

Exploring Elite Athletes' Experiences of Injury and Mental Health

Lauren J. Cleave¹, Rachel Arnold¹, Callum Repper², Howard Hastings², Sam Cumming²,

Alan Currie², and Lee J. Moore¹

¹University of Bath, United Kingdom

²United Kingdom Sports Institute, United Kingdom

Four out of 10 elite athletes report high, or very high psychological distress following injury. Whilst current qualitative literature has explored the experiences of injured athletes, these have been largely captured retrospectively, and as such we may not accurately capture the context and circumstances surrounding the original experience, which could affect how the phenomenon was interpreted. More specifically, the experiences of *currently injured elite athletes* are rarely captured, let alone at integral times in their careers (e.g., in the lead up to an Olympic or Paralympic games). Furthermore, it could be argued that much of the literature explores a narrow scope of the injury experience (e.g., rehabilitation or return-to-sport) rather than how an athlete's experience of injury may change over time and how this might impact their mental health. Thus, the study aimed to explore experiences of *currently injured* elite athletes immediately after injury and during their injury rehabilitation, with a particular focus on the factors contributing to their mental health. Participants were purposefully sampled from the UK Sports Institute (UKSI) intensive rehabilitation unit (IRU) after experiencing a severe injury (e.g., hip impingement, anterior cruciate ligament tear, shoulder subluxation). Semi-structured interviews ($M_{duration} = 87.30$ min; $SD = 17.43$), complimented by timelining, were conducted in-person with 20 elite athletes (11 male, 9 female; $M_{age} = 27.15$ years, $SD = 5.54$). Reflexive thematic analysis was used to generate six themes including: pragmatic thinking, physical and emotional interconnection, social support as a double-edged sword, constructing meaning beyond the athlete role, reimagining uncertainty, and perfunctory versus genuine care. Some findings within these themes were contextually informed by the timing of the injury and

subsequent outcome (e.g., ability or inability to attend the upcoming Games), and the performance status of the individual (e.g., higher versus lower performance level). For example, some athletes experienced lower mental health due to the uncertainty the injury placed on reaching their dream (i.e., competing at the Games). Other athletes with a lower performance level (e.g., podium potential or pathway) recalled understanding why their injury care may not have been prioritised due to the Games. However, this awareness did not always alleviate their psychological distress, which may have influenced whether they perceived their care as perfunctory or genuine. Overall, findings can be utilised to inform athlete-focused interventions (e.g., reducing uncertainty or helping athletes better tolerate it, encouraging pragmatic thinking) and support staff-focused interventions (e.g., providing optimal social support and demonstrating genuine care). This study provides novel insight into the experiences of athlete mental health during injury, by firstly highlighting the interplay between physical and emotional responses. Secondly, the findings extend understanding of established factors which can contribute to mental health at times of injury (e.g., social support, athletic identity) and identify novel contributors (e.g., pragmatic thinking, intolerance of uncertainty); thereby advancing the Integrated Model of Psychological Response to Sport Injury (Wiese-Bjornstal et al., 2019). Finally, the study offers practical implications for supporting athlete mental health during injury, particularly in recognising how care should be delivered in a genuinely supportive manner, rather than being perceived as perfunctory.