



“I ENDED UP WITH NOTHING TO DO. NO TRAINING AND NO WORK. WORSE THAN COVID TIMES. I WAS DESPERATE!” THE EFFECTS OF INJURIES ON THE MENTAL WELL-BEING OF RUGBY PLAYERS

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Abstract:

Rugby is regarded as a collision sport rather than merely a contact sport. Players are growing in size and weight and improving in speed. This may lead to more severe injuries, including head injuries, which may have an impact on athletes' mental health. Many doubt the sport's future and recommend regulatory changes that could transform the game as we know it. Physical scars from injuries are plainly apparent and can be treated with medical interventions and therapies. Psychological scars are less visible, harder to identify, and more challenging to address, with potentially longer-lasting consequences. The stigma associated with mental health often discourages athletes from seeking help or speaking openly about their struggles. To gain a better understanding of this issue, eight rugby players (two female, six male) were interviewed in depth about their lived experiences of mental health concerns after experiencing an injury. The study also examined the support they received during their recovery and identified areas for more effective support. A reflexive thematic analysis of the interview transcripts revealed significant gaps between injured players' psychological and emotional needs and the current support available. The findings shed light on the profound psychological impact of rugby injuries, providing valuable insights to improve player welfare. Based on these findings, the study offers actionable recommendations to mitigate the mental health impact of injuries among rugby players and to foster a more supportive recovery environment.

Keywords: mental health, rugby, injuries, player welfare, interventions, identity

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1. Introduction

Rugby, characterised by high-intensity gameplay and significant physical contact, inherently carries a high risk of injury (Williams *et al.*, 2013). While the physical trauma has been extensively documented, the resulting psychological impact on rugby players remains a crucial yet often overlooked area of research (Forsdyke *et al.*, 2016). Injuries often extend beyond physical issues, causing emotional distress, reduced well-being, and mental health problems (Gouttebarga *et al.*, 2017). Understanding the mental health challenges faced by injured athletes and the effectiveness of available support systems is essential for developing comprehensive injury management strategies (Borg *et al.*, 2021). The transition from active participation to rehabilitation is a disruptive process that significantly impacts an athlete's psychological health. Common emotional and mental reactions include confusion, anxiety, depression, and fear of re-injury (Brewer & Redmond, 2016). A significant challenge for injured team athletes is a profound sense of isolation and disconnection from the team dynamic, often leading to negative feelings such as loneliness and frustration (Fjellman-Wiklund *et al.*, 2022).

For many elite rugby players, athletic performance is central to their personal identity. Injury, especially when it threatens their careers, challenges this athletic identity, leading to significant loss and distress (Brewer & Chatterton, 2024). Athletes may feel like "outsiders," perceiving their careers as suddenly halted, which necessitates a re-evaluation of self-worth that extends beyond their sporting achievements (Johnston & Carroll, 2000). This identity-related distress acts as a crucial barrier to mental recovery.

2. Theoretical Frameworks for Injury Response

The Cognitive Appraisal Model (Wiese-Bjornstal *et al.*, 1998) proposes that an athlete's emotional and behavioural reactions to injury are shaped by their cognitive assessment of the event. This assessment involves evaluating the injury's demands (e.g., severity, recovery period) and the resources available (e.g., social support, coping strategies). A negative evaluation (high demands, low resources) leads to increased emotional distress (e.g., fear, frustration), which, in turn, affects behavioural responses, such as commitment to rehabilitation (Wiese-Bjornstal *et al.*, 1998).

The Stress and Athletic Injury Model is very useful for understanding how athletes manage the post-injury period. The model shows that psychological and physical reactions to an injury are influenced by both internal (e.g., personality) and external (e.g., coping resources, stress history) factors. A player experiencing high levels of stress and lacking strong coping skills is more likely to face increased psychological distress after injury. This can lower motivation and compliance with rehabilitation protocols. This framework is important for recognising athletes at risk and developing psychological interventions to improve coping and resource management (Anderson & Williams, 1999).

2.1 The Multidisciplinary Support System

Social support, defined as perceived or actual resources provided by non-professionals (Malinauskas, 2010), significantly influences mental health during rehabilitation (Borg *et al.*, 2021). Family provides essential emotional support, reducing injury-related stress and anxiety. They provide vital practical assistance with daily tasks and medical appointments and serve as advocates in healthcare settings (Podlog & Eklund, 2007). Importantly, family reinforces the athlete's intrinsic worth separate from athletic success, framing setbacks as temporary and encouraging resilience (Ivarsson *et al.*, 2018).

Teammate support is crucial for maintaining an athlete's connection and identity within the rugby team (Rees *et al.*, 2010). Teammates, who share the unique demands of the sport, provide validation and help reduce feelings of alienation (Freeman & Rees, 2010). Their encouragement lifts morale and boosts motivation (Lu & Hsu, 2013). Additionally, injured teammates who have successfully returned to play can offer mentorship, giving realistic perspectives and hope, thereby normalising rehabilitation challenges and strengthening team camaraderie (Clement *et al.*, 2015). Sports agents may also offer emotional support during challenging periods (Buhagiar & Muscat, 2024).

Medical professionals should provide essential practical information to reduce anxiety by clarifying the nature of the injury, the treatment plan, and the recovery timeline (Ferrante & Muscat, 2022). By delivering personalised treatment plans and clear guidance, medical staff build confidence and encourage active participation in recovery (Borg *et al.*, 2021). A trusting relationship with medical professionals is crucial for minimising worries and creating a secure, empowered recovery environment (Ferrante & Muscat, 2022).

Sport psychologists play a vital role in addressing the complex emotional and cognitive barriers to recovery (Wadey & Evans, 2012). They help athletes manage distress and build emotional resilience, which is crucial since unchecked distress can hinder rehabilitation (Gustafsson *et al.*, 2017; Brewer & Redmond, 2016). Psychologists equip athletes with stress management techniques and positive self-talk to sustain motivation and confidence (Fletcher & Sarkar, 2012). They use goal-setting to give a sense of purpose and achievement (Locke & Latham, 2002) and employ visualisation and mental imagery to maintain the athletic identity and prepare for a return to play (Maddison *et al.*, 2006). They also teach coping strategies for managing disappointment and reducing feelings of helplessness (Gould *et al.*, 1993).

A significant intervention involves supporting athletes in processing their sense of loss and navigating identity changes (Brewer & Chatterton, 2024). Psychologists help players redefine their self-concept positively, explore new roles and interests, and emphasise that their worth extends beyond the rugby field (Stambulova *et al.*, 2021). They assist in transferring athletic skills, such as discipline and resilience, into new professional or educational contexts, fostering a holistic approach to well-being that benefits life beyond sport (Wylleman, 2004).

2.2 Applied Interventions and Future Directions

To optimise recovery within the rugby community, structural support enhancements are essential. Collaborative efforts from sports organisations, medical teams, and coaches are vital for overcoming barriers such as fragmented care and the stigma surrounding mental health (Schinke *et al.*, 2018; Borg *et al.*, 2021). However, research by Muscat *et al.* (2024) found that, though football coaches were aware that injuries could cause mental health concerns in players, coaches were mentally illiterate and felt helpless when trying to support players.

Thus, developing formal mentorship programmes where successfully recovered athletes guide those currently injured can provide invaluable emotional and practical support (Bianco & Eklund, 2001). Multidisciplinary approaches that integrate psychological screening and specialised support from the outset of injury are essential to ensuring empathetic, thorough care that leads to optimal physical and psychological outcomes for injured athletes (Borg *et al.*, 2021; Ferrante & Muscat, 2022).

3. Methodology

3.1 Aims and Objectives

This study aimed to examine how rugby players respond to injury, including the stages of recovery, the types of support that are effective, the struggles and challenges they face, and how these factors affect their identity and mental well-being. Additionally, the study explored the coping strategies used.

The primary research questions for this study are:

- What are the psychological repercussions experienced by injured rugby players?
- What support did players receive when injured?
- How can players be supported better when injured?

3.2 Ontological and Epistemological Assumptions

This study adopted a pragmatic epistemological approach with a relativist ontological perspective. These two philosophical positions were selected for their ability to influence and shape the research paradigm, which aimed to explore and understand rugby players' experiences during injury, the subsequent effects on their mental health, the coping strategies they employed, and the effectiveness of those strategies.

This research analysed ontology from a relativist perspective, assuming that reality is subjective because cultural and social contexts shape it. Reality is not regarded as a fixed, objective entity that exists independently of human perception and interpretation. Instead, this view challenges the notion of a singular, universal truth and values diverse perspectives and experiences (Kosiewicz, 2013). The diverse lived experiences of the rugby players in this study are crucial for understanding how injuries impact mental health. By adopting this relativist ontological stance, the researchers explore how individuals and groups construct their realities and how their experiences

shape their understanding of the world, recognising that reality is not static or objective but a fluid, context-dependent construct (Smith, 2018).

The study adopts a pragmatic epistemological stance to explore the nature and acquisition of knowledge, particularly its practical applications, through rugby players' lived experiences (Biesta, 2010). This perspective recognises that knowledge is context-specific, emerging through direct observation and practical engagement (Roy-Davis *et al.*, 2017). Emphasising the importance of empirical evidence, this approach remains open to revising knowledge as new insights emerge (Smith & Sparkes, 2016). The research seeks to answer key questions by drawing on firsthand accounts of rugby players who have experienced injury and recovery, grounding the enquiry in contexts closely aligned with the study's objectives (Wiese-Bjornstal, 2010).

3.3 The Interpretive Paradigm

The interpretive paradigm aligns closely with the first author's approach, informed by extensive experience as a rugby player, coach, and administrator. This paradigm emphasises understanding social reality through individuals' lived experiences, making it especially suitable for exploring rugby players' personal journeys as they navigate injuries (Smith & Sparkes, 2009). Rather than following strict rules, the interpretive paradigm encourages the co-creation of knowledge through the shared perspectives of the players, each uniquely shaped by the sport's cultural and social context (Rose & Johnson, 2020).

By interpreting these stories and insights, the researchers aim to gain a comprehensive understanding of how athletes' mental and emotional responses to injury shape their recovery. As an active member of the rugby community, the first author's interpretations are inherently intertwined with the lived realities of these athletes. This involvement makes objective, value-free analysis impossible, yet yields a richer, more precise understanding of their experiences (Finlay, 2002).

3.4 The Theoretical Perspective: Phenomenology

Phenomenology serves as the central theoretical framework for this research, closely connected to the first author's involvement in rugby. This approach aims to understand individuals' lived experiences, aligning with the study's objective of exploring the personal journeys of rugby players recovering from injuries (Allen-Collinson, 2009). From a phenomenological perspective, the authors interpret athletes' subjective experiences, considering how their personal and sociocultural contexts shape their responses to injury and recovery (Grindstaff *et al.*, 2010).

Hermeneutic phenomenology, in particular, guides our approach. It emphasises the researchers' active role in interpreting lived experiences within the participants' reality. Rather than attempting to frame our knowledge and experience, we embrace them as essential to enriching the interpretation of the players' narratives (Jackson *et al.*, 2018). This method enables the co-creation of meaning from their experiences, thereby capturing the emotional, psychological, and social dimensions of injury in rugby (Giorgi,

2013). By doing so, we aim to deepen our understanding of the complex pathways that influence athletes' recovery journeys.

3.5 Research Positioning

The first author has been deeply involved in the local rugby community, initially as a player who left the sport due to a serious injury but later as a coach and administrator, making him an insider. This insider status enabled him to empathise with the research participants' shared experiences, particularly those related to injury recovery. His background fostered a closer connection with participants, as he understood first-hand the physical and psychological challenges they faced. This aligns the research more closely with interpretivism, in which researchers actively interpret and understand the data, rather than with positivism, which entails distancing oneself from the findings (Berger, 2015).

Recognising the importance of the first author's role and positionality enables readers to interpret more effectively the assumptions he brings to the research regarding knowledge and reality. However, he maintained rigorous reflexivity throughout the process to ensure objectivity in his analysis (Braun & Clarke, 2019). His pragmatic approach prioritises the players' subjective realities and employs reflexive thematic analysis to generate in-depth insights through qualitative methods. Using his insider knowledge to build rapport and trust, he remained aware of potential biases stemming from his longstanding involvement in the sport (Gair, 2012).

The second author is an academic and a sports psychologist with extensive experience working with athletes. She has never played rugby herself; however, she has on occasion conducted psychological sessions for both local female and male club and national teams.

3.6 Methodological Choice

A qualitative method is preferred for its ability to capture depth and sentiment that quantitative approaches may overlook (Jones *et al.*, 2013). Qualitative research is inherently interpretive and enables a deep exploration of rugby players' subjective experiences, providing a richer, context-specific understanding of the challenges they encountered during injury recovery. This approach aligns with the interpretivist paradigm, which recognises that individuals may hold different interpretations of reality based on their unique social and cultural backgrounds (Smith, 2018). By focusing on the players' lived experiences, the study aimed to reveal how personal and environmental factors interact to influence their psychological responses to injury.

Using a life-story approach helped participants reflect on their paths and share detailed insights about their experiences before, during, and after their injuries, thereby enhancing the data. This approach fostered close rapport with participants by situating their stories within broader life contexts, which is vital for understanding the psychological effects of sport-related injuries (Oakley, 2010).

A semi-structured format combines the advantages of both structured and unstructured interviews. While predetermined questions help keep the conversation focused, researchers can follow emerging themes or explore specific aspects of participants' experiences in more depth when necessary (Bryman, 2016). This flexibility is especially valuable when discussing sensitive topics, such as mental health, where individuals often feel more comfortable opening up privately than in groups. Additionally, semi-structured interviews enable the observation of nonverbal cues, such as body language, facial expressions, and tone of voice, which reveal how participants feel and cope (Denzin & Lincoln, 2023).

The interviews conducted asked participants to share stories about their sporting lives, including their experiences with injuries, support networks, and views on resilience. Open-ended questions enabled participants to tell their stories in their own words, resulting in rich, detailed accounts of their psychological responses to injury (Patton, 2015). The researchers adapted the questions to the flow of the conversation, ensuring that the collected data would be relevant and comprehensive. This flexibility also helped build trust and rapport, essential for obtaining meaningful responses in qualitative research (Rubin & Rubin, 2012).

3.7 Interview Design

The questions for this study were designed to elicit rich, detailed responses whilst also respecting respondents' confidentiality and comfort. Specific sections of the interviews examined participants' individual experiences of injury and recovery.

Beginning with icebreaker questions designed to establish rapport, gently guide participants into the conversation, and foster a relaxed atmosphere. The next section focused on the details of the injury event, prompting participants to discuss their immediate psychological and emotional reactions and the recovery process. These questions helped them recall important events, such as diagnosis, surgery, and rehabilitation, thereby capturing the start of their psychological journey.

Following this, the interviews examined the effects of the damage and explored the emotional and psychological toll it had taken. This included investigating issues such as uncertainty, anxiety, frustration, and loss of identity. Focusing on these internal conflicts and their development over time, the study aimed to identify the psychological impact of the damage. Questions targeted the difficulties participants faced in recovery – physically, socially, and emotionally. This section also provided insight into how injuries disrupted their mental health, sense of identity, and relationships, thereby highlighting the broader consequences of injury within their everyday lives.

Focusing on coping strategies, the next set of questions aimed to encourage participants to discuss motivation, support networks, and tools or resources, whether helpful or harmful to their recovery, and how these influenced the psychological impact of the injury. This section also explored participants' resilience and psychological techniques, as well as the role of external support from coaches, colleagues, family, and professionals. Finally, the interviews prompted participants to reflect on the support they

received and to identify areas for improvement. These reflections were vital for achieving the study's aim of improving support systems for injured athletes.

The questions were designed to align closely with the study's objectives. Flexibility ensured that participants could achieve the research goals while still sharing relevant stories (Kallio *et al.*, 2016).

3.8 Piloting

A pilot interview was conducted with a previously injured rugby player, using the full research protocol to test the clarity and efficacy of the interview guide (Van Teijlingen & Hundley, 2002). Based on the feedback, several adjustments were implemented: the question flow was optimised, moving from broad, less sensitive topics to personal and emotionally challenging areas. The initial background introduction was expanded, and support-system questions were clarified and segmented into categories (teammates, family, coaches, medical professionals) to reduce ambiguity and response overlap. This refinement process yielded additional probing prompts and highlighted the necessity of researcher sensitivity when addressing intense emotional struggles, ensuring the final protocol effectively captured the complex psychological experience of recovery.

3.9 Sampling

A purposive sampling method was employed to recruit participants. Participants were selected based on their competitive rugby experience, including experience with the Malta National Team. The sampling criteria did not specify an age limit beyond senior status; therefore, participants ranged in age from 18 to older adults, thereby allowing for a broad spectrum of perspectives. Recruitment criteria included both male and female rugby players who had sustained an injury that prevented them from playing for more than three months at some point in the three years prior to the interview.

The recruitment process involved announcing the study in a private social media group explicitly created for local rugby players, after the researcher obtained the group administrator's permission to access the target population. Participants interested in taking part were asked to contact the researcher directly. Eight participants (two female and six male) contacted the researchers, met the eligibility criteria, and were invited to participate in the interview. Participants were provided with an information sheet outlining the study's purpose, data storage procedures, confidentiality measures, and their right to withdraw at any time. The research adhered to ethical standards and protected participant confidentiality by ensuring that complete information and informed written consent were obtained. Transcripts were assigned pseudonyms, and data were stored securely on a password-protected computer.

3.10 Data Collection

The interviews were conducted between September 2023 and February 2024 at participants' privately selected locations by the first author. These sites were deliberately selected to foster a comfortable and non-threatening environment that encourages open

dialogue. Prior to the interviews, participants were briefed on the study's details, including its purpose, the involvement required, and their right to withdraw at any time. They were also given the option to respond in either Maltese or English. Most initially chose English, but many switched to Maltese when it better allowed them to express their emotions.

The interviews began with a warm, friendly introduction to establish rapport and reduce any potential anxiety. The interviewer remained neutral and non-judgmental throughout, avoiding personal opinions or biases that could influence responses. The process also relied heavily on active listening, reinforced through empathy and the use of nonverbal behaviours, such as eye contact and nodding, to show interest and build trust (Smith, 2004).

Interviews lasted approximately 45 to 90 minutes, with most exceeding an hour. In addition to the main topics covered, participants also held discussions. These were informal and tangential, with a relaxed, conversational tone, confirming that the intended setting had been established. Interviews were recorded and transcribed with the participant's consent. Transcribing helped the researcher become familiar with the data, preparing them for subsequent coding and analysis.

Post-interview debriefing was a key part of the process. Participants were thanked for their involvement and provided with an information sheet outlining the resources available to them if they experienced psychological distress.

3.11 Ethical Considerations and Implications

The University of Malta Research Ethics Committee granted formal ethical approval (EDUC-2023-00001) for the research, ensuring compliance with both institutional and international ethical guidelines. Participants received comprehensive information letters and consent forms, which clearly outlined the study's objectives, procedures, and their rights. These documents confirmed confidentiality and explicitly stated that participants could withdraw from the study at any time without repercussions. Highlighting informed consent, a fundamental ethical principle, efforts were made to ensure that participants fully understood the nature and implications of taking part in the research.

Given the inherently sensitive nature of the issues under examination, the in-person approach was chosen over the online approach, as it offered greater social interaction and a stronger sense of connection (Iphofen, 2018). This enabled a richer, more meaningful exchange of experiences while respecting participants' comfort levels. All participants were briefed to ensure they understood the potential discomfort that might result from discussing injuries, and relevant support structures were in place should such issues occur.

Robust measures were implemented to ensure participants' privacy and confidentiality. When interviews were recorded, explicit written consent was obtained, and all data were stored securely, accessible only to the researcher and the supervisor. To maintain participant anonymity, pseudonyms were used, and the risk of identification

was minimised; however, given the nature of the rugby player pool, each participant was informed of the potential for recognition.

The research's ethical framework also recognised that some questions, including those related to injury and recovery, could be sensitive and challenging to answer. To reduce risk, extensive measures were implemented, and researchers were prepared to provide psychological support to participants if necessary. By clearly explaining participants' rights, a respectful and partnership-oriented research approach was established.

3.12 Data Analysis

Data were analysed using Reflexive Thematic Analysis (RTA), following the rigorous six-phase model outlined by Braun (2006) and Braun and Clarke (2019). The initial phase involved familiarisation, achieved through detailed, verbatim transcription of bilingual interviews (English/Maltese) into English, purposefully retaining conversational nuances (e.g., pauses, flow) to preserve contextual authenticity. Transcripts ranged from 5,000 to 12,000 words per participant. During this stage, the researcher actively engaged in reflexivity and note-taking, monitoring subjective interpretations to remain grounded in the participants' experiences and support objectivity (Noble & Smith, 2015).

The subsequent coding phase was methodical and iterative, yielding more than 250 preliminary codes through close reading. A dual inductive-deductive approach guided coding, in which patterns naturally arose from the data (inductive) while relevant theoretical insights were also incorporated (deductive) (Braun, 2006). Overlapping codes were refined into cohesive categories.

The focus then shifted to thematic development and refinement. Initial codes were organised into broader concepts using a thematic map, producing an initial set of eight potential themes. Through rigorous iterative review against the entire dataset and study objectives, themes were constructed (Braun & Clarke, 2019), yielding a final, refined set of six themes. Each theme was clearly defined and assigned an illustrative title to communicate the core findings effectively (Phase 5).

In the final reporting stage, the findings were systematically organised, moving from individual characteristics to emotional responses, coping strategies, and recovery facilitators and barriers, and were supported by representative participant quotes to craft an insightful narrative.

3.13 Reflexivity, Validity, Reliability

To enhance validity, the study employed member checking, where participants reviewed initial interpretations for clarification and accuracy. Triangulation was also utilised, involving consultation with colleagues and experts whose critical feedback verified the thematic framework (Nowell, 2017).

Reliability was ensured through a systematic and transparent approach to data analysis.

A detailed audit trail, including comprehensive notes on coding systems, thematic development, and decision-making procedures, kept the research process open and

verifiable (Noble & Smith, 2015). Although qualitative research does not aim for the repeatability of quantitative methods, these steps ensured the logical coherence and dependability of the conclusions (Braun & Clarke, 2019). Clear explanations of the research environment and ongoing analysis methods were provided to improve transferability.

3.14 Researcher Reflexivity and Bias Management

Reflexivity played a vital role in this research, serving as a safeguard against researcher bias (Lahlou, 2011). Considering the first author’s extensive 28-year involvement in local rugby as an athlete, coach, and administrator, there was an increased risk of unconscious biases (Noble & Smith, 2015).

To address this, the researcher kept a reflexive journal throughout the study to record assumptions, emotions, and preconceptions, fostering critical self-awareness (Berger, 2015). Carefully designed open-ended questions minimised leading, ensuring participants' voices remained central. Additionally, the first author engaged in ongoing collaborative reflection with the second author throughout all stages of data collection and analysis to challenge their own positionality and ensure that the findings were rooted in participants' genuine experiences.

4. Findings and Discussion

Eight rugby players, two female and six male, aged between twenty-one and thirty-eight, participated in this study. All of them played rugby for local clubs and sustained injuries that prevented them from playing for at least six months. Participants had been involved in rugby for 8-20 years. This reflects a deep commitment to the sport, suggesting that rugby is more than a hobby; it is a central aspect of their lives. Seven of them had multiple injuries. The themes and sub-themes are illustrated in Figure 1 below.

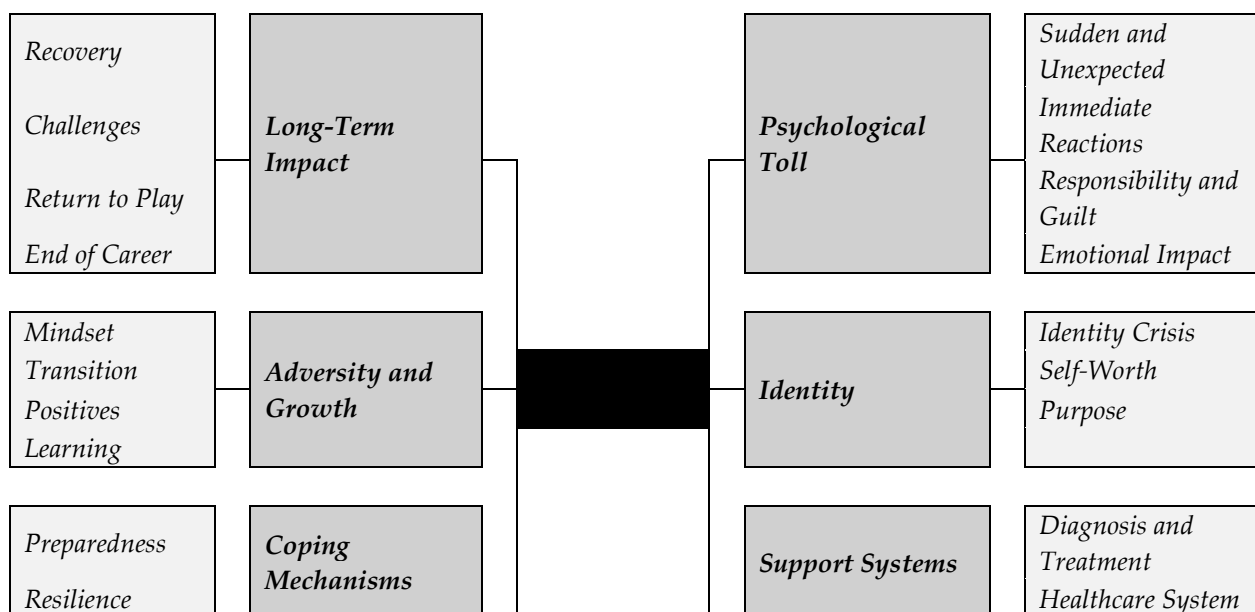




Figure 1: Themes and Sub-Themes

4.1 The Psychological Toll of Sudden Injuries

When injuries occur suddenly, the psychological impact can be significant. Players often described an immediate sense of shock and denial, followed by intense frustration and anxiety. The sudden nature of these injuries disrupts not only their physical abilities but also their emotional balance. Players respond to injury in different ways, but all focus on the need to move beyond initial shock and denial toward acceptance. Ben stated, *"I was in really good shape before the injury, and it felt like all that hard work just went down the drain."*

Some players became stuck in disbelief and feelings of bad luck, whilst all recognised that the sooner acceptance occurs, the sooner recovery can begin, if not physically, then at least psychologically. Both Rosie and Clara mentioned that they had experienced injuries previously, so they were quick to shift their mindset to a positive one, claiming that *"...every day that passes, I am getting closer to returning to the field..."* and *"...the biggest change I felt was as soon as I accepted that it happened and now, I have to work hard to get back to who I really am, a strong player in my club team and the national team."* A positive mindset has been found to significantly enhance the rehabilitation process (Borg *et al.*, 2021).

Nearly all research participants agreed that they went through a rollercoaster of emotions during recovery, and managing the lows was crucial to reducing the psychological impact of the injury. The loss of routine was a common theme mentioned. Injured players often switched instantly from a highly active lifestyle, with six to eight training sessions a week on the pitch and in the gym, often including a competitive game, to a sedentary lifestyle where not much happens. Bono said, *"...rugby was my life, and suddenly I had all this free time that I did not know what to do with."* Athletic identity can be significantly affected, and it may not be easy to adjust one's thinking patterns (Borg *et al.*, 2021; Attard & Muscat, 2025).

The disruption of their regular training and playing routines necessitated significant adjustments, with some players struggling to establish a new sense of normal during their recovery. This loss of structure led to a sense of purposelessness and isolation in many, often exacerbated by feelings of depression and anxiety. This necessitates psychological support (Attard & Muscat, 2025). Clara noted that *"...the injury felt like a part of me was taken away. I could not do what I loved, and it was incredibly frustrating."* For Rosie, *"the routine of training and playing was gone, and I felt lost without it"*. This sentiment highlights the deep connection between a player's identity and their ability to perform. Rugby players often see themselves as defined by their physical competence and their role within the team. When suddenly sidelined, they face a profound sense of loss, which can lead to feelings of grief and distress not just for their injury but for their diminished role in the rugby community (Sullivan *et al.*, 2022).

Lee shared "...the injury made me feel like I was letting my team down, and that was hard to accept." This sense of guilt and responsibility can weigh heavily on players, intensifying their feelings of loss. Players experienced frustration and regret at missing games and at their inability to contribute to their team. Some also felt guilty when their team lost or underperformed, believing they would have done better if not for the injury. The pain of letting the team down can sometimes be greater than the injury itself (Mosewich *et al.*, 2013).

Variability in diagnosis and treatment worsens psychological strain. Delays or complications in receiving appropriate care can prolong uncertainty, heightening feelings of helplessness. In some cases, when players were told that there was a four-year waiting list for treatment, it was devastating and inevitably affected all other aspects of life. For some players, these delays intensified the emotional toll as they faced the frustration of not knowing when they might return to the sport they love. Prolonged uncertainty in treatment increases stress, damages mental well-being, and complicates recovery processes (Johnston & Carroll, 2024).

While five players could rely on insurance to access private healthcare and undergo surgery quickly, those waiting for surgery in the public healthcare system endured a greater psychological toll, with uncertainty and additional anxiety increasing concerns and highlighting the importance of insurance as a prerequisite to participation in this sport.

Loss of physical abilities often impairs mental well-being. Relying on others for transportation, dressing, personal care, and basic hygiene can lead to a decline in self-confidence and motivation. In some cases, injured players experienced feelings of loneliness and isolation, along with anxiety, fear, depression, despair, and uncertainty, which may eventually lead to exhaustion (Tang *et al.*, 2022).

Almost all players mentioned that re-engagement with the sport, whether as supporters, helping with coaching, or simply being present at training sessions and matches, had a positive effect on their morale and motivation. The return to rugby after injury, even for simple activities such as joining the team for a run, is often characterised by a complex mix of emotions. Players noted that while they frequently experienced joy upon their return, this was tempered by anxiety about re-injury. This duality can complicate mental health, as they struggle to balance their excitement with the fear of facing another setback. The psychological impact of sudden injuries is therefore not merely a temporary phase but a profound experience that can affect a player's mental well-being for an extended period (Podlog *et al.*, 2013).

4.2 The Role of Identity and Self-Worth

A player's sense of self-worth is closely tied to their performance. The physicality and skill required on the field are central to their identity, and an injury can trigger a profound identity crisis. Three players reported that their injuries significantly affected their sense of identity and self-worth, consistent with findings reported by Attard and Muscat (2025) in research with football players. Rugby, which was vital to their lives, often led to

feelings of worthlessness and a loss of identity when they could no longer contribute on the field. The risk of permanently losing self-esteem was also an apparent concern. Lee said,

I started questioning if I would ever be the same player again, if I could ever get back to that level. Then I started asking myself many questions. The people know me as X, the rugby player. Who will I be for them if I am no longer a rugby player?

Ben added that rugby was everything outside his work, and losing it made him question life choices and his own purpose. He felt his value was tied to his rugby career and struggled with the realisation that he might lose it permanently.

Rosie reported a profound loss of identity and self-worth, highlighting that the potential inability to return to pre-injury performance levels led to doubts about her future in rugby and her self-image. Ganni, with almost 20 years of experience, admitted that he has experienced severe depression and a heavy sense of worthlessness, indicating that the injury shook his identity because he was widely known for many years as a capable rugby player, and this led to feelings of isolation and loss of purpose. This is common among athletes who closely identify with their athletic role (Brewer & Chatterton, 2024).

Feelings of inadequacy and self-doubt often characterise this crisis, as players struggle with their new reality. Psychological resilience becomes vital in navigating this difficult period. Some players demonstrated that developing resilience often involves a shift in perspective, leading them to see their injury not merely as a setback but as an opportunity for growth and self-discovery. By setting and achieving small goals, players can rebuild their self-esteem and sense of purpose, even in the face of ongoing challenges (Walker *et al.*, 2007).

4.3 The Role of Support Systems in Recovery

Support systems are crucial in the recovery process, providing both practical help and emotional support (Borg *et al.*, 2021). Players who sought assistance from teammates, coaches, or professionals generally coped better with their injuries. This support helped them manage their emotional responses and maintain a connection to the sport. All players, to a certain extent, agreed that the central element of the support system was their family members and loved ones, who provided crucial emotional support, stability, and encouragement during times of uncertainty. Their presence was vital to maintaining a positive outlook and helping players remain motivated amid the challenges of rehabilitation and regaining independence. Support from family can be critical during moments of frustration or despair, serving as a buffer against the psychological strain of injury (Sullivan *et al.*, 2022).

Rosie, however, remarked that it would be unwise to assume family members would provide support, particularly older parents who may not fully understand the emotional roller coaster of an injured athlete. Her mother, whom she considers to be a conservative parent, was complaining about why she was still turning up to training,

although unable to play, after everything she had been through and threatened to withdraw support if she got injured again.

Coaches play an essential role in helping injured players stay connected to the sport. As Ganni mentioned, "...*talking to my coach and teammates helped a lot. They reminded me that I was still part of the team, even if I was not on the field.*"

Teammates provided essential support through practical and emotional encouragement. The shared experience of injury and teammates' empathy helped players feel understood and valued. This mutual support not only facilitated emotional recovery but also strengthened team bonds, enhancing overall team dynamics. Some players had similar injuries, which facilitated their ability to relate to and support one another. In all cases, except where an athlete withdrew from club activities, teammates demonstrated empathy and understanding, which was appreciated and found beneficial. Rugby organisations should foster a culture of camaraderie and mutual support, recognising that these strong relationships can significantly influence a player's recovery.

Lastly, healthcare professionals, including physiotherapists, doctors, and psychologists, were essential to the recovery process. Physiotherapists design personalised rehabilitation programmes to help players regain their physical strength, while psychologists address the emotional and mental health aspects of recovery. Players trusted opinions based on factual knowledge from healthcare professionals. Jules asserted that "...*seeing the progress with every session and then going home doing the exercises the physiotherapist gave me, I could feel that progress was there, even if by just one millimetre, it was there, and that made me feel optimistic.*" This is consistent with and reinforces Ferrante and Muscat's (2022) research, which emphasises the importance of addressing both the physical and psychological aspects of injury rehabilitation to achieve optimal recovery outcomes.

The reassurance from such professionals helped players alleviate some of the uncertainty about their future in the sport, particularly when the injury was severe or they encountered complications during recovery. The involvement of sports psychologists was particularly beneficial in managing anxiety, depression, and other mental health issues, assisting players in developing coping strategies and staying positive throughout their recovery. Mario said, "...*I started seeing a therapist to deal with the frustration and anxiety, and it made a big difference in my recovery.*" Many also noted how their feelings shifted from negative to optimistic "instantly".

Some could recognise which professionals were pro-sport and which had no experience in sport, either through their professional background or as athletes themselves. There was a clear distinction in their advice and approach. Needless to say, athletes preferred those professionals with a strong background in sport and understanding of injuries similar to that reported by participants in Borg *et al.*'s (2021) study.

The support offered by club administrators and the national governing body was less consistent and lacked the cohesion expected at the organisational level. While some support was available, it did not provide the comprehensive, structured assistance that

could have enhanced players' recovery experience. The gap in support from institutional sources underscores the importance of a well-rounded, unified approach to athlete wellbeing in sports organisations (Wagstaff *et al.*, 2016).

4.4 Coping Mechanisms and Psychological Preparedness

Coping mechanisms and psychological preparedness are essential for managing the mental strain associated with rugby injuries. Establishing short-term goals is a common and effective strategy, as it gives players a sense of direction and achievement. Clara noted that *"...I took the rehab process seriously, and seeing progress, even small, kept me going."* This focus on incremental progress helps players stay motivated and confident throughout their recovery. Setting achievable goals helped some players remain positive and motivated during their recovery (Brinkman *et al.*, 2020). Two players fell into denial and self-pity, whereas those who had progressed to the acceptance stage earlier recovered more quickly. Bono said, *"I made recovery my new goal. It gave me something to focus on and helped me stay mentally strong."* Others were forced to take sick leave, which only worsened the situation. Jules recalled that, *"...even though I was on sick leave, I tried to join work meetings online. I ended up with nothing to do. No training and no work. Worse than Covid times. I was desperate!"*

Support from sports psychologists is vital in maintaining a balanced and positive outlook during rehabilitation (Gouttebauge *et al.*, 2017). Alarming, five out of the eight participants expressed concerns about the stigma associated with seeking help from a psychologist, a concern similar to that reported by Attard and Muscat (2025) in the context of mental health and football. Although most have engaged with such professionals through the national team setup, they still feel the need to do so 'secretly'. This external support, combined with personal coping strategies and psychological readiness, enables players to manage the emotional challenges of injury with resilience and determination.

4.5 The Duality of Adversity and Growth

While injuries pose significant challenges, they also present opportunities for personal growth and a renewed sense of purpose (Mellalieu *et al.*, 2023). The adversity faced during recovery can lead to profound changes in how players view themselves, their careers, and their relationship with the sport. The experience of injury often prompts players to reconsider their life goals and their future in rugby. Reflectively, Ben said that *"...the injury made me appreciate rugby even more. It taught me not to take things for granted."* This new appreciation can lead to a greater commitment to recovery and a stronger determination to return to play. Time away from the sport allows players to gain perspective and see beyond immediate challenges, thereby focusing on the long-term benefits of perseverance and dedication.

Injury also provides players with an opportunity to explore different aspects of their identity. Those who define themselves primarily through their athletic achievements may find that an injury prompts them to pursue new interests and set new

goals. This process can lead to a more balanced sense of self and a deeper appreciation for life beyond rugby. The injury serves as a catalyst for personal growth, providing a new outlook on life and prompting exploration of new career options (Lavalley & Robinson, 2007), as was the case for most of the players interviewed. Lee remembered the feeling he had after recovering, *"I came back stronger, both physically and mentally. The injury was tough, but it made me more resilient."*

4.6 Long-Term Psychological Impact and Life beyond Rugby

The psychological impact of rugby injuries extends beyond immediate recovery and can significantly affect a player's life outside the sport. For some players, an injury marks the end of their rugby career, prompting an emotional adjustment as they relinquish a key part of their identity. Several players expressed concerns about returning to rugby after an injury, fearing re-injury, which undermined their confidence on the field. Lee said, *"I was scared that I would injure myself again. It made me hesitant during games, and that affected my performance."* Jules shared that he was haunted by *"the thought of going through the same pain and recovery process again was always at the back of my mind."*

For some, the injury created uncertainty about their future in the sport, particularly when it was severe or recovery was prolonged. This raised concerns about whether they could continue playing or whether their careers were over. Some players acknowledged that although they had recovered physically, the long-term psychological effects persisted and outweighed their desire to return, leading to retirement. Ben said, *"I was not sure if I would ever play at the same level again, and that was terrifying."* Ganni, who also mentioned that his age and being a father contributed to his doubts, said, *"...there were moments when I thought about quitting rugby altogether because I did not know if I would fully recover."*

The decision to retire from rugby or to prioritise long-term health can be emotionally challenging, as it entails accepting the limitations imposed by injury (Zike *et al.*, 2024). For those who return to play, re-engaging with the sport is often fraught with mixed emotions. Players describe a cautious approach, balancing the excitement of returning with the fear of re-injury. This emotional complexity requires ongoing psychological adjustment as players navigate their reintegration into the sport.

Time away from the sport offers an opportunity to explore new interests and career paths. This shift in focus can be empowering, leading to a renewed sense of purpose and a more balanced outlook on life. Bono mentioned that, *"I could not risk having more injuries as it was affecting all my life. I decided to stop playing competitive games. I still play some social games, but now my focus has turned to refereeing, and things are looking promising."* For some, the injury becomes a turning point, leading to a redefined sense of self and new opportunities for personal and professional growth.

The long-term psychological effects of rugby injuries are complex, affecting not only a player's sporting career but also their sense of identity and prospects. The recovery process involves both physical and emotional changes, requiring resilience, support, and

a shift in perspective. By overcoming these challenges, players often develop a deeper appreciation for their sport and a renewed sense of purpose in their lives.

5. Conclusion

Sudden injuries have a significant mental health impact, involving shock, denial, and anxiety, along with feelings of isolation, grief, and guilt stemming from lifestyle changes and perceived team abandonment (Johnston & Carroll, 2024). Because self-worth is often closely tied to on-field performance, injury can trigger an identity crisis, often accompanied by feelings of unfairness and perceptions of team abandonment (Johnston & Carroll, 2024).

Effective recovery depends on fostering psychological resilience, which is developed through positive mindsets, setting short-term goals, and accepting the situation—approaches that lead to better progress than denial (Brinkman *et al.*, 2020; Gray *et al.*, 2022). Crucial support comes from multidisciplinary systems (Wagstaff *et al.*, 2016): family provides emotional stability, coaches help maintain team cohesion, teammates show empathy, and professionals oversee both physical and emotional recovery. However, the ongoing stigma around seeking psychological help (Brinkman *et al.*, 2020) and the unreliability of support from clubs and governing bodies underscore the urgent need for a more integrated, systemic approach to athlete wellbeing (Wagstaff *et al.*, 2016).

The emotional experience of returning to play is complex, blending anticipation with intense anxiety about re-injury (Johnston & Carroll, 2024). Injuries are known to impact players' identities and career ambitions, sometimes leading to reduced confidence or retirement (Zike *et al.*, 2024). However, this period often catalyses personal growth, encouraging reflection, fostering team camaraderie (Mellalieu *et al.*, 2023), and allowing players to emerge with greater resilience and a stronger sense of purpose (Arvinen-Barrow & Olusoga, 2024).

5.1 Recommendations

The research findings generated eight recommendations to enhance the management of injuries among rugby players (Table 1). These recommendations aim to raise awareness, incorporate mental health support, strengthen support networks, offer players coping strategies, and address the long-term consequences of injuries.

The psychological challenges faced by injured rugby players necessitate the integral inclusion of sport psychologists within team support structures. Swift psychological intervention in the early recovery stages is crucial for mitigating shock, frustration, and anxiety (Wadey & Evans, 2012). Regular counselling and structured emotional support are essential for equipping players with tools to manage depression, stress, and fear of re-injury, fostering a proactive and resilient recovery attitude (Brewer & Redmond, 2016).

Recovery success heavily depends on a robust social network. Rugby organisations must ensure coaches receive essential training to provide consistent emotional and motivational support, actively preventing the neglect of injured players. Strong team camaraderie and empathy enable peers to deliver both emotional and practical assistance effectively. Additionally, workshops for families and stakeholders can prepare them to offer improved care, strengthening the overall support system (Gray *et al.*, 2022).

Building psychological readiness through training in coping strategies, short-term goal setting, and resilience is essential and should begin early in a player's career. Clubs must encourage players to explore interests both within and beyond rugby to develop a balanced identity, fostering emotional resilience and a positive outlook in the event of injury (Stambulova *et al.*, 2021).

Building a culture of mutual support and empathy reduces psychological stress and enhances team cohesion. To combat mental health stigma, organisations should invest in awareness campaigns and educational programmes that normalise help-seeking behaviours (Schinke *et al.*, 2018). Rehabilitation must embrace a holistic approach that integrates mental and physical recovery. This includes supporting players in exploring new post-career directions through education and advice, emphasising long-term welfare and comprehensive development both on and off the field (Wylleman, 2004).

The findings of this research are broadly applicable, providing a blueprint for addressing injury-related mental health issues across various high-contact sports. The study highlights empowerment through growth and emphasises the vital roles of coaches, teammates, families, and organisations in athlete support. This underscores the urgent need for clubs and national bodies to establish systematic mental health support and adopt a proactive approach to the care of injured players.

Use of AI Statements

Google Gemini was used to enhance the grammar and readability of the study.

Data Availability Statement

The data is confidential, therefore not available for publication.

Ethical Statement

The Faculty of Education at the University of Malta granted ethical approval for the study, EDUC-2023-00001. All participants gave informed consent.

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Conflict of Interest Statements

The authors declare no conflicts of interest.

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References

- Allen-Collinson, J. (2009). Sporting embodiment: sports studies and the (continuing) promise of phenomenology. *Qualitative Research in Sport and Exercise*, 1(3), 279–296. <https://doi.org/10.1080/19398440903192340>
- Andersen, M. B., & Williams, J.B. (1999). Athletic injury, psychosocial factors and perceptual changes during stress. *Journal of Sports Sciences*, 17(9), 735–741. <https://doi.org/10.1080/026404199365597>
- Arvinen-Barrow, M., & Olusoga, P. (2024). Coping with sport injury and rehabilitation. In M. Arvinen-Barrow & D. Clement (Eds.), *The psychology of sport injury and rehabilitation* (2nd ed., pp. 140–151). Routledge. <https://doi.org/10.4324/9781003295709>
- Attard, A., & Muscat, A. (2025). Suffering in silence: Mental health aspects in the Maltese Football Premier League. *Studies in Social Wellbeing*, 4(2). Retrieved from <https://www.um.edu.mt/library/oar/handle/123456789/139915>

- Berger, R. (2015). Now I see it, now I don't: researcher's position and reflexivity in qualitative research. *Qualitative Research*, 15(2), 219–234. <https://doi.org/10.1177/1468794112468475>
- Bianco, T., & Eklund, R.C. (2001). Conceptual considerations for social support research in sport and exercise settings: The case of sport injury. *Journal of Sport and Exercise Psychology*, 23(2), 85–107. <https://doi.org/10.1123/jsep.23.2.85>
- Biesta, G. (2010). Pragmatism and the philosophical foundations of mixed methods research. In A. Tashakkori, C. Teddlie (Eds.) *Pragmatism and the philosophical foundations of mixed methods research* (2 ed., pp. 95–118). SAGE. <https://doi.org/10.4135/9781506335193.n4>
- Borg, A. F., Falzon, R., & Muscat, A. (2021). Psychological implications and rehabilitation programmes due to football-related injuries. *Counselling and Psychotherapy Research*, 21(4), 882–898. <https://doi.org/10.1002/capr.12444>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589–597. <https://doi.org/10.1080/2159676X.2019.1628806>
- Brewer, B. W., & Redmond, C. J. (2016). *Psychology of Sport Injury*. Human Kinetics. Retrieved from https://books.google.ro/books/about/Psychology_of_Sport_Injury.html?id=8PF6DwAAQBAJ&redir_esc=y
- Brewer, B. W., & Chatterton, H. A. (2024). Athletic identity and sport injury processes and outcomes in young athletes: A supplemental narrative review. *Journal of Functional Morphology and Kinesiology*, 9(4), 191. <https://doi.org/10.3390/jfmk9040191>
- Brinkman, C., Baez, S. E., Genoese, F., & Hoch, J. M. (2020). Use of goal setting to enhance self-efficacy after sports-related injury: A critically appraised topic. *Journal of Sport Rehabilitation*, 29(4), 498–502. <https://doi.org/10.1123/jsr.2019-0032>
- Bryman, A. (2016). *Social Research Methods (International ed.)*. Oxford University Press. Retrieved from https://books.google.com/books/about/Social_Research_Methods.html?id=N2zQCgAAQBAJ
- Buhagiar, N., & Muscat, A. (2024). The Role of Sports Agents in Men's Basketball in a Small Island State. *Journal of New Studies in Sport Management*, 5(2), 1089–1102. doi: 10.22103/jnssm.2023.21949.1211. Retrieved from https://www.um.edu.mt/library/oar/bitstream/123456789/123173/1/The_Role_of_Sports_Agents_in_Mens_Basketball_in_a_Small_Island_State_2024.pdf
- Clement, D., Arvinen-Barrow, M., & Fetty, T. (2015). Psychosocial responses during different phases of sport-injury rehabilitation: A qualitative study. *Journal of Athletic Training*, 50(1), 95–104. <https://doi.org/10.4085/1062-6050-49.3.52>
- Denzin, N. K., & Lincoln, Y.S. (2023). *The SAGE Handbook of Qualitative Research*. SAGE.

- Ferrante, M., & Muscat, A. (2022). Sports injury management: physiotherapists' attitudes and perceptions of sports psychological interventions. *International Journal of Sports, Health and Physical Education*, 4(2), 5–12. <https://doi.org/10.33545/26647559.2022.v4.i2a.36>
- Finlay, L. (2002). "Outing" the Researcher: The Provenance, Process, and Practice of Reflexivity. *Qualitative Health Research*, 12(4), 531–545. <https://doi.org/10.1177/104973202129120052>
- Fjellman-Wiklund, A., Söderman, K., Lundqvist, M., & Häger, C. K. (2022). Retrospective experiences of individuals two decades after anterior cruciate ligament injury – a process of re-orientation towards acceptance. *Disability and Rehabilitation*, 44(21), 6267–6276. <https://doi.org/10.1080/09638288.2021.1962415>
- Fletcher, D., & Sarkar, M. (2012). A grounded theory of psychological resilience in Olympic champions. *Psychology of Sport and Exercise*, 13(5), 669–678. <https://doi.org/10.1016/j.psychsport.2012.04.007>
- Forsdyke, D. S., Smith, A., Jones, M., & Gledhill, A. (2016). Psychosocial factors associated with outcomes of sports injury rehabilitation in competitive athletes: A mixed studies systematic review. *British Journal of Sports Medicine*, 50(9), 537–544. <https://doi.org/10.1136/bjsports-2015-094850>
- Freeman, P., & Rees, T. (2010). Perceived social support from team-mates: Direct and stress-buffering effects on self-confidence. *European Journal of Sport Science*, 10(1), 59–67. <https://doi.org/10.1080/17461390903049998>
- Gair, S. (2012). Feeling their stories: Contemplating empathy, insider/outsider positionings, and enriching qualitative research. *Qualitative Health Research*, 22(1), 134–143. <https://doi.org/10.1177/1049732311420580>
- Giorgi, A. (2013). Reflections on the status and direction of psychology: An external historical perspective. *Journal of Phenomenological Psychology*, 44(2), 244–261. <https://doi.org/10.1163/15691624-12341257>
- Gould, D., Finch, L. M., & Jackson, S. A. (1993). Coping strategies used by national champion figure skaters. *Research Quarterly for Exercise and Sport*, 64(4), 453–468. <https://doi.org/10.1080/02701367.1993.10607599>
- Gouttebauge, V., Aoki, H., Lambert, M., Stewart, W., & Kerkhoffs, G. (2017). A history of concussions is associated with symptoms of common mental disorders in former male professional athletes across a range of sports. *The Physician and Sportsmedicine*, 45(4), 443–449. <https://doi.org/10.1080/00913847.2017.1376572>
- Gray, H., McLaine, A., Dettl-Rivera, M., Hamill, S., & Moran, R. (2022). Perception of social support in injury recovery and return-to-play preparedness: A pilot study. *Journal of Sport Behaviour*, 45(3), 31–40. <https://ejournals.um.edu.mt/login?url=https://www.proquest.com/scholarly-journals/perception-social-support-injury-recovery-return/docview/2756703859/se-2>

- Grindstaff, J.S., Wrisberg, C. A., & Ross, J.R. (2010). Collegiate athletes' experience of the meaning of sport injury: A phenomenological investigation. *Perspectives in Public Health*, 130(3), 124–135. <https://doi.org/10.1177/1757913909360459>
- Gustafsson, H., Skoog, T., Davis, P., Kenttä, G., & Haberl, P. (2015). Mindfulness and its relationship with perceived stress, affect, and burnout in elite junior athletes. *Journal of Clinical Sport Psychology*, 9(3), 263–281. <https://doi.org/10.1123/jcsp.2014-0051>
- Iphofen, R. A. (2018). *The SAGE Handbook of Qualitative Research Ethics (1st ed)*. SAGE. Retrieved from https://books.google.ro/books/about/The_SAGE_Handbook_of_Qualitative_Research.html?id=inhJDwAAQBAJ&redir_esc=y
- Ivarsson, A., Tranaeus, U., Johnson, U., & Stenling, A. (2017). Negative psychological responses of injury and rehabilitation adherence effects on return to play in competitive athletes: a systematic review and meta-analysis. *Open Access Journal of Sports Medicine*, 8, 27–32. <https://doi.org/10.2147/OAJSM.S112688>
- Jackson, C., Vaughn, D. R., & Brown, L. (2018). Discovering lived experiences through descriptive phenomenology. *International Journal of Contemporary Hospitality Management*, 30(11), 3309–3325. <https://doi.org/10.1108/IJCHM-10-2017-0707>
- Johnston, L. H., & Carroll, D. (2000). Coping, social Support, and injury: Changes over time and the effects of level of sports involvement. *Journal of Sport Rehabilitation*, 9(4), 290-303. <https://doi.org/10.1123/jsr.9.4.290>
- Johnston, L. H., & Carroll, D. (2024). The psychological impact of injury: Effects of prior sport and exercise involvement. *British Journal of Sports Medicine*, 34(6), 436–439. <https://doi.org/10.1136/bjism.34.6.436>
- Jones, I., Brown, L., & Holloway, I. (2013). *Qualitative research in sport and physical activity*. SAGE. <https://doi.org/10.4135/9781473914995>
- Kallio, H., Pietilä, A.-M., Johnson, M., & Kangasniemi, M. (2016). Systematic methodological review: Developing a framework for a qualitative semi-structured interview guide. *Journal of Advanced Nursing*, 21(12), 2954–2965. <https://doi.org/10.1111/jan.13031>
- Kosiewicz, J. (2013). Social sciences and common perceptions of sport. *Physical Culture and Sport Studies and Research*, 60(1), 64-74. <https://doi.org/10.2478/pcssr-2013-0027>
- Lahlou, S. (2011). How can we capture the subject's perspective? An evidence-based approach for the social scientist. *Social Science Information*, 50(3-4), 607-655. <https://doi.org/10.1177/0539018411411033>
- Lavallee, D., & Robinson, H.K. (2007). In pursuit of an identity: A qualitative exploration of retirement from women's artistic gymnastics. *Psychology of Sport and Exercise*, 8(1), 119–141. <https://doi.org/10.1016/j.psychsport.2006.05.003>
- Locke, E. A., & Latham, G.P. (2002). Building a practically useful theory of goal setting and task motivation: A 35-year odyssey. *American Psychologist*, 57(9), 705–717. <https://doi.org/10.1037/0003-066X.57.9.705>

- Lu, F. J., & Hsu, Y. (2013). Injured athletes' rehabilitation beliefs and subjective well-being: the contribution of hope and social support. *Journal of Athletic Training*, 48(1), 92–98. <https://doi.org/10.4085/1062-6050-48.1.03>
- Maddison, R., Prapavessis, H., & Clathworthy, M. (2006). Modeling and rehabilitation following anterior cruciate ligament reconstruction. *Annals of Behavioural Medicine*, 31(1), 89–98. https://doi.org/10.1207/s15324796abm3101_13
- Malinauskas, R. (2010). College athletes' perceptions of social support provided by their coach before injury and after it. *Journal of Sports Medicine and Physical Fitness*, 48(1), 107–112. <https://www.minervamedica.it/en/journals/sports-med-physical-fitness/article.php?cod=R40Y2008N01A0107&acquista=1>
- Mellalieu, S. D., Sellars, P., Arnold, R., Williams, S., Campo, M., & Lyons, D. (2023). Professional male rugby union players' perceived psychological recovery and physical regeneration during the off-season. *BMJ Open Sport & Exercise Medicine*, 9(1). <https://doi.org/10.1136/bmjsem-2022-001361>
- Mosewich, A. D., Crocker, P. R. E., & Kowalski, K.C. (2013). Managing injury and other setbacks in sport: Experiences of (and resources for) high-performance women athletes. *Qualitative Research in Sport, Exercise and Health*, 6(2), 182-204. <https://doi.org/10.1080/2159676X.2013.766810>
- Muscat, A., Duca, O., & Stivala, C. (2024). Mental health literacy: Experiences and attitudes of football coaches in Malta. *European Journal of Physical Education and Sport Science*, 11(2), 1–21. <https://doi.org/10.46827/ejpe.v11i2.5395>
- Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research. *Evidence-based Nursing*, 18(2), 34–35. <https://doi.org/10.1136/eb-2015-102054>
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16(1). <https://doi.org/10.1177/1609406917733847>
- Oakley, A. (2010). The social science of biographical life-writing: some methodological and ethical issues. *International Journal of Social Research Methodology*, 13(5), 425–439. <https://doi.org/10.1080/13645571003593583>
- Patton, M. Q. (2015). *Qualitative research & evaluation methods: Integrating theory and practice*. (Fourth Edition). SAGE. Retrieved from https://books.google.ro/books/about/Qualitative_Research_Evaluation_Methods.html?hl=id&id=-CM9BQAAQBAJ&redir_esc=y
- Podlog, L., Dimmock, J., & Miller, J. (2013). A review of return to sport concerns following injury rehabilitation: Practitioner strategies for enhancing recovery outcomes. *Physical Therapy in Sport*, 12(1), 36–42. <https://doi.org/10.1016/j.ptsp.2010.07.005>
- Podlog, L., & Eklund, R.C. (2007). The psychosocial aspects of a return to sport following serious injury: A review of the literature from a self-determination perspective. *Psychology of Sport and Exercise*, 8(4), 535–566. <https://doi.org/10.1016/j.psychsport.2006.07.008>

- Rees, T., Mitchell, I., Evans, L., & Hardy, L. (2010). Stressors, social support and psychological responses to sport injury in high- and low-performance standard participants. *Psychology of Sport and Exercise*, 11(6), 505–512. <https://doi.org/10.1016/j.psychsport.2010.07.002>
- Rose, J., & Johnson, C.W. (2020). Contextualising reliability and validity in qualitative research: toward more rigorous and trustworthy qualitative social science in leisure research. *Journal of Leisure Research*, 51(4), 432–451. <https://doi.org/10.1080/00222216.2020.1722042>
- Roy-Davis, K. Wadey, R., & Evans, L. (2017). A grounded theory of sport injury-related growth. *Sport, Exercise, and Performance Psychology*, 6(1), 35–52. <https://doi.org/10.1037/spy0000080>
- Rubin, H. J. & Rubin, I.S. (2012). *Qualitative interviewing: The art of hearing data* (3rd ed.). SAGE. Retrieved from https://books.google.ro/books/about/Qualitative_Interviewing.html?id=T5RDMY_uueJAC&redir_esc=y
- Schinke, R. J., Stambulova, N. B., Si, G., & Moore, Z. (2018). International Society of Sport Psychology position stand: Athletes' mental health, performance, and development. *International Journal of Sport and Exercise Psychology*, 16(6), 622–639. <https://doi.org/10.1080/1612197X.2017.1295557>
- Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1(1), 39–54. <https://doi.org/10.1191/1478088704qp004oa>
- Smith, B., & Sparkes, A.C. (2009). Narrative inquiry in sport and exercise psychology: What can it mean, and why might we do it? *Psychology of Sport and Exercise*, 10(1), 1–11. <https://doi.org/10.1016/j.psychsport.2008.01.004>
- Smith, B., & Sparkes, A.C. (Eds.) (2016). *Routledge handbook of qualitative research in sport and exercise*. Routledge. Retrieved from <https://api.taylorfrancis.com/content/books/mono/download?identifierName=doi&identifierValue=10.4324/9781315762012&type=googlepdf>
- Smith, B. (2018). Generalizability in qualitative research: misunderstandings, opportunities and recommendations for the sport and exercise sciences. *Qualitative Research in Sport, Exercise and Health*, 10(1), 137–149. <https://doi.org/10.1080/2159676X.2017.1393221>
- Stambulova, N. B., Ryba, T. V., & Henriksen, K. (2021). Career development and transitions of athletes: the International Society of Sport Psychology Position Stand Revisited. *International Journal of Sport and Exercise Psychology*, 19(4), 524–550. <https://doi.org/10.1080/1612197X.2020.1737836>
- Sullivan, L., Ding, K., Tattersall, H., Brown, S., & Yang, J. (2022). Social support and post-injury depressive and anxiety symptoms among college-student athletes. *International Journal of Environmental Research and Public Health*, 19(11), 6458. <https://doi.org/10.3390/ijerph19116458>

- Tang, Y., Liu, Y., Jing, L., Wang, H., & Yang, J. (2022). Mindfulness and regulatory emotional self-efficacy of injured athletes returning to sports: The mediating role of competitive state anxiety and athlete burnout. *International Journal of Environmental Research and Public Health*, 19(18), 11702. <https://doi.org/10.3390/ijerph191811702>
- Van Teijlingen, E., & Hundley, V. (2002). The Importance of Pilot Studies. *Nursing Standard*, 16(40), 33-36. <https://doi.org/10.7748/ns2002.06.16.40.33.c3214>
- Wadey, R., & Evans, L. (2012). Working with injured athletes: Research and practice. In S. Hanton & S. Mellalieu (Eds.), *Professional practice in sport psychology: A review* (1st ed., pp. 91–111). Routledge. <https://doi.org/10.4324/9780203851333>
- Wagstaff, C., Sarkar, M., Davidson, C. L., & Fletcher, D. (2016). Resilience in sport: a critical review of psychological processes, sociocultural influences, and organisational dynamics. In C. R. D. Wagstaff (Ed.), *The Organisational Psychology of Sport: Key Issues and Practical Applications* (pp. 120-149). Routledge. <https://doi.org/10.4324/9781315666532>
- Walker, N. T., Thatcher, J., & Lavalley, D. (2007). Psychological responses to injury in competitive sport: a critical review. *The Journal of the Royal Society for the Promotion of Health*, 127(4), 174–180. <https://doi.org/10.1177/1466424007079494>
- Wiese-Bjornstal, D. M., Smith, A. M., Shaffer, S. M., & Morrey, M. A. (1998). An integrated model of response to sport injury: Psychological and sociological dynamics. *Journal of Applied Sport Psychology*, 10(1), 46–69. <https://doi.org/10.1080/10413209808406377>
- Wiese-Bjornstal, D. M. (2010). Psychology and socioculture affect injury risk, response, and recovery in high-intensity athletes: A consensus statement. *Scandinavian Journal of Medicine & Science in Sports*, 20(10), 103-111. <https://doi.org/10.1111/j.1600-0838.2010.01195.x>
- Williams, S., Trewartha, G., Kemp, S., & Stokes, K. (2013). A meta-analysis of injuries in senior men's professional Rugby Union. *Sports medicine (Auckland, N.Z.)*, 43(10), 1043–1055. <https://doi.org/10.1007/s40279-013-0078-1>
- Wylleman, P., & Lavalley, D. (2004). A developmental perspective on transitions faced by athletes. In M. R. Weiss (Ed.), *Developmental sport and exercise psychology: A lifespan perspective*. (pp. 503–523). Fitness Information Technology. https://books.google.ro/books/about/Developmental_Sport_and_Exercise_Psychol.html?id=9pmBAAAAMAAJ&redir_esc=y
- Zike, D. M., Kundrat, G. K., & Arvinen-Barrow, M. (2024). Transition out of sport. In M. Arvinen-Barrow & D. Clement (Eds.), *The psychology of sport injury and rehabilitation* (2nd ed, pp. 304–318). Routledge. <https://doi.org/10.4324/9781003295709>