

Sport Psychology Consultants' Perspectives on Facilitating Sport Injury-Related Growth

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Abstract

Despite recent conceptual, methodological, and theoretical advancements on sport injury-related growth (SIRG), there is no research on sport psychology consultants' (SPCs) experiential knowledge of working with injured athletes to promote SIRG. Toward this end, this study examined SPCs' perspectives on facilitating SIRG to provide an evidence-base for professional practice. Participants were purposefully sampled (4 females, 6 males; *Mean* of 19 years' applied experience) and interviewed. Transcripts were thematically analyzed. Methodological rigor and generalizability were maximized through self-reflexivity and eliciting external reflections. Five themes were identified: *Hear the Story*, *Contextualize the Story*, *Reconstruct the Story*, *Live the Story*, and *Share the Story*. Findings offer practitioners a novel approach to working with injured athletes. Rather than focusing on returning to preinjury level of functioning, the findings illustrate how SPCs can work with injured athletes to help transform injury into an opportunity to bring about positive change.

Keywords: Adversity, Professional Practice, Storytelling, Stress, Trauma

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A growing body of research suggests that adverse events can act as catalysts for positive change (Joseph & Linley, 2008). According to Calhoun and Tedeschi (2006), positive change comprises an increased appreciation for life, more meaningful relationships, increased personal strength, a change in priorities, and/or a richer existential and spiritual awareness. Examining the application of this phenomenon in the context of sport, researchers have started to explore the potential for positive change following adversity in athletic samples (for a recent review, see Howells, Fletcher, & Sarkar, 2017). Examples of the types of adversity examined include deselection (Neely, Dunn, McHugh, & Holt, 2018); sport injury (Roy-Davis, Wadey, & Evans, 2017); performance slumps, coach conflicts, bullying, eating disorders, and sexual abuse (Tamminen, Holt, & Neely, 2016); and repeated non-selection and significant sporting failure (Sarkar, Fletcher, & Brown, 2015). While these adversities have been identified to have negative consequences, the studies also showed that adversity is not entirely debilitating; it can also bring about positive change, broadly conceptualized as *growth following adversity*. Howells et al.'s (2017) recent systematic review of the literature suggested that indicators of growth following adversity in sport can be collapsed across three categories: intrapersonal (e.g., new life philosophy, heightened resilience), interpersonal (e.g. less judgmental, increased pro-social behavior), and physical (e.g., superior performance, enhanced body awareness).

Adversity is seen as a relational state between an individual and his or her environment reflective of hardship or suffering that incorporates stressors, cognitions and affect (Howells & Fletcher, 2015). However, while some researchers have examined growth across different types of adversities (e.g., Howells & Fletcher, 2015; Tamminen et al., 2016), other investigators have focused on growth following certain traumas (e.g., Neely et al., 2018; Salim & Wadey, 2017). One such type that has been proposed to have the potential to act as a catalyst for positive change is sport

injury. Conceptualised as a context-specific form of growth following adversity, Roy-Davis et al. (2017) proposed the term *sport injury-related growth* (SIRG) to reflect the growth that can result from injury. Defined as perceived positive changes resulting from sport injury-related experiences, SIRG is conceptualized as a process rather than an outcome that can adapt over time (Roy-Davis et al., 2017). As an adaptive process, SIRG has the potential to impact on and be impacted by future adverse situations (cf. Moore, Young, Freeman, & Sarkar, 2018) such as competitive, organizational, and personal stressors experienced by athletes (Mellalieu, Neil, Hanton, & Fletcher, 2009). Specific examples of SIRG include the strengthening of supportive relationships, weakening of destructive relationships, becoming more or less independent, caring more or less about sport, and increased resilience or mental toughness (e.g., Salim, Wadey, & Diss, 2015a; Udry, Gould, Bridges, & Beck, 1997). Regardless of the direction of change, what is important according to this conceptualization is that the athlete perceives the change to be positive (Roy-Davis et al., 2017).

Building on this conceptualization, Roy-Davis et al. (2017) used grounded theory to construct the *Theory of Sport Injury-Related Growth* (T-SIRG). The authors proposed that injured athletes are more likely to experience SIRG if: (a) the injury is interpreted as a stressful experience; and (b) they have access to, and the ability to mobilize, certain resources (e.g., life experiences, emotion- and problem-focused coping styles, and social support). The stressful nature of injury and the availability of resources help facilitate SIRG through four mechanisms: meta-cognition, positive re-appraisal, positive emotions, and facilitative responses. Specifically, injured athletes who are aware of, and have control over, their own thoughts are more likely to appraise their injury as an opportunity for personal development (Roy-Davis et al., 2017). Following positive reappraisal of their injury and the circumstances surrounding it, it was hypothesized that injured athletes are more likely to experience positive emotions (e.g., hope, gratitude, interest) that promote adaptive behaviors (e.g., engaging in purposeful reflection, reciprocating acts of kindness). These positive

emotions and behaviors are proposed to ultimately lead to various interrelated dimensions of SIRG, namely psychological (e.g., resilience), social (e.g., strengthened relationships), behavioral (e.g., more pro-social behaviors), and/or physical (e.g., increase physical strength).

Although recent findings resonate with the underlying assumptions of the T-SIRG (i.e., internal resources, reappraisal and positive emotions; Powell & Myers, 2017; Salim & Wadey, 2017), one shortcoming of T-SIRG is that it is not a ‘practical’ theory (cf. Martens, 1987). Martens (1987) argued, as have others since (Keegan, Cotterill, Woolway, Appaneal, & Hutter 2017), that some of the theories driving sport psychology research are not ‘fit-for-purpose’ when it comes to applied practice and perpetuate the gap between research and practice. Martens recommended that we should seek to develop practical theories and insights that reflect the real-world of applied practice. To illustrate, the T-SIRG does not account for the factors (e.g., prior relationships with injured athletes) and processes (e.g., transactions between practitioners and injured athletes) that inform how sport psychology consultants (SPCs) can work with athletes to facilitate SIRG. These factors and processes have long been deemed vitally important to applied practice because of their potential to enhance the effectiveness, credibility, and accountability of our profession (Anderson, Knowles, & Gilbourne, 2004; Cropley, Hanton, Miles, & Niven 2010). Indeed, there have been repeated calls to ‘lift the veil’ on applied practice to, amongst other things, inform theoretical knowledge, enable SPCs to become more evidence-based, improve the training of applied practitioners, and enhance the effectiveness of SPCs professional practice (Fortin-Guichard, Boudreault, Gagnon, & Trotter, 2017; Tod, Marchant, & Andersen, 2007). Unfortunately, the ‘gap’ between theoretical knowledge and applied practice originally outlined by Martens in 1987 was suggested by Keegan et al. (2017) as remaining today. Although there are likely to be many reasons *why* this gap remains, of more critical importance is *how* to close the gap.

Keegan et al. (2017) suggested one approach to closing the research-practice gap is to examine the ‘craft’ of applied practice and use this knowledge to generate, challenge and/or refine theories and models to give them more practical value. Indeed, Martens (1987) reported: “Subjective experiences, intuition, hunches, observations based on insufficient samples, are essential parts of our knowledge base, and a healthy science must incorporate these sources of knowledge into its theories” (p. 46). Often referred to as experiential knowledge, knowledge-in-action, craft knowledge, tacit knowledge, and/or practice-based evidence (Carr, 1989; Martens, 1987; Schon, 1987), such insights and how they intertwine with theoretical explanations have received limited research attention. One SPC recently reported: “I’d like to see there being more about what practice can do to influence theory than the classic theory influencing practice” (Winters & Collins, 2015, p. 41). While some might consider the ‘craft’ of applied practice a mythical and magical process, Keegan et al. (2017) suggested: “Like any phenomenon, the processes of applied practice can be studied, described, modelled (or theorized) and evaluated” (p. 78). In the case of the T-SIRG, the experiences of SPCs who work with injured athletes could provide valuable insights to advance and refine theory development. Furthermore, their experiences could enhance the professional practice of those who seek to work with injured athletes. Perhaps surprisingly, injured athletes are often overlooked in the professional practice research literature. While several texts (e.g., Arvinen-Barrow & Walker, 2013; Brewer & Redmond, 2017), chapters (e.g., Cecil, Brandon, & Moore, 2009; Morris, Tod, & Eubank, 2017), and articles (e.g., Bennett & Lindsay, 2016; Evans, Hardy, & Fleming, 2000) provide insights into working with injured athletes, we suggest more practical theories (Martens, 1987) and theories of practice (Keegan et al., 2017) that focus on specific aspects of working with injured athletes (such as facilitating SIRG) could make a significant contribution to guiding professional practice.

The aim of this study, therefore, is to examine SPCs' perspectives on the process of facilitating SIRG with injured athletes. The rationale for this study is threefold. First, Wadey, Evans, Evans, and Mitchell (2011) reported that the psychology of sport injury literature has largely focused on negative psychological consequences and recommended future researchers should seek to provide a more balanced view of the sport injury experience. Heeding this recommendation, this study seeks to provide an understanding of SPCs' experiences of working with injured athletes and how injury can be used as a catalyst for positive change. Second, SIRG has been observed to have desirable implications for injured athletes when returning to competitive sport. For example, SIRG has been shown to lead to improved sporting performance and subjective well-being (Salim & Wadey, 2017; Wadey, Podlog, Galli, & Mellalieu, 2015). Given the increased importance being afforded to athletes' well-being (Lundqvist, 2011; Rice, Purcell, De Silva, Mawren, McGorry, & Parker, 2016), we consider this study to be timely. Finally, considering the dearth of research on SPCs' experiential knowledge of working with injured athletes, we hope this study will provide a richer and more nuanced understanding of the complexities of working with injured athletes that can contribute to evidence-based professional practice.

Method

Philosophical Beliefs

This study was underpinned by interpretivism: ontological relativism (i.e., reality is multiple, created, and mind-dependent) and epistemological constructionism (i.e., knowledge is constructed and subjective). Adopting this paradigm had several implications for all stages of the study. To align with the study's aim to provide an in-depth understanding of SPCs' perspectives on the process of facilitating SIRG, we adopted an ideographic rather than nomothetic methodological design. Rather than using methods that aim to separate the researcher from the researched (e.g., structured questionnaires), we used a method of data collection that encouraged interaction between the two

(i.e., interviews) to foster the co-construction of data with the SPCs and encourage reflection and dialogue on their applied experiences. The selection of thematic analysis (TA) was chosen based on our paradigm and research question. Braun and Clarke (2006) stated their version of TA is independent of epistemology and can be applied across a range of epistemological approaches including constructionism. On a final note, the techniques to enhance methodological rigor were chosen that aligned with our paradigm. For example, the co-authors acted as critical friends to the first author during the data analysis. Rather than striving for inter-rated reliability underpinned by a realist ontology, the aim of this technique was to encourage reflection upon, and exploration of, alternative explanations of the findings (Smith & McGannon, 2017).

Sampling and Participants

Participants were recruited using criterion-based and snowball purposeful sampling strategies (Sparkes & Smith, 2014). Two criteria were used within the criterion-based sampling. First, participants had to be an Accredited Sport and Exercise Scientist (i.e., Psychology - Scientific Support) with the British Association of Sport and Exercise Sciences (BASES) and/or a British Psychological Society (BPS) Chartered Sport and Exercise Psychologist registered with the Health and Care Professions Council (HCPC). Second, participants were required to be experienced in working with injured athletes. This criterion was achieved by using BASES and BPS directories, reviewing published literature, and participants directing us towards information rich cases (i.e., snowball sampling).

Ten individuals who met the inclusion criteria accepted our invitation to participate and provided written informed consent (4 females, 6 males; M age=41years, SD =4 years). Participants had an average of 19 years (SD =7 years ranging from 11 to 30) experience of working as a SPC. Participants reported different philosophical approaches to their professional practice, largely drawing from cognitive-behavioral and acceptance-and-commitment therapies, but also humanism

and behaviorism. Regardless of the approach taken, participants reported that taking an individualized (i.e., athlete centered) and ‘holistic’ approach (i.e., viewing them as a person rather than an athlete) underpinned their professional practice. In the interest of preserving the anonymity of the participants, we have omitted any specific information that could identify them or others they have worked with; this includes specific sports.

Procedure and Data Collection

Following procedural ethical approval from the second author’s University’s Ethics Committee, the first and second authors started a reflexive journal (i.e., introspective reflexivity) to situate their own personal identities and explore ongoing surprises and un-doings in the research process (i.e., unexpected turns in the research), with themselves ultimately becoming the site of analysis and the subject of critique (McGannon & Metz, 2010). Once the first two authors were satisfied they had situated with own personal identities, they then approached participants who met the sampling criteria and invited them to participate via email. Two SPCs did not accept our invitation to participate due to personal and professional commitments. For those that did accept, written informed consent was requested and provided. To elicit their experiences of working with injured athletes, we conducted semi-structured interviews; this method provides participants with the freedom to discuss their experiences, whilst also ensuring areas of interest pertinent to the study are discussed (Sparkes & Smith, 2014). The interview guide comprised three sections. The questions in the first section centered on the participants’ career pathway to becoming a SPC and their experiences of working with injured athletes. Questions included: “Why did you decide to become a SPC?” and “Can you please tell me about your experiences of working with injured athletes?” The second section included questions on the participants’ perspectives on SIRG and the processes that led to indicators of growth. Questions included: “Have you worked with an injured athlete who has experienced positive changes resulting from them being injured?” and “What do you believe led to

these changes?” In the closing section, the interviewer concluded the interview and invited additional insights from participants. Elaboration and clarification probes were used throughout to elicit more in-depth information and ensure understanding (Sparkes & Smith, 2014). All interviews were conducted by the second author who wrote field notes in her reflexive journal following each interview. This allowed initial codes to be explored in subsequent interviews. For example, one SPC reported that SIRG required maintenance, which was followed up in subsequent interviews.

Due to the increasing demands placed on SPCs (viz. Fletcher, Rumbold, Tester, & Coombes, 2011), only three interviews could be conducted face-to-face at a location chosen by the participants. The remaining interviews were conducted using synchronous online interviews (i.e., Skype) to fit around the participants’ busy lives. All participants reported that they had access to, were comfortable with, and regularly used this technology, which addressed many of the downsides of conducting computer mediated interviews (Sparkes & Smith, 2014). As Hanna (2012) also observed, interviewing people over Skype is cost-effective (e.g., no travelling cost), time-efficient (e.g., save time on travel), can be scheduled with ease (e.g., can be rearranged at the last minute), and enables researchers to obtain data from hard-to-research groups (e.g., those in demanding roles such as SPCs). No technological issues were experienced during the interviews. Each interview was transcribed verbatim and stored on an encrypted computer. Interview duration averaged 72 minutes (SD=11 minutes).

Data Analysis and Rigor

Thematic analysis was conducted by the first author to analyse the dataset (Braun, Clarke, & Weate, 2016). Although the second author conducted the interviews and took fieldnotes, she was unable to analyse and write up the results due to personal commitments. The process of analysis initially involved the first author immersing himself in the data (i.e., interviews and fieldnotes) by transcribing the data and reading the transcripts multiple times. Initial codes were then derived by

highlighting interesting features across the entire dataset. Data relevant to each code was subsequently collated and combined to form overarching themes, a process that involved thinking about the relationships between the codes and themes. For example, this involved exploring horizontal (i.e., themes across the dataset) and vertical (i.e., how themes develop upon one another) patterns within the dataset. To facilitate the process, visual representation (i.e., a thematic map) was used to illustrate the themes and enable the first author to think critically about how the themes related to one another both *horizontally* and *vertically* (Clarke, Hayfield, Moller, & Tischner, 2017). Themes were then reviewed in relation to the coded extracts, the story they each told, the entire data set, and the overall story the themes told about the participants' experiences in relation to the research question. This resulted in five progressive themes, from *Hear the Story*, *Contextualize the Story*, *Reconstruct the Story*, *Live the Story*, to *Share the Story*. Figure 1 provides an overview of the identified themes.

Throughout these 'steps' of analysis, the co-authors acted as critical friends to the first author to enhance the methodological rigor of the data analysis process (Smith & McGannon, 2017). This involved the first author presenting his interpretations of the data to them on a regular basis, as well as providing written summaries of the findings for evaluation. The co-authors provided a 'sounding board' to encourage reflection upon, and exploration of, alternative interpretations and explanations of the data. As part of this process of critical dialogue, the first author was required to make a defensible case that the available data supported his interpretations. The production of the final report involved ensuring the write up provided a concise, coherent, logical, non-repetitive, and thought-provoking account of the data, with vivid and compelling example extracts (Braun & Clarke, 2006). However, prior to submitting for publication, external reflections on the findings were sought to enhance the study's generalizability from two colleagues who were well versed in the growth following adversity literature (i.e., fourth and fifth authors; Smith, 2017; Wadey & Day,

2017). These reflections led to significant conceptual, theoretical, and applied insights that warranted co-authorship. For example, conversations focused on: What is and what is not SIRG? Is this process about SIRG or psychological recovery from injury more generally? How do these insights resonate with theory and research?

Results

Five themes were identified: *Hear the Story*, *Contextualize the Story*, *Reconstruct the Story*, *Live the Story*, and *Share the Story* (see Figure 1). Each theme is described with verbatim quotations to illuminate the SPCs' experiences of the process of facilitating SIRG.

Hear the Story

The first theme of facilitating growth was concerned with SPCs hearing injured athletes' stories. Within the culture of sport, SPCs reported that injured athletes perceive they have limited opportunity to tell their stories; cultural norms suppress negative storylines, coaches do not have time or the desire to listen because of competing agendas, teammates or training partners do not want to hear about injuries, and family and friends do not understand or empathize with the meaning of the injury. In contrast with storylines of positivity and strength that are welcomed and reinforced, in the early aftermath of injury the content of athletes' stories were reported to be laden with negative emotional connotations (e.g., anger, depression, dispirited, frustration, guilt, hopeless). These emotions stemmed from how injury threatened current storylines, personal identity, and their long-term hopes, dreams, and aspirations. The emotions were reported by the SPCs to be part of an unwelcomed and uncomfortable experience for athletes as they represented 'weakness'. Indeed, to 'fit in' within the environment, athletes modified their behaviors through emotional suppression and emotional labor (e.g., experiencing anxiety, but presented themselves in a confident way to 'keep up appearances') in sporting contexts or avoided confronting their emotions by mentally disengaging (e.g., isolating themselves). One participant expressed: "It's hard for them [injured

athletes]. They've got so much going on their head. But no one wants to listen, really listen. They just push it all down, try and ignore it, and pretend everything's okay." Although avoidance coping was identified as an effective short-term strategy by the SPCs, they suggested that in the long-term this strategy negatively impacted the athletes' well-being, social relationships, and ultimately their recovery. The importance of injured athletes having an emotional outlet was stressed by the participants to prevent these negative consequences. However, before they could hear their stories, they needed to create a safe and comfortable environment to enable them to be told.

While some athletes told their stories with minimal help from the SPCs, others never offloaded or struggled to disclose. The latter resulted from athletes' internalizing cultural norms, using emotional strategies (e.g., emotional labor), not having the vocabulary to articulate their feelings, and having an initial lack of rapport with the SPC. SPCs reported several strategies to help facilitate injured athletes' storytelling. First, SPCs would meet with injured athletes *outside* of the sporting environment, thereby removing the constraints it potentially imposed, or a safe place in the sporting environment where conversations could not be overheard. Second, SPCs established rapport by being genuine, non-judgmental, empathetic, disclosing of themselves and other injured athletes with whom they had worked, actively listening and being attentive, and sharing their professional philosophy. For example, one SPC reported:

In the sporting environment, it's quite hard to show how you're feeling. So, it can take a bit of time for athletes to open up. I don't push too hard at first. I let them find themselves first in the relationship with me. I want them to feel that I'm there for them and that they can say anything they want to me and it will never be judged. I want to get across that I'm here for them and that my focus is them. That they are the expert and I'm the facilitator in this process and we will work together as a team in the way that we move forward ... I show that I'm involved by actively listening, by really considering the questions that I ask in line with what

they've just said. You need the client to feel comfortable, accepted, and that you're ready to listen, and that they can say anything they need to say.

Third, SPCs gave injured athletes permission to disclose by letting them know that it is acceptable to express how they are feeling. In sport, athletes must keep up appearances and at times find it challenging to know who to trust. One SPC suggested it was important to: "Give them permission to say, yeah, this is affecting me, I feel dreadful. I've been crying by myself. It's giving them permission to show vulnerability. For the first time you're asking them to acknowledge that vulnerability to others". Fourth, SPCs helped athletes develop their emotional vocabulary and used other mediums to facilitate emotional expression. Indeed, according to one SPC: "The biggest challenge is blokes; it's developing their vocabulary to articulate their feeling states. When they describe the incident, they're good at giving you the content, but they struggle to talk about how it's impacting their feelings". SPCs reported helping by using other mediums (e.g., written diaries, expressive writing, journaling, artwork, poetry, music), as well as meaning-focused questions, questioning clients' use of metaphors, and helping them to 'fill in the blanks'. Finally, SPCs highlighted the importance of listening rather than challenging. One SPC reported:

The process of growth starts by listening, really listening. For me, the biggest thing that I can do is listen and I think it's an underused skill by sport psychologists. I think people always go, oh I need to challenge their thinking straight away. Actually, some of the time people just want to be able to vent, people want to be able to actually just talk about what's happened, because they don't necessarily have that with coaches and they find that friends and family don't really understand them. For me, the most important thing is actually just to have a listening role, to hear about their injury experience, how did it happen? Don't challenge. Don't go charging in with an intervention. Otherwise, they're just going to shut down and switch off and not want to be there. Just sit back, listen and let them offload.

324 Contextualize the Story

325 The second theme of facilitating SIRG involved contextualizing injured athletes' stories.
326 This contextual information related to the athletes': (a) sport (i.e., the cultural climate, sporting
327 social network, and where they were in their sporting cycle); (b) injury (i.e., previous injuries, and
328 understanding of injury and the rehabilitation process); (c) non-sporting social network (i.e., friends
329 and family); (d) previous experiences of adversity (e.g., sporting and non-sporting); and (e) personal
330 values, identity and beliefs (e.g., other interests). Much of this information was already known by
331 the SPCs because they had previously worked with the athletes. For the SPCs who had no prior
332 relationship with the athletes, this contextual information was identified by utilizing three strategies.
333 The first was to take a context-specific consulting approach by gaining an understanding of the
334 environment and the culture that the injured athlete operated in. The SPCs achieved this by posing
335 context-specific questions to the injured athlete, by spending time with them in their environments
336 (e.g., rehabilitation clinic, training ground, home), and talking to significant others in their social
337 network (e.g., friends, family, teammates, physiotherapist) and other SPCs who had worked within
338 these contexts. This enabled the SPCs to elucidate personal values, observe social interactions,
339 cultivate working alliances (e.g., physiotherapist), understand contextual constraints and resources,
340 and develop their contextual intelligence by garnering additional insights into their clients and their
341 environments. One SPC suggested: "You must understand the environment you're operating in. If
342 you understand the context, you can understand the athlete and the situations they'll find themselves
343 in".

344 The second strategy was to pose challenging questions that encouraged rigorous personal
345 examination. The SPCs achieved this by asking them questions such as: "What does the injury mean
346 to you?", "What does sport mean to you?", "What do you value?", "How would you describe
347 yourself?", "What does your anxiety mean?", "How do you define success in sport and life?", and

“How would you feel towards someone who you care about who had an injury?” Although some of these questions led to challenging consultations, filled with tension and awkward silences, they ultimately led the athletes to critically reflect on themselves and provided insights into their values, beliefs, identity, and experiences with adversity. Strategies that facilitated this self-reflection included getting the injured athletes to reflect between consultations, discussing reflections with their friends and family, completing validated questionnaires or specific tasks (e.g., value cards), and focusing the consultations on the person and not the athlete. One SPC reported:

I get them to reflect on who they are and what they value in life by posing challenging questions to them and giving them the freedom just to talk. I’m more confident in allowing them to do that these days rather than going immediately in with a solution; they get far more out of this process of learning about who they are. I also get them to do homework in self-reflection, because sometimes they can feel very awkward doing that in the moment. Getting them to really reflect on them as a person and the person they want to be. Addressing the whole person and not just the athlete. What’s meaningful for them and not what constitutes meaning or happiness for other people.

The third strategy involved the SPCs developing the injured athletes’ knowledge and understanding of injury and rehabilitation by sharing their own knowledge and experiences and encouraging them to pose questions to knowledgeable others (e.g., physiotherapists, nutritionists, previously injured athletes). Specifically, they reported educating injured athletes about the differences between physical and psychological recovery and that they don’t always align, that recovery is a process that changes over time, that recovery is not always a smooth process in that it has peaks and troughs, that setbacks are common-place, and that it is normal to feel the way they do. This strategy was facilitated by sharing stories of other injured athletes they had worked with, their own personal and professional experiences (i.e., ‘the good, the bad, and the ugly’ of sport

injury), and by facilitating access to other resources (e.g., journal articles, autobiographies, books, media articles, websites, music, films, poetry). The SPCs also reinforced the need for athletes to ask questions: “They spend a lot of time with physios and strength and conditioning coaches, so it’s getting them to ask questions. Do they understand the rehabilitation process? How long it’ll take? What markers do they need to hit?” This process provided the injured athlete with hope that they will recover. It also helped the injured athlete to broaden their perspective, normalize their experience and learn about how their story resembles others who have had similar experiences. One SPC reported: “It’s using stories, other people’s experiences, to normalize their experience and understand that it’s not the end of the world”.

Reconstruct the Story

This theme was concerned with reconstructing injured athletes’ storylines. However, prior to exploring *how* athletes could re-author their injury experience, the SPCs suggested it was important to consider *when* to challenge them. For some SPCs, knowing when to challenge was based on intuition and experiential knowledge, whereas for others it involved waiting for an indication that athletes were *ready* to change. These indicators functioned at intra- and inter-personal levels, and included the injured athlete accepting and acknowledging their thoughts and emotions, feeling more comfortable in themselves, talking about what they can do rather than what they can’t do, looking outwards rather than inwards, switching from past to present or future tense, initiating discussions about moving forward, talking to significant others about their injury, being open to new information and insights, and/or reaching an ‘aha’ moment. One SPC suggested: “It’s when there’s a switch from past to present or future tense. While they are dwelling on the past, I stay with them there. But, when the shift occurs, that’s when I’m comfortable to challenge them”. Another suggested:

395 It's when I perceive that they have genuinely and authentically acknowledged the effect their
396 injury has had on them, in terms of thoughts, feelings, and behaviors. Once we get to that
397 acknowledgement, that's the point where I start to think about challenging them. It's an 'aha'
398 moment. It's about helping your client to get to that 'aha' moment. That moment when their
399 reactions start to make sense; it not only legitimizes their actions, but it also provides a point
400 from which they can choose actions to move forward.

401 Once the SPC felt athletes were ready to be challenged (i.e., 'pushing them out of their
402 comfort zone', 'making them think differently', 'enabling them to see things in a different light'),
403 they asked them challenging questions and encouraged dialogue. Questions included: "So, how do
404 we move forward from here?", "What's the next chapter of your injury experience going to look
405 like?", "In a year's time, tell me where you want to be?", and "If you had a crystal ball, tell me what
406 things will look like in 6 months' time?" One SPC explained: "It's all about asking good questions.
407 Getting people out of their comfort zones. Questions have the ability to change thinking patterns
408 and behavior". Another reported: "I ask the miracle question: Imagine you go to sleep tonight and
409 wake tomorrow morning, and things are progressing, what would be the change that you see?"
410 Conversations that followed these questions helped the injured athlete to restructure their injury
411 experience. That is, not only did athletes acknowledge and accept their injury to be a threatening
412 experience or aim to control and replace their negative thoughts and feelings, but they also saw how
413 it could provide them with opportunities such as: taking a break from sport, spending time with
414 friends and/or family, spending time with their coach, observing teammates, starting a new or enjoy
415 an existing hobby or interest, working on other parts of training that wouldn't be detrimental to their
416 injury, and learning about their injury and rehabilitation. While for some athletes the dialogue
417 enabled them to see the bigger picture and identify opportunities, for others the SPCs had to identify

418 opportunities for the athletes' based on information they had previously gleaned (i.e.,
419 *Contextualizing the Story*). One SPC suggested:

420 It's part of my philosophy that I won't give them the answers. That's my gold standard. We'd
421 work together to help them develop the answers themselves. But it's not always that easy
422 and straightforward. You've got limited time to work with these injured athletes and at the
423 end of the session there needs to be an outcome. And while I try to facilitate this process, by
424 asking different questions, giving the player different scenarios to try and challenge their
425 thinking, sometimes we have to give them answers. We have to give them options based on
426 what I know of them and their environment.

427 During these discussions however, SPCs suggested that it was important not to explicitly
428 mention or prescribe SIRG as a recovery 'outcome' and to be careful about the language they used.
429 They recommended avoiding suggestions such as of there may be a 'silver-lining' or 'what doesn't
430 kill you will make you stronger'; it was felt that openly talking about growth would place additional
431 pressures on the athletes. The process to growth was thought to be as something that should be
432 facilitated through careful consideration of the antecedents of SIRG. One SPC reported: "If an
433 injured athlete is devastated and you come along all happy, like, we can make you stronger than you
434 were before, then they're likely to shut down. For them, it'll seem so impossible early on". Another
435 suggested:

436 We need to be careful of pushing this whole growth idea. It's something that we are seeing
437 in the media now, in terms of you must overcome adversity. It can place real pressures on
438 injured athletes. Not only do they have to deal with all the turmoil of being injured, but now
439 they must come back stronger. And from my experience that pressure really doesn't help.
440 That pressure just adds to everything else that an injured athlete is going through. Yes, think

about what can be put in place early on that could lead to growth, but don't start prescribing it or forcing it on injured athletes. There shouldn't be an expectation of growth.

Once the injured athletes and SPC had identified opportunities, the next challenge was to facilitate the athlete's decision about how best to invest their time. One SPC suggested, "The first rule is you can't get people to do stuff they don't want to do. So, you've got to get to where they are and be led by them". The SPCs felt the most effective approach was to be led by the injured athletes' core values (e.g., sport, friends, family, gratitude, compassion, creativity, curiosity, kindness, compassion) and what made them feel good (e.g., inspired, interested, hopeful, optimistic, uplifted). For example, if an athlete's core values are sport and their body, possible actions include investing time working on other aspects of their game or event, spending time observing training and competition, learning and refining psychological skills, helping other sport science staff (e.g., notational analysis), and spending time working on their strength and conditioning. If core values involve friends and family, then possible actions include spending quality time with them and engaging in mutual hobbies and interests. One SPC reported:

At this stage, you see their true colors shining through. What do they value? How would they most like to spend their time? Is it being around their teammates? Is it developing life experiences outside of sport? Who's important to them? I work a lot with junior athletes and I think they miss out on 'normal' stuff by focusing on sport too much. Conversations I have with them include that this is a chance for them to try something else. To build their 'experience-bank' a little. To spend time with their friends and family. Athletes are more than athletes; they're people. And when they're injured, it's a golden opportunity. They can do 'normal' stuff now.

Live the Story

464 This theme was concerned with encouraging injured athletes to act on the opportunities
465 available to them and noticing indicators of SIRG. However, before the SPCs could help to initiate
466 action, they or others needed to give them a friendly nudge to do so. One SPC said: “You can lead
467 a horse to water, but they won’t drink, unless you give them a little nudge”. Another suggested:

468 It’s not as straightforward as it may seem. Go on then, off you go. No, it’s more complex
469 than that. Some athletes need permission to do anything, especially outside of sport ... It’s
470 getting the right balance between them still feeling committed to sport but also taking the
471 opportunity to look after and expand themselves. You’ve got to remember that many athletes
472 only ‘eat, sleep, and train’, repeat. They feel guilty if they are not training or away from the
473 team. So, I might have to negotiate with the coaches on the athlete’s behalf. Confidentiality
474 in mind, of course ... I often put it to coaches that having a break from sport or doing
475 something different is likely to benefit the athlete. Most of them get it. Sometimes, the athlete
476 might also need permission from me. “It’s okay”, I say. “It’s okay to do something outside
477 of sport”. It can take them a while to get their heads around it.

478 Following this, SPCs reported working with the athletes to initiate action, which involved
479 asking questions, friendly nudges, positive encouragement, reminding them of their why (e.g., how
480 it aligns with their values), social networking with them and on their behalf to open lines of
481 communication, raising awareness of the resources in their environment, and goal-setting. One SPC
482 suggested, “It’s about putting pathways or lines of communication in place to support them. Have
483 you spoken to so and so? Who can help you with that?” Another reported:

484 Once they’ve decided on something constructive to do, I normally think about who I can link
485 them up with ... For example, we’ve got a player welfare officer at our club and they’re there
486 to ensure players have some vocational training or sampling work experience opportunities.
487 If the injured player is interested in broadening their horizons by exploring careers alongside

or after sport, I would try and set up them to have a chat with them. Also, in pro sport if you're injured, you do commercial duty. So, they get them in the hospitality boxes before, during, and after games. Normally, they don't want to do it. But, I try and flip it by encouraging them to make links with local businesses. Meet lots of people, build their networks, and see what interests them.

Once action was initiated, SPCs reported the importance of monitoring indicators of growth by encouraging the injured athletes to keep an audit trail of their experiences. Strategies included getting the athlete to use a diary, engage in reflective practice, create a 'board' or 'poster' of everything they'd achieved while they'd been injured, keeping specific documentary information (e.g., pictures, certificates of achievement, copies of gratitude letters), and the SPCs taking notes of indicators of growth. One SPC reported: "Yeah, I keep a file of each athlete I work with. Not only for their issues, but also their turning points, achievements, signs of progress and that, so I can refer to them at a later date". Another suggested:

I always encourage injured athletes to keep diaries of their experiences. One for rehabilitation and one for everything else. Otherwise, it's so easy to forget, and if you do forget the lessons learnt along the way, you won't develop new ways of learning in the future. It's a great reminder for them.

The final feature of this theme was the importance of recognizing, but not labelling SIRG as such. Here, the SPCs reported keeping an eye out for indicators of growth in athletes' language and behaviors, with examples including: (a) seeing them approach other injured athletes to talk about their experiences and/or listen to theirs, (b) hearing about improvements in their strength and conditioning from others (e.g., physiotherapist, strength and conditioning coach), (c) seeing them spend more or less time with certain individuals (e.g., friends and family), (d) hearing them answer their own questions and have a better understanding of the way they think and feel, (e) identifying

differences in the way they spent their free time, and (f) being more articulate in how they described their day-to-day experiences. SPCs would either acknowledge the changes to themselves or the injured athletes, by noting it down and / or raising their awareness. One SPC suggested: “When I see a change in behavior or a way of thinking, I note it down. Other times, I might raise it with them to spark conversation. You know, ‘Great to see you spending more time with so and so’. Yet, despite observing key indicators, to avoid causing the athletes’ any discomfort from either introducing the term or doing so prematurely, they would not label it as growth. One SPC reported: “You need to be careful here. With injury, things can change on a daily or even an hourly basis. So, although something may look like growth, in an hour’s time, things might have completely changed”.

Share the Story

The last of the five themes was concerned with labeling experiences as SIRG and sharing stories of growth. The SPCs suggested growth in injured athletes they had worked with included: (a) increased resilience and ability to cope with adversity, (b) improved tactical awareness, (c) increased prosocial behaviors, (d) acceptance of vulnerabilities, (e) more meaning and purpose in sport and life, (f) more or less physical strength, (g) training smarter rather than harder, (h) greater or less independence, and (i) more authentic and greater understanding of self. Regarding less physical strength, one SPC reported: “Before he trained for aesthetic reasons; to look good according to society. But this didn’t enhance his performance or lessen injury risk. He learned this the hard way. Now he knows sometimes doing less and training smarter is better.” Another SPC explained how one injured athlete became more authentic:

Yes, I’ve seen growth. I’ve seen athletes change from being injured. I remember one athlete I worked with, he learned a lot about himself during that period of time. I’d known him for quite some time and he always thought he was quite a positive character. He thought he was happy. He thought he loved his life and he was doing exactly what he wanted to do. But,

536 deep down, that was just a mask. He was presenting himself in a way that wasn't true. I spent
537 a long time working with him through his injury experience, in terms of helping him to
538 understand who he actually was as an individual. He became more authentic. More genuine.
539 More him.

540 Once identified, although some SPCs labeled it as growth, some used other terms (e.g.,
541 greater meaning or purpose, next chapter or ongoing journey). However, SPCs suggested many
542 injured athletes they had worked with are unaware they have experienced SIRG. As a result, SPCs
543 suggested that it was important to share stories of growth. That is, SPCs either shared their
544 observations with the injured athletes, helped injured athletes to reflect and share their own stories
545 with the SPCs, encouraged injured athletes to share their stories with others, or SPCs shared the
546 injured athletes' stories with others. For example, SPCs reported asking reflexive questions during
547 consultations or getting injured athletes to further reflect on their experiences between consultations.
548 One SPC suggested:

549 I get athletes to reflect. Reflect on who they were and who they are now. I also get them to
550 do homework in self-reflection. I get them to reflect on what they've learned from this
551 process and how they have grown. I remember one client saying, "I don't think I've gained
552 anything". But I know they have. I've seen it with my own eyes. Some say, "I've never
553 thought about it like that. No one's ever asked me that question before". And that surprises
554 me. It's so important that they look back and take stock ... If they can't, I tell them. I remind
555 them of how they have dealt with this significant adversity and that they should be proud of
556 what they've achieved. And to use it to cope with future adversity that will experience
557 moving forwards. It's about understanding. Helping that client to understand adversity and
558 how lessons learnt from one situation can be applied to another.

Despite labeling SIRG and sharing stories of it, the SPCs reported four caveats to this phase: (a) injured athletes can still be struggling despite experiencing growth, (b) growth takes time, (c) growth is not inevitable, and (d) growth requires maintenance. For example, one SPC suggested how injured athletes might still be struggling emotionally at the same time as experiencing growth:

When I see someone who I think has experienced growth, there is a celebration to be had there. It's so important to recognize growth experiences. But it's also important to recognize that even though they've gone through growth experiences, they can still be struggling at the same time. For me, that's really important because everyone can be like, "Yay, you've experienced growth, that's fantastic, you've come back stronger". But actually you've still to keep the door open to talk about difficulties.

In terms of growth taking time, one SPC reported: "Athletes might not experience growth straightaway or when they go back to sport. Sometimes it can take months. It may not be until they experience their next adversity". It was also felt important to acknowledge that SIRG is not inevitable; even if you do everything 'right', there is still no guarantee of SIRG. Finally, the SPCs spoke about growth requiring maintenance and using certain strategies to promote it (e.g., diaries, reflection, recap sessions, symbolic pictures). One SPC explained:

It's really important to maintain growth and that's the hardest thing. Because what we want is for people to constantly be in that state of growth; better than what they were before they were injured. Rather than falling back into, yeah, I've gone back into my old strategies, my old routine and ways of thinking. I think people have to work at it ... One of the best ways of doing it is having some kind of reminders. Keeping a diary or having a symbolic picture. Something they'll see every day. Reflection is a good one too. Continual reflection. Reflection is an important skill to learn. It's not dwelling and ruminating on past injury experiences. It's reflecting on mastery experiences.

Discussion

The aim of this study was to examine the perceptions of SPCs on the process of facilitating SIRG. Five themes were identified. The first theme, *Hear the Story*, concerned the challenges and importance of SPCs hearing injured athletes' stories. Consistent with previous research (Salim, Wadey, & Diss, 2015b), SPCs reported the challenges of athletes' telling their stories by internalizing cultural norms and using emotion regulation strategies (e.g., emotional labor). To overcome these barriers, SPCs reported using a variety of mediums to enable athletes to express themselves (e.g., poetry, artwork, expressive writing, and unpicking metaphors). These forms of expression represent unfamiliar terrains for sport injury and offer exciting avenues for future professional practice research (cf. Lindsay, Thomas, & Douglas, 2010). After hearing injured athletes' stories, the SPCs highlighted the importance of having a detailed understanding of personal and situational factors that can help to inform subsequent action (i.e., *Contextualize the Story*). This resonates with the integrated model of response to sport injury (Wiese-Bjornstal, Smith, Shaffer, & Morrey, 1998) and multilevel level model of sport injury (Wadey, Day, Cavallerio, & Martinelli, 2018), both of which consider athlete characteristics (e.g., beliefs, values, attitudes) alongside the broader social-cultural-organizational environments that they function within. In addition, the theme highlighted the importance of SPCs developing their contextual intelligence when working with injured athletes (Brown, Gould, & Foster, 2005).

The third theme, *Reconstruct the Story*, involves SPCs facilitating injured athletes re-authoring of their perspectives through a Socratic approach (Corlett, 1996). From an applied perspective, this theme significantly extends research on the efficacy of injured athletes' use of psychological skills and strategies, adopting what Corlett (1996) labeled as a sophist technique driven approach. Examples include goal-setting (Evans & Hardy, 2002), imagery (Hare, Evans, & Callow, 2008), and relaxation (Cupal & Brewer, 2001). Interestingly, the SPCs in the current study

afforded limited attention to these psychological skills to foster SIRG. Rather, the SPCs focused more on injured athletes improving their knowledge of self, adopting what Corlett (1996) labeled as a Socratic approach, one that is concerned with rigorous personal examination. Contrasting these two approaches in applied sport psychology, Corlett (1996) argued, “During their busy and narrow sport careers, athletes have had ample experience developing mental skills, including the attentional focus that self-awareness demands, but they have not always had parallel experiences developing knowledge of self” (p. 87). Interestingly, Wadey and Hanton’s (2014) review of the sport injury literature illustrated that psychological skill use is an effective approach in facilitating a resilient recovery process (i.e., expediting one’s return to preinjury level of functioning). However, the current findings suggest that a Socratic approach may be more aligned to a growth recovery process. Comparing these two recovery processes (and others) and how Socratic and Sophist approaches could complement one another awaits future research. For now, it would be inappropriate to suggest that one recovery process is superior to another. What is important to acknowledge is that there are different pathways to recovery, the efficacy of which is likely to be dictated by athletes’ personal and situational factors (viz. Wadey et al., 2018; Wiese-Bjornstal et al., 1998).

In the fourth theme, *Live the Story*, SPCs reported the importance of mobilizing athletes’ behavior by using a variety of strategies including social networking (Bianco & Eklund, 2001), nudges (Thaler & Sunstein, 2009) and reminding the injured athletes of their why (i.e., how their actions align with their values). However, the importance of SPCs monitoring and noting indicators of SIRG when working with injured athletes, but not labeling it as such was particularly salient. Participants reported being particularly concerned about labelling SIRG prematurely in case it did not reflect genuine growth (cf. Howells & Fletcher, 2015). This finding resonates with Calhoun and Tedeschi’s (1999) recommendations for facilitating posttraumatic growth in clinical populations: “Acknowledge and reinforce the experience of growth when it is articulated by the client, but not

prematurely” (p. 64). The final theme, *Share the Story*, was concerned with labelling SIRG and sharing stories of growth. Many of the examples the SPCs provided of SIRG resonates with previous research into features of adversarial growth, such as increased resilience, more prosocial behaviors, and increased strength and conditioning (Roy-Davis et al., 2017; Salim & Wadey, 2017). One strategy used by the SPCs to identify and label SIRG, which is consistent with the notion of personal development from experiential learning, was reflective practice (Ghaye & Ghaye, 1998). It therefore appears appropriate for SPCs to encourage injured athletes to reflect on their experiences as a means of harnessing self-awareness to foster SIRG.

From a theoretical perspective, the current findings support and extend the T-SIRG (Roy-Davis et al., 2017). Consistent with previous research (Powell & Myers, 2017; Salim & Wadey, 2017), the present findings resonate with many of the assumptions underpinning the T-SIRG including the importance of certain external (e.g., physical resources and free-time) and internal factors (e.g., knowledge and prior experience), and specific underlying processes (e.g., ongoing strain, positive reappraisal, and positive emotions). However, this study also *extends* the T-SIRG by providing greater insights into the mechanisms leading to growth. To illustrate, the T-SIRG identified four mechanisms to SIRG: meta-cognition, positive re-appraisal, positive emotions, and facilitative responses. The current findings, however, also suggest the importance of injured athletes’ *accepting* rather than *controlling* their thoughts and feelings, which aligns with recent research that has observed the effectiveness of using acceptance and commitment therapy with injured athletes (DeGaetano, Wolanin, Marks, & Eastin, 2016; Mahoney & Hanrahan, 2011; Shortway, Wolanin, Block-Lerner, & Marks, 2018). The conceptualization of the meta-cognitive component of the T-SIRG, therefore, should be extended to accommodate this finding. From an applied perspective, this extension to the T-SIRG has the potential to promote a wider-variety of philosophical approaches

to consulting with injured athletes to facilitate SIRG (e.g., cognitive-behavioral theory, acceptance-and-commitment therapy).

The present findings also suggest the need to extend other mechanisms in the T-SIRG. The SPCs here reported the critical role of athletes' personal values and acting in accordance with them as a mechanism to SIRG, which resonates with research exploring authenticity (Wood, Linley, Maltby, Baliousis, & Joseph, 2008). At present, the T-SIRG proposes that only positive emotions inform subsequent facilitative behaviors. However, perhaps not surprisingly personal values provide another way of informing what injured athletes' *do* with their time during rehabilitation and recovery and potentially promote more authentic living. According to Wood et al. (2008, p. 386), "authentic living involves being true to oneself in most situations and living in accordance with one's values and beliefs." Yet, it is important to recognize that acting more authentically may result in strain for certain athletes who operate in sporting environments that impose cultural values that conflict with their own (cf. Wadey et al., 2018). Clearly, acting on these mechanisms in practice is complex and requires further enquiry.

The current findings suggest that strain can be experienced alongside SIRG. This contrasts with the proposition in the T-SIRG that ongoing strain is experienced by injured athletes on their journey to growth but that it subsides once SIRG is experienced. In contrast, the findings here suggest that SIRG and ongoing strain can be experienced simultaneously. This finding reflects the seminal work of Joseph and Linley (2008) who integrated the post-traumatic stress and post-traumatic growth literature. They reported, "It is not possible to fully understand growth following adversity without knowledge of the traumatic distress that serves as the trigger for such change" (p. 8). Therefore, future researchers and practitioners should be cognizant of the complexities of injured athletes' experiences and avoid classifying their experiences as either positive or negative.

Finally, the present findings suggest that SIRG requires maintenance. This finding, which represents an important extension of the T-SIRG, resonates with Tennen and Affleck's (2002) research on benefit reminding. In their studies of women with fibromyalgia (Affleck & Tennen, 1996; Tennen & Affleck, 1999), a chronic pain syndrome with unknown etiology, they found that on days when these women made greater efforts to remind themselves of the benefits derived from their illness, they were more likely to experience pleasurable mood regardless of pain intensity. Future research, should examine SIRG over time to elucidate the factors that facilitate and impede maintenance. It should also consider the impact benefit-reminding might have on injured athlete's ongoing experiences.

The present study has both strengths and limitations. One strength of this study is that it not only extends our applied knowledge of working with injured athletes, but it informs theoretical knowledge by extending the T-SIRG (Roy-Davis et al., 2017). In relation to limitations, this study was conducted in the United Kingdom and therefore the themes may not be representative of SPCs experiences of consulting with injured athletes in other countries and cultures. Future research, therefore, should aim to explore SIRG across different cultures to develop culturally competent practice (Weiss & Berger, 2010). Other future research avenues include continuing to examine the 'craft' of applied practice and develop and refine theories to ensure that they have practical value in terms of how to work with different athletic populations, including injured athletes (Keegan et al., 2017). One qualitative tradition that would be effective in meeting this agenda is grounded theory, which helps researchers to understand psychological and social processes (Charmaz, 2006). Another would be qualitative case studies, which are well placed to capture, describe, and analyze complexity (Stake, 2005). Using this latter qualitative tradition, we recommend that future research accounts for both the SPC and the injured athlete (and the wider multidisciplinary team) to help provide more nuanced insights into the unfolding transactions between them.

Conclusion

Sport-related injuries are widely acknowledged to be psychologically debilitating for athletes. This present study offers practitioners insight into a way of working with injured athletes to foster growth. Rather than focusing on returning injured athletes to preinjury levels of functioning, the findings here illustrate how SPCs can work with injured athletes to help them transform injury into an opportunity to bring about positive change. Underpinned by the five identified themes (Figure 1), we conclude this study with several professional practice recommendations. Hear the Story–SPCs are encouraged to enable injured athletes to tell their stories by developing their emotional vocabulary and embracing alternative mediums for emotional expression (e.g., diaries, expressive writing, artwork, poetry, music, metaphors). Contextualize the Story–SPCs should seek to contextualize injured athletes' stories by developing their contextual intelligence (e.g., spending time in the athletes' environments and talking to their social networks). Reconstruct the Story–SPCs should work with injured athletes to develop athletes' knowledge of self and identify behaviors that align with their core values. Live the Story–SPCs should mobilize injured athletes' action by utilizing various strategies (e.g., nudges, social networking) and monitoring indicators of SIRG in their language and behavior. Share the Story–SPCs should encourage injured athletes to reflect on their injury experience, label SIRG if it is genuine, and share their stories with others to raise awareness of the positive changes experienced by the athletes. That said, SPCs should be mindful that growth can take time to develop and it is not inevitable.

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