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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

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

39 A growing body of research suggests that adverse events can act as catalysts for positive
40 change (Joseph & Linley, 2008). According to Calhoun and Tedeschi (2006), positive change
41 comprises an increased appreciation for life, more meaningful relationships, increased personal
42 strength, a change in priorities, and/or a richer existential and spiritual awareness. Examining the
43 application of this phenomenon in the context of sport, researchers have started to explore the
44 potential for positive change following adversity in athletic samples (for a recent review, see
45 Howells, Fletcher, & Sarkar, 2017). Examples of the types of adversity examined include
46 deselection (Neely, Dunn, McHugh, & Holt, 2018); sport injury (Roy-Davis, Wadey, & Evans,
47 2017); performance slumps, coach conflicts, bullying, eating disorders, and sexual abuse
48 (Tamminen, Holt, & Neely, 2016); and repeated non-selection and significant sporting failure
49 (Sarkar, Fletcher, & Brown, 2015). While these adversities have been identified to have negative
50 consequences, the studies also showed that adversity is not entirely debilitating; it can also bring
51 about positive change, broadly conceptualized as *growth following adversity*. Howells et al.'s (2017)
52 recent systematic review of the literature suggested that indicators of growth following adversity in
53 sport can be collapsed across three categories: intrapersonal (e.g., new life philosophy, heightened
54 resilience), interpersonal (e.g. less judgmental, increased pro-social behavior), and physical (e.g.,
55 superior performance, enhanced body awareness).

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

62 injury. Conceptualised as a context-specific form of growth following adversity, Roy-Davis et al.
63 (2017) proposed the term *sport injury-related growth* (SIRG) to reflect the growth that can result
64 from injury. Defined as perceived positive changes resulting from sport injury-related experiences,
65 SIRG is conceptualized as a process rather than an outcome that can adapt over time (Roy-Davis et
66 al., 2017). As an adaptive process, SIRG has the potential to impact on and be impacted by future
67 adverse situations (cf. Moore, Young, Freeman, & Sarkar, 2018) such as competitive,
68 organizational, and personal stressors experienced by athletes (Mellalieu, Neil, Hanton, & Fletcher,
69 2009). Specific examples of SIRG include the strengthening of supportive relationships, weakening
70 of destructive relationships, becoming more or less independent, caring more or less about sport,
71 and increased resilience or mental toughness (e.g., Salim, Wadey, & Diss, 2015a; Udry, Gould,
72 Bridges, & Beck, 1997). Regardless of the direction of change, what is important according to this
73 conceptualization is that the athlete perceives the change to be positive (Roy-Davis et al., 2017).

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

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

89 Although recent findings resonate with the underlying assumptions of the T-SIRG (i.e.,
90 internal resources, reappraisal and positive emotions; Powell & Myers, 2017; Salim & Wadey,
91 2017), one shortcoming of T-SIRG is that it is not a ‘practical’ theory (cf. Martens, 1987). Martens
92 (1987) argued, as have others since (Keegan, Cotterill, Woolway, Appaneal, & Hutter 2017), that
93 some of the theories driving sport psychology research are not ‘fit-for-purpose’ when it comes to
94 applied practice and perpetuate the gap between research and practice. Martens recommended that
95 we should seek to develop practical theories and insights that reflect the real-world of applied
96 practice. To illustrate, the T-SIRG does not account for the factors (e.g., prior relationships with
97 injured athletes) and processes (e.g., transactions between practitioners and injured athletes) that
98 inform how sport psychology consultants (SPCs) can work with athletes to facilitate SIRG. These
99 factors and processes have long been deemed vitally important to applied practice because of their
100 potential to enhance the effectiveness, credibility, and accountability of our profession (Anderson,
101 Knowles, & Gilbourne, 2004; Cropley, Hanton, Miles, & Niven 2010). Indeed, there have been
102 repeated calls to ‘lift the veil’ on applied practice to, amongst other things, inform theoretical
103 knowledge, enable SPCs to become more evidence-based, improve the training of applied
104 practitioners, and enhance the effectiveness of SPCs professional practice (Fortin-Guichard,
105 Boudreault, Gagnon, & Trotter, 2017; Tod, Marchant, & Andersen, 2007). Unfortunately, the ‘gap’
106 between theoretical knowledge and applied practice originally outlined by Martens in 1987 was
107 suggested by Keegan et al. (2017) as remaining today. Although there are likely to be many reasons
108 *why* this gap remains, of more critical importance is *how* to close the gap.

109 Keegan et al. (2017) suggested one approach to closing the research-practice gap is to
110 examine the ‘craft’ of applied practice and use this knowledge to generate, challenge and/or refine
111 theories and models to give them more practical value. Indeed, Martens (1987) reported: “Subjective
112 experiences, intuition, hunches, observations based on insufficient samples, are essential parts of
113 our knowledge base, and a healthy science must incorporate these sources of knowledge into its
114 theories” (p. 46). Often referred to as experiential knowledge, knowledge-in-action, craft
115 knowledge, tacit knowledge, and/or practice-based evidence (Carr, 1989; Martens, 1987; Schon,
116 1987), such insights and how they intertwine with theoretical explanations have received limited
117 research attention. One SPC recently reported: “I’d like to see there being more about what practice
118 can do to influence theory than the classic theory influencing practice” (Winters & Collins, 2015, p.
119 41). While some might consider the ‘craft’ of applied practice a mythical and magical process,
120 Keegan et al. (2017) suggested: “Like any phenomenon, the processes of applied practice can be
121 studied, described, modelled (or theorized) and evaluated” (p. 78). In the case of the T-SIRG, the
122 experiences of SPCs who work with injured athletes could provide valuable insights to advance and
123 refine theory development. Furthermore, their experiences could enhance the professional practice
124 of those who seek to work with injured athletes. Perhaps surprisingly, injured athletes are often over-
125 looked in the professional practice research literature. While several texts (e.g., Arvinen-Barrow &
126 Walker, 2013; Brewer & Redmond, 2017), chapters (e.g., Cecil, Brandon, & Moore, 2009; Morris,
127 Tod, & Eubank, 2017), and articles (e.g., Bennett & Lindsay, 2016; Evans, Hardy, & Fleming, 2000)
128 provide insights into working with injured athletes, we suggest more practical theories (Martens,
129 1987) and theories of practice (Keegan et al., 2017) that focus on specific aspects of working with
130 injured athletes (such as facilitating SIRG) could make a significant contribution to guiding
131 professional practice.

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

165 **Sampling and Participants**

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

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

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

185 **Procedure and Data Collection**

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

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

210 Due to the increasing demands placed on SPCs (viz. Fletcher, Rumbold, Tester, & Coombes,
211 2011), only three interviews could be conducted face-to-face at a location chosen by the participants.
212 The remaining interviews were conducted using synchronous online interviews (i.e., Skype) to fit
213 around the participants’ busy lives. All participants reported that they had access to, were
214 comfortable with, and regularly used this technology, which addressed many of the downsides of
215 conducting computer mediated interviews (Sparkes & Smith, 2014). As Hanna (2012) also observed,
216 interviewing people over Skype is cost-effective (e.g., no travelling cost), time-efficient (e.g., save
217 time on travel), can be scheduled with ease (e.g., can be rearranged at the last minute), and enables
218 researchers to obtain data from hard-to-research groups (e.g., those in demanding roles such as
219 SPCs). No technological issues were experienced during the interviews. Each interview was
220 transcribed verbatim and stored on an encrypted computer. Interview duration averaged 72 minutes
221 (SD=11minutes).

222 **Data Analysis and Rigor**

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

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

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

252 2017). These reflections led to significant conceptual, theoretical, and applied insights that
253 warranted co-authorship. For example, conversations focused on: What is and what is not SIRG? Is
254 this process about SIRG or psychological recovery from injury more generally? How do these
255 insights resonate with theory and research?

256 **Results**

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

260 **Hear the Story**

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

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

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

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

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

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

315 The process of growth starts by listening, really listening. For me, the biggest thing that I
316 can do is listen and I think it's an underused skill by sport psychologists. I think people
317 always go, oh I need to challenge their thinking straight away. Actually, some of the time
318 people just want to be able to vent, people want to be able to actually just talk about what's
319 happened, because they don't necessarily have that with coaches and they find that friends
320 and family don't really understand them. For me, the most important thing is actually just to
321 have a listening role, to hear about their injury experience, how did it happen? Don't
322 challenge. Don't go charging in with an intervention. Otherwise, they're just going to shut
323 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

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

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

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

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

381 **Reconstruct the Story**

382 This theme was concerned with reconstructing injured athletes’ storylines. However, prior
383 to exploring *how* athletes could re-author their injury experience, the SPCs suggested it was
384 important to consider *when* to challenge them. For some SPCs, knowing when to challenge was
385 based on intuition and experiential knowledge, whereas for others it involved waiting for an
386 indication that athletes were *ready* to change. These indicators functioned at intra- and inter-personal
387 levels, and included the injured athlete accepting and acknowledging their thoughts and emotions,
388 feeling more comfortable in themselves, talking about what they can do rather than what they can’t
389 do, looking outwards rather than inwards, switching from past to present or future tense, initiating
390 discussions about moving forward, talking to significant others about their injury, being open to new
391 information and insights, and/or reaching an ‘aha’ moment. One SPC suggested: “It’s when there’s
392 a switch from past to present or future tense. While they are dwelling on the past, I stay with them
393 there. But, when the shift occurs, that’s when I’m comfortable to challenge them”. Another
394 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

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

443 Once the injured athletes and SPC had identified opportunities, the next challenge was to
444 facilitate the athlete's decision about how best to invest their time. One SPC suggested, "The first
445 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
446 and be led by them". The SPCs felt the most effective approach was to be led by the injured athletes'
447 core values (e.g., sport, friends, family, gratitude, compassion, creativity, curiosity, kindness,
448 compassion) and what made them feel good (e.g., inspired, interested, hopeful, optimistic, uplifted).
449 For example, if an athlete's core values are sport and their body, possible actions include investing
450 time working on other aspects of their game or event, spending time observing training and
451 competition, learning and refining psychological skills, helping other sport science staff (e.g.,
452 notational analysis), and spending time working on their strength and conditioning. If core values
453 involve friends and family, then possible actions include spending quality time with them and
454 engaging in mutual hobbies and interests. One SPC reported:

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

463 **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

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

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

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

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

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

521 **Share the Story**

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

532 Yes, I’ve seen growth. I’ve seen athletes change from being injured. I remember one athlete
533 I worked with, he learned a lot about himself during that period of time. I’d known him for
534 quite some time and he always thought he was quite a positive character. He thought he was
535 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.

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

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

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

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

583

Discussion

584 The aim of this study was to examine the perceptions of SPCs on the process of facilitating
585 SIRG. Five themes were identified. The first theme, *Hear the Story*, concerned the challenges and
586 importance of SPCs hearing injured athletes' stories. Consistent with previous research (Salim,
587 Wadey, & Diss, 2015b), SPCs reported the challenges of athletes' telling their stories by
588 internalizing cultural norms and using emotion regulation strategies (e.g., emotional labor). To
589 overcome these barriers, SPCs reported using a variety of mediums to enable athletes to express
590 themselves (e.g., poetry, artwork, expressive writing, and unpicking metaphors). These forms of
591 expression represent unfamiliar terrains for sport injury and offer exciting avenues for future
592 professional practice research (cf. Lindsay, Thomas, & Douglas, 2010). After hearing injured
593 athletes' stories, the SPCs highlighted the importance of having a detailed understanding of personal
594 and situational factors that can help to inform subsequent action (i.e., *Contextualize the Story*). This
595 resonates with the integrated model of response to sport injury (Wiese-Bjornstal, Smith, Shaffer, &
596 Morrey, 1998) and multilevel level model of sport injury (Wadey, Day, Cavallerio, & Martinelli,
597 2018), both of which consider athlete characteristics (e.g., beliefs, values, attitudes) alongside the
598 broader social-cultural-organizational environments that they function within. In addition, the theme
599 highlighted the importance of SPCs developing their contextual intelligence when working with
600 injured athletes (Brown, Gould, & Foster, 2005).

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

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

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

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

639 From a theoretical perspective, the current findings support and extend the T-SIRG (Roy-
640 Davis et al., 2017). Consistent with previous research (Powell & Myers, 2017; Salim & Wadey,
641 2017), the present findings resonate with many of the assumptions underpinning the T-SIRG
642 including the importance of certain external (e.g., physical resources and free-time) and internal
643 factors (e.g., knowledge and prior experience), and specific underlying processes (e.g., ongoing
644 strain, positive reappraisal, and positive emotions). However, this study also *extends* the T-SIRG by
645 providing greater insights into the mechanisms leading to growth. To illustrate, the T-SIRG
646 identified four mechanisms to SIRG: meta-cognition, positive re-appraisal, positive emotions, and
647 facilitative responses. The current findings, however, also suggest the importance of injured athletes’
648 *accepting* rather than *controlling* their thoughts and feelings, which aligns with recent research that
649 has observed the effectiveness of using acceptance and commitment therapy with injured athletes
650 (DeGaetano, Wolanin, Marks, & Eastin, 2016; Mahoney & Hanrahan, 2011; Shortway, Wolanin,
651 Block-Lerner, & Marks, 2018). The conceptualization of the meta-cognitive component of the T-
652 SIRG, therefore, should be extended to accommodate this finding. From an applied perspective, this
653 extension to the T-SIRG has the potential to promote a wider-variety of philosophical approaches

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

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

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

677 Finally, the present findings suggest that SIRG requires maintenance. This finding, which
678 represents an important extension of the T-SIRG, resonates with Tennen and Affleck's (2002)
679 research on benefit reminding. In their studies of women with fibromyalgia (Affleck & Tennen,
680 1996; Tennen & Affleck, 1999), a chronic pain syndrome with unknown etiology, they found that
681 on days when these women made greater efforts to remind themselves of the benefits derived from
682 their illness, they were more likely to experience pleasurable mood regardless of pain intensity.
683 Future research, should examine SIRG over time to elucidate the factors that facilitate and impede
684 maintenance. It should also consider the impact benefit-reminding might have on injured athlete'
685 ongoing experiences.

686 The present study has both strengths and limitations. One strength of this study is that it not
687 only extends our applied knowledge of working with injured athletes, but it informs theoretical
688 knowledge by extending the T-SIRG (Roy-Davis et al., 2017). In relation to limitations, this study
689 was conducted in the United Kingdom and therefore the themes may not be representative of SPCs
690 experiences of consulting with injured athletes in other countries and cultures. Future research,
691 therefore, should aim to explore SIRG across different cultures to develop culturally competent
692 practice (Weiss & Berger, 2010). Other future research avenues include continuing to examine the
693 'craft' of applied practice and develop and refine theories to ensure that they have practical value in
694 terms of how to work with different athletic populations, including injured athletes (Keegan et al.,
695 2017). One qualitative tradition that would be effective in meeting this agenda is grounded theory,
696 which helps researchers to understand psychological and social processes (Charmaz, 2006). Another
697 would be qualitative case studies, which are well placed to capture, describe, and analyze complexity
698 (Stake, 2005). Using this latter qualitative tradition, we recommend that future research accounts for
699 both the SPC and the injured athlete (and the wider multidisciplinary team) to help provide more
700 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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