Understanding the lived experience of mental health within English Professional football

By

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ABSTRACT

The 'beautiful game' of professional football has a shadow-side which is the mental health of its players. Football is arguably the most popular sport in the world, with an estimated 35 billion follower's world-wide; its professional players are often held up as heroes (or villains) for the media and for fans of the sport. Seen as powerful role models for success, the vulnerability of footballers to mental health difficulties is an aspect of the sport which has become a focus for academic enquiry relatively recently.

This research examines how footballers' mental health is experienced and interpreted by the players themselves. The study takes a qualitative approach to enquire into the lived experiences of a cohort of professional footballers in the UK. The twelve participants of the study were from diverse cultural, gender and personal backgrounds. A specific concern of this study was to see how any findings could serve to inform the Professional Footballers Association (PFA) to develop future strategies for improving services in support of player well-being.

Semi-structured interviews generated in-depth accounts of participants' experiences as professional players and how their career in football impacted their mental health. An interpretative phenomenological approach (IPA) was utilised to analyse the data, generating four themes. *The 'Snowballing Self'* represents their fragile sense of self, tied up in fleeting successes and highly dependent on performance, with little sense of personal agency. '*The Mask*' encapsulates the different ways in which players develop defence strategies to hide their more vulnerable selves. *The 'Roller-coaster'* metaphor represents the ups and downs of this often brief career, punctuated by highs and lows and rapidly changing circumstances. *The 'Medicalised Sporting-Self'* explores how the culture of football is rooted in a medical model, geared towards enhancing the performance of players, rather than their well-being.

I argue that there needs to be a cultural change in football in terms of its approach to mental health. I identify the need to listen to the players themselves and highlight the fact that professional footballers are, first and foremost people, intrinsically valuable with a need for personal development through and beyond their professional careers and their identity as 'footballers'. I argue that this assumption needs to be enshrined into coaching, education and support systems for players and form the basis of programmes and interventions that use the players' own language and frames of reference. Finally, I make practical proposals for well-being support services that adopt a 'player-centred' approach.

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DEDICATION

This project is dedicated to my ancestors who came before me and created a pathway for me. On who's shoulders I now stand on… my great grandparents Crawled, so my grandparents could Walk, to enable my parents to Run, so I could Fly. I am eternally grateful.

To the Man upstairs without you none of this would be possible 'thank you'. I now have that piece of paper – 'Now it Begins'.

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GLOSSARY OF TERMS

AIFS	Australian Institute for Family Studies
APMS	Adult Psychiatric Morbidity Survey
BACP	British Association for Counselling Psychotherapy
BME	Black and Minority Ethnic Community
DSM	Diagnostic Statistic Manual
GDPR	General Data Protection Regulation
GHB	Gamma-hydroxybutyrate and Ketamine
ICD	Internal Classification of Disorder
IPA	Interpretive Phenomenologial Analysis
MFA	Mental Health Foundation
MHA	Mental Health Act
NHS	National Health Service
NSPCC	National Society for the Prevention of Cruelty to Children
PFA	Professional Footballers Association
WHO	World Health Organisation

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Chapter One – Introduction

1.1 Mental health in sport

In 2017, as Director of Player Welfare for the Professional Football Association (PFA), I was instrumental in commissioning an internal audit of mental health within football in the UK. Administrated through the Collaboration Centre for Mental Health, in co-operation with Oxford University, St George's University and the Black and Asian Coaches Association, it consisted of ten-questions sent out to 92 professional league clubs to establish: 1) how professional clubs defined well-being and mental health; 2) what factors influenced professional players' mental health; and 3) what internal policies and provisions currently exist for supporting professional players reporting a mental health issue. Out of the 70 clubs that responded, only 38 reported having any definition of mental health and well-being. None of the professional clubs had any understanding of the existing definitions outlined by the World Health Organization in their International Statistical Classification of Diseases and Related Health Problems (ICD-10, 2016), American Diagnostic and Statistical Manual of Mental Disorders 5*th* Edition (DSM-V, 2013), nor of the legal definitions used by the current Mental Health Act (2007).

The survey showed that professional players in all four leagues (Premier League, the English Football League in terms of the Championship and Football League Leagues one and two) suffered from a combination of mental health problems, primarily depression (56%) followed by anxiety (34%). What also emerged from the survey was that there were a range of contributing factors, including injury, transition, loss of 'form', relational and family breakdown. Such issues have also been identified in the professional sport within numerous prevalence studies, (see Smith, 2019). Wood et al. (2017, p.120) also state that "one in four current professional footballers reported experiences of mental health difficulties, with a higher prevalence being reported after retirement".

A recent review of the 1983/2007 Mental Health Act, conducted for the Government under Sir Simon Wesley (2018), concluded that prevailing mental health trends in society, with sporting populations being identified as a specific cultural subset, must be considered of crucial importance for future policy-makers. As a result of this review, a directive suggested that governing bodies within sport must take mental health seriously and review current practices. A statutory requirement was introduced by the Government's 'Sporting Charter' (2011) under which National Governing Bodies in sport are expected to recognise and understand the situations and issues that may cause mental health difficulties for sports men and women within their field. They are required to identify what can be done to support individuals who may be suffering from a mental health- related issue. These policy directives have illuminated a very under-researched area in sport, not just in terms of the factors that may compromise the well-being of professional athletes but what is missing in terms of supporting their well-being. Well-being in this context is recognised as: "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community." (WHO, 2018, para. 2).

Within the notion of 'well-being', there is a commonly held cultural belief that participation in sport is inherently beneficial for both physical and mental health. Many studies endorse this premise. For instance, Darongkamas et al. (2011) and Jeanes et al. (2019) have described the beneficial effects of sporting involvement for people suffering from a range of mental illnesses. A study that focused on the positive effects of playing football on the mental health of various groups of people identified benefits such as the reduction of social isolation and the building of confidence (Darongkamas et al., 2011). However, Coakley and Pike (2009) contrast the health benefits of sporting participation amongst the general population to the levels of drug-abuse, violence and risk of serious injuries which are commonplace in many professional sports. It is significant to the current

study to note that, whilst ‘playing football’ is widely considered a beneficial activity in terms of physical and mental health, the prevalence of mental illness among professional athletes in general, as well as footballers in particular, is now widely recognised (Poucher et al., 2019, Smith, 2019) therefore other factors must clearly be considered.

Looking at media accounts and the high- profile autobiographies of elite athletes, it is clear that they are “vulnerable to a range of mental health problems (including substance misuse), which may be related to both sporting factors (e.g. injury, overtraining and burnout) and non-sporting factors” (Rice et al., 2016, p.1352). In general, prevalence (e.g. of depression and suicide) largely reflects that of the wider population. However, professional players are more vulnerable to substance abuse and eating disorders and particular events such as injury and approaching retirement, can lead to mental health problems. Moreover, elite athletes are subjected to intense mental and physical demands. Coupled with the pressure to perform and intense public scrutiny through mainstream and social media, this may increase their susceptibility to mental health problems. This thesis therefore draws a distinction between the beneficial effects of sporting participation and the challenges faced by professional athletes.

1.2 Power and the gendered body in sport

Society’s powerful influence in sport, has been explored by a number of researchers (Andrews, 1993; Pringle, 2005; Markula and Pringle, 2006), drawing on the writings of Michel Foucault (1967). Although Foucault did not write specifically about sport as an institution, Markula and Pringle (2006) have applied his discursive approach to the context of sport to explore issues of social power and how these influence the ‘production of the self’ in sport. The discursive construction of the fit, healthy body (Markula and Pringle, 2006, p. 51) is particularly relevant to this study's focus on mental health. As Smith (2019) argues, there is little room for weakness, self-doubt or mental health struggles in a world in which

‘success’ is inextricably linked to infallibility and strength. Markula and Pringle (2006) also explore the discursive construction of the gendered body in sport, focusing on gender and identity. Andrews (1993) argues that a Foucauldian perspective could help to develop a research agenda that is more critical of the sport context. This is important for the present enquiry, helping to frame mental health in professional sport within these discursive dynamics. In addition, as Coakley and Pike (2009) point out, powerful stakeholders (reflected in huge media and sponsorship deals) influence the production of professional sport on the national and international stage. It is not just professional sport that is inextricably linked to corporate interests and investment. In this context, players become commodities and this underpins the focus on performance to the exclusion of other aspects of well-being, as I discuss in chapter two.

Global corporate interest in sport is reflected in the way that the Olympic games and other international sporting events have increasingly become global marketing opportunities, with the logos of transnational corporations flying alongside national flags (Coakley and Pike, 2014). In terms of the political dimension, Coakley and Pike (2014) discuss how international sport is routinely used to foster national interests and how the history of sport is rooted in colonialism, as Coakley and Pike (2009) have argued with reference to the Indian Premier League of cricket.

Sport culture is also characterised by traditionally hierarchical, predominantly masculine power structures. Hargreaves (1986) saw power as a set of relationships, rather than a political activity, and culture as: “activities, institutions and processes that are more implicated in the systematic production and reproduction of systems” (Hargreaves, 1986 p.9). He draws a parallel between the culture of sporting disciplines that exert power over the body of the athlete and the way that “power in societies like ours is diffused and circulates throughout the social body” (Hargreaves, 1986, p.4). His exploration of these perspectives of social power and culture in sport are represented by considerations of class,

commercialisation, development of media and state interventions, but more specifically, through viewing sport and the body as a form of 'hegemony'. The exercise of power over the body of the athlete, or of one group of athletes over another, could thus be viewed as an example of social power more generally. Wellard (2009) speaks of sport as being heavily invested in a specific notion of masculinity, a context in which hegemonic masculinities are shaped and reinforced.

Wacquant's (1995) ethnographic enquiry into the "social structuring of bodily capital and bodily labor" among professional boxers is considered a seminal study in this regard. Through participant observation, he was able to uncover its "embedded social logic and meaning" (p.65). Other ethnographies, however (see for example, Woodward, 2008; Ribeiro, 2017) are in the context of sport as a leisure activity rather than as a professional sport. It is important to emphasize that professional footballers are also workers. Drawing on Bourdieu's forms of capital, Wacquant emphasizes the unique way in which the body of the elite player is both a form of capital and labour.

With a more specific focus on athletes as workers in a particular industry, Smith (2019) has described the need to "better understand the costs to mental health of working in an often very public and highly pressurised, medicalised, scientised and performance-focused sport setting" (p.79). In addition, Coakley and Pike (2009) have proposed the need to consider the diversity of sporting personnel, their experiences across sporting disciplines and across the lifetime of those experiences. In the light of this, the well-being and mental health of professional football players clearly needs to be linked to wider structural factors within professional football. As Brownrigg et al. (2018, p.253) have powerfully argued, "the culture of pro-football seems implicated in these problems the professional organisations take no responsibility for them". It is against this backdrop that I now turn to the narrower background to this study.

1.3 Footballers in the UK: Models of care

This enquiry has been a deeply personal as well as professional journey. Following a knee injury that I sustained as a young footballer, I experienced first-hand the impact of the biomedical approach, with its focus on performance and the neglect of the mental health of players. This experience later motivated me to become Director of Player Welfare in 2011, having qualified as a person-centred counsellor (Rogers, 1990). With an increase in players accessing this support, I introduced a Nationwide Network of Therapists in 2012. We started with 28 therapists and now have over 200. In 2013, I introduced a 24-hour counselling helpline for players to speak to a therapist at any time. In 2017, I delivered my first Mental Health & Well-being conference. The targeted audience was club staff, and the aim was to make them aware of the support that is available to the players and to look at what support they had in place for the players around mental health & well-being. The conference was called 'INJURED', as I believe that a physical injury should be treated in the same way as mental health issues. Finally, in 2018, I introduced PFA Mental Health & Well-being workshop to all clubs to educate players (both men and women), on the mental health and well-being issues that they could encounter in the football industry and where they could go to access support.

In the UK alone, an estimated seven million people are involved in football at the 'grassroots' level (non-professional). These comprise youngsters and older players whose regular lifestyles include playing at an amateur level, as well as watching football and following larger clubs. A growing number of women's teams are included in this demographic, energised by the emergence of the Women's Super-Leagues 1 and 2 and the setting up of 32 National and Regional Talent Centres for women.

The traditional model of care and support for players at club level has involved welfare and safeguarding officers who will have received three hours of training, without any specific

training in the area of mental health. Most professional football clubs with an academy structure, with responsibility for young players from the ages of 6 to 16, have educational welfare officers and safeguarding officers. At the professional level, clubs will also have trained medical staff, doctors and physiotherapists. Within the Premier League, there are safeguarding officers and player liaison officers but neither role involves responsibility for the welfare or mental health needs of professional footballers.

In the UK, at both the professional and grassroots level, coaching staff have traditionally referenced something called the *'Four corners model'* which involves having consideration for the technical, physical, social and psychological aspects of the player. However, this model is entirely orientated towards optimising a player's performance, within which their mental health is clearly a subsidiary, though significant factor. The recommendations of the government's Sports Charter (Gov.uk, 2011) has brought attention to numerous charities that have taken up a role in supporting mental health in sport. For example, Sporting Chance was founded in 2000 by ex-England football captain, Tony Adams following on from his own struggles with and recovery from, addiction.

In spite of these various support systems within the professional sport of football and at the grassroots level, there have, to date been no evaluations in the UK of their effectiveness in terms of meeting the needs of players who may be suffering from a mental health problem. Sebbens et al. (2016) observed that, in spite of the prevalence of mental health difficulties in elite athlete populations: "there is little research examining how to enhance mental health literacy or helping behaviours in elite sport environments" (p.991). Over the last five years, I have tried to address some of these limitations in my own practice as Director of Player Welfare by developing counseling services, mentoring programs, referrals to primary health care and support for professional players, as discussed above. Furthermore, while current practices and policies have evolved over time and are being revised in line with government policies, there has been very little research into how well

they are calibrated to the needs of players. For example, in terms of mental health in professional football, there is presently no collaborative approach to assessing how professional players define their own welfare needs in order to develop appropriate services. There has been little attempt to understand why professional footballers experience mental health problems, nor to call into question the factors that might prevent them from talking about these experiences. I have found no studies aimed solely at understanding the values held by the players themselves in relation to their sport, nor to enquire whether these may be at odds with those of the clubs who employ them. The industry of professional football, a multi-million-pound business, has thus far failed to adequately address the concerns expressed by some professional footballers in their autobiographical accounts, surrounding the effect of their jobs on their mental health.

In addition, at all levels of the sport, there will be a diversity of men, women and young people, including those from black and minority ethnic communities (BME) as well as from differing socio-economic backgrounds, who will be subject to a range of personal, social and economic factors potentially impacting upon their mental health. These, along with other social factors, can combine with pressures that are inherent to the various sporting disciplines themselves, such as pressure to perform and performance related anxieties, relationships with coaches and team members, injury and the relative brevity of many sport careers (Poucher et al., 2021).

A significant challenge for the current research was to be sensitive to issues of diversity. I was mindful of the work of Littlewood and Lipsedge (1981) who described the way that European norms and values often pre-judge how minority groups may experience their own mental health. This is an important consideration for a research agenda that seeks to empower individuals from diverse cultural backgrounds and to generate new understandings of their unique lived experiences of mental health. It also has implications

for research methodology, as I discuss in chapter three. This is an area that has at last begun to attract academic attention, but which to date remains a rather under researched field.

1.4 This study

The research is underpinned by the belief that for mental health provision in the context of UK football to be effective, experiences of footballers with regards to mental health, need to be understood. In other words, policies and practices need to be informed by the lived experiences of individuals. Thus, the data for this research consists of a series of in-depth interviews conducted with footballers who have experienced mental health difficulties. As an ex-professional footballer and now practitioner within well-being services, I bring to this investigation unique insights and experiences.

Two aspects were of broad interest to me at the outset of the study, namely:

1) how the players experienced and understood their own mental health; and

2) what educational and welfare support services they consider could best enhance their well-being throughout, and subsequent to, their professional careers.

In terms of implications for practice and developing services, I wanted to know how the players' own experiences and views on the subject of their mental health might contribute to a new framework of policy and procedures.

The thesis is presented in five chapters. The following chapter presents a review of relevant literature, beginning with the way in which mental health is defined in legislation and academic research. It looks at the context of the study and the broader issues that are associated with professional sport. It looks at a range of studies that have examined various aspects of mental health and illness within sport generally, and in professional football specifically. The third chapter sets out the epistemological stance and methodological choices that were made in terms of research design. It also outlines the theoretical framework used to analyse the data and the ethical considerations. The fourth chapter

presents the analysis of the data, which is set out in four thematic clusters: *The ‘Snowballing of Self’; The ‘Mask’; The ‘Roller-coaster’; The ‘Medicalised Sporting Self’*. These are explored with reference to verbatim extracts from the interview narratives, making links to the relevant literature.

In the conclusion chapter, I take a critical overview of the research process and highlight its key findings. In this final chapter, I also assess the limitations of the study, particularly in terms of how it addresses issues of equality and diversity, with particular reference to the voices of women in football. I also suggest avenues for future research within the context of professional football, given the limitations of the study. Bringing together the thematic clusters, I present a case for a revised approach to the provision of mental health support services in football. Specifically, I outline a player-centred approach to mental health provision and underline the importance of a coordinated and collaborative approach between service-users and the various authorities within football and beyond, with responsibility for mental health. I consider what may be learned from other areas of research in mental health and in safeguarding, highlighting the important issues of protecting young and older persons who are vulnerable to abuse.

Finally, I summarise the contribution this study makes in terms of three dimensions: firstly, the methodology it adopts to the topic involves and values the players’ experience and meaning-making; secondly, my own position as an insider is a methodological and epistemological asset; thirdly, my position within the PFA means that I can not only make recommendations but act on them, by advocating for, initiating and implementing player welfare and well-being. I identify the need to listen to the players themselves and highlight the fact that professional footballers are, first and foremost people, intrinsically valuable with a need for personal development through and beyond their professional careers and the identity of being a 'footballer'. I argue that this assumption needs to be enshrined into

coaching, education, and support systems for players and form the basis of programmes and interventions that use the players' own language and frames of reference.

Chapter Two – Literature Review

2.1 Introduction

In this chapter, I present and discuss some of the literature which has informed and orientated the activities of this research. In 2.2 I introduce two broad models of mental illness, the medical model and the social model. In 2.3, I explore some of the literature that has used a social model to look at issues of stigma, race, gender and sexual abuse. Drawing upon critical theory in sport, I explore literature concerned with culture and power structure in professional sport. In 2.4, I present and discuss a number of quantitative, symptoms-based studies, which are orientated in the medical model of mental illness, from across differing sporting disciplines.

In 2.5 I have organised the reviewed literature around some key themes that have been identified as impacting the mental health of elite athletes. These factors are transitions, dealing with injury, developing eating disorders or substance misuse and finally, I discuss the incidence of suicide in sport. Subsequently, in 2.6 I look at research into resilience and well-being, while in 2.7, I discuss what has emerged from the literature by way of protective factors for athlete mental health and interventions for times of illness.

Given the uniqueness of this population and the relative paucity of first-person accounts, biographies and autobiographies have provided me with an additional literature source and are therefore included in 2.8. I believe that these accounts offer some deeply personal and contextualised insights with regard to the issues discussed in other sections of the chapter.

2.2 Models of mental illness

Two broad models for understanding mental health can be discerned (Beresford, 2002). The dominant 'medical model' chiefly considers categories and clusters of presenting symptoms from which clinical diagnoses of mental health disturbance can be established.

The biomedical model of mental illness also dominates treatment options, often consisting of pharmacological interventions (Fulford and Woodbridge, 2003). By contrast, a social model of mental illness (Beresford, 2002) will focus on social and environmental factors that may contribute to symptoms of mental disturbance and emphasises sociological or psycho-therapeutic approaches to treatment.

With the implementation of successive mental health legislations in the UK, from 1959 to the current legislation of 1983/2007, legal definitions of 'mental illnesses' have shifted to definitions based on the notion of 'mental disorders'. The legal definitions of mental impairment, drawn from the 1983 Mental Health Act, are clearly structured around a model of mental illness rather than mental health. Although the Diagnostic and Statistical Manual of Mental Disorders, now in its 10th revision (WHO, 1992) has been challenged in recent years for being an overtly medical diagnostic tool that fails to address the social aspects of ill-health, it continues to influence much of the discourse around mental health in sport.

Within social science research, such normative medical definitions of mental illness have been identified and problematised from various perspectives. For example, Foucault (1967) proposed that mental illness is socially constructed within a given historical context. For Foucault, the concept of madness (the absence of mental health) is constructed through norms and values of a given culture and thus is intimately associated with social power. Furthermore, Fernando (2017) has criticised the continued use of diagnostic frameworks of mental illness, claiming that the development of such tools is rooted in racist views of white superiority. Indeed, he argues that by assuming that such normative instruments are culturally and racially neutral, psychiatry can be seen as institutionally racist.

2.3 Social issues

In order to counter an identified tendency in the general discourse to medicalise mental health issues, this review begins by considering some aspects of the social and

political context of professional sport. In particular, I consider issues of stigma, power, sexual abuse and of gender and race in sport.

2.3.1 Mental health stigma

Stigma around mental health has been identified as a significant barrier for sports professionals both in terms of compounding their mental health difficulties and being the main barrier to seeking help. For example, in a study with fifteen elite athletes aged 16-23, stigma emerged as the strongest barrier against the reporting of mental health issues (Gulliver et al., 2012). The issue of 'stigma' was identified in Goffman's 1961 study in which he interviewed those who had been sectioned under the Mental Health Act and been confined to a mental health hospital. Goffman described this experience as involving the person being in a totally institutionalised setting, previously called an 'Asylum', where the mental health patient additionally suffered a sense of dehumanisation and a radical loss of social status (as well as legal rights). It is perhaps easy to understand therefore, why these historic practices have resulted in a pervasive fear of being diagnosed as having or disclosing mental health problems.

In the context of professional sport, Lavelle (2020) has pointed out that a mental illness diagnosis has been seen as incompatible with elite athlete success. Drawing upon Goffman's (1963) definitions of stigma and making parallels with the gay person who acts straight in order to avoid social discrimination, Coakley and Pike (2009) suggest that athletes may feel the need to hide mental illnesses for similar reasons, fearing the loss of their "virtual social identity" (p.12). A qualitative study involving Canadian footballers (Delenardo and Terrian, 2014), found that having a competitive edge is perceived as being incompatible with having mental health issues. The authors identify the elements that make up the stigma process as being labelling, stereotyping, separation, status loss and discrimination. Discussing the stigmatisation of mental health problems among elite athletes, Coakley and

Pike (2019) argue that the language of mental illness is in itself stigmatising. Faulkner (2017) describes the deeply institutionalised effects not only upon the mental health of professional footballers but the stigma that is created around mental health.

In the UK, mental health issues within professional football often become headlines in the media. Some footballers have taken on disclosure head on by writing about their experiences or collaborating with biographers (see section 2.7). These stories have gained much media attention, raising awareness and arguably, challenging the stigma more effectively than academic research. Such first-hand accounts have been part of a broader societal commitment to reduce the stigma of mental health – all the more powerful in the competitive, masculine-dominated context of professional sport. As Smith (2019) argues, one of the stressors of professional sport is the extent to which careers are played out in the public domain so that players are not only commodities within the sport but become public property.

2.3.2 Gender and race in sports culture

Discussing the role of sport in education during the 1970's, Hargreaves (1986) suggested that there was an 'elitism' operating in schools at the level of team sports, based on both class and gender. This was reflected in the international sports world in which "from the start the modern Olympics was a context for institutionalised sexism, severely hindering women's participation" (Hargreaves, 1986, p189). Sexism and the marginalisation of women in sport persists in various forms. For example, Hargreaves and Anderson (2014) look at how the sexuality of heterosexual women playing successfully in high level competitive sports in the 1990s was called in to question by both men and other women. Hargreaves (1984) discusses the psychological impact of such social inequalities and prejudices on the mental health of athletes. The media is also heavily implicated in these dynamics, as studies by Kane (1994, 2013) Kane and Lenskyj (2002), Kane et al. (2013) and others show,

particularly with regards to the construction of social (including sexual) identity. Ann and Rodriguez (2000) analyse how hegemonic masculinity stratifies women athletes. Female participation in elite sport may have increased but as these authors show, sexism persists in the way that elite female players are positioned, portrayed and appraised both within sporting institutions and in the media.

Anderson and White (2017) describe the culture of sport as deeply homophobic and hostile to relationships between gay men. Thus, while the culture in sport may no longer be classist in the way it was in the last century, gender stereotypes persist (Gill, 2020) and remains dominated by masculine and heterosexual norms. Saavedra (2009) argues that:

> seeking to empower females through sport is somewhat paradoxical given that the world of sport can be a bastion for male privilege and power, an important arena for asserting a particular kind of male dominance over women (p.124).

The dominance of certain masculine ideals is as problematic for men as for women, regardless of their sexuality. For example, in Messner's (1990) analysis of masculinity in sport, an important insight is offered into the role of violence, the body as a weapon, and sport as framework of expression of power relationships and control. It is an important analysis in terms of the mental health of elite professionals, given its impact on the athlete's sense of self. Another aspect of masculinity is the banter culture (Messner et al., 2010) that pervades social interactions within and outside the locker room. Such banter can be both inclusionary and exclusionary (Lawless and Magrath, 2020) and be the vehicle for misogyny and racism (Segrave et al., 2006).

In the context of compulsive substance misuse, Palmer (2019) proposes that it is the notion of masculinity itself as applied to professional sports that needs to be challenged to create a safer space for athletes. Given the increasing numbers of women who are now working at the semi-professional and professional level of football and the huge public

following that their sport now draws, few studies focus on gender issues specific to football. For example, according to Gill (2020), sexual harassment still has not been given enough attention in sport psychology, although Papaefstathiou (2014) reported that there had been some progress, with athletes being encouraged to speak about their negative experiences; nevertheless, the problem remains a serious one.

Racial prejudice is as much a feature of the culture of modern professional sport as that of gender. James (1963), Trinidadian Marxist intellectual and writer, used his knowledge and experience of cricket as a lens for some wider social observations, particularly concerning race. He saw what was happening inside cricket as affecting social life beyond it, as well as the other way around. In a post-colonial world of sport, he saw how the importance of class and skin colour still dominated the discourse. Back et al., (2001) suggested that "sporting racism operates through the logic of absolute biological and cultural differences" (p.6), sport being a context in which beliefs around racial difference are tacitly or overtly endorsed. This perspective is also critically examined in Hoberman (1997) who refers to the "Decades of popular scientific speculation about the special endowment of the black athletes which have shaped entire populations" (p.8). In relation to mental health, Hoberman states: "athleticism carries a special authority inside the 'special reality' of African Americans because it can express black suffering and suffering in uniquely different ways" (Hoberman, 1997; p.52).

Carrington (2010) views professional sport for the black athlete as being inherently political, underpinned and powerfully influenced by social dimensions such as the science of race, the commodification of the athletic body, power, identity and belonging. He argues that the notion of "sporting negritude" to identify the black athlete is a "social construction, or stereotype, made from a raft of pre-existing white colonial fantasies about blackness - referring to this as "mad, bad, sad…" (p.123). According to Carrington (2010), this stereotype was created in 1908 after the black American boxer, Jack Johnson, beat white Canadian

boxer, Tommy Burns. Sporting successes such as this one has enabled black men to “momentarily transgress some of the racial constraints imposed on their live” (Carrington, 2010 p.54). He goes on to argue that black sporting prowess has also been influential in challenging western racial bias, including the idea of black degeneracy, and what the author terms ‘the Myth of Modern Sport’ (p.25), a Eurocentric model of sport which is based upon the idea of the physical, mental and emotional superiority of the white race over all other races. Yet while this notion has been challenged, Carrington argues that by valuing the strength, grace or elegance of the black male body in sport, black men are both objectified and commodified.

Meanwhile, Hylton’s, (2018) critical approach to the position of race is made through an analysis of Dubois (1903). Hylton proposes that racialised processes are always influential in the ways that sport and leisure are experienced and managed (p. 23). He argues that the application of Critical Race Theory to the context of sport makes it possible to reject ideas of “neutral detachment” to the influence of race (which is to effectively to deny, or ‘white-wash’, such influence) and to analyse it instead from a standpoint that is ‘race-aware’” (pp. 40-41). Thus, Hylton (2012) moves towards a more radical understanding of the extent of racism in contemporary society and its manifestations in sport.

Given the general long term negative effects of racism on the mental health of BAME populations (see for example, Wallace et al.,2016; Bhui et al., 2018; Williams, 2018), it would be surprising if racism did not contribute to mental health challenges for black athletes. Yet to date, few research studies address themselves to this issue (Hylton, 2010). Racism in professional sport is frequently highlighted in the media and as Hylton (2010) points, is not confined to overt racial abuse but takes many forms: “in boardrooms, on television, in print, in the stands, on the side-lines and on the pitch” (p.335).

For narratives of racism and its impact on well-being, the most fruitful accounts are to be found in biographies and autobiographies of elite athletes. Racism is referred to in Hill's (1989) biography of John Barnes (Jamaican-born former English professional footballer and present-day TV sports commentator) who experienced it when playing both for Liverpool and England. However, Hill appears to be more interested in the personal, for example, the relationship that Barnes had with his father. This account contrasts with Barnes' (1999) autobiography *'What am I, black or something?'* which exposes, explains and analyses racism in his private and professional life.

Clarkson's (2002) biography of Rio Ferdinand (former professional footballer who played 81 times for the England national team between 1997 and 2011) similarly avoids tackling racism by focusing on Ferdinand's early life in Peckham as the foundations of Rio's mental health difficulties later on in life. The emphasis on the "muggings, burglaries and violence" (Clarkson, 2002, p.15) that characterised Ferdinand's youth is unsettling in the way that it subtly reinforces racist stereotypes as features of daily life. It could be argued that this kind of reporting is a form of institutional 'white-washing'.

Ferdinand's autobiography (2014), on the other hand, deals extensively with his experience of racism in football. Another first-hand account of systemic racism in football is Leroy Rosenoir's (2017) autobiography, *"It is only banter".* As indicated by the title, Rosenoir is keenly aware of the use of 'banter' as an acceptable channel for racial abuse in football. Rosenoir (who played for West Ham, Queen's Park Rangers and Fulham) describes learning to 'keep his head down' because of the racial abuse that was rife in English professional football of the 1980s.

2.3.3 Sexual abuse in football

A wealth of evidence associates sexual abuse with mental health issues. Yet accounts of non-recent sexual abuse in football only began to emerge in the public domain and media (see Morris, 2016) prompted by allegations of non-recent sexual abuse by former football players in the UK. In 2012, Canadian academics Parent and Bannon wrote that most research on sexual abuse in a sports context had been conducted with girls and women, despite the majority of sport participants being male. Comprehensive survey data and follow-up interviews are analysed and discussed in a report completed by Alexander et al. (2011) on young people's experience of participating in organised sports. It found that although sexual harm could be perpetrated by peers and teammates, the coach was the most likely perpetrator. Sexual harassment was mainly but not only, reported by girls. Crucially, the coach could exacerbate distress through condoning incidents experienced as inappropriate or a general culture in which distress inducing incidents cannot be discussed.

Drawing on life-history interviews with male and female 'survivors' of child sexual abuse in sport, Hartill (2016) proposes a new theoretical framework through which the issue of child exploitation can be more fruitfully explored and by critically analysing how sporting organisations might collude through turning a blind eye. Dixon (2020) examines the extent to which masculine culture in sport has been responsible for keeping victims of abuse silent.

As with other issues impacting the mental health of sportsmen and women, first person accounts by high profile athletes provide the raw, contextualised experience of sexual abuse and its consequences. One such account is *'Old too soon, smart too late - my story'*, (Dyer, 2018) written by Kieron Dyer (former Ipswich Town professional footballer) in collaboration with Oliver Holt. The narrative reveals Kieron Dyer's experience of sexual abuse, which in his narrative is connected with his subsequent gambling problems. His account vividly conveys the vulnerability of athletes who often begin their sports careers at

a critical stage of their development from child to adult. Leon McKenzie (a former English professional footballer who played and scored in all four professional leagues) in his autobiography *My fight with my life* (2012) refers to situations of abuse from 17 years of age. McKenzie talks of ending up feeling like “a broken man” and there is no doubt from his account the role these experiences of abuse had on his attempted suicide in a dark Bexley Heath hotel room.

These two examples illustrate how difficult it is for the long-lasting psychological effects of sexual abuse to be captured through academic forms of research. While biomedical studies seek to establish specific associations between sexual abuse and a range of psychopathologies (see for example Mullen et al., 1993; Spataro et al., 2018), the insights and understanding that can be translated into policies and practices are more effectively generated through listening to the voices of those who have been affected, alongside critically interrogating the social context in which the abuse takes place.

Following the high-profile revelations of sexual abuse in football in 2016, The National Society for the Prevention of Cruelty to Children (NSPCC) created a dedicated hotline for those who had been affected and received more than 1,700 calls in three weeks. In the same year, Kaufman et al. (2016) published a literature review, commissioned by the Australian Institute for Family Studies, focusing on the risk factors for institutionalised child sexual abuse. That review included the context of sport and made a number of observations, including identifying the under-reporting of sexual abuse, indeed the failure to recognise it as such, especially where the victim of the abuse is male.

These findings are also cited in a 2019 report by Charles Geekie, QC who presented his review of *Non-recent Child-Sexual Abuse at Chelsea Football Club.* Following a detailed account of the allegations of sexual abuse and of the club’s own records and policies, Geekie

identified that risk factors specific to sport included the power of the coach and the loyalty of players to both the coach and the team:

> There is a risk that winning takes precedence over safety of players, particularly where the authority of the coach is unchallenged by either the players or their parents. There is a risk of a message to the effect that the abuse must be endured if the player wants to be accepted by the coach and to succeed (p. 205).

The sexual exploitation of children in the context of sport has been the focus of a number of government-funded reviews, academic studies and publications in recent years (Brackenridge, 2001; Piper et al., 2013; Lang and Hartill, 2014). In 2017, Baroness Tani Grey-Thompson was commissioned to conduct the *Duty of Care Review* in which she proposed a framework for improving the welfare of athletes and sporting personnel. It included the following:

> [in which there have been] allegations of non-recent child sexual abuse in football, and accusations of a culture of bullying in some sports. Questions are being asked about the price being paid for success. The drive for success and desire to win should not be at the cost of the individuals involved (p.4).

Understanding of the extent of the problem is certainly improving and safeguarding polices are being developed and updated. Nevertheless, it remains a difficult topic to talk about, as Piper et al. (2012) observe:

> The approach to discussing child abuse, and the guidelines and training stemming from the dominant discourse, for the most part initiated by the NSPCC's Child Protection in Sport Unit, together create an environment in which many coaches and PE teachers are confused and fearful (p. 583).

According to Papaefstathiou (2014), the understanding of the incidence and prevalence, the prevention and the control of sexual and gender harassment and abuse in

sports, has continued to improve since empirical and anecdotal data began to appear in the early 1990s. Research has begun to shed more light on the issue and, as a result, education and child protection practices in sport are generally improving. At an international level, various initiatives have been put in place, as discussed in Chroni et al. (2012).

The implications for the mental health of youth and adult survivors of such abuse cannot be overstated. The processes of sharing and connecting with other people who have also been affected may be a key aspect of support for healing. However, the task of policy-makers has to be to tackle the culture of silence in which abuse is implicitly condoned.

2.4 'Quantifying' mental health

It has already been stated that the majority of the studies found for this review which look at mental illness in sporting contexts, use diagnostic criteria and quantitative measurements. One contributory factor for this may be because, a little over a decade ago, sport was only just being recognised as a legitimate and significant sphere for academic enquiry within the social sciences (Coakley and Pike, 2009). Coakley and Pike (2009) referred to it as a "fledgling discipline" (p.1), as such, having to fight for its legitimacy by adopting positivist approaches to enquiry and interpretation. Perhaps for this reason also, few studies have sought to understand the factors within sporting organisations which could also contribute towards mental health or mental illness in their personnel. Nevertheless, such approaches, and 'prevalence studies' in general, which are intrinsically quantitative, clearly are significant and valuable in highlighting areas of concern, driving policy, devising interventions or instigating change.

Gouttebarge and Sluiter's (2014) study of mental health in seven European Football Leagues found that 43% of the players had suffered from clinical depression. In another study, Gouttebarge (2012) looked at the impact of injuries on professional footballers over a 12-month period. Using a symptom-based model, the study demonstrated that mental health

problems ranging from burnout (5%) to anxiety/depression (26%), low self-esteem (3%) and adverse nutritional behaviours (26%). Whilst Gouttebarge's (2012) research does make a clear contribution to understanding mental health in professional football, it is without any personal testimonies from professional footballers themselves. The implications of such a questionnaire-based approach and the use of clinical categories, is that it restricts the opportunity for professional players to take responsibility for how they recognise or account for their own mental health difficulties in the context of personal accounts of their lived experiences. This represents a gap in the available literature and thus in the understandings of the agencies that are set up to help players with their presenting mental health problems. Similarly, Junge and Feddermann-Demont (2016) surveyed depression in both male and female football teams, including under 21s, finding that while depression rates were generally similar to those of the general population, rates were higher in the under 21s. However, while the study establishes prevalence, the lack of narrative means that it cannot provide insight on what specific stressors might be activated in your professional football players.

A major focus of biomedical research in sport is performance and related to this, prevalence of injury. Nicholls et al. (2009) adopted a symptom-based approach to evaluate match-day performance in professional sport, using a disease model proposed by the Mental Health Atlas (2005) which profiles symptoms seen to be linked to mental illness. The way that individual athletes respond to performance anxiety in various sports was also examined in Norway by Abrahamsen et al. (2008) who wanted to understand gender differences. The study investigated the effects of anxiety, self-confidence and self-esteem in male and female athletes engaged in various sports in Norway. They found that females reported higher levels of performance worry, concentration disruption and somatic anxiety than males. Jones et al.'s (1994) study of anxiety and performance in UK swimming

reported that while some elite swimmers found that anxiety was debilitating, others found that a level of 'directed' somatic anxiety was facilitative.

The number of studies that focus on injury prevalence are further indication of what have been the central preoccupations of research within sport. In Ivarsson et al. (2013), injury is looked at in terms of the extent to which psychological injuries can be predicted. In a later study (Ivarsson et al., 2014), the focus is on psychosocial stressors that are associated with injury. Elite professional footballers are the subject of a study by Kristiansen and Larsson (2017) that investigates their injury prevention experiences. Walden et al., (2005) look at injury risk and injury patterns. The importance of such studies to the sport industry is clear. The implications for the athletes who are injured is not a consideration.

The issue of stress was highlighted in the context of rugby, where studies by Nicholls et al. (2006; 2009) considered symptoms of stress linked to injury, match day and training, with a focus on emotional anger. The mental health of players in the study was considered through the conditioning of denial, blocking and avoidance coping strategies that athletes learned implicitly or explicitly through their training programmes and cultural norms. What is notable here is that 'wellness' and mental health is being monitored as a coaching aid, and a factor of the players' performance abilities. This is another example of the way that research into sport and mental health has largely been interested in measuring and manipulating factors that assist and enhance an athlete's performance. It appears that mental health in sporting populations is a concern in terms of identifying and minimising symptoms which adversely seem to affect performance. This reflects a short-sighted and unethical attitude towards the well-being whole person of the elite athlete.

Pensgaard and Roberts' (2000) study of stress in skiing in Norway and Wippert and Wippert (2008) in the German national skiing teams, focussed on the strategies of athletes in coping with stress and the long-lasting traumatic effects of un-planned termination of

professional careers. These studies identified that 20% of the sample of 40 had experienced clinical levels of traumatic stress several months after the (critical) sporting event and looked of mental health issues among athletes. However, the use of diagnostic clinical terms confines participant responses to a definition of mental health disorder and does not consider the wider lived experiences of the athletes themselves nor the socio-economic context of professional sport. Without contextualising the experiences of athletes in the culture and conditions of their working environments and also within the situations of their wider lives, such statistics will not improve the outlook for future athletes.

Junge and Feddermann-Demont (2016) reviewed the prevalence of anxiety in both men's' and women's' professional football in Switzerland. Many of the research papers reviewed demonstrate an almost obsessional dependency on symptoms-based approach to mental health in professional football, which do little to reveal the social and cultural contexts in which players suffer with their mental health. This recurring theme suggests that a biomedical approach as opposed to social qualitative approach is most convincing in demonstrating mental health as a clinical definition in professional football.

Meanwhile, Gastin et al. (2013) investigated wellness rather than mental health indicators in a cohort of elite Australian Football players. Twenty-seven players completed ratings for nine items (fatigue, general muscle, hamstring, quadriceps, pain/stiffness, power, sleep quality, stress and well-being). The authors concluded that "self-reported player ratings of wellness provide a useful tool for coaches and practitioners to monitor player responses to the rigorous demands of training, competition, and life as a professional athlete" (p.2518). Despite its welcome focus on wellness rather than mental health, the study is nonetheless driven by the need to identify an athlete's performance and thereby minimising, symptoms that may adversely affect performance.

Significantly, such studies are not intrinsically concerned with the mental health of athletes but seek to establish how mental health problems might impact on performance. Mental health is largely framed as being a by-product of their sporting performance and is not connected to other factors that might be happening in the sportspersons' personal lives or to the wider contextual and more subtle social pressures on professional athletes – for example, the stigma of mental illness (Doherty et al., 2016), its association with perceived weakness and the need to prove one's strength and fitness, to the point of infallibility (Smith, 2019).

Other studies seek to identify and measure factors that contribute to mental illness. For example, Jensen et al.'s (2018) survey about depression, sent to 323 A-squad players under 19, of depression in elite Danish and Swedish men's professional football, found that for 16.7% of respondents, depressive symptoms were associated with perfectionism, competitive anxiety and social phobia. Many of these research papers rely exclusively on a symptoms-based approach to mental health in professional football, to the exclusion of the social and cultural contexts in which players suffer with their mental health.

One study looked at the more subtle associations between situational factors and perception. Pensgaard and Roberts (2000) investigated perceptions of stress and distress in Norway's national skiing team. They found that the extent to which there was a focus on performance was a significant predictor of distress and that individual perceptions of ability influenced the extent to which the coach and team- mates were seen as sources of distress.

2.5 Factors influencing athlete mental health

Some key factors have been identified in the literature that seem to have a bearing on the well-being and mental health of professional athletes. These are outlined in the following two sub-sections. The following three sections outline instances of disordered

athlete mental health, as evidenced by the identified problematic behavior patterns and the incidence of suicide in athletes.

2.5.1 Transitions

Research on transitions may be understood as "the inherent changes in the career-life of the sports athlete, present opportunities to investigate mental health in the light of emotional, personal and developmental dimensions of professional identity and cultural changes" (Wylleman and Rosier, 2016, p.269). According to the authors, career transitions have become "a well-established domain of sport psychology" which has evolved "from psychological factors influencing athletic retirement to the current developmental and holistic perspective on transitions faced by talented and elite athletes" (p.269). Park, Lavallee and Tod (2013) provide a comprehensive review of over 126 studies carried out in this area, of which 44% used qualitative methods and 46% used quantitative methods. Their investigation into the mental health of footballers, using the concept of transition as a lens, revealed themes such as athletic ability, professional and personal identities, self-worth, self-perception, coping with stress and managing a variety of transitions such as career changes, transfers, educational and employment changes.

Career transition is seen as a particular moment in which an athlete's mental health can be compromised, along a mental health continuum (Westerhof and Keyes, 2010). The researchers identified the transition out of sport at the end of a sporting career as particularly critical and an important juncture when counselling and supportive career coaching needs to be offered. A study with skiers from Germany's national team whose careers had been cut short (Wippert and Wippert, 2008) came to a similar conclusion. Using a standardised questionnaire (Impact of Event Scale) and a semi-standardised questionnaire (psychosomatic stress reaction), the study was able to show that participants whose termination had been supported through discussion with their coach, suffered fewer

symptoms than those who were not supported through the termination of their career. The study also identified that the athlete was abruptly separated from his or her social support network.

Transition in the sense of career termination is also the focus of Brownrigg et al.'s (2012) qualitative study of footballers. Through focus groups with eight players and using interpretive phenomenological analysis, the study found that the players experienced high levels of anxiety, uncertainty and fear at this time, driven by a sense of rejection and loss of control in their lives. The implications for welfare provision are similar to Wippert and Wippert (2008) in emphasizing the importance of external support but also, the importance of pre-planning and preparation.

A significant aspect of transition, specific to athletes and one that also relates to identity, is that of transnational recruitment. Ryba et al. (2013) define transnational athletes as "mobile subjects, who conduct cross-border activities on a regular basis and whose athletic and non-athletic development is transformed through transnational practices" (p.11). Agergaard and Ryba's (2014) study of how transnational female athletes made sense of their lived experiences, used sociological and psychological perspectives to understand how transnational recruitment affected players culturally and psychologically, in terms of their social networks, sense of agency and crucially, their sense of belonging.

Taking into account wider contextual factors, Stambulova and Alfermann (2009) conducted a cross-cultural study of athletes, looking at differences in how future players are trained and coached:

> In Russia and China, professional coaches work with all age and performance levels, whereas in Sweden and the United States, volunteer coaches dominate in children's/youth sports. This single factor may influence career development in that although young athletes who are trained by professional coaches can get

> higher quality supervision in the formation of their technical skills, they can also experience more coaching control over their life and less overall enjoyment than the athletes who are trained by volunteer coaches (p.398).

These are all important considerations for UK professional football given that athletes from around the world are brought together to play in UK squads.

Not all transitions involve the beginning or ending of a career. Bruner et al.'s (2008) study of newcomer athletes in elite ice hockey used a qualitative approach to explore the transition between the professional and personal lives of players. Their focus on how transitions impact athlete's 'on-ice' relationships and their 'off-ice' relationships, provides insights into the demands of their profession and how these can impact their home life in ways that are specific to elite players.

At different stages of sporting careers, the emotional challenges in the life of the athlete brought about by critical events and transitions, have been investigated in terms of their impact on the 'athletic identity'. Cosh et al. (2013) use discursive analysis to investigate how the identity of the elite athlete is constructed and reflected through critical events such as injury, loss, and bereavement. Lavallee and Robinson (2007) look at the difficulties female gymnasts experienced after years of dedicating themselves to their sport. Upon retiring, they described feeling 'lost and helpless' in the absence of an identity that was not rooted in gymnastics.

Lavallee (2000) explored the ways in which transitions often involve personal challenges, for instance when dealing with injury, de-selection and leaving the sport. The study identified agency as an important variable in terms of the consequences for mental health. The importance of agency is further evidenced in Brown et al.'s (2018) study of available social support for eight British Olympic athletes, using a criterion-based semi-

structured interview. Their findings examined and analysed the relationship between identity/self-perception and the extent to which participants were able to seek support.

Transition and identity have also been linked. A review of 122 published papers concerned with athletic identity (Morris et al., 2021) found that retired athletes experienced a more severe loss of identity when their athletic identity at the time of leaving their sports career, was strong. They struggled over longer periods of time to adjust to life after their retirement. One example of an ethnographic approach to investigating transition is Wood et al.'s (2017) study of seven current and former football players. This phenomenological study is relatively rare in that it not only focuses on individual experience but explicitly looks at the cultural context of club football, which is described as:

> a harsh, unsupportive psychological environment, combined with expectations of manliness, resulted in a culture of silence in the face of personal difficulties. Relationships within the culture of pro-football were fraught with anxiety and distrust, leaving the players feeling unable and unwilling to disclose their problems and feeling used and unvalued by their managers (p.238).

2.5.2 Injury

Mental health problems following an injury is the focus of two studies by Nicholls et al. (2006, 2009) which found that players used denial, blocking and avoidance to cope with these incidences and their aftermath. Such strategies, the authors argued had been learned implicitly or explicitly through training programmes and more general cultural norms. Stambulova (2000) has looked at how coming back into sport after a period of injury can undermine the self-esteem of athletes and threaten their identity as elite athletes. Johnson's (1997) study investigated how individuals from a variety of sporting disciplines expressed emotional difficulties associated with being injured. Using self-rating scales, the study

compared the responses of male and female athletes and those from team and individual sports:

> Women were found to become more anxious and tense and to have a stronger inclination to use emotion-focused coping strategies. Team-sport athletes were found to cope more in terms of ‘passive acceptance’ of help from others, whereas individual athletes were found to activate ‘problem-solving’ strategies in face of a stressor (p.367).

Johnson (1997) argued that these results demonstrated the significance of social factors in the support of injured athletes and stressed the importance of taking an individual approach to rehabilitation programs. Meanwhile, Noblet and Gifford (2002) looked at stress and the importance of social support for Australian footballers in terms of their psychological health: “players identified sources of stress that went beyond those associated with the competitive event (such as poor performances) and included a lack of feedback, difficulty balancing football and study commitments, and job insecurity” (p.1).

In another study looking beyond the individual player, Kristiansen et al., (2012) examines professional footballers’ interactions with other staff. The study evaluated the role of the coach as an indicator of stress in relation to professional players' experience in Sweden. Kristiansen et al.’s (2012) research with eight professional Premier League players in Sweden showed that stress was directly and negatively associated with the coach-athlete relationship while a good performance climate was directly and positively associated with a good coach-athlete relationship. This study highlights the importance of positive environmental factors that beneficially influence mental health.

Other studies look at behaviours that have been associated with depression, which may often be well hidden in this population group (Doherty et al., 2016). Indicators that players may be suffering with difficulties of mental health may be expressed by the incidence

of drug and alcohol misuse (Hulley and Hill, 2001), gambling (Robazza and Bortoli, 2007), eating disorders (Terry and Waite, 1996), and in the breaking down of family relationships. The next section looks at three behaviours that are particularly associated with mental health issues: eating disorders, drug and alcohol misuse and suicide.

2.5.3 Eating disorders

Studies of eating disorders within particular sports tend to investigate mental health through clinical terms such as ‘body dysmorphic disorder’. This approach focuses on the ways in which the body-image is constructed, not by the athlete themselves in a social context, but by the symptoms related to the eating disorder. For example, Sundgot-Borgen and Torstveit’s (2004) study of various sports in Norway used a quantitative cross-sectional observational method to analyse self-perceptions of leanness and found eating disorders to be more prevalent amongst female elite athletes.

Studies by Park et al. (2012), and by Terry and Waite (1996) involving rowing athletes in the UK, sought to identify some of the complexities behind the prevalence of eating disorders among sport professionals. Age, sex and weight are identified as significant variables in terms of the risk of developing eating disorders. Filaire et al.’s, (2007) investigation into the implication of self-abuse in relation to vomiting and reported negative physical self-images in French cyclists.

Other studies take adopt a less symptom-driven approach. A study by Papathomas and Lavallee (2010) uses Interpretive Phenomenological Analysis to gain a deeper understanding of the experiences of four elite female athletes who had suffered with eating disorders. The study identifies interrelated issues of disclosure, lack of social support and identity challenges overlap with themes discussed elsewhere in this chapter: the barriers to disclosing mental health difficulties, the complex relationship between body image and identity and the need for a more supportive working environment.

2.5.4 Substance misuse

A relatively large body of literature focuses on substance misuse, abuse and dependence in sport, reflecting not only its high profile in the media and perhaps the implications with regards to competition rules and sponsorship, but also its association with the masculine culture of sport (Palmer and Toffoletti, 2019). As with other aspects, prevalence studies (see for example, Waddington et al., 2005) tend not to seek the reasons behind the prevalence as they would require a different methodological approach. In other studies, prevalence is measured through the perceptions of the athletes themselves (Thomas et al., 2012). Nonetheless, in a later study, Waddington (2015) does adopt a 'sociological medical' approach towards understanding drug use.

The topic is complex as there are at least two dimensions: drugs taken to enhance performance and recreational drug- taking. In their review of drug misuse, Reardon and Creado (2014) describe how doping to enhance performance existed before organized sports and discuss the ethically dubious role doping has come to play in professional sport. They go on to list the reasons that drive athletes to doping: "Athletic life may lead to drug abuse for a number of reasons, including for performance enhancement, to self-treat otherwise untreated mental illness, and to deal with stressors, such as pressure to perform, injuries, physical pain, and retirement from sport" (p.95).

As with eating disorders, the findings show common stressors underlying excessive use of alcohol and drug taking. However, Palmer and Toffoletti (2019) are more interested in looking at how such behaviours are constructed when it comes to female drinking. Whilst recognising the economic, political and cultural power relations between men, sport and alcohol, they are cautious about using the hegemonic masculinity lens in investigating women, sport and alcohol, proposing the need for new frameworks through which sport-related drinking can be acknowledged as pleasurable as well as problematic.

A more common, individualised approach is illustrated by a study by Dietze et al. (2008), consisting of a questionnaire given to 582 male football players. The study found that players were most vulnerable to the abuse of alcohol during periods of long-term injury, at the end of season and during the period leading into the new season. Harcourt et al.'s (2012) longitudinal study (seven years) of elite Australian footballers found that illegal substances were most likely to be used away from the elite sporting context.

Drug abuse and dependency as a coping strategy for stress was examined in a study by Waddington et al. (2005). A survey of 706 football players found that use of recreational drugs was perceived as relatively widespread in that 45% of the sample claimed to know of other professional players who used recreational drugs, although only 6% admitted to having a personal relationship with a drug-using colleague. Clearly there is a taboo against self-disclosure of problematic use of illicit substances. The literature in this area of drug use amongst elite athletes highlights an aspect of problematic mental health, but rarely is this really described or explained from the position of the athlete themselves. The correlation between the availability of illicit drugs through family members, coaches and other players was examined in the work of Dunn and Thomas (2012). They found that athletes who had completed secondary education had a lower incidence of past-year use of illicit drugs, whilst those who admitted knowing socially other athletes who used drugs had a higher incidence.

The specific use of illicit drugs such as cannabis, methamphetamine, Gamma-hydroxybutyrate (GHB) and Ketamine, was also investigated in the work of Thomas et al. (2012), a study in which Australian athletes from a range of different sports were interviewed about their experience of drugs. Respondents stated that there was a need for more drug awareness to be included in training, specifically in terms of the effects of GHB and Ketamine and their effects on both performance and the long-term effects on their health.

What is not generally very well represented in the reviewed literature, is the question of what drug misuse means for the athletes and how the athletes themselves make sense of its impact on their mental health. The use of survey-based data restricts the professional athlete's opportunity to define their use of drink or drugs or to consider what it may be masking and concealing in terms of mental health problems in their personal lived histories, although surveys may potentially also make it easier for respondents to be open to answering sensitive questions anonymously.

The complexity of issues underpinning substance use, abuse and dependence within sporting populations has been usefully discussed by Palmer (2019). Palmer takes the view that cultural aspects in sport may contribute to making it difficult for individuals who are caught up in compulsive substance misuse to recognise the problem in the first place and then to seek help. She proposes that a safer space needs to be created for athletes, through a "radical re-calibration of popular understandings of masculinity in sport" (p.273).

2.5.5 Suicide

Smith's (2019) comprehensive study of depression and suicide among elite players compares the relatively close monitoring of suicide among the general population with the relative lack of suicide statistics among elite players. Instead, one has to rely on high profile cases in the media or autobiographies to get some understanding of how suicide ideation might manifest, and the complex reasons behind it, among these players. What is clear is that depression is considered a high -risk factor. Wood et al.'s (2017) study revealed that 11% of all suicides (in the research period) had taken place inside professional football in the UK. Historic high-profile suicides of professional footballers such as Justin Fashanu and Gary Speed have highlighted gaps in the available understanding of mental health within professional football, along with the suppression of the prevalence of abuse in the game.

As in other aspects of mental health, biographies and autobiographies, by virtue of being first-hand accounts or accounts that focus on one individual, convey more vividly suicidal ideation and its impact. Johnny Bairstow (2017), then England's wicket keeper and batsman, referred to his 'act of courage' in opening up about the suicide of his father, nearly 20 years earlier. David Bairstow, Johnny's father (who was also a wicket keeper for Yorkshire and England) was found by the eight -year- old Johnny hanging from the banisters in their family home in North Yorkshire. Johnny's experience of shock and the subsequent grieving process are made all the more vivid by the co-author from conversations with Johnny. For instance, Johnny remembered how his father, *"built like a muck stack"* was *"always here".* The importance for him of documenting his father's life and how autobiographies function as testimonies, is reflected in his comment about this *"decent bloke"* who will live on in people's memories but *"Most of all, I hope, he lives in the book that you're holding, for that is the point of it'.* Bairstow admits that he and the family had *'stewed over'* whether or not he should write and publish the book at all. The risk of exposing his feelings is illustrated in his protectiveness of his mother after the funeral. In trying to grow into the role that was left by his father: *'With my dad gone, I made a resolution to myself - I would become the man of the house'.*

First-hand accounts such as Bairstow's portray how even those who are closest to the one who takes their own life, can be unaware of the depth of their loved one's despair. David Bairstow was perceived as strong and reliable and yet was clearly inwardly suffering with feelings of personal hopelessness and suicidality. With such a sensitive and personal issue as the suicide of a family member, insights into what might have contributed to the person's death can really only be gained through first-person accounts.

The death of Gary Speed, the Welsh national team's manager and ex-Premier League footballer, was another event that was shocking and seemingly came out of the blue.

Fellow ex-professional player, Clarke Carlisle, who also suffered with suicidality, worked on a BBC documentary in 2013 called *'Depression and suicide: Football's secret uncovered*'. Sometime after Speed's death, Carlisle asked Gary Speed's sister whether she would have described Gary as suffering from depression, to which she responded, *"Absolutely not, he hid it from us, and it stopped him from asking for help".*

Suicidal ideation may be a symptom of acute stress or underlying mental disturbance. Someone who experienced acute suicidality, but who was able to receive appropriate help, is Stan Collymore, an ex-Premier League player. In *Tackling my demons* (Collymore, 2004), the events that led to Collymore's admission to the Priory Hospital in 1999 are described in Collymore's own words: *"I was so low I was genuinely thinking about suicide"* (p14). This kind of personal account provides insight into suicidal ideation that other forms of research cannot. However, more formal research methods that have explored suicide in order to generate insight within sport, include auto-ethnography (Ellis and Adams, 2014) and phenomenological enquiries (Polkinghorne, 1989).

2.6 Resilience and well-being

Another group of studies focuses on how elite athletes develop resilience and adaptive responses to the mental health construct of 'stress'. Didymus and Fletcher's (2014) research into UK elite swimmers concluded that self-reliance was an essential coping strategy. Gutmann et al. (1984) through a quantitative longitudinal observation of American speed skaters, outlined the importance of the use of associate and disassociate cognitive strategies in dealing with the particular stresses of the sport. Kristiansen et al., (2008) looked at the relationship between task involvement and coping with stress among professional wrestlers. Quantitative analytic frameworks measuring motivational climate and task involvement showed that task involvement and the use of adaptive coping strategies were most effective in coping with stress.

The importance of coping strategies in developing resilience are also the focus of a quantitative cross-sectional study of elite Brazilian Volleyball:

> the use of coping strategies to overcome problems, having defined goals, motivation and concentration during competitions have a significant impact on the development of a resilient profile in elite athletes (Belem et al.,2014, p.447).

Finn and McKenna's (2010) study, in which the coaches associated resilience with success, illustrates the tendency of focusing on sporting achievement rather than the overall well-being and mental health of the athlete.

In a broader approach to well-being, White and Bennie (2015) undertook a qualitative study of female gymnasts to identify factors influencing the development of resilience through gymnastic participation. They found that features of the sporting environment were influential, including interpersonal relationships and positive coaching behaviours. These were perceived to have helped support the gymnasts through challenges and to have encouraged them to overcome failure. Gymnastics participation was therefore perceived to have helped develop resilience in the athletes, as well as life skills, self-efficacy and self-esteem. These are clearly desirable protective factors for the mental health of athletes. Their study suggests that a holistic valuing of the development of resilience and well-being in athletes can be supported within a positive sporting environment. At the same time, the focus on strategies while potentially useful in supporting mental health, can be reductive if the more long-term well-being of the athlete is not considered. The notion of 'well-being', as outlined by the WHO (2001), "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (p.2) points towards a wellness ideal which includes social and well as physical aspects. Mental health may therefore be an intrinsic factor of well-being and not simply an absence of disease symptoms.

Few studies have been identified that address well-being as a research focus in a sporting context. One exception is Maestu et al., (2003) who looked at the construct of 'well-being' in rowing in Estonia, using a conceptualisation of well-being that measured the responses of athletes to dealing with stress. It is clearly important to understand the specific working context and conditions in which professional footballers develop and end their careers to identify the types of support which professional footballers and professional athletes more generally, may benefit from - particularly during stressful moments of their career.

2.7 Interventions and protective factors

As one aim of this study is to instigate developmental change in the overall strategy of the PFA, this section examines studies that describe interventions with a mental health focus in the context of professional sports. Some interventions are directed at the players themselves whilst others target coaches. The frameworks that inform these interventions vary as do the measurement tools they use.

Si and Lee (2008) investigated the effectiveness of an intervention called Rational Emotive Behavioural Therapy, on the low frustration tolerance and anxiety of a professional table tennis player in Hong Kong. Their approach was to use self-evaluation (of the athlete) and the coach's evaluation through the use of a 'Goal Attainment Scale', along with verbal feedback from the athlete's sporting partner. They found that the intervention significantly reduced the problematic behavioural symptoms of anxiety. A person-centred approach to reduce anxiety in sport is the focus of a quantitative study by Patsiaouras et al. (2013). The findings are somewhat inconclusive and the attitude towards anxiety is as an inconvenient obstacle to performance.

Pierce et al.'s (2010) study into Australian sport though the use of mental health surveys to 275 club players and 36 club leaders, evaluates the training skills needed for

coaches to recognise and support players with mental health symptoms. The study examined the use of primary health providers such as medical practitioners and clinical psychologists. Whilst 80% of respondents felt that counselling was very important, they also highlighted the need to feel the support of family members. Brown et al.'s (2018) qualitative study of perceptions of social support among eight British Olympic athletes found that family and peers (including retired peers) were perceived as most helpful. Interestingly, in terms of designing a mental health strategy, providing support to others was seen as just as effective as receiving it.

Within UK football, Brownrigg et al. (2018), evaluate the impact of the Sporting Chance Clinic on four athletes. The authors argue that there is a need to provide lifelong welfare for athletes. This study and others focusing on end of career transition, highlight the importance of pre-planning and preparation and of many of the kinds of services that I have endeavoured to put in place since becoming Director of Player Welfare. In Curran et al.'s (2017) study of mental health interventions within Premier League football clubs, improving the level of access to mental health services is seen as beneficial not just for the players but for the wider community, particularly young people. Given that football players often fulfill the function of role models football clubs could foster: "an environment with the potential to address and ameliorate poor mental health amongst the community" (Curran et al., 2017 p.285). Reference is made to social inclusion activities and improving mental health programs within the UK Premier League. The intervention described in Pierce et al. (2010) is an example of this as the intervention uses the football club setting to improve the help seeking behaviours of young males experiencing mental health difficulties, particularly depression. They note, however, that positive outcomes can only be achieved if commissioners provide the resources for appropriate delivery and evaluation. They also highlight the need for a strategic approach to improving the mental health agenda in football.

One research approach that is action-oriented, combining intervention and advocacy, is user-led research, which in the field of mental health is represented by the field of study described as 'Mad Studies' (Beresford, 2019). Mad Studies, which seek to reduce stigma, have been described as combining "scholarship, theory and activism about the lived experiences, history, cultures, and politics about people who may identify as mad, mentally ill, psychiatric survivors, consumers, service users, patients, neurodiverse, and disabled" (Castrodale, 2015 cited in Beresford, 2020, p.1337). What resonates most strongly in terms of my own research approach is the idea of the co-production of knowledge. As Director of Player Welfare and counsellor, I have come to value the power of first-hand accounts in not only increasing awareness and motivating change but also in providing insights that can be translated into practices and procedures. For this reason, I dedicate a section of this review to non-academic sources.

2.8 Autobiographies and biographies

Few studies have looked at mental health in relation to professional footballers in the United Kingdom (Waddington et al. 2005; Wood et al. 2017). Wood et al. (2017 p.2) confirmed that a "…prevalence of mental health difficulties in male professional footballers have only recently become a research area of interest". This is a serious omission since, according to Wood et al. (2017), at the time of their study, they suggested that "one in four current professional footballers reported experiences of mental health difficulties, with a higher prevalence being reported after retirement (p.120)".

On the other hand, disclosures about mental health difficulties among sporting personalities have become increasingly common through the medium of biographies and autobiographies. It could be argued that the very act of writing and sharing these lived experiences is an attempt by the authors to process these difficult life-events and perhaps to reclaim such experiences that may often have been exposed in the public arena.

Frank Bruno (British former professional boxer who competed between 1982-1996) (Bruno and Mitchell, 2005; Bruno and Owens, 2017) offers a detailed account of what he refers to as a series of life events that had been *'building up for years*', leading to being sectioned and compulsorily admitted to a secure ward of a psychiatric hospital under Section 3 of the 1983 Mental Health Act. Bruno writes about the stigma of having a mental illness and the confusion of being initially diagnosed with schizophrenia and then of being bi-polar. This level of disclosure is also well represented in the work of Beard (2012), (American swimmer and seven-time Olympic medallist) who writes about her early exposure to the pressures of competitive swimming. Mike Tyson (2015), American former professional boxer who competed from 1985-2000, provides a graphic account of his self-destructive responses to unresolved non-recent abuse. Unlike academic studies that may shed light on the outcomes of behaviours such as gambling, addiction, violence, and family dislocation, these accounts focus on the subjective experience and meaning, in the context of an athlete's life.

The autobiography of Rio Ferdinand (2017) (one of the most successful and celebrated English International footballers) analyses the impact on his mental health of losing his mother to cancer, admitting that: "I really lost myself for a while" (p.74). Hasselbaink (2005) (a former Dutch professional footballer), reflects on how his descent into addiction began as a way of coping with the trauma of injury. Ruud Gullit's (1998) autobiography (former Dutch player and manager) includes an entire chapter, entitled "Colour of skin" in which Gullit discusses race and describes his experiences of racism.

In the last ten years, it has become more acceptable to talk openly about experiences of mental health. Reflecting this changing attitude, Paul Gascoigne (2004) (aka 'Gazza' - English former professional footballer and manager) discusses his alcoholism and depression in *Gazza: My Story*. Craig Bellamy's (2014) autobiography (Bellamy is a Welsh former professional who made his professional debut at Norwich City in 1996) is a frank

account of the mental health issues he experienced as a result of the abuse he was subjected to both in his private and his public life.

2.9 Summary

Existing research in the specific area of professional football in the UK over the last sixty years has provided little, to date, in terms of personal experiences or contextual analysis upon which to establish an overall evidence-based mental health strategy. Clearly, many of the prevailing social attitudes and perceptions in the wider society parallel those that operate within the culture of professional football, making stigma and seeking help, particularly among young men, a common challenge. At the same time, particular elements of sport culture are specifically problematic in terms of supporting and safeguarding athletes' mental health.

Overall, this review goes some way to demonstrate the complexity of mental health in the context of professional sport and highlights many of the inter-related factors that can potentially influence how mental illness is expressed in this population. Psychological pressures related to performance, to relationships with team members and coach, relationship with fitness and one's body, racial and cultural diversity and gender issues, combine with the individual vulnerabilities that sports men and women bring to the game and the 'tough' culture of professional football.

Mental health research in sport is a relatively small discipline and tends to focus on understanding how elite athletes can be helped to manage their feelings and stress in order to improve their performance. Despite some qualitative and phenomenological studies, I have argued that the voices of these men and women need to be more prominent and their experiences contextualised in the specific setting of UK football.

Some of the non-academic sources, both the biographical and the autobiographical accounts, helped to convey more vivid accounts of the lived experiences of mental health

difficulties inside professional football. These accounts are particularly helpful in terms of highlighting the hierarchical power structures operating within professional football. This is an area that remains largely invisible in both quantitative and qualitative research. The pressure to succeed and the power dynamics that operate for clubs, managers, coaches, teams and individual players, is very particular. In this context, Foucault's (1994) observations regarding the "overmedicalisation of madness" come to mind. He writes about the notion of 'de-psychiatrisation', suggesting that 'madness' (mental illness) has a truth-function for society which is suppressed by medicalised power structures. By locating mental health difficulties within individuals, the role that economic, social and cultural factors play and the role of institutional discourse and practices within sports organisations in perpetuating the stigma around mental health, can continue to be ignored.

I have argued that in order to forge an effective mental health strategy in professional football, more contextualised narratives are needed from the players' own perspectives. The notion of the authentic participant voice can be seen in the work of Wood et al. (2017) and Brownrigg et al. (2018), both of whom used IPA to explore the experiences of mental health for professional footballers. This approach has an important part to play in identifying new emerging themes through the voices of players inside the profession, in order to inform the development of better support services, policies and practices.

The dissemination of such research is equally important in terms of empowering English professional footballers to talk more freely about their experiences. A more holistic approach is needed in addressing their experiences of the critical moments in their career, such as injury or transition. A biomedical approach to mental health does not address the importance of personal power or agency at these times. Nor can it tackle the shame and fear that prevents help-seeking. These issues -coupled with social stigma, combine to become barriers to seeking more long-term help. Wood et al.'s. (2017) research makes an important contribution in terms of understanding what it is like for English professional

footballers to experience mental health difficulties and their subsequent help-seeking behaviours. From my perspective as welfare officer, a study that captures more of this lived experience, the player's own understandings of their mental health difficulties and how they survived these experiences, would contribute to the design of better protocols. Wood et al. (2017) concluded that there is still limited understanding of the experiences of mental health difficulties in the everyday lives of professional footballers in the UK. My study seeks to deepen this understanding by exploring players' lived experiences of mental health, taking into account not just the contextual commonalities that operate within football but how these might impact individual players, given the social and cultural diversity among professional players.

2.9.1 Aims of the current study

A gap has been identified in the available academic literature concerning the lived experiences of professional footballers in the UK, drawing directly on their perspectives of mental health and illness. Furthermore, there has been little research concerned with the way that footballers' social and cultural experiences can impact on their mental health within the context of their working lives. The way that these sportsmen and women understand and interpret their own mental health merit careful investigation and good qualitative enquiry. Gaining insight into these questions is essential to the development of support services and educational resources aimed at improving the well-being of players.

The following chapter focuses on how I developed the methodology for the study, one that could capture the lived experiences of professional players at various points in their career, and one that could reflect some of the diversity already commented upon. As I embarked upon designing the study, my initial questions became one main question and two sub research questions:

1) How do professional footballers understand and speak about their own mental health?

2) What common themes emerge in terms of mental health in the context of the job?

3) How can the findings be used as a basis for improving welfare conditions and educational policy and practices across the sport?

These questions combine towards making a contribution to the development of player welfare policy and practice recommendations which are grounded in the specific context of UK football and informed by the players' own experiences of mental health challenges. As such, I needed to understand something of the "complex relationships that exist between sports work and mental health and illness" (Smith, 2019). This review has presented a range of perspectives which combine to illuminate something of this complexity and orientated me towards the design of the current study.

Chapter Three – Methodology

3.1 Research aims and questions

The overarching aims of this study were firstly, to understand how mental health might be understood and experienced by professional footballers, and secondly, to use the findings to make recommendations that would improve the provision of mental health support for players in the UK football league. The study set out to: 1) examine the different ways in which professional footballers might interpret and try to manage, their individual experiences of mental health; 2) identify and highlight any specific themes, or areas of concern regarding the participants' experiences of mental health difficulties within the context of their professional lives, thereby extending current understandings of these issues from the players' perspectives; 3) identify ways of utilising the research findings towards informing policy and best practice concerning the provision of support for player well-being, at all levels of the sport. This chapter describes how I set about constructing a methodological approach that fit the enquiry's values, epistemological aims and assumptions.

3.2. In search of a methodological approach

As discussed in the previous chapter, mental health research with sports professionals has tended to be dominated by a positivist paradigm. Analysing these studies enabled me to identify the limitations of this paradigm. I also found other approaches that were more suited to the epistemological and ethical assumptions that underpinned my research questions. The phenomenological perspective fits with my focus on the subjective experiences of the players and makes an asset of my insider perspective. User led research fit with the action-oriented aims of the research to change policies and practices around mental health within a specific context.

Different systems of knowledge arise from particular world-view perspectives or paradigms. Objectivism, which is representative of a positivist world view, considers facts to exist externally, in a way that is consistent and can, therefore, be determined and verified through employing quantitative methods of enquiry. The quantitative researcher tries to hold a detached, neutral view of the matters under enquiry. Many of the studies identified in the literature review chapter adopt a quantitative approach. As Bryman (1984, 1988) has argued, within this epistemological perspective, the researcher must be detached from his human research subjects, turning the subjective and experiential world of the research respondent into statistical categories that can be quantified. A further limitation of quantitative methodology, according to Bryman (2008), and also Silverman (2009), is that it measures only what has been constructed through the design of the questions and thus controls the environment within which it attempts to make sense of the respondent's answers. The strength and appeal of a quantitative approach is that it can be used to examine the relationship between variables. In the case of this study, such variables might be types of mental health experienced by professional players, trends that may change over time, the relative significance of contextual factors. This is generally understood as a 'nomothetic approach' to the enquiry.

Many of the studies reviewed in the previous chapter seem to be underpinned by the assumption that mental health can be measured in a similar way to a physical injury. In this approach, internal emotional and psychological states such as 'anger' and 'aggression', 'anxiety' and 'body image’, 'stress' and 'coping' are numerically scaled (based on subjective responses) and then treated like objective datum; therefore, they are considered as measurable aspects that can be related to the notion of 'mental health' or 'mental well-being'.

Beresford, (2013, p.139) has argued that “that the intimate relationship between positivist methods and the biomedical treatments has limiting effects on the nature of the

knowledge and evidence produced”. When seeking an appropriate methodology, I was also troubled by an approach that, by focusing purely on symptoms as predictors of mental health or illness in professional players, denied them the opportunity to have their voice and unique experience heard. Nor does it provide an account of the wider context in which these experiences are lived. In other words, a quantitative methodology in the context of mental health focuses on measuring how a symptom may represent an experience, rather than giving a voice to the person having that experience, thereby gaining a more holistic understanding.

As Faulkner (2004), and Beresford (2019) argue, data concerning an individual’s lived experiences should reflect the first-person narratives of the subject in question. This is not simply a methodological consideration but an ethical one (see section 3.2.3). As Fulford et al. (2007) have argued, mental health research that imposes models and concepts of mental health on participants cannot represent the authentic voice of participants. It is also reductive and objectifying. As the overarching aim of this study was to generate deeper insights into player's personal experiences and gain understanding of their own perspectives related to their mental health, phenomenology seemed far more aligned with the epistemological stance underpinning my research questions.

Martinkova and Parry (2011) suggest that phenomenological approaches in sports psychology help create a focus on the subjective meaning, and thus the lived world, of the sportsperson. In justifying the phenomenological approach adopted in their study, Brymer and Schweitzer (2013) highlight the need to understand the mental health experiences of 'within career' footballers. A phenomenological approach is also adopted in Brownrigg et al.'s (2012) study of how professional footballers understood their 'lived in world' in the transition to retirement from professional football (see chapter two).

3.2.1 The phenomenological approach and hermeneutics

Husserl (2012) suggested that human consciousness is the critical function of the mind in terms of how knowledge of reality emerges. In simple terms, he proposed that, through the process of phenomenological reduction, a description of essential lived realties may emerge. For Husserl, approaching the 'essence' of an experience is facilitated by a process of 'deliberations'. This further involves a process that he called 'bracketing' – or 'epoche', which was intended to temporarily remove or suspend the interpretative structures of our outer social world, in order to perceive the phenomena freshly, or essentially, as itself. Bracketing therefore involves becoming familiar with our own presuppositions and filters, in order to be able to suspend them, or at least to limit the effects of our preconceived ideas about any phenomena under investigation.

A significant strand of phenomenological tradition is hermeneutics, a method of enquiry that aims to establish meaning (Gadamer et al., 2004). Hermeneutics is a process that helps with interpretation and understanding from the subjective perspective. It is a cyclical, dialogic process that requires establishing a 'horizon' to project from. A horizon in this instance implies a 'temporary limit of vision', which can be extended as the observer shifts position relative to it. Gadamer et al. (2004) state that: “the concept of horizon suggests itself because it expresses the superior breadth of vision that the person who is trying to understand must have. To acquire a horizon means that one learns to look beyond what is close at hand – not in order to look away from it but to see it better” (p.304).

The hermeneutic process thus represents the move between the parts, the detail and the projection of meaning and anticipation of understanding. For Gadamer et al. (2004), a new interpretation emerges through the hermeneutic circle which recognizes our being in the world, our background and fore understandings, as 'prejudices'.

Hermeneutic phenomenology is, according to van Manen (1990, 1997), a dynamic interplay between six research activities:

- Turning to a phenomenon that seriously interests us and commits us to the world;
- Investigating experience as we live it rather than as we conceptualise it;
- Reflecting on the essential themes which characterise the phenomenon;
- Describing the phenomenon through the art of writing and rewriting;
- Maintaining a healthy and oriented relation to the phenomenon; and
- Balancing the research context by considering the parts and the whole.

In the present enquiry, I have been greatly assisted by van Manen's framing of these related research activities and processes.

Prejudices are brought into question so that understanding emerges through a negotiation between one's own horizon and other horizons. Thus, whenever a hermeneutic dialogue is entered into there is an opportunity to reflect upon our pre-understandings, and prejudices, and this is where the possibility of new understanding can occur. It is this evolving and reflexive process of understanding that represents the hermeneutic interpretative account. When thinking about the subjects of my enquiry, the dialogic nature of hermeneutics seemed to fit with the idea of extending knowledge about players' subjective experiences through a reflexive interpretation of experience and what Gadamer et al. (2004) call a '*Fusion of Horizons*'. Furthermore, hermeneutics provided a theoretical perspective through which I could envisage managing any possible tensions between my own pre-understandings and those of participants through dialogue rather than through one of us attempting to 'bracket' their experience in order to understand the other.

3.2.2 Interpretative phenomenological analysis (IPA)

Van Manen’s (1990) four lifeworld existential elements model of Temporality (lived time), Spatiality (lived space), Corporeality (lived body) and Sociality (lived relationship to others) were helpful in this endeavour as I was then able to apply the model to the experiences of my participants. Van Manen's (1990) model also enabled me to analyse my own relationship with the phenomena under enquiry, during the research practicalities of contacting players, inviting participation and establishing rapport, but also as part of the interpretive process. Van Manen's (1990, 1997) hermeneutic phenomenology is shaped by the relationship between the researcher and the text. Van Manen (1990, 1997) suggests that phenomenology is 'discovery orientated', and 'pre-supposition-less', and therefore resists the temptation of a researcher to adhere to a set of fixed procedures, techniques or concepts as values imposed on the data.

The challenge of the approach is to move away from the traditional guide of data coding and to utilise instead the meaningful resonance of the researcher in relationship with a text, context or subject (Smith, 1996). The approach is therefore strongly dialogic, and it only arrives at new understandings by acknowledging the role the researcher has in the co-construction of meaning. Before becoming a counsellor and Director of Player Welfare, I too was a professional footballer and experienced first-hand the impact of the world of professional football on my own mental health. In my current roles, I am familiar with UK football both as an organisation and an institution and am to some extent both ‘inside’ in that I am part of the institutions’ practices and ‘outside’, in that I have succeeded in changing practices from within. In the following section, I explore these experiences from a methodological perspective. I address the ethical implications in section 3.7.

3.3 An 'insider' perspective

The recognition and positioning of myself as an 'insider researcher' was central in selecting phenomenology as an overarching approach and why Gadamer et al.’s (2004) “*Fusion of Horizons*” spoke to me. As a former professional footballer with lived experience of mental health issues and subsequently and particularly, as a counsellor of professional footballers, I came to the field having already engaged in the reflective process of understanding and interpreting the experiences of others in conjunction with my own. Dowling (2007) describes how the 'part-whole' of an alethic hermeneutic circle (pre-understanding) facilitates recognition of the experience of a phenomenon within a whole experience. It therefore can facilitate a researcher, with insider knowledge, to optimise their interpretative role within the research process.

My previous experiences gave me a base and a horizon of understanding, for exploring the detailed perspectives of others, with prior understanding of probable themes that might emerge, as well as openness to a divergence of horizons that might further expand my understanding. In planning the research, I considered how each context of my experience would have its own particular 'lifeworld'. It is important to recognise that the objectivist part of the hermeneutic circle must be understood and considered as a part of the whole. However, it cannot be totally objective as human subjective being and historicity will always be implicit in the interpretive process. The challenge, since the alethic part of the hermeneutic circle represents our pre-understanding and individual understanding, is therefore to recognise this and to utilise it in the interpretative endeavour.

I expected there to be commonalities across the player's experiences and my own. However, I was mindful that my own experiences might influence my interpretive analysis and that each player would also have unique stories to tell. Thus, I was determined to listen for uniqueness before identifying any shared themes or issues that may be more general,

or even essential to the context. I felt that I wanted to do justice to the voices of those included in this research. I needed to be able to explore any commonalities whilst always acknowledging my own and each individual's uniqueness. As the insider researcher of the current study, I position my own lived experiences as an ex-professional footballer and as a counsellor as a legitimate perspective for understanding and analysing the lived world of other professional footballers. In this, I am encouraged in the work of Wacquant, (2005). This ethnographic critical structural analysis of boxing offers a detailed first-hand account of the inner-city politics of boxing as reflective of economical and physical control of the body. The methodological strength of the lived ontological approach is reflected in this attempt: ‘to contribute precise and detailed ethnographic data, produced by means of direct observation and intensive participation, on a social universe that is all the more unknown for being the object of widely disseminated representations’ (p13).

I therefore considered the players' experiences through a double hermeneutic lens, in that, as the researcher, I have attempted to form an understanding of the players' skills through the players' own narratives and knowledge of their own experiences. From this, a 'fusion of horizons' (Gadamer et al., 2004) was developed, where our two perspectives or viewpoints were brought together and thus, a new understanding or a new horizon, generated.

3.4 The ideographic approach and user-research

The ideographic approach as outlined by Smith and Osborn (2007) was an underpinning element in my research design. The distinction of this approach is that it “focuses on specific elements, individuals, events, entities and situations…” (Jupp, 2006 p.142). The strength of this approach is to give attention not only to specific cases, but to the circumstances that give rise to them, including any unique features of a given situation. This seemed to me important in that the footballers I wanted to interview did not simply share

a profession but also, the very particular world of UK league football, shaped by particular policies and practices that have developed over time.

My focus on mental health also brought up specific ethical issues. I have mentioned that the Western scientific research methods of measuring mental health through diagnostic symptom-based categories can be seen as ethically problematic. ‘Mad Studies’ has evolved in response to this. Originating in Canada, it has contributed to the reconceptualization of mental health issues (Faulkner, 2004) but has yet to enter the field of sports research. It seeks to integrate and empower the service-user voice in research (Beresford, 2013). In this approach, the insider, service-user led perspective on issues of mental illness and recovery are central. The interpretative role of the subject, their terminologies and meaning-making drive the analysis. Faulkner (2004, p.3) argues that such a contribution demonstrates “the value of experiential knowledge in helping us to reach a better understanding of mental distress”. It also seeks to distance itself from the research processes and products generated by medicalised and pathologising perspectives on mental health and by media representations of madness which deny the researched their individuality. This is particularly true in mental health, where “service users are often anxious to emphasise that their identity is complex and not just simply that of a service user” (Beresford, 2013: p 28). Mad Studies thus seeks to redress this power imbalance, taking into account the insights to be gained from what has come to be called “survivor research” and related emancipatory disability research. These are understood as forms of ‘user led research’; that is to say, research undertaken by the people and groups who traditionally have been research subjects or participants.

It has been suggested that a medicalised approach to researching the lived experience of survivors of mental illness also generates a further ethical issue, in that there is an inherent power differential and relational distance between researcher and participant (Beresford, 2013). The major aim of a lived experienced methodology is to reduce the

distance between researcher and researched, to reduce the power differential, thereby developing a more authentic connection to the meaning and interpretation of the researcher participant, as outlined in the work of Rose et al., (2018). This type of research has developed its own principles. These are particularly associated with a set of values that prioritise the rights and interests of disabled people and other service users. Three key concerns are to:

- Equalise the relationship between researcher and researched;
- Support the empowerment of people being researched to help them lead more equal lives;
- Be committed to making broader social and political change to challenge the barriers and exclusions that they faced (Barnes and Mercer, 1997).

These ethics have come to characterise all forms of user-led research (Faulkner, 2004; Sweeney and Morgan, 2009). While such user-led research still cannot be said to be treated with the same value as traditional research approaches, it has now established itself internationally and is associated with important developments like the Service User Research Enterprise (SURE) at the UK Institute of Psychiatry and a large body of literature and activities (see for example, Beresford, 2013; Rose et al., 2018).

As discussed in the previous chapter, traditional positivist research has emphasized a different set of principles in line with its commitment to what was seen as a 'scientific' approach to knowledge production. Critically, the approach is underpinned by the assumption that research should be objective, independent and distanced from its subjects. Knowledge based on lived experience is seen as having less validity, reliability and legitimacy (Fricker, 2007). Those who provide the lived experience are nonetheless seen as inferior 'knowers'. Service users and the growing number of service user researchers have argued that this creates 'epistemic injustice'. Not only is this approach to knowledge

production inherently discriminatory, since it means that not only do they face exclusion and inequalities in their lives, but that their "experiential knowledge" is judged inferior to that of the researchers who lack such first-hand lived experience (Beresford, 2003). Beyond mental health and service users, these arguments are relevant to the wider research context in which white people have dominated knowledge production about black people, men about women and so on, perpetuating inequalities and discriminatory understandings.

To address this, Faulkner (2017 p.8) explains that "many service user/survivors and professional authors advocate taking a collaborative approach to research, thereby ensuring that different perspectives come together and make for a greater or more comprehensive whole". In sports research, Wacquant (2005) advocates for co-constructed knowledge production and this is certainly how I approached this enquiry.

For Sweeny (2013), experiential knowledge is the bedrock of lived experience research. Russo and Sweeney (2016) argue reframing and reclaiming the voice of those oppressed by the biomedical approach has transformational potential. In my current role, I am both advocate and reformer, so as a researcher, service user-led research resonated deeply with the urge to legitimize the lived experience and to challenge what Beresford (2019, p.8) refers to as the "deliberative structures and processes tend to reflect prevailing values and opinions, often gaining a life of their own which may not reflect wider views and frequently face difficulty in reflecting the full diversity of the communities for which they speak".

3.5 Research participants

3.5.1 Sampling

The twelve participants who contributed to the research represent a very small cross-section of professional football players, a stratified, purposeful group (Silverman, 2009). Potential research participants were identified from within a database of players from

professional clubs who had already identified themselves as having mental health concerns. This database had been compiled following a comprehensive survey initially sent out by the PFA in collaboration with Oxford University, St George's University and BACA. Two key findings were that 1) high numbers of professional players had been in contact with their clubs to disclose mental health issues; 2) club officials felt under resourced in relation to how to best support players who reported having mental health concerns. Consequently, this database provided me with a list of players who might be willing to discuss mental health-related concerns or difficulties.

Players were selected from this data-base and sent invitations to participate in the current study according to the following criteria: Professional footballers who 1) had made previous contact with their own club and had returned the PFA survey; 2) had mental health concerns and were currently accessing, or had previously accessed, the PFA's counselling service (or associated services), but had not been under my direct care; 3) had been assessed and deemed appropriate for counselling (whether through self-referral to the counselling service or referred by a third party, e.g. a team medic). Players who were currently being or had previously been, treated for a diagnosed psychotic mental illness, potentially reducing insight or mental health capacity, (see Gov.UK, Mental Health Capacity Act, 2005), were considered vulnerable and were not invited to participate in the study.

The cohort of participants that was assembled over a period of twenty weeks, involved both male and female professional players at various stages of their careers, from each of the four professional league divisions (Premier League, Championship, English Football League Division 1 and 2 and Women's Super-Leagues, Premier League and Championship League). Serendipitously, this small sample was relatively diverse: it included three women and nine men. Women’s professional football is still struggling to gain equal status to that of men so from a gender equality perspective in the context of mental health, it was important that a gendered perspective was also represented in this research. Ages of

participants ranged from 20 to 42. This meant that the sample captured early career and retired players. This age range was important not only because it meant that the narratives encompassed different life stages as well as career stages but also because the players' reflections were inevitably shaped by their life stage and the distance between their current selves and the beginning of their sports career. In terms of ethnic diversity, the sample included two black players and one of mixed heritage. Therefore, the sample comprised a combination of twelve current and ex-professional players (see Table 1).

3.5.2 A pilot study

The interview questions and the overall process of the enquiry was tested and refined prior to the commencement of the study (Bruce and Berg, 2012). This was to ensure that questions were relevant and also to identify any cultural biases or assumptions within the questions. I therefore chose to pilot the research interviews by conducting several informal conversations and group discussions with colleagues and friends who, like me, are ex-professional football players. During the months before data collection began, I met with them on ten occasions. Discussions about in-career mental health issues were particularly helpful, enabling me as the researcher, to develop my own narrative and to begin understanding how we as professional or ex-professional players, framed our experiences of mental health issues. Many common language and terms emerged from these discussions. Their input was instrumental in honing the focus of the study, helping me to orientate my thinking and to identify my own biases as an ex-professional footballer.

During this time, I also trialled the interview process and potential questions with some volunteers from the same group of friends and colleagues. These interview sessions were recorded, so that I could listen to them afterwards and learn from the process. Those recordings were not transcribed or kept and are not included in the data.

Code & Pseudonym	Age	Gender	Ethnicity	Footballing experience
P1F 'Florence'	20	Female	White	Professional footballer who has played in Women's Super League football.
P2F 'Holly'	27	Female	White	Professional footballer who plays in the Women's Super League football.
P3F 'Charlotte'	24	Female	White	Professional footballer who plays in the Women's Super League football.
P4M 'Billy'	37	Male	White	Professional footballer who has played Premier League football.
P5M 'Tom'	38	Male	White	Professional footballer who has played Premier League football.
P6M 'Elliott'	36	Male	Mixed heritage	Professional footballer who plays in the Premier League football.
P7M 'Alex'	32	Male	White	Professional footballer who plays EFL Championship football.
P8M 'Mark'	42	Male	White	Professional footballer who played EFL Championship football.
P9M 'Troy'	22	Male	Black	Professional footballer who plays EFL Championship footballer.
PM10 'Stephen'	28	Male	White	Professional footballer who plays EFL Championship football.
PM11 'Anthony'	31	Male	White	Professional footballer who plays EFL Championship football.
PM12 'Charlie'	38	Male	Black	Professional footballer who plays EFL Championship football.

Table 1. Participant demographics

Through listening to the pilot interviews, I learnt to develop a more open-ended questioning style, offering participants the space for more self-reflective responses. During some of these early pilot interviews, as a novice researcher, I could see that I had been impatient to get through all of my questions, thereby not giving enough space for the lived experience of the player to emerge at the respondents' own pace, as outlined in the work of Beresford (2013). In addition, having read Goffman's (1961) work around talk as performance, these pilot interviews helped me to be more aware of how my 'performance' as interviewer, might influence how interviewees responded. Importantly, the pilot interviews enabled me to become more confident and therefore, more relaxed in my role as research interviewer.

The pilot study also gave me the opportunity to examine my implicit values as a researcher with insider experience of the context under enquiry (Fulford and Woodbridge, 2003). It provided an opportunity to reflect on the potential power differentials between myself and my participants (Beresford, 2003), given that I am not simply an ex-player with lived experience of mental health difficulties, like my participants, but now have a role of authority within the PFA (see section 3.7 on ethical considerations).

3.5.3 Information, consent, and initial contact

Data was collected through interviews during the season 2017-2018. Each prospective participant was provided with a comprehensive outline of the project's aims, information regarding time frames for participant involvement, the interview format and how the data from the interview would be stored and used. A signed consent form (see Appendix A) was used for participants to indicate their willingness to participate on the basis of the information provided. The consent form also stated that participants could withdraw from the study at any time. Upon receipt of the completed consent forms, the task of scheduling an interview time with each player, at a suitable place and time, proved challenging owing to

the demands and unpredictability of professional footballing timetables. I prioritised developing a rapport with each participant so that they would feel able to talk openly with me. The first part of the data collection involved an initial contact visit that was helpful in terms of deciding the pace, range, depth and timing of the questions that would be compatible with the needs of the interviewees. Nevertheless, it was difficult to gauge how much the pressure of the interview itself may have affected each interviewee and inhibited the dialogue within the interview space.

My approach was to visit players at a location of their choice. I phoned to arrange a mutually acceptable time. Before the interview, I engaged in a mental rehearsal, visualising the interview, checking any projections or potential bias that I might be carrying through my own experiences as a professional footballer and counsellor. The aim of this initial visit was to develop trust and ensure that each individual participant felt that I was there to listen and learn; I was particularly aware of potential power disparities when interviewing female participants.

3.5.4 The phenomenological interview

I drew on the idea of the phenomenological interview (Bevan, 2014), which can be a narrative, loosely structured or semi-structured interview. In contrast to structured interviews that lack flexibility (see Bryman, 2008; Rubin and Rubin, 2005; Newby, 2014), the phenomenological interview enables a topic to be explored beyond the constraints of any initial interview questions (Brymer and Schweitzer, 2013). According to Bevan (2014), the phenomenological approach to interviewing uses a combination of descriptive and structural style questioning, as well as the “novel use of imaginative variation to explore experience” (p136). Using a loosely structured interview schedule (see Appendix B), I encouraged players to talk about their experiences of mental health both within and outside of the professional football context. The presence of the audio recorder was a potential area of

concern in terms of how it might contribute towards making the exchange somewhat artificial. This was a paramount concern when talking, asking questions and taking in my impressions of respondents’ responses. The audio recording device was nevertheless invaluable as it enabled me to capture the precise words that both I and my interviewees used. This was important given that I wanted to capture the sense they made of their own experiences, the words and metaphors they used.

It was necessary to reassure respondents that the storage of the recorded data would be secure, even if downloaded into NVIVO software. Furthermore, I expressed my commitment to strive not to misrepresent their own definitions of mental health difficulties in their lives. As with semi-structured interviews, I had a set of questions or topics that I hoped to cover during the interview:

- How do 'within career' professional footballers interpret and give meaning to their experiences’ of mental health disturbances?
- What factors do professional footballers identify as impacting negatively or positively on their mental health and well-being?
- What strategies have these players used to help them to manage or to resolve any problems with their mental health?
- What resources have been available to them, within or outside of the sport?
- In the experience or opinion of individual player participants, what services might have been helpful to them during times of mental health difficulties?
- How can support services, policy and best practice be improved in light of the experiences of professional players from all levels of the sport?

To elicit this information, I asked open-ended questions such as:

- Tell me a little bit about your footballing career so far?

- What does 'mental health' mean to you?
- What has it been like for you to experience problems with mental health as a professional footballer?
- What has it been like for you to talk about your mental health problems?

And less open-ended questions such as:

- What barriers have prevented you from speaking about mental health issues?
- What types of services were available/could have been useful?
- What developments would you like to see happening in player well-being support services?

I did not have a fixed order of questions but instead, used the above topics as ‘openers’, looking to create a space in which players could reflect upon the significant events of their professional careers which may have impacted their mental health (in this, my person-centered counsellor training was useful). For Jones et al. (2007), themes emerging from such reflections can begin to reveal something of the ontological meanings given by participants to such events. I hoped to understand more about how the experiences of players might have affected their mental health, and also to learn what meanings these professional footballers attributed to mental health more generally. Each interview lasted approximately one hour and was loosely guided by an interview plan which included encouraging elaboration and giving additional prompts when necessary (Creswell, 2007). The questions were asked delicately, with spaces, allowing the potential for more exploration of the players' experiences of mental health (van Manen, 1990). All the participants were offered the opportunity, on an individual basis, to have a debrief afterwards, and to discuss the interview specifically as well as this research project more generally. I wished to offer them the opportunity to ask any additional questions, or to raise any issues concerning

confidentiality or anonymity (see ethics section 3.7). In terms of a research timetable, all twelve interviews were conducted within six months and transcribed over the following four months.

3.6 Data analysis: Interpretive phenomenological analysis

Although phenomenology provided an overall framework for my research, I needed a more structured analytic framework to apply to my data. Brownrigg et al.'s (2012) study had strong parallels with my own in that it involved eight qualitative interviews with professional footballers. These were analysed using Interpretative Phenomenological Analysis (IPA). The emergence of conceptual themes such as identity, loss and transition revealed something of how those professional players both perceived and interpreted a complex aspect of their life. I therefore applied IPA to my data, as a way of exploring how different constructs of mental health might emerge in the narratives of my participants.

For Smith et al., (1999), the aim of IPA is to "explore, in detail, the participant's view of the topic under investigation" (p.128). It requires the researcher to enter the world of the respondent via the interview dialogue and the text. Smith et al (2009) later describes IPA as being "concerned with the detailed examination of human lived experience. And it aims to conduct this examination in a way that as far as possible enables that experience to be expressed in its own terms, rather than according to pre-defined category systems" (p.32). IPA implies a particular approach to setting up the enquiry, formulating questions and gathering data, which can allow for each participant to express themselves authentically, rather than just respond to fixed questions (Smith and Osborne, 2015). IPA seeks to preserve the individual voices of participants by taking the actual words and including extracts of narrative within the themes as they are identified. In this respect, the subjective world of professional footballers could begin to emerge in terms of how they

each made sense of their mental health in the context of their lives, without attaching specific labels to their lived experience.

Inherent to my first research question is that professional footballers construct their own ideas of what 'mental health' mean through their own idiosyncratic structures of consciousness. At the same time, as a researcher with 'insider' status, I did not feel that *epoche* would be entirely appropriate, as I did not want to have to distance myself artificially from my research participants' narratives - nor from my own experience. Nevertheless, I fully recognized that my insider knowledge of the sport and my own experience of the issues likely to be raised by the participants, would have a bearing on the way that I understood and interpreted the data. I would need to be careful not to impose my experiences onto those of the participants. Smith (2015) argues that in IPA, the researcher is trying to get as close as possible to the participant's lived world, and that having an insider perspective is an asset within this approach. He describes this as a 'double hermeneutic':

> Thus, a two-stage interpretation process, or a double hermeneutic, is involved. The participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world (p.53).

When approaching textual data, van Manen (1990, pp. 92-93) proposes three techniques that can be usefully adopted when seeking to develop interpretive themes:

In the holistic approach, we attend to the text as a whole and ask, 'What sententious phrase may capture the fundamental meaning or main significance of the text as a whole?' We may then try to express that meaning by formulating such a phrase.

In the selective reading approach, we listen to or read the text several times and ask, 'What statement(s) or phrase(s) seem particularly essential or revealing about the

phenomena or experience being described?” The statements we then circle, underline or highlight. In the detailed reading approach, we look at every single sentence or sentence cluster and ask, 'What does this sentence or sentence cluster reveal about the phenomenon or experience being described?

In adopting an IPA approach, Smith and Osborne (2007; 2015) outline four phases, or stages, of analytic engagement with the data: Stage 1: first encounter with the text; Stage 2: preliminary themes identified; Stage 3: grouping themes together as clusters; Stage 4: tabulating themes in a summary table. Combining these guidelines and insights, my analysis followed four distinct phases.

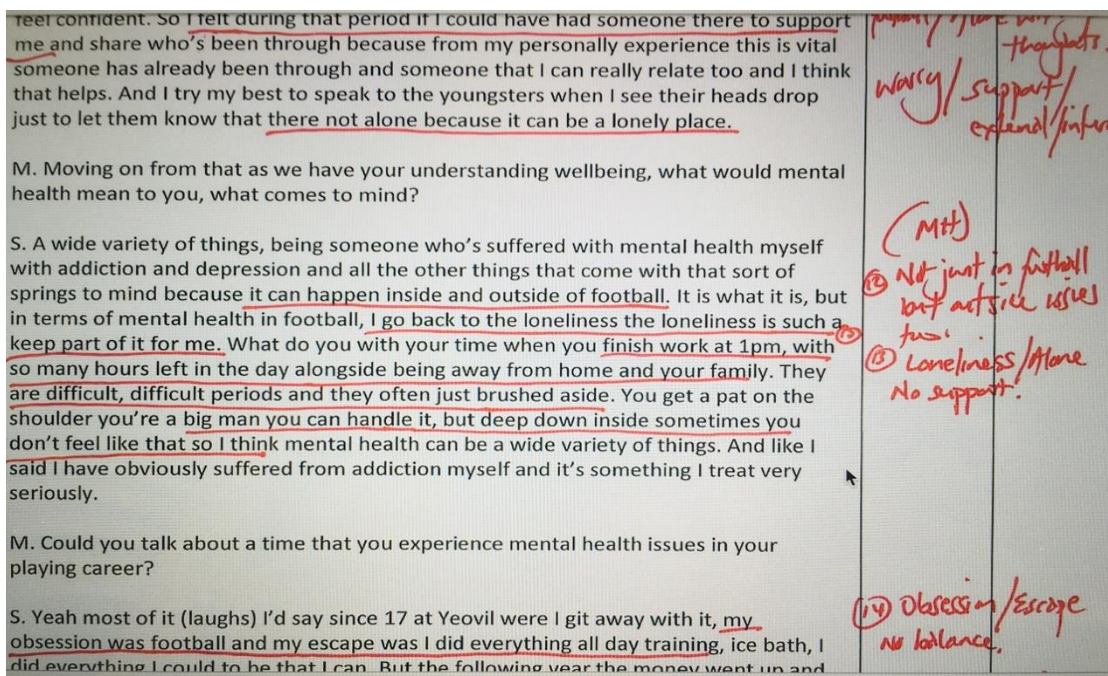
3.6.1 First phase analysis

My initial engagement with the collected data involved reading the transcriptions while at the same time making extensive and 'unfocused' notes (impressions rather than interpretations) in relation to my thoughts about each transcript and my memories of the interview itself. This involved me re-entering the dialogue, noticing associations of words, thinking about and re-questioning the text, paying attention to the language, highlighting any metaphors, unambiguous statements and any potential quotations. Smith (1995) calls this process ‘opening coding’, while for Saldana (2013), it is the first cycle of data analysis.

3.6.2 Second phase analysis

In the next phase, I tried to make sense of the issues and questions that arose from my first reading. I re-read the transcript and began to search for any resonant themes. I began the process of grouping these into categories which I recorded in the right-hand side of the page, please see extracts of this below in Figure 1. As I proceeded with this, I began to recognise how I was using my own experiences, as an ex-professional player, to connect and resonate with the issues that were being identified by the participant as they spoke about their own experiences and interpretations of mental health difficulties.

Figure 1. An excerpt from one of the transcripts showing annotation



feel confident. So I felt during that period if I could have had someone there to support me and share who's been through because from my personally experience this is vital someone has already been through and someone that I can really relate too and I think that helps. And I try my best to speak to the youngsters when I see their heads drop just to let them know that there not alone because it can be a lonely place.

M. Moving on from that as we have your understanding wellbeing, what would mental health mean to you, what comes to mind?

S. A wide variety of things, being someone who's suffered with mental health myself with addiction and depression and all the other things that come with that sort of springs to mind because it can happen inside and outside of football. It is what it is, but in terms of mental health in football, I go back to the loneliness the loneliness is such a keep part of it for me. What do you with your time when you finish work at 1pm, with so many hours left in the day alongside being away from home and your family. They are difficult, difficult periods and they often just brushed aside. You get a pat on the shoulder you're a big man you can handle it, but deep down inside sometimes you don't feel like that so I think mental health can be a wide variety of things. And like I said I have obviously suffered from addiction myself and it's something I treat very seriously.

M. Could you talk about a time that you experience mental health issues in your playing career?

S. Yeah most of it (laughs) I'd say since 17 at Yeovil were I git away with it, my obsession was football and my escape was I did everything all day training, ice bath, I did everything I could to be that I can. But the following year the money went up and

Throughout these stages of analysis, I was mindful of recommendations by Miles and Huberman (1994) to be attentive to the participants' own understandings (in this case of mental health) rather than identifying themes too hastily, thereby decontextualising their accounts. In this respect too, my counsellor training was useful in that I have extensive practice at facilitating clients to reflect on and make sense of, their experiences, particularly challenging ones.

3.6.3 Third phase analysis

In the third phase, I created a loose structure by linking the themes that had emerged into larger clusters of concepts or shared meaning. The keywords, phrases and subtext used by the participants were linked to coherent themes that related to mental health, as interpreted by the 12 professional footballers.

3.6.4 Fourth phase analysis

In the fourth phase, the twelve transcripts, having been analysed individually, were then integrated into a summary table of 'thematic clusters themes', linked to quotations and page numbers, set out in matrix forms, as discussed by Smith and Osborne (2007). This summary was intended to reflect the shared experiences of the group (Smith and Osborne, 2015). At the same time, all participants were offered copies of their own transcripts and were given the opportunity to discuss any issues they wished to clarify. This enabled me to adjust or refine the themes that had emerged. These discussions that took place through the ensuing months, allowed me to revisit and review the data. I was able to identify missed meanings or patterns of meaning that were still emerging from the data. This reflective and dialogic process with the participants was crucial in that I engage with the introspective, reflective process of the researcher while remaining alert to the world of the respondents.

3.7 Ethical considerations

Several critical ethical issues were identified in the research proposal and were taken into account in the final research design. At the time of this research, several disclosures of non-recent child abuse had emerged from within the professional game and consequent mental health difficulties reported for those who had been affected. This highlighted the need for maximum sensitivity and caution in terms of my responsibilities to all participants, but it also underscored the urgent need for such research to take place. Researching into the lived experience of others requires rigorous ethical process, scrutiny and the approval at the level of University Ethics Board. The following broad criteria were considered in the process of ethical deliberations.

3.7.1 Respect, information, freedom and consent for participants

A significant ethical concern within this study was the relationship of power potentially arising between the interviewer and the respondent, given the personal focus of the interviews and the role that I as the interviewer have in the football world. So great care was taken in selecting prospective research participants to ensure that at every stage, the decision to participate was actively theirs.

General information about the research project was initially provided, as explained earlier in this chapter. More detailed information regarding confidentiality, anonymity and the way that their data would be represented in the research, was then circulated to those who expressed an interest in being involved. Again, at this point, they had to actively consent to being a participant.

In line with the psychological nature of the study, the procedure for consent also followed the British Association for Counselling and Psychotherapy (BACP) ethical guidelines for research in counselling (Bond, 2006). Consent forms were sent out by whichever method had been indicated as preferred by the participant (e.g. by email or by recorded delivery) and included comprehensive information about the research project (see Appendix C), their involvement and how their information would be used. Each participant was given the opportunity to discuss any concerns before completing the consent either by phone or at face-to-face level. All participants were fully briefed about what to do if they wished to withdraw from the study at any time. Due to the sensitivity of the topic, all participants were given access to appropriate support services during and after the research.

3.7.2 Anonymity, confidentiality, handling and storage of data

Consent forms also provided comprehensive information about what would happen to the data and the terms under which any part of it could be released. According to the Data

Protection Act 1998, (now the General Data Protection Regulations [GDPR], 2018) the data remains the property of the individual concerned from the point of starting the interviews to the point of completing the data analysis until the data is released by written consent. The anonymity and confidentiality of every participant was safeguarded by creating pseudonyms for each of them and coding the interview data during the analysis and in writing up the research. Details of specific clubs and other information that could potentially identify individuals, was deleted or changed.

All research documents (including recordings) were kept in a secure cabinet. As the primary researcher, I was the only person that accessed the office up until the finalisation of the transcription. When transcribing, pseudonyms were allocated to all names (i.e. players and clubs) to ensure that those who accessed the data and the findings after transcription, would not be able to identify anybody involved.

3.7.3 Beneficence and non-maleficence

Inclusive of the ethics of research with human beings, the study considered the duty of care to the respondents in terms of the Care Act (2014), the Mental Health Act (1983/2007) and the excellent practice legislation of the Equality Act (2010). Consequently, throughout the research, strict attention was given to the duty of care obligations around safeguarding (Safeguarding of Adults, 2014). A prime consideration in terms of ethics was in relation to the duty of care to the respondents whenever they talked about past or current mental health issues such that could raise any health and safety concerns during the interview, some that may have gone undetected during the life of a professional player, as outlined by Babbie (2007). Whilst looking at these issues in relation to the data collection stage, the ongoing welfare and the well-being needs of the participants was paramount.

In collecting the data, it was essential to make a distinction between data collected for the research and data that consisted of a disclosure indicating that the participant was at

risk of a mental health crisis. Therefore, mental health concerns that were raised during the interview, were carefully monitored. In this respect, the health and safety of the participant was more important than the data collection. This constituted a balancing act in that in each interview, I remained vigilant about the extent to which I probed and asked follow-up questions. I routinely monitored my questions as to what their purpose was.

In my own mind I drew a clear distinction between an interview and a mental health assessment or counselling session. At the same time, as mentioned above, after the interview had taken place, each player was given a list of supporting agencies and after-care continued over a two-month period, with follow-up phone calls and or face-to-face meetings. My approach to this enquiry took into consideration the importance of any personal and professional concerns that participants might have about their involvement, including trust and boundaries (Sieber, 1992)

3.7.4 Holding dual roles and the issue of power

As discussed in earlier sections, I was drawn to the phenomenological approach partly because it recognizes a researcher's 'insider position' within the specific context of investigation as a strength, in that it can allow a more in-depth understanding to develop between researcher and respondent. From this insider perspective, the relational interactions between researcher and research respondent are seen as crucial to developing new knowledge of the respondent's lived experiences. However, at the same time, my current role in PFA created a potential power imbalance.

Given my personal history, as a former professional footballer, a trained counsellor, and as an active member of the PFA, I could not adopt a neutral stance with the research. I was encouraged by van Manen's (1990) perspective and that of Rosaldo (1999) who suggested that having a shared culture enables a sense of trust to develop which can create a dynamic relationship between the researcher, the respondent and the data. I already had

a strong relationship with the phenomena under study. I knew how significant it had been for me and I wanted to find out what it had meant for others. My own experiences predisposed me to easily empathising with the players who volunteered to take part in the study. At the same time, through my counsellor role, I had prior understanding and awareness of how other players grappled with the challenges of the work and how these challenges affected their mental well-being. Indeed, for Rosaldo (1999), a prior understanding of the research context is essential in order to interpret interviewing data. Smith and Osborn (2015) also endorse this perspective, stating the importance of resonance between researcher and data in developing new meanings. My extensive understanding and familiarity with not just football culture but the PFA as an organization, gained over a seventeen-year period, also helped in that I am highly aware of the sensitivity of some of the issues being discussed and this enabled me to phrase questions and prompts in a way that encouraged players to investigate their experiences further. On reflection, in my private world, I was also able to reference my own experiences, whilst the players were discussing their experiences. This enabled me to note differences and resonances, and these reflections informed subsequent prompting and probing. My training as a counsellor has also developed my ability to bracket my own experience so as to be able to listen more attentively to how it is for the other. At the same time, I recognised that there were power issues specifically in relation to my role as Director of Player Welfare at the PFA.

One challenge was to make it clear to potential participants that the data being collected was not an assessment or profile of the individual player. Establishing trust in this regard was crucial to enable respondents to talk openly about mental health in their lives. Some of the players voiced concerns in terms of how the data was going to be used, despite the reassurances provided, wondering how it would affect their careers, and whether it would be genuinely confidential, given the very close networks that exist inside professional football.

It became clear to me that despite any steps I could take, some individuals would feel vulnerable because of my position (Jones et al., 2013) and this was something to be especially careful of. Would players selected and invited to participate feel free to decline to participate if they so wished, and also to speak openly if they agreed to do so? I was reassured by the fact that not all the players who were initially contacted expressed an interest in participating, so those who did volunteer, did so freely. In addition, as a counsellor, I am acutely aware of power issues and my profession offers ethical code and guidelines in this regard.

3.7.5 Complaints procedure

Participants were informed of the university complaints procedure and given contact information for this. It was explained that, in the event of any participant feeling the need for psychological support as a result of taking part in the research, they could request to speak to someone from the PFA counselling network. Great care was taken at every step to ensure a relational approach to the research processes and to empower respondents in their involvement. Overall, despite power imbalances, it seemed that the desire to contribute towards improving support resources for player's mental health and well-being was the primary motivating force behind the involvement of participants in this research.

3.7.6 Trustworthiness and reliability of the study

Cho and Trent (2006) proposed that traditionally: "…validity in qualitative research involved determining the degree to which researchers' claims about knowledge corresponded to the reality (or research participants' construction of reality) being studied" (p.319). They describe how new approaches to qualitative research, such as Action Research, Heuristic Inquiry and the Interpretative Phenomenological Approach have led to different approaches towards and modes of establishing reliability. Studies are now judged using notions of authenticity, trustworthiness, credibility (Guba and Lincoln, 1994)

transparency and experiential resonance (Todres and Galvin, 2008), rather than the notions of validity, replicability or triangulation common in quantitative approaches. Transparency and experiential resonance are particularly relevant to this study, particularly given that the findings are intended to be incorporated into resources for use by personnel within UK football.

IPA is inevitably subjective as two researchers working with the same data would be unlikely to come up with an exact replication of each other's findings (Brocki and Wearden, 2006). Therefore, in keeping with IPA (Smith and Osborn, 2007) in this research, there has been no attempt to adopt a position of neutrality. Instead, as researcher, I have been transparent about my own positioning in respect of the issues under investigation.

In addition, the process of data collection included ongoing participant verification (Harper and Cole, 2012), also called member checking by Lincoln and Guba, (1985). During the interview process, I sent summaries back to each participant to determine the accuracy of my understanding. The participants either agreed or disagreed that these summaries reflected their views, feelings and experiences.

The rigor of a qualitative approach can also be appraised in terms of its adherence to the principles of reflexivity, internal coherence, dependability and applicability (Guba and Lincoln, 1985). In terms of reflexivity, the function of the 'critical friend', borrowed from Action Research (Kember, 2000), was particularly helpful. Having recourse to discussions with my academic supervisors and with a colleague at the PFA assisted in this respect. Miles and Huberman (2014) set out a detailed framework for evaluating the internal coherence of a qualitative study where the main data collection method is the interview. A systemic and transparent approach to data analysis following a structured process of coding and generation of themes is key to both internal coherence and reliability. I paid close attention to the formulation and consistency of the questions. Given the study’s focus on the

participants' meaning-making, paying attention to the difference between open and closed questions was particularly important, as was careful analysis of the transcripts and follow-up discussions with the participants.

As stated previously, the appropriateness of the phenomenological approach was carefully considered through a review and analysis of previous enquiries in this field, (e.g. Rice et al., 2016). Pilot interviews were carried out to evaluate the reliability of the interview process in terms of enabling the participants to talk openly about their definition and experience of mental health. Finally, given the gap the study was intended to fill with regards to informing policy, applicability was an important criteria. If the research was to be useful, it would need to make sense to other professionals in UK football in a range of roles.

3.8 Strengths and weaknesses

In spite of these ethical and methodological challenges, my unique position in this study as researcher with lived experience of mental health, a career path shared with participants and my current role as counsellor and Director of Player Welfare, has been a strength in this small-scale research study. Familiarity at a personal and professional level with the research context gave me a particular perspective and focus. I came to the research with a strong awareness of the issues of mental health and of the gaps in policy and practice. I was therefore in a position to communicate and use the findings of the research to different audiences within football, namely, players and coaches.

Collection and analysis of the data was based on a clear and grounded qualitative approach (Smith and Osborne, 2015; Cohen et al., 2011). A great deal of attention was given to preparing for the interviews with the 12 respondents. Specific consideration was also given to the analysis of the data. The IPA approach, as outlined by Smith and Osborn (2015) and Miles et al. (2015), offers a structured, systematic and theoretically informed framework.

A primary concern was whether the participants would feel able to freely talk about their mental health issues, given my role in PFA. I also worried about my influence as interviewer on the extent to which they would express their own definitions and ideas. The groundwork I had done in engaging with potential pitfalls prior to beginning fieldwork was crucial. Overall, it seemed that players were able to define and interpret their own experiences and understanding of mental health and illness. Open questioning and being mindful of my own thoughts, was central to this. Another strength was the successful recruitment of a relatively diverse group, particularly, recruitment of women from the newly formed women's league. The inclusion of the voices of women professional players is a significant strength, particularly given that prior research has tended to focus on male players. The next chapter explores the themes that emerged from these interviews through the analytic framework of IPA.

Chapter Four – Analysis

4.1 Introduction

In this chapter, the analysis of the collected data is presented under four cluster headings, representing the main themes that were identified through the use of IPA. For each thematic cluster, a metaphor is used that captures the emotional experiential dimension, drawing on the participants' words and on the role of identity and performance referred to in the literature: *"Snowballing of Self"; "The Mask"; "Roller-coaster"; and the "Medicalised Sporting Self"*. The thematic clusters were created by grouping together related subsidiary themes (Smith and Osborne, 2015). Each cluster is discussed in turn through subsequent chapter sub-sections. These are discussed using verbatim extracts from the interview data, to illustrate their resonance with the identified themes and linking them to relevant literature sources. The Figures included in this chapter offer a graphic illustrative representation of each of the four thematic clusters, showing how the subsidiary themes are interrelated. A brief introduction to and overview of the four thematic clusters is summarised here.

4.1.1 Brief overview of the four thematic clusters

In analysing the themes generated by an IPA framework, as well as drawing on the literature reviewed in chapter two, I have drawn upon my insider perspective of professional football and my personal knowledge of the contexts under discussion in the interviews. The relevance of these themes to the mental health of professional players is discussed here, touching upon issues of power in sport (Hargreaves, 1986), the role of the athlete's body (Atkinson, 2019; Wellard, 2009) and issues of gender and race (Hylton, 2020; Gill, 2020; Saavedra, 2009; Segrave et al.,2006).

The four thematic clusters illuminate something of the lived experiences of the participants from different perspectives. All four clusters overlap considerably in their

meanings, but each cluster also has its own emphasis, which reflects the many facets of the individual and shared experiences of being a professional footballer. Thus, each participant's significant experiences concerning their own mental health and their relationship to their profession are, to a greater or lesser extent, contained within one or more thematic cluster. In accordance with the research aims and questions, these clusters sought to capture and represent something of how the participants have interpreted and made meaning of their own experiences, particularly concerning issues affecting their mental health, within the context of their professional and personal lives.

The first cluster, entitled *'Snowballing of Self',* refers to a metaphor used by one of the participants to describe his experience of rapid career success, and also his sense of a progressive loss of capacity for authentic relating. The 'snow' refers to the development of an emotionally 'cool' exterior that effectively hides the player's true feelings, even from themselves. This metaphor also captures the gradual build-up of emotional and psychological defences in response to various challenging circumstances and events, both positive and negative. It seemed that a more vulnerable, authentic, relational 'self' was being gradually covered over or hidden by a defence mechanism of cool indifference, as many of the players increasingly learned to detach from their emotional experiences.

The second cluster, entitled *'The Mask',* is an aspect of this emotional defence, emphasising the need for protection within a strongly competitive culture and changing social and professional groupings and dynamics. The emphasis here is the way in which particular stressors, inherent to the professional footballer's life and the work context, lead players to hide their true feelings from managers, coaches, other players, family members and sometimes even from themselves.

The third cluster, entitled *'Roller-coaster',* refers to the experience of coping with rapid changes in circumstance, including moving from one club to another, career successes and

failures. The emotional highs of success can sometimes be followed by the sudden shock of injury or of being dropped from a team or let go from a club. Such changes rarely involve agency and this contributes to the sense that players have of being on a roller-coaster ride, an experience which ultimately has an adverse impact on their mental health.

The fourth cluster is entitled *'The Medicalised Sporting Self'* and it brings together themes of professional sporting identity with the medicalization of the athlete's body as an inherent aspect of their performance-determined lives (Douglas and Carless, 2009). The idea of a football career as a journey is also taken up here as a way of contextualising the many transitional changes that players must navigate (Wylleman and Rosier, 2016). Finally, it examines the ways in which players see mental health provision in the sport and what changes they feel would improve mental health.

4.2 First cluster: The "Snowballing of Self"

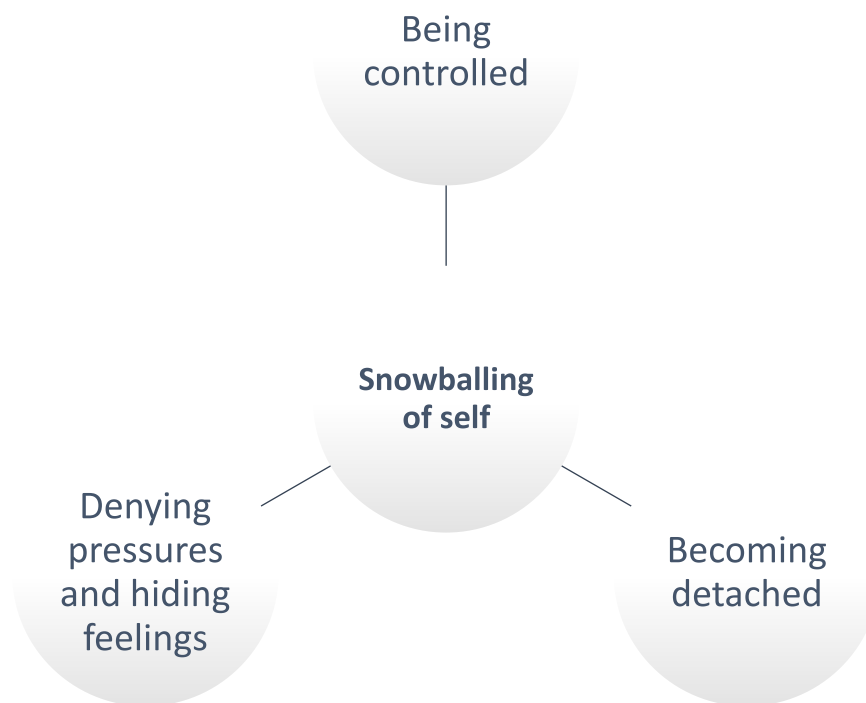
The idea of a *"Snowballing of self"* emerged from my interview with Mark but also resonated within the accounts of others. This theme incorporates significant player experiences in their entry into football, what this meant in terms of losing agency, living away from home and the competitive and transitory nature of relationships within the club. The themes clustered around the notion of Snowballing include: *'Being controlled'; 'Becoming detached';* '*Denying pressures'* and *'Hiding feelings'*. These are illustrated in Figure 2.

4.2.1 The Snowballing of Self

Early on in his career, Mark's sense of professional ability grew rapidly alongside his success. Here he describes how these experiences affected his sense of self:

> *I likened it to a snowball effect, I started at [division 2 club] and did well and that snowball grew, you're then bought by [a Premier League club] for £2 million and your snowball grows again and you're playing in the Premier*

Figure 2: First cluster – The 'Snowballing of Self'



League and you get sold to [another Premier League club] for £4 million you win the league cup and get called up to your National team and your snowball is a giant and I'm invincible and I'm untouchable and nothing can happen to me and I'm so confident and my ego's huge and then it comes crashing down in [Country] where I have this traffic accident...

What Mark describes illustrates how the experience of success shaped his sense of identity and worth as a high-profile player in the public eye; he describes his ego as being "huge" as a result. However, this extract also highlights another aspect of the professional footballer's experience. Embedded in this success story is what Mark describes as being 'bought' and 'sold' between clubs as he moves up the career path. This ties in with Wacquant's analysis (2005) of the notion of the elite player's body as a form of capital and

labour, capital that in this case, belongs to the club. From the perspective of the players I interviewed, their felt experience was of being controlled by others, of having little control over their lives, given that decisions impacting both their personal and professional lives were made by other people.

4.2.2 Being controlled

The snowball image also powerfully symbolises the notion of losing power and agency, because, as a 'ball', you do not have control of your life. Other people are always (metaphorically) 'kicking or throwing' you about. Troy remembered this feeling as a teenage youth player when he was being directed to play in a city and for clubs far from his home:

> *They said," we got these clubs that we think are best for you", so I am being told what clubs are best for me. At that age and when you are being told by people with experience in the game- you think they are right, and it is the realistic and best thing for you.*

Florence also describes this quite vividly: "…basically in one meeting they said that I had a choice, and the next day they made the choice for me…power out of my hands – frustrating!".

Lack of agency as a subsidiary theme within this cluster is strongly reflected in the literature (Agergaard and Ryba, 2014; Lavallee, 2000; Brown et al., 2018). A major transition in the literature is seen as the end of career transition. In their study of Olympic athletes transitioning out of elite sport, for example, Brown et al. (2018) highlights the issue of choice as a factor in well-being and how the lack of choice negatively affects the transition process.

Smith (2019) refers to the dynamics of agency as strongly associated with mental health and therefore, an important consideration throughout an elite sport career. Events happening beyond his control had clearly been an issue for Mark. While his reference to the "snowball" was initially positively ascribed to the escalation of his career and success, he

then went on to say that he had no real control over the speed of change or of the direction his career took. Lavallee and Wylleman's (2006) review on retirement and sudden end-of-career for elite athletes concluded that: “difficult transitions from a sports career can be accompanied by regret, anxiety and a strong sense of identity loss” (p. 509). Feeling controlled by circumstances and events is an aspect of what Wylleman and Lavallee (2004) call “non-normative transitions” (p. 510), also explaining that “these transitions may include a season-ending injury, the loss of a personal coach, or an unanticipated “cut” or termination from the team” (p. 510).

Transitions are only one aspect of the sense of being controlled for footballers. Alex explains his lack of agency in relation to the power structures within football: “…*you are in situations often in football where you are not playing to the same rules so, you are in a position where someone has authority [over you] and you've got to play by their rules*.” The sense of a professional football players' life being determined and controlled by others was echoed in many of the transcripts and certainly resonated with my own experience as a professional player. It was also associated with the uncomfortable and dehumanising feeling of being an item of property. Such top-down power structures are identified in critical theories of sport. Wellard (2009), for example, describes the hegemonic culture of the sport and how the athlete is caught up in that culture in various ways.

This has implications for research agendas, as discussed in the previous chapter. Within mental health, which has typically been criticised for dehumanising individuals with mental health illnesses, arguments for more service user involvement in the development of mental health provision also propose an alternative approach to research. The so called ‘Mad Studies’ have sought to create platforms to empower the voices and choices of those who had previously been disenfranchised within statutory welfare systems (Beresford, 2013 p.12). I argued in chapter two that I was inspired by the idea of user involvement in the knowledge construction of this thesis. But there is another parallel in the sense that the lives

of professional footballers are in the hands of a system that makes little space for their own decision-making and self-determination. As in the mental health system, footballers can feel their lives are controlled by people in positions of power who have agendas that are not focused on their well-being. Here, Anthony describes an unexpected transition, marking the end of his contract with a particular club:

> *That was the hardest one, been released from a premiership club, you know I am 19, understandable, but being released by [TOWN] when I'd done well, that one pissed me off, more or less that was hard. Everyone was going 'I can't believe it, even the fans, everyone going to me, 'I can't believe it, oh my god' and I'm there going, 'I can't actually believe it either'. I then went, 'the best way I'm going to cope with this…' I rang [NAME], said, 'I can't bloody believe it'. He said the Chairman is selling the Club, that's why, as well. So, my deal didn't stand in place. Chairman selling the Club, got no money, new Manager coming in, slashing all the money. I am on no money anyway, I'd have signed for a couple extra £100. New Manager, new ideas, bringing his own players…. 'Ok, I have to accept that'.*

Lack of control over their careers is also a theme in Brownrigg et al.'s (2012) study of footballers:

> …players often revealed a lack of control over their lived world during their experiences within their careers. In particular, the players attributed their successes and failures as being due to outside forces, such as being blessed, rather than their own efforts (pp. 80-81).

Again, this highlights the profound lack of personal agency that characterises the work life of professional footballer.

Holly attributes her frustration at feeling that her life was out of her control to developing an eating disorder: "*…one of the things for a control mechanism was food, and I didn't eat enough. I ate and didn't have an appetite. I love my food and I used to make sure I ate right. [but I] felt like I couldn't control anything, and I could control my eating".* Hulley and Hill (2001) identified eating disorders in elite women athletes partly as a mechanism for control. It is possible that Holly's experience is also a reflection of the pressures as a woman athlete working in a predominantly masculine sporting culture to conform to externally determined expectations and norms (Kong and Harris, 2015). Furthermore, whereas a medical perspective of eating disorders focuses on the individual, Papathomas (2019) argues that disordered eating can be seen as a product of the discourse in competitive sports as dominated by performance and the relationship between diet, fitness, body shape and performance.

Prevalence studies (e.g., Kong and Harris, 2015; Kerr et al. (2003) highlight the increased vulnerability of women elite athletes to conform both in terms of shape and weight. The media also plays an important role, given the profile of elite athletes. Within the context of female athletes, Kane and Lenskyj (2002) show how the media portrays female athletes, focusing on their physical appearance rather than their athletic competence. As discussed in chapter two, critical theories of sport propose that issues of gender, body, health and identity of athletes are largely formed within the social power structures of sport (Markula and Pringle, 2006).

The link between control and the development of eating disorders is highlighted by Froreich et al. (2016) who stated that: "Issues of personal control have been proposed to play a central role in the aetiology and maintenance of eating disorders" (para. 1). In order to continue playing at a professional level, Holly had moved abroad and had found herself isolated in a very particular way:

> *…and its isolation in your head, not actual isolation, as I was living in a host family of five… and I'm surrounded by a team of 20-30 people, it's still isolation because that's not [external] isolation it's the internal isolation*.

As in the IPA study by Papathomas and Lavallee (2010), Holly also ascribed this internal isolation and feeling under pressure but feeling the need to hide this. She described how these conditions had a combined effect in contributing to her eating disorder: "*it felt like I couldn't control anything - but I could control my eating…".*

I have discussed how a medicalised approach can personalise mental health difficulties, thereby failing to take into account the socio-economic context in which such difficulties arise and are shaped by discourse. In relation to the theme of control, in Chapter 2 I referred to the work of Hargreaves (1986) who wrote about the appropriation of the body as a characteristic of the cultural hegemony in professional sport. The body of the athlete is appropriated and valued according to the performance-based needs of the sport's powerful stakeholders. Within high performance spectator sports and the multi- million industries that depend on it (Kane, 1996), the athlete's body is a form of capital that is exploited and in the process, dehumanised (Kalman-Lamb, 2019; Wellard, 2009). I argue that eating disorders need to be understood within this broader context.

The close relationship between fitness, performance and identity also emerges when athletes are injured. Many of the participants described how vulnerable they were to losing a sense of self when experiencing an injury because their identity was first and foremost constructed around their performance as a "footballer". For example, Charlie described how, as an injured player, he felt invisible: "*I suppose it's because all that love and praise that I used to get just stopped'.* Mark describes his feelings of being *"invincible" and "untouchable": "I'm so confident and my ego's huge and then it comes crashing down where I have this traffic accident".*

Wellard (2009) also refers to “the processes and practices through which body performance can be said to constitute gender and sexuality” (p.7). In other words, the body is central to the presentation of ‘self’ and therefore the construction of a social identity. A recognition of this is very clearly voiced by Holly when talking about injuring her Anterior Cruciate Ligament:

> *I did my ACL in May… which is one of the biggest injuries in football and I will be out for the longest time … but my mental health issues were a hundred times harder to deal with than my ACL injury.*

As has been discussed, there is a strong association between physical injury and mental health problems among elite athletes (see for example, Gouttebarge and Sluiter, 2014). In the literature, injury as seen as a critical event that can even result in an abrupt end of career transition (see Stambulova, 2000; Johnson 1997). In this sense, players are aware of what sustaining an injury might mean to their career. This is another vulnerability that is in many ways outside of their control.

4.2.3 Denying pressures and hiding feelings

A strong theme in these narratives is how the denial of the pressures that are being experienced and the hiding of feelings, accumulate, just like a snowball effect. As with Holly’s analysis of her eating disorders, participants often hide their feelings in an attempt to maintain or reclaim some control. Elliott reflected on how tough it had been for him, at times, to succeed in being a professional footballer. Living away from home, often in hotels, without the support of family or close friends, He began to see emotional detachment as a survival strategy: “*…I moved down there with RM and JO and spent most of the year in a hotel and looking back on it was quite tough. Just getting first team football was quite important and learning to deal with and deny the pressures…*”. Elliott was motivated to “*reach for the limelight*” through the progressive stages of his career, from leaving school to finding a place

in a professional sport. Part of the road to success involved learning how to deal with, or deny, the pressures inherent to the job.

Emotional detachment looks more like emotional suppression as a coping strategy for Charlie, striving to present an outwardly tough exterior to others following an injury, whilst internally being emotionally very stressed. Significantly, Charlie did not feel that there was anyone that he could turn to:

> *Well I made sure I didn't cry because of the way banter was in football, and the kind of player I was, I was kind of looked at as a tough player so you hold back' and you're pushing down your feeling basically you're 'suppressing the way you want to feel' I didn't go to speak to anyone, I just remember sitting there watching game thinking I wish I wasn't injured and I wish I wasn't here. There was no-one to reach out to, there was no-one there, there was nothing*.

Charlie articulates the desolation that came about due to the lack of emotional support. By contrast, Tom describes the difference the support of a manager can make:

> *I think in my playing career when everything's going well in my life - in my head - I can be the best player on the park …but as soon as things don't go so well off or on the pitch, like a manager's style of playing football or his man management - I would struggle to adapt to change really. KP was amazing he probably was instrumental to my career because he was so good from the pastoral side of things, and he gave you what you needed. Sometimes I got told off and sometimes I got cuddled… as he would notice your facial expressions daily, he was brilliant. and he would call you into his office, so you could chew the fat and I did need it but unfortunately there is not a KP at every football club*.

Charlie and Tom's contrasting accounts illustrate the difference relationships within the club can make. Charlie felt the need to become outwardly indifferent to difficulties. Wanting to be perceived as a "tough" player meant controlling and suppressing his emotions. When he was injured, he had no one to turn to and was unlikely to seek help.

Significant in Charlie's account is the role of banter as driving his determination to appear "tough". The culture of banter among footballers has been described as both facilitating and disrupting friendships (see Nichols, 2018; Magrath, 2016). The importance of banter as a short cut to connecting with others and to deflect or diffuse tensions (Easthope, 1990; Nichols, 2018) in this highly peripatetic career is perhaps less emphasized in these accounts than the use of humour and laughter, at each other's expense as driving the need to hide one's vulnerabilities, creating a barrier to emotional openness and honesty. In this respect, the findings concur with those of Brownrigg et al. (2018) in which participants refer to the 'dressing room talk' (p.248) and the banter which they readily joined in with but which afterwards exacerbated feelings of insecurity and paranoia.

The use of banter as a way of connecting with others without revealing one's vulnerabilities may in part be attributed to the volatile and changeable culture of elite sports such as football. In this regard, Eubank et al. (2014) point out that:

> In some professional sports like football, staff changes are frequent, and teams rarely contain the same players from season to season. The feeling in these cultures can be one of volatility, unpredictability and insecurity (p.32).

While less friendly banter between players can be explained as fuelled by insecurity, competitiveness and pressures of the job, it can become abusive and has been described and experienced as a form of bullying (Newman et al., 2021). Writing about gender and racial stereotypes in sport, Long et al. (2017) describe the "'locker room mentality' in which 'banter' degenerates into abuse". (p.xii). By contrast, Lawless and Magrath (2020) suggest

that banter can be both inclusionary and exclusionary. Yet Charlie's references to banter are mainly in relation to how he suppresses how he feels; his pain and frustration are instead channelled into maintaining a mask of indifference and "being tough". It is a mask he learns to perfect so that when he is injured and his career is at stake, he finds himself utterly alone.

By contrast, Tom recounts his experiences of finding good pastoral support within his first Premier League club in the form of an empathic individual closely involved in his training. Even though he acknowledged that he was sometimes *'told off*, Tom felt that this was balanced out by the relational warmth of trainer 'KP'. Tom goes on to say that *'you can't have a KP in every club',* indicating that this kind of support is not the norm. This supportive and warm relationship was clearly a good start for Tom. Subsequently, however, he struggled to deal with different management styles, transitions and changes when things did not go so well for him.

The crucial role played by coaches is central to those advocating mental health literacy for coaches (see for example, Breslin et al., 2017; Ferguson et al., 2019; Henriksen et al., 2020; Lebrun et al., 2020). Finn and McKenna's (2010) study identifies the significance of the support not just from training personnel but family and peers. Similarly, for Charlotte, family support helped her through the challenges of transitioning from academy to what is now the Women's Super-League. Leaving her hometown as a youngster had been a challenging time for Charlotte but family support helped her through the challenges:

> *…it was the unknown as I'd been at [City] and near home and then at uni and traveling from [home] to train at [New City club] was hard as well as tying it in with my studies, but I was lucky that I had family support around me that enabled me to do that.*

Not every player felt that they had the support they needed, either from within or outside the job. Asking for help from family was difficult for some players but for many others, talking to team- mates was harder. Alex describes why he found it hard to open up to colleagues:

> *You don't tell your team- mates as you think they are out to get you and will leak stuff to people and you don't want to tell your manager because they are people that think they have done well in the game and think that this is football, and this is it.*

Alex's comment illustrates the tough culture that prevails in professional football, which makes players feel it is unsafe or unwise to talk openly about having problems (Roderick and Schumacker, 2017; Newman et al., 2021). Implicit to the 'tough culture' referred to by Alex is the way in which bullying manifests in the professional football environment (Newman et al., 2021) and the extent to which it is legitimized and normalized. In their exploration of professional footballers' concepts of bullying, Newman et al. (2021) found that these were influenced by the environment and culture of football, including traditional notions of masculine identity and the inherent authoritarianism within football clubs

So, although some individuals may find support within the club, these are rare, the dominant assumption being that showing any form of weakness will be detrimental to one's career.

4.2.4. Becoming detached

In relation to agency, I have discussed how players feel that their career path is in the hands of others and that it is a path strewn with abrupt changes and within-career transitions. Within-career transitions include moving between clubs, leagues and levels of the sport and geographical transitions, within the UK as well as internationally. Young players in particular will be required to move away from families and friends. The emotional and psychological difficulties for players of coping with transitions are highlighted in the literature review

(Stambulova, 2000; Wylleman and Lavallee, 2004; Stambulova and Alferman, 2009; Westerhof and Keyes, 2010. One way of coping with this peripatetic, unpredictable lifestyle is to become emotionally detached from people and places. As a young player who had been quickly promoted to first team level, Alex had found it difficult to mix socially with the other players: *"[it was] like never having the confidence to go with the 1st team, like when I went up with them, I'd go in my shell, it probably took months to come out of my shell*".

The situation got much worse for Holly during her stint abroad as a young professional. She became depressed to the extent that she lost touch with her emotions: *"…[it's] the loss of emotions because I had no emotion and [then was] not caring about people…"*. Between the ages of 17 and 24, as a semi-professional and then as a professional player, Holly played in four different countries and for six different clubs:

> *So I first played for [woman's National team], and super league woman's team from the age of 15, played with the seniors for 2 years before getting scouted by [a Premier League football club], were I moved down and signed my first semi- professional contract at 17, and moved down from the [REGION] to [CITY] in 2008 and signed a play by match contract it was pretty basic and also signed up at [UNIVERSITY] …. I then played at a Premier League club for 6 years until I was 23.*

Holly was very matter of fact in the way that she described so many moves and changes happening in her early career. Emotional detachment as a way of coping with transition can conceal the impact on mental health even from the athlete themselves. For Atkinson (2019), this can be (or become) an invisible disability. While Holly accepted the travelling through different clubs and situations as an intrinsic part of her career as a professional player, the impact on her relationships - the lack of a stable informal as well as formal support network – were detrimental to her mental health:

…the time I was out there [COUNTRY] was when I encountered my first mental health issues. For me it was like several life-stresses all came at one time, developed in some sort of anxiety and depression for around 8-10 months in [year]" … I think one factor was that I was moving about a bit – I know - kind of … although I loved the new experiences and the travelling [but] I had no home stability if you like.

In order to progress (or just stay in the job), players must be willing to move to wherever the next best opportunity may be. This is reflected in the social culture of the clubs: relationships tend to be quite shallow and are mediated through 'banter'. In this respect, banter may also be viewed as a coping mechanism, a way of developing some sense of connection when the development of deeper or more established friendships are not possible (see; Anderson and White, 2017; Nichols, 2018).

All the players that I interviewed viewed being continually moved about, as ordinary and an accepted price of their chosen career. Motivated by pursuing a professional career in the sport, on the one hand players are expected to just 'get on with it' and so they do. But the relentless unpredictability of where they will be and who with, takes its toll (Brownrigg et al., 2012).

For Holly, the travelling was initially exciting, but soon led to a sense of disconnection from people and places. Young professional players, who will still be in their teens, are expected to move around the UK (and sometimes overseas). They have to learn to manage life not only away from home and family but from friendship groups. The emotional detachment that they develop as a coping strategy has been referred to as players 'distancing' (Finn and McKenna, 2010) themselves and "playing down the importance of the situation, separating oneself from the stress" (p.260). Often living in digs, many young players do not develop much of a social life outside the club, as Troy describes:

You are in a unique position as you are not allowed to do anything, and you see things and think that's not best for you. Seeing my mates enjoying their summer was really difficult, I felt lonely, you see them but feel distant from it all.

For most players reflecting upon their early professional career, what stands out is the frequent moving through different club structures, different levels of football and geographical areas. While they had accepted it without question at the time, in retrospect, they are more aware of how stressful it is. Emotional detachment is not simply a coping strategy but a survival strategy for these players (see Brownrigg et al., 2012; Finn and McKenna, 2010). Whilst participants in this study recognised the strategy, there seemed to be less awareness of the impact such detachment could potentially have on their mental health.

4.2.5 Summary of Cluster: The 'Snowballing of the Self

Considering the overall aims of the research, this cluster has highlighted a number of key aspects of these professional footballers' lived experiences. The process of emotional and relational detachment seemed to be generally interpreted by players as an inevitable feature of professional football. As a result, the psychological costs that were felt by the player were not really brought into question reflectively by any of the participants, even though for each of them, these costs played a central part of their narratives.

The perceived relational indifference or 'distancing' (Finn and McKenna, 2010) of players, coupled with the pace of changes imposed upon them and the ever-present risk and fear of being injured, can result in players building up a defence against feelings of vulnerability (snowballing). At the same time, feelings of 'invulnerability' were associated with rapid career success and with the development of a 'huge ego', which is also an aspect of the phenomenon referred to as 'snowballing'. Additionally, there is the pressure from and

expectations of trainers, managers and fans for players to perform well, added to the pressure that players put on themselves in this regard. There were some instances where key relationships were experienced as 'warmer' and more supportive but largely, players experience this peripatetic lifestyle as lonely and isolating.

Many players reported that they had no-one to talk to about their stress levels and found themselves needing to hide how they felt, particularly during a transition or a time of injury. Socially, players perceived an indifference towards them as individuals, from sporting hierarchies such as managers, coaches and medics. This was exacerbated by the inherent competitiveness within the profession. Furthermore, the players' experiences of navigating geographical transitions and particularly of recovering from injuries, seemed to create a powerful sense of inner antagonism towards those with power over them. Relational difficulties with clubs and team colleagues and the need to keep up a 'cool' exterior as a defensive strategy against feeling vulnerable or rejected, meant that they cultivated a general sense of indifference which led to becoming isolated, and made admitting to any problems increasingly difficult.

What has been described in this section is indicative of a different kind of 'game', with unspoken rules of engagement, one that everyone seems to be playing, more or less consciously. Most of the players interviewed did seem to recognise that they were part of a collective culture in which developing emotional detachment that involved denying their own vulnerability and hiding their authentic self under layers of cool indifference, was a strategy for surviving in the profession. However, what they did not seem to fully recognise was the extent to which this 'snowballing' effect of suppressing or hiding their emotions, feelings and inner experiences (even from themselves) could precipitate difficulties with their mental health.

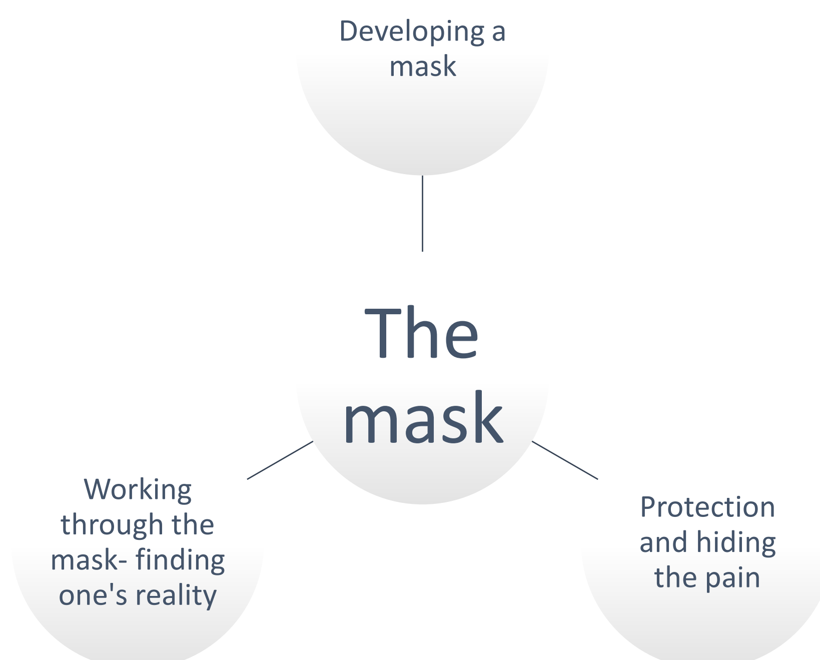
4.3 Second Cluster: The ‘Mask’

This thematic cluster is formed around the metaphor of ‘*The mask*’. Its central focus is the participants' experiences and awareness of hiding varying levels of vulnerability through a range of self-protective strategies. Although no individual directly used the term ‘mask’ to refer to this process, it seemed to be the best metaphor for this level of the analysis. There are four themes in the cluster: *‘Developing a mask’; ‘Protection and hiding the pain’; ‘Working through the mask & finding one’s reality’.* These themes are arranged diagrammatically in Figure 3.

4.3.1. Developing a mask

The mask metaphor describes the way that players learn to hide their true feelings and vulnerability. There are many situations in which this is felt to be particularly necessary, one being the experience of sustaining an injury. Injury is a theme that is reflected in all of

Figure 3. Second cluster: The ‘Mask’.



the interviews in this study as having an impact on players' mental health and well- being. Being injured, and therefore unable to play, is a time when players found the need for some kind of protection, as much from the emotional pain as any physical pain. Here is Charlie talking about his first experience of being injured:

> …*we got drawn against [Club] at home and I remember being in the changing room when they had their team talk and I remember feeling that I wanted to cry because I wasn't able to play in that game and obviously, it's a massive game it's the FA Youth Cup and I couldn't go with that as it was almost seen as being weak if you did cry so yeah I suppose that was a time when I did suffer with my mental health.*

The mask is implicit in Pike et al. (2018, p.11) with reference to 'impression management' in athletes and the concern with their public and sporting image. In retrospect, Charlie is very aware of his need at the time to hide his true feelings about what had happened to him. Looking back, he can also see how his mental health suffered as a result. Billy confirms this: "you couldn't show weakness…you were suppressing your feelings". Kristiansen and Larsson (2017) took a hermeneutic and interpretative approach to investigate the experiences of professional footballers concerning their injury and injury-prevention strategies. Their study identifies that an important aspect of support for players is to develop an understanding of injury prevention. They conclude that some of the psychological impact may be reduced by using an empowerment model within an injury prevention strategy:

Professional soccer players' experience of injury prevention can be interpreted within the four components of the empowerment model: (1) impact, (2) competence, (3) meaningfulness and (4) choice. The presence of the four components empowered the players to engage in injury prevention in the soccer club. (p.1)

This approach makes sense, but it is not yet widely recognised as a way to support players' mental health. As I will discuss in chapter five, players need to be better mentally prepared for the periods of time after sustaining an injury when they will be in recovery and rehabilitation. It is also a time when they need more access to psychological support.

Sustaining an injury is a major hurdle for a professional footballer, but there are many other kinds of pressures that are ongoing in the lives of elite athletes. One of these that has already been mentioned in this chapter and in the literature review, is the 'banter' culture that characterises men's interactions generally and sport culture in particular (see Segrave et al., 2006; Rosenoir, 2017; Lawless and Magrath, 2020; Newman et al., 2021). Although it can be used as a form of camaraderie, it can also be a vehicle for sexism and racism. As any sign of weakness or difference can be used in banter, players come to believe that to show emotion is to show weakness. This clearly has an impact on mental health and creates an obstacle to accessing support. Atkinson (2019) observes that football culture is dominated by the need to conform to perceptions of strength, at the price of authenticity. Any form of vulnerability can be stigmatized. The continuum of emotional vulnerabilities, what he calls 'invisible disabilities', include more serious mental health issues.

The process of developing a mask seems to begin very early on for young elite athletes, even at academy level when they are often living away from home. It continues into their professional playing career. Alex had thought a great deal about how he had needed to learn to *"temper [his] thoughts*" and what it would be possible and acceptable to say and share with fellow players and what he refers to as the "*status quo*":

> *Especially as someone who is aware that you can't have an open and honest conversation and actually what you think might be contrary to the status quo […] where actually the majority of people in football don't appear to think about much and just do what has always been done without realizing the impact that*

has, you are in a situation where you have to really temper your thoughts, your honest thoughts, I guess you are ending up dealing with that on your own.

The feeling of *"dealing with it on your own*" and of not trusting others, is inherent to the development of 'masks' as a means of self-protection and as a defensive coping strategy (Perna, 2013). Yet through the process of developing a protective mask, one can lose trust in oneself. Troy came to realise that he had begun to rely on the opinions and thoughts of others in football and that these were taking priority over his own instincts:

The dominant voice would have been the people in the game, so coaches, agents… not just certain individuals - just general football as a whole was telling you certain things and because you are on a certain course in your life those are the voices you think are most significant. That was really dominant over my own thoughts and my own thoughts and feelings were being pushed back and suppressed by that voice of the football side which was difficult and obviously did me no good at all.

Similar themes emerge from Brownrigg et al.'s IPA study (2012) of the experiences of professional footballers concerning the dominance of a variety of authority figures, each with their own agenda. One manifestation of the protective 'mask' is the development of a cynical self. In his study of professional identity, Roderick (2013) suggests that becoming cynical is a way of managing feelings of powerlessness. It gives athletes some sense of autonomy and yet "they still perform to managerial norms and rituals" (p.143).

4.3.2 Protection, hiding the pain

Dealing with personal issues such as bereavement and relational ruptures off the pitch can pose particular difficulties for elite athletes who are often in the public eye, and continue to be under pressure to perform, regardless of what might be happening in their personal life. Charlie recalled a time when a teammate and close friend had tragically died

in an accident. Players were told to take some time off if they felt that they needed to but there had been no pastoral support from the club. Charlie really struggled with the loss but responded by just locking himself away at home:

> *I remember because I was one of the last people to come back and the only reason I came back was because my friend who lived round the corner from me played as well and I was just locked in my house and I wouldn't leave my house and he came and knocked for me and he said' let's go [Club]' and I felt a bit better and I decided to go back*.

However, after returning to the club, Charlie had felt judged by others for having needed to take time off at all.

> *I remember my first day back and we were training and some of the players were saying 'some of these […] are just taking the 'mick"… because other people had come back straight away …. so, it was almost like they were saying 'ahh you just taking time off.*

This illustrates the stigma that surrounds emotions within sports and within notions of masculinity (Atkinson, 2019; Poucher et al., 2021) where the expression of any emotion, including grief, is perceived as emotional weakness. Emotionally impactful events such as a sudden bereavement can also be difficult to process or integrate whilst in a strongly competitive environment, with few adequate support resources available.

As a younger player, Alex explained how he had trusted (a particular) manager because he perceived him as being basically 'on the same side' as him. He assumed that the manager would therefore respect his point of view when speaking to him in confidence regarding another player who Alex felt was a weak link in the team. He therefore subsequently felt very betrayed when that manager mentioned this conversation in the

changing rooms. Other such incidences resulted in loss of trust and increasing 'reticence' about speaking out:

> *[you develop] reticence - because you've had conversations with people and trusted them and they just turn around and manipulated the situation really, basically like lied, but spoken with such authority that it causes you to think, depending on what type of person you are.*

Early on, caution and reticence were part of Alex's defensive coping strategy. He describes the hierarchies of professional football which mean that: "…*you don't trust anyone really because you can't. Everyone is protecting their own arses all the time - trying to bring value to the Manager*."

He describes his encounters with the culture of violence that can prevail in football dressing rooms as another reason to develop a high level of caution and reticence:

> *Some players would go and do work experience with the youth team, but I would never do that cos of the stories of players being beaten up in the boot rooms, talking candidly like… boot polish and Vaseline shoved up their arse - that sort of thing. Lights turned off in the dressing room and people fighting, that was never… I was never really into that sort of thing, still don't understand why someone would be… but that's what happened. […]one of the things I remember, the older lads … they'd obviously had it done to them before - where they would get one in the room and they would have to perform a sexual act on a physio bed… depending on how extensive your sexual experience was with a girl. I remember, I suppose, having to do that, but I feel like that died out a bit when I got to be a 2nd and 3rd year…*

As Atkinson (2010) has argued, within sport, violence is often condoned and even glorified; within football, it is seen as inextricably embedded in the hegemonic model of

masculinity (Sabo and Panepinto, 1990). One study found that footballers and wrestlers were more prone to being involved in violence against women than non -athletes and athletes from other sports (Welch, 1997). In the context of US soccer, Kane and Disch (1993) discuss a sexual harassment incident that took place in the locker room as an "overt manifestation of male power by means of sexual violence" (p.331). Both violence between players from opposing teams on the pitch and violence associated with football fan behaviour, have been the subject of much attention (see for example, Giulianotti et al., 1994; Cleland and Cashmore, 2016; Newson, 2017). Less attention has been devoted to violence as an aspect of the culture of the English football club dressing room, though studies focusing on bullying (e.g., Newman et al., 2021) are implicitly also about violence, even if verbal rather than physical. One exception is Kelly and Waddington's (2006) study of abuse, intimidation and violence as techniques of managerial control, in which they show that traditional forms of authoritarianism meant that there were few constraints on the authority of the manager over players. It would seem therefore that Alex's almost casual reference to certain rites of passage taking place in the dressing room may need further investigation to find out whether it is indeed no longer common practice.

As discussed in chapter two, growing awareness of the vulnerability of young elite athletes to sexual harassment, abuse and exploitation has become a matter of greater scrutiny, research and policy changes (Hartill, 2005, 2009; Lang and Hartill, 2014; Lang et al., 2016). Nevertheless, the consequences of these and other cultural pressures, have a deep impact on the psychological development and well-being of players. Alex became skilled at masking his true emotions, faced with having to abide by other people's rules:

> *I really internalise my own experiences, so I suppose… you are in situations often in football where you are not playing to the same rules so, you are in a position where someone has authority and you've got to play by their rules.*

Reflecting on these experiences, he could see that, over time, the lack of emotional safety and trust had negative psychological consequences, leading to insecurity and self-doubt:

> *Well, it makes you insecure if you think about it a lot… makes you doubt yourself, what I mean by that is you are having a conversation with someone and you could never trust them, they hold the power so, you can never hold an open and honest conversation*.

It is not hard to understand, given these insights into the lack of agency, stability and safety that characterise the working life of an athlete and the social culture of the locker room, that players feel the need to develop protective strategies and to distance themselves from their pain, be it physical or emotional (see Brownrigg et al., 2018). However, while such strategies clearly serve a purpose in the short-term, they can have damaging longer term effects on mental health and well-being. For each player in this study, some kind of crisis forced them to question these strategies, as discussed in the next section.

4.3.3 Working through the mask: Finding one's authenticity

A key theme in these retrospective accounts is the general lack of awareness, on the part of both players and their clubs, concerning the issues surrounding mental-illness or of their own general well-being. The accounts shared with me all seemed to include a (generally painful) breakdown of a player's defence-mechanisms. At the same time, players saw that changes were already taking place to address the mental health of the players. Often as a result of some kind of crisis, the players began to realise that their defensive strategies were not working so well for them and to realise that they needed support. As one of the central aims of the study was to learn more about how professional footballers understand their own mental health, and how they may understand the work-related conditions which affect it, this theme is a significant one.

Speaking of his addictive behaviours, mainly gambling, Elliott talked about how, with hindsight, he could see that his depression had been masked by his gambling addiction, and that his addictive behaviours were an expression of a need to escape or 'run away':

> *Sitting here now I realise that it was the constant need to escape, so it didn't matter whether it was the women, gambling or the alcohol whatever it would be… that was my preference, that was my choice of escapism….and what I was escaping from is what I am now discovering in therapy…*

When things had hit "*rock-bottom*" for Elliott, he had eventually asked for help, but he also acknowledged how hard this had been for him, and he felt it would be for any player:

> *I wanted to speak to someone that'd been through it…and feeling comfortable speaking to them […] and not being judged for it, I feel a lot of the time you are judged and as a footballer when you open up your heart you will often get wounded for it. So, I can understand why people protect themselves because I did that for years*…

Having begun to work through his own masks and defences, Elliott is now hopeful that talking openly about the issues will make things better for others in the sport. Indeed, he sees signs of change in this respect:

> *I think there is an opportunity now, [I think] we are seeing a bit of a break-through - and so there is an opportunity for a lot more people to come forward and share their experiences and hopefully that will encourage others out there*.

Mark also stated that he saw evidence of a gradual change in attitudes. For instance, it has become more acceptable to seek out psychological therapies. He smiled as he told me how much easier it was to tell other people that he was seeing a sports psychologist rather than admit that he had been to see a psychiatrist. Yet despite these encouraging signs and improved media coverage concerning mental health issues, there is clearly still a lack

of information about support provision. Billy was fairly sure that, "*players don't know who to ring if they do need help […] if you ask the lads, they will have no idea*".

Wood et al.'s (2017) research (see chapter two) found that strong barriers still existed for players in terms of accessing appropriate and timely support with their mental health. It seemed that it was only when such difficulties became a crisis that help was found. Clearly there is more work to be done at every level of the sport. Raising awareness and signposting towards support resources is a practical step that is relatively straightforward. However, what is more challenging is to bring about a cultural change in football in which well-being and mental health for players are understood as being as important as physical fitness and skill.

Responses to questions about participants' own attitudes and beliefs around their mental health varied and some seemed to be puzzled by the question itself. Many admitted that they did not really have a framework for understanding what mental health was. For instance, for Tom, the notion of mental health evoked medicalised notions of madness (Foucault, 1967):

> …*at the time I probably wouldn't have known that they were mental health issues. Mental health [issues] is like when people talk about it, it is always the extreme version – like sitting in a padded cell or you're psychotic, but for me now, looking back on it... mental health issues for me was like 'being left out of the team' or 'not being able to articulate myself and go and ask a question'. So, you bottle everything up and there is no release*.

Given the progress that has been made in tackling the stigma around mental health, it is sobering how strong the prevailing prejudices are. As Souter et al., (2018) point out, mental health difficulties appear to be incompatible with the mental toughness elite athletes are expected to have.

Charlie is passionate about the benefits of seeking support and his advice to younger players, based upon his own experiences, is that if psychological support is not available within the club setting, then players should seek it outside the club environment:

> *You can go outside of football, if the club's failing you in that respect there are therapy organisations that you can go too and can reach out or it doesn't have to be within the club it can be done on your own terms*.

There are also advantages in seeking support outside of the club:

> *… just purely from the fact that people at the club - I don't want everybody knowing what I'm doing and what I'm going through and …I can reach out and that person might say 'you can come to me or I can come to you'. So, we don't have to meet at the club or on the club premises. Like I said going back to me …it's getting away from the club to deal with the problem*.

As well as protecting his privacy within the 'banter culture' of the club, Charlie felt that seeking support outside of the club also helped him to get a more balanced perspective of the job he was doing.

Despite the vulnerability involved in sustaining an injury, Holly is clear that physical injuries are still less challenging than mental health difficulties:

> *So, I use this as an example: I did my ACL [Anterior Cruciate Ligament] in May… which is one of the biggest injuries in football and I will be out for the longest time … but my mental health issues were a hundred times harder to deal with then my ACL injury*.

What Holly says here is very striking and concurs with the findings of Reardon et al. (2014) who also found that Olympic level athletes struggled as much with mental health concerns as with physical illness or injury, although the two can also be understood as linked. This is not surprising given the invisibility of mental health difficulties (Atkinson, 2019) compared to

physical injuries and the impact of mental illness stigma on identity (Pike et al., 2018). Nonetheless, Holly also mentions that attitudes towards illness and injury underestimate the mental health implications of injury and she is keen to use her own experiences to help raise awareness for other players. As has been discussed elsewhere, the performance imperative means that an athlete's physical fitness is seen as within the remit of a club's investment in the player.

4.3.4 Summary of cluster: The 'Mask'

This cluster has sought to illuminate and explore the strategies that players adopt to protect their vulnerabilities and how this ultimately impacts their mental health as they distance themselves from their authentic self. The mask is a metaphor for these psychological and emotional defence strategies that all the participants described (in one way or another) developing from an early point in their football careers. These defences helped them to cope with a variety of painful or stressful experiences, such as being separated from family and friends. In order to comply with the wishes and priorities of coaches and managers, the power hierarchy, they learned to suppress their authentic responses to situations. They also distanced themselves from the feelings of powerlessness that resulted from caused decisions about their lives being outside of their control.

Loss of autonomy was explored by Roderick (2013) who observed the way that "athletes so often express discontent yet maintain an apparent dedication and commitment to their craft" (p.143). The significant loss of autonomy has become a normalised aspect of professional and club football and a 'commitment to their craft' means accepting that others control their destiny, with little room for negotiation. Within this hierarchical structure (Curran et al., 2017), an athlete can be reduced to an item of club property. The price of such a loss of autonomy may not be immediately obvious, at least until additional stressors come in to play. Certainly, the evidence presented in Atkinson's (2019) studies, Coakley and Pike

(2019) and Douglass and Carless (2009), confirm the longer-term negative effects on athlete mental health of such a loss of autonomy.

The mask that players develop also distance them from their authentic voice and sense of self. In this sense, ‘working through the mask’ can be seen as a process in which participants reflect on their younger self and the strategies that they adopted to hide their vulnerable or authentic selves, and begin to see how this contributed to their mental health problems. Psychologist Carl Rogers (1961) used the term ‘congruence’ to describe a matching of experience and awareness:

> Congruence is a term we have used to indicate an accurate matching of experience and awareness. It may be extended still further to cover a matching of experience, awareness and communication (p. 339).

The opposite state of ‘incongruence’ was what he saw as a root cause of psychological disturbances and it is through these ideas that he developed the Person-Centred Approach (PCA) to therapy. For Rogers, successful therapy could be achieved by accompanying and supporting people to become more aware of their authentic experiencing. In the light of this psychological framework, one factor that could potentially contribute towards improving the mental health conditions in the workplace for professional players would be to facilitate a culture of greater emotional openness.

4.4 Third Cluster: The ‘Roller-coaster’

Many of the participants referred to their careers as professional footballers as being an emotional ‘roller-coaster’. Within this metaphor, common themes included: ‘*dealing with changes*’; *‘struggles and not-coping’,* and ‘*coping strategies & resilience’.* As previously alluded to in section 4.2.1, Mark’s ‘snowballing’ success followed by his career crash after sustaining a serious head injury - just when he had been selected for the national squad - altered the course of his professional career and forced him to renegotiate his sense of

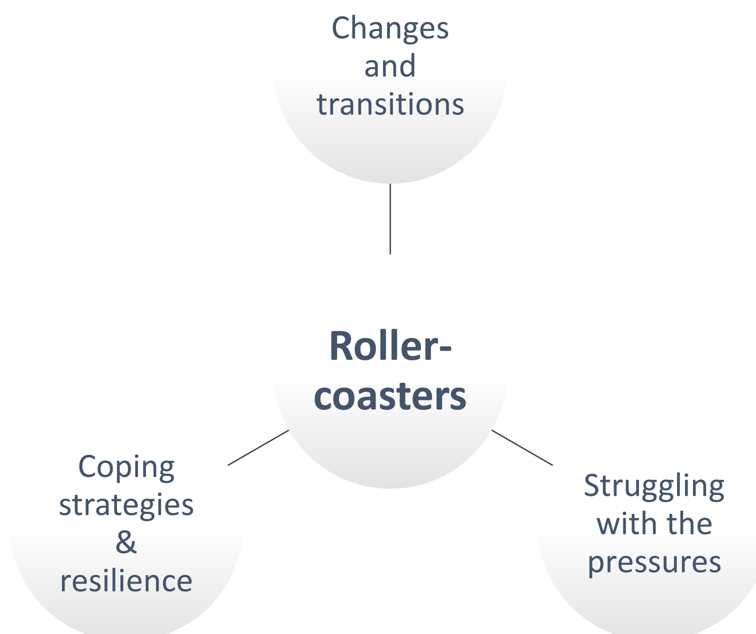
identity. Several studies are interested in how the athlete's identity is constructed and what happens to this identity or sense of self at moments of transition such as injury. These are moments of mental health vulnerability, particularly if one's identity is too strongly linked to being an elite athlete (see Cosh et al., 2013; Lavallee and Robinson, 2007). These themes are displayed in Figure 4.

4.4.1 The ‘Roller-coaster’

Elliott uses the metaphor of a whirlwind as well as a roller-coaster to describe the highs and lows of his career. The first five years of Elliott’s professional career had` felt *“fast-tracked, like a whirlwind”:*

> *My footballing journey has been a bit of a roller-coaster. Started off at [Premier League club] at 15, then [Club] at 17, then [Premier League club] at 20. So, my career was sort of fast-tracked for five years, it was like a whirlwind, and I*

Figure 4. Third cluster – The “‘Roller-coaster’.



was delighted to make my debut for [Country] at that time. But since then, it has been up and down, like a roller-coaster…been out on loan to [Club], now find myself here…

Charlotte also referred to the roller-coaster metaphor, declaring "*well…there have been a lot of emotional roller-coasters for me [in football]* …" She went on to describe how her youth club had been disbanded because of financial problems, but how she had been lucky enough to move with her old manager on to a new club. Then a bereavement in the family led to her feeling the need for support more acutely. This illustrates how it is not just one stressor that leads to the crisis, but a complex web of contributing stressors in an athlete's personal and professional life (Smith, 2019).

Further reflecting on the difficulties, he had encountered as a young player, Elliott reveals the extent to which players are ignorant about the decisions that are taken with regards to "*who is in and who is out*" of the team:

> …*as a youngster, you can be in the team one minute then out the next…and the same as being in the squad and not even getting a look in. It's something that I have experienced first-hand…and who is there to talk to? The manager has his hands full, and if I am being brutally honest, I don't think they want that confrontation either…to be questioned or challenged as to why you are not playing*.

Every young (and full professional) player gives their all in pursuing the goal of being selected to play in a match. However, it is a decision that is always in someone else's hands, and it is a decision that is taken over and over again. Brownrigg et al. (2012) focus primarily on the end-of-career transition. Nevertheless, they show that lack of agency is a significant stressor in the lives of professional athletes:

> …a lack of control over their lives, lack of pre-planning and preparation for retirement as well as support and ability to seek it led professional footballers to experience heightened levels of anxiety, uncertainty and fear for their futures as well as an unexpected sense of rejection during career transition (p.244).

The reasons for not being selected to play may or may not be clear to the player. Support from outside the game can be helpful to a degree; however, as Elliot points out, the support of family members is limited by the extent to which they understand how the organisation works. They often are not fully aware of the constant pressure to perform, and therefore to be selected to play in a match. Nor are they likely to fully understand the emotional impact of not being chosen:

> …*I would speak to my dad and he'd be there for me of course, but he wouldn't understand the journey of a footballer and what it's actually like to go out and train…to have to build your confidence back up again to earn the right to get back in the team…*

Many studies of professional athletes have identified rapid change and the various transitions that professional players are subjected to, as key stressors, ones that can be traumatic for players, particularly in terms of lack of agency (see for example, Lavallee, 2000). Wylleman and Lavallee (2004) argue that supportive interventions may well exist but that athletes often access them too late. They suggest that in the future: "…athlete life skill programs, aimed at providing support and education to athletes making athletic and non-athletic transitions" (p.7) would be beneficial.

4.4.2 Changes

Changes in circumstances and career transitions are implicit to the narratives of the participants and so data extracts in other sections refer to these experiences. The

psychological challenge of dealing with change is an ongoing one for an elite athlete. Changes can involve moving to a club in another country to a change in position on the field. Many of the participants experience these changing circumstances and transitions from one situation to another, as stressful at best and as threatening their mental health at worse. For instance, Holly described how, between the ages of 15 and 23, she had played for five different professional and semi-professional clubs in four different countries. Finn and McKenna (2010) highlight how the transition from Academy to First Team impacted the psychological development of young elite athletes. At that point in their lives, players are dealing with "up to four simultaneous transitions: Athletic; Individual (psychological); Psycho-social and Academic/vocational changes" (p. 258).

Alfermann and Stambulova (2007) describe the career paths of athletes as: "a succession of stages and transitions that includes the athlete's initiation into and continued participation in organised competitive sport" (p.713). Stambulova (2003) proposes an "athletic career transition model" in which two categories of change are described: normative and predictable (for instance, moving from junior to senior level) and non-normative and less predictable (for instance, injury or a change of coach or team). According to Alfermann and Stambulova (2007), potential problems for an athlete in coping well with either category of change, included: a lack of awareness of transition demands; a lack of internal or available external support resources; and an inability to analyse the situation - potentially because of insufficient information. There is a useful parallel to be drawn, given that these changes have an impact on mental health, in the lack of mental health literacy that prevails both at the organisational and personal level within UK football.

Samuel and Tenenbaum (2011) recognised that change-events in sport "have the potential to imbalance the existing athletic status quo, and to provoke emotional and cognitive instability" (p.238). They point out that such change-events can be negative in nature – such as an injury or an argument with a manager or coach; or positive in nature –

such as winning a championship, being selected for a national squad and therefore becoming more in the public eye. Neither Stambulova (2003) nor Samuel and Tenenbaum (2011) refer to the multiple changes, transitions and challenges that players face outside of their sport, for instance, relational difficulties, external stressors such as bereavement and illnesses of family members or the birth of a child (see Smith, 2019). The various constraints in their professional lives impact their private lives and vice versa (Roderick et al., 2017), compromising an athlete's well-being. Broadly speaking, it is recognised in intervention-focused studies that some level of preparation for transitional changes is helpful and will develop resilience.

Focusing specifically on the ultimate transition for an elite player, the end of their professional sport career, Wylleman and Lavallee (2004) propose a "life development intervention", principally, a psycho-education exercise aimed at supporting individual athletes to recognise how they had already navigated many changes in their lives, and to identify and mobilise key strategies for coping with the end-of career transition.

> *…*the life development intervention employed in this investigation was shown to be effective in significantly assisting elite athletes in their career transition adjustment. Once an initial assessment of life events was conducted, resources were mobilized and then skills were identified and developed to help cope with the career transition (p.202).

Returning to the participants' narratives of change, each participant had constructed their own relationship with the changes that had occurred in their careers. Some participants recounted instances of having managed changes quite smoothly; for instance, Holly responded positively when she moved to a new country as a youth player:

> *yeah erm… for me it was quite natural… there wasn't any anxiety, I didn't take stock of it, when you're a teenager you tend not to. Yeah, I studied and*

enjoyed, I like change I like to open myself up to the new experiences and challenges and went with it pretty well.

However, generally, participants experienced change as challenging. Tom's comment below is quite typical:

In my playing career, when everything is going well in my life – in my head I can be the best player on the park…but as soon as things don't go so good, off or on the pitch…like a manager's style of playing football, or his man management… I would struggle to adapt to change really.

He was not alone in struggling to adapt to change whilst trying to deal with (or else suppress) emotions. Some of the coping strategies that players reported they had used in order to help with these issues, soon became problems in themselves, as discussed in the previous section. Furthermore, changes usually involve frequent changes in geographical location and this has consequences for players' relationships and social networks.

For example, Holly struggled to maintain a long-term relationship whilst also dealing with successive contractual problems within the club she was playing for. As discussed in chapter two, transition in various guises in the life of professional athletes is a significant theme in the literature and many authors have argued that too little attention is given to the emotional impact of geographical transitions and the destabilising effect on the forming of stable relationships (see for example, Stambulova and Alfermann, 2009; Roderick 2012). Roderick (2012) explored the relational impact of the professional career of footballers characterised by a high degree of geographical mobility: "Job relocation is an issue for players and partners, as labour market migration is commonplace in this profession" (p. 317). Roderick's study also revealed that many footballers' partners are no longer willing to put their own lives and careers on hold in order to follow them after transfers and now wish to be involved in negotiations (see also Clayton and Harris, 2004).

The insecurities and 'dramatic ruptures', including relocations, that characterise the life histories of elite athletes, and how these impact identity and mental health, are also explored in Roderick et al., (2017). Noblet and Gifford (2002) highlight relocation as a source of stress for Australian footballers, whereas Law (2018) argues that the monetisation of social relations for professional footballers also impacts the extent to which players are able to sustain relationships.

4.4.3 Struggling with the pressures

For many, the struggle to cope with the range or pressures and constraints, sometimes reached crisis point. Holly describes how she reached the point where it was a struggle to get up in the morning:

> *…when I look back, all these stresses came and for me I lost all emotion I really just didn't care about anything I couldn't cry or anything […] I had no emotion. Towards football or people… everything – I even found it hard to get up in the morning and had no enjoyment with anything, I knew there was something wrong because of the way I was feeling*.

The symptoms Holly describes could be diagnosed as clinical depression and treated as such. Gouttebarge and Sluiter (2014) found that 43% of professional players across seven European Leagues who took part in their study had symptoms of clinical depression. The problem with this symptoms-based approach, as I discussed in chapter two, is that it pathologises the individual rather than looking at the circumstances, crucially, the workplace, that have contributed to the condition. Preventative measures and early intervention would help avoid getting to crisis point. But such interventions need to recognise and acknowledge the ways in which such "experiences of mental illness are related in complex ways to constraints associated with their public and private lives and their interdependency networks" (Smith, 2019, p.79).

While Holly spoke of feeling 'internally isolated', straightforward loneliness is another common theme, one that clearly has an impact on mental health. Elliott talks about the hours spent alone, away from family and friends:

> *The loneliness is such a big part of it for me. What you do with your time when you finish work at 1pm, with so many hours left in the day alongside being away from home and your family. They are difficult, difficult periods and they often are just brushed aside. You get a pat on the shoulder …you're a 'big man, so you can handle it' but deep down inside, sometimes you don't feel like that…*

Having signed for a major Premier League club before he was 17 years old, Charlie describes struggling with home sickness when he was living in digs:

> *Just before I was 17, just before I was Pro. It was pre-season, I was probably about 3 weeks in, I thought 'I haven't been home'. I had not had time and I spoke to the Club and said, 'I feel home sick'. They said, 'we can tell, you seem a bit down'. They paid for Mum to come up and stay in a hotel for 3 nights and I still trained...*

Agency is a major theme both in the literature (see for example, Lavallee, 2000 and Brown et al., 2018) and in this study, cutting across the four thematic clusters. Participants often expressed that their professional lives were largely out of their control and that this was a major underlying stressor. Therefore, finding ways to encourage and support them to have more agency in planning and navigating changes will likely assist them in terms of well-being.

The literature on the mental health among elite athletes identifies performance stress as a major factor in mental health. As previously noted, identity and self-worth can become

intrinsically bound up with performance in sport (Morris et al., 2021). Reflecting on the different kinds of pressure that he had felt as a young player, Charlie told me that:

> *The pressure you know is a lot, the pressure to perform… and one thing is you have to do a lot of growing up. You maybe 15, 16, 17 but you're somewhat not a kid anymore, so it's a lot of pressure in that respect and you know when contract time comes around, you know you could be released. So you have to play your best every single day, you have to train your best every single day in every training session. So yes, it's a lot of pressure, and emotional pressure too…and stress - asking yourself did I do good at this… did I do good at that…? It's constantly on your mind. I was always that person anyway that always over-thought stuff*.

The feeling of being under pressure to perform and of being in competition for a limited number of short-term professional contracts, whilst also having a strong sense of loyalty and commitment to team members, coaches and to family members, means that young players quickly learn to hide their struggles and difficult feelings. Anthony worked hard as a youth team player and gained an early signing to a high-profile Premier League Club. In the following excerpt he describes how the intense pressure of attention very quickly "*wore thin*":

> *At first, I loved it, I loved the attention. I remember… my Dads still got them actually…the local paper - I was on the back of the paper – 'Signed to [CITY']. I've still got the photos on my phone. Immense pride, my Dad, my Mum, my family so proud. Everywhere I went, I'd go down the local high street, Tesco or somewhere and I'd get 'Ah AS, how is it… blah, blah?' I loved it, I thought it was great, but it started wearing thin after about 3 weeks, everyone treated you differently*.

Dealing with positive attention, and the expectations of others, is one form of external pressure. As I discussed earlier, concern for an athlete can be reduced to providing whatever intervention will increase their performance. The focus on "performance-related implications of depression and vice versa" (Smith, 2019, p.84) ignores the complex facets of their personal and professional lives that might contribute to mental health difficulties (Newman et al. (2016).

Tom describes here how he sometimes felt a lot of internal pressure in the form of anger that he did not really know how to express or resolve:

> …*for me now looking back on it, mental health [pressure] for me was being left out of the team or not being able to articulate myself and go and ask a question and so you bottle everything up and there is no release so you end up just getting the hump […] and I didn't think I had anyone that I could speak too*.

The difficulties that Tom is describing here, in terms of asking for help, or even being able to articulate that there was a problem, is reflected in other qualitative studies. For instance, Brown et al. (2018) identify the strong stigma effect that stops elite athletes from seeking help for mental health issues. Tom's experience, of hiding feelings of vulnerability and suppressing emotional pain, has also been discussed in relation to earlier themes. This experience will often be deeply hidden so that the person themselves only becomes aware of this process when offered the opportunity to reflect on their mental health journey.

At one point in our interview, Charlie was struggling to recall something and then suddenly exclaimed: "*ok…I think I have just 'skipped over' that problem - and I think that's kind of my 'suppression of stuff' … but yeah there was problems*". The suppression of such significant issues, so that they do not come up in conversations even with family members

or close friends, is echoed in many accounts from the loved ones of sportsmen and women who have taken their own lives (see the interview with Gary Speed's sister in chapter 2.5.4).

4.4.4 Coping strategies and resilience

This sub theme comprises two aspects: the difficulties encountered necessitating the development of coping strategies and the positive outcome of resilience. As has been discussed, coping strategies can include substance abuse. This and other internal strategies discussed in the previous cluster, can lead to mental health difficulties. But coping strategies can also develop mental and emotional resilience. This section therefore moves towards discussing what can be learnt from these experiences in terms of practical implementations.

Managing the rehabilitation of injuries had a strong part to play in the theme of 'resilience'. Anthony described how he had been put out on loan by a manager towards the end of a period of rehabilitation (from injury), and also whilst waiting for his international clearance to come through in order to return to playing for an English club:

> *…he said you've been training for 6 weeks, blah, blah'. I went, 'I don't want you to expect me...' he went, 'Do you reckon you could try at least'. I went, 'Look I am going to try kicking this week… they said I am building up to it, I will let you know how it goes'. Amazingly because you are in Wales, you have to have an international clearance to go back, it was only a month loan, to go back to English football, even though it's the same league, even though we are a Welsh team in an English league you still have to have clearance*.

At that time, Anthony did not feel ready to return to playing in a match: "I wasn't ready, mentally wasn't ready, hadn't played a reserve game, hadn't kicked a ball, imagine being out for 8 months and someone going, 'go play in [league]'." Anthony maintained the mask of being willing to play but was secretly relieved that his clearance not arriving actually prevented him from being played. As it turned out, the loan arrangement was cancelled by

the club because clearance took too long to come through. This gave Anthony the extra weeks that he needed to feel ready to play. He describes here how it had felt when he did finally make his return to match fitness: "*I had my first game back, after 9 months…[town] away […] Yeah, lost 5-0 …two penalties… it was just, yeah… I actually smiled, I went 'I did it!!' - when I came off end of the game... I came back from a long-term injury!*"

Such periods of inactivity following an injury are also recognised, however, as critical moments of vulnerability to mental health difficulties (see Harcourt et al., 2012; Rice et al., 2016). Conversely, mental health difficulties have also been correlated with vulnerability to injury (Moen et al., 2016). During rehabilitation from a serious injury, the external pressures from clubs and fans remains constant, whilst the internal pressures that players put on themselves can become worse.

The relationship between substance abuse/addiction and mental health is well known and is not specific to professional sport. While Palmer (2019) explores the complex and intersecting issues driving abuse/addiction among elite athletes, in studies of the general population, addictive behaviours are associated with mental health difficulties in both medical and psychological models (Wu et al., 2003; Fine and Juni, 2001; Barry and Huskamp, 2011), in terms of empirical research and treatment (for example, Adams and Grieder, 2004). Such behaviours are also strongly associated with survivors of childhood abuse (see for example, Saakvitne et al., 2000).

I argue that the participants in this study understand their behaviour as a coping strategy. For some, success can also lead to addiction and eventually, depression. Elliott's mental health began deteriorating just as his career took off and, as a result of his successes, the money that he was earning became better. While he does not blame the money for the cycle of addiction and depression, he did feel that it had "*prolonged [his] pain*" before it "*brought him to his knees*":

However, the following year at [First division club] that's when my life began to change, I was then able to have the comforts and luxuries that come [with it], and the freedom that it bought…but it eventually brought me to my knees. Late night binges, late night casino's and then going to try and perform …that was a very difficult cycle and as I began to be more in the public eye I was back at [Premier League club] and it was horrific…I used to wake up from a black-out and not remember what happened the night before…then people were tweeting about it and using all forms of social media that is out there and that brings the shame and then that starts the cycle…that I can't deal with the shame…and I want to escape…so the cycle continues…

Addressing and resolving an addictive disorder is a very difficult task, often requiring specialist help and there are referral options available to clubs. For example, if a player requires direct emotional support, the PFA provides players with a counselling telephone helpline (Sporting Chance, 2019). The assessment process begins with the player initiating a call or email with a PFA team member who is trained to take the client through a series of questions before recommending a programme of counselling. A counsellor is then identified from an approved list, based on geographical proximity. Sporting Chance offers emotional support to both current and former players, who are offered 12 sessions of therapy and additional sessions if required. As the PFA is the players' union, players feel more comfortable accessing the service. Statistics show that from 2016 there has been a constant rise in players utilising this service. The referral system has been used by over six hundred players this past season. An emergency counselling referral system for players experiencing mental health in relation to on-line abuse was introduced in April 2021.

Nonetheless, research continues to show that elite athletes are less likely to seek help than the general population for many reasons such as stigma (Smith, 2019) and the

internalization of “notions of masculinity and mental toughness” (Poucher et al., 2021). When Elliott eventually asked for help, he found little understanding:

> *I finally spoke to a few managers, and not to mention any names, but there was no understanding of what I was going through…all they would say is “get back on the pitch, it will be alright”. But there is only so much…and it comes to a point when the pitch isn’t going to solve it…as it was deeper than that, it got to a stage where it was taking over my life*.

As previous studies have argued, it is the destigmatisation of mental health within the culture of elite sport that can make a significant impact (Curran et al., 2017; Atkinson, 2019; Smith, 2019). Given the internal barriers that have been identified to seeking help and the power that managers have over athletes' careers as well as being the first port of call, managers also need to take more responsibility for supporting the mental well-being of athletes.

Harcourt et al.’s (2012) study concluded that the incidence of substance misuse was greatest when athletes were away from the active involvement in their sport, for instance during injury or de-selection. In Elliott's case, his addictive behaviours were an escape from more internal issues:

> *sitting here now I realise it was the constant need to escape, so it didn’t matter whether it was the women, gambling or the alcohol whatever it would be that was my preference… that was my choice of escapism, and I had a constant need to escape …and what I was escaping from is what I am now discovering in therapy…*

For Elliott, these behaviours were clearly a coping strategy, but one which had a high price in terms of both money and his mental health. As several of the autobiographies reviewed in chapter two also demonstrated, for those who use substances as a coping

strategy faced with the pressures of high-level sport, a spiral of additional problems result and the underlying issues are not addressed.

Addictive behaviours may have been a coping strategy for Elliott, at least in part, but it eventually created even more pressure for him, and feelings of shame that were hard to resolve. Shame has been identified not just as a consequence of addictive behaviours but as the driver of addictive behaviours. As an emotional state, it is associated with depression and suicide (Smith, 2019). For elite athletes, constantly in the public arena, it is very much a "social pain" (Smith, 2019, p.90).

Coping strategies come in many different forms. For instance, Anthony felt that his personality changed from being someone who got on with everybody at school to being considered arrogant by his girlfriend after he moved away from home:

> *For me I think I looked at different coping methods, mine varied. I was a nice guy … and then when I first met my Mrs. I was 17 and she told me I was arrogant. […] I was struggling on the pitch more, but better off the pitch. I was getting used to being up there, but at one point I was very arrogant, 'I am the best' it was my coping mechanism, my way of dealing with everything […]. 'Look at me', I thought I knew better than my coaches. For about a month me and my GK Coach clashed every day*.

It is significant that Anthony is able to recognise, with hindsight and maturity, the ways that he used various coping strategies as a young professional player. Coping strategies were the focus of a study by Finn and McKenna (2010). They wanted to find out what coaches of elite athletes perceived to be default coping strategies, particularly with reference to what they refer to as "meaning-focused coping strategies". Meaning-focused coping strategies (Folkman et al., 1980) are broadly described as "…appraisal-based coping in which the person draws on his or her beliefs […] values […], and existential goals […] to

motivate and sustain coping and well-being during a difficult time" (p.3). Finn and McKenna (2010) concluded that:

> [the coaches…] believed that coping strategies closely resembling planned problem solving, acceptance of responsibility, self-control and positive-reappraisal strategies, to be beneficial to transition success, whilst strategies similar to distancing and escape/avoidance could be detrimental (p.257).

The addictive disorders, such as substance misuse, gambling etc. described by my participants were clearly part of their strategies of distancing, escape and avoidance that are mentioned in the study by Finn and McKenna (2010).

All the participants in this study had, to a greater or lesser extent, at some point felt frightened or ashamed at the thought that their own mental health might be potentially problematic. Therefore, improving young professional players' awareness about the potential risk factors of the mental health and supporting them to develop resilience, should be central to any mental health strategy. The extracts presented below, highlight the ways in which participants in this study were able to eventually gain insight from their experiences. These insights make an invaluable contribution towards implementing changes to support provision in UK football.

After his experiences of home sickness and loneliness in digs, Anthony learned to be more pro-active in networking support:

> *That was hard, I carried on with it and slowly started to cope with it myself. I started being proactive with my Digs, had a lad there, younger than me, he was at [City], their son who I lived in Digs with. I started getting on with him, speaking to the lads, saying 'do you want to do something, go into Town?'. Slowly trying to go home less…maybe once every two to three weeks, then*

every month, then it got to the point, I was over 17 and I'd think, 'I haven't been home for 2 months, I should visit my family'. guess I just got used to it.

Holly had suffered a severe depression whilst on a professional contract to an overseas club. Her depression had developed into an eating disorder before she finally asked for the help that she needed. After returning to the UK, she had sustained a ruptured anterior cruciate ligament (ACL) resulting in a nine-month period of rehabilitation which was current at the time of our interview. Following a lot of adversity, she was able to make meaning of her experiences and re-frame them into a source of gratitude:

But like I think from my experience as well from my mental health has given me more gratitude… and learning to be grateful for things has allowed me to have this injury, and long spell out, as less of a negative… I missed the euros so that was the only thing that upset me - but once I said, 'ok that has happened' and I moved on from it. I'm a great believer that things happen for a reason and me coming back to [Club] at that time - it had the best facilities and medical treatment that I could have.

This response seems to be more in-line with the meaning-making coping strategies already mentioned. In Florence's case, in the absence of the support that she had needed during her own mental health crisis, this kind of wisdom had been very hard won. Nevertheless, when asked what advice she would offer a young player who was struggling, she said:

The first thing is just talk […] you are not immune, mental health can affect anyone… […] many superstars. For a lot of people, it is a part of life, and going through adversity you find a lot of strength. It is not all negative. If you are having a rough time the growth and mental strength and resilience you

develop…it is almost worth it. For me I am grateful…what I went through has opened a lot of doors that have enabled me to help other people.

Teaching positive coping strategies and planned problem-solving could be included in football coaching training, as Florence suggested here: "*At the very least there should be a coaching unit or module to make them aware of mental health issues that their players might be going through*".

There is increasing reference to mental health literacy training (Sebbens et al., 2016) and given the importance of the coach-athlete relationship (Wylleman and Lavallee, 2004), such training needs to be tailored for coaches, particularly, as Ferguson et al. (2019) have argued, youth sport coaches. This does not just benefit elite professionals but young people's mental health more broadly in the critical role that football clubs in particular can play in destigmatizing help-seeking (Curran et al., 2017). As discussed in chapter two, according to Curran et al. (2017), professional football clubs are being used as a setting for mental health interventions aimed at the general public, particularly young people, because of the role it is believed clubs can play in reducing stigma around mental health and increasing help-seeking.

Interventions do not need to be complex to be effective. For example, a project called Coach the Coaches in Australia (Pierce et al., 2010) involved football club leaders completing the Mental Health First Aid training so as to increase their mental health awareness and their ability to support players to seek help. The study found that there was a significant improvement among coaches both in terms of their capacity to identify early signs of mental health difficulties and their confidence in responding to these difficulties.

Charlie has a very clear sense of how issues around well-being could be integrated into existing coaching practices:

> *yeah, as much tactical work that they do in football, as much as you sit down and watch the videos, as much as you say who to mark at corners or mark space…. I would say as much around mental health and well-being with all the players not just the young players… all of them. So as much as you have to sit there and the coach goes through all this…I'd do the same for well-being around 'how are you doing' …and if your struggling, this person [is] here [for you*].

Many of the studies that focus on player resilience do so in relation to improving performance (e.g. Belem et al., 2014). Unlike biomedical approaches to performance, at least in this case, there is common ground between developing resilience as a protective factor for career achievement and in terms of overall mental health and well-being. The experiences of the participants in this study seem to suggest that the focus within coaching is very much on skills and tactics, frequently overriding the mental well-being of athletes as subordinate to performance. From the perspective of applied sport psychology, Poucher et al. (2021) suggests that adults in position of authority have an important role to play in challenging the notions of mental toughness that often stop players from seeking help. They also suggest enhancing coping strategies by developing self-compassion. In this regard, PFA's Well Being Service offers mental health awareness sessions to clubs as well as counselling to its members.

4.4.5 Summary of cluster: The 'Roller-coaster'

The overarching theme here has been illustrated with the metaphor of a 'roller-coaster' to capture the 'highs and lows' of a professional career, of things moving and changing very fast, and significantly, of often being out of the player's control. Within this theme, I have explored the complexities of struggling to cope whilst trying to present a positive front, or mask, to the people who have the power to make significant decisions that will impact the lives and careers of players. Within this cluster, I have also discussed

emotional breakdown, working through physical injuries and mental health struggles, identifying coping strategies (both positive ones - like talking about feelings and less good ones - like substance misuse and self-harm). Finally, I hope to have illustrated how the players developed a greater sense of maturity and resilience as a result of working through times of adversity. The vulnerability to mental health struggles, exacerbated by the lack of adequate support systems available within professional football, are clearly evidenced in this chapter. Nonetheless, there are examples of resilience and the ability of individuals to make positive meaning out of their adverse experiences.

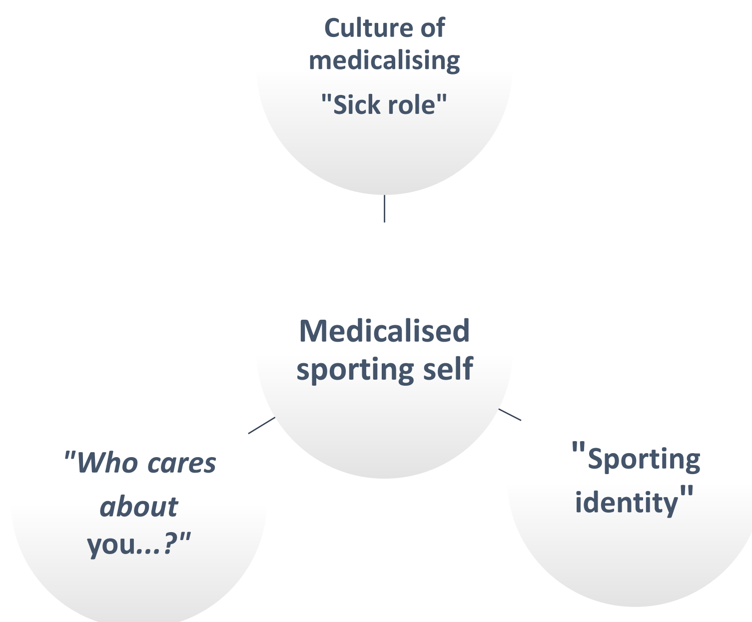
4.5 Fourth cluster: The 'Medicalised Sporting Self'

Performance is again a focus in this final cluster, centred on the ways in which participants talked about themselves, their mental and physical health as aspects of their performance value. Markula and Pringle's (2006) analysis of the discursive construction of the 'healthy body' is particularly evident in elite sport where the athlete's body is subjected to the "technologies of dominance, discipline, surveillance and bio-power" (Killick, 2007, p.229) in the honing of their performance. In this sense, they become commodities (Roderick et al., 2017) and this can be seen most starkly in the practice of buying and selling players.

This cluster includes the following themes: '*the culture of medicalising', 'the sick role',* '*sporting identity'* and *'who cares about you (if you are not playing football)'.* The participant responses highlight the performance-driven culture of football, which can literally take over the whole of a player's life, taking over their sense of 'self' and impacting both their professional and their personal identities. The association between elite players and performance-enhancing drugs (Reardon and Creado, 2014) is a reminder that the performance of athletes is located in a complex culture of economic interests and competition, as well as culturally constructed notions of excellence. The themes in this cluster are illustrated in Figure 5.

Within this cluster, participants shared what they felt could improve mental health awareness in football and contribute to a more well-being-based culture. Some participants had advice for young people coming into the sport, as well as for the coaches and managers of the future. It was interesting to note that not all participants had thought very much about the topic of mental health in the context of professional football, nor how their involvement with the sport might have affected them. Perhaps in this respect, they had internalised the medicalised, individualized approach to mental health that was critiqued in chapter two (see for example, Smith, 2019; Douglas and Carless, 2009). For others, job-related pressures and their mental health, drove them to seek out medical support. The tendency for self-diagnosis using medicalised terms was expressed in the phrase "I had a breakdown", which

Figure 5. Fourth cluster – The 'Medicalised Sporting self'.



was used over twenty times by the participants interviewed. Florence recalled a period of time when the pressures of the profession had "*taken their toll*", and she self-diagnosed herself as having depression:

> *I went for a coffee with my Mum and I said, 'Mum I think I'm depressed" and being a psychotherapist herself she was able to see that, and we talked about things and how I was depressed and that was probably the hardest moments of that period and in my life, going into depression, it felt like a self-diagnosis. But that was purely brought on by those circumstances because of football and the demands and expectations of football*.

Like so many young players, without adequate support or guidance concerning the potential risks to her mental health simply from the demands of her job, Florence had begun self-medicating before getting the diagnosis of clinical depression:

> *It wasn't until I saw the Doctors and I got diagnosed with clinical depression and put on medication that I realised that this was an issue, not just a small problem, it was serious. It was something I needed more support with. I would never associate depression with me as I was bubbly and outgoing, sporty, academic, popular and they were two different people and it was hard to accept that diagnosis and have that label attached to me as that's what I saw it as I began to medicate myself*.

Florence's experience highlights how the culture of professional football, its demands and expectations, can adversely affect a young player's mental health to that extent, without it being flagged up by those involved in her training. Her 'self-diagnosis' can also be seen as a symptom of an industry in which the workers (professional footballers) are only really heard and taken seriously if they use the language of mental illness. In chapter two, I referred to Foucault's (1994) idea of 'madness' (mental illness) as having a 'truth function'

for society, which is suppressed by medicalised power structures. In other words, what gets medicalised as mental illness conveniently hides a social discourse in which mental health is seen as unrelated to broader imbalances of power, social pressures and vested economic interests (Markula and Pringle, 2006). At the same time, looking at the language that participants used when describing their experiences, shows how players are also able engage in non -medicalised meaning-making of their mental health. In the extract below, Mark uses a metaphor from popular literature (JK Rowling's 'Dementors') to describe his experience:

> *I had a break down. I woke up one day and I felt the worst feeling, I just can't explain it. For those who watch Harry Potter and know the 'Dementors' they suck the life out of people that's how I felt, I had no feelings and it felt horrible. I spent a week crying because people were being so nice to me, but I couldn't stop crying and it was like I was detoxing from myself and that I needed to do it and you could feel yourself slowly getting better. I took medication after I went to the doctors for 3 months and it made me feel really bad for 3 weeks*.

This narrative is significant in that Mark is able to draw on other cultural resources to convey his experience, without using medicalising terminology, thereby creating his own interpretative framework. Furthermore, the metaphor he uses is one that would resonate with his peers. The use of the phrase: "Dementors, they suck the life out of you", evokes Mark's loss of energy, agency, being drained of life-force, even at some level, experiencing a loss of 'soul'. In this context, the 'other' in the "lived relationship with the other" (van Manen, 1990) can be seen as Mark's experience of being ill, in that he was not able to recognise himself. Significantly, once he had accessed support, *"people being so nice"* had the effect of un-blocking Mark's emotions, so that he cried for a week, but experienced some relief, at last, from the pain. This chimes with Carl Rogers' (1961) ideas about congruence and the therapeutic benefit of offering clients respect, empathy and 'positive regard' (p.342-346).

4.5.1 Culture of medicalising.

The social stigma and shame associated with the acknowledgment of mental health problems has been discussed in chapter two. Wood et al. (2017) suggest that male professional footballers are a particularly vulnerable population in this respect. Clearly there is likely to be a tension for players between the perceived need to medicalize their experience in order to be heard and the social stigma surrounding mental health difficulties. This may easily result in players putting off talking about their problems, to the point of suppressing them until they reach a crisis. Wood et al. (2017) and Gouttebarge and Sluiter (2014) conclude that mental health difficulties among professional and ex-professional footballers are significantly correlated to the lack of social support within the industry. Several authors have highlighted the need for more awareness and mental health literacy at all levels (Henriksen et al., 2020). Billy learnt about mental illness only when faced with it in his own life:

> *So mental health…? Well, I didn't know nothing about it, growing up it wasn't [talked about]. When I started at [CLUB] there was nothing like that [ever mentioned] its only over these last two to three years that it's really come to the fore which thankfully it has. So… I just struggled over the last few years*.

Without a framework for recognising and legitimising the realities of mental health challenges faced by players, Billy struggled alone. Without a language and a process through which to share these experiences, players are isolated, with no safe space where they know their concerns will be heard and understood. The lack of support structures and early identification and recognition of the pressures elite athletes face and the consequences for their mental health, exacerbate the mental health stigma that is the greatest barrier to seeking help (Brownrigg et al., 2018; Poucher et al., 2021; Smith, 2019;).

Tom summed up a common fear-based perception:

> *What 'mental health' means for me? … if you had asked me this 10 years ago it would have been someone sitting in a padded cell with a straight jacket, unfortunately that's the perception it's got". He went on to clarify what he meant. "…some people are scared of the term 'break-down' … but I had a 'break-down', so now mental health for me involves everybody - it touches everyone at some point.*

All the participants in this study had their own stories of injury and rehabilitation to tell. Some had suffered more than others with the psychological and emotional aspects of being injured. The response to physical injury tends to be to offer medical interventions, including physiotherapy. Coaches and managers are less skilled at responding to mental and emotional problems, as Elliott explained:

> *if you get an injury, you go to your manager and he tells you to go to the physio…but if you have a mental health issue they try to fix you by telling you to do this or do that …but they should refer to people outside, who have been through it, or who have studied it – that is the step, for people to say 'it is outside of my remit, so I need to refer you'*.

Elliot's experience illustrates the way that coaching and management staff in professional football play a significant role in perpetuating a culture in which players' mental and emotional problems are downplayed ("*they tried to fix you")* or medicalised. This tendency may be because coaches themselves do not feel resourced to offer support or lack the mental health literacy that would enable them to direct players to those who can offer support.

Lebrun et al. (2020) explored the experiences of a number of talent development coaches of young elite athletes, with a particular focus on their attitudes towards athlete mental health. They found that while coaches were concerned with the well-being of young

elite players to the extent that this impacted performance, they did not see their role as including mental health issues. The authors argue that more context specific knowledge and tools are needed if coaches are expected to incorporate mental health issues of players within their remit.

Similarly, a systematic review of mental health interventions (Breslin et al.,2017) that involved not just coaches but club staff, players and other sporting officials, found low levels of mental health awareness and a lack of understanding of both well-being and clinical models of mental health. Interventions involving coaches showed a lack of awareness of how their own values, their relationships with the players and the broader professional environment, impacted the mental health of athletes. The review concluded that sport as an industry cast the athlete as a commodity with little regard for the need for specialist training in the area of mental health. By contrast, in a study by Ferguson et al. (2019), coaches saw their role as including promoting the mental well-being of their players but did not feel they had the necessary skills and training to do so effectively. However, no mention was made of child protection issues as part of their duty of care or safeguarding issues when it comes to young athletes.

Lebrun et al. (2020) interviewed coaches who had encountered athletes facing mental health issues. While coaches saw the well-being of their athletes as part of their day-to- day practice, dealing with mental health issues was not seen as part of their remit. Asked what would improve the sporting environment, participants mentioned the monitoring and assessing of athletes' well-being, being caring and supportive, education and awareness training and the involvement of qualified mental health practitioners. Coaches perceived athletes as reluctant to talk to them and therefore, felt more comfortable passing on this responsibility to a specialist. The authors conclude that there is a need to find out more about coaches' perceptions, knowledge and needs.

Furthermore, as discussed in chapter two, these issues reflect the wider tendency within the sport industry to medicalise mental health. The discourse itself medicalizes problems that have social dimensions (Smith, 2019), thereby reinforcing the stigma around mental health that makes it difficult for players to discuss such things, a stigma that is all the more powerful in professional sport because of its apparent incompatibility with mental and physical strength (Smith, 2019). These factors make it difficult to find the language with which to adequately know and speak of what is being experienced. Additionally, the combined effects of needing to manage rehabilitation programs for physical injuries, whilst also dealing with the psychological, emotional and social aspects, can be particularly difficult for players. The medicalised approach that prevails in professional sport (Smith, 2019; Roderick et al., 2017) means that the club's focus is on a player's physical recovery, not the emotional or mental aspects of being injured.

Using a hermeneutic approach, Kristiansen and Larsson (2017) looked at the integration of injury prevention strategies in training programs in Danish professional football and found that the players lived experience of injury prevention across all the interviews were shown as the interaction between three overreaching themes: (1) being a part of a performance environment, (2) the need for an individual approach and (3) strong personal ambitions. Interaction between the three themes empowered the players to engage in injury prevention. Kristiansen and Larsson (2017) empowerment model, incorporating elements of competence, choice, meaningfulness and impact, enabled the elite footballers to understand and utilise the injury prevention program. In this approach, incorporating psychoeducation and personal empowerment, choice is a key element, in contrast to the traditional medicalised approach in which 'experts' administer interventions and make important decisions about players' careers and well-being. Beresford (2013) raises the importance of choice and autonomy in terms of both their psycho-educational and therapeutic benefits. In

this approach, the 'experts' are those with the lived experience rather than the theoretical knowledge.

As has been discussed, lack of agency in a footballing career has been strongly associated with mental health issues (Agergaard and Ryba, 2014; Brown et al., 2018; Smith, 2019;) and injury exacerbates both the loss of agency and identity, making players particularly at risk of developing mental health issues (Stambulova, 2000; Nicholls et al., 2006, 2009;). Anthony described how it was originally his older brother's passion for football that had initially led him to be standing in goal for him when he was a young lad. Later, he was offered a scholarship and went on to play professionally as a goalkeeper. His career has been dogged by some serious injuries. However, Anthony has had the determination to complete several rehabilitation programmes and has returned to play at first team level. Nevertheless, the price of this commitment has been very high. By the time of our interview, Anthony told me he was "*done' with football*":

> *… I've been struggling again, I think I've got to look at [other] jobs, I've got 6 months left of my deal, we are in the relegation zone, my body's given up on me, my knee hurts every day. My quad hurts where I had my surgery, it fixed when I came back really good, but I am 24 and I came back and had that really good year but 2 years on its just hurting every day, my knee I have chronic tendonitis and they are going to inject it. I go to the Gym every morning, every night to do leg holds…every single day of my life - other than at the minute cos of my hamstrings, I can't. They turn around and go "you need to go every single day", so my day is literally me turning up here, doing that, training, going home, going to my own gym every single day… just to stop having any pain in my knee - and I still get pain and breaking down*.

The cumulative impact of physical injuries is that Anthony is now looking towards ending his career as a professional footballer as his value as a professional is determined by the extent to which he can sustain fitness to play. In a very practical sense, the culture of professional football is highly medicalised, and players' identities are tied up with this.

Several studies have looked specifically at the issues surrounding injury in football, including prevention and rehabilitation. In a longitudinal study, Ekstrand et al. (2011) followed seven seasons of Danish professional football. They reported that players were likely to be injured twice in each season, and that the likelihood of injury increased with time, both in training and during matches. Therefore, for the players, becoming injured, as well as the fear of becoming injured, forms a significant work-place stressor.

As with other stress factors, the emotional impact can often be suppressed. It has been proposed for instance in Hagglund et al.'s (2009) study of male and female professional footballers, and Ekstrand et al.'s (2011) longitudinal prevalence study, that once injured, players need psychological and emotional rehabilitation as part of preparation towards match fitness. It makes sense that, alongside recognising the risk of physical injury, players are taught prevention strategies and made aware of the need and available provision for the emotional and psychological process of rehabilitation, in addition to the physical one. Yet the infrastructure and culture within professional clubs in the UK is far from integrating such an approach. The Mental Health Charter for Sport (2011) set out to destigmatize mental health through the introduction of statutory guidelines that establish clear procedures for mental health provision and an integrated structural standard in terms of communicating policies, services and practices. Yet PFA research (2017, 2018) revealed that professional clubs did not have a clearly defined policy or structural procedure with regards to mental health. Only 3% had a staff member trained in mental health beyond the Mental Health First Aid Course. None of the club doctors, mainly appointed in the Premier League, had a trained approved mental health practitioner under Section 12 of the 1983/2007 Mental Health Act.

Furthermore, none of the Professional Football clubs had a designated mental health professional, similar to Child Protection, Equality and Educational Welfare officers nor a clear mental health procedure in terms of responding, recording and tracking mental health referrals for staff, players and other professionals.

The Mental Health and Elite Sport Action Plan (Gov.uk, 2018) also published guidelines high standards of mental health support and clear signposting of referrals and services procedures. Administrated by UK sports, the long-term plan is to bring about sustainable changes in national governing bodies that are underpinned by clinical and psychological support. The recommendation was also made that mental health support be part of Sport England Talent strategy, with involvement of the PFA, supported by Professional Footballers Federation. But the players' lived experiences are not yet central to informing policy and practice in UK football.

At the same time, there are calls for the need for more openness regarding mental health (Atkinson, 2019), often championed by high-profile names (see for example Rosenoir, 2017). There is evidence that these calls are being heeded and this is contributing to a process of de-stigmatisation within the elite sport context (Gorczynski et al., 2020) and in public discourse, particularly in and through the media (see for example, Gregory, 2021). Rice et al. (2020) argues that there is a cultural change towards more open and positive perceptions of help-seeking behaviours and this must be viewed as progress. However, there are more entrenched characteristics, such as the medicalization of performance and the various constraints and interdependency networks which characterise the work environment of elite sports (Smith, 2019) that also need to be acknowledged, named and challenged, for systemic change to occur. Till then, players will remain constrained within their 'sporting selves' and the emphasis will continue to be on treating illness when it emerges, rather than addressing the working context in which individuals become ill. The term 'breakdown', in the way that it has been used by participants of this study, implies that

something in the person has become broken, but from the critical perspectives that have been referred to in chapters one and two, the responsibility lies within the system. A better use of the 'breakdown' metaphor would be to break down the denial surrounding these issue and to begin listening more closely to those affected by it: the players.

4.5.2 'Sick role

In each interview, some of the questions focused explicitly on the players' own experiences of mental health difficulties, seeking to understand them more clearly from the individual perspective (Johnson, 1997). The players' narratives tended to use clinical language to give meaning to their experiences, which in turn has an influence on identity. As discussed in chapter two, Cosh et al.'s (2013) study proposed that the identities of elite athletes are constructed through experiential themes such as emotions, injury, loss and bereavement. Mark realized that his accident had radically altered his self-concept: "*My* [*mental health problems*] *was because of an accident and not being able to get the super ego back that I had invented for myself".* Another example of this can be found in the interview with Florence in which she says: "*I think I am depressed";* and: *"…* [*I was*] *going into depression, it felt like a self-diagnosis".* Comments such as these show how professional footballers use clinical words to describe their feelings, suggesting that their exposure to mental health professionals influences their hermeneutic lenses (Husserl, 2012).

In 'The birth of the clinic', Foucault (2012) argued that medical knowledge has become an entire belief system through which we identify and experience our bodies. For Foucault, medical authority is a 'disciplinary power' and the progressive medicalization of society under this authority, diminishes the individual's autonomous self-directed ability to determine their own health. Although a deeper discussion of how this plays out socially is beyond the scope of this study, in an industry where workers (footballers) are subject to many pressures from multiple external authorities, the issue of power and autonomy, in

terms of their own health and well-being, is particularly significant and relevant as is the work of Beresford (2013). Douglas and Carless (2009) argue that a common and prevailing misconception about mental illness is that it is caused by 'biological, chemical, genetic or temperamental deficiencies' (p. 178). They stress that ignoring the environmental and relational factors contributes to the stigma around mental health and prevents more open discussion of these influences.

In an earlier extract, Florence was trying to make sense of her experience in the conversation with her mother: *"Mum I think I'm depressed"*. These words reveal something of how Florence interprets her world dialogically, using what Van Manen (1990) refers to as the 'lived relationship to the other'. In exploring and describing her inner world to her mother, Florence draws on the medical terms that are embedded in the medicalised culture of football as well as in wider social discourse. In relation to the latter part of her statement she says: *"I was going into depression, it felt like a self-diagnosis",* it could be argued that this terminology does enable her to make her own difficulties more 'knowable', within a medical category, and so to take them seriously. In terms of stigma, there is a tension. On the one hand, it is argued, mental illness labels reinforce stigma, can be self-fulfilling and shape self-perception and the perception of others (Link and Phelan, 1999; Angermayer and Matschinger, 2003; Pasman, 2011;). On the other hand, a diagnosis can lead to self-acceptance, self-compassion: it makes the self more knowable and means access to services will be easier (Rosenfield, 1997; Perry, 2011;). Diagnoses have also been shown to give the sufferer a sense of control (Kravitz et al., 2000). In the context of this thesis, however, labelling of any kind tends to focus on the individual rather than on contextual factors that led to her depression (Smith, 2019). The propensity to focus on measurements, clinical terms and symptoms and the use of depression or anxiety scales has been commented upon in other studies (e.g. Johnson, 1997; Gouttebarge, 2014; Waddington, 2015; Rice et al*.,* 2016; Brown et al., 2018). As Foucault (1988) proposed, medicalization

is a feature of a much wider social dynamic that involves power and identity through discourse (Markula and Pringle). However, the particular emphasis on the body, fitness, and performance in professional sport (Smith, 2019) and the lack of control athletes have over their careers (Cosh et al., 2013) makes these dynamics of power particularly evident in the narratives of the participants in this study.

Florence does see her depression as linked to her professional environment: *“brought on by those circumstances because of football and the demands and expectations of football”* and through her lived relationship with others, including her mother, is building historical narratives, a new ‘hermeneutic dialogue’ (Gadamer et al., 2004), through which she is making meaning of her own experiences. This new dialogue as an interpretation is reflected in the second statement, *“I realized that this was actually an issue, not just a small problem it was serious”.* These words outline how Florence interprets the situation as ‘serious’, not because she defines herself as mentally ill, but because she has been diagnosed with depression and put on medication. It is the second statement that shows how this professional player creates a hermeneutic dialogue that is nonetheless based on the language of mental health to understand her world as she experiences it. In this respect, she is internalizing what is referred to as the ‘sick-role’ (Segall, 1976). The 'occupant of the sick role’ has no responsibility for becoming incapacitated and is exempt from social obligations; it is therefore, a role with very little agency or personal power.

Several studies, for instance Millward et al. (2005) and Johnson et al. (2017), have noted how the personification of the ‘sick-role’ can affect identity and potentially inhibit a return to work. This interpretative approach to the ‘sick role’ is personified further in the following extract from my interview with Florence: *“I would never associate depression with me as I was bubbly and outgoing, sporty, academic, popular and they were two different people and it was hard to accept that diagnosis”.* It is important to make a distinction between

adopting the language of mental health and noting how this language is being used to unwrap the meaning of the experience and to re-define the self.

Some kind of terminology is certainly needed in order to frame and share experience; however, clinical terminology is loaded with a particular social significance, and in the case of mental health diagnoses, often a stigmatized one. This is not to under-value the role of medical practitioners in the diagnosis and treatment of illness; it is just to note that the medicalization of experience can also have the effect of drawing attention away from the context in which an individual becomes sick. Four points can be drawn from this: that the industry needs to be more critical of the extent to which it is toxic for the mental of players; that medicalised terminology and frameworks need to be used critically and judiciously; that players themselves need to be able to recognise the impact of these contextual factors in themselves and one another; that awareness raising and educational resources need to adopt words that players themselves use in making sense of their mental health.

Inevitably, the involvement of a mental health professional who draws on mental health terminologies, will shape and influence Florence's hermeneutic self-reflective dialogue (Carless and Douglass, 2019). Again, this is not to deny the appropriateness of medical intervention in a crisis situation but to highlight the meanings being made by footballers on the one hand and the way that medical professionals tend to emphasize (and treat) individual illnesses on the other, rather than considering the context in which the individual became ill.

In another extract, Florence talks about how acute things became for her and how a purely medical approach did not work for her, even as a short -term solution:

> *I spoke to him and unloaded on numerous occasions and spoke to my GP who put me put back on medication, unfortunately this time it had an adverse effect, one of the side effects is suicidal thoughts. 3 -4 days after I was in the darkest*

place, I was self-harming and vivid thoughts of suicide. I went to A&E and saw the mental health crisis team and took time out of school. Had a different medication but it was same effect, I felt like it was taking over.

In this extract, Florence tries to make sense of the adverse effects of medication which were intended to help her deal with suicidal thoughts. The interpretative framework she uses helps her to frame the issue as the side effects of medication. This means she does not engage directly with what might lie behind the suicidal thoughts. Suicide has been seen as the ultimate price of the journey in professional sports (one paid by too many athletes), but it also emerged in the data as a way to describe feelings of hopelessness or powerlessness. Florence's words clearly express a feeling of being overtaken by the symptoms *"I felt it was taking over"*. This echoes her earlier comment that football had been taking over her life. The first-person narrative allows access to the insider perspective and how Florence interprets these experiences, for example, describing having *"vivid thoughts of suicide and self-harming".* Using the language of the medical model (Fernando et al., 2018), Florence locates the illness or disfunction as within her, not in the contextual processes (Smith, 2019) and external stressors that led her to this point.

The issue of power cannot be missed here, because using such terminology also places her within the parameters of elevated risk factors (for suicide) as outlined by the (1983/2007) Mental Health Act. Elevated risk factors for suicide can trigger a duty-of care reporting intervention from involved professionals, meaning that, by describing her feelings in these terms, Florence could inadvertently escalate the level of a potential psychiatric intervention, before her need to be understood and 'cared about' as a person is met. The theme of suicide and suicidality, in both its literal sense and as a figure of speech, describe extreme states of psychological and emotional distress, a situation in which the player feels extreme isolation and sees no other option available to them. I do not wish to suggest that suicide should not be seen as a real risk and as the ultimate negative consequences of the

combinations of pressures described by participants of this study. Nevertheless, Florence's use of the term also suggests that it can be used to communicate acute distress and a state of emotional crisis.

What is most striking in these narratives, in my view, is not only the lack of agency over decisions about their career but their lack of power to speak out about the conditions of work that can become intolerable at times and the difficulties they all describe in finding a voice with which to seek appropriate support. In this sense, by the use of clinical language, the medical terminology and symptoms of mental health diagnoses such as depression, 'self-harming' and 'thoughts of suicide', they inadvertently collude with those power structures. Whilst drawing on this discourse enables them to make sense of their suffering and distress, it draws attention away from the circumstances that contribute to making them ill and to their legitimate need for greater levels agency, support and understanding.

Within her interpretive frame of reference, Florence adopted the 'mental illness' model, which can have consequences that compound one of the contributing factors that have led to the crisis. The escalation of psychiatric intervention is typically accompanied by a progressive loss of autonomy. Commenting on the 'sick role' in sporting personnel, Gibson and Gorczynski (2018) point out that the 'sick role' is not to be confused with the idea of 'patient' but that it implies a medicalised culture in which the actions of individuals are influenced and constrained by the social power (loss) related to being ill, and therefore not able to function or perform. This may indeed have some bearing on the way the participants of this study struggled to manage periods of illness, whether through injury or psychological/emotional distress.

From the IPA analysis of the transcripts within this study, the 'medicalised sporting self' emerges as one aspect of their professional identity that, within the particular context of professional football, masks a player's more authentic sense of self. However, through

these interviews I can see potential for these professional footballers to move towards a more holistic understanding of their lived experience, one which is located in a specific context that is characterised by particular practices and relationships and within a mental health hermeneutic dialogue. This kind of dialogic approach would enhance their sense of being valued and heard and also create opportunities for them to be advocates for others in their profession. Therefore, it is crucial to look beyond the dialogue, to examine the authentic lived experience in order to have sufficient understanding upon which to build better support resources and instigate cultural changes that are more directed towards the players' well-being.

4.5.3 "Who cares about you, if you are not playing football?" - Issues of identity.

This sub-theme heading is a direct quote from Charlie who had found it progressively harder and harder to be at the club during his nine-month rehabilitation from a damaged ACL. I have already referred to the construction of the athlete identity (Cosh et al., 2013) and how it is woven into performance so that when an athlete is not participating or performing well, this undermines their sense of self. In the following quote, Charlie conveys this very vividly, stating that when he is not playing, he might as well sleep, suggesting that there is no life or meaning outside of the game:

> *I suppose it's because all that love and praise that I use to get 'just stopped' and it's almost like you aren't playing 'so who cares about you' that's kind of what it felt like. Even though at the start I did get coaching staff saying 'the managers asking how you are for the first 2 months, but it's a 9-month injury so after that it just goes quiet. So, going in… you want to play football and when it's something physically that's stopping you playing football it's frustrating very frustrating, so there were definitely times when I felt like I definitely didn't want to be there and [I wanted] just to be at home sleeping.*

Self-worth can become tied to performance, and the approval of others, to the point where one almost ceases to exist if one is not engaged in the activity that defines us. The 'medicalised sporting self' that emerges from the data is one aspect of their professional identity that within the particular context of professional football, masks a player's more authentic sense of self. Many of the participants described how their sense of self was first and foremost, as a 'footballer' so that when this was undermined in any way, they experienced losing their sense of self (Wylleman and Lavallee, 2004). Florence reflected upon this:

> *Yeah, at school I was always known as the girl that played football and I lost my identity really. People would ask 'why did you quit?' and I said that I didn't enjoy it. They said, 'But you were so good' and I didn't know how to answer. I didn't know how to reassure people that it was the right decision.*

Florence had arrived at a point in her life where the 'footballer' identity and all that came with it, was not enough for her, and was not making her happy. Still there was pressure from people who could not understand why she might want to quit. Florence had to experience a break down in her mental health before realising that she could no longer continue in this way. Gearing's (1999) study of ex-professional footballers concluded that: "… [football] players' occupational experiences have shaped a particular kind of identity which can be problematic for later well-being" (p.43). If they only feel valued for their performance at work, young professional footballers risk losing a positive sense of who they are outside of their workplace. The more an athlete identifies solely with their profession, the more psychologically precarious the transition to retiring from professional sport can be (Morris et al., 2021).

Many of the participants spoke about how their lives had become completely dominated by the demands of the sport. Holly's account of living and playing abroad as a

youngster was particularly vivid. Her mental health had really suffered. Living with a host family, initially she had not recognized the symptoms of the mental stress she was experiencing or the pressure she was putting on herself. I asked her what available support resources she had then - whether people close to her, such as her parents, might have noticed:

> *[yes] I had parents yes, but I hadn't been home since the age of 18 so [even though] you have a family but you're just not thinking that way …due to the mental stress. You don't think "ok, I have my parents my sister and my brother and friends", you completely forget…you just don't think. You just feel isolated. Anything that gets put in front of you- you retrain your brain just to overcome it… like: "crap I'm not going to make any money…" - that's what it does to you*.

Isolation, combined with the stress of injury, had depleted some of the internal resources that gave her resilience (in this case, her sense of being a part of her family). Her resilience and capacity to tackle the emotional and mental aspects – to '*retrain her brain'*, were also depleted and she became less able to cope with her situation.

Mark's account of his "breakdown" avoids medical terminology, making sense instead of the experience in terms of his identity, using the metaphor of the 'snowball'. His narrative reflects the way that he made sense of this breakdown at a particular moment of his career. His use of his own definitions rather than using the lens of mental illness, gives him more agency in his own narrative. Given findings of other studies (for example, Park and Lavallee, 2012), it felt significant to witness Mark giving meaning to his experiences without the use of clinical categories (Bryman, 1984).

The theme of identity in elite sports has been widely investigated (e.g. Sparkes, 1998; Stambulova, 2000; Lavallee and Robinson, 2007; Stambulova et al., 2007; Wood et al., 2017). Doherty et al. (2016) observed that: "… while athletes strive to achieve excellence

within the elite sport environment their identity often becomes completely foreclosed or constructed around their ability to perform in their athletic career" (p.36). Conversely, there has been focus on how society constructs the athlete identity. For example, Cosh et al., (2013) took a discursive look at 87 media representations of the situation where an elite athlete returned to high-level competition following a career break. Returning to compete in elite sport is routinely depicted in media accounts as something that is not chosen, but as driven by emotion, compulsion and a need to play. Such representations of athletes construct their identity as necessarily motivated by emotion and compulsion. (p. 21).

4.5.4 Summary of the cluster: 'The 'Medicalised Sporting Self'

The analysis of this final cluster reveals two contrasting aspects of the lived experiences reported by the participants in this study. On the one hand, it provides more evidence of the extent to which 'football takes over' in a young athlete's life, how it shapes and determines their identity and constrains their social life, whilst exposing their every move both on and off the pitch to the scrutiny of the media and the public. The participants' experiences of grappling with their identity in moments of transition, particularly injury, are represented in this cluster. This is a moment when they are particularly vulnerable to the medicalised discourse, when their sense of self can be undermined. It is clear that these moments of inactivity coalesce with other pressures and can lead to a mental health crisis.

The analysis of this cluster brings together the ideas and suggestions players shared concerning what they thought would improve conditions and provisions for players coming into the sport. There were both elements of optimism and realism in what they had to say. As Tom observed, *"it is a brutal industry",* and there is an increasing awareness of the cost, in terms of mental health, to many who are involved in it (Smith, 2019).

Cultural change takes time but by listening to the voices of the athletes who have direct experience of the pressures involved in this job, there can be a shift towards a more

player-centred ethos. Mental illness is certainly not confined to footballers, but since football and its athletes are spot-lighted within the media and have a world-wide following of millions, such a culture change would have far-reaching benefits. In the next chapter I will discuss how these findings are already feeding into a new way of configuring education and support resources from a player-centred perspective.

Within this cluster, I have discussed how players develop a professional footballer identity that is only really validated when they are actually playing football (Lavelle, 2020). As the literature on transition (discussed in chapter two) has shown, this is why from micro-events, such as being selected for the match, to injury and end of career (see for example Brownrigg et al., 2012; Wylleman and Rosier, 2016), athletes experience acute degrees of loss, self-doubt and fear. The emphasis on the body and performance is underscored by routine medical surveillance, mainly with reference to their capacity to play football.

In professional sport, as discussed in the edited collection of psychiatric case studies by Mistry et al. (2020), there are levels of psychological as well as physical demands placed upon the athletes, symptoms of which are routinely medicalised. In terms of professional identity, it seems that a ‘sporting self’ develops in response to the culture and demands of the job. These demands seem to be accepted by the players as being inherent to a professional career in football. In this regard, as an ex-professional footballer, counsellor and Director of Player Welfare, I have both personal insights as a 'user' and survivor of mental health difficulties (Beresford, 2013) as well as professional insights. On a personal level, I recognise the complex, interwoven layers of meaning that these professional players give to their experiences. Performance as requirement and expectation is embedded in our shared knowledge of what is demanded by the job. These are not abstracted psychological meanings as expressed in studies such as Curran et al. (2017) but the more embedded meanings that professional footballers attach to their role-based identities.

Chapter Five - Conclusion and Recommendations

5.1 Overview

The final chapter of this study attempts to bring together all of the elements of the thesis into a coherent summary. This study of the lived experiences and understandings of 12 professional footballers, posed an overarching question and two sub -questions:

How do professional footballers understand and speak about their own mental health?

1) what common themes emerge in terms of mental health in the context of their work life?

2) how can the findings be used as a basis for improving welfare conditions and educational policy and practices across the sport?

The overall study sought to explore how the participants experience, understand and define their own mental health, from the time of their entry into the youth squads, up to and beyond their exit from the professional sport. Through using IPA, the study aimed to address sub-question 1) by identifying common themes and issues pertaining to mental health. Following on from this, the action-oriented aim was to use the findings to plan, develop and design interventions to support the players in the first instance but also to educate players and PFA personnel in order that those with a duty of care might provide better safeguards for the overall well-being of players. This chapter summarises answers to sub question 1) and then addresses sub question 2).

The study began by reviewing previous research publications across a range of related mental health topics in sport. The literature review also considered the methods used for data collection, the types of data analysed and the models that were used to conceptualise the mental health of athletes, in particular professional footballers. The science and practice of 'measuring' mental health in professional sport through the

biomedical model (Fulford and Woodbridge, 2003) has been critiqued as limited by others and as arising from the powerful stakeholders, the media and sponsorship deals that shape the international sports arena (Coakley and Pike, 2009). However, as a practitioner, I had an additional need to understand the lived world of professional footballers in terms of the contextual specifics of my professional sphere of influence within UK football.

Finding very few first-hand accounts within academic sources, the review also included a section drawing on the biographies and autobiographies of professional football players and other sportsmen and women. The methodological process adopted in the research and the choices made regarding method and analytic approach were related to the research aims, giving rise to an overall qualitative approach (Silverman, 2009) and to the use of the interpretive phenomenological framework (Smith, 1996). This was also an ethical and epistemological choice, a rejection of the reductive and depersonalised accounts that arise from the dominant quantitative analyses of structured surveys and 'measurements' of mental health by means of medical categories and diagnostic terminologies. In this sense, the aims of this research are echoed in the principles of user led research such as 'Mad Studies' (Beresford, 2013). Furthermore, valuing the experiences, voices and perspectives of the players themselves is a reflection of my own values as counsellor and practitioner within the PFA and my commitment to the players' well-being and development as a whole, rather than how mental health issues might affect their sporting performance. Given my position in the PFA, there are also parallels with Mad Studies in terms of activism. I set out with a clear purpose of using the research to implement practical measures, to the extent that my practitioner role permits. My approach to the participants also resonated with the principles of user-led research, in that I sought to:

- Equalise the relationship between researcher and researched;

- Support the empowerment of people being researched to help them lead more equal lives;
- Be committed to making broader social and political change to challenge the barriers and exclusions that they faced (Barnes and Mercer, 1997).

In order to address something of the complexity of the research focus, and also be able to pay attention to the individual differences of the people concerned, the number of participants was limited to a small sample of 12 professional players. This group of participants included players who were playing at an elite level, those at an early stage of their careers and those who had already retired from the sport. The group also included a culturally diverse representative pool, including Black and Minority Ethnic players and players from the women's professional game, which is a very marginalised and under-researched area inside professional English football.

Data was collected by means of recorded semi-structured interviews, which was chosen to empower the players' voices within the research whilst maintaining some structure, so that practical recommendations for practise could be derived from the findings. This method was chosen so that they might explore the topic freely. The resulting data was a rich collection of in-depth, reflective accounts which collectively represent the lived experiences of mental health and illness for the 12 professional footballers. The players' perspective was valued not only in terms of experience but by also asking them directly what changes they would like to see in the mental health provision within UK football.

5.2 Summary of the main findings

In this section, key findings are presented in relation to the three aims of this enquiry. These were:

- To investigate how professional footballers understand, experience, interpret and try to manage their own mental health.

- To identify common themes in terms of mental health in the context of their work and any specific issues, or areas of concern.

- To use the findings as a basis for the development of improved provision of support for player well-being.

5.2.1 Players' experiences and interpretations of their own mental health

This first broad aim was to understand how professional footballers experience and interpret their own mental health and learn how this can be impacted by their experiences within and following their sporting careers. The key findings in this respect are outlined below, in relation to the thematic clusters that were presented in the last chapter. The participants' accounts showed that players referred to and made meaning from their experiences, including mental health challenges, in different ways. These experiences were often described using metaphorical language, as illustrated in the thematic clusters of '*snowballing of self*', '*the mask'* and '*the roller-coaster'*. Issues concerning players' mental health were also sometimes conveyed using descriptive language, such as: "*a lot of tears and dark time*", and "*suppressing the way you feel*". However, often players referenced their mental health by the use medical terminology such as "*my depression came back*"; this is further discussed in the next section.

The snowballing metaphor actually reflects several aspects of player experiences, such as the rapid escalation of 'ego' following early career successes: "…*I'm invincible and I'm untouchable*" in Mark's words. This sense of self is then found to be very fragile and "*comes crashing down*" with injury, deselection or performance failures. The idea of the snowball-effect also gives contextual meaning to the conditions that affect the players' mental health. Participants described working in a profession in which their self-concept was largely contingent on performance and in which relationships can often be shallow or competitive. In these conditions, their more authentic sense of self can become

progressively hidden by layers of psychological defence in the face of numerous painful experiences.

The metaphor of snow was an important motif, also signifying a quality of relational 'coldness' which several players reported experiencing whilst moving often around clubs and through divisions. In this respect, participants felt that their lives and careers were to a large extent, being determined, or "*thrown about*", by other people, by coaches, managers, doctors, physiotherapists and mental health professionals (Pierce, 2010). Furthermore, this industry is based upon structures which do not currently reflect the complex needs, nor the gender and ethnic diversity of the present population of professional footballers. Thus, the snowballing theme also reflects something of the social, cultural and psychological work-place context in which players have the task of managing their mental health.

It is significant to note here that, until very recently, footballers have rarely been asked to talk about mental health issues and so their understanding of what needs to be managed, or taken care of, and how to do this, is likely to be limited. This was certainly reflected in the interviews, where players admitted that their views about what mental health meant, even in a general way, had really only formed once they had suffered in some way with it. Participants in this study mainly described and interpreted their own mental health in terms of feelings, metaphors, or as a response to the pressures, successes, failures and their performances on the pitch. This is illustrated by Mark's comment: - "…*when I was losing those vital seconds and [-] I was thinking 'I'm not right… I've got brain damage …I've got something wrong with me'*." Consequently, one keyway that mental health is interpreted as a narrative by players is strongly reflected in their lived experience of sporting performance. This in itself is a reflection of the medicalised and performance-orientated way in which the mental (and physical) health of players is interpreted, not only by governing bodies of sport (at all levels) but also by the vast majority of academic research and publications reviewed to date.

The thematic cluster captured by the metaphor of '*the mask*' evokes the defence strategies of players hiding their more authentic selves (Fanon, 1967; Rogers, 1967) to protect against painful feelings and vulnerability. The players in this study universally identified a need to develop some kind of 'mask', or emotional protection, within the context of their professional lives. In this respect, it also became clear that, as individuals, they could actually become more vulnerable to experiencing difficulties when revealing their concerns or discussing the issues that were affecting their mental health, with their peers, managers and coaches.

The significance of '*the mask*' can be understood as a combination of behavioural and psychological defence strategies that function to suppress, or annex, feelings of alienation, vulnerability, loneliness or oppression. What needs to be emphasised here is how such a mask can also cut players off from support and have the effect of further alienating them from their inner, self-directed, authentic selves. Holly said: - "…*even when going out with friends I had no feelings"*. Once again, without any prior awareness of how such a learned emotional detachment and defence strategy could cumulatively impact upon their mental health, the players in this study demonstrated how the pressures and cultural conditions of the game could lead them to be vulnerable to getting into difficulties with it.

A further finding from the interviews relates to the professional players' experiences described under the metaphor of '*the roller-coaster*'. This theme reflects the extent to which they find themselves e navigating rapid changes of circumstances - which are generally referred to as transitions in the literature (Wylleman and Lavallee, 2004; Park, Lavallee and Tod., 2012; Wylleman and Rosier, 2016). These changes can be geographical, moving between countries and clubs and are to a large extent determined by performances, but also to the fortunes of their clubs. The experiences of success, of getting a professional contract, of being selected to play at first-team level of being moved between clubs, of being de-

selected, feeling rejected from the club, to being injured or to admitting to having a mental health problem, were all aspects of the roller-coaster ride.

The '*roller coaster'* not only captures the sometimes dramatic 'ups and downs' of a football career but also the sense of events and decisions very often happening outside of the direct control of the players, yet determining their lives and well-being. There is a pervasive background sense of job insecurity for players, not just for the reasons already highlighted, but also because on average, professional football contracts only last between one and two years. As Charlie states: - "*so it's a lot of pressure in that respect and you know when contract time comes around, you know you could be released.*" In combination with all of the other pressures which have been identified here, this background of uncertainty puts an additional strain on the emotional resilience of players.

The transition literature has paid considerable attention to the athletes' end of career experience, their vulnerability at that time to a mental health breakdown through loss of identity. There is relatively less focus on the beginning of a professional career. What is often overlooked is how young players are when they are signed up. They are usually barely out of their teens, a time of emotional flux and vulnerability. For many, it is the first time they have left home, at a time when peer friendship groups are important. Another key theme to emerge is around the various protective strategies that players use and that this 'mask' of toughness that they present to the world also leads them to lose touch with their authentic selves. The critical literature regarding the sport industry describes how the social expectations on athletes to project a "positive and socially desired self ", of "infallibility and strength" (Smith, 2019, p. 86), make it all the more difficult to keep in touch with their inner experience and to seek help when they struggle.

The final theme is based around the '*medicalised sporting-self*' and brings together over-lapping subordinate themes concerned with player identity and the medicalised culture

of professional sport. Charlie summed this up by asking: *"…who cares about you if you are not playing?* [football]". The players' identity and sense of worth is very strongly tied to their performance on the pitch. In turn, this performance aspect is dominated by and subject to medicalised perspectives and terminologies of their physical and mental health. The accounts show how hard it is for players to not draw on this discourse when making sense of their difficulties. In so doing, they collude with a narrative that locates mental health difficulties as individual, rather than as the result of particular discourses, social pressures and practices (Markula and Pringle, 2006).

In the interviews, participants took adopted 'voices', drawing on the medicalised discourse around mental health. Their narratives included such phrases as: *"It just takes you over", "emotional breakdown"*, and *"must not show weaknesses"* and *"it felt like a Dementor".* Listening to how the players interpreted and gave meaning to their lived experiences also provided some insight into how their awareness of themselves, their identities and how they communicated, depended firstly only on where they were in their career. In these interviews, participants reflected on the past and from this more aware position (given that at this point they had engaged with mental health support of one kind or another) they were still in the process of making sense of these experiences. However, their reflections were also to some extent shaped by who they were talking to. In this sense, these interviews were co-constructed and what they were able to share was shaped not only by our shared context but by my ability to create a space in which they felt able to reflect and make meaning in an exploratory way (van Manen, 1997). This 'fusion of horizons' (Gadamer et al., 2004) meant that I was able to stay close to the participants' lived experience and then during the process of analysis, begin to translate these into their implications for organisational practices, specifically in terms of mental health provision.

The concept of the 'sick role' (Segal, 1976; Johnson, 2017) was also found to be relevant here. Anthony's words highlighted how strong this aspect of identity and

performance are linked, and how, at just 24 years old, he feels as if his body's capacity to fulfil the demands of the job is "*giving up": "…I've been struggling again, I think I've gotta look at* [other] *jobs, I've got 6 months left of my deal, we are in the relegation zone, my body's given up on me, my knee hurts every day".*

When a person's identity and self-worth is so conditional on their performance, and a high-level of physical and mental performance at that, it is inevitable that the person will be vulnerable to more than just physical injuries. Their whole self can feel 'broken down' when things go wrong, on or off the pitch. What seemed clear to me, through the whole process of interviewing these players and analysing the data, is the way that their lived world has yet to be fully understood and appreciated by anyone outside of it. The support of family members and friends will be limited by the extent to which they are familiar with or understand the specific context of professional football. Personnel within the institution have their own agendas and are subjected to a range of similar but distinct pressures. The sport culture described in chapter one (Coakley and Pike, 2009) works against the long-term mental well-being of players. In this sense, my position as researcher and ex-professional has been pivotal in translating the implications of these findings on well-being and mental health, making them accessible to a wider audience. Specifically, I am in a position to communicate these findings to audiences who are themselves also in positions that make it possible for them to effect change. Reading 'Mad Studies', (Beresford, 2013, 2019) towards the end of this journey, I had the sense of myself as a 'survivor- based researcher', in a position to act as a facilitator and advocate for, the well-being and mental health of other players.

5.2.2 To identify any specific issues, or areas of concern, regarding participants' experiences of mental health difficulties

The interviews highlighted a range of very particular work-place stressors which, all too often, can combine to give rise to (potentially very serious) mental health problems. Clearly, there is still a great need to understand how the players' perspective is aligned and positioned in the continuum between well-being, mental health, illness and mental disorder and this is addressed institutionally. The findings provide the basis for a much needed rethink in terms of the practices of the industry, as well as broader concerns about toxic masculinity and the threat this poses to mental health (Palmer, 2019). In the context of UK football, by focusing on personal accounts, the research provides insights on how professional players can be supported to navigate their world. It gives individualised and contextualised accounts of the pressures they are subjected to. These can be used to help other players manage their well-being. What has emerged from the findings is a lack of agency for the players and a lack of responsibility for players' well-being in the football hierarchy. Therefore, a multi-pronged approach is needed. The industry's approach to well-being and mental health needs to be more aligned with the lived experiences of professional footballers who need to be seen as the experts in this regard (Beresford, 2002). At the same time, players need more preparation and mental health literacy so that they can be more in control of their well-being. Also, mental health provision for footballers needs to be more proactive and framed more in terms of well-being.

In terms of practical provision, aside from the PFA's counselling network (which is always heavily over-subscribed) and its educational and research initiatives, there is currently no joined-up system in place for footballers to talk about mental health. Nor are their places or people to go to for advice about mental health with the confidence of being understood, particularly with regards to the impact of their working environment on them. In the competitive industry of professional football, where those responsible for a player's

mental and physical health also have various kinds of investment in their performances, how can we ensure that players' well-being is at the heart of what they do? What is therefore also a primary concern is the lack of whole-career (and whole-person) well-being support for professional footballers. Furthermore, although improvements are certainly happening in this respect now (Hartill, 2016), there remains a serious lack of recognition of the link between players who have been abused in/by the system as youngsters and their subsequent mental health issues. Unfortunately, unlike the Sport England Child Protection initiative[1], at present the FA county safeguarding managers have no equivalent policies or resources to offer professional footballers.

All of this serves to highlight the need for a more 'player-centred' approach to the development and provision of an embedded and ongoing education and support service. What is being emphasised in this study is that the relational aspect of the research interviews themselves seemed to have helped participants to make sense of their experiences. It also helped them to find shared terms of reference for their mental health that were more congruent with their lived experience and more empowering than diagnostic medical categories. I would therefore recommend that educational resources draw on the narratives presented in this thesis not simply in terms of content but in terms of language and metaphors.

This collaborative, grassroots, survivor-based meaning-making process was clearly beneficial to the participants, empowering them though validating their experiences. In this sense, the study could be located within 'Mad Studies' in that I have sought to view these

[1] https://www.sportengland.org/how-we-can-help/safeguarding

mental health narratives through a framework that challenges the biomedical approach. Beresford et al. (2013) see 'Mad Studies' as a user-led challenge to the biomedical perspective. However, as I have shown in the previous chapter, players' own accounts were littered with biomedical terminology. This is not surprising given its historical social dominance in terms of defining mental health and its ethically problematic role in sport (Hargreaves, 1986). At the same time, resources that are developed for players could reflect the non-medical language and metaphors that participants used in their narratives.

The idea of user-group voices being instrumental to developing health-care policies is not new (Rush, 2004) and 'patient-centred care' is another familiar term (Kitson, Marshall and Zeitz, 2012) from mainstream health-care settings (Royal College of Physicians, 2018). These ideas are philosophically linked to the person-centred counselling approach (PCA) (Rogers, 1990), the practice that advocates the use of the client's own language and terms of reference, in order to facilitate shared understandings and empower change (Thorne and Lambers, 1998; Patterson, 2000). Indeed, a person-centred approach has been adopted within coach development programmes (see Turnnidge and Cote, 2017). My position towards the research overall, the topic of mental health, and my approach to the interviews has been informed and shaped by my own professional training in person-centred counselling. A person -centred approach also recognises that the process of finding the right words or terms to express experience, is a central aspect of a shift from 'incongruence' (inauthenticity) to 'congruence' (authenticity) (Rogers, 1961; Purton, 2013). How the current findings may be influential in the development of a 'player-centred' approach to mental health is discussed in the next section.

5.2.3 To utilise any research findings to inform the development of improved provision of support for player well-being

A significant focus as I worked through participants' narratives centred around their suggestions regarding what could have helped them whilst they were experiencing difficulties with their mental health, and what they would like to see happening in the future regarding developing well-being services in their sport. During the interviews, it became clear that these professional players had been gradually developing their own frames of reference, language and theories to help make sense of their lived experiences and that this seemed to be an ongoing process.

In chapter two, I argued that all professional sport, including professional football, tends to frame mental health in terms of references to diagnostic or behavioural categories such as anxiety and depression, bereavement, addiction, eating disorders and suicide. Whilst the participants in this study also adopted medical terms to describe their experiences and particularly used them when they needed help, they did not necessarily consider their experiences as indicative of mental illness, nor did they only frame their experiences in terms of these clinical definitions or categories.

Listening to the participants framing their experiences in their own language was an informative aspect of this research and evidence to me, that football players can be empowered to have a bigger stake in their own well-being, and in designing better support and educational services within the sport. In this sense, the design of the research was user-led in that I explicitly invited players and ex-players to become involved in identifying key stress-points in their professional lives and proposing educational resources and interventions to help support each other through these. What I came to see, by the end of the interviews, was the empowering potential of the interview process itself. Asking for their suggestions was also an invitation to have greater agency and self-direction regarding their

well-being. For example, the first-hand accounts of developing a 'mask' as self-protection against the challenges of being away from home, the banter of the locker room, the lack of control over their lives and what that felt like, as well as the consequences of distancing themselves from the painful emotions associated with these aspects of life as a professional player, could be incorporated as part of informal group psychoeducation in a sporting or academy setting. Such lived-experience accounts in their richness and specificity, will speak directly to other players and can help footballers to become more conscious of their lived-world.

What seems methodologically and practically significant is that working with a concept such as the 'sporting mask' might empower players to think about themselves beyond the limitations of a tick-box structured survey (Gouttebarge, 2012; Jenson et al., 2018). These first-hand accounts are powerful in terms of evoking resonance with one's own felt experience. Through reflective practice and the support of other professional players, they may then be able to develop a flexible and individual internal range of strategies for managing their own mental health.

At the present time, unfortunately, it is apparent that there remains a major conceptual gap concerning the mental health needs of professional footballers: between what they know that they need and what professional clubs currently offer. This discrepancy has recently been verified by three desktop audits of club mental health services carried out by the PFA as part of the development work following on from this study. These reports are often in conflict with the narratives of the players concerning the available research and what is currently offered as mental health services within the context of a professional football club. Tom put the need for a safe point of contact succinctly:

> …*when I walk in everyday and I have a problem at home I believe good people will notice this, whether it's children or adults, everyone needs a safe place to*

go so as to talk it through and that might be all they need to release whatever is on their minds.

Current policies in sport that have been aimed at addressing the mental health of players tend to be based upon biomedical and psychological measurements, determining whether the players are physically (and mentally) fit for performance. This reinforces the sense players have of being 'property', an investment to be swapped and traded, and reflects the wider socio-economic context of professional sport described and critiqued by Coakley and Pike (2009) and the over-medicalization discussed in Roderick et al., (2017). It also enacts the discursive construction of the body as analysed by Markula and Pringle (2006).

Professional football clubs have thus traditionally formulated their player support services, such as educational welfare officers, safeguarding officers, sports psychologists, sports therapists etc., with an emphasis upon assisting the recovery of players from physical injury or psychological disturbances, so that they can return to prior performance levels, rather than orientating towards mental health models based upon a more holistic or person-centred approach to individual needs. This is evidenced by Figure 6 that illustrates the traditional 'Four Corners Model' of player development, mentioned in chapter one and which remains the cornerstone of coaching strategies.

It is interesting to compare this model, aimed at the more holistic development of 'a football player', with Abraham Maslow's (2014) model of the development of a whole person (see Figure 6). Maslow proposed that all human beings have an inherent motivation to strive towards what he called the 'self-actualisation' level within his 'hierarchy of needs'. For Maslow, the characteristics of self-actualising individuals included qualities such as authenticity, self-direction, being comfortable with self and others and being trusting of one's

own experience and judgement. This model of human motivation was subsequently developed by Carl Rogers (1990) in his person-centred approach.

From the views expressed through the interviews of this study, there is clearly a disconnect between the needs of professional footballers, viewed developmentally as whole persons in their own right and the support offered within professional football at the present time. For instance, there is little recognition of the players' need for security (second level of Maslow's hierarchy), given the peripatetic nature of a professional career in football, nor the need for continuity and belonging (third level of Maslow's hierarchy) – given the transitory nature of club football. This is particularly relevant to the large number of trans-national professional players who find themselves not only faced with a whole different set of cultural practices in the new social context but also with different social practices within the game (see Stambulova and Alfermann, 2009). Furthermore, recognition and respect (fourth level),

Figure 6. Maslow's Hierarchy of Needs

for footballers is very conditional on their match-day performances; and in professional football there is a clear reduction of 'freedom' or autonomy (within the same level) which has already been highlighted in the last chapter.

During the course of this research, it became essential for me to look more specifically at the extent to which club policies of social care are (typically) based upon a service-led approach (an approach devised by, and mainly for, the service) rather than a user-led research. These interviews have provided valuable insights in this respect in that participants spoke of their needs, both met and unmet (Maslow, 2014) in reflecting on their lives as professional players.

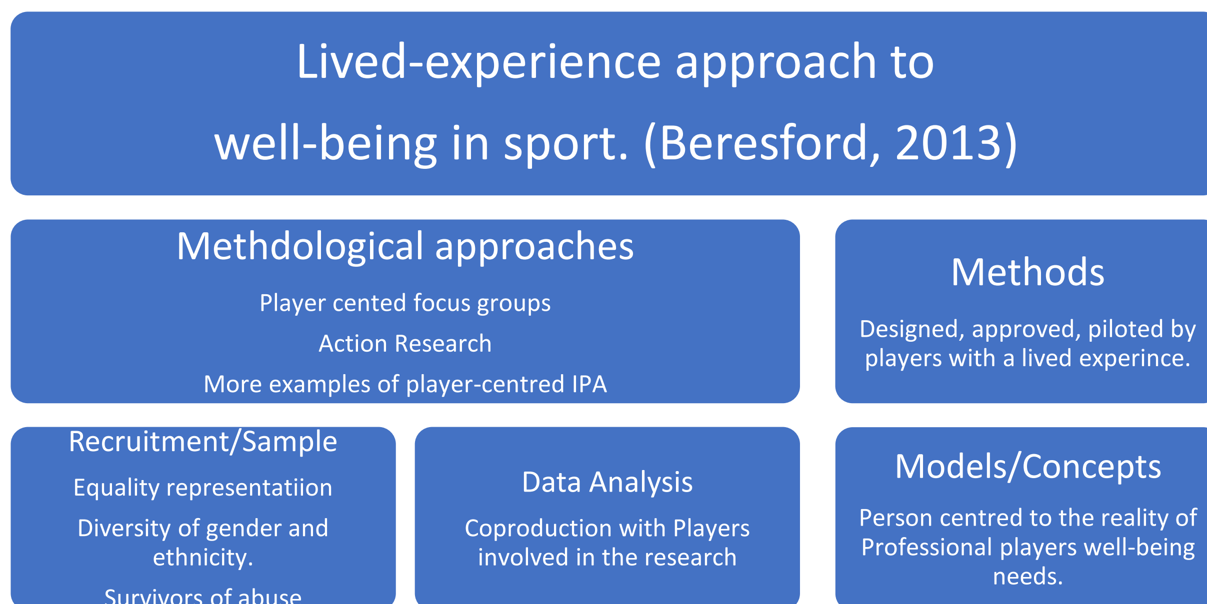
What this study has demonstrated is that a player will have a multitude of complex needs at various points in their career. These needs are both particular to the individual but also come out of the conditions in which they work. In this regard, Roderick at al. (2017) emphasize the degree to which the work life of sports workers is emmeshed with their private life. Furthermore, hyper-commodification as a characteristic of professional football needs to be acknowledged as does its impact on mental health, along with the ways in which the power structures in the industry and the way that work is framed and organised, impact upon the well-being of professional footballers.

Studies are beginning to emerge that evaluate the use of a person-centred approach (PCA) as an aid to coaching in elite sport (for instance, Turnnidge and Cote, 2017). What is being proposed here, however, goes beyond the idea of adapting the PCA with the aim of maximising the effectiveness of coaching, towards a more radical cultural shift within which the players' own experiences can determine how support and training resources are configured in the future. The current research does not extend past the point of proposing such a radical re-structure. However, in the following chapter section I outline some possible ways that this could happen. The key to its success will lie in engaging the players themselves and listening to what they have to say.

5.3 A new approach to supporting well-being in professional football: 'player-centered mental health'

In this study I have identified and articulated a need for club policies and practices to be better informed by the lived experiences of professional footballers, one that is broadly humanistic and informed by Maslow's model (2014). In order to develop such understanding, an ongoing, sport-specific, mental-health focused research program also needs to be continued. This is aligned to the first aim of the current research but extends and goes beyond it in a number of ways. In Figure 7 I outline a plan for what user-led research might

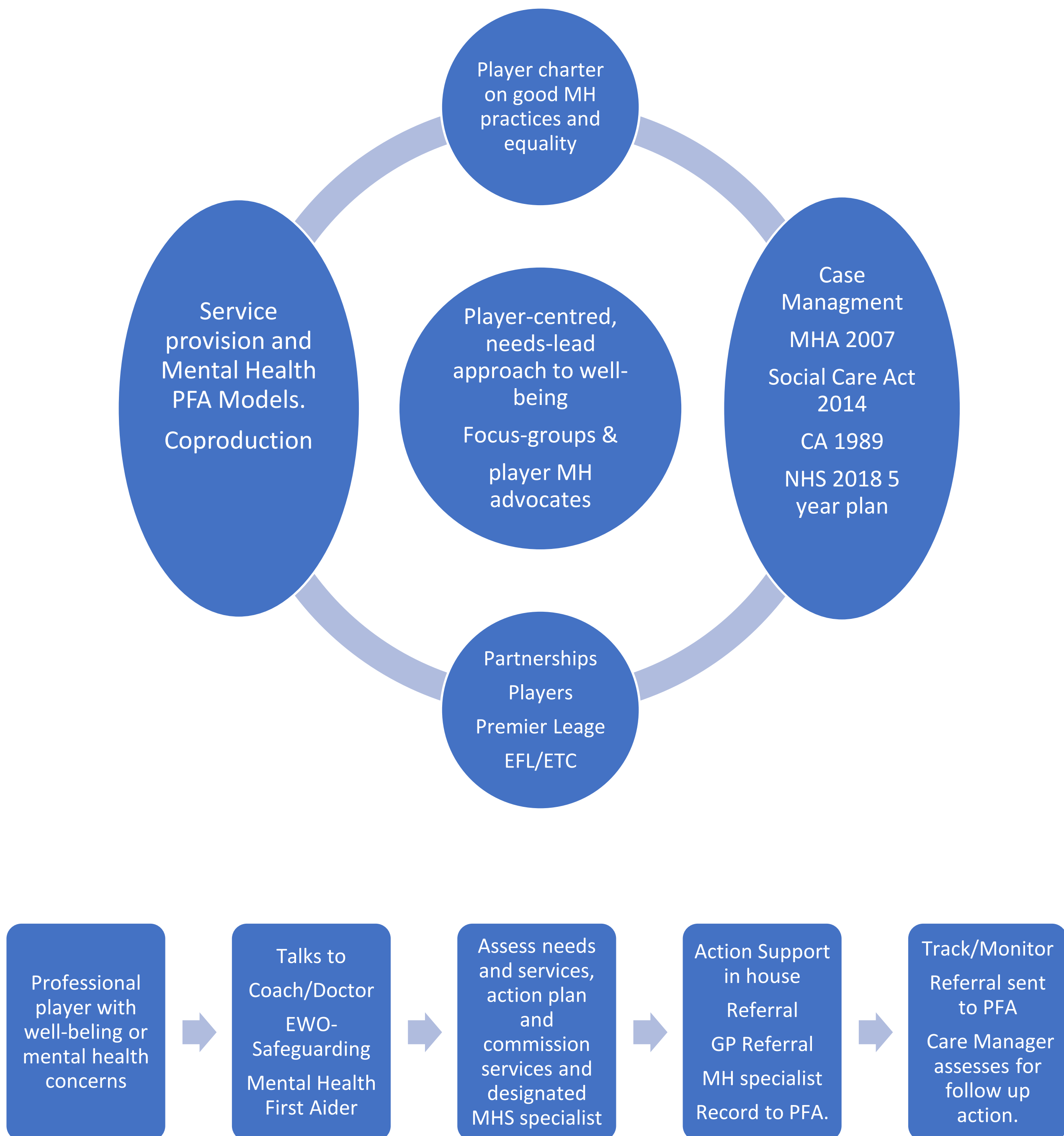
Figure 7 Lived experience approach to well-being in sport



look like in the context of UK football. This recommendation is made based on what has been learned through conducting the current study and sets out a design and implementation program for a lived-experience professional footballer's research project into improving conditions for mental health (see Figure 8). The data would be collected from within the clubs and would draw upon the lived experience of professional footballers. An equality impact analysis framework would also inform a new strategy for change in mental health work in professional football. In Figure 8, I have outlined a possible model for a player-centred mental health framework, again to use within the clubs. It illustrates how a more player-centred model of care could be structured within the various stakeholders whilst still being underpinned by current policy and best practices. To further support this model, a care management pathway is also outlined at the bottom of Figure 8. This Care Pathway reflects the existing processes for referral, but this process would be enhanced by the implementation of the player-centred support structures (player Mental Health advocates, Focus groups and partnership arrangements between clubs). The proposals being set out here are offered as a starting point for further discussion, although at the time of submission

of this thesis, this dialogue is already underway. In the next section I review the method and design of the current study.

Figure 8: A player-centred framework and care management pathway



5.4 Review of methodological choices and research design

The methodological choices of this research have proved to be useful and appropriate in terms of answering the research aims and generating new understandings of how professional footballers give meaning to their own mental health. The semi-structured interview process created a space in which a relatively open exploration of the player's experiences could take place. Being an ex-professional footballer myself and being known to the participants for my role within the PFA, I had an insider status within the research. This made it possible for the interviews to proceed using language, terminologies and references to people, places and clubs that were familiar to us both, similar to a conversation. At the same time, my role in the PFA places me in a position of authority and power that could have potentially made participants feel pressurised to participate and/or compelled to provide certain narratives. As discussed in chapter three, the process of selection was done carefully, so that at every step, the participant had to actively consent to participate in the study. I mitigated the potential power imbalance in various ways and used my counselling training (and my professional code of ethics) as a guide.

Another ethical issue arising from the interview dialogues concerned the presentation of the data extracts within this thesis. Much of the transcribed material contained references to people, places, clubs and sporting events which would compromise the anonymity of the participant themselves or of others. Rendering these references into a neutral form, for instance using the insertion of [Club] or [City] sometimes had the effect of reducing the impact or significance of the experience being described. Nonetheless, this phenomenological style of enquiry enabled me to explore, with the participants, areas of player experience that are touched upon in other studies. However, by being contextualised to a specific setting – that of professional football in the UK - and focusing on a small sample of players, it makes a significant contribution to generating holistic, contextualised accounts specific to football players within UK football. It also provides an evidence base for the on-

going task of raising awareness and developing well-being provision within the industry so that future players can thrive and not just survive their fleeting career as professional footballers.

In relation to my experience of using this research methodology, I have learnt a lot about the type of patience, self-reflection and hermeneutic processing that is necessary to achieve a meaningful analysis. These elements can also contribute to creating a space where professional footballers can give meaning to their world and their lived experiences of mental health, not simply for the purposes of research but as an empowering process in itself. I came to the research with an existing set of skills gained through training and practising as a counsellor. However, this research gave me the opportunity to immerse myself more fully in these accounts of professional players so that I feel I have a more in-depth understanding of how they live and deal with issues affecting their own mental health. Given my position within PFA, I can see how these can be used as a basis for informing a needs-led approach to services that is compatible with the expressed needs of the individual professional players. Building upon a professional commitment to change and the desire to understand the experience of others, I have developed a set of research skills that will enable me to continue to ask questions and be more critical about the context in which I work, its processes, and procedures.

Through this research process, a vision of what a player-centred model of mental health and well-being in professional football might entail has gradually developed, which I have begun to translate through formulating the next steps that should be taken. It is a model that encapsulates a different value system and a range of different integrated knowledge contributions, one that places value on the authentic voices of the professional players and on facilitating an increased awareness of the range of experiences that have impacted their lives and that will impact the lives of those who are still mid-career.

5.5 Acknowledging limitations and strengths of this study

Some of the limitations of the research are also presented as avenues for further research. For example, phenomenological methodology has the potential to understand more deeply some of the issues highlighted in chapter two, particularly with regards to race and gender perspectives. Specifically, it is well-suited to generating first-hand accounts of racism and sexism in the game and how these contribute to mental health. These themes, however, did not emerge in the analysed data. This may be partly because black and female players were in a minority in this small sample of participants. It may, however, also be because the focus of this enquiry was more broadly directed towards mental health with an emphasis on mental health provision (rather than specifically toward gender or racial issues). To bring a stronger focus to these matters, it would be necessary to conduct further studies of a similar kind that address these important aspects of players' experience. As discussed in chapter 2.3, there is already ample evidence of racism and sexism in the game (see for example, Hargreaves and Anderson, 2014; Gill, 2020; Segrave et al., 2006).

The conceptual framework I used also perhaps failed to fully engage in how issues of power influence the meanings given to mental health in terms of the black players and the women players involved in the research process. It is still not clear for example, how the female professional footballers in the study felt about relating their lived first-person account to a black male researcher. It would have been interesting to have been able to give a greater focus to issues of race and gender – this certainly becomes a recommendation for future research. The issues of sexual and other forms of abuse and harassment (Hartill, 2016), including racism (Hylton, 2010), is another focal area for more research of this kind. The current research has sought to open up the dialogue about this complex and very under-researched area and proposes a methodology that has the potential to not just generate new insights but in so doing, be part of changing the culture and discourse around gender and race in sport.

There is less qualitative evidence of how being subjected to these experiences is enmeshed with the other stressors that characterise the sport and contribute to mental health issues. Nevertheless, the use of IPA methods and the focus on mental health has created the opportunity to see how professional footballers function in their relationships with club officials, club staff, mental health professionals and significant other individuals involved in their lives.

A further limitation was the way in which this method only gives a snapshot of each player's experience. A more longitudinal approach could compare and analyse the lived experiences of mental health through different life and career stages of a professional footballer so as to mark in real time the highs and lows, the 'roller-coaster' described by my participants. This would enable a more in-depth exploration of the dynamics of agency and interdependence (Smith, 2019) and how players negotiate the various transitions they encounter through their career. A longitudinal approach might also gain insights into how professional footballers' personal accounts and their sense of identity change, progressively, through their changing experiences.

As has already been suggested, future research should look towards focusing more closely on issues of diversity. Equally it is proposed that studying professional footballers in an international context would give us a better understanding of the lived experiences of these major transitions for professional footballers across different social and sports cultures. For example, a joint research with FIFPro could be developed, particularly in the era of Brexit, to formulate a more globally consistent approach to mental health and mental health services across European and world football. Such a research would also be methodologically valuable in terms of improving research methods to understand the mental health of professional players across languages, cultures, practices and services.

This research has made me more keenly aware of the prevailing cultural values and normative influences that underpin our practices and processes. These have been influential in interpreting the experiences of the players but also may conceal prejudices in me, or else point towards hidden and unacknowledged values, (Fulford and Woodbridge, 2007), that have become embedded inside my own practice. I faced the two-fold practice and responsibility of analysing my personal bias as well as the narratives of the participants. In my case, my previous sporting experiences as both a professional player and as a counsellor enabled me to engage with and to empower the participants to reflect upon their experiences.

The strength of the research was having access to a relatively diverse cohort of professional players who were willing to offer their participation, through narratives, (Foucault, 1967) and able to engage in open and frank reflections on their emotional and psychological journey. This was facilitated in large part by my position as an insider, an ex-professional footballer with a similar lived experience (Beresford, 2013). There was consequently a strong shared reality (Rosaldo, 1988), but one that was tempered by counselling sensitivity and empathy in terms of conducting a value-based analysis (Fulford and Woodbridge, 2007).

5.6 How do these findings relate to the existing literature in this area?

I have argued that mental health in sport has been largely driven by concerns about performance (Coakley and Pike, 2009; Smith, 2019) and by a biomedical approach that provides medicalised solutions. There is rarely an intrinsic concern with the well-being of the athletes. The four linking and overlapping thematic clusters highlight and underpin some of the ways in which professional footballers in this sample interpreted their lived-experiences in journeying through significant career-specific issues and events.

The present research is strongly consonant with the ethos of the 'Duty of Care Review' (2017) mentioned in chapter two. That report was broad in its scope, and covered issues of education, induction and exit surveys for elite athletes entering and leaving their professions. In particular, it recommended identifying a sporting 'Ombudsman' to oversee allegations of poor standards or practice, sport-specific protocols for safeguarding etc. Other literature specific to the area of football, including Wood et al. (2017), Gouttebarge et al. (2015), Kristiansen and Roberts (2011) and Waddington, (2015), point towards the importance of developing skills and capacity for supporting the mental health needs of professional footballers. They emphasize the need for pre-preparation and support for key moments and events in the life of a professional footballer. These include injury, changing clubs and retiring from professional football.

In this research endeavour, I have wanted to give power to the voices of the participants, to reveal something of their world, and to empower the voices of professional players as the narrators of their own experiences. The ethos and purpose of the research therefore strongly resonates with 'Mad Studies' (Beresford, 2002). The contribution of this research is it have opened up a new discourse that is about understanding the lived experience of mental health in professional footballers as they see it and the issues that they identify, rather than interpreting their experience through a medical or overly psychological framework. In this sense I agree with Smith (2019) that not only have studies tended to view mental illness among footballers through a biomedical lens, but I would argue that even more socially oriented psychological studies can overly individualise mental illness, thereby underplaying the ways in which the sport culture and broader social pressures contribute to mental illness and the way it is constructed.

The current study has been a concerted attempt to explore and understand what mental health means to professional footballers, how mental health is talked about by them and how this understanding can be interpreted by the researcher as lived, dialogic and

interactional experience. It has illuminated some of the powerful ways in which the practices within UK football have shaped the lives and identities of the professional players involved. The need for 'the mask' is particularly important in this respect because the literature concerning sport and mental health has very little to say about the complex inner processes that might be concealed under coping strategies, however effective, nor what their long-term affects might be.

In the reviewed literature, there also has been little consideration of the ways in which engagement in the sport industry and being caught up in its practices and procedures from a young age, might impact the development of an 'authentic self' nor how lived-experiences might be understood without recourse to medicalised language. This labelling and interpreting on behalf of professional players can also be seen in biographies written by football commentators that therefore individualize and pathologise mental health difficulties creating a particular narrative that does nothing to critique the context and culture of professional football. Although I have included them with autobiographies as more personal and holistic accounts, biographies can also easily collude with dominant social and biomedical constructions of mental illness. By contrast, ethnographic studies like Wood et al. (2017) of suicide and Ivarsson (2013) in a study of players and stress in the Norwegian Premier League, focus on the experiences of players themselves and how they make sense of the stresses and distresses of professional football.

Despite these qualitative studies, while reviewing the literature in the area of mental health and sport, I felt that generally the voices, contributions and interpretations of professional players were invisible, as though their experiences had no value, even when the goal of the research was ostensibly a greater understanding. From my perspective, the diagnostic tools used in surveys and mental health categorisations, while having value in terms of determining prevalence, reduce players to their bodies and their ability to perform. Even where the emphasis is on resilience and stress, anonymous correlations inter-related

variables such as stress, coping indicators etc. provide little in the way of evidence that can inform mental health provision. While I accept that such a nomothetic approach has the power to reveal trends, the more ideographic approach of the current research, I argue, provides a far richer description of world of professional football, as seen through the perspective of the players. This process can not only inform practice but is also necessary as part of addressing the stigma that is so prevalent and the main barrier to help-seeking behaviours. Furthermore, as Russo and Sweeney (2016) have argued, reframing and reclaiming the voice of those oppressed by the biomedical approach, has transformational potential.

5.7 How new research can inform policy in mental health in professional football

As has been previously discussed, what is needed is for practice interventions and service deliveries to be informed by a set of principles that have been developed from evidence-based research. My current practice is informed by the statutory need for a case management approach concerning the 1983/2007 Mental Health and the Care Act Care 2014. It was therefore crucial that well-being and a positive social model was a central research outcome to this project. I wanted to use the insights from the findings to revisit the current role of primary health providers, well-being health resources and the assessment and community health teams that are regionally linked to current football clubs, in order to produce a national and regional integrated database and joint commissioning of an integrated referral system and needs-based model.

As the Director of Player Welfare for over three thousand players, a growing number of female players, and fifty thousand ex-professional players, I am aware of the pressing need for strategic and concrete practical outcomes not previously considered by the literature reviews and studies analysed. I have already begun to work on outcomes by creating a set of player-centred principles that will shape the way we assess mental health,

one that goes beyond current biomedical methods and data analysis. There is a need to understand mental health within the context of professional sport. This includes understanding the very specific physical, social and psychological demands of the profession. This then need to be translated effectively so as to influence practice and policy. This will also require radical changes to the practices of mental health research within sport. in line with the current Mental Health Policy, NHS 5-year Mental Health Strategy, 2018-2023, those who inform policy should not just be people from the sports industry but also people who have a lived experience of mental health.

As discussed earlier in this chapter, I believe the data generated by this research can be used to formulate a mental health model that is relevant to the needs of professional footballers. I have suggested that a humanistic model informed of services that are compatible with the assessed individualised needs of professional players (Maslow, 2014) would go some way towards addressing the limitations of the biomedical approach. Services offered in the continuum from clubs services, PFA, Sporting Chance to Primary Health Care, community mental health teams, to crisis services, could be informed by this overall model. For long-term change and a more fundamental shift in culture, any future strategy should be a collaboration between football agencies, Premier League, English Football League, League Managers Association, Football Association and external National Health Commissioners and providers of well-being and mental health services. The future challenge is that of using the research findings not only to develop an integrated approach based on the lived experiences of the players but to contribute to a change in the culture of UK football.

5.8 Contributions of my study to knowledge and practice in this field

To my knowledge, no other studies have been conducted from the explicit perspective of mental health among footballers in the UK. Furthermore, while numerous studies focus

on the transition into retirement (see Brownrigg et al., 2012), this study, with its relatively broad age-range of participants, has captured (through retrospective reflections) the football career, from beginning to end. What emerges as particularly poignant is the difficulties that young players face. Barely out of their teens, they leave home and their social networks, are moved from club to club, with no control over the decisions that determine their lives. While sociological studies provide an essential critique of the broader context of professional sports and more in-depth insights of elite players in relation to various abstract notions, such as transition and identity, this study stays close to the lived experience of the players and values the meanings they associate with the emotional and psychological struggles they have lived through. These players provide glimpses of what it is like to be the focus of the corporate interests and investment (Coakley and Pike, 2009) of the sports industry.

The research has contributed some new perspectives concerning the value of the researcher as ‘survivor’ (Beresford, 2013) when gathering detailed first-person accounts of professional footballers’ experiences of mental health. In the relational process of interviewing the players from an insider perspective, they have contributed new epistemological knowledge to research in this field and to the industry, in relation to its responsibility for the mental health of its workforce (Smith, 2019). In this sense, the study aligns itself with the principles of user-led research where knowledge is collaboratively constructed with service users. The study was driven by a commitment to making broader social and political change (Barnes and Mercer, 1997), within my sphere of influence as Director of Player Welfare within the PFA, and to challenge the institutional and cultural barriers that players face.

Most significantly, this research project has contributed towards a new ‘player-centred’ approach, to the development of new policy frameworks and to a new conceptual link between need and service interventions, based on professional footballers’ lived definitions of their own mental health. This research has demonstrated how the players’ own

terms of reference, such as those identified within the themes of *snowballing*, *the mask, roller coaster*, and the *sporting medicalised self,* point towards complex experiential motifs such as transition, loneliness, injury, vulnerability and various kinds of loss. These motifs are pivotal to understanding the issues that affect and support players' mental health and well-being. Therefore, what has been increased by this project is an understanding of the complex and multi-faceted ways in which professional footballers interpret their experiences. It has also highlighted some of the social difficulties that players encounter both in their private and public lives. This intersection between their private and professional lives needs to be embedded in educational and mental health support.

A further contribution made by this research goes towards the development of a new model of deconstructing mental health from the experiences of professional footballers. It has facilitated new conceptual ways of understanding the relationship between researching lived experience in sport as a way of emancipating sportsmen and women. This is a dynamic process, one that is both empowering and in the spirit of evidence-based practice. The player-centred approach is inherently social and geared towards empowerment, in that it would include the social world of the player, their families, club officials and most originally, mental health professionals. It is a model that goes beyond player performance (Pierce, 2010), beyond mental health problems as a reaction to a physical injury (Gouttebarge, 2012), and also beyond conceptual models about transition (Brownrigg at al., 2012) yet incorporates all of these. It contributes towards forms of knowledge that are inductive, in that it is informed by the players' experience and meaning making. In this sense, the research's contribution is as much methodological as substantive. As in other forms of action-oriented research, I have placed the players' "experiential knowledge" and lived experience (Beresford, 2002) at the heart of the thesis. This is reflected in my suggestions for how to implement the findings. I discussed that in terms of validity, I found the notions of 'authenticity' and 'experiential resonance' (Todres and Galvin 2008) particularly helpful.

These notions are crucial in terms of communicating and disseminating the research to non-academic audiences and translating the insights gained into organizational practices, in particular, coaching and the induction of young players.

It is argued here that this is the first time that research of professional football has led to direct implementations in well-being provision. The 'player-centred' mental health model I have proposed in this chapter is not only grounded in the voices of the players themselves but is underpinned by a humanistic and ethical value-system. In a context where players are considered commodities whose worth lies purely in their ability to perform, a player-centred model that values players first and foremost as persons in their own right, working in a very tough and demanding industry.

The research has sought to understand the particular pressures and events that characterise a footballer's journey through their professional career. Indeed, the experiential motif of *a 'footballer's journey'* could constitute one aspect of an educational program aimed at supporting young players to be better resourced and supported in the future so that they are able to anticipate some of the challenges and be empowered to negotiate them. The theme of '*developing the mask'* could be used as a basis to create an easy-to-understand framework for players to begin to recognise their psychological defences as well as to be able to identify signs and symptoms of workplace (and other) stress.

Significantly, I would argue that this research makes a knowledge contribution that complements rather than dismisses or replaces current diagnostic frameworks, from the American and the European heritage, so they are informed by the lived realities of the sporting context. This supports the development of a phenomenological approach to the complex and diverse experiences and perspectives within professional football.

The contribution of this research, in terms of my own clinical practice, has been profound. The theme that emerged from the analysis of the 'mask' (Fanon, 1967), has been

particularly relevant and helpful in this respect. Within the sporting context in which I live and work I see first-hand the factors that contribute to the development of a 'medicalised sporting-self'. Personal judgements, stereotypes and assumptions can not only operate during or after the research interview but in my daily practice as counsellor and in terms of my responsibility for well-being in the PFA. The research process has raised my awareness of how these assumptions and stereotypes can be embedded in the policies and practices that underpin the PFA.

On a final note, as I prepare this thesis for submission, in partnership with the Heads Up initiative, the FA has publicised its 'Mentally Healthy Football Declaration' which proposes to ensure that governing bodies, leagues and organisations from across UK football recognise that mental health is as important as physical health. In my role within the PFA, I have had significant involvement in the creation of this declaration. My input has been inspired by this research journey, as well my ongoing involvement in supporting player welfare.

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List of Appendices

A. Participants Information

B. Information Statement and Consent Form

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E. Coded Example of Interview/Theme

F. Table Summary of Themes

Appendix A

Understanding the lived experiences of mental health within English professional football.

Dear (Player's name),

My name is Michael Bennett and I am contacting you today about a piece of research that I am conducting as part of my Doctor of Education at the University of East Anglia.

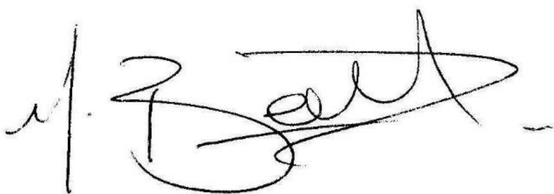
I am interested in exploring how 'within career' professional footballers experience mental health so that this new understanding can help inform a more player-centred approach to well-being and mental health strategies and policies within the game. Participants will be interviewed about their experiences with mental health. One interview will take place and will last approximately 1 hour.

It would be very helpful if you could take part in my research. Please read the information sheet attached to this letter and, if you are willing to take part in this study, please sign and return the consent form enclosed.

I have received ethical clearance from UEA to start conducting my study.

If you have any further questions about the research, please contact me: Michael.R.Bennett@uea.ac.uk. If you have any concerns about the research, please contact my supervisor: V.Warburton@uea.ac.uk

Yours sincerely,



Michael Bennett

Appendix B

[PARTICIPANT INFORMATION STATEMENT]

(1) What is this study about?

During the last few years' well-being and mental health in professional football has become an important issue for Professional Football clubs in England, but more specifically for the Professional Footballers Association (PFA) who have a responsibility for the welfare of its members. As the Head of welfare for the PFA my research is interested in how current professional footballers make sense of their well-being and mental health during their career and the type of support they need. This research study and your potential participation in it, will go a long way towards improving strategies and policies that are aimed at improving the overall well-being of future, current and past professional footballers.

You are invited to take part in a research study as I am interested in understanding what it has been like for you to experience mental health issues as a professional footballer. This Participant Information Statement clarifies the research study, your potential involvement in it and what happens to the information I collect. Knowing what is involved will help you decide if you want to take part in the study. Please read this sheet carefully and ask questions about anything that you don't understand or want to know more about.

Participation in this research study is voluntary. By giving consent to take part in this study you are telling us that you:

- ✓ Understand what you have read.
- ✓ Agree to take part in the research study as outlined below.
- ✓ Agree to the use of your personal information as described.

(2) Who is running the study?

The research will be carried out at the University of East Anglia by the primary researcher, Michael Bennett and under the supervision of Dr Victoria Warburton (main supervisor).

(3) What will the study involve for me?

Professional footballers who are happy to take part in the study, will be required to return a consent form (which is provided in this information pack). Upon receipt of the consent form, I will contact you to arrange a suitable time and place to conduct an interview. The interview will last approximately 1 hour and will consist of a number of questions which will allow you to talk freely about your experiences as a professional footballer. It may also involve several supplementary questions if necessary, to help

clarify what you have said or to expand on certain issues that may emerge. The study will invite you to answer the interview questions as fully as possible, and this will be recorded on an audio-device so I can transcribe your experiences at a later date. Below are some examples of the interview question:

Research questions.

- What does well-being mean to you? What does mental health mean to you?
- Could you talk about a time that you experienced mental health issues during your playing career?
- What were your experiences with regards to talking about mental health as a professional footballer?
- What would have helped you to talk about any mental health issues?
- Considering your experiences with mental health, what advice would you give to a young footballer who is dealing/struggling with mental health?

(4) How much of my time will the study take?

- As stated previously (see question 3), the interview will last approximately 1 hour. In addition, post-interview meetings will be offered to give each participant the opportunity for feedback.

(5) Do I have to be in the study? Can I withdraw from the study once I've started?

- Your potential participation in this study is voluntary. What is more, you are free to withdraw from the study at any time without reason. Furthermore, any decision will be respected and will not affect your current or future relationship with the researchers or anyone else at the University of East Anglia and the PFA as the organisation funding the research.
- During the study, the interviewer will ensure that the interview is in a safe space where you will be free to stop the interview at any time. You may also refuse to answer any questions that you do not wish to answer during the interview. If you decide later to withdraw from the study your information will be removed from our records and will not be included in any results.

(6) Are there any risks or costs associated with being in the study?

- There will be no financial or economic costs, and fees incurred in terms of travel as all interviews will be arranged at a nearby location. During the interview if you feel you require any emotional support to due to the sensitivity of the information provided and its impact, a mental health specialist will be available and for on-going care, a list of supporting agencies will be provided to all participants.

(7) Are there any benefits associated with being in the study?

- The study will enable you to develop a better understanding of your personal well-being and mental health and the changes needed in both PFA work and society to better support

yourself and other professional footballers. It will enable future research using the lived experience to look at well-being and mental health in sport from a professional player approach.

(8) What will happen to information about me that is collected during the study?

- By providing your consent, you are agreeing to us collecting personal information about you for the purposes of this research study. Your information will only be used for the purposes outlined in this Participant Information Statement, unless you consent otherwise. Data management will follow the 1998 Data Protection Act and the University of East Anglia Research Data Management Policy (2013).
- Your information will be stored securely, and your identity/information will only be disclosed with your permission. Unless you would like to keep it, the recording of the interview will be erased, and all the information collected will be anonymised. Any names (players and clubs) that you discuss will be given a pseudonym, which means alternative names will be allocated to ensure anonymity and confidentiality is maintained throughout.

(9) What if I would like further information about the study?

- Upon request, a full outline of the study and a copy of the final report can be provided, this will be in the form of a one page summary. I will be available at any time to discuss any other queries you may have.

(10) Will I be told the results of the study?

- You have a right to receive feedback about the overall results of this study. You can tell us that you wish to receive feedback and will receive this feedback after the analysis and write-up stage of the research is finalised.

(11) What if I have a complaint or any concerns about the study?

- The ethical aspects of this study have been approved under the regulations of the University of East Anglia's School of Education and Lifelong Learning Research Ethics Committee.

If there is a problem, please let me know. You can contact me via the University at the following address:

Michael Bennett

School of Education and Lifelong Learning

University of East Anglia

NORWICH NR4 7TJ

Michael.R.Bennett@uea.ac.uk

If you would like to speak to someone else, you can contact my supervisor:

Victoria Warburton, V.Warburton@uea.ac.uk *or 01603 592636*

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact please contact the Head of the School of Education and Lifelong Learning, Professor Richard Andrews, at Richard.Andrews@uea.ac.uk.

(12) OK, I want to take part – what do I do next?

You need to fill in one copy of the consent form and send it back in the pre-paid enveloped which has been provided. Please keep the letter, information sheet and the 2nd copy of the consent form for your future reference.

This information sheet is for you to keep

PARTICIPANT CONSENT FORM (1st Copy to Researcher)

I, ... [PRINT NAME], agree to take part in this research study.

In giving my consent I state that:

✓ I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.

✓ I have read the Participant Information Statement and have been able to discuss my involvement in the study with the researchers if I wished to do so.

✓ The researchers have answered any questions that I had about the study and I am happy with the answers.

✓ I understand that being in this study is completely voluntary and I do not have to take part. My decision whether to be in the study will not affect my relationship with the researchers or anyone else at the University of East Anglia and the PFA, either now or in the future.

✓ I understand that I can withdraw from the study at any time.

✓ I understand that I may stop the interview at any time if I do not wish to continue, and that unless I indicate otherwise any recordings will then be erased and the information provided will not be included in the study. I also understand that I may refuse to answer any questions I don't wish to answer.

✓ I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.

I understand that the results of this study may be published, and that publications will not contain my name or any identifiable information.

I consent to:

- **Audio-recording** YES ☐ NO ☐
- **Reviewing transcripts** YES ☐ NO ☐
- **Would you like to receive feedback?** YES ☐ NO ☐

If you answered **YES**, please indicate your preferred form of feedback and address:

☐ Postal: ____

____

☐ Email: ____

....

Signature

....

PRINT name

....

Date

PARTICIPANT CONSENT FORM (2nd Copy to Participant)

I, ... [PRINT NAME], agree to take part in this research study.

In giving my consent I state that:

- ✓ I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.

- ✓ I have read the Participant Information Statement and have been able to discuss my involvement in the study with the researchers if I wished to do so.

- ✓ The researchers have answered any questions that I had about the study and I am happy with the answers.

- ✓ I understand that being in this study is completely voluntary and I do not have to take part. My decision whether to be in the study will not affect my relationship with the researchers or anyone else at the University of East Anglia and the PFA, either now or in the future.

- ✓ I understand that I can withdraw from the study at any time.

- ✓ I understand that I may stop the interview at any time if I do not wish to continue, and that unless I indicate otherwise any recordings will then be erased and the information provided will not be included in the study. I also understand that I may refuse to answer any questions I don't wish to answer.

- ✓ I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.

- ✓ I understand that the results of this study may be published, and that publications will not contain my name or any identifiable information.

I consent to:

- **Audio-recording** YES ☐ NO ☐

- **Reviewing transcripts** YES ☐ NO ☐

- **Would you like to receive feedback?** YES ☐ NO ☐

If you answered **YES**, please indicate your preferred form of feedback and address:

☐ Postal: ____

____

☐ Email: ____

....

Signature

....

PRINT name

....

Date

Appendix C

List of Interview Questions

1. Could you give me some history about your football career?
2. What does well-being mean to you?
3. What does mental health mean to you?
4. Could you talk about a time that you experienced mental health issues during your playing career?
5. What were your experiences with regards to talking about mental health as a professional footballer?
6. What would have helped you talk about any mental health issues you were encountering?
7. How did you find out about the PFA services?
8. How was accessing the support?
9. Considering your experiences with mental health, what advice would you give to a young footballer who is dealing/struggling with mental health?
10. What would you like to see implemented in football?

Appendix D

Recorded Research Interview

Transcript

M. Hi, thank you for participating in the research interview around mental health and well-being for current professional footballers. This interview is going to be about your experiences what you've encountered, what you've experienced and what you fell should be implemented at a later stage. If there are any questions that you are not comfortable with not a problem, we can move on from this. So, let's just start with your name and a little bit about your football career up until now.

X. My name is [X] and I am currently at championship club my footballing journey has been a bit of a roller coaster career, started off at a premier league club at 15 and progressed to division 2 club at 17, then onto a championship club and then back to a premier league club at 20, so my career was sort of fast tracked for 5 years and it was like a whirlwind and I was also delighted to make my debut for my country in that time. But since then I have had a bit of a roller-coaster been up and down and had some loan spells and to find myself here just back in the team and trying to get back to enjoying my football and currently in a good place.

M. Tell me about the loan spells and being a young player, what was that like?

X. So first my loan spell at [CLUB] was a fantastic time and probably my favourite time down there I was 17 and not long out of school I moved down there with two fellow team mates and spent the year in a hotel and looking back on it it was quite tough. Just getting first team football was quite important and learning to deal with the pressure people fighting to pay their mortgages and people fighting to pay their rent was quite interesting. Learning to deal with that and getting an understanding of that was vital. I then went to the championship which gave me a bit more taste of what it's like in the limelight and to get a bit more of the limelight, so they were brilliant learning curbs.

M. Now coming back to your parent club, what was that like?

X. Coming back, it was difficult if I'm honest with you, because you still treated as a child and by that time I had played I think it was 90 games so I was treated like a child even though I wasn't because I had been there since the age of 16 because that's how they saw me so it was difficult to earn the right to play. But when I got my chance, I took for about 20 games then a couple of mistakes happened, and the manager dropped me and that was my first experience of dropping to the bench and that hit me hard and I don't think I dealt with

that well. I really struggled and then made a knee jerk reaction to join another club which I don't regret as I very much enjoyed working under that manager and being made captain, but on reflection I wish I was a bit more patient.

M. Having been on an emotional roller coaster at the clubs you were on loan too and then coming back to our parent club and being treated like a kid, what does well-being mean to you?

X. Well-being it's interesting as I had this conversation on the way in this morning about how as a youngster you can be in the team one minute then out the next and the same as being in the squad and not even getting a look in, it's something that I have experienced first-hand. And who is there to talk too, the manager has his hands full for one and if I'm being brutally honest, I don't think they want that confrontation either to be questioned and challenged as to why you're not playing. So, I feel it's difficult at times, but I would speak to my dad and he'd be there for me of course but he wouldn't understand the journey of a footballer and what it's actually like to go out and train and build your confidence back up again to earn the right to get back in the team and feel confident. So, I felt during that period if I could have had someone there to support me and share who's been through because from my personally experience this is vital someone has already been through and someone that I can really relate too and I think that helps. And I try my best to speak to the youngsters when I see their heads drop just to let them know that there not alone because it can be a lonely place.

M. Moving on from that as we have your understanding well-being, what would mental health mean to you, what comes to mind?

X. A wide variety of things, being someone who's suffered with mental health myself with addiction and depression and all the other things that come with that sort of springs to mind because it can happen inside and outside of football. It is what it is, but in terms of mental health in football, I go back to the loneliness the loneliness is such a keep part of it for me. What do you with your time when you finish work at 1pm, with so many hours left in the day alongside being away from home and your family. They are difficult, difficult periods and they often just brushed aside. You get a pat on the shoulder you're a big man you can handle it, but deep down inside sometimes you don't feel like that so I think mental health can be a wide variety of things. And like I said I have obviously suffered from addiction myself and it's something I treat very seriously.

M. Could you talk about a time that you experience mental health issues in your playing career?

X. Yeah most of it (laughs) I'd say since 17 were I got away with it, my obsession was football and my escape was I did everything all day training, ice bath, I did everything I could to be that I can. But the following year the money went up and I'm saying money plays a

part, but I think money prolongs your pain and it just takes longer to hit the bottom. However, the following year at [CLUB] that's when my life began to change, I was then able to have the comforts and luxuries that come and the freedom that it bought eventually brought me to my knees. Late night binges late nigh casino's and going there to try and perform and was a very difficult cycle and as I began to be more in the public and it was horrific I use to wake up from a blackout and not remember what happened the night before and then people tweeting about and using all forms of social media that is out there and then that brings the shame that then starts the cycle, that I can't deal with the shame and embarrassment and then want to escape again and the cycle continues.

M. Ok, cool…. What your experience of talking about mental health as a footballer?

X. Erm it's something that I haven't spoke about to much but have recently I came out publicly to share my story so it could encourage others to do the same. I think it has a few people have spoke publicly and a few people have reach out to me. I kind of taken on a role as a counsellor but I like to push them to the PFA and counsellors that I've worked with and have trusted. But in terms of initially speaking out I first spoke to a few managers and not to mention names but there was no understanding of what I was going through and all they would say is "get back out on the pitch, it will be alright" but there's only so much and it comes to a point when the pitch isn't going to solve it as it was deeper then that and it got to a stage where it was taking over my life. There were times when I couldn't make training and to be honest, I'm fortunate that I'm still sitting here with a job.

M. what do think would help talking about mental health issues?

X. Knowing that it's ok, knowing that people get it. As I said at the start, I want to speak to someone that's been through it and feeling comfortable speaking to them. Having people like that would help. And not being judged for it, I feel a lot of the time you are judged and as a footballer when you open up your heart you will often get wounded for it. So, I can understand why people protect themselves because I did that for a number of years. But I think it's important as we are having a breakthrough right now and I think there's an opportunity for a lot more people to come forward and share their experiences and hopefully that will encourage others out there.

M. Can you record a moment in your life when you needed to seek help?

X. Yeah, I can recall several moments but it's funny because I always use to ignore the depression and say is the addiction, it's the addiction, if can stop the gambling I will be ok. But sitting here now I realise it was the constant need to escape, so it didn't matter whether it was the woman, gambling or the alcohol whatever it would be that was my preface that was my choice of escapism and a constant need to escape and what I was escaping from is what I am now discovering in therapy that there is a constant need to run. I have 7 or 8 clubs and realised I am running from one club to another because of the constant need to run. So why decision to stay at my current club was based on that and I wasn't going to

run anymore I'm going to stay and work through my demons, I have a manager that is willing to work with me…. So, I'm not going to run.

M. Considering your experience with mental health what advice would you give someone who's struggling with mental health?

X. I think reach out to somebody, but I think that's an obvious answer, but I am thinking reaching out to somebody you trust, or it could be somebody that you don't know. There are many different avenues it just what avenues you feel comfortable with. But I think stepping away from football I think the PFA is a great governing body to come and speak to you, because you're not judged and you're not going to be dropped for speaking your mind. There are people there that understand you or go and see a therapist. Go see one, two or three until you find the right one. I've seen 10 until I found the right one and you know if it's addiction the anonymous meeting are incredible and going to them I have met some incredible people that I have created a support system around me and is vital in my everyday life. I was in Sheffield the other day and I went to a meeting so I could connect with other people and I came out of there ok and I bided myself another 24hrs.

M. The perception is that footballers have a load of money and shouldn't have any mental health problems, what are your thoughts?

X. It's such a myth, it's incredible, like I said the more money you have you can decide what you want to drop. I think the money irrelevant and for me personally the money masked a lot of things that were going on. Because people and family members knew I was struggling but couldn't say anything and couldn't confront on anything because hold on I'm paying the bills and I have all the houses and it's difficult for them to challenge me. But if was the opposite and I was on the street they would tell you to pick yourself up and sort yourself out. I think the money masked a lot of things that was going on for me and sugar coated a lot of the internal damage that was happening and It definitely allowed me to do more damage because with money it opens doors for you that ordinarily these doors wouldn't open. Yeah, it's been a bit of a nightmare during that time but however I have worked very for the money in a very high-pressured environment, and they earn that money and what they choose to do with it is their choice. Listening I wish I was more sensible but would have helped to have been schooled from an early age about your money through people you can trust. A lot of what I have found in football is trust people because there are a lot of people that are vultures that are trying to take your money.

M. we have the first PFA mental health and well-being conference???

X. Be patient with the individual because they are not going to get it overnight, and they will make mistakes along the way, it's not plain sailing that's firstly. Secondly refer help outside if you go to see your manager about your injury he tells you to go and see the physio but if you have mental health issue they want to fix you by telling you you've got to do this

and you've got to do that so refer to outside help to those who have been through or have studied it and that's the step to do for people to understand that this is outside of my remit so I need to refer outside. And I think lastly to have some sort of comfort I don't think there's enough comfort in football it's a brutal industry and underneath it all it's a business, but I think just having some sort of comfort whether that be the physio or the manager or the doctor. The doctor was great he was my first point of call went and spoke to him made me feel comfortable and then talked to the manager and then Les, I think this is a very important role to have.

M. Lastly is there anything you'd like to add?

X. Nah not too much, I would just like to add from a media perspective I think it's all about selling papers nowadays there is no concern about the person that's suffering and having experienced that myself when I was going through a very difficult time and there was know where to turn I think the more you realise that people are struggling the less it get laugh about when it does hit the papers and I'd love to boycott them all but it's just not realistic, and I'd just like for people to have a bit of compassion and recently through my article the amount of people that have come up to me is it is common it's very common. Yeah, I think that would be my only wish it to put things out there publicly leave of the people that are struggling and have some compassion.

M. Cool, thanks.

Appendix E

Recorded Research Interview

[redacted]

??/12/2017

Transcript	
M. Hi [redacted] thank you for participating in the research interview around mental health and wellbeing for current professional footballers. This interview is going to be about your experiences what you've encountered, what you've experienced and what you fell should be implemented at a later stage. If there are any questions that you are not comfortable with not a problem we can move on from this. So, let's just start with your name and a little bit about your football career up until now.	
S. My name is [redacted] and I am currently at [redacted] my footballing journey has been a bit of a roller coaster career, started off at [redacted] at 15 and progressed to [redacted] town at 17, [redacted] and [redacted] premier league and back to [redacted] premier league at 20, so my career was sort of fast tracked for 5 years and it was like a whirlwind and I was also delighted to make my debut for [redacted] in that time. But since then I have had a bit of a rollercoaster been up and down and had some loan spells at [redacted] and [redacted] and find myself here just back in the team and trying to get back to enjoying my football and currently in a good place.	① early ② Fast-tracked / whirlwind ③ Rollercoaster / up and down ④ Lost the enjoyment
M. Tell me about the loan spells at [redacted] and [redacted] and being a young player, what was that like?	
S. So first my loan spell at [redacted] was a fantastic time and probably my favourite time down there I was 17 and not long out of school I moved down there with [redacted] and [redacted] and spent the year in a hotel and looking back on it it was quite tough. Just getting first team football was quite important and learning to deal with the pressure people fighting to pay their mortgages and people fighting to pay their rent was quite interesting. Learning to deal with that and getting an understanding of that was vital. I then went to [redacted] the following which was a step up in the championship gave me a bit more taste of what it's like in the limelight with [redacted] being there I started to get a bit more of the limelight so they were to brilliant learning curbs followed by [redacted] in the premier league.	⑤ Hotel / Alone / Isolated left to get on with it at a young age. ⑥ Dealing with pressure ⑦ Limelight.
M. Now coming back to [redacted] what was that like?	
S. Coming back to [redacted] it was difficult if I'm honest with you, because you still treated as a child and by that time I had played I think it was 90 games so I was treated like a child even though I wasn't because I had been there since the age of 16 because that's how they saw me so it was difficult to earn the right to play. But when I got my chance I took for about 20 games then a couple of mistakes happened and the manager dropped me and that was my first experience of dropping to the bench and that hit me hard and I don't think I dealt with that well. I really struggled and then made a knee jerk reaction to join [redacted] which I don't regret as I very much enjoyed working under [redacted] and being made captain, but on reflection I wish I was a bit more patient as you've only got to look at were [redacted] are now.	club treating him like a ⑧ Child / Not allowed to grow up. ⑨ Dropped / Not worthy / No self-worth / not in control

Appendix F

Participant pseudonym (and code)	'Snowballing of self'	'Great expectations'	'Hard-knocks and set-backs'	'Under pressure' – or denying it.	'Becoming detached'	Hiding feelings	Being controlled
Florence (P1F)		*…I guess I had a point to prove…*	*[a sense of] powerlessness… when those two emotions are left to brood- it turns into depression.*	*… athletes and sports people put a lot of pressure on [their] self*		*Because, I don't talk to my parents about my mental health at all, they just don't have the emotional understanding…*	*...basically in one meeting they said that I had a choice, and the next day they made the choice for me…power out of my hands – frustrating*
Holly (P2F)			*…and that thing about the physical and mental injury - what's the difference?*		*..the loss of emotions because I had no emotion and [then] not caring about people…*	*in fact, the time I was out there was when I encountered my first mental health issues. For me it was like several life stresses all came at one time and erm developed in some sort of anxiety and depression for around 8-10 months in [year]…*	*one of the things for a control mechanism was food, and I didn't eat enough I ate and didn't have an appetite, I love my food but I used that making sure I ate right. Felt like I couldn't control anything but I could control my eating.*
Charlotte (P3F)	*... I think you can see people smiling but inside it can probably be covering a lot up.*	*… from the outside the perception is that footballers should be happy and are living this dream job and I know for me I am doing my dream job but every day is not easy and there are going to be hard days*			*…I didn't have anyone close that I could talk to…*	*…it's important to have people around that understand that you have feelings …*	
Billy (P4M)			*Injuries were a big part of my time there - when I got in I had a serious injury which knocked the hell out of me.*	*I think the clubs can do a lot more and I think the need to do a lot more. I don't think they understand the pressures go with it.*		*Well I made sure I didn't cry because of the way banter was in football, and the kind of player I was, I was kind of looked at as a tough player so you 'hold back' and your 'pushing down your feeling*	*after 3 days there I lied in bed and just cried my eyes out. I thought I've got to go home and the next day I come up with some excuse it wasn't the truth but it wasn't far from the truth and it gave me an out,*

Tom (P5M)				*I just wish that I had spoken a bit more rather than let things just allowing things to build up and then it manifest its self in an outburst,*			*like a manager's style of playing football or his man management… I would struggle to adapt to change really.*
Elliott (P6M)		*it's been a bit of a nightmare during that time but… I have worked very hard for the money in a very high-pressured environment*		*I moved down there with RM and JO and spent most of year in a hotel and looking back on it was quite tough. Just getting first team football was quite important and learning to deal and deny the pressures …*		*there is no concern about the person that's suffering and having experienced that myself when I was going through a very difficult time and there was nowhere to turn*	
Alex (P7M)	*You don't tell your team mates as you think they are out to get you and will leak stuff to people and you don't want to tell your Manager because they are people that think they have done well in the game and think that this is football, and this is it.*	*you need to recognize that actually what you are doing here is that you are catastrophizing, you are destroying yourself by criticizing yourself such minor errors.*	*I think the culture is rotten It is a dog eat dog culture*	*What was that like? I remember doubting myself, thinking everyone was better than me. I remember doubting whether I'd get that opportunity. … And to get to that point, you've got to sacrifice all,*	*never having the confidence to go with the 1st team, like when I went up with them I'd go in my shell, it probably took 1-2 months to come out of my shell*	*you know what when you have these experiences you need to share, you need to talk,*	

Mark (P8M)	*I likened it to a snowball effect, I […] did well and that snowball grew, […] you're playing in the premier league and … you win the league cup and get called up to England and your snowball is a giant..*		*My [mental health problems] was because of an accident and not being able to get the super ego back that I had invented for myself*		*I've only found that out in the last few years as they didn't divulge that to me people were ashamed and weren't willing to let their teammates know that they were seeing someone but when it's in private it's easier to access*	*Some people will be like me and say 'nah I don't need a psychologist' and have that super ego and think they are special. I thought I was but the episode I had proved that I wasn't and really opened my eyes.*	
Troy (P9M)		*…there were positives, but being up there for 2 weeks in a hotel room, none of my mates or family around, complete strangers- you are trying to fit in to this new club, it's on you to do it,*	*That's the lowest point I have felt. It was shocking as at that age you see a football club as a big umbrella, organization that would never fail, especially a championship club.*		*You are in a unique position as you are not allowed to do anything, and you see things and think that's not best for you. Seeing my mates enjoying their summer was really difficult, I felt lonely, you see them but feel distant from it all.*		*You think they won't do you bad and then all of a sudden to get that, I was shocked, very, very uncertain of what would happen next. I just wanted answers… you feel like you are in control and got coaches directing you what to do and then you are stranded…*
Stephen (P10M)							*I wanted to find out in regard to my position as it was very contradictive and the coach he had no say in any of it in terms of contracts, it came from higher up the U23 Manager, the Directors they were the ones.*
Anthony (P11M)			*I tore my tendon, I was in agony, I remember the pain, felt it pop, ball came back, a through ball, I'm stood there going……. aching like anything. I half hobble out, get the ball, throw it out at a player.*	*I was a big depressive state. What's my purpose? what am I doing? I'm injured, I can't even help you, I can't do this, why should I do it.*			*But with him I'm like, 'I don't know if he's gonna bloody play me or drop me to the youth team for the next day…*

Charlie (P12M)			*so just being injured in the injury room sitting there day in day out you're almost being forgotten by the coaches…*	*The pressure you know is a lot, the pressure to perform and one thing is you have to do a lot of growing up…*		*I have just 'skipped over that problem' and I think that's kind of my 'suppression of stuff' …but yeah there was problems.*	