections: background information, physical impact of the injury, psychological impact of the injury, coping strategies, support systems and relationships, and reflections on rehabilitation and return to play, with the flexibility to explore emerging issues through follow-up prompts and participant-led discussion.

**Table 1.** Demographic and injury-related characteristics of participants.

Participant	Pseudonym <sup>a</sup>	Age	Gender	Ethnicity	Professional level	Football club played at during injury	Type of injury
1	Callum	36	Male	White British	Semi-professional	Llandudno FC	Broken Toe
2	Alfie	30	Male	White British	Professional	Mickleover FC	Torn abdominal muscle
3	Matt	30	Male	Turkish-British	Professional	Maidstone United FC	Torn ankle ligaments
4	James	18	Male	White British	Semi-Professional	Mickleover FC	Adductor Tendonitis and hip impingement
5	Harry	25	Male	White British	Professional	Mickleover FC	Knee injury resulting in meniscus surgery
6	Luke	24	Male	White British	Professional	Crewe FC	Broken bone in foot

<sup>a</sup>Note: Pseudonyms have been used to protect participant identities.

The schedule was informed by the methodological principles outlined by previous research for conducting IPA interviews (Smith et al., 2021). Questions, designed by the first author (AP), aimed to explore how injury - both directly and indirectly - influences footballers' career trajectories and professional identity, as well as the broader psychological and physical impacts on their overall wellbeing and rehabilitation efforts. Additionally, the schedule sought to identify other factors related to injury that participants perceived as affecting their mental and physical health. The semi-structured format of the interviews ensured consistency in data collection while allowing sufficient flexibility to capture the depth and nuance of participants' responses. This approach facilitated a comprehensive exploration of a range of relevant topics, including injury experiences, mental health, professional identity and the nature of physical and psychological support offered at professional and semi-professional level.

### **Demographic questionnaire**

Prior to each interview, participants completed a demographic questionnaire. They were asked to provide information on their gender, ethnicity, age, professional level, club affiliation at the time of injury and the nature of the injury sustained.

### **Procedure**

Potential participants were initially contacted via WhatsApp or email with a link directing them to a participant information sheet, consent form, privacy notice and demographic questionnaire hosted on Qualtrics XM (Provo, UT). Upon procurement of informed consent, the first author (AP) arranged individual interviews at mutually convenient times and locations. Four interviews were conducted face-to-face and two remotely via Zoom ( $n=1$ ) and Microsoft Teams ( $n=1$ ), depending on participant preference and logistical feasibility. Each interview lasted approximately 40 minutes and was audio-recorded via Apple iPhone Voice Memos with participants' permission.

Interviews were transcribed verbatim by the lead author (AP), anonymised, and securely stored on encrypted devices accessible only to the research team (AP, DG). Participants were fully debriefed after the interview and thanked for their time. To enhance reflexivity, AP maintained a reflective journal throughout data collection and analysis. Peer supervision sessions were conducted with the corresponding author (DG) regularly to discuss emerging findings and address potential biases.

### **Researcher positionality and reflexivity**

The lead author (AP) has immediate family members with extensive involvement in football at semi-professional and professional levels, including active managerial roles. This insider connection facilitated rapport-building and access to participants but also necessitated ongoing reflexive awareness to minimise potential bias during data collection and analysis. To support reflexivity and ensure analytical rigour, AP engaged in regular peer supervision meetings with the second author (DG), where interpretations were critically discussed and challenged. DG's background in Health Psychology provided insight through which to interpret the motivational and contextual influences on physical and mental health. This collaborative process foregrounded AP's positionality strengthened the credibility of the findings,



and enhanced transparency throughout the analytic process. Debrief sessions between AP and DG also confirmed the consistency and coherence of emerging themes.

## Analysis

Transcripts were analysed using the six-step approach outlined by Jeong and Othman (2016). This involved: (1) multiple thorough readings of each transcript to ensure immersion in the data; (2) initial noting capturing descriptive content, linguistic features, and conceptual reflections; (3) development of emergent themes by identifying patterns within these notes; (4) clustering of emergent themes into superordinate themes through an iterative process of comparison within individual cases; (5) conducting idiographic analysis to maintain a detailed focus on each participant's unique experience; and (6) cross-case analysis to identify convergences and divergences across the dataset (Smith et al., 2021). This rigorous approach enabled an in-depth, inductive interpretation grounded in participants' lived experiences, while facilitating the abstraction of shared psychological phenomena.

This analysis examines the multifaceted mental toll of injury on semi-professional and lower-league professional footballers, revealing how stigma, psychological distress and fear of re-injury intertwine with limited support and career instability. The analysis comprises two main themes, each with two sub-themes: Theme 1: The mental toll of injury and uncertainty, which includes Sub-theme 1.1: Stigma and suppressed struggles—'You don't want to be seen as weak' and Sub-theme 1.2: Psychological turmoil during recovery and fear of re-injury—'It's always in the back of your mind'; and Theme 2: Support and resources in lower-league semi-professional and professional football, encompassing Sub-theme 2.1: Limited access to support and its consequences—'I don't know of anyone... saying, I'm struggling with mental health, can anyone help me?' and Sub-theme 2.2: Career and financial insecurity—'There is a big cliff edge for young kids getting let go from Premier League clubs'. An overview of these themes and sub-themes is presented in Table 2 below.

### Theme 1: The mental toll of injury and uncertainty

This theme explores the intense psychological burden that injury imposes on footballers, particularly surrounding issues of stigma and the enduring fear of re-injury. Participants expressed how the emotional impact of injury was exacerbated by the culture of silence within football, where admitting to mental health struggles is often equated with 'weakness'. Additionally, fear of re-injury and doubts about physical resilience contributed to a persistent sense of uncertainty and psychological vulnerability.

#### Sub-theme 1.1: Stigma and suppressed struggles—'you don't want to be seen as weak'

All six participants reported experiencing or observing stigma associated with mental health difficulties in football. Despite growing public awareness of mental wellbeing in sport, the players' accounts highlighted a culture in which emotional expression is actively discouraged, and mental struggles are often perceived as weakness. Within this context, psychological distress is rarely discussed openly, with players choosing to conceal their feelings for fear of judgement or exclusion.

Matt spoke directly to the reluctance to express emotional difficulties within the medical and rehabilitative context of football:

**Table 2.** Summary of themes and sub-themes from injured footballers' psychological experiences.

Theme(s)	Sub-theme(s)	Illustrative quote
1. The mental toll of injury and uncertainty	1.1 Stigma and Suppressed Struggles	'You don't want to be seen as weak'
	1.2 Psychological turmoil during recovery and fear of re-injury	'It's always in the back of your mind'
2. Support and resources in lower-league semi-professional and professional football	2.1 Limited access to support and its consequences	'I don't know anyone... saying, I'm struggling with mental health, can anyone help me?'
	2.2 Career and financial insecurity	'There's a big cliff edge for young kids getting let go from Premier League clubs.'

I think it's probably difficult to say to a physio, oh, yeah, I'm struggling to deal with this injury mentally, because you don't want to be seen as coming across as, like, weak. Do you know what I mean?

His hesitancy - marked by the phrase '*Do you know what I mean?*' - illustrates the discomfort and ambiguity surrounding mental health disclosures in sport. The fear of being seen as 'weak' reinforces the idea that vulnerability is incompatible with the tough, stoic persona often expected of athletes. Importantly, even in spaces where psychological wellbeing could be noticed or acknowledged - such as physiotherapy - players may withhold their distress to preserve their image.

Matt further elaborated on this theme in relation to club hierarchy and job security:

I think at a higher level they're starting to implement it a little bit more now [mental health support]. But still, if you're in League 2, the national league, which I've played for, if you come to the manager, in my opinion, and say, look, I'm dealing with something, they'd have to probably take you out of the team. But in their head, they're thinking, he's mentally weak, he's not for me.

Here, Matt articulates how disclosure of mental health struggles may carry not only anticipated social stigma but tangible professional consequences. The potentially perceived risk of being dropped or labelled '*not for me*' by a manager discourages open dialogue and perpetuates a culture where silence becomes a survival strategy. While Matt does not describe a personal disclosure, his use of hedging ('*I think*'; '*probably*') and hypothetical framing ('*if you come to the manager...*') may suggest underlying anxieties, revealing how even discussing disclosure can be fraught. This quote also reveals how structural inequalities may shape experiences of stigma—footballers in lower leagues may lack the resources or institutional protections available to those at elite levels.

James provided a raw account of the language used within football environments to mock or diminish expressions of emotional distress:

I don't know how to say it really without just being like everyone calls you a p\*\*\*y do you get me, sorry for saying it, cause that's what everyone says or they just think you're being mardy but like when it's all you do it's mad how much it takes over your mood and that.

The derogatory language demonstrates how deeply embedded these attitudes towards injury are. His comment that '*everyone says*' such things highlight the normalisation of emotional invalidation and disbelief in players' struggles, alongside pressure to conform to toxic masculine norms. At the same time, James's recognition of the term's offensiveness suggests an internal conflict between what he feels and what football culture allows him to express. This tension may create shame or emotional dissonance, further complicating efforts to process and recover from injury.

Harry addressed the erosion of trust between players and management that can occur when a player is frequently injured or perceived as fragile:

I know a lot of stories where there are managers who are [in charge of] someone who gets injured quite a lot... managers start to maybe doubt what they're [the player] saying or stop being bothered about them.

This observation extends the discussion of stigma beyond mental health and into the broader experience of being injured. When managers begin to '*doubt*' injured players or '*stop being bothered*', it signals a breakdown in communication and empathy, where footballers feel devalued and disposable. Crucially, the notion of not being believed—having one's pain, progress or effort questions—adds another dimension to the psychological strain of injury. Even legitimate concerns may be dismissed or minimised, reinforcing players' hesitancy to voice their needs. The phrase '*stop being bothered*' reflects not only managerial disengagement but the internalised fear of becoming irrelevant - professionally and socially - within the team.

Taken together, this sub-theme highlights how stigma manifests in football, particularly in contexts where psychological support is underdeveloped and performance pressures are high. Footballers internalise a belief that emotional expression is synonymous with weakness, choosing silence over support to maintain status, identity and trust. For some, this silence is also shaped by a deeper concern about not being believed. This may not only exacerbate the psychological toll of injury but also prevents players from accessing potentially beneficial coping resources during injury which represents a vulnerable time in their careers.



### ***Sub-theme 1.2: Psychological turmoil during recovery and fear of re-injury: 'it's always in the back of your mind'***

While injury initially manifests as a physical disruption, the psychological impact can be longer-lasting and more insidious. Participants described how the recovery period is marked by emotional volatility, anxiety about returning to form, and an enduring fear of re-injury, highlighting the reciprocal relationship between physical and psychological recovery. Unlike the more public-facing struggles during active injury, the recovery phase often involves silent internal battles - where footballers are caught between pressures to return quickly from coaching staff and unresolved emotional trauma from the injury itself. In professional football culture, the relentless competition for places, short-term contracts and tacit expectations of toughness can intensify this pressure, leaving little room for psychological vulnerability. The threat of being replaced or seen as dispensable may lead players to mask ongoing distress, delaying emotional recovery. This sub-theme explores how mental recovery is not always synchronous with physical recovery, resulting in prolonged uncertainty, self-doubt and compromised emotional wellbeing.

Callum expressed the psychological toll of feeling disbelieved during his injury:

They just want their best players on the pitch, so you know and then it's frustrating because then you think, do they think I'm lying? Do they not believe me that my toe's broke? Do you want me to show you the x-ray? So that can be a bit of a stress in football, being injured and people constantly asking you... and then you start wondering if people actually believe what you're saying because they keep asking you like, no I've told you five times, my toe's broke.

Callum's account reflects a deep psychological tension brought on by mistrust and performance pressure. The repetitive questioning about his injury undermines his sense of credibility, intensifying feelings of isolation and stress. The mention of needing to '*show you the x-ray*' suggests a breakdown of empathy and an overemphasis on visible proof in a culture where trust is conditional and performance driven. This reinforces the notion that players must continually validate their suffering, compounding the emotional burden of physical recovery.

Alfie described the persistent anxiety that lingers even after recovery from an injury:

I guess it is anxiety because you're worrying about, you're worrying about a thing that's not even happened kind of thing and that's, I'm guessing that's what kind of anxiety, you're worrying about different things and stuff like that. So yeah, I would say that kind of anxiety of something that's not happened yet, that's probably not going to happen.

Alfie's words reveal the anticipatory nature of injury-related anxiety. His circular reasoning reflects how deeply embedded this worry becomes rooted not in actual threats, but in imagined scenarios of re-injury. The sense of futility he expresses ('*probably not going to happen*') captures the cognitive dissonance of knowing a fear is irrational while still being emotionally overwhelmed by it. This suggests that injury recovery involves more than simple bodily repair; it requires reconciling with unpredictable futures and accepting a loss of control.

James revealed how injury induced a kind of mental spiralling:

I was worried about not being able to play again, or like going back to play and just completely damaging it. I had nothing else to do so I just thought of every way it could play out to be fair, like yeah, for sure, I was worried about getting injured again because I hated it so much like I don't ever wanna be off like that again.

Here, James captures the mental toll caused by catastrophising about re-injury. His use of phrases like '*every way it could play out*' and '*I hated it so much*' reveal the extent to which the injury left a lasting emotional imprint, predominantly driven by fear. The intensity of his language ('*completely damaging it*') emphasises the trauma of being sidelined - not just as an interruption to his career, but as a deeply distressing personal experience. This fear of re-experiencing such emotional suffering inhibits not only physical but full psychological recovery.

Harry connected the emotional strain of recovery to precarious job security and time pressure:

As soon as you get injured, when you are on a one-year deal you're thinking I need to get back as soon as I can, so you probably don't take the time to rehab it [the injury] properly because you're so desperate to get

back and you can see the clock sort of ticking, so mentally you're already on the back foot, never mind not playing, but then thinking sh\*t I need to be back I need to be better.

Harry illustrates how short-term contracts increase recovery pressures. The metaphor of a '*clock ticking*' implies a looming deadline - one that measures not just physical readiness but professional relevance. This urgency to return prematurely, often at the expense of full rehabilitation, reflects how footballers' internalise these external pressures, fostering a mental state of constant unease. His phrase '*mentally you're already on the back foot*' captures how psychological disadvantage can precede physical re-engagement with the sport, potentially increasing the risk of setbacks. This indicates the need for better psychological and structural support during rehabilitation to help alleviate anxiety and promote safe, more complete recoveries.

Finally, Luke emphasised the emotional devastation of injury interrupting peak performance:

Maybe just because everything was so good before the injury in terms of, I was playing the best football, and you think this is going to be my best season to date. You just know with football within one game everything can sort of just come to a halt.

Luke's reflections expose the fragile and often arbitrary nature of injury, reflecting an underlying football culture belief that peak performance is fragile and elusive—partly dependent on factors beyond the player's control. The emotional devastation arises not only from the injury itself but from the abrupt rupture of positive momentum and unrealised potential. The phrase '*everything can sort of just come to a halt*' highlights how injury can abruptly disrupt a carefully constructed identity and career trajectory. In this way, injury does not just pause progress; it suspends hope and destabilises a footballer's belief in continuity, magnifying the psychological toll due to the perception of football as a fragile and unpredictable pursuit.

To summarise, this sub-theme highlights the profound psychological challenges footballers face throughout injury recovery, including anxiety about proving their injury, fear of re-injury and pressures to return prematurely. Recovery is not only a physical process but also an emotional struggle marked by uncertainty, loss of control and internalised stress related to career insecurity and performance expectations. These factors combine to create a persistent mental burden that can hinder both physical rehabilitation and confidence upon return to football.

## ***Theme 2: Support and resources in lower league semi-professional and professional football***

Effective injury recovery encompasses more than physical rehabilitation; it requires robust psychological and structural support. A consistent theme emerged highlighting significant inadequacies in support structures for injured footballers, particularly within semi-professional and professional lower league contexts. Interviews revealed a stark disparity in access to mental health and rehabilitative resources compared to those available in top-tier professional football. Coupled with pervasive concerns around career insecurity and financial instability during injury periods, two sub-themes were developed: 'Limited access to support and its consequences' and 'Career and financial insecurity'.

### ***Subtheme 2.1: Limited access to support and its consequences—'I don't know of anyone... saying, I'm struggling with mental health, can anyone help me?'***

Participants repeatedly highlighted the lack of structured mental and physical health support, especially within semi-professional football environments. Many described a sense of being left to manage their recovery independently, without access to dedicated mental health resources. This absence of support systems appeared to compound feelings of isolation, confusion and frustration during injury, creating additional barriers to both physical and psychological recovery.

Callum highlighted the cultural and structural absence of mental health support in football settings, describing how psychological support is often presumed to be inherently addressed through '*playing football*' but rarely goes beyond that assumption:

I don't know of anyone, you don't sort of go to your manager or you say, I'm struggling with mental health, how can you help me? It's just automatically, you're just automatically receiving help in the fact that you're attending a football club, and you've got people around you who are just, you know, we're just focusing on playing football and enjoying ourselves and improving our fitness. I've never been in a scenario where I've, or heard of anyone that has approached someone within the club and say, I'm struggling with my mental health, can anyone help me?

Callum's reflection exposes a shared silence within the football community, where asking for mental health support feels alien and unsupported. His experience of feeling disbelieved about his injury, combined with an environment where psychological challenges are not openly acknowledged, highlights the psychological toll of navigating injury with wavering social support. The phrase '*can anyone help me?*' comes across almost like an unfamiliar language in a footballing culture that discourages vulnerability precisely when support is needed most.

Alfie also emphasises the importance of shared experience during recovery, something that was personally unavailable to him:

I would have gone differently definitely and found out people who have had the same kind of problems with that part of the body and what they did and how they went day-to-day, what stuff they kind of did and that kind of way, but like I said, it's just because I didn't know it was going to be a long-term injury kind of thing.

Alfie's words reveal how uncertainty and the absence of peer or mentor guidance left him navigating his injury with limited insight or reassurance. Initially unaware of the long-term nature of his injury, Alfie's reflection captures the stress and missed opportunity caused by lacking adequate support networks or experiential knowledge.

Matt pointedly outlined the resource disparities between professional and semi-professional clubs, highlighting the lack of priority assigned to mental health support in lower leagues:

I'd say, at a lower level, if a club's got a sort of budget, this is the problem. This would be the last on their list. They don't even want to employ goalkeeper coaches. They're not going to start employing psychologists, where, if you look at all the higher-level sportsmen, they've all got psychologists.

In this quote, Matt appears to convey a sense of frustration via the phrase '*that would be last on their list*', highlighting how clubs prioritise immediate performance and physical roles over long-term psychological wellbeing. Matt indicates mental health support is often regarded as a luxury in semi-professional environments rather than a necessity, despite similar needs across all levels of the sport.

James expressed uncertainty about the availability of psychological support and the dominance of physical rehabilitation:

They didn't have that [sports psychologists] then I don't think, no one was there like that, it's more just physio I think really like it's still like that now, it's a bit better but not really

James' highlights the peripheral role psychological care plays in many semi-professional environments. Physiotherapy remains the primary form of recovery support, while mental health resources are either minimal or unknown to players. His tentative remark that '*it's a bit better but not really*' suggests any progress in this area has been slow and insufficient, leaving players to self-manage the psychological challenges of injury without guidance or education. This highlights the potential utility of relatively low-lift interventions, such as targeted education on injury-related mental health, which could be a feasible and impactful way to enhance support in settings where specialist psychological services are limited or unavailable.

Harry offered an insightful comparison between professional and semi-professional rehabilitative support:

non-league, the support system compared to full-time is nowhere near what it should be. The quality of rehab is nowhere near as good because you've not got a gym or anything to go through the exercises with. Like with the physio, you go in and you're doing banded work. They've got four or five other players and there's only one physio. You're getting probably ten minutes, twice a week, three times a week. Whereas obviously when you're full-time, you've got four or five physios that you see for seven hours a day. So naturally your rehab is going to be a lot better.

Harry illustrates the stark resource and quality gap between professional and non-league football. Limited access to supervision and facilities results not only in suboptimal physical rehabilitation but also isolation, as players feel unsupported and uncertain whether their recovery efforts are effective.

Luke added a perspective on institutional privilege and educational access:

Even when I was in the youth team, that there is a sports psychologist, at the football club, but then dropping down the divisions, say that I went to Cambridge, for example, and there wasn't that, so I feel like maybe I was just lucky where I started, that I had a much bigger football club, that that support's in place, so maybe other people who start lower down may not have that sort of education that we got when we were younger.

Luke's recognition of 'luck' in receiving early mental health education illustrates the uneven distribution of psychological resources across clubs and levels. His insight suggests that many players outside elite academies never receive basic mental health support or education, leaving them less prepared to cope with injury challenges.

In summary, this sub-theme reveals how limited access to structured support, especially mental health resources, deepens the psychological burden of injury recovery in semi-professional football. The absence of mental health acknowledgement, educational resources and rehabilitative infrastructure fosters isolation, uncertainty and stress, adding to the challenges players face in returning both physically and mentally to the sport.

### ***Subtheme 2.2: Career and financial insecurity: 'there is a big cliff edge for young kids getting let go from premier league clubs'***

A recurring narrative throughout was the overwhelming sense of career instability and financial uncertainty following injury. The temporary nature of contracts and lack of long-term security mean that injuries represent not only physical setbacks but also profound mental challenges, shaking players' sense of professional and personal stability.

Callum articulated the abruptness of transition faced by many young players released from elite footballing environments:

I do think, you know, there's a, there is a big cliff edge there for young kids who are getting let go from Premier League clubs. And I think there needs to be something in place to support them into careers, into lower league teams. Yeah, one hundred percent.

Callum's use of metaphor ('*big cliff edge*') vividly conveys the sudden drop players experience when leaving the structured, resource-rich Premier League academies for the unpredictable and less supported world of lower league football. This stark image reflects the shock of losing not only professional status but also the support systems essential to managing career transitions. His call for proactive support highlights a recognised gap in how players are prepared for such shifts in their career, emphasising the neglect in assisting players' navigation into more uncertain futures.

Matt's reflections reveal the impact of injury on career trajectory and self-perception:

I'll put it like this. The year before we got promoted [at Maidstone], everyone was happy. That year, I got injured and we got relegated and that was at National League... So, obviously, I've moved up north, I've had to drop down two leagues to play. I'm not just saying it because of that injury, because I've moved up north. But it has set me back a little bit. I haven't sort of recovered back to that level. Do you know what I mean? So, it's difficult.

Matt indicates a stark shift from career optimism, marked by promotion, to a downturn triggered by injury and subsequent relegation requiring the need to move to another club. His experience of '*dropping down two leagues*' encapsulates not only a physical move but a symbolic fall in perceived status and identity within the football pyramid. The phrase '*I haven't sort of recovered back to that level*' suggests a lingering psychological burden - an inability to regain previous form or confidence - emphasising how injury affects more than physical capability; it disrupts career momentum and self-worth in lasting ways, particularly without psychological support.

Harry conveyed the emotional weight of a career overshadowed by injury rather than achievement:

It's hard to really look back on your career and think I did well when all you're really known for is being injured and everyone turns around and says, oh you're really unlucky, you should be playing in the first team and you just got unlucky with injuries. So, for me it's hard to look back and go, yeah, I was actually good, and I could have done it, and it just hurts to know that people don't really remember that they just think, oh you're injured all the time. That annoys me.

Harry's words expose the psychological toll of repeated injury redefining his own personal career narrative. He appears to struggle with how external perceptions have come to eclipse his actual abilities and accomplishments. The repeated phrase '*they just think*' highlights a sense of disempowerment over his own narrative, as his perceived potential is overshadowed by the label of an '*injured player*'. This internal conflict between personal belief and public memory deepens the emotional scars of injury, adding a layer of frustration and loss to his professional identity.

In summary, this sub-theme encapsulates how injury not only disrupts physical performance but triggers profound career and financial insecurities. The sudden loss of support and status, combined with unstable contracts and limited resources, exacerbates psychological distress. Players face identity crises and future uncertainty, navigating transitions often without professional support, which magnifies the mental health challenges linked to injury and career progression.

## Discussion

The present study explored the lived experiences of six male semi-professional and professional footballers who sustained injuries requiring time away from the sport. The present study addressed the question:

How do injured professional and semi-professional footballers in the UK experience and make sense of the psychological impact of injury within the unique cultural, structural and resource-based context of football, and what are their perceptions of the support systems available during rehabilitation?

Through in-depth interviews, two overarching themes emerged that directly addressed this question by highlighting both the internal psychological impact of injury and the external systems shaping recovery experiences. The first theme, '*Mental health challenges in football*', comprised two sub-themes 'struggles with stigma surrounding mental health' and 'impacts of injury and fear of re-injury'. This theme reflects how footballers experienced and interpreted the psychological consequences of injury, including emotional struggles and barriers to seeking support. The second theme (ii) *Support and resources in lower league football*, with sub-themes of 'limited access to support and its consequences' and 'career and financial insecurity' addressed how participants perceived the availability and adequacy of support systems during rehabilitation, highlighting structural limitations and the broader impact on wellbeing.

The findings highlight how injury disrupts not only players' physical capacity but also their psychological well-being and identity as a footballer, exacerbated by a pervasive stigma around mental health. This stigma, where emotional vulnerability is often equated with weakness, aligns with existing literature on the cultural norms of hypermasculinity and a 'macho culture' in sport (Gulliver et al., 2012; Steinfeldt & Steinfeldt, 2012). Footballers internalise these norms to suppress psychological distress and consequently limit help-seeking behaviours. This internal conflict reflects the identification of shame and stigma as central barriers to mental health disclosure in footballers, and how coaching attitudes that prioritise physical toughness can further discourage footballers speaking openly about any concerns with their mental health (Rocchi et al., 2013; Wood et al., 2017). Moreover, the findings of the present study resonate with theoretical frameworks on athletic identity disruption following injury (Brewer et al., 1993), illustrating how injured players struggle with loss of status and uncertainty about their future in the sport. The psychological toll of injury extends simply beyond physical pain - heightened by fear of re-injury and the social risks of perceived weakness - thus complicating both emotional adjustment and adherence to rehabilitation. Nevertheless, Hess et al. (2019) highlight that the persistent suboptimal outcomes in injury rehabilitation may stem from difficulties in translating theoretical models into practice.

They emphasise the need for evidence guiding practitioners in implementing team-based approaches, an issue especially pertinent of lower-league football, where access to integrated support remains limited.

According to Self-Determination Theory (Deci & Ryan, 2012) human motivation and well-being are governed by the satisfaction of three basic psychological needs: autonomy, competence, and social relatedness. Injury disrupts these needs in critical ways, as demonstrated by participants' narratives in the present study. For instance, autonomy was notably compromised when players described losing control over their training, daily routines and career trajectories. Several participants spoke of feeling powerless during the recovery process and subject to external decisions made by medical or coaching staff. Competence was also threatened; players recounted fears of not returning to their previous level of performance and expressed self-doubt about their future value to the team. This aligns with the SDT view that perceived inability to meet performance standards undermines psychological functioning and engagement. Finally, participants described feeling disconnected from teammates and coaching staff during injury. This isolation was often intensified by the stigma surrounding emotional vulnerability, which discouraged open discussion of psychological struggles. In some cases, players reported feeling that their worth was reduced to physical utility, further eroding their sense of connection and belonging (i.e. social relatedness) within the team. Thus, each of the three psychological needs outlined by SDT was explicitly frustrated by the injury experience, increasing the emotional and motivational challenges of recovery.

Crucially, the present study reveals the significant disparities in support systems between elite and lower league football. Semi-professional players frequently encounter minimal or absent psychological resources, leaving them to navigate injury recovery largely unsupported. Indeed, a study conducted among elite female footballers reported that 38.7% stated they wanted or needed psychotherapeutic support during their career, with only 9.93% of players receiving counselling or treatment by a qualified psychologist during their entire career (Prinz et al., 2016). This gap is consistent with previous research reporting significant variability in mental health provisions across footballing leagues (Hughes & Leavey, 2012). The emphasis on physical rehabilitation at the expense of mental health care neglects a critical component of holistic recovery (Dawes & Roach, 1997). The structural inadequacies identified - such as limited access to sports psychologists, inadequate facilities and time-constrained physiotherapy - compound feelings of isolation and uncertainty, intensifying mental health challenges during injury. Indeed, recent qualitative evidence using IPA among top-level Maltese footballers who sustained and overcame a sports-related injury, found that footballers expressed their mental health was often overlooked by their clubs, contributing to feelings of helplessness and insecurity (Borg et al., 2021). Borg et al. recommended that clubs integrate professional service providers such as counsellors and sport psychologists, form trans-disciplinary support teams to offer holistic care, and actively promote such services to reduce stigma around mental health. Consequently, implementing sport education programmes that prioritise psychological wellbeing—rather than focusing solely on performance—may be particularly impactful for lower-league footballers, who frequently face resource limitations during rehabilitation (Muscat et al., 2024).

However, these systemic shortcomings are not solely a matter of funding or resource availability. They are deeply embedded within the prevailing football culture, which encourages stoicism, physical toughness, and emotional restraint. Rooted in the sport's working-class origins and sustained through long-standing masculine norms, this culture often discourages players from openly discussing mental health struggles or utilising available support services (Gulliver et al., 2012; Steinfeldt & Steinfeldt, 2012). Such attitudes create a pervasive feedback loop; stigma and silence lead to underutilisation of mental health resources, which in turn can decrease institutional motivation to prioritise and invest in these services, especially at semi-professional and grassroots levels. Coaching and management may uphold these norms, reinforcing a *'tough it out'* mentality that marginalises psychological support (Rocchi et al., 2013; Wood et al., 2017). Despite financial and structural challenges, this cultural resistance represents a significant barrier to change. That said, positive steps have been taken, with initiatives such as the 'Mentally Healthy Football Declaration' (Royal Foundation, 2022) alongside increasing player advocacy and media attention, are beginning to shift perceptions and reduce stigma, albeit primarily at elite levels. For example, targeted educational campaigns, player-led mental health ambassador programmes and the gradual integration of multidisciplinary support teams have shown some promise in challenging stigma and improving resource use (Elseiy et al., 2024). However, unlike countries such as Canada, where a co-ordinated Mental Health Strategy for High Performance Sport provides a unified national framework across multiple sports, the



UK's approach remains somewhat fragmented and largely focused on football, highlighting the need for broader, systematic strategies. Sustained change depends on ongoing commitment from governing bodies and clubs to embed mental health as a core value, alongside continuous monitoring of intervention effectiveness across all tiers.

The theme of career and financial insecurity further increases psychological distress. The precarious nature of contracts, especially in semi-professional contexts, creates a 'cliff edge' for players released from elite pathways, echoing research on career transition difficulties in sport (Park et al., 2013). Injury not only impairs physical ability but often precipitates downward mobility within the football hierarchy, threatening players' professional identity and financial stability. This instability adds a layer of existential anxiety and undermines confidence, reinforcing the need for targeted career support and mental health interventions (Brownrigg et al., 2012). Indeed, life after football also raises several challenges, with footballers reporting still being bothered by injuries or physical symptoms, feeling low, having too much spare time and family or financial problems (Prinz et al., 2016). Moreover, evidence indicates that 36% of former professional male footballers experience symptoms of depression and anxiety compared to 26% of their current footballer counterparts (Gouttebarga et al., 2015).

Taken together, these findings indicate a growing need for effective integration and implementation of biopsychosocial models of injury rehabilitation (Wiese-Bjornstal et al., 1998). Addressing injury recovery solely through a biomedical approach neglects the complex interplay of psychological and social factors critical to successful return-to-play and overall well-being, consistent with the Biopsychosocial approach (Engel, 1977). Thus, the present study calls for systemic changes within football, particularly at semi-professional levels, to incorporate mental health education, accessible psychological support and career transition assistance as standard components of injury management.

### Limitations and future research directions

The present study has certain limitations. The study's all-male sample limits understanding across genders, particularly as female footballers may experience and navigate mental health stigma differently (Perry et al., 2022; Rice et al., 2016). As outlined by Prinz et al. (2016) career-time prevalence of depressive symptoms was 32.3% among elite female footballers, with 49.7% reporting conflicts with their coach/management as reason for their low mood. Hence further research including female footballers to explore potential gender-specific nuances in psychological impact and support is needed. Additionally, the UK-centric context of this study means findings may not fully reflect experiences in other countries where cultural attitudes and resource availability differ (Champ et al., 2020). Furthermore, although the study recruited both semi-professional and professional players, the small number of participants from each group necessitated combining their responses in the analysis. While some differences between levels were observed - such as greater career and financial insecurity among semi-professional players - further qualitative research is warranted to explore contextual nuances between playing tiers in more depth. Lastly, the present study only included players who had returned to football following injury. As such, it does not capture the potentially unique psychological challenges faced by athletes who were forced to exit the sport prematurely due to injury - a group that may be particularly vulnerable to identity disruption, loss of social support, and long-term mental health concerns.

Future research should explore the origins and maintenance of mental health stigma within football culture and evaluate intervention programs aimed at stigma reduction and mental health literacy improvement. Further, longitudinal studies tracking players through injury, recovery and career transitions could reveal critical periods for psychological intervention. Additionally, it is important to consider the experiences of footballers who exit the sport post-injury to develop a more comprehensive understanding of injury-related transitions in football.

### Practical applications

The findings of the present study emphasise the urgent need to integrate psychological support alongside physical rehabilitation in football injury management, especially at the semi-professional level where

resources are limited. Football clubs should implement mental health education programs aimed at reducing stigma and encouraging open dialogue about psychological struggles. Providing accessible mental health services, such as sports psychologists or trained counsellors, can help address the emotional challenges and fear of re-injury experienced by players.

To begin shifting cultural norms around mental health, football clubs and governing bodies should prioritise targeted education and training programmes for coaches, managers and support staff (Muscat et al., 2024). These initiatives can raise awareness of mental health challenges, reduce stigma and equip staff with the skills to recognise and respond sensitively to players' psychological needs. Moreover, player-led mental health ambassador schemes and open discussions facilitated with clubs can further normalise emotional expression and encourage help-seeking. Taken together, these steps along with improved access to multidisciplinary mental health resources, can provide a practical starting point for cultural change in UK football.

Moreover, rehabilitation protocols should be designed to support athletes' autonomy, competence, and relatedness - key psychological needs outlined in Self-Determination Theory (Ryan & Deci, 2017) - to enhance motivation and wellbeing during recovery. This includes involving players actively in decision-making, fostering skill confidence through tailored training and maintaining social relatedness with teammates throughout injury periods. Additionally, clubs and The Football Association (FA) must acknowledge the financial and career insecurity risks linked to injury, particularly for semi-professional players. Developing structured career transition programs and financial planning support can mitigate anxiety and help sustain players' professional identity beyond injury.

## Conclusion

This study reveals the profound psychological challenges faced by semi-professional and professional footballers during injury, with all participants having experienced injury at the semi-professional level. These challenges are shaped by a culture that stigmatises mental health and systemic deficiencies in support resources. Participants revealed how the lack of structured mental health provisions, combined with internalised cultural norms of toughness, exacerbate distress and hinder recovery. Football clubs - particularly in lower leagues - must prioritise comprehensive injury rehabilitation that integrates both physical and psychological care. Addressing mental health stigma, expanding access to psychological support and providing career transition assistance are essential steps to foster resilient, holistic recovery and ultimately enhance footballers' well-being.

## Author contributions

Alicia Powell: Conceptualization, Methodology, Formal Analysis, Investigation, Resources, Data Curation, Writing—Original Draft. Daniel Gaffiero: Conceptualization, Methodology, Validation, Formal Analysis, Writing—Review & Editing, Visualization, Supervision, Project Administration.

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## Generative artificial intelligence

In accordance with the Taylor & Francis AI Policy, we confirm that ChatGPT (GPT-4, OpenAI, June 2025 version) was used during the preparation of this manuscript. The tool was used to support language refinement and improve clarity in the abstract and overall academic tone. All content was reviewed and edited by the corresponding author (DG) to ensure accuracy, originality and appropriateness for the research context.

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## Data availability statement

Data will be available upon request.

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