

1 **Exploring the impact of athletic identity on gender role conflict and athlete**
2 **injury fear avoidance in male English professional academy football**
3 **players.**

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4 Men's academy football can encourage a commitment to the athletic role and masculine
5 norms. When injured the ability to fulfil an athletic masculine identity is threatened and
6 athletes may experience injury fear-avoidance behaviours as part of a negative injury
7 appraisal. The aim of the study was to explore whether higher athletic identity (AI) was
8 associated with higher gender role conflict and injury-related fear-avoidance. Seventy-
9 two male English academy footballers completed an Athletic Identity Measurement
10 Scale (AIMS), Gender Role Conflict Scale (GRCS), and Athlete Fear Avoidance
11 Questionnaire (AFAQ) based on self-reported historical injuries. Correlational analyses
12 were conducted for all variables and a one-way ANOVA was used to compare high,
13 moderate, and low AI. AIMS was significantly positively correlated with two GRCS
14 subscales; success, power, and competition (SPC) and restricted affectionate behaviour
15 between men (RAM). AIMS exclusivity also positively correlated with SPC and AIMS
16 negative affectivity positively correlated with GRCS total and RAM. Additionally, the
17 current study showed that high and moderate levels of AI had significantly higher levels
18 of total GRCS than those with low AI. No significant results were found for AIMS,
19 GRCS, and AFAQ. Results suggest that players with higher and more exclusive AI may
20 be susceptible to masculine role conflicts, specifically, SPC and RAM especially when
21 there is risk to their athletic role. The current study informs sport and health
22 professionals of the need to monitor AI and masculine conformity in academy level
23 footballers to minimise gender-role conflict and potential maladaptive rehabilitation
24 responses when their identities are threatened.

25 Keywords: sport psychology, sports medicine, return to sport, masculinity

26

1 **Introduction**

2 Conforming to culturally informed masculine and athletic identities can influence
3 individuals' injury-related attitudes, self-perceptions, and behaviours (Cranswick et al., 2020;
4 Mahalik et al., 2003; Mitchell et al., 2014; Young et al., 1994). Injury is a critical moment for
5 athletes that may cause significant psychological threat to sporting identities (Brewer et al.,
6 2010; Nesti et al., 2013). Threats and disruptions to masculine and sporting identities can
7 stimulate an increase in anxiety, reduced help-seeking for physical and psychological issues,
8 and maladaptive rehabilitation behaviours (Benson et al., 2015; Cranswick et al., 2020;
9 Hilliard et al., 2017; Mahalik et al., 2003; O'Brien et al., 2005; Wiese-Bjornstal et al., 1998).
10 The exploration of athletic identity (AI) and gender roles in a sporting injury context,
11 however, is limited and no studies have examined these constructs in association with fear-
12 avoidance attitudes in English football players. Gaining new insight into the relationship
13 between AI, masculinity, and injury fear-avoidance may help better identify and support
14 athletes possibly at risk of withholding injury, over/under adhering to musculoskeletal (MSK)
15 rehabilitation, displaying maladaptive injury responses, and prematurely returning to sport.
16 Specifically, understanding the athletic role and its ties with masculinity and injury fear could
17 help normalise injury and reduce the perceived threats that may be attributed to injury in male
18 athletes, which could improve rehabilitation outcomes, adherence, and the chances of
19 successful and safe return to play.

20 ***Gender Role Conflicts***

21 Gender role conflict (GRC) conceptualises the psychological distress caused by an
22 inability to meet socially constructed gender roles, which can result in the restriction,
23 devaluation, or violation of oneself or others (O'Neil, 2008). Male sport often promotes
24 conformation to masculine-role traits, such as the focus on winning, suppression of emotion,
25 homophobia, and male physical dominance (Messner, 1990; Messner & Sabo, 1994; Wellard,

1 2002; Duckworth, 2013; Farrell, 2016; Harding, 2022). Any deviation from masculine role
2 expectations and gender etiquette in sport is traditionally marginalised and deemed feminine
3 (De Visser et al., 2009; Harding, 2022; Stewart et al., 2020; Young et al., 1994). Despite more
4 inclusive masculinities in modern society, marginalisation of, and distancing from,
5 unorthodox masculine behaviours is still present (Roberts et al., 2017; Stewart et al., 2020). It
6 does, however, seem that institutional and contextual settings seem to shape and legitimise
7 this process (Roberts et al., 2017; Stewart et al., 2020). The threat of injury could encourage
8 men to (over) conform to restrictive, hegemonic, and stereotypical masculine roles and
9 behaviours as compensatory response and means of maintaining their male identities
10 (Connell, 2005; Connell & Messerschmidt, 2005; O’Neil, 2008).

11 In sport, existent literature shows links between higher GRC and negative or
12 stigmatised attitudes towards seeking psychological help, which often transcends into a
13 reluctance to use therapeutic strategies and support (Blazina et al., 2005; O’Neil, 2008;
14 Shepherd & Rickard, 2012; Steinfeldt et al., 2009; Steinfeldt & Steinfeldt, 2010). Specifically,
15 restrictive emotionality appears to be a significant predictor of negative help seeking attitudes
16 in athletes (Steinfeldt & Steinfeldt, 2010). Existing evidence might imply that male athletes
17 might perceive help seeking for physical or mental health concerns as a sign of femininity,
18 weakness, and deviation from traditional masculine values and role expectations (Steinfeldt et
19 al., 2009; O’Brien et al., 2005; Raemaker & Petrie, 2019).

20 Existing research, however, appears to focus on psychological health services, with no
21 studies examining the potential relationship between GRC and the attitudes towards physical
22 injury and MSK rehabilitation (Good et al., 2006; Steinfeldt & Steinfeldt, 2010). A limited
23 understanding of the interaction between identity and fear avoidance attitudes may hinder
24 MSK rehabilitation professional’s ability to optimise the safe return to sport and injury
25 prevention in athletes with high AI and masculine beliefs. A better understanding of AI, GRC,

1 and fear avoidance in injury rehabilitation contexts could help with the identification of “at
2 risk” athletes and facilitate an optimal rehabilitation approach for these individuals that
3 minimises the sense of loss and disruption.

4 GRC research in sport also appears to focus on American and Australian Football
5 (Steinfeldt & Steinfeldt, 2010; Steinfeldt & Steinfeldt, 2012), which does not provide insight
6 into to other sporting contexts (e.g., English Football) and provides the current study with a
7 novel population to explore within the field of AI and injury.

8 *Athletic Identity*

9 A prolonged commitment to sport can lead to an increased identification with the
10 athlete role, termed AI (Brewer et al., 1993; Mitchell et al., 2014; Steinfeldt & Steinfeldt,
11 2010). The cultural messages of living, breathing, and eating football advocated in elite
12 environments increase commitment to a professional sporting status and increased AI (Brown
13 & Potrac, 2009; Holt & Dunn, 2004; Holt & Mitchell, 2006; Mitchell et al., 2014; Pain &
14 Harwood, 2008; Parker, 2000; Roderick, 2006). A heightened AI can serve several positive
15 psychological functions, such as an increased motivation, enhanced team cohesion, more
16 positive athletic experiences, and better sporting performance (Brewer et al., 1993; Horton &
17 Mack, 2000; Steinfeldt & Steinfeldt, 2010). Despite the potentially positive effects, however,
18 there are many potential negative consequences of developing an overly strong AI, such as
19 devaluing other social roles, overtraining, avoidance of help-seeking, use of performance
20 enhancing drugs, and difficulty transitioning out of sport (Mitchell et al., 2014; Steinfeldt &
21 Steinfeldt, 2010; Weichman & Williams, 1997). Professional and academy footballers
22 experience multiple emotionally charged events or “critical moments” throughout their
23 careers that may produce threats to their athletic identities (Nesti et al., 2013). Critical
24 moments in sport and football include career termination (Raemaker & Petrie, 2019), de-
25 selection or being sold (Grove, Fish, & Eklund, 2004; Nesti & Littlewood, 2011), and career-

1 threatening injuries (Brewer et al., 2010; Nesti & Littlewood, 2011). Such critical moments
2 can impact a player's sense of self, challenge their capabilities to cope with such stresses, and
3 threaten and interrupt their identities (Nesti et al., 2013).

4 With regards to sporting injury specifically, AI has been linked to several negative
5 consequences, such as anxiety when unable to train, a reluctance to report injury,
6 rehabilitation overadherence, and a willingness to prematurely return to sport (Brewer et al.,
7 2010; Hilliard et al., 2017; Podlog et al., 2013; Podlog & Eklund, 2007). Little existing
8 research examines the potential fearful attitudes that may influence negative emotional
9 responses and dysfunctional rehabilitation behaviours in those with higher athletic identities.

10 ***AI and Gender Role Conflict***

11 Male athletes commonly report both athletic and masculine identity-related reasons for
12 underreporting sporting injury and pain symptoms, such as not wanting to appear “weak or
13 soft”, a fear of losing their place in the team, and losing playing time (Asken et al., 2017;
14 Clark & Stanfill, 2019; Cranswick et al., 2020; Kerr et al., 2015; Kerr et al., 2014; Wayment
15 et al., 2019; Young et al., 1994). The conformity to the athletic role is a statement of identity
16 with sport being a field to demonstrate one's masculine value (Harding, 2022). Sport,
17 however, can also represent a burden that pressures young men to meet society's expectations
18 for being male (Harding, 2022), which manifests as a perceived need to perform and
19 demonstrate actions, behaviours, and attitudes that are consistent with male sporting
20 identities, such as dominance and competitiveness (Harding, 2022; Podlog et al., 2013;
21 Tasiemski & Brewer, 2011; Wayment et al., 2019). The potential inability to perform such
22 behaviours and attitudes and conform to their identity expectations may evoke injury-related
23 fears, which is yet to be examined in the existing literature. Additionally, there appears to be
24 limited exploration of AI's impact on MSK injured populations.

1 ***Injury Appraisal and Identity***

2 The Integrated Model of Response to Sports Injury frames both the appraisal of, and
3 the response to, injury (Wiese-Bjornstal , 2010; Wiese-Bjornstal et al., 1998). The model
4 highlights several personal and situational factors that inform an injury appraisal (Wiese-
5 Bjornstal, 2010; Wiese-Bjornstal et al., 1998). AI is a factor that influences an athletes's
6 cognitive appraisal of injury (Podlog et al., 2013; Wiese-Bjornstal et al., 1998) and threatens
7 their identity, which could result a response of fear and trepidation (Nesti et al., 2013; Wiese-
8 Bjornstal et al., 1998; Wiese-Bjornstal, 2010). Specifically, injury may be appraised
9 according to the disruption of the goals, attributions, and beliefs that underpin these identities.
10 For example, an inability to train and compete through injury limits the ability to achieve the
11 traditional features of the masculine athlete (e.g., success, competition, and physical prowess),
12 which may stimulate fearful attitudes and maldaptive rehabilitation behaviours (Cranswick et
13 al., 2020; Ramaeker & Petrie, 2019a; Young et al., 1994).

14 In the context of injury, AI has been linked to, and shown to predict, rehabilitation
15 behaviours, such as overadherence and a willingness to ignore practitioner recommendations
16 (Podlog et al., 2013). An overadherence to rehabilitation may represent a compensatory
17 behaviour that manages identity concerns and a fearful appraisal by gaining approval from
18 significant others, such as teammates, spectators, and coaches, which maintains or redeems
19 their athletic role and performative status (Podlog et al., 2013).

20 ***Study Aims***

21 The current study aimed to examine the relationships between AI, GRC, and athlete
22 fear-avoidance attitudes associated with injury. Additionally, we aimed to compare GRC and
23 fear avoidance scores between those with high, moderate, and low AI.

1 **Methods**

2 *Participants*

3 After gaining institutional ethical approval, participants were recruited via direct
4 contact with the clubs' medical staff (known to the last author). At the time of data collection
5 one of the clubs was a category 1 football academy, and two were category 2 academies. The
6 category system is based on the Elite Player Performance Plan (EPPP), which is a strategy led
7 by the Premier League (2020) to ensure high quality development of homegrown players.
8 With permission from gatekeepers, players were sent participant information and informed
9 consent declarations. Participants had to be contracted to a professional football academy and
10 have had an injury within the last 5 years that removed them from training for over 1 week.

11 Seventy-two male, professional academy football players aged between 16-22 years-
12 old ($M=18.0$, $SD = 1.2$) were recruited from three different English professional football
13 clubs. Males were chosen due to the cultural difference between men's and women's football
14 and the potentially different constructions of masculinity and adherence to masculine norms
15 in male athletes compared to their female counterparts. The men had a mean playing
16 experience at academy level of 2.5 years (± 2.7 years) with a range of 1-14 years. The average
17 time since their last reported injury was 8.6 months (± 9.0) with a range of 1-60 months. A
18 range of predominantly acute musculoskeletal injuries (with the exception of one case of
19 Osgood Schlatters) were self-reported by the players that included fractures, muscle strains,
20 ligament sprains, and contusions. The author categorised these injuries by region using
21 categories recommended by an IOC consensus for injury data collection (Bahr et al., 2020),
22 which is displayed in table 1.

1 ***Measures***

2 *Athletic Identity Measurement Scale*

3 The original AIMS assesses AI and the exclusivity of the athletic role (Brewer et al.,
4 1993). The 10-item AIMS was used, which questions the importance of sport (e.g., “sport is
5 the most important thing in my life”) and the identification with athletic role (e.g., “other
6 people see me mainly as an athlete”), and participants respond on a 7-point scale, with 7
7 representing *strongly agree* and 1 *strongly disagree*. Four subscales have been identified
8 within the 10-item AIMS; *self-identity*, *social identity*, *exclusivity*, and *negative affectivity*
9 subscales (Click or tap here to enter text.Martin et al., 1994, 1997). Self-identity captures the
10 self-referenced cognitions of the athletes and includes questions such as “I have many goals
11 related to sport”. Social identity reflects the identification with the athletic role with an
12 increased focus on others’ perceptions; “other people see me mainly as an athlete” (Martin et
13 al., 1994, 1997). Exclusivity refers to the reliance on an AI in sacrifice of other identities and
14 is reflected in questions such as “sport is the most important part of my life” (e.g., academic;
15 Martin et al., 1997). Negative affectivity measures the negative emotional responses
16 associated with an inability to participate in sport, for example “I would be very depressed if I
17 were injured and could not compete in sport” (Martin et al., 1997).

18 The current study used the 10-item AIMS due to the strong psychometric properties
19 demonstrated in college-aged athletes (Brewer et al., 1993). Despite more recent 7-item scale
20 being available, at the time of data collection this had not been validated in academy football.
21 Existing AI research seems to demonstrate a varied use of the 10 and 7-item scales, which
22 may suggest that future research needs to further validate AIMS versions to ensure
23 consistency and inform recommended use. The 10-item AIMS demonstrated acceptable
24 internal consistency for the AIMS in the current sample ($\alpha = 0.74$).

1 *Gender Role Conflict Scale*

2 The gender role conflict scale (GCRS) analyses the potential conflicts created by
3 socialised masculine norms and a fear of femininity (O’Neil, 2008; O’Neil et al., 1986). All
4 responses are recorded on a Likert scale of *strongly disagree* (1) to *strongly agree* (6). Higher
5 scores on the GCRS indicate greater degree of conflict associated with the four GRC factors;
6 *success, power and competition* (SPC; 13 items, e.g., “I worry about failing and how it affects
7 my doing well as a man”), *restrictive emotionality* (RE; 10 items, e.g., “I have difficulty
8 telling others I care for them”), *restrictive affectionate behaviour between men* (RAM; 8
9 items, e.g., “affection with other men is difficult for me”), *conflicts between work and leisure*
10 *-family relations* (CBWL-FR; 6 items, e.g., “my career, job, or school affects the quality of
11 my leisure or family life”). The SPC subscale is associated with masculine norms and
12 ideology, which indirectly measures GRC through analysing individuals’ attitudes regarding
13 common masculine traits (i.e., success, power, and competition; O’Neil, 2008). RE, RAM,
14 and CBWL-FR measures the operational elements of GRC and analyses specific gender role
15 restrictions, such as expressing emotion, showing affection to other men, and balancing work
16 and life respectively (O’Neil, 2008). The GCRS demonstrates moderate intercorrelations for
17 factor validity (0.35-0.68) suggesting that the factors are related but remain separate entities
18 (Moradi et al., 2000; O’Neil, 2008). Internal consistency for the total GCRS in the current
19 sample was good ($\alpha = 0.87$). The internal consistencies for the GCRS subscales varied in the
20 current study, with SPC ($\alpha = 0.62$) showing questionable reliability, RAM ($\alpha = 0.78$) and
21 CBWL-FR ($\alpha = 0.79$) showing acceptable reliability, and RE ($\alpha = 0.84$) showing good
22 reliability.

23 *Athlete Fear Avoidance Scale*

24 The Athlete Fear Avoidance Questionnaire (AFAQ; Dover & Amar, 2015) measures
25 athletes’ injury-related fears and thoughts. The 10-item scale asks participants to record to

1 which degree they experience specific thoughts and feelings when they have sustained a
2 painful sports injury (e.g., “I am worried about my role in the team changing”). The responses
3 are recorded on a Likert scale of *not at all* (1) to *completely agree* (5). The current study
4 demonstrated acceptable internal consistency for the AFAQ in the current sample ($\alpha = 0.71$)

5 ***Procedure***

6 After gaining consent, questionnaire packs were distributed and completed. Seventeen
7 players attended [institution removed for review] as part of a separate study and completed
8 the questionnaires in person with the first and last author present. Fifty-five players were
9 posted copies of the questionnaires and completed them within their routine training sessions
10 at their club, supervised by the club’s medical staff who were fully briefed and given the
11 opportunity for questions about the study. All information packs also had clear information
12 about questionnaire aims and completion instructions for all players to follow.

13 The players were asked to retrospectively recall their latest diagnosed injury within the
14 last 5 years and use this as the context for answering the AFAQ. They provided a self-report
15 description of the type of injury and how long ago this injury occurred. The first author
16 categorised the injuries by region as described earlier. Six participants did not report the
17 initial occurrence of their last injury, and 5 failed to describe the type of injury they last
18 sustained. Participants then completed the 3 questionnaires (AIMS, GRCS, and AFAQ). All
19 72 participants returned fully completed questionnaires with no omissions.

20 ***Data Analyses***

21 To examine the relationships between variables, correlational analyses were conducted
22 on AFAQ, AIMS and its subscales (self-identity, social identity, exclusivity, and negative
23 affectivity), and GRCS and its subscales (SPC, RE, RAM, CBWL-FR). Normality was
24 assessed via Q:Q plots and histograms alongside a Kolmogorov-Smirnov test for all
25 measures, with AFAQ, exclusivity subscale (AIMS), and all GRCS measures meeting

1 requirements for normality allowing the use of Pearson's correlations to analyse these
2 variables. The breach of normality for the AIMS total, self-identity, social identity, and
3 negative affectivity informed the use of Spearman's rank-order correlation coefficient to
4 examine the relationships between these variables.

5 Additionally, a one-way ANOVA with Tukey post hoc analysis was conducted to
6 determine whether GRCS, and AFAQ scores were different for players with high, moderate,
7 and low AI. Based on a previous study, the AI threshold levels were determined through
8 percentile calculations (Weinberg et al., 2013). Low AI was represented by the 25th percentile
9 and below, moderate was 25th to 75th percentile, and high above the 75th percentile (AIMS
10 scores = <51, 51-60, and >60 in the current study respectively).

11 Both GRCS-Total and AFAQ data for each AI group was normally distributed ($p >$
12 0.05). Homogeneity of variances for GRCS-Total and AFAQ was assumed, as assessed by
13 Levene's test for equal variances ($p = .804$ and $.599$ respectively). No outliers were present
14 for the GRCS-Total, as assessed by boxplots. Two outliers were found for the AFAQ, 1 in the
15 low and 1 in the moderate AI groups. A one-way ANOVA was conducted with and without
16 the outliers and there was no significant change to the outcome of the analysis, and they were
17 therefore left in for analysis using one-way ANOVA.

18 **Results**

19 ***Relationships Between GRCS, AIMS, and AFAQ***

20 Table 2 shows the correlations for the AIMS, GRCS, and AFAQ. No significant
21 relationship was found between AI (AIMS) and total GRCS. AI total, however, showed a
22 significant, low, positive correlation with two of the GRCS subscales; GRCS-SPC ($r = .252, p$
23 $= .033$) and GRCS-RAM ($r = .257, p = .029$). Additionally, AIMS exclusivity subscale
24 showed a significant, low, positive correlation with GRCS-SPC ($r = .235, p = .047$). AIMS
25 negative affectivity showed significant, low, positive correlations with GRCS-Total ($r = .246,$

1 $p = .037$) and GRCS-RAM ($r = .239, p = .044$). There were no significant correlations
 2 between the AFAQ and the AIMS nor GRCS.

3 ***Comparison of High, Moderate, and Low AI***

4 Table 3 shows the means and standard deviations for the AIMS, GRCS and its
 5 subscales, and the AFAQ for each AI group. Mean GRCS scores were significantly different
 6 between high (127.36 ± 23.79), moderate (125.63 ± 19.86), and low AI groups ($106.78 \pm$
 7 18.49), $F(2, 69) = 6.111, p = .004$. Post-hoc analyses revealed significant differences between
 8 the moderate and low AI groups, and the high and low AI groups. The mean difference of
 9 18.84 (95% CI, 5.02 to 32.68) in GRCS-Total between moderate and low AI groups was
 10 significantly different ($p = .005$). The mean difference of 20.58 (95% CI, 3.22 to 37.94) in
 11 GRCS-Total between the high and low AI groups was also significant ($p = .016$). There were
 12 no significant differences in GRCS-Total between high and moderate AI groups ($p = .959$).

13 There were no significant differences in AFAQ scores between high (22.64 ± 5.08),
 14 moderate (21.43 ± 6.58), and low (21.83 ± 6.97) AI groups, $F(2, 69) = .188, p = .829$.

15 **Discussion**

16 The study aimed to examine the relationships between AI, GRC, and athlete fear-
 17 avoidance attitudes associated with injury and also to compare GRC and fear avoidance
 18 scores between those with high, moderate, and low AI. Both AI and masculinity have been
 19 associated with detrimental emotional and behavioural concepts linked to injury in athletes,
 20 such as depression and avoidance of therapeutic help-seeking (Manuel et al., 2002; Steinfeldt
 21 & Steinfeldt, 2010). The current study, however, is the first to examine the direct relationships
 22 and differences between AI, GRC, and athlete fear-avoidance in male academy English
 23 footballers. There were no significant relationships between AIMS, total GRCS, nor AFAQ.
 24 There was, however, some low positive correlations between total AI and specific masculine
 25 conflicts (SPC and RAM). Additionally, higher levels of exclusivity associated with a

1 sporting identity was positively correlated with SPC. Further, negative affect associated with
2 AI showed positive relationships with overall masculine conflict and conflicts associated with
3 showing affection to other men. Finally, the current study found that players with high or
4 moderate athletic identities appeared to have higher levels of total GRC than those with low
5 AI, but there were no differences in injury fear avoidance attitudes.

6 *Athletic Identity and Gender Role Conflict*

7 The current findings show that higher and moderate AI have significantly higher total
8 GRCS than low AI. Additionally, AI negative affectivity specifically seems to be positive
9 related to total GRCS. These findings echo existing research demonstrating links between
10 masculine conformity and AI (Steinfeldt & Steinfeldt, 2010; Steinfeldt & Steinfeldt, 2012).
11 Some sports have a specific gender “etiquette” which can culturally influence one’s identity
12 by offering a context that shapes and legitimises masculinity (Cranswick et al., 2020;
13 Messner, 1992; Harding, 2022). The shaping and validating impact of sport and the
14 institutional context on identity might explain why academy players who are more identified
15 with the athletic role show greater gender role conflicts and conformity to masculine norms
16 (Ramaeker & Petrie, 2019; Steinfeldt & Steinfeldt, 2010; Steinfeldt & Steinfeldt, 2012). For
17 example, there are often social rules and expectations set by the institution, coaches, and/or
18 parents (Roberts, 2017; Stewart et al., 2020) , and by following the rules young men can
19 accrue masculine capital to validate and enact their masculine and athletic identities
20 (Cranswick et al., 2020; Harding, 2022).

21 The link between AI negative affectivity and GRCS may also be explained by the
22 validating relationship between sport and masculinity because if unable to participate in sport
23 or fulfil an athletic status, players will gain fewer rewards (and capital) resulting in potential
24 identity loss (i.e., masculinity), distress, and stigmatisation (Cranswick et al., 2020; Messner,
25 1990; Nesti et al., 2012; Ramaeker & Petrie, 2019; Steinfeldt & Steinfeldt, 2012).

1 The potential interplay between AI, negative affectivity, and gender role conflicts
2 could suggest that sporting participation and masculinity, in some contexts, might be mutually
3 beneficial to each other and removing sport may be problematic for the individuals overall
4 masculine-athletic identity (Cranswick et al., 2020; Harding, 2022). In essence, to be more
5 masculine boys can engage in gender-appropriate sports and build capital but also by being
6 more masculine their athletic status will simultaneously improve.

7 *Athletic Identity and Success, Power, and Competition*

8 The current study showed that total AI and AI exclusivity positively correlated with
9 SPC, which suggests that the more an athlete identifies with, relies on, and prioritises their
10 athletic role the higher their need for success, competition, and dominance. The links between
11 AI and SPC supports existing literature, which shows individuals higher in AI appear to have
12 heightened conflicts in needs for success (Steinfeldt & Steinfeldt, 2010) and conformity to
13 winning as a masculine trait (Steinfeldt & Steinfeldt, 2012). Competition and success,
14 specifically, epitomise organised sport and often come with tangible and intangible rewards
15 (Messner, 1990; Roderick, 2006) and could increase athletic status, which may explain the
16 link to AI. Additionally, young boys seem to champion sporting prowess, male authority, and
17 being the best within their identities (Duckworth, 2013; Farrell, 2016). It is, therefore, not
18 surprising that in the current study highly identified academy athletes scored higher on SPC.
19 Additionally, given that success, winning, and being dominant is seen, for some, as a way of
20 validating athletic and masculine identities (Duckworth, 2013; Farrell, 2016), this helps
21 contextualise the current findings, as by striving for success and competing with others the
22 academy players can establish themselves as an elite, male, athlete and legitimise their sense
23 of self and identity.

24 Academy football culture is characterised by a need to perform and achieve success as
25 a team but also compete internally with other players to secure one's place in the team and

1 establish a professional career (Adams & Carr, 2019; Roderick, 2006). Academy players will
2 learn at an early age the competitive and uncertain nature of football and what is needed to
3 sustain a career (Roderick, 2006) and it may be this engrained competition and ruthlessness
4 that gets meshed into the athletic and masculine identities that these young boys begin to
5 develop, which would help explain the current relationship between AI, exclusivity, and SPC.
6 *Athletic Identity and Restricted Affectionate Behaviour Between Men*

7 Higher overall AI and AI negative affectivity was also related to higher RAM. These
8 findings may reflect the potentially homohysteria culture and attitudes still present within
9 some sports whereby participation in “macho” sports (e.g., football or rugby) are valorised
10 and non-gender appropriate sports (e.g., ballet or dance) are stigmatised or deemed
11 homosexual and feminine (Harding, 2022; Stewart et al., 2020). Although there is a cultural
12 shift in football and other sports with regards to homoysteria and homosocial behaviour, this
13 relies on an enculturation over time (Anderson, 2005; Kimmel & Messner, 2001; Muir &
14 Seitz, 2004; Roper & Halloran, 2007). Elite football academies are often what Anderson
15 (2005) refers to as near-total institutions, whereby the young men will live, play, train,
16 socialise, and study together in a closed space. Despite some evidence that football academy
17 settings demonstrate closeness and affection with other men, there do seem to be restrictions
18 to homosocial behaviour and communication that may be influenced by the “near-total
19 institution” environment (Roberts et al., 2017).

20 The performance-orientated and competitive environment within an academy
21 encourages status acquisition and frames teammates as rivals which can suppress intimacy and
22 closeness potentially explaining the link between AI and RAM in the current study (Adams &
23 Carr, 2019; Magrath, 2017; Ommundsen et al., 2005; Roberts et al., 2017; Zarbatany et al.,
24 2000). Because teammates can be seen as “direct competitors” fighting for a limited number
25 of professional contracts, players often report prioritising friends “back home” and selectively

1 saving emotional openness and physical tactility for these friends (Adams & Carr, 2019;
2 Roberts et al., 2017, p. 346; McGrath, 2017). By sharing emotion with the male teammates
3 around them, young academy players could be deemed weak and have their progression
4 hindered by teammates being put higher in the “pecking order” (Roberts et al., 2017;
5 McGrath, 2017). The competitive and closed culture within academy football might explain
6 the relationship between AI and RAM in the current players.

7 The current findings suggest that in some academy level environments conformity to
8 traditional masculine expectations, such as competitiveness and heterosexuality, may still be
9 present and intertwined with the players athletic identities, which creates a mutual interaction
10 between sporting participation and success and orthodox masculinity.

11 As well as the aforementioned competitive culture, another reason for AI negative
12 affectivity being linked to RAM conflicts may be that when a player’s AI is threatened (e.g.,
13 injury) and they are unable to successfully participate in sport as a way of validating their
14 masculine identity, they might resort to default, more orthodox, masculine behaviours (e.g.,
15 homophobia, restrictive emotionality) as a way of upholding their masculine status. Literature
16 suggests that, despite more fluid and laterally aligned masculinities being present in society,
17 normative masculinity seems to still be a dominant narrative and frame of reference for
18 adolescent boys and their identities (Duckworth, 2013; Farrell, 2016; Stewart et al, 2020),
19 Therefore, in the current academy age players, if their sporting participation is hindered they
20 may look for more orthodox ways of being masculine. The role of coaches and parents in
21 academy football culture, and their generational differences may influence behavioural
22 references for the players and their identities (Roberts et al., 2017). These individuals, such as
23 parents, might maintain dominant orthodox attitudes and narratives (e.g., reluctance to show
24 closeness to other men or upholding less homosocial behaviours) as a way of stabilising the
25 young players identities when injured (Roberts et al., 2017).

1 *Athletic Identity and Injury Fear Avoidance*

2 In relation to injury specifically, no significant relationships or differences associated
3 with injury fear avoidance were found. Existing research, however, shows that higher AI is
4 associated with negative rehabilitation behaviours, such as overadherence to rehabilitation
5 and increased willingness to prematurely return to sport (Hilliard et al., 2017; Podlog et al.,
6 2013). The current results may help contextualise these existing findings by suggesting that
7 being removed from competition may impact a player's ability to validate their athletic and
8 masculine identities through sporting success and competitiveness which could encourage
9 maladaptive rehabilitation behaviours and possibly increase conflicts in other more orthodox
10 masculine areas (e.g., homosexuality). Therefore, some injured athletes' reluctance to not
11 play, overcommitment to rehab, and increased desire to return to sport prematurely may be a
12 strategy to resolve SPC conflicts and maintain their athletic and masculine identities.

13 **Limitations**

14 Despite the current findings, the study limitations must be recognised. Firstly, the
15 cross-sectional design does not allow us to imply causality. Secondly, the use of retrospective
16 injury recall, the duration of this recall, and age of the players at time of injury could mean
17 that as the players may not have sufficiently remembered the impact, appraisal, and response
18 to their injuries which could have dampened or amplified their AFAQ scores. Thirdly, the
19 self-report nature of the injuries does not represent a formal diagnosis by a medical
20 professional which may not provide the true extent or nature of the injuries due misreporting
21 or self-diagnosis. The severity and nature of injury may have an impact on the injury response
22 and thus fear-avoidance. Future research could recruit currently injured athletes and/or use
23 specific injury data collected by medical professionals within the clubs to minimise recall bias
24 and add injury context, respectively. Finally, a procedural limitation was that the
25 questionnaires were completed in a team setting (at training) for convenience so players may

1 have been indirectly influenced by others presence and apprehensive about answering
2 honestly. Future research could allow players to complete questionnaires in their own time
3 and alone with full anonymity assured. The current study was delimited to male academy
4 level English footballers, and so future research could examine wider age ranges, higher level
5 playing status (e.g., 1st team), different level of competition (e.g., other competitive league
6 levels), and female footballers.

7 **Conclusions**

8 In conclusion the current study suggests that higher athletic identities may amplify
9 masculine conflicts (specifically SPC and RAM) and that when AI are prioritised and
10 threatened there may be increased desires for success and a reluctance to demonstrate
11 homosocial behaviour and emotion. Given that SPC and RAM have been associated with
12 problematic coping methods and detrimental behaviours, such as substance abuse (O’Neil,
13 2008), highly, and exclusively, identified athletes who experience high negative emotion
14 when their identities are threatened may be indirectly (through gender role conflicts) more
15 prone to developing maladaptive coping mechanisms for dealing with sporting injury.
16 Maladaptive coping to injury through identity fears could lead to unfavourable rehabilitation
17 outcomes. An awareness of the potential conflicts in masculinity could inform health
18 professionals of the need to monitor highly identified athletes and their GRC and offer them
19 healthy coping methods during times where identity-roles are threatened by injury.

20 ***Implications and Future Research***

21 The current findings inform rehabilitation professionals of the potential relationship
22 between heightened AI and GRC in academy level footballers. This informs of the potential
23 need to screen players athletic identities and GRC. The current relationship between AI and
24 SPC, may identify a need to monitor and control the value placed on winning, dominance, and
25 competitiveness in young, highly identified, athletes so not negative impact their identities

1 when these expectations are not met. Additionally, the link between AI and RAM may
2 suggest more work is needed to ensure that the institution is supportive of a shift in culture to
3 normalise affectionate behaviour between boys in youth sport and be more inclusive of
4 homosexuality. Finally, given the suggested links in the literature regarding AI, masculinity,
5 and maladaptive coping or negative and risky behaviours (e.g., premature return to play and
6 reduced help seeking; Hilliard et al., 2017; Podlog et al., 2013; Steinfeldt et al., 2009;
7 Steinfeldt & Steinfeldt, 2010) it may be important to identify those high in AI and GRC so
8 negative outcomes or maladaptive behaviours can be minimised during events where
9 identities may become threatened.

10 Given the lack of significance found for fear-avoidance attitudes in the current study,
11 future research may seek to further explore injury-related attitudes and behaviours in relation
12 to AI and masculinity to further optimise rehabilitation approaches and outcomes in male
13 athletes.

14 **Disclosure Statement**

15 The authors report there are no competing interests to declare.

16 **Data Availability Statement**

17 The data that support the findings of this study are available from the corresponding author
18 upon reasonable request.

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