

Breaking Barriers: The Psychological Struggles of Athletes and the Transformative Role of Sports Medicine

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Muhammad Akbar Rashid¹, Javaria Nisa Mir^{2*} and Madiha Qayyum³

¹Independent Clinical Researcher, Healthcare Manager, Public Health Scholar, Pakistan

²Health Field Officer, Public Health Scholar, Pakistan

³Anaesthesia Technologist, Medicsi Hospital Islamabad, Pakistan

Abstract

The psychological well-being of athletes has emerged as a critical yet often under-addressed dimension in sports performance and rehabilitation. While physical health has traditionally dominated sports medicine, increasing evidence underscores the profound impact of psychological factors such as anxiety, depression, stress and coping ability on athletes' overall functioning. This study investigates the psychological struggles faced by competitive athletes and evaluates the transformative role of sports medicine in addressing these challenges through an integrative, mixed-methods approach. A total of 53 athletes (ages 18-35) from various competitive sports participated in the study. Quantitative data were gathered using four validated instruments: the Depression Anxiety Stress Scales (DASS-21), the Sport Anxiety Scale-2 (SAS-2), the Athletic Coping Skills Inventory (ACSI-28) and the Injury-Psychological Readiness to Return to Sport Scale (I-PRRS). Results revealed that 62% of athletes experienced moderate-to-high anxiety, 36% exhibited moderate to severe depressive symptoms and 41% were classified as highly stressed. Additionally, 39% demonstrated suboptimal coping strategies, while 47% of athletes recovering from injury reported low psychological readiness to return to play. Qualitative data, obtained through semi-structured interviews, illuminated four recurring themes: the internal conflict between perceived mental toughness and emotional suppression; the enduring stigma surrounding mental health in sports; the pivotal role of sports medicine professionals in initiating psychological care; and the athlete-driven call for integrated, holistic approaches to performance and rehabilitation. Correlational analyses further established significant relationships between injury and anxiety ($r = .52, p < .01$), as well as coping deficits and increased stress ($r = -.48, p < .01$). These findings underscore the necessity of reframing sports medicine to include psychological assessment and intervention as standard practice. By integrating mental health professionals into rehabilitation and performance teams, sports organizations can enhance not only recovery outcomes but also long-term athlete well-being. The study advocates for a systemic shift toward biopsychosocial care models that recognize the athlete as both a performer and a person.

Keywords: Athlete mental health; Sports medicine; Psychological readiness; Mixed methods research

Introduction

In the contemporary landscape of sports, the spotlight is increasingly shifting toward the mental and emotional well-being of athletes. While the physical demands and performance expectations placed on athletes are well-documented, the psychological toll of elite-level competition remains comparatively underexplored. The pursuit of excellence, paired with high-stakes environments, creates a breeding ground for stress, anxiety, depression and emotional burnout [1]. For many athletes, psychological struggles are not episodic but chronic experiences, often manifesting in performance anxiety, fear of failure, identity crises following injury and difficulties in maintaining motivation and focus [2]. Recent research has increasingly highlighted the critical role of sport psychology interventions in enhancing athletes' performance and well-being. Fronso SD et al. [3] underscore the importance of psychological strategies in promoting both athletic success and mental health, emphasizing their potential

***Corresponding authors:** Javaria Nisa Mir, Health Field Officer, Public Health Scholar, Pakistan

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to improve resilience, emotional regulation and coping skills. Furthermore, Rooney D et al. [4] reveal notable differences in how individual and team sport athletes perceive and engage with sport psychology services, indicating that tailored interventions may be necessary to address the unique psychological needs across sports contexts. These insights deepen our understanding of the diverse factors influencing athletes' mental health and support the ongoing shift toward more holistic, evidence-based approaches in sports care.

Injury plays a particularly complex role in shaping an athlete's mental health journey. Beyond the physical ramifications, injuries introduce periods of isolation, uncertainty and frustration. Injured athletes are forced to confront sudden detachment from their sport and teammates, leading to a sense of loss and diminished self-worth. Literature has documented the presence of post-injury depression, fear of reinjury, and reluctance to return to play-conditions that can be as debilitating as the physical trauma itself [5,6]. Compounding this issue is the deeply ingrained stigma surrounding mental health in the athletic community. Cultural norms in sports often celebrate stoicism, resilience and "mental toughness," values that can dissuade athletes from seeking psychological support. Many athletes fear being perceived as weak or being excluded from competition if they disclose their mental struggles [7]. Consequently, early warning signs are often suppressed, allowing issues to escalate into clinical disorders.

Sports medicine is now evolving to address these multidimensional challenges by adopting interdisciplinary and athlete-centered approaches. Progressive sports health programs integrate psychological screening, mental skills coaching and therapeutic interventions within rehabilitation processes [8]. This holistic model reflects the biopsychosocial framework, wherein physical healing is intrinsically linked to emotional recovery. Given the need for empirical insights that reflect both the statistical trends and lived experiences of athletes, this study adopts a mixed-methods approach. Using validated psychological assessment tools and in-depth interviews, we aim to investigate the psychological struggles faced by athletes and evaluate the transformative role of sports medicine in addressing them. This research contributes to the growing discourse on mental health in sports by offering data-driven recommendations for integrated care systems.

Methodology

This research utilized a convergent mixed-methods design, combining quantitative data from psychological assessments with qualitative data derived from semi-structured interviews. The integration of both methods aimed to yield a comprehensive understanding of the psychological challenges faced by athletes and the role of sports medicine in their recovery and growth. The sample consisted of 53 competitive athletes (28 males, 25 females) between the ages of 18 and 35 ($M = 24.7$, $SD = 4.9$), representing a variety of sports including athletics, football, basketball, tennis and gymnastics. Participants were selected through purposive sampling to ensure diverse experiences, particularly in terms of injury history and access to psychological care. Quantitative data

were collected using four standardized instruments: DASS-21 to measure depression, anxiety and stress levels [9], Sport Anxiety Scale-2 (SAS-2) to assess competitive anxiety [10], Athletic Coping Skills Inventory (ACSI-28) to evaluate psychological coping mechanisms [11], Injury Psychological Readiness to Return to Sport Scale (I-PRRS) to measure post-injury psychological readiness [6].

These questionnaires were administered electronically. Participants were instructed to answer honestly based on their experiences over the past month. The reliability and validity of these instruments have been widely confirmed in prior sport psychology literature. Qualitative data were gathered through 20-minute semi-structured interviews conducted via Zoom or in person. Interview questions explored topics such as emotional responses to injury, perceptions of mental health support, stigma and experiences with sports medicine interventions. Interviews were audio-recorded, transcribed and anonymized. Quantitative data were analyzed using SPSS v26 for descriptive statistics and correlations. Qualitative data were examined thematically using NVivo, identifying patterns related to psychological distress and healing narratives [12].

Result

The findings from the study reveal a significant psychological burden among athletes across various performance levels. Quantitative analysis using validated psychological assessment tools showed that 62% of the 53 athletes exhibited moderate-to-high levels of anxiety, as measured by the Sport Anxiety Scale-2 (SAS-2). This represents a substantial proportion of the sample grappling with anticipatory or performance-related anxiety, often considered a barrier to consistent athletic performance. Moreover, 36% of athletes reported moderate to severe symptoms of depression based on their scores on the Depression Anxiety Stress Scales (DASS-21). These symptoms were characterized by persistent sadness, lack of motivation, and low mood-factors that negatively influence training, recovery and overall wellbeing. Stress levels were also elevated, with 41% of participants falling into the high-stress category, further emphasizing the mental strain associated with competitive environments. The Athletic Coping Skills Inventory (ACSI-28) revealed that 39% of athletes demonstrated coping scores below the median, indicating reduced capacity to manage psychological stressors in sport-specific situations. This group was characterized by poorer self-talk, focus and composure under pressure psychological skills crucial for consistent performance. A subset of 23 athletes who had recently sustained injuries completed the Injury Psychological Readiness to Return to Sport Scale (I-PRRS). Alarming, 47% of this group scored below the critical threshold of 5 out of 10, suggesting that nearly half of the injured athletes lacked the psychological readiness to re-engage with their sport. This finding underscores the need for mental health evaluation as part of the return-to-play protocol.

These results are visually summarized in Figure 1, which presents the percentage of athletes affected by each psychological challenge in an infographic-style bar chart. Descriptive statistics for each measure are further presented in Table 1, outlining mean

scores, standard deviations and thresholds for clinical concern. For example, the mean anxiety score was 28.4 (SD = 5.6), while the average stress score reached 17.3 (SD = 6.3), both aligning with clinically significant ranges. Further correlational analysis provided insight into relationships between these psychological dimensions. A positive correlation was observed between injury history and anxiety ($r = .52, p < .01$), indicating that athletes with prior injuries were significantly more likely to experience anxiety, particularly related to reinjury or performance uncertainty. Additionally, coping ability was inversely related to stress levels ($r = -.48, p < .01$), suggesting that athletes with stronger coping

skills were better equipped to manage performance and recovery stress. The qualitative component of the study enriched these findings by uncovering four core themes through thematic analysis of athlete interviews. The first theme, “Mental Toughness or Mental Silence?”, reflected the internal conflict many athletes face between emotional expression and the cultural expectation of unwavering strength. Participants shared how vulnerability was often seen as a weakness, discouraging open dialogue around mental health. The second theme, “Stigma and Silence,” revealed that many athletes feared negative judgment from coaches, peers and even medical staff if they disclosed psychological distress.

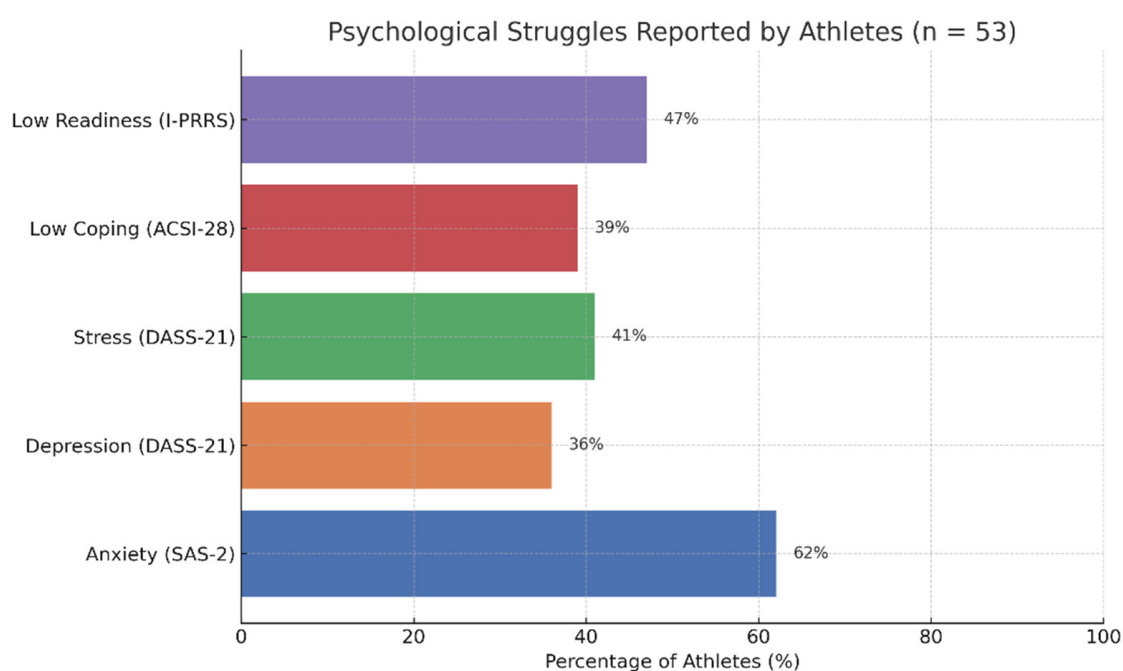


Figure 1

Table 1: Descriptive statistics of psychological measures.

Measure	Mean (M)	Standard Deviation (SD)	% Above Clinical Threshold
Anxiety (SAS-2)	28.4	5.6	62%
Depression (DASS-21)	13.6	4.9	36%
Stress (DASS-21)	17.3	6.3	41%
Coping (ACSI-28)	51.8	12.7	39% below median
I-PRRS (Injured athletes only)	5.1 / 10	1.8	47% below readiness cutoff

This fear led to emotional suppression and disengagement from supportive resources. The third theme, “The Turning Point,” highlighted pivotal moments when sports medicine teams, particularly physiotherapists and doctors, referred athletes to psychological support services. Many described this moment as a breakthrough in their mental and physical recovery. Lastly, “The Call for Holism” emerged as a consensus perspective among participants: that physical rehabilitation should be inseparable from

psychological care. Athletes advocated for a shift toward integrated, athlete-centered care, where mental health is addressed proactively within the broader sports medicine framework. Together, these results reinforce the urgency of viewing athlete wellness through a multidimensional lens, recognizing that psychological resilience is just as essential as physical endurance in the realm of competitive sports (Figure 2).

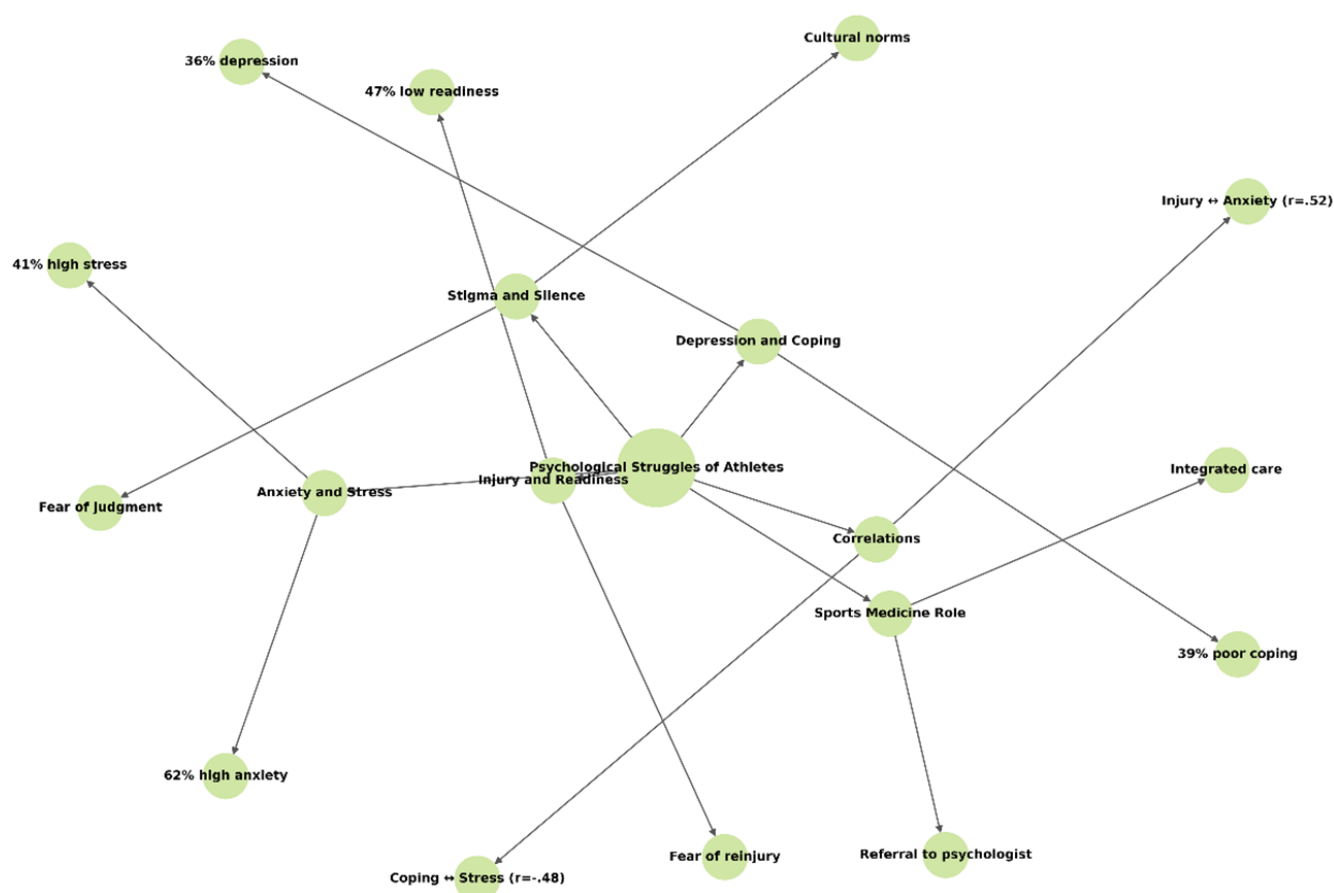


Figure 2

Discussion

The findings of this study reinforce existing concerns within sport psychology literature about the prevalence and severity of psychological distress among athletes. Over 60% of participants in this study reported moderate-to-high anxiety, with considerable proportions experiencing stress and depressive symptoms. These figures resonate with systematic reviews highlighting that elite athletes are just as likely if not more to suffer from mental health disorders as the general population [1]. Importantly, the study highlighted the interconnected nature of injury and psychological disruption. Athletes recovering from physical trauma often faced compounded mental challenges: fear of reinjury, feelings of helplessness and diminished self-efficacy. These results support previous findings by Podlog L [5], who emphasized the necessity of assessing psychological readiness, not just physical healing, before return-to-play decisions. The transformative role of sports medicine in addressing mental health emerged clearly from both quantitative and qualitative data. Participants shared that being referred to a mental health professional through their rehabilitation team was a critical factor in their psychological recovery. This supports calls for a biopsychosocial model of athlete care, where injury management includes cognitive and emotional rehabilitation [8].

This study also brings attention to the cultural stigma that continues to act as a barrier. Athletes feared appearing weak or unfit for competition, which deterred them from seeking help. A key implication here is the need for organizational culture change from coaching staff to medical teams to normalize and prioritize mental wellness alongside physical health. These findings also align with recent evidence emphasizing the critical role of sport psychology interventions in promoting both athlete performance and well-being. Fronso SD et al. [3] highlight those psychological interventions, such as mindfulness training, cognitive-behavioural strategies and emotional regulation techniques, can substantially improve athletes' coping capacities and resilience, ultimately enhancing performance outcomes. Furthermore, Rooney D et al. [4] emphasize the importance of recognizing differences in attitudes toward psychological support between individual and team sport athletes, suggesting that tailored interventions may increase engagement and effectiveness. Integrating these insights into sports medicine practice could help overcome persistent barriers related to stigma and underutilization of psychological services, ensuring more comprehensive care for athletes.

Practical implications include the recommendation that: All sports injury protocols should involve psychological screening tools (e.g., I-PRRS). Sports teams should incorporate embedded

psychologists or mental health consultants. Education programs for coaches and athletes should emphasize the importance of mental health literacy and destigmatization. Overall, this research supports a paradigm shift in how sports medicine and coaching cultures approach athlete wellbeing. By moving beyond the dichotomy of “physical vs. mental,” and embracing an integrated approach, the future of athlete care can be more compassionate, effective and sustainable.

Limitations

While the study yields valuable findings, several limitations must be acknowledged: The study was limited to 53 athletes from selected sports, which may not reflect the broader diversity of athlete experiences globally. Reliance on self-report questionnaires may be subject to bias or underreporting, especially due to mental health stigma. This study did not measure changes over time, limiting its ability to assess the longitudinal impact of interventions. Psychological readiness was only evaluated among athletes with injuries (n = 23), which may restrict generalizability.

Recommendations

Athletic organizations should employ licensed sports psychologists within rehabilitation teams to offer continuous care. Regular workshops should be held to educate coaches about mental health stigma and how to respond to athlete distress. Instruments like the DASS-21 and I-PRRS should be incorporated into pre-season and post-injury assessments. Future research should investigate how mental health evolves across training seasons and recovery periods. Sport's governing bodies must create policies that treat mental wellness as seriously as doping, injury management and competition eligibility.

Conclusion

This study provides important insights into the psychological challenges faced by athletes and the role of sports medicine in addressing these issues. The mixed-methods approach allowed for a rich, holistic view pairing quantitative data on depression, anxiety, stress and coping with qualitative experiences of emotional distress

and recovery. The high prevalence of psychological struggles underscores the urgency of integrating mental health services into mainstream athletic care.

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