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Understanding the staff cancer through the perceived experiences of varsity male soccer players

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ABSTRACT

Informal roles can be beneficial or detrimental to sport performance. Researchers have identified negative informal roles within sports and organisational contexts; however, exploration of these roles has been limited to athletes within sports research or staff members within organisational research. To our knowledge, negative informal roles occupied by a staff member on a sports team have not been studied. The purpose of the current research was to develop an introductory understanding of a negative informal staff role on a sports team, henceforth referred to as the staff cancer. Working within a critical realist framework, we utilised photo elicitations and arts-based conversational interviews to augment comfort and interview seven former varsity male soccer players concerning their perceived experiences of the staff cancer. Two overarching themes representing the characteristics and consequences of the staff cancer were developed using an interpretive/inductive thematic analysis. Four subthemes represent the characteristics theme, including passionate, insecure, controlling, and poor communicator, while five subthemes represent the consequences theme, including poor mental health, team divide, team unification, diminished performance, and increased attrition. The results are presented through a composite vignette to safeguard participant confidentiality. This manuscript makes a valuable contribution towards understanding some of the characteristics and consequences of the staff cancer, showcases clarity regarding the application of critical realism, and highlights how combining methods can be used to augment participant comfort when discussing sensitive topics, such as coaches' and athletes' power hierarchies.

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Informal roles; cancerous staff; critical realism; arts-based conversational interview; composite vignette

Roles are defined as the expectations about patterns of behaviours for an individual in a social situation that contributes to the overall structure of a group (Carron, Hausenblas, and Eys 2005). Roles can be viewed in terms of role objectives (i.e., task or socio-emotional roles) or the degree of role formalisation (i.e., formal or informal categorisation; Eys, Beauchamp, and Bray 2006). Formal roles are directly prescribed to a group member by the group or organisation, and are concerned with the group's main aims, such as a team captain's role involving formal leadership (Benson, Surya, and Eys 2015; Cope et al. 2011). Comparatively, informal roles are not formally prescribed by the group or organisation and develop in response to the formal group structure and/or personality characteristics, such as a team comedian – a player who entertains others through jokes and/or comical behaviours (Carron, Hausenblas, and Eys 2005; Cope et al. 2011; Farrell, Schmitt, and

Heinemann 2001). Formal and informal roles are not mutually exclusive, and a group member can simultaneously occupy a formal and an informal role (Forsyth 1990), such as a player occupying a formal team captain role but also emerging as the informal team comedian. Though group roles are largely viewed as positive, several negative roles have also been identified that provide resistance to the formal group structure.

Within organisational psychology, negative roles can provide resistance to group structure through negative and deviant characteristics (Benne and Sheats 1948; Farrell, Schmitt, and Heinemann 2001). Some researchers refer to negative roles occurring within organisations as bad apples – toxic team members who cause dysfunction throughout organisations (see Felps, Mitchell, and Byington 2006). When operating in superordinate positions, bad apples may be considered toxic leaders, or members of an organisation who exhibits dysfunctional characteristics and engages in destructive behaviours while in an authority position (Lipman-Blumen 2005). Sometimes used synonymously with destructive leader, tyrant, and abusive supervisor (Farrell, Schmitt, and Heinemann 2001; Lipman-Blumen 2005; Thoroughgood et al. 2012), toxic leaders are generally in high-level, formal leadership positions, such as managers or CEOs, who have power over employees within an organisation (Appelbaum and Roy-Girard 2007). Toxic leaders are not hired by an organisation to lead through destructive standards but likely develop into the toxic role due to personality characteristics and/or situational factors within the organisation, similar to deviant informal roles described by Benne and Sheats (1948). The negative effects toxic leaders can have on individuals and organisations may stem from deeply embedded personal characteristics, ideals, and values (Lipman-Blumen 2005). While toxic leaders may appear charismatic, passionate, and positive (Conger 1989), they more commonly lack integrity, make emotional judgements, and lack character qualities, such as respect or integrity (Lipman-Blumen 2005; Reed 2004; Walton 2007). Toxic leaders engage in destructive behaviours such as intimidating and demoralising followers, using fear as a motivator, micromanaging and coercing employees, misleading followers through disingenuous information, identifying scapegoats, and deteriorating group cohesion, all of which can decrease followers' psychological well-being (Lipman-Blumen 2005; Reed 2004; Tepper 2000). Resultantly, consequences may include reduced productivity, increased employee absenteeism, decreased employee performance, and employee demotivation (Lipman-Blumen 2005; Reed 2004; Thoroughgood et al. 2012)

Within sports psychology research, negative roles have been identified through the malingerer, the distractor, and the team cancer (Cope et al. 2010; McGannon et al. 2012). Cope et al. (2010) explained that the most detrimental informal role is the team cancer, described as an athlete whose negative emotions and behaviours can spread destructively throughout a team. Similar to the toxic leader, a team cancer may hold other roles, such as a formal team captain who may have deviant or destructive qualities. Team cancers spread destruction through their negative characteristics, such as being manipulative, narcissistic, lacking helpfulness and optimism, blaming others, and causing distractions (Cope et al. 2010; McGannon et al. 2012). Leggat, Smith, and Figgins (2019) added that a problematic player (e.g., a sensitive name for a talented but negative player given the negative connotation surrounding the word cancer) can have high self-appreciation and a need to mask weaknesses, while McGannon et al. (2012) found that a team cancer can also be viewed as a team energiser, suggesting masked positivity within the team cancer role. However, the team cancer is a primarily negative informal role, with negative characteristics and consequences that spread throughout a team. Team cancers may cause detrimental consequences, including team distractions, clique formation, hindered team cohesion, poor performance, and increased attrition (Cope et al. 2010; Leggat, Smith, and Figgins 2019). The team cancer exemplifies how 'a single, toxic team member may be a catalyst for group level dysfunction' (Felps, Mitchell, and Byington 2006, 176).

Although the toxic leader and the team cancer roles have been explored, to our knowledge a gap remains concerning negative informal roles occupied by a staff member on a sports team, henceforth referred to as the staff cancer. Although the use of the word 'cancer' may be criticised for its connotations with a serious illness (Leggat, Smith, and Figgins 2019), we have chosen to use this

term in the spirit intended by Cope et al. (2010), (2011)), and for the purpose of distinguishing it from other similar terms used in organisational psychology. We conceptualise the staff cancer as a member in a formal team position (e.g., coach, athletic director) who spreads destruction throughout the sports team and organisation through negative actions. Although differing in some respects, the staff cancer is conceptually similar to the team cancer and toxic leader in three distinct ways. First, similar to the toxic leader, the team cancer would occupy a formal position with authority within the team. Second, although emerging within a staff member and not an athlete, the staff cancer is similar to the team cancer because of its emergence within a sports context. Finally, the staff cancer may fail to achieve their formal role responsibilities by consciously withholding effort or not completing tasks associated with their role on the team, similar to the bad apple described by Felps, Mitchell, and Byington (2006). Over time, if the cancer consistently impacts the team through negative actions and fails to complete their role responsibilities, a negative group structure may emerge as athletes respond to persistent negative behaviours, similar to a toxic leader creating a toxic organisation (Appelbaum and Roy-Girard 2007) or a bad apple spoiling the barrel through negative spillover onto others within the organisation (Felps, Mitchell, and Byington 2006).

Despite the scarcity of research on the staff cancer role, researchers have addressed related topics such as potentially harmful behaviours enacted by coaches and other adults in positions of authority over athletes. Athlete maltreatment and poor coach-athlete relationships have been described in terms of interpersonal conflict between the athlete and coach (see Wachsmuth, Jowett, and Harwood 2017), where athletes' perceived conflict is tied to poor-coach characteristics, including poor communication, distracting behaviour, lack of knowledge, and abuse of power (Bartholomew, Ntoumanis, and Thøgersen-Ntoumani 2009; Gearity 2012; Stirling and Kerr 2009). Negative coach-athlete relationships can impact an athlete psychologically (e.g., low self-esteem), through training effects (e.g., reduced enjoyment), and performance effects (e.g., decreased performance) (Gearity and Murray 2011; Stirling and Kerr 2009, 2013), possibly leading to an athlete's departure from sport (Olusoga et al. 2010).

Viewing the above literature through an informal role lens, poor coaching creates a resistance to an effective group structure due to the coach's failure to deliver her or his formal role responsibilities. A coach's inability to deliver role expectations effectively, while also negatively impacting the athletes through destructive behaviours, is when the cancerous staff role emerges, gradually and destructively changing the group's structure. A single failure to achieve one's formal responsibilities, such as an instance of negative communication, should not be considered cancerous. However, when a coach, or any role within an organisation, fails to deliver her or his formal role responsibilities and consistently demonstrates negative behaviour over an extended period of time, she or he may be considered a cancer within the organisation.

Failure to deliver formal role expectations and accompanying athlete maltreatment is not limited to a coaching role. Kerr, Willson, and Stirling (2019) found that out of 1000 surveyed national-level Canadian athletes from over 60 sports, 59% of current athletes and 62% of retired athletes reported at least one form of repeated psychologically harmful behaviour occurring from coaches, high-performance directors, or sport administrators, suggesting that other staff members adopt harmful and abusive behaviours when working with athletes. Although Kerr, Willson, and Stirling (2019) work is crucial in introducing the presence and variability of harmful behaviour within the national and international Canadian sports context, it is critical to look beyond prevalence to understand if repeated patterns of harm and inability to deliver formal role expectations have led to an informal cancer emergence with wide-ranging consequences for their team and organisation. Building off of this point, it is important to question how athletes attribute meanings to the staff cancer role and what are the effects of a staff cancer at the athlete-level? Further, as Kerr, Willson, and Stirling (2019) focused on national team athletes, questions remain about potential staff cancer roles at other levels of competitive sport. Within university athletics, students-athletes must successfully balance post-secondary academics with athletics in order to represent their respective schools. Student-athletes often have dual-career stressors that interact within multiple domains of their lives, both in and out

of sport, including the transition from high-school to university, increased academic workload, and sport-related stressors, leading to a decrease in well-being (Stambulova and Wylleman 2015; Wilson and Pritchard 2005). Considering that student-athletes generally do not seek help for emotional distress (Gulliver, Griffiths, and Christensen 2012), a staff cancer may compound student-athletes' stress leading to further repercussions on their well-being.

Our understanding of the staff cancer has also been limited by the ontological, epistemological, and methodological approaches within role research. First, regarding ontology and epistemology, role researchers have typically failed to situate their research within a philosophical paradigm. Explicitly stating the philosophical paradigm of a project can help clarify the researcher's ontological, epistemological, and methodological assumptions, thus providing transparency to the decisions and conclusions made. Second, the primary data collection techniques within the toxic leader, team cancer, and athlete maltreatment literature have been limited to secondary sources (e.g., McGannon et al. 2012), interviews (e.g., Cope et al. 2010; Stirling and Kerr 2013), theoretical papers (e.g., Walton 2007), and surveys (e.g., Tepper 2000; Kerr, Willson, and Stirling 2019). Sensitive topics, such as discussing the destructive impacts of a negative role, can be difficult to verbalise, and researchers may have overlooked how different methods can augment participant comfort. Finally, role researchers have used traditional data presentation techniques, such as block data extracts, to represent negative informal roles. Using alternative data presentation methods, such as creative non-fiction, may bring about meaningful ways of resonating with the reader by highlighting the idiographic, complex, and emotional nature of the participants' perceived experiences (Cheney 2001; Smith, McGannon, and Williams 2016; Schinke et al. 2016).

Given the empirical and methodological gaps, we sought to extend negative informal role literature by employing an interpretive qualitative approach, wherein we used a photo-elicitation technique and an arts-based conversational interview to collect the perceived experiences of the staff cancer from former university-level soccer players. We focused on gaining a perception of the characteristics and consequences of the staff cancer given the lack of information surrounding the cancer role. Accordingly, two research questions guided this manuscript: (1) What are the characteristics of a staff cancer role as perceived by the participants? And (2) what are the consequences of a staff cancer role as perceived by the participants?

Methodology

Our study was conducted from a critical realist ontological perspective, a position that bridges the gap between a realist ontology and social constructivist epistemology (Bhaskar 1978; Danermark, Ekström, and Karlsson 2019). We, as critical realists, view reality as stratified into three domains – the real, the actual, and the empirical (Bhaskar 1978). The real domain represents the mind-independent reality where causal mechanisms exist regardless of individual consciousness, never fully observable (Lusted 2018). When mechanisms shift into the actual domain, they become activated as events, making them observable (if experienced), such as a staff cancer berating an athlete behind closed doors (Lusted 2018). On one hand, the event may be experienced by the athlete and observable to anyone standing outside the door, on the other, if no one is around to observe, then the event will only be experienced by the athlete being berated. Finally, the perceived experience of an event occurs within the empirical domain. Events and experiences are considered as perceived because the true nature of an experience, and reality, is inaccessible, meaning that the true nature of the staff cancer cannot be understood with complete certainty (Danermark, Ekström, and Karlsson 2019). Accordingly, we believed that the staff cancer role is a real phenomenon that exists independently of our conception of it and the only way to infer the reality of the staff cancer was through the participants' perceived experiences.

Two other important tenets of critical realism are epistemic fallacies and generative mechanisms (Bhaskar 1978; Wiltshire 2018). An epistemic fallacy occurs when reality is reduced to what is observed in the empirical domain, such as claiming our results are a concrete representation of the

staff cancer role (Lusted 2018). To avoid committing an epistemic fallacy, we viewed our findings as historically and culturally situated (i.e., epistemic relativity), meaning that our collected data – participants interpretations of their perceived experiences – and subsequently our understanding of the reality of the staff cancer remains fallible (Wiltshire 2018). Within this mind-independent reality, researchers can speculate generative mechanisms – causal links between made between reality and what is experienced within the empirical domain. Speculating generative mechanisms may involve examining a staff cancer emergence and the reasons for why she/he impacts a sports team. However, although we attempted to demonstrate the causal link between the characteristics and consequences of the staff cancer, exploring the causality behind the staff cancer is beyond the scope of this research, as our aims were constructed to examine the characteristics and consequences of the staff cancer. Instead, we focus our investigation of the staff cancer within the empirical domain of reality, collecting knowledge from participants with perceived experiences of the staff cancer role.

Participants

Following institutional ethics board approval, we used a purposeful sampling technique to identify former varsity soccer players who have experienced the staff cancer. We sought former varsity male soccer players because this demographic of athlete was similar to our contextualised understanding of the inter-university sports context (i.e., the lead author is male and played within this soccer system), and, given that participants were no longer associated with a staff cancer (i.e., former players), they would possibly be more willing and comfortable in providing their perceived experiences (Brackenridge 2001). Participants were required to meet three criteria for inclusion in this study: (a) each participant must have played on an inter-university male soccer team, (b) each participant must have a perceived experienced of a staff cancer, and (c) each participant must no longer play inter-university soccer. Participants were emailed a recruitment poster and study description before meeting the lead author in-person, or via Skype, and we ensured that each participant understood the nature of the study by verbally explaining the purpose of the study and answering any questions preceding data collection. Before data collection began, the lead researcher explained the team cancer role to the participants, describing the role as an athlete that spreads destruction throughout a team. Informal conversations developed and most athletes explained that they have had cancerous teammates. Next, to introduce the staff cancer, the leader author used the description of the team cancer but attributed the destruction to a staff member. Afterwards, participants were asked questions such as ‘could you tell me about your former varsity career?’ and ‘would you say that you have experienced a staff cancer during your playing time?’ to ensure they met the criteria for the study. One participant knew a member of the research team, and following their interview, initiated the snowball sampling to recruit other participants by contacting individuals who may be interested in the study. After each interview, participants were encouraged to contact other varsity male soccer players who may have played under a staff cancer while representing a university soccer team. Seven former inter-university varsity male soccer players from four different geographical regions within Ontario, Canada, participated. Three of the athletes were active in university at the time of data collection but no longer competed at the varsity level, while four had completed their degrees and discontinued from varsity soccer.

Data collection

Prior to data collection, all participants were notified of their rights through a consent form and verbal communication, verified that they understood the details of the study, briefed on how their information would remain anonymous through extraction of identifying information and sensitive data presentation (i.e., composite vignette, described below), and subsequently, provided written consent. Keeping with our critical realist paradigm, we acknowledged that

the methods used to gather knowledge are always imperfect but must be used to collect empirical information that may (or may not) represent reality (Wiltshire 2018) and methods should be chosen to best suit the research task (Danermark, Ekström, and Karlsson 2019). Given it may be difficult to talk about negative informal roles (Cope et al. 2010), we initiated data collection through photo-elicitation, whereby participants provided and described a photo of themselves within the soccer context where the staff cancer was involved. Following photo elicitation, each participant engaged in a sensitive arts-based drawing activity, lasting approximately 10–15 minutes, and a conversational interview (henceforth referred to as an arts-based conversational interview), lasting an additional 40 and 50 minutes. Each interview took place in the participant's preferred location, with four of the seven interviews conducted via Skype, allowing us to overcome physical distance and interview participants across Ontario. Although Skype interviews can pose difficulty with building rapport and facilitating engagement with participants, we had no issues within the current study, possibly due to the lead author's previous participation within the varsity soccer context and the participants' willingness to speak about their perceived experiences (Deakin and Wakefield 2014). Following the analysis of the collected data, we utilised member reflections (Smith and McGannon 2018) to stimulate further discussion surrounding the staff cancer role.

Photo elicitation

We used photo elicitation as a data collection method to assist the recall of participants' previous memories, perceived experiences, and emotions of their playing career that occurred within the empirical domain of reality (Harper 2002; Lusted 2018). One participant described a photograph of himself with his teammates before a game that brought forth embarrassing memories of failed performance attributed to the impact the staff cancer had on the outcome of the season. A second participant produced feelings of anger and disappointment when describing his photograph, as the negative outcomes of the staff cancer, such as constant belittlement, led him to retire from inter-university sport prematurely. Through selecting photographs, each participant was encouraged to lead the conversation through the explanation of the photograph, thus opening up space to present their descriptions and possibly augmenting their level of comfort (Epstein et al. 2006). Following the photo description, we invited the participant take part in an arts-based conversational interview, as photo-elicitation works well when conducted in tandem with an interview method to provide additional depth to participants' data (Padgett et al. 2013).

Art-based conversational interview

We used an art-based conversational interview to access transitive knowledge concerning the staff cancer (i.e., empirical domain) that could be used to make inferences about the role as present within the real domain (Lusted 2018). We began the arts-based conversational interview by asking participants to draw a circle on a blank piece of paper, and within that circle, draw or write any word, phrase, symbol, or image to the following question: 'What are the characteristics and consequences of the staff cancer role?' The participants were encouraged to take as long as needed to complete their drawing and following the creation of the mandala (see Blodgett et al. 2013) a recorded conversational interview was conducted, where participants were encouraged to explain their drawings related to the staff cancer. Conversational questions were tailored towards the aspects artistically expressed by each participant, such as 'why did you use blue for this object?' and 'could you explain why you drew this field?' to understand how the staff cancer impacted each athlete. Participants explained their idiographic use of objects and colours to represent feelings and perceived experiences regarding the staff cancer role. One participant used darker colours to represent his negative feelings associated with being around the staff cancer while another participant drew a segmented field to represent how the staff cancer influenced team divide. We further recognised the utility of arts-based conversational interviews as an outlet for participants to draw and discuss sensitive issues (Blodgett et al. 2013; Dunn and Mellor 2017). Through drawing a house that represented his desire to go home, one participant

expressed his issues with mental health during his time playing soccer, an area difficult to discuss given stigma and perceived weakness. The interactive nature of the conversational interview, paired with the artistic depictions, provided participants with an opportunity to take greater control over the direction of the conversation (Gubrium and Holstein 2002).

Data analysis and presentation

The audio recordings of the conversational interviews were transcribed verbatim and sent back to each participant to make any changes or corrections they saw fit, with all participants verifying the accuracy of their transcript. Following participant verification, we used a six-step inductive/interpretive thematic analysis to generate themes related to the two research questions (Braun and Clarke 2006; Braun et al. 2019). The theoretically flexible inductive thematic analysis helped us bridge the divide between ontological realism and epistemological social constructivism by using themes constructed in the empirical domain to reflect the real domain (Terry et al. 2017). Step one began with coding the transcription and noting interesting features of the data on the hard copy transcripts related to the characteristics and consequences of the staff cancer. During the first step, extreme belittling through negative communication and need for control, both on and off the field, were prominent characteristics, with no mention of positive characteristics or consequences. The negative characteristics were not surprising, as we conducted the interview asking for the perceived experiences of a negative informal role. During step two, we created provisional inductive codes related to possible characteristics and consequences of the staff cancer and began to develop further codes that were missed in previous readings. Team unification, whereby teammates came together to report the staff cancer's behaviour to higher authority, was a positive consequence that was overlooked during the initial coding but added to the analysis as we became more familiar with the data over multiple readings and critical discussions (described below). We read the transcripts until no new codes were developed, and after the coding was complete, we completed step three by grouping the codes into higher order themes and subthemes. We structured the themes, subthemes, and codes into a thematic outline (see Table 1). During step four, we reviewed and challenged the conception of the themes through critical friends (Smith and McGannon 2018), ensuring each theme contributed to an authentic story that outlined the characteristics and consequences of the staff cancer. One theme challenged through critical friends was the possible positive outcome of the staff cancer. The staff cancer was initially viewed as a negative role, but after engaging in critical discussion, we agreed that the staff cancer may have unforeseen benefits towards team cohesion. To further refine each theme, as part of the fifth step, we created working titles and definitions. Steps four and five were revisited and reviewed multiple times, as they were used to represent the participants' perceived experiences in step six. The thematic outline was used to structure the composite vignette.

Creative non-fiction

Recognising that no depiction of events is comprehensive in representing a mind-independent reality (Danermark, Ekström, and Karlsson 2019), we wanted to represent the results in an engaging and accurate manner while remaining aligned to our critical realist framework. Therefore, we used creative non-fiction to represent accounts of the staff cancer in a creative, evocative manner to resonate with the reader (Cheney 2001; Smith, McGannon, and Williams 2016), while maintaining the participants' perceived experiences of the staff cancer to stay aligned to our critical realist framework. We also drew on creative non-fiction as a sensitivity tool for the participants and the staff cancers they were describing. Rather than portray results through context-specific data extracts that may have identified participants and the staff cancers they were describing, we amalgamated the seven participants' perceived experiences into a non-fiction composite vignette to safeguard confidentiality (Bradbury-Jones, Taylor, and Herber 2014).

Table 1. Thematic outline.

	Themes	Subthemes	Example Codes
<i>Characteristics of the Staff Cancer</i>	Passionate	Motivating Positive	Hard work gets the result Good first impression
	Insecure	Staff cancer questioning his position on the team	Winning games turned to losing games
	Controlling	On-field control Off-field control	Micromanage decisions Curfews, not allowed to talk to the girl's soccer team
	Poor communicator	Yelling and belittling players communication	Negative communication
<i>Ambiguous Consequences of the Staff Cancer</i>	Poor mental health	Increased sadness (depression) Increased fear Decreased confidence Increased apathy	No direction during games Loss of joy for the sport Fear as a motivator, had to do as he said or there would be consequences Belittling hurts confidence, self-doubt No longer wanted to go to practice, go to the gym during off hours, and no desire to succeed.
	Team divide	Favouring certain players over others Increased divide through cliques	Rivalled players against one another, one-sided player treatment Half the team going to team events and half not
	Team unification	Self-Organised team events and practices without the staff cancer Revolt against staff cancer	Senior team members organised practices and dinners to incorporate everyone Signed a petition to rid the staff cancer from the organisation
	Diminished	performance A's to B's to C's	Decreased school performance
	Decreased sport	performance	Record below.500 (more losses than wins)
	Increased turnover	Increased attrition	Decreased brand reputation Multiple players quitting due to stress

Composite vignette. Using the thematic outline as a guide, we began crafting the vignette by extracting keywords, quotes, and contextual examples from the coded data that best represented each theme while retaining each participant's perspective as much as possible; the perceived experiences of all seven participants' were amalgamated into a shared account as told by one composite character (Schinke et al. 2016; Spalding and Phillips 2007). We then merged the extracts through a creative writing process that involved maintaining the contextual information, writing in an active voice, and developing an evocative storyline (Cheney 2001; Gutkind 2005; Schinke et al. 2016). We (the first, second, and third author) continuously reviewed the vignette to maintain 'comprehensive, fluid, and multifaceted' content (Schinke et al. 2016, 39). For example, during the vignette construction, we noticed that we introduced each theme and subtheme but lacked contextual examples that demonstrated the impact that the staff cancer could have within the university soccer context. Through constant revision, we developed each vignette to showcase the composite player's perceived experiences of the staff cancer.

Quality and rigour

Given the methodological plurality of critical realism (i.e., quantitative and qualitative methods can both be used), judging the quality of research situated in critical realism depends on the methodology employed (Danermark, Ekström, and Karlsson 2019). Given the context and qualitative nature in our study, we viewed quality using a non-foundational approach (Amis and Silk 2008). We employed the following four quality approaches in relation to the context of our study: reflectivity, member reflections, critical friends, and authentic data presentation.

First, reflective considerations and situating ourselves in the research were imperative throughout the research process, as the project was interpreted by each member of the research team (Danermark, Ekström, and Karlsson 2019). Self-reflective accounts encouraged us to embrace our

subjectivity and consider how we influenced the research process. We briefly provide reflective accounts on each author and how they impacted the research process. I (the first author), a former varsity-level athlete with in-depth knowledge of the Canadian soccer system, have witnessed multiple accounts of dysfunctional relationships between teammates and staff members prior to this study. These past exposures helped conceptualise the research project while my in-depth knowledge of the Canadian soccer system helped build rapport with participants and inform the conversational dialogue. I conducted the interviews and member reflections with participants and initiated data interpretation. I (the second author), an accomplished researcher in elite-performance and informal role contexts and qualitative methodologist, enhanced the research process by generating a sensitive methodology to augment participant comfort. Throughout the data analysis, I challenged the constructed themes as a critical friend. I (the third author), a former varsity athlete and current competitive youth swim coach, have significant experience using storytelling to represent collected data. I enhanced the research process by challenging the results through multiple perspectives (i.e., athlete and coach) and providing feedback to the first author to represent the results through storytelling. I (the fourth author), an experienced researcher with varsity-level populations regarding athlete maltreatment, was brought onto the project during the later stages to help distinguish similarities and differences between poor coach-athlete relationships and the cancer role. I (the fifth author), a clinical psychologist with significant experience steeped in athlete and occupational mental health, helped conceptualise and interpret the project in relation to organisational psychology literature. I (the sixth author), with research experience in critical thinking and sports pedagogy, helped conceptualise the research project and provided feedback through each revised draft. I (the seventh author), a researcher with experience in group dynamics, enhanced the research project by ensuring the project aligned with the current role literature.

Second, recognising that our theoretical lenses influenced the way we interpreted the results (Danermark, Ekström, and Karlsson 2019), we utilised critical friends to challenge the construction of each theme and introduce alternative viewpoints (Smith and McGannon 2018). One critical conversation involved the overall negativity being challenged and the construction of the team unification theme. Third, we invited participants to engage in member reflections to generate additional information, data, and insights concerning the understanding of the staff cancer (Smith and McGannon 2018). Member reflections are important when working within a critical realist paradigm, as we do not have access to an independent reality but use participants' perceived experiences to represent reality (Bhaskar 1978; Danermark, Ekström, and Karlsson 2019). The member reflections ranged from 10 to 20 minutes in length, where participants discussed the analysis of the data and expanded on specific aspects of the research, thereby increasing the depth and richness of understanding (Smith and McGannon 2018). During the reflections, participants agreed with the proposed findings, with some added information. During one reflection, a participant explained the staff cancer's insecurity stemmed from feeling outside of his locus of control, causing the staff cancer to increase his control over the players.

Finally, given that social systems are open and complex, and that participants' perceived experiences were interpreted and represented by the researchers (Danermark, Ekström, and Karlsson 2019), we drew on tips presented by Cheney (2001) and Gutkind (2005) to transform participant data into a cohesive, authentic, rigorous story. The first step was maintaining the nuances described by the participants. We achieved our goal by preserving contextual examples from participants to help show the reader the details of the composite athlete's perceived experiences, rather than simply telling providing acontextual details. Second, we tried to convey the participants' perceived experiences in an active voice to improve the imaginative content of the sentences, further contributing to the showing, rather than telling, of the details of the story (Cheney 2001). Finally, we constructed the vignette maintaining as many direct quotes as possible to maintain the participants' perceived experiences of the staff cancer (Gutkind 2005).

Results

The following vignette was constructed to represent the characteristics and consequences of the staff cancer through the perceived experiences of seven participants amalgamated into one composite soccer player. The vignette was constructed to follow the chronological timeline of the composite athlete's varsity career spanning three years, beginning with his first visit to the university preceding his first academic year and ending with his departure from inter-university sport during year three. Accordingly, the vignette is divided into year one, year two, and year three to showcase the temporal transition of the composite player.

Throughout the vignette, the composite player describes the characteristics of the staff (i.e., passionate, insecure, controlling, and poor communicator) and consequences (i.e., poor mental health, team divide, team unification, diminished performance, and increased attrition) resulting from the staff cancer. The staff cancer is represented as a member of the coaching staff, as all seven participants attributed their perceived experiences to either an assistant or head coach during the arts-based conversational interview. The composite coach failed to deliver in his formal role responsibilities, and over a span of three years, consistently caused negative impacts on the composite athlete's sport and academic life. Some participants described that athletic directors may be cancerous, and so an athletic director role was added into the vignette. Keeping with our critical realist paradigm, results should be considered fallible and interpreted with caution, as knowledge is limited through one's interpretation and perceptual lens (Fletcher 2017).

Year one

He was the nicest person at the time when I visited during high school. He put me up in a hotel and brought me to dinner. I accepted my offer to the university because he was positive and motivating; it seemed like a good fit. He was a good life motivator where if you work hard, you get the result. His passion for the game was admirable too. He loved to see hard work, success and players buying into the programme. He commended us often, but I could see some negativity. He was friendly, but he knew nothing about the university; he made up 200,000 facts on our tour. I checked all of them two or three days later, and none was correct. This was a red flag; some dishonesty was there but was masked by the initial first impression.

We started my first year winning games. Things were clicking, but after about three weeks, we started to deteriorate. We had a string of losses, but that's inevitable. Teams lose sometimes, and he couldn't handle the adversity. He fell apart as the season progressed. He might have been losing his handle or it could have even been coming from a place of insecurity and feeling outside of his locus of control. He might have thought, 'how am I going to keep my position on the team without having the results to back me up?' You can't entirely control the results, so he sought to assert control in other areas.

He needed a monopoly over us in every aspect of our lives. On the field he would control us by yelling and micromanaging our decisions, that's why I drew this stick man with lines coming out of his mouth because he was continuously yelling. I've been playing soccer for 15 years of my life, but I start overthinking when I am being micromanaged and my performance spirals downward. The whole game he yelled, 'pass here, run here,' as if I don't know how. Soccer is automatic, it is smooth flowing, but that's cut out through micromanagement. I wanted more freedom, but you can't say that because when players spoke up and said 'this isn't right' they didn't play for the rest of the year. I tried it once. I wanted to take a free kick, so I asked him nicely, and he said 'no, no free kick.' I shrugged a bit, and he subbed me off. I was on the bench until the 80th minute when he looked at me and then subbed me back on. I thought 'what am I doing? There is no point in playing now, we've already lost.' He was sending a message that it's a pointless game now so now you can go on; 'I control when you play.' After that game he came in the locker room, slammed all the lockers, damaged physical property of the university, kicked our bags, turned over a garbage bin, and broke

a piece of equipment in the bathroom. He propagated a culture of fear for everyone on that team. His control extended off the field too; he needed to control every aspect of our lives. He used little rules, like a curfew or how intense we needed to be on the bike before a game. I remember at the beginning of a season he said to us, 'I know you guys are young males, all you're going to do is go out and do drugs and get drunk and talk to girls so this is why we are forbidding you from talking to the girls' team.'

Midway through my first year I started to notice a separation between the guys on the team. I drew a soccer field sectioned into four corners because during practices he would divide us by sectioning us off into different corners on the field; one group of players would be in one corner receiving no coaching, another group would be in a second corner, and then his favourite players would be on the other half of the field with him. In the locker room after practice certain people wouldn't talk to each. We deteriorated as a team and stopped bonding as a unit; we became cliquy. We completely broke down and had no cohesion. For team events, half the team would go and half wouldn't. He knew there was a little bit of division, and he rivalled us against each other. That division was really confusing because we were supposed to be a team. I think that a little bit of healthy competition is good on a team, but this was really negative and one-sided. Certain players had a longer leash, they got it a little better than others. He created one group of players against the other, and he prided himself on that. The divide translated over to our games when players on the field wouldn't send through balls to other players because they were having an off-field tiff against them.

Right before summer vacation he sent an email saying 'if you guys don't stay on campus in the summer you're going to lose some of your scholarship money.' My teammates said that wasn't within the rules, but I didn't know because it was only my first year. He used his leverage as a coach to control us. We wanted to go to someone higher up, but he made it clear that the athletic director had his back. A bunch of guys went to the athletic director anyway to ask if they were going to lose their scholarship money and he said 'I can make no promises, I leave that up to the coaches discretion.' I had a couple of friends at home who were playing for other schools and they would brag about how great their teams were and I would think 'what am I missing out on?'

Year two

I noticed how hard he was on people as soon as I returned from summer break. It started right at the beginning of August training camp. There was a 42-degree heat warning and he made us run a 40 minute ten-kilometre timed run. At the beginning of the run, he said that the weather was just another excuse, and we should still complete the run in that time frame. He instilled a mindset that you will not play if you do not complete the run. That run ended in four cases of heat exhaustion and one hospitalisation.

He often spoke with a lot of emotion. I understand that sometimes it is important to be aggressive because some people respond to yelling, but there are also times where it is not needed. Coaches have yelled at me before, you have got to take it with a grain of salt, but this was constant negativity, it was belittling. I added this drawing of a house on my mandala to represent my home because I would call my parents during training camp and ask if this is how it is supposed to be; am I supposed to feel this way? The belittlement was the leading cause of my self-doubt and sadness and it hurt my confidence. I remember during the first preseason game of my second year I was playing on the wing and I beat a guy on a nice move and sprinted down the sideline. I crossed the ball in, but it was a little tight to the keeper. Overall the play was really good; I got a lot of players out of position. At halftime, he came over and in front of the whole team he said, 'that was absolute garbage, you should be ashamed of yourself, that was ridiculous.' I thought I did a great play, but he completely ignored the things I did well. He yelled and belittled me, and I had to take it. He shifted the way I thought about my abilities and made me think that I was a bad player. He played those thoughts in my head, so for me there was a lot of uneasiness about how I played. I was afraid to make

a mistake because I thought he was going to belittle me in front of the older guys. I began to question my ability and think 'am I good player?' Some of my teammates felt this way too; they woke up and dreaded going to practice because they were scared that something bad would happen or they would be belittled. I saw players on my team, the most skilful players, go from doing amazing things to not even being able to control a ball. There was a lot of self-confidence lost on our team because of the way he talked to us.

Even his team speeches were poorly communicated and didn't relate to the situation; he never really got to a conclusion during any speech. All of his speeches seemed to be an effort to motivate us to push on, but they wound up often serving the reverse effect. We would come away laughing out of frustration because he didn't seem to be seeing the same things that we saw on the field. During halftime of one of our games, he said, 'you know, if there were a league where the rankings are based on niceness, you guys would finish like third or fourth.' We thought, is that good or bad? Do we want the fair play, are we not pushing for the fair play? Do you want us to be in last place? Is first place good? We were so confused! We were playing a team who were taking the game seriously and we were coming away from that at half time scratching our heads. His communication was extremely ambiguous and gave us no direction.

At the end of the season we sat second last in the standings. We were constantly losing games, even against weaker teams. I drew six L's in a row in my mandala because that's how our table looked at the end of the season; L, L, L, L, L, L. I was frustrated being part of a team that was always below .500 because you can't contend for a playoff spot in second-last place. What was more frustrating was that he continued to preach at us and say 'as long as we do our things, we will continue to be successful,' but we never were because he forced his ideals onto the way we play, failed to give feedback, and organised terrible practices.

Year three

During my third year I decided to make a change. All of the older veteran players had left the team, so when my friends and I got into that position of seniority we fought tooth and nail as the veteran players to keep a high level of cohesion. We got together for team functions and practices without him and it helped. Everybody blended together, and the cliques started to disappear. As the veteran players, we had to be willing to positively interact with the younger players because we quickly found out that younger players in their rookie year would lose all hope because of him. I tried to explain to the younger players what was going on and how best to break the cycle if you were stuck at the bottom. I told them that having a positive attitude would help against the coach's negative attitude, but I don't think that they expected to come into a programme that was this negative. Instead of practising together as a team they were coordinated off into a section of the field and told by the coach that they weren't going to feature prominently. We did everything possible to facilitate player-to-player cohesion by incorporating everyone. We turned a divided team in my rookie year into a cohesive unit in my third year. We unified against him. We stopped listening to him because he yelled and belittled us. On the field, his words filtered through one ear and out the other. We brought stuff up to the athletic director by signing a petition to get rid of him, but nothing ever came of it. Unfortunately, the athletic director swept everything under the rug and failed to recognise the impact of his behaviour.

The athletic director's refusal to recognise the coach's behaviour was demoralising and mentally draining. I wanted to give up because of all my negative thoughts and emotions. I wasn't excited to be at practices, I had no willingness to succeed, no desire to get in the gym in off-hours, no desire to get to the change room early and have everything ready to roll for the games. I showed up and hoped it was over. I could see it in some of my teammates as well. From the start of the season to the end of the season, heads up to heads down. We had no desire to play on the team anymore.

Soccer was a big part of university, but soccer was only played for two months. School was a full eight months and was my first priority! I drew this picture of the letters descending from A to B to C because of

my declining grades. I was an A student my first year, then I started getting a couple B's, and then the B's changed to C's. I know had more on the go compared to an average student, but back in high school playing sports made my school life more successful. Practices and games were six or seven times a week, but the crowded schedule forced me to study. University was totally different. I'd come home mentally and physically drained because of his negativity. That is why most of my drawings in my mandala were the colour blue, if I had something positive to say then I would use a more positive colour, like yellow, but I chose blue because I think it's a negative colour and that's how he made me feel.

We only won one game during that last season, tied maybe three or four, we were right at the bottom. We should've been golfers instead of soccer players because we ended up on the golf course at the end of the season; we were always out early. I had the worst season of my life; I questioned why I stuck around. I didn't want to succeed to prove a point that they made poor decisions, and our terrible record reflected that attitude. We knew that we weren't making the playoffs, so why bother? We had an entire group of people representing the core of the organisation not wanting to be there. We were a laughing stock. I was ashamed of where I was; I couldn't wear any of the team stuff anymore. The control, the belittling, the yelling, my grades, always losing, it became too much. Some people can handle it more than others, but I didn't want to play anymore. I always loved playing soccer, it was my first real passion, but he stripped me of my self-worth, and I had doubts about everything that I did. I tried to balance the stress of school, playing two games every weekend, training three or four times a week, and then when you have to deal with another stressor, like him, it becomes too overwhelming. Soccer had to go and I wasn't the only player who decided to quit. Every year seven or eight people would quit because of him. It was extremely high turnover, but what do you expect? If you want to strip him of his power, you have to quit. Then you are no longer under his control.

Discussion

Our study aim was to develop an understanding of the characteristics and consequences of the staff cancer through the perceived experiences of varsity male soccer players. We recognise that the cancer role can be viewed from alternative lenses, such as poor/ineffective coaching. However, beginning from the conceptualisation of this project, we viewed the project from an informal role lens. As such, we situate the findings primarily in relation to role literature but do draw on athlete maltreatment literature to showcase similar outcomes of poor coaching.

Prior to relating the findings of our study to previous literature, we want to emphasise that the findings were inferred from the perceived experiences of athletes and interviewing different staff members of an organisation may provide different interpretations. Drawing on organisational social interaction theory, subordinate athletes may be the deviant causal actors and coaches the affected audience, possibly displacing aggression onto the athletes whose behaviours deviate from the team norms, causing the coach to be perceived as a cancer (Lian et al. 2014). Researchers may wish to examine the staff cancer from the vantage of different roles within the organisation to develop a more comprehensive understanding of the cancer role.

The composite athlete's perceived experience of the characteristics of the staff cancer reflects previous characteristics of negative role occupants in the literature, such as positive first interactions (Conger 1989), poor communication (Walton 2007) and the need for control (Lipman-Blumen 2005). Further, excessive personal control, intimidation behaviours, and poor communication characteristics are similar to findings in coaching literature (Bartholomew, Ntoumanis, and Thøgersen-Ntoumani 2009; Stirling and Kerr 2009, 2013), possibly due to the coach's inability to deliver his formal role responsibilities. For example, the composite athlete described that the coach failed to deliver feedback and instructions to the team during competition. Poor communication not only showcases a failure in formal role responsibility, but when paired with constant belittlement, also highlights the destructive impact that extended over the composite athlete's three years playing varsity soccer.

A novel characteristic came from the composite athlete's perceived experience of the staff cancer's insecurity concerning his position on the team. The composite athlete initially described the staff cancer as positive, but as soon as the team performed poorly, the positive aspect of the staff cancer transitioned into insecurity. The staff cancer's insecurity may be considered dispositional, as personality characteristics, such as low agreeableness, can correspond with negative informal role occupancy (Kim et al. 2020). Comparatively, situational factors, which are often overlooked in sports role research, may also explain the staff cancer's insecurity, as different contexts can shape informal roles (Carreau et al. 2016; Kim et al. 2020). Although the insecurity characteristic may hint at possible emergence of the staff cancer, it is beyond the scope of our research, and researchers may wish to examine how the staff cancer develops within a sporting organisation.

Resulting from these characteristics, the composite athlete described multiple consequences of the staff cancer. Some of the consequences have been showcased in previous role and athlete maltreatment literature, such as increased negative psychological consequences (Leggat, Smith, and Figgins 2019) diminished performance (Cope et al. 2010; Stirling and Kerr 2009) team divide (Leggat, Smith, and Figgins 2019; Reed 2004), and departure from sport (Olusoga et al. 2010). However, the aforementioned consequences highlight an important defining feature of the staff cancer: persistence negative behaviours committed over an extended period of time, eventually leading to premature sport departure.

A consequence unexplored in sports role research was the team's unification against the staff cancer. The composite player emphasised that he attempted to foster team cohesion through events excluding the staff cancer, eventually leading to a team revolt against that member. Revolting against the staff cancer aligns with the idea that in order to manage a toxic leader, one must recognise his or her own strength and act courageously in the face of uncertainty (Lipman-Blumen 2005) and fight back against the cause of injustice (Tepper 2000). Within organisational psychology, researchers have described responses to poor supervision, including theft, fraud, and increased attrition (Tepper et al. 2009; Tepper 2000) in order to evoke retribution against the instigator of injustice (Skarlicki and Folger 1997). The aforementioned responses of followers are usually done individually (Tepper 2000), possibly to hold the organisation accountable for a supervisor's toxic behaviour. Our result of team revolt was similar, whereby the team showcased deviance towards the staff cancer, possibly to hold the staff cancer accountable for his behaviour. However, the team revolt was collective, and included behaviours that took place as a team, such as organising practices, team functions, and even signing a petition to rid the staff cancer from the sporting organisation.

The composite athlete also described the impact of the athletic director's behaviour and his lack of action in responding to the signed petition to remove the staff cancer. Although those in power may be able to diminish the consequences of a negative informal role by establishing authority through direct or indirect communication (Cope et al. 2010), within this study authority was not exercised, and the composite player's petition to remove the staff cancer was disregarded by the athletic director, suggesting the athletic director may be cancerous, or at least an enabler of cancerous behaviour. Within a toxic environment, toxicity spreads from top to bottom; the higher up a person is, the more widely spread the pain, and the more people there are who behave in the same way (Appelbaum and Roy-Girard 2007). Supposing the athletic director occupied a staff cancer role, the sporting organisation may be producing negative spillover described by Felps, Mitchell, and Byington (2006), where the athletic director occupies the bad apple/cancer role and coaches within the organisation experience the athletic directors cancerous behaviour, possibly becoming cancerous and spreading negative outcomes onto athletes. Researchers may wish to explore other members (e.g., coaches, trainers) perceptions of the staff cancer within sporting organisations to understand differences in role occupancy.

Although psychological consequences have been described by previous role (McGannon et al. 2012; Leggat, Smith, and Figgins 2019), and athlete maltreatment researchers (Stirling and Kerr 2009, 2013), we believe mental health consequences should not be trivialised, as the staff cancer has extended impact and control over athletes and may exist within multiple roles of a sporting

organisation. The composite player's attempt to draw attention to the severity of the staff cancer was disregarded by the athletic director, thus preventing the recognition of the staff cancer within the organisation and subsequently, the healing of the mental health issues faced by the composite athlete. The staff cancer significantly impacted the composite athlete's mental health, and we recommend that future researchers continue to explore the mental health impacts of the staff cancer, as multiple sports agencies, such as the International Society of Sports Psychology (ISSP) (Schinke et al. 2018), the International Olympic Committee (IOC) (Reardon et al. 2019), and European Federation of Sports Psychology (FEPSAC) (Moesch et al. 2018) have called for more research concerning athlete mental health and the conditions of the sporting environment that contributes to mental health challenges in athletes.

Building on these calls, we believe that the sensitive methods used throughout this study may aid in approaching the topic of athlete mental health. As a result of the data collection methods used to augment participants' comfort in discussing sensitive topics, participants may have felt more comfortable in expressing their mental health concerns through idiosyncratic ways, such as by drawing objects (e.g., a house to represent home) or emotionally suggestive colours (e.g., blue). Participant comfort when discussing mental health concerns is important to consider, as athletes may suppress their mental health concerns for reasons including embarrassment or stigma (Gulliver, Griffiths, and Christensen 2012), and the continuous suppression of mental health issues can exacerbate symptomology, leading to other mental health concerns, such as sleep disorders, major depressive disorder, and suicide (see Reardon et al. 2019 for a review). Researchers should continue exploring methods beyond the go-to semi-structured interview when collecting data (McGannon et al. 2019), as using of different methods, such as photo elicitation and arts-based conversational interviews, may contribute to different ways of generating knowledge by maintaining participants fluid accounts and understanding perceived experiences in empathetic and multisensory ways (Culver, Gilbert, and Sparkes 2012). To our understanding, this is the first research project to examine a negative informal role through using non-traditional, sensitive methods to collect data, and, therefore, this research extends the literature by showcasing that sensitive research topics, such as athlete mental health, may be accessed and shared through non-traditional data collection methods (Blodgett et al. 2013; Epstein et al. 2006; Harper 2002).

Finally, this research helps to extend sport, exercise, and health research by showcasing the use of a critical realist paradigm, a paradigm seldom used within sports psychology literature (McGannon et al. 2019). Recently, Wiltshire (2018) provided a theoretical overview of how sport and exercise psychology researchers may situate their work within critical realism; however, examples of this work are few and far between. We use this paper to highlight an applied empirical example on research grounded in critical realism. Given that this study was the first foray into examining the staff cancer in sport psychology research, the primary mode of inference used was induction, where we used the perceived experiences of seven former varsity soccer players to draw conclusions concerning the staff cancer (while also respecting the fallibility of these results; Danermark, Ekström, and Karlsson 2019). We extend current qualitative critical realist literature by highlighting four mediums for maintaining rigour when employing qualitative research grounded in critical realism (i.e., reflectivity, critical friends, member reflections, and authenticity through data presentation). However, we do recognise that these methods for maintaining rigour may change given the methodological plurality of critical realism (Danermark, Ekström, and Karlsson 2019). We recommend that researchers remain open and coherent in their methodological, epistemological, and ontological stances when conducting research grounded in critical realism, as openness and coherence can also help to enhance rigour (see McGannon et al. 2019). Finally, we recognise that phenomena may differ by context due to the open nature of social systems. Subsequently, the staff cancer may exhibit different characteristics and consequences within different sports contexts. We recommend that future researchers use these results as a fallible foundation to further develop understanding of the staff cancer within different contexts and then hypothesise the generative mechanisms behind this role in a retroductive manner.

Conclusion

To our knowledge, this study is the first to empirically examine the staff cancer. We used sensitive photo- and arts-based methods to interview seven male varsity soccer players twice, once through a conversational interview and once through a member reflection interview, to gain an understanding of participants' perceived experiences concerning the staff cancer. Through these perceived experiences, we highlighted nine themes; four related to the characteristics of the staff cancer and five related to the consequences that the staff cancer has on players. As a result of the research paradigm (i.e., critical realism), the results presented above should be taken provisionally, as they represent a small fragment of the nature of the staff cancer and are always fallible. Although the staff cancer was explored within the context of inter-university Canadian soccer, we challenge future researchers to continue exploring the characteristics and consequences of the staff cancer, as well as prevention and mitigation strategies, within different contexts, thereby furthering our understanding of the staff cancer and the possible generative mechanisms behind this role.

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No potential conflict of interest was reported by the authors.

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