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"You shut up and go along with it": An interpretative phenomenological study of former professional footballers' experiences of addiction.

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Abstract:

Research evidence suggests that professional players across a variety of sports may be at greater risk of developing addictions and other mental illnesses than the general population, both during and post-career. In this paper, we report findings from a larger project on the experiences of career transition in UK professional footballers that provide some insight into this. Using an Interpretative Phenomenological approach, four ex-professional footballers who were attending the Sporting Chance Clinic for help with problems concerning alcohol and gambling were interviewed in depth about their experiences. Focussing on issues the players perceived to be relevant to their addictions, the data were analysed thematically, drawing on Van Manen's phenomenological method, and individual case histories were also produced. The analysis suggested that club culture was key to understanding the players' difficulties; a harsh, unsupportive psychological environment combined with expectations of manliness resulted in a culture of silence in the face of personal difficulties. Relationships within the culture of pro-football were fraught with anxiety and distrust, leaving the players feeling unable and unwilling to disclose their problems and feeling used and unvalued by their managers. The lack of supportive relationships in their clubs also resulted in loneliness and social withdrawal for the

participants. We conclude with a number of recommendations for the governing bodies in professional football, clubs and individual players.

Introduction

In this paper, we report selected findings from a larger project on the experiences of career transition in UK professional footballers. Research evidence suggests that professional players across a variety of sports may be at greater risk of developing addictions and other mental disorders than the general population, both during and post-career. Rice *et al.* (2016) systematically reviewed sixty quantitative studies on the mental health of elite athletes in various sports, including football, in Australia, the USA and Europe. This review suggests that elite athletes are at greater risk of experiencing disorders such as anxiety and depression and are vulnerable to a wide-range of mental disorders (including substance misuse); they may also be at greater risk of suicide (Baum 2005). Gulliver *et al.*'s (2015) survey of 224 Australian elite athletes found that 46.4% were experiencing symptoms of at least one of the symptoms of mental illness assessed. Elite athletes have higher rates of alcohol consumption (eg. O'Brien *et al*. 2005, O'Brien *et al.* 2007) and knowing another athlete who uses recreational drugs is a significant predictor of own use (Dunn *et al.* 2011, Dunn and Thomas 2012) suggesting that a culture of substance misuse may readily emerge within sporting communities. However, it would seem that elite athletes may tend to 'normalise' substance misuse within their own community, since they underestimate levels of drug use in their own sport compared to other sports (Dunn and Thomas 2012). There is also evidence that mental disorders and substance abuse may occur, or continue with, retirement (Gouttebarge, Aoki and Kerkhoffs 2016). However, despite the prevalence of such problems among athletes, it seems that they are relatively unlikely to seek help for these (Watson 2005), especially from within their profession (Wardle and Gibbons 2014), though this

is arguably likely to vary by sport.

Research within sport career transition has highlighted how, in some cases, the retiring athlete can suffer severe adjustment difficulties upon leaving elite-sport (e.g. Kerr and Dacyshyn 2000, Baillie and Danish 1992, Crook and Robertson 1991, Miller and Kerr 2002) and it has been suggested that career transition out of elite sport is a multifaceted and complex phenomenon (Lavallee 2005). These transitional difficulties are seen to be particularly problematic in athletes who have been forced to disengage due to factors such as injury or de-selection (Webb *et al.* 1998). The associated psychological difficulties reported by elite-athletes during involuntary retirement can include depression, eating disorders (Blinde and Stratt 1992, Ogilvie and Howe 1982), decreased self-confidence (Sinclair and Orlick 1993), feelings of anger and/or anxiety (Alferman 2000) and substance abuse (Mihovilovic 1968, Svoboda and Vanek 1982).

Only a small amount of research exists specifically in relation to professional football. In a questionnaire study of 219 retired professional footballers in several countries, Gouttebarge, Aoki & Kerkhoffs (2016) found that 35% experienced symptoms of anxiety/depression, and that mental disorders were related to severe injuries, recently occurring life events and career dissatisfaction. Within the UK, Smith and Waddington (2011 cited in Møller *et al.* 2015) surveyed 394 members of the Professional Football Association (PFA) and found that 27% knew players who used recreational drugs; a further study conducted for the Professional Players Federation surveyed 170 male professional footballers and cricketers (Wardle and Gibbons 2014). They reported that these professional sportsmen are more likely to have a problem with

gambling than men within the general population. Mental illnesses, drug use and addictions may therefore be commonplace in professional football.

Concerns about drug and alcohol abuse in its players led the PFA to support and utilise the services of Sporting Chance Clinic (SCC). The SCC is a registered British based charity, first set up in September 2000 by former Arsenal and England football captain Tony Adams to provide a specialist addiction and recovery facility for athletes. It provides support, counselling, treatment, and aftercare to current and former professional footballers as well as sportsmen and women from other sports. Its clients suffer from addictive illnesses such as alcoholism, drug abuse, compulsive gambling and eating disorders as well as associated problems including anxiety and depression. Most of the professional footballers attending SCC are no longer playing. Gouttebarge *et al.* (2015) report that retired elite athletes may be at particularly increased risk of mental disorders. It may therefore be that issues with addiction become more prevalent or intensified once a professional footballer's playing days have ended and/or that there is a shift in attitudes towards help seeking once a player has left the game.

It seems likely that addictions of various kinds, including gambling and drug and alcohol abuse, together with associated mental illnesses, are increasing phenomena among elite sportspeople. The literature suggests that, in addition to injury, overtraining, burnout and non-sporting factors (such as low social support and recent life events) the mental illnesses reported in elite athletes may be related to unanticipated transition out of sport. However, the existing research is primarily quantitative; it tells us the likely scale of the problem but gives us little insight into the psycho-social and cultural factors that may be implicated in these. Furthermore, although

biographies and media reports allow some insight, existing academic research tells us nothing about the experience of such problems after retirement; given that sporting careers are relatively short, it is important to gain some insight into this. If we do not gain a better understanding of these experiences in order to more effectively address the issue of athletes' addictions and recognise the support that is needed, we can expect the present incidence of addictions, other mental illnesses and suicide attempts to continue or worsen. There is also the possibility that players may take legal action against clubs where their working environment and treatment can be shown to have caused or contributed to such illnesses.

The research reported here aims to contribute to our understanding of such phenomena in elite athletes by exploring in depth the experiences of a small sample of retired pro-footballers attending the SCC.

Method

The research adopted an interpretative, or hermeneutic, phenomenological framework, which is derived from the work of the philosopher Martin Heidegger. Interpretative phenomenology differs from descriptive phenomenology (for example, Giorgi 2009), which aims to gain access to the essential nature or structures of experience. The latter involves the use of 'epoche' or 'bracketing' whereby the researcher aims to set aside their own assumptions in order to see the true nature of the experience under study. However, Heidegger argued that it is not possible to study phenomena it a neutral way, since we are all (including researchers) inseparable from the world we inhabit; experience can only be interpreted and not described. Unlike descriptive phenomenology, interpretative phenomenology does not assume that the nature of experience

can be captured independently of our interpretative processes. Interpretative phenomenology studies the ways that things appear to us through consciousness and is concerned with 'a focus on people's lived experience' (Langdridge 2007, p. 4). Interpretative phenomenology does not deny the existence of a reality existing beyond our interpretations of it, but it claims that we cannot directly access this; we only have access to our interpretations. Interpretative phenomenology therefore adopts a more relativist position than its descriptive counterpart; when as researchers we gather accounts of subjective experience we acknowledge that these are not descriptions of an objective experiential reality but of experience as interpreted by our participants. This is consistent with Smith and McGannon's (2017, p. 12) view that 'realities are subjective, multiple, changing and mind-dependent.'

Interpretative phenomenology focuses on the study of 'lived experience', of phenomena as they are experienced and interpreted from the perspective of the individual. The aim of such research is to gain a detailed, rich and in-depth insight into the lived world of individuals who share some common experience. We adopted the approach of van Manen (1997), who explicitly embraces Heidegger's conception of the intertwining of our subjectivities, recommending that the researcher aims to achieve a 'fusion of horizons' with their participants. Here, the researcher's past experience and interpretations are seen as an inevitable and welcome element in the co-construction of meaning between researcher and participant.

In order to gain an in-depth understanding of the experiences of each participant, it was important to adopt a methodology that targeted their subjective world and facilitated a rich or 'thick' description of this. The aim was not only to record the players' perceptions of their lives

as pro-footballers but to capture the subjective qualities of the experience itself, its emotional resonance and psycho-social meaning.

Such a phenomenological approach therefore requires a qualitative method of data collection. Van Manen recommends either semi-structured or unstructured interviews as methods of data collection for interpretative phenomenology. Semi-structured interviews are a popular qualitative method adopted within interpretative phenomenological work; they have previously been used successfully when studying career transition within elite sport (e.g. Carless and Douglas 2009, Kerr and Dacyshyn, 2000) and within professional football (e.g. Roderick 2006). We wanted to explore participants' lived experiences in relation to transition out of the professional game, including their expectations of life as a pro-footballer, its perceived demands upon them, and their experiences of help-seeking for problems. A semi-structured interview design was therefore adopted, allowing for focus on such issues while remaining flexible in attending to other issues important to participants. The interview questions included topics that were regarded as potentially significant because they had emerged as key concerns during an earlier stage of the research project involving focus group interviews with a sample of players facing the possibility of transition out of the game [author details withheld for peer review purposes] and were also informed by the first author's existing understanding of the culture of professional football as both a former pro-footballer and as a client at SCC. The first author, who carried out the interviews, was himself a former professional footballer with experiences of addiction both during and after his sporting career.

Rigour and trustworthiness of the research

Smith and McGannon (2017) caution against the mechanical application of universal quality criteria in qualitative research since this may lead to a narrow interpretation of what constitutes good research. They note that, within sport and exercise psychology, researchers report that they applied a selected number from the eight criteria proposed as universal by Tracy (2010), and recommend that researchers should adopt and demonstrate quality criteria appropriate to the particular needs of their research. We believe that the criteria of worthiness, resonance, significance, and ethics are of central importance in this research.

The research topic is worthy of investigation, since it throws light upon problems that are arguably widespread within pro-football, with opportunities to influence policy and practice through dissemination of our findings. One of our principal concerns was to gather rich data which would allow a vivid and affecting insight into the lived experience of participants. We argue that our findings afford 'resonance' with our audience through the evocative and often moving accounts of the research participants. The research makes a significant theoretical contribution to the field since it provides an understanding of the likely psycho-social processes which underpin the existing quantitative data on addiction in elite sports. It also makes a contribution methodologically by demonstrating the power of life-world existentials to enhance the richness of qualitative data. The ethical approach adopted was both situational and relational; the needs of the participants were paramount, not only with regard to any psychological distress they may have felt as a result of reflecting on painful experiences but also acknowledging their

need to tell of their experiences and to recount these to a sympathetic, understanding interviewer with first-hand knowledge of their situation.

Access and recruitment

The participants were part of a larger project on career transition in UK professional footballers and formed a sub-sample who were attending the SCC. They were attending SCC voluntarily, having initially contacted the clinic to ask for help. After assessment they were invited to attend a 28-day rehabilitation programme. None of the participants had attended SCC clinic previously. It is widely accepted that it is extremely difficult for researchers to access some populations, termed 'hard-to-reach' (see Shaghagi *et al.* 2011). Although this term was originally used to refer to populations that are geographically inaccessible, it may appropriately be used to describe those people who are in some way difficult to locate or contact, and/or who may be reluctant to come forward as research volunteers due to the sensitive nature of the topic. Professional footballers, and in particular those using services such as the SCC, may be expected to prove difficult to access. However, as an ex-professional footballer and former SCC client the first author had 'insider' status and was in an excellent position to negotiate access to potential participants and gain their trust. He was given the opportunity by a personal friend at SCC to recruit from those who were attending the clinic during the period of the research. Information sheets and invitations to participate were distributed to the five ex-players who were attending the clinic at that time, and four of these agreed to take part in the study. In general, qualitative research typically involves a relatively small number of participants and this has also been true of phenomenological research. However, within this field there has been a more recent move towards recommending very small, heterogeneous samples in order to provide rich, detailed

accounts of a shared experience without the problem of making claims about the transferability of the findings to people in rather different circumstances; larger data sets may also result in the loss of subtleties of meaning (Reid *et al.* 2005, Smith 2015). The findings from small samples can nevertheless be expected to contribute to the theoretical understanding on the broader phenemenon under study and to still allow a degree of transferability to populations sharing some of the sample's characteristics.

Participants

The four former professional players had been out of the game for between 3 and 10 years (i.e. since their last professional contract). They had all experienced difficulties during their sporting careers and post-sporting lives, including the addictive behaviours for which they were currently seeking help. To protect their identities, the participants have been given pseudonyms

Ethical issues

The research adhered to the ethical guidelines of the British Psychological Society. A particular concern, given the subject matter of the interviews and the arguably vulnerable condition of the participants (who were all currently undergoing therapy), was the possible risk of distress to them. Those with 'mental health problems' are listed as vulnerable to discomfort and distress in a recent review of research ethics policies and guidelines (Bracken-Roche *et al.* 2017). Participants were briefed prior to the interview regarding the nature of the study and their role in it, and informed that they could withdraw from the study at any time without giving a reason. It was important to ensure that participants were able to access any necessary support following the interview. After discussion with the head counsellor at the SCC it was agreed that players

would be offered the opportunity to discuss any feelings that may have arisen from the interview during their next one-to-one counselling as part of their residential programme at the clinic. The first author disclosed to participants that he had attended SCC but did not disclose the specific reasons for this, since it was feared that such disclosure might risk the interviews becoming a forum for mutual advice or counselling.

In order to address researcher safety, a pathway to on-going professional support was established for the first author prior to the interviews taking place. However, the interviews were actually beneficial for him; hearing the accounts of the participants enabled him to feel that he was not alone in his experiences.

Data collection

The participants were interviewed in a counselling room within the SCC and interviews lasted between 40 minutes and 1 hour. The interview questions were developed through considering existing literature on transition out of sporting careers as well as the first author's own experiences as an ex-professional footballer and client at SCC. vulnerable call for an 'open, accepting, empathetic, and trusting relationship between researcher and participant… when participants feel safe to express emotions and vulnerabilities that otherwise remain hidden.' Although they are writing specifically about narrative research, this value is appropriate for qualitative enquiry more generally. The first author's understanding of the culture of pro-football allowed him to be fully aware of the sensitivity of some of the issues discussed with participants and enabled him to phrase questions and prompts so as to encourage the players to elucidate their experiences further. In fact, little probing was required during the interview process, and the

players arguably felt able to talk openly about their experiences, including sensitive personal matters such as relationship breakdown and attempted suicide. This suggests that the participants felt they could safely express their experiences and that the first author's insider status enabled him to establish rapport with them.

It is important to bear in mind that the aim of the larger research project was not to specifically trace a relationship between experiences within pro football and substance misuse/addiction. Many of the interview questions were instead designed to be as 'open' as possible, for example: 'Can you tell me about the good and the not so good aspects of being a footballer?', 'Can you tell me what it was like for you when things weren't going so well?' and 'Prior to contacting Sporting Chance, how did you feel about seeking help for your problems?' Nevertheless, the questions proved to be an opportunity for participants to reflect on the experiences that, in their view, were implicated in their substance misuse/addictions. The interviews were audio recorded and later transcribed for analysis.

Analytic method

Analysis of the interview data was rigorous and exhaustive. The analysis aimed not only to identify experiences shared by the participants but to illustrate these through more idiographic means, preserving an understanding of each participant's life world. Van Manen argues that the desired 'fusion of horizons' is achieved through the 'hermeneutic circle', moving between part and whole. This means analysing the data both wholistically and in detail. However, van Manen cautions against a rule-governed approach to analysis, advising researchers to implement this hermeneutic circle in a manner appropriate to the needs of the particular research project. His

approach moves away from a mechanical application of coding. The researcher is encouraged to form a strong relationship with the phenomenon of study and to thereby enter into a personal dialogue with the data. It was felt that the first author's prior experiences in pro-football and as a client of SCC provided this strong relationship with the phenomenon under study.

Data analysis began with 'immersion' in the data by several readings of the interview transcripts. In order to achieve a wholistic appreciation of the data, 'histories' for each player were written at this stage, capturing important issues, events and emotional tone. The transcripts were then analysed in detail using line-by-line coding in an inductive thematic analysis (Braun and Clarke 2006) to identify key issues across the participants; this line-by-line inductive analysis helped to ensure that all relevant issues in the data were noted and that the past experiences of the first author did not blind him to less personally familiar experiences. Van Manen also suggests that the phenomenological 'givens' of the lifeworld may be used as a fruitful way of interrogating the meaning of themes. Additionally, the combination of different methods of qualitative analysis performed on the same data set is currently gaining support within qualitative research in psychology (Spiers 2017, Willig 2017). Therefore, in order to fully engage with the lived experiences of the participants, to capture in depth the phenomenal world they inhabited, all transcripts were analysed a second time using the four lifeworld existentials of temporality (lived time), spatiality (lived space), corporeality (lived body) and sociality (lived relationship to others) as a coding frame. The first author conducted these two analyses, and the interpretation of the data emerged through an extensive iterative process in which the other three authors acted as critical friends.

The issues identified by the thematic analysis were thus enriched by the insights gained through this use of the four lifeworld existentials. Since the aim of the interviews had not originally been to examine the experiences relating to addiction, themes specifically relating to addiction issues had not been identified in the analysis. Therefore, for the purposes of the present paper, the transcripts of the four participants attending the SCC were additionally subjected to a further line-by-line coding to explicitly draw out references to the relationship between their experiences and their current addictive and other mental problems. This analysis was carried out by the second author and subsequently checked by the first author. The themes emerging from this analysis inevitably echoed those identified through the thematic analysis of the entire data set, but are here organised and presented in a manner to best portray the experiences of this small sub-sample of participants in relation to their addiction problems.

First, we present the detailed histories of each participant to give a sense of how, in their view, they came to be experiencing the problems for which they were currently seeking help. We then present their experiences organised into three key themes: 'the culture of pro-football', 'club relationships' and 'loneliness and social isolation'.

Findings and discussion

Participant histories

Tony

Tony (43) had played well over 300 games during a successful career and he played for a time in the English Premier League. He had been out of the professional game for approximately 3 years at the time of the interview. His problems with alcohol misuse, for which he was currently

seeking help at SCC, began during his career although Tony sometimes found it difficult to acknowledge that he had a problem with alcohol. It wasn't clear whether Tony's depression and alcohol misuse was seen as dual-diagnosis by SCC, but his interview suggested that his depression had contributed to his alcohol misuse. His problems had begun while he was still playing, as a result of life events that he had felt unable to cope with and the decline in his career. At the time of the interview he was in his early forties and had enjoyed a long career. After being rejected as a player at 18 he had worked on a building site and then at 21 was signed to a team; he was determined that he would not be rejected a second time. He described himself as having been very focussed on his game, training exceptionally hard. It meant everything to him: "I lived and breathed it, I even ate it…" He made his name as a good goal-scorer. After scoring an important goal towards the end of his career he decided to stay in the game for a further year, which he regretted in retrospect. He stopped being selected for the team and moved to another, less prestigious, club. However, he wasn't enjoying playing any more; it had become "a chore." His game began to deteriorate and with the now negative responses from the spectators he began to feel depressed. He had developed relationship issues and felt he was continuing to play in order to 'block out' his problems, and someone close to him had died. These experiences led to him going "down the slippery slope" and he eventually made several attempts on his own life. He had come from a poor background as a young lad and risen to enjoy a good deal of admiration at the height of his career, receiving adulation that he could barely believe, and now he felt that he had descended to a point where he was questioning his own abilities and felt "this can't be happening to me". Since voluntarily retiring from pro-football, Tony found it difficult to cope with the lack of structure and focus in his daily life but at the time of the interview was back working on the building site "just to fucking do something during the day."

Keith

Keith (33) had played just under 100 games, across a career that spanned nearly half a decade, and he played for a time at Championship level in English Football. At the time of the interview, Keith had been out of the professional game for approximately 10 years. He retired early, after sustaining an injury. He was receiving help at SCC for gambling and alcohol problems, which began during his playing career and continued after his retirement as part of his difficulty in dealing with the loss of his career. Keith began his career as a 16-year-old. He left his home in Ireland and was given lodgings, and was often lonely and homesick. He felt that his club was only interested in his performance as a player, and that he was a 'manufactured person' performing his daily routines. Although he initially loved being a footballer, as he got older and took on financial responsibilities he felt under pressure. The higher his profile became, the less he enjoyed the life and he felt 'soured' by a poor relationship with his manager. Keith experienced pro-football as rather 'cliquey', and didn't form friendships with others in the game; he wasn't interested in being 'dressing room mates'. Keith saw many players 'go down the wrong road' of drinking after training sessions, and felt under pressure to join in with gambling activities. He also describes his friends outside of football as a 'bad influence' and the physical and mental pressures of playing in the lower leagues pushed him toward 'bad times.' Keith felt very lonely and vulnerable, with little control over his daily life in the game, and as he got older he turned more to gambling and drinking to 'blot out' his emotions. Keith felt there was no understanding of the 'drinking culture' in pro-football and that help-seeking was 'taboo', unless it was for a physical injury; he tried to keep up a pretence that all was ok, but felt that he was

likely to develop 'serious mental problems'. Keith suffered an injury which led to his retirement from the game with 18 months left on his contract; he felt ignored and unappreciated by his manager, leaving him feeling bitter.

Frank

Frank (27) had played over 50 games during his career. When the interview took place, Frank had been out of the professional game for 7 years after being deselected, but was still playing part-time at a non-league level. His problems with gambling began during his career and were related to depression. Like Tony, it wasn't clear whether Keith's depression and gambling problems constituted a dual-diagnosis or whether his gambling problems had contributed to his depression. Frank's problems began while he was still playing. As a young man, he felt 'special' being a pro-footballer. It was exciting and it gave him self-belief. But at the time of the interview he said 'it's a job at the end of the day'. He felt the pressure of performance expectations on him and felt the need to cover up the problems he was beginning to experience in case his manager took him out of the team, resulting in a loss of wages. Frank found it difficult to cope with the amount of free time he had; once he left the company of his team mates after training he felt he had time on his hands and that it was 'lonely place' to be, since people in other walks of life were still at work at that time of day. This sense of loneliness and aimlessness led to depression and gambling. He was reluctant to speak about his problems and tried to conceal them as he was worried about being seen as 'mentally weak', and there was no-one at his club he felt he could legitimately turn to for help. His performance inevitably suffered and he began to worry about the negative things he imagined the other team members were thinking and saying about him, losing his self-belief. This led him to isolate himself from them even more and console himself

with more gambling. He felt angry at the lack of help available from his club and this led him to isolate himself even more, as he was afraid that he would be unable to stop his anger from coming through in his relations with others. Despite his efforts to 'paper over things' his problems became so severe that he felt he had no alternative but to seek help.

James

James (24) had played just under 50 games during his career, some of these in League one in English football. At the time of the interview James had been retired from the professional game for 5 years, after being deselected, but was still playing in a semi-professional capacity. He was seeking help at SCC for gambling problems. His gambling had been part of his life for several years, though he had only recognized it as a problem for about the last two years. Becoming a pro-footballer was his childhood dream, but the reality of life in the game was of more hard work than enjoyment- it had become just 'a job'. James spoke about the pressures of the expectations that pro-footballers are subject to, from managers and fans, the expectation that they will play well and to be almost 'superhuman'. Looking back, James feels that these pressures were part of the reason why he started gambling, as a form of escape. James enjoyed the camaraderie of his team-mates, but when his performance was not going so well he felt the approval and friendliness within the club fall away. He felt treated like a 'faulty machine'. As things deteriorated, James became frustrated, realizing that he was not fulfilling his potential as a player. But the need to present himself as someone who is strong and able to rise to the challenge meant that he felt he had to keep up a 'front', which was itself psychologically draining. He didn't want to speak about his problems for fear of what others would think of him, despite the fact that his family saw him as having a gambling problem and encouraged him to seek help. His

reticence to seek help was partly due to a fear that he would be seen as a 'weak link' in the team and as unmanly; men don't talk about their problems and they should be able to manage without help from others. His problem became so severe that it outweighed his fears about admitting he needed help.

Themes

Three themes emerged from the analysis of the interviews, representing the key issues raised by the participants and drawing on their accounts to illustrate the part that these experiences appeared to play, according to them, in their addictive problems. The first theme is that of the culture of pro-football. This emerged as a toxic combination of a harsh, unsupportive psychological environment and expectations of manliness resulting in a culture of silence in the face of personal difficulties. The second theme 'club relationships' illustrates how relationships within the culture of pro-football were fraught with anxiety and distrust, leaving the players feeling unable and unwilling to disclose their problems and feeling used and unvalued by their managers. The final theme is 'loneliness and social isolation' and describes how the lack of supportive relationships in their clubs resulted in loneliness and social withdrawal for the participants. For some this was exacerbated by the significant stretches of unstructured free time they had at their disposal after training sessions.

The culture of pro-football: toughness, putting on a front and being a man

The players spoke about the culture of pro-football as one that was intolerant of any sign of mental or physical weakness, a harsh environment where 'personal' problems did not belong. In many respects this was a culture of hegemonic masculinity (Connell 1987), where the players

felt a constant need to protect their status as 'real men'. They conveyed a culture of fear, where players were reluctant to reveal difficulties or to challenge unreasonable expectations as they feared this could lead to them being withdrawn from matches. Keith suggests that gambling and drinking are more than just part of the informal culture:

> There were certain things like get-togethers, we went to the dogs, we were going to the dogs one night and I said to the assistance manager at the time, he pulled me up and I said "I'm not going there". And he said "why?" and I said "because I don't want to go there, it's not a good month for me going gambling on a dog night, sorry, I'm not going." "You have to go it's club policy". "Well, you show me in my contract where it says I have to go to that event and I will go and other than that count me out."

The players felt they were expected to do as they were told and to refrain from talking about problems with the way they were treated or personal issues that could affect their game. They therefore 'bottled up' these issues and 'put on a front' to pretend that they were ok. Keith talks about how even tragedy within his family was seen as something that should not disrupt his performance;

> You shut up and go along with it and that was it, you didn't, inwardly you could be feeling terrible but, it was never dealt with, anxiety was never dealt with, anguish, personal loss, tragedies happened in the family, I lost a child, stuff like that was swept under the carpet. Saturday at 3 o'clock is what you should be thinking about.

Players were faced with difficult dilemmas in the event of personal problems, because to acknowledge these would risk being pulled from matches and losing significant amounts of pay, again reinforcing the strategy of 'putting on a front", as Frank describes:

> They don't want people who are going to be weak or if they think you're not at 100% for an issue that has gone on, you know you might have had a death in the family, or whatever it might be, you see footballers not playing that weekend even though they might want to play, the manager kind of pulls them out because they might not be in the right frame of mind and if you are not you end up putting on a front to make them believe you are in the right frame of mind because at the end of the day if you get on the pitch you are getting extra money on top of your wages with appearances, and bonuses and stuff. So, if you go to the manager and he goes 'you don't look mentally right' and you go 'yeah I'm not' well you could be out of the team for five or six games and that could cost you a lot of money.

Frank was worried about being seen as 'mentally' weak by his club and concealed the personal problems of loneliness and aimlessness that led to his depression and gambling, and for Keith 'bottling up' his emotional problems were directly linked to his drinking:

> You know drinking has never been a craving of mine, I drank to get away from the way I felt about myself, you know, I drank heavily because it blotted out an awful lot of emotions that were bottling up down in the pits of my stomach

For Tony, this need to pretend to the outside world that he was 'ok' compounded his problems with alcohol and led to several suicide attempts:

> I tried to kill myself a few times and I got to the stage where I didn't want to wake up in the morning… I was in a rut and I couldn't get out of it, and the only answer was going out on the piss because I always thought when I'm in the pub nobody will ask me questions, everybody will think everything is rosy in the garden, because you're Tony Johnstone and you've done this and done that.

Both James and Tony describe the barriers that masculinity presents in allowing players to talk about their problems and express how they feel, and Tony further explains how getting drunk was, for him, a way of managing and expressing his overwhelming emotions while still maintaining his image as a man:

> For men especially to actually show their feelings it is not a done thing…erm…and you know I, I suppose it's emphasised a bit more in the football clubs because you are surrounded by 20 other players in the changing room, erm, and if you show how you feel, you get hammered, you know, that's, that's the bottom line, you get hammered for it, so…you know people don't, they just put on this act like everything is alright… because I am a man, to have to go and ask someone, you know, in desperation to help you out is a, is a tough thing to do, so it does knock you a bit to ask for help. (James)

I could do it when I'm drunk…the lads would be like that, 'fucking hell, Tony was crying again last night pissed up', because every time I was drunk it'd rekindle things, my Dad, my wife, my football, all the negatives started coming out of me when I was drunk and it made me cry, so the lads would go 'oh he's crying again', because they were used to it, do you know what I mean and then next morning I'd be like, 'I was alright', you know what I mean, it was a man thing… because what it is, what it is, is everyone will go 'ah you soft cunt! What's up with you, you fucking poof?', it's a man thing. (Tony)

This culture of silence, 'bottling things up' and 'putting on a front' meant that the players suffered their problems for considerable periods of time, even endangering their lives; they were afraid of seeking help because of fears that they would be seen as weak and unmasculine, potentially affecting their whole career, as Frank relates:

People in football they talk and clubs are linked with other clubs and if you want to get a move, you know you are not going to get a move if one manager is saying…"we've heard that he didn't want to play last week because he is suffering with depression" or whatever, and people would laugh at that.

Club relationships: distrust and instrumentalism

The culture described above is implicated in working relationships that were at best fraught with anxiety and at worst rejecting. The players were very wary of relationships with the rest of their team, and felt recognised and valued by their team and managers only when they were performing well. For Keith and Frank there was almost a sense of paranoia about what others

may be thinking about them. They refer to the precariousness and dangers of 'dressing room' relationships with other players. Keith explains:

> See, dressing rooms are very precarious places because dressing rooms are places where friendships are won and lost...ideas about people's personalities are formed.

And for Frank, the insecurity that he felt as a result of 'dressing room talk' was instrumental in his gambling:

> I went through it for a long time…the, the little things that get said, but whatever else, I was taking bits of banter personally, laughing with the group and then going away and thinking 'fucking hell', yeah they're probably right about that, about me…and you're trying to get your own little bit at the bottom and you put everybody else above you, they're always looking down on you or whatever, or that is what it felt like, you seclude yourself away from people and you just want to be on your own really and, err, that's when I would go off and gamble and then I'd wait until the night when the casinos were open and then I'd go to the casino and, err, blow everything and then I'd feel better.

The precariousness of their friendships was linked to their own performance. The players talked about experiencing a contrast between being highly regarded by others in the game when things were going well for them as professional footballers, in contrast to a loss of regard when they were off their game:

You know, I enjoyed the sort of banter with the lads and, you know, training was good, when you are doing well it is always good but it's sort of difficult when you are not doing well…I mean, you know when you are doing well everyone wants to be your best mate, everyone like, you know, wants to be around you and do anything for you, you have a few bad games and then all of a sudden it's like, you know, you are not flavour of the month anymore, you know, you just sense it, you get a feeling that they don't, you know, they are not as interested any more because you are not giving them what they want. (James)

Like both Tony and Keith, James saw himself as valued only for when he could fulfil others' instrumental needs. For both Keith and James, this rejection was also true of their managers:

And then, then you are told by some surgeon that your career's over and then you go to sign your release papers and does the manager shake your hand? After you've broken your balls for him for eight or nine years? (Keith)

Yeah it's not a nice feeling, you know, when you walk past the manager or whatever and, you know, you are doing really well and they're like "oh, how are you?" and then when you are not doing well, you know, they'll blank you, and you like what have I, what have I done wrong sort of thing, you know it's not a nice feeling, but, err, I suppose, you know, it's just part of football. (James)

The players described feeling reduced to a machine-like status, where they felt valued only when they were 'working' well. For example, Keith and James say: 'You just come in and you are robotic, a machine to them, who's like on a production line…' (Keith); 'You know at the end of the day you are treated like a…a machine, and if you are not working properly then, you know, they are not really interested…' (James)

Loneliness and social isolation

Given the nature of culture and relationships experienced by the players, it is perhaps not surprising that they felt socially isolated. Keith and Frank each talked with great feeling about their experiences of loneliness as pro-footballers, and how these experiences were implicated in their addictive problems. Frank and Tony also tell how this loneliness can be related to the lack of structure that footballers can feel characterises their daily lives, a lack of structure that becomes even more challenging in retirement. Reflecting on this sense of loneliness, Keith looked back fondly to his childhood when football was uncomplicated fun for him:

> I think it is a lonely game, if somebody tells me different I'd like them to show me…when all these lads were young lads, or young people, they were playing in the park with like jumpers for goal posts and they were, they weren't getting paid for it and they weren't worrying about their Adidas sponsorship, or their Puma sponsorship or anything like that, they were just getting on with the game.

The sense of togetherness and easy friendship evoked by Keith's description of 'playing in the park with like jumpers for goal posts' contrasts with his experience as a young Academy player, where he felt abandoned and friendless:

> I was chucked into digs at sixteen years old. No one came to see me, no one tried to get me out at night so I wasn't lonely and crying on my fucking pillow, when I was sixteen and I wanted to go home all the time, no one wanted to do that for me, no it was just, he'd be there at half eight every morning, turns up for training does the boots, gets on the minibus goes up to the training ground, trains, cleans the training ground, back to the ground and you become this manufactured person, from 9 til half past five every day and then you go home and sit in the digs on your own and you think 'this is not what football is all about'.

As a teenager coming from his home in Ireland, Keith felt like he was just 'chucked into digs', perhaps like a sports bag is thrown into a cupboard, to be brought back out again when the equipment is required again. The distrust he felt of football cliques and 'dressing room mates' described in his history reinforced his isolation and Keith explains how, as he got older, the loneliness and vulnerability he felt, together with his sense of being used, were related to his drinking and gambling:

> I think they manipulated me as well and when I look back, the bad, my bad days came when I was lonely, I was alone and was very vulnerable and the older I got my bad days were harvested more by, I'd have a drink, or I might have a bet, betting wasn't as much

now as drinking, or I might do something stupid or I might buy something cause I could, as such, you know, but everything was on my own.

For Frank, his loneliness was related to the lack of structure he felt characterised the pro-footballer's day to day life. Outside of training sessions and matches, pro-footballers have a significant amount of free time which can be difficult for some to manage:

> You've got plenty of free time on your hands to spend with family or, you know, to do a hobby or whatever…yeah, the flipside of that…is the pressure, time on your hands, err, it's kind of lonely place really, once you leave football you don't really hang around with all the football lads constantly, when you're there you work with them, but when you leave there and go home at 1 o'clock or 2 o'clock, or whenever, everyone else is at work, so you are on your own, it's a, it's a quite a lonely time and for four hours, it's, you can get up to anything in the few hours and amuse yourself, or whatever you want to do…that's what's been the problem for me… and just, just the depression side of it once you get into that time on your hands.

Frank's account suggests that professional football was a significant source of companionship for him. His free afternoons, rather than being welcome, were experienced as disconnecting him from other people and without purpose. He saw this as key to his problems with depression and gambling. As his problems grew he became angry at the lack of support available to him, becoming more withdrawn:

You've got them thoughts going on [anger at perceived lack of help for his problems within the club] and you want, you are wanting that, it builds up and it gets you more angry and stuff because it is not happening and you just become this person of, you don't like this person and nobody else does, and the only time you feel like, you know you are kind of safe is when you are on your own, but that's the loneliest time because you don't want to be around people in case you offend them and tell them to fuck off.

Frank's self-esteem suffered ('you don't like this person and nobody else does') and he began to mistrust people, only feeling 'safe' when he was alone and could avoid those who he felt should have helped him but to whom he was unable to show his anger. His anger and isolation led him further into depression and gambling. Tony's depression and drinking problems had continued since his retirement and he spoke of feeling abandoned by former friends after leaving the game:

You know there's a lot of 'hanger-oners' and you know you buy everybody a pint and you do this you do that, when you come out of it you realise that, you can count, in life, you can count three people on your hand who, who are your mates, you know and I've worked, I've worked with a thousand footballers in twenty years and I think I have got two numbers, so when you're in the game people always want a little bit of you, 'you got a shirt?!', 'can you get us some shorts?!', 'can you get us a pair of boots?!', 'can you get us

this? can you get us that?', because you could do it, you know and then I found when I come out that the phone stops ringing.

Looking back, it seems that Tony sees his popularity as based only upon how he could be useful to people, and sees his many former relationships with other footballers as not enduring outside of the game. His lack of a social network in retirement was compounded by the lack of structure in his life:

> I had some structure in my life for twenty years and it got took away from me, because like any other footballer that's the way it happens- you get old…I thought I could handle it, I thought I could handle coming out of it. But, then I didn't know that I was deteriorating.

Referring to Tony's decision to go back to work on the building site where he had worked before his football career, the Interviewer remarks: "Probably did you good, Tony?" and Tony replies:

> It did, because I didn't go to the pub because I wasn't bored…it got to the stage where I was like 'fuck it! I'll go out, I'm bored, bored', but I'd still go to the gym in the morning and then it would get to like one o'clock and I'd be like 'fuck!' and my missus would say 'why don't just sit and watch telly?' and I'd be like 'I'm bored', not go out and get drunk, but I'm bored and I was bored, I needed a fucking structure in my life.

Tony vividly portrays how his boredom and the lack of structure in his daily life was significant in understanding his drinking problem.

The culture of pro-football, as experienced by the players we interviewed, is a physically and mentally harsh environment, a culture where toughness and resilience are expected. It is within the context of this toxic culture, fear of others' talking about them and social isolation that the players must also deal with the great pressures of expectation placed upon them as pro-footballers. They talked a good deal about the pressure to constantly perform to a high standard and to fulfil the expectations upon them, for example James says:

> There's a lot of pressure in football, erm, you know, you're expected to act a certain way and…erm…you know, be a certain, sort of, type of person…erm…you know, you are always expected to play well…erm…which is not always easy you can't do that every week…erm…the pressure side of it is the most difficult part I suppose, because you have got a lot of expectations on your shoulders from everyone.

They spoke bitterly of feelings of abandonment and rejection after retirement, and described feeling as if they were regarded as machines, valued only when they were 'working' well. The culture they experienced is one where vulnerability and personal problems cannot be revealed, both through fear (both of being seen as unmanly and of damaging their career) and by virtue of there being no support infrastructure available to them. Frank explains: Once you feel yourself going there's no one really at, at the club that can pick you back up again, they don't have people

like psychologists, the big clubs probably do, I don't know' and Keith contrasts the level of provision of football-related facilities with the lack of support for personal problems:

> There was a nice training ground, you know, all the best kit, bibs, the whole lot, no facility there to be able to turn up and say hold on, "I'm having a shitty day!" or "I'm having a shitty week", or "problems at home".

The players feared not only being seen as weak and unmanly but also losing ground in their careers as a result. Consequently they 'put on a front', pretending that they were not in difficulties, dropping this pretence and seeking help only when they reached crisis point. They often spoke wistfully of their childhood dreams of becoming a pro-footballer, but described the actuality of this as 'just a job' or even 'a chore', once again marking with sadness the difference between the dream they had eagerly anticipated and the harsh reality of their experience: 'It had become a job rather than what, you know, what I'd dreamed of being as a kid" (James); 'At the start it was great, fantastic, great novelty value, but I suppose as time goes on you get a bit older it becomes more of a job and a lot more pressure' (Keith) and 'It was a chore, it was a chore…it was enjoyment before… I didn't class, you see I didn't class it as work, I didn't class it as a job, I classed it as "I'm playing football"' (Tony).

Discussion

The analysis from this group of participants, who were acting at the top level of their professional sport, offers us insight into a world that is typically hard to access. The openness and apparent 'rawness' of participants' accounts in this study is undoubtedly a strength due to

the first author being able to 'connect' with the participants, since he had been in the same position as the participants as both a professional footballer and having dealt with the challenges of addiction.

The findings provided vivid accounts that were rich in both emotional and psychological resonance. Through the analytic process the three themes of the culture of football, club relationships and loneliness and social isolation were evident in all four of the participants' accounts. The key issues included how addictions became a way of coping with and a response to the emotional demands of a professional footballing career. The players appeared to blame these addictions, at least in part, on the physical and psycho-social demands of their lives as pro-footballers. In the case of three of the participants (James, Keith and Frank), whose retirement was brought about through injury or deselection, it is possible that the non-voluntary circumstances of their transition out of elite sport also played a part in their problems.

Our research also provides some understanding of why players are reluctant to seek help for their problems. The stigma attached to mental distress and to help-seeking was apparent in our data, with the players fearing that disclosure would harm their careers. The risk of stigmatisation is arguably particularly great for men working in masculinised cultures such as sport, and this was a prominent finding in our research. Hegemonic masculinity (Connell 1987) refers to a prescriptive array of behaviours and dispositions that men in a particular culture can feel required to display in order to be regarded by others (especially other men) as 'real men'. Masculinity in relation to sport has received a good deal of attention from researchers in the past, and it seems likely that the foundations of the association between sport and certain forms of masculinity may

be laid down during boys' school lives (Messner 1990). Such masculinity includes men's reluctance to disclose personal problems, particularly to those in their professional sporting environment (Lilleaas 2010), as illustrated by our participants.

Whilst previous research has established that addictive behaviours are more prevalent in elite sports, and has linked elite sports to mental illness (Rice *et al.* 2016, Wardle and Gibbons 2014), our findings provide an original and rich insight into some of the psycho-social factors operating behind these statistics; we now understand a little more about why these problems may be developing and therefore what interventions may be needed to address them. It seems likely, given their accounts, that many more players have similar experiences but do not talk about these for the reasons outlined above. Furthermore, given the existing evidence for similar problems in other sports and in other countries, our research findings are likely to have wider significance.

Loneliness and social isolation appeared to be significant in participants' addictive problems and associated mental disorders. There is considerable research evidence that perceived social isolation and feelings of loneliness can significantly and negatively affect psychological well-being, causing anxiety and depression (Rohde *et al.* 2016, Cacioppo *et al.* 2006a, Cacioppo e*t al.* 2010) and loneliness is associated with suicide (Goldsmith *et al.* 2002). Longitudinal research also indicates that loneliness predicts increased morbity and early death (Holt-Lunstad *et al.* 2015, Shiovitz-Ezra and Ayalon 2010). Although much of the research on loneliness and social isolation has been carried out with older people, the processes underlying the association between these and morbidity and mortality may plausibly be generalised to other populations. Cohen (2004) argues that social isolation may be a stressor in its own right, increasing negative

emotions and a sense of loneliness which in turn may increase neuroendocrine and cardiovascular responses and suppress immune function.

Furthermore, lonely individuals perceive the social world as a more threatening place and set up a cycle of behaviours and interactions that creates a self-fulfilling prophecy through which they become further estranged from others (Newall *et al.* 2009), accompanied by feelings of hostility, stress, pessimism, anxiety, and low self-esteem (Cacioppo *et al.* 2006b); there is also evidence that the perceived availability of social support moderates the effect of stress on psychological distress, depression, and anxiety (Kawachi and Berkman 2001).

Experiences reported by our participants vividly illustrate the psychological processes outlined above and suggest that the feelings of loneliness and social isolation that can be a feature of the pro-footballer's life, especially when they begin to develop psycho-social difficulties, should be taken very seriously. Previous research has identified perceptions of inadequate mental health support in pro-footballers (Gouttebarge and Aoki 2014). The absence of perceived sources of support within their club, combined with anxieties about the possible consequences of revealing their problems, arguably meant that the players in our research remained locked within a destructive psychological cycle.

It is likely that the aetiology of the participants' problems with alcohol, drugs and gambling was complex. As one might expect, the factors contributing to their increasing dependence upon these substances and activities included, but were not confined to, their experiences within professional football. Nevertheless, reaching an understanding of how the sporting culture

intersects with individual subjectivities, how players at the top level of sport manage their lives, career transitions and changing identities, is an important and worthwhile aim for continuing research.

As the analysis demonstrated, addiction appears to be socially situated and contextually bound. Addiction is not merely a cognitive dysfunction which can be medically or behaviourally understood and treated. Our research has suggested some of the ways in which a sample of professional footballers portrayed the challenges of dealing with addiction that resulted from competing in, and transitioning out of, high level sport. Approaches to support for addiction in such groups need to take on board such experiences.

There appears to be a need for information and awareness-raising regarding the issues that players may face, especially when transitioning out of the game, since retired elite athletes may be at particularly increased risk of mental disorders (Gouttebarge *et al.* 2015). Additionally, help-seeking should be pro-actively encouraged, involving a culture-shift towards the acceptability of disclosure of psycho-social difficulties. A number of services and support provisions have recently been put in place for professional footballers in the United Kingdom (other than what SCC offer residentially), and these are very positive developments. The PFA, working with SCC, have developed a nationwide counselling network which offers a 24/7 helpline and one-to-one counselling for professional footballers who are dealing with a range of issues including addiction problems, depression and sexual abuse. The PFA has also recently established a programme called 'making the transition' which aims to prepare footballers for life after sport by exploring, amongst other things, second career pathways. The PFA has during 2017 launched its

1st Conference on mental health and well-being, which aimed to bring male and female professional football together to raise awareness and educate in an attempt to help improve policies and practice within professional football. As part of its education provision (for Academy footballers within the 72 football league clubs in the UK) the League Football Education (LFE) now offers a number of life-skills and lifestyle education workshops, including a seminar by SCC on drug and alcohol awareness.

Nevertheless, there is a need to offer counselling and advice facilities for players within the clubs themselves as routine provision, and indeed in a recent UK newspaper article Michael Bennett, the head of welfare for the PFA, argued that clubs themselves should address players' mental as well as physical wellbeing (Rumsby and Percy 2017). Given the prevailing club culture, as evidenced by our participants, it is vital that interventions and change also occur at a more 'local' level, involving team managers, coaches and team-mates. Systems need to be put in place to encourage help-seeking behaviours and to begin to change the stigma associated with this. Arguably, there is a need to encourage 'un-conditional' treatment by coaches and managers towards players, treatment that is not dependent upon successful sporting performance. Rice (2016) makes a number of recommendations which we would endorse. He argues that research and interventions on the mental health of players should involve and be supported by coaching staff and calls for mental health screening programmes alongside routine physical health checks. But this needs to be done within a holistic and lifespan framework; Roberts *et al.* (2016) suggest that the welfare of athletes should be viewed as a whole rather than seen as simply a performance issue, and Gouttebarge and Aoki (2014) are critical of the main stakeholders in professional football globally (football clubs and official authorities) and their reluctance to look at

professional footballers' health from a lifespan perspective. Rice also recommends the dissemination of mental health awareness support to those in players' working and private lives, including family and friends, coaching staff and administrative staff. We believe that engagement with support services would additionally be encouraged by a 'one chance' policy as a response to players who have tested positive for recreational drugs or who have breached betting regulations. Such players would be offered immediate and on-going help and support, with a ban only being be considered for further infractions.

There is also a role for discussion forums (both online and as face-to-face) with group facilitators, who may be identified as role models or ambassadors (Rice 2016) to reduce stigma and boost engagement with services. Such forums would encourage help-seeking behaviours as well as the discussion of topics such as drugs and alcohol misuse, gambling and how to deal with the challenges of everyday life as a professional footballer. They could also usefully raise awareness of the ways in which individuals draw on various types of masculinity; for example, some participants in our larger research project discussed how an 'idealistic' notion of masculinity served them well during competitive games but worked against them when they were not competing and after retirement. The forums could serve as a supportive environment in which to have such discussions.

So, whilst responsibility for their addictive behaviours ultimately must rest with the players themselves, it may be argued that they are also victims of the culture they live and work within; in order to effectively address addiction and mental illness within pro football the professional organisations and the clubs need to recognise the part they themselves play in the creation and maintenance of these problems.

Limitations of the research

It must be noted that the findings from these four interviews cannot be taken as necessarily indicative of pro-footballers more generally. The context of their recruitment from a place that specialised in treating sporting addictions has arguably shaped the data presented here; the players were experiencing and receiving treatment for significant problems, and therefore constitute a very particular group. In addition, they had all transitioned out of the professional game. Whilst their retrospective accounts of their experiences within pro-football indicate a relationship between these experiences and their addictions, we cannot assume that this is so for players in different circumstances. Longitudinal research is needed to track players through different stages of their careers, as well as at the end of and after their careers, in order to more fully understand the roles that factors such as club culture, relationships with managers and other players and unanticipated transition out of the game may play in the development of addictive and other mental disorders.

When reflecting upon the decision by the first author to make a limited disclosure of his own experiences of addiction, this was sometimes difficult to manage within the interviews. It is also possible that fuller disclosure would have further enhanced the depth and richness of the data; the line between encouraging openness in participants and the risk of interviews becoming too focussed on the researcher's experience is one that remains difficult for 'insider' researchers to negotiate.

Conclusion

In the absence of effective, non-stigmatising and readily accessible support mechanisms for players experiencing difficulties it does not seem likely that the prevalence of addiction and mental illnesses in professional football will be significantly reduced. Furthermore, at the time of writing the UK pro-footballer Joey Barton has just been suspended for 18 months due to a gambling addiction and has written a personal blog about how his problems should be understood within the gambling culture of pro-football and the UK PFA's heavy reliance upon advertising for and sponsorship from betting companies (Barton 2017). Professional football associations may adopt 'zero tolerance' policies toward drug use and gambling, leading to the subsequent banning of players; however, although the culture of pro-football seems implicated in these problems the professional organisations take no responsibility for them, with addictions viewed as simply originating within the individual. Professional football needs to take responsibility for the part it plays in addiction problems and thus allow it to lead by example.

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