

MENTAL ILL HEALTH STORIES OF ELITE ATHLETES

3 Enhancing coach understanding of mental ill health through the identification of temporal
4 themes in athletes' stories

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11 Abstract

12 In elite sport, research has highlighted significant incidence of athletes experiencing mental ill
13 health. The aim of the present study was to make sense of stories that elite athletes tell about
14 experiencing mental ill health, through sampling the autobiographies of four male, elite
15 cricketers. In each book, the player spoke in detail about mental ill health, and how this
16 impacted on their international career. Horizontal and vertical analyses of the data resulted in
17 six progressive themes being identified, from *Early Warning Signs*, *Fluctuations of Mental*
18 *Health*, *Build-up to the Severe Incident*, *the Severe Incident*, *the Recovery Process*, to
19 *Relapsing*. Findings are considered in line with how they might be used to meet the call to
20 develop mental health literacy, in aiming to help coaches and other psychology support staff
21 understand more about the process of athletes who experience mental ill health across their
22 career.

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24 Key words: mental health, demands, autobiographical data, mental health literacy.

25

26 **Enhancing coach understanding of mental ill health stories told by elite athletes**

27 The World Health Organization defines mental health as, “a state of well-being in
 28 which every individual realizes her or his own potential, can cope with the normal stresses of
 29 life, can work productively and fruitfully, and is able to make a contribution to her or his
 30 community” (WHO, 2014). Good mental health, just like physical health, allows people to
 31 function more optimally, and Gorczynski et al. (2019) highlight how enhanced understanding
 32 is the basis of any mental health promotion strategy. Conversely, mental ill health has been
 33 demonstrated to adversely affect other aspects of overall health, daily living, and sporting
 34 performance (Newman, Fletcher, & Howells, 2016). Rice, Purcell, De Silva, Mawren,
 35 McGorry, and Parker (2016) highlight the intense demands that elite athletes face and
 36 research findings have demonstrated the significant incidence of mental ill health in elite
 37 athlete populations (e.g., Gorczynski, Coyle, & Gibson, 2017). Thus, there is a need for
 38 research to produce accessible narratives that can help coaches to understand better the
 39 occurrence of mental ill health in elite sport environments, to enhance the support coaches
 40 might offer athletes.

41 The WHO’s definition of mental health refers to the ability to ‘cope with normal
 42 stresses of life’. The term stressor has been used to express environmental demands
 43 encountered by individuals (Fletcher, Hanton, & Mellalieu, 2006) and coping refers to
 44 deliberate cognitive and behavioural efforts to manage specific external and/or internal
 45 demands that are appraised as stressful (Lazarus & Folkman, 1984). Research, focusing on
 46 competition stress, has been informed by Lazarus and Folkman’s (1984) transactional
 47 perspective that stress is an ongoing transaction between the environmental demands and the
 48 resources a person has. How the person responds to such transactions is termed cognitive

49 appraisal. Primary appraisals are evaluations of the impact stressors have in line with an
 50 individual's personal goals, values, and beliefs. Secondary appraisals focus on the
 51 individual's options for coping, and the control they have over this coping.

52 Appraisals of the environment can influence the individual's emotional and
 53 behavioural response. For example, on top of the training and performance demands of an
 54 elite environment, athletes face a number of other stressors, including the pressures of
 55 increased public scrutiny (e.g., from public, media), injuries, and career transitions (e.g.,
 56 Hanton, Fletcher, & Coughlan, 2005). If an individual doesn't believe they have the resources
 57 to cope in a sporting environment, the situation is likely to be perceived as harmful or
 58 threatening, with negative responses predicted (Neil, Fletcher, Mellalieu, & Hanton, 2007).
 59 The ability to deal with the demands of elite performance environments and mental ill health
 60 is key to sporting excellence (cf. Fletcher & Arnold, 2017).

61 Researchers have investigated stressors faced and the associated coping strategies in a
 62 variety of high-performance environments including elite adolescent golfers (Nicholls, Holt,
 63 Polman, & James, 2005), and professional cricketers (Thelwell, Weston, & Greenlees, 2007).
 64 Such studies focussed on the use of single interviews with elite participants to describe and
 65 illustrate stressors and coping strategies. Miles, Neil, and Barker (2016) highlighted that such
 66 qualitative studies typically used a snapshot approach, considering one transaction at one
 67 moment in time. Underpinned by Lazarus and Folkman's theorizing (1984, 1991), Miles and
 68 his colleagues considered the temporal process of the stress, emotion, and coping (SEC)
 69 experiences of elite cricketers over seven days that led up to the first competitive match of the
 70 season. Their findings illustrated a range of stressors around performance goals, as well as
 71 organisational and personal stressors that occurred outside the performance environment. To

72 follow up this study, Neil, Bowles, Fleming and Hanton (2016) used reflective diaries and
 73 interviews to understand the SEC experiences of three male cricketers over five competitive
 74 performances. Neil et al. aimed to understand more about how SEC experienced changed
 75 during this series of performances and found that if the cricketers made negative appraisals
 76 linked to goal attainment, they appraised this as threatening which in turn resulted in negative
 77 emotional and behavioural responses. We aim to expand on this research by applying Lazarus
 78 and Folkman's (1984) transactional process of stress to consider these experiences over a
 79 longer period of a player's career. Furthermore, we consider the SEC process in the context of
 80 players who have experienced severe mental ill health in their career and aim to identify key
 81 themes that can help coaches to understand these narratives.

82 As mental ill health is a challenging topic for athletes to discuss openly, this presents
 83 difficulties for researchers exploring the incidence of mental ill health in elite samples. Coyle,
 84 Gorczyński, and Gibson (2017) did use qualitative approaches to explore the way elite divers
 85 conceptualized and experience mental ill health. Interviews with eight divers revealed the risk
 86 factors for mental ill health in their environment, and the lack of support networks available.
 87 As well as the use of traditional interviews, researchers have also used autobiographies as a
 88 data source to explore the demands of an elite environment. Howells and Fletcher (2015)
 89 sourced the autobiographies of eight Olympic swimming champions, to explore adversity-
 90 related experiences. The results highlighted a variety of developmental and external stressors
 91 the athletes faced, and traumatic nature of such experiences. The analysis also illustrated ways
 92 the athletes attempted to deal with such adversity, including seeking meaning in their
 93 experiences, and looking to others for support. In cricket specifically, Smith, Arnold, and
 94 Thelwell (2017) reported a range of stressors that international cricket captains reported in

95 their autobiographies, such as managing the dual roles of playing and leading, scrutiny from
 96 the media, and a range of unexpected, extreme situations. While much of the research has
 97 focussed on stress and coping, better understanding of how this relationship develops over
 98 time is required to specifically address to incidences of mental ill health in highly stressful
 99 sporting environments.

100 Pertinent examples of this kind of work comes from Newman, Fletcher, and Howells
 101 (2016) and McGannon and McMahon (2019) who both used autobiographical data to
 102 investigate mental ill health in elite sport populations. Newman and her colleagues (2016)
 103 investigated the link between depressive experiences and the relationship with sporting
 104 performance. Within the findings, a range of internal stressors (e.g., self-loathing, social
 105 anxiety and self-criticism) and external stressors (e.g., bereavement, family health concerns,
 106 and relationship breakdowns) were identified that had a debilitating impact on their mental
 107 health. While Newman et al. sampled a variety of stories concerning mental health, quotes
 108 were rarely reported in any great depth. For example, the experiences of Marcus Trescothick,
 109 who wrote at great length about his experiences of struggling with mental health, were only
 110 illustrated with the following; ‘The symptoms were so intense that he was forced to leave the
 111 field of play mid-match during a tour warm-up game in Australia: “I knew it was over. I
 112 asked the umpire if I could go off for a leak and I never came back” (p.9). We extend this
 113 work by exploring the mental health stories of a smaller number the athletes in much greater
 114 depth. McGannon and McMahon examined the disordered eating of two high-profile female
 115 swimmers. Their analysis identified numerous key turning, for example, the struggles with
 116 body image, acceptance, and relational changes, that highlighted key aspects of struggle and
 117 recovery occurring throughout the athletes’ careers. Similar to McGannon & McMahon, we

118 aim to extend this work by exploring the mental ill health stories of a small number of athletes
 119 in much greater depth. We consider how stressors develop over time in a homogeneous
 120 sample of athletes (same level, sport, team) thus allowing us to identify key similarities of
 121 experiences over time in this specific context. Cricket was chosen as a pertinent sport to
 122 explore due to suggestions that its unique demands (e.g. of being away from home for long
 123 periods of time) can cause mental ill health may be particularly prevalent (e.g. Schout, 2019).

124 In their review of mental ill health suffered by men in elite sport, Souter, Lewis, and
 125 Serrant (2018) highlight that instances of mental ill health are receiving more publicity due to
 126 male athletes sharing their experiences. The sharing of these stories addresses the calls of
 127 Henriksen et al. (2019) and Gorczynski et al. (2019) to develop mental health literacy, which
 128 is a strategy that promotes “knowledge and beliefs about mental disorders which aid their
 129 recognition, management or prevention” (Jorm et al., 1997). Narrative learning theory (Frank,
 130 2010) focuses on the use of stories to make sense of the complexity of life. Narratives can
 131 guide our attention, affect how we behave and think, and encourage imagination to allow
 132 practitioners to identify with the characters and scenario presented (Brockmeier, 2009).

133 Therefore, in the current study, we aim to unite stories about mental ill health through
 134 the use of stories that elite cricket athletes tell through their autobiographies. While coaches
 135 could read the individual stories themselves, we aim to produce a coherent narrative that can
 136 be used to enhance coach understanding by giving coaches greater appreciation of key and
 137 common issues concerning mental ill health of athletes. Furthermore, we will consider the
 138 temporal process of mental ill health, and we hope that such a narrative of how mental ill
 139 health occurs will help coaches to better identify and support such athletes. We are not
 140 attempting to produce a general model of how athletes or others might experience mental ill

141 health but to make sense of stories that elite athletes tell about experiencing mental ill health
 142 in a way that is accessible to coaches.

143 **Method**

144 **Philosophy and design**

145 This study was underpinned by interpretivism; ontological relativism (reality is
 146 multiple, created, and mind-dependent) and epistemological constructionism (knowledge is
 147 constructed and subjective). In line with this underpinning philosophy, we acknowledge the
 148 active role the authors played in the co-construction of knowledge. Both the first and second
 149 authors are university lecturers, and in their position, they are seeing an increasing number of
 150 students with mental ill health. A curiosity and a drive to better understand mental ill health
 151 provided an initial motivation to carry out the research. Both authors read published
 152 autobiographies of elite players and consider in more depth what these stories tell us about
 153 mental ill health. In line with the interpretivist underpinning, a qualitative approach was chosen
 154 to access and analyse autobiographical data. Such an approach allows an investigation of
 155 subjective meanings individuals attribute to life events, which in the current study, allowed
 156 the examination of problematic moments relating to mental ill health (Denzin & Lincoln,
 157 2011). Autobiographies were considered an appropriate source of data due to, their
 158 availability, and the illuminating insights such books provide into the lives of elite athletes in
 159 terms of the richness of the stories about the athletes' experiences of mental ill health through
 160 their sporting career (Sparkes & Stewart, 2016). A further advantage of using autobiographies
 161 in the current study is that they can be utilized as a pedagogical resource, to educate and
 162 illuminate coaches about sensitive topics, as autobiographies are accessible and relatable, and
 163 provide an insight into the emotional life worlds of athletes (Sparkes, 2004).

164 **Sample**

165 A criterion-based purposeful sampling was used, in which the researcher
 166 predetermines a set of criteria for selection (Patton, 1990). The first criterion for inclusion was
 167 that players had played in the last 20 years, thus accessing autobiographical accounts more
 168 reflective of the current era (Crossley, 2000). The second criterion was that they had played
 169 cricket regularly at an elite level, with players chosen all classified as elite as they had played
 170 at international level for England (Swann, Moran, & Piggott, 2015). The third criterion was
 171 that players must have written at length in their autobiography about mental ill health that
 172 they experienced when playing international cricket. The final criterion was that players has
 173 experienced severe mental ill health. Following application of the inclusion criteria, three
 174 autobiographies were selected, Marcus Trescothick, Mike Yardy, and Jonathan Trott. All
 175 were cricketers who each outlined how their mental ill health affected them so severely that it
 176 led to them returning home from international tours and ultimately led to the end of their
 177 international playing careers. A fourth book was subsequently selected, by Steve Harmison,
 178 who didn't stop playing due to mental ill health, but on reading his book, he clearly illustrated
 179 suffering from severe mental ill health that did impact on his participation at international
 180 level (i.e., considered quitting the sport due to mental ill health). A brief synopsis of the
 181 careers and the mental ill health each player experienced are presented in Appendix A:

182 **Procedure and analysis strategy**

183 After sourcing the autobiographies, the first author read through each book and
 184 identified anything within the stories that related to mental health, which provided the dataset
 185 for the current study. In line with recommendations of Braun, Clarke, and Weate (2016), the
 186 first author conducted a thematic analysis of the dataset. This initially involved the first author

187 immersing himself in the data by reading and re-reading it, and derived initial codes to
 188 highlighting interesting features within the data. Next, data applicable to each code was
 189 organized to create overarching themes. This process involved considering the relationships
 190 between the codes and themes both horizontally, in terms of themes across the dataset, and
 191 vertically, in terms of the temporal nature of how the stories unfolded. Clarke, Hayfield,
 192 Moller, and Tischner (2017) suggested that analysing the vertical patterns within data is a
 193 useful addition to identifying horizontal patterns when analysing storied data. For example,
 194 Braun and Clarke (2013) identified the vertical patterns when exploring the story progression
 195 of a young woman ‘coming out’ to her parents as non-heterosexual. In the present study, we
 196 considered the vertical patterns of how mental ill health developed over time in each player’s
 197 career, and thus, considering the temporal process of their experiences allowed the analysis to
 198 ‘retain a sense of the storied nature of the data’ Clarke et al., 2013, p.27). To illustrate our
 199 analysis process, one of the original themes, titled ‘deterioration of mental health’, included
 200 information about coping approaches, as the coping occurred in the period that the
 201 deterioration was covering (i.e., vertical pattern). After consideration, we altered the theme
 202 title to ‘fluctuations of mental health’ to allow us to incorporate this element and reflect more
 203 fully the horizontal pattern in this element of the data.

204 Alongside the overall analysis process, the authors created a number of visual
 205 representations to illustrate the themes within the data. Creating and refining these diagrams
 206 (which can be viewed in the supplementary file) further encouraged critical thinking about
 207 how the themes related to one another both horizontally and vertically (Clarke et al., 2017).
 208 Themes were then reviewed in relation to the overall story the themes told about the players’
 209 experiences of mental health through their career. This resulted in six progressive themes,

210 from i) early warning signs; ii) fluctuations of mental health; iii) build-up to the severe
 211 incident; iv) the severe incident; v) the recovery process; to vi) relapsing.

212 **Rigor**

213 Numerous steps were taken to enhance the rigor of the study. For example, the second
 214 author acted as critical friend to the first author at all stages of the research process, for
 215 example, in the data by encouraging reflection upon interpretations of the findings, and
 216 challenged the exploration of alternative explanations (Smith & McGannon, 2017). The first
 217 author also kept a reflexive journal throughout the study (examples of these memos can be
 218 seen throughout the supplementary file, and inform the development of the analogy). The
 219 reflexive writing aimed to move beyond reflection, to allow a critical exploration of both what
 220 we know, and what we don't know, in relation to understanding the knowledge and values the
 221 researchers bring and how this can impact on the analysis (Bolton, 2014). As such, reflexive
 222 writing is in line with the constructivist epistemology underpinning this work, and provided a
 223 further stimulus for discussion with the critical friend about the rigor of the analysis process
 224 (Tracey, 2010). In addition, further quality indicators might be considered (Smith & Sparkes,
 225 2014) which include worthiness of the topic, credibility, meaningful coherence, and
 226 generalizability. For example, thick quotations are provided in the results to enhance
 227 credibility (Tracey, 2010) to allow the reader to reflect fully on the findings, and make
 228 connections with their own lives (e.g., players who have experienced mental ill health) or the
 229 lives of others (i.e., practitioners who support such players). Therefore, readers are invited to
 230 approach the results with these questions of worthiness, credibility and meaningful coherence
 231 in mind. We further consider the extent to which the results are generalizable more fully in the
 232 discussion.

233

Results

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Six themes were identified: i) early warning signs; ii) fluctuations of mental health; iii)

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build-up to the severe incident; iv) the severe incident; v) the recovery process; to vi)

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relapsing. Each theme is presented with rich quotations to illustrate the players' experiences

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of mental ill health.

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Early Warning signs

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The stories the players tell in their autobiographies appear to illustrate the initial

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incidents that negatively impacted their mental health. When each player talked about their

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career before the most serious mental ill health occurred, they each referred to elements that

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explained the deterioration of mental health, and indeed, signposted the more serious

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problems still to come. For Trott and Yardy, the roots of the mental ill health appeared to be

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linked to issues more directly related to playing cricket. For example, Trott talks about a

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decline in form in a test series against Australia, and the impact this had on his mental health:

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I had fallen further and further short of that mark as the series wore on. Everything I'd

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ever achieved was slipping away. I couldn't bear it. So I sat in the car instead... I saw

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the sun cruelly continue to shine despite my begging it, imploring it to disappear

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behind a rain cloud. Just briefly I considered driving my car into the Thames or into a

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tree. That way I could get out of the ordeal that loomed in front of me. I'd have an

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excuse. I could go back to bed.

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This quote from Trott highlights how, in his own mind, he wasn't living up to the high

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standards he had set himself, and the problems this created. Similarly Yardy appeared to be

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struggling stepping up from playing county cricket to international cricket. For example,

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when chosen for a squad to play a one-day series against Pakistan, Yardy recalled thinking,

256 “Great news. If only. When I received the call-up the first thing I thought was ‘I don’t want to
 257 go and play for England”. Yardy further described his state of mind at this time, saying,
 258 “Battles were raging inside my head. I kept trying to convince myself it would be fine. . .
 259 Keep busy, work hard. You’ll be fine”. Certainly, Yardy’s words indicated how
 260 uncomfortable he felt playing for England, and the apparent difficulties he faced. He also
 261 described the ‘battle’ that he was having with the stressor of playing for England, indicating
 262 how he viewed this as a fight. Indeed, around this time, Yardy described an incident where he
 263 was run out in a county game, and then not only blamed his teammate but was also very
 264 verbally aggressive towards the teammate. Yardy reflected how this was very much out of
 265 character, and talked about this happening as ‘things started building up again’, which
 266 indicates warning signs that he wasn’t coping well with stressors that may in turn increase his
 267 mental ill health.

268 Alternatively, for both Trescothick and Harmison, the core problems appeared to be
 269 linked with issues not directly concerned with cricket, but instead caused by principally being
 270 away from their families while playing. Both players talk about being away from home on
 271 international tours, and how their mental health deteriorated as a result. Trescothick recalled
 272 being on a tour to South Africa, and realizing very quickly that “something was wrong”. He
 273 remembered speaking to two members of England’s sport science support team:

274 I don’t feel right, here. I don’t feel myself.’ I told them I felt worried, more so than
 275 usual. I told them I was struggling to get a grip on what was happening, that I was
 276 sleeping poorly and not really eating much. I told them I was feeling very
 277 uncomfortable about being away from home and away from Hayley [Trescothick’s
 278 wife].

279 A very similar issue appeared to be the key aspect that had such a negative impact on
280 Harmison who also described struggles with being away from home on international tours.
281 With a young family, and away in Pakistan, Harmison described such struggles:
282 People called it homesickness when in reality it was much more than that. . . Have you
283 ever tried to tell a five-year-old that daddy's not going to be home for weeks on end?
284 At that moment I really wish I wasn't a cricketer.
285 Harmison spoke about staying in his own room feeling "panicky and really negative about
286 myself". He further described:
287 This was all about being away from home in a place where the way of life was a total
288 shock. . . I've never felt anything like it. I literally don't know what's going on. I'm
289 permanently anxious, I can't sleep, I can't eat."
290 Interestingly, Harmison reflected how this experience had a long-term impact; "The Pakistan
291 experience big-time triggered the mental health issues that would affect me, not just as a
292 cricketer, but as a person, from that point on. I was scarred for life".

293 **Fluctuations of mental health**

294 In this period, the players highlighted further stressors that impacted them, some
295 relating closely to the core issues highlighted above (e.g., form, confidence, being away from
296 family) and some additional stressors. For example, Trott spoke about negativity from the
297 media affecting him, even after a victory:

298 I gave an interview to BBC radio that night, all the questions were negative. It quickly
299 became apparent that the radio interview was representative of the views of a fair
300 proportion of the media. They were unimpressed with our victory. . . I was shocked".
301 Trescothick spoke of the changing demands of touring;

302 All you did on them was play, practice or travel, and grab the occasional game of golf
 303 on a rare day-off. That, coupled with the four-wall fever that can strike you when you
 304 are stuck inside a hotel... prior to moving onto the next one, was simply not a natural
 305 way to live. It creates extraordinary strains for the players not to mention their wives
 306 and families.

307 Trescothick uses the word ‘strain’ at this stage to describe the impact of such a tour, but again,
 308 being away from his family appears at the heart of the issue. At another point, he described
 309 the hotels feeling like “living in four-star prisons”, illustrating the negative aspects of such a
 310 way of living when abroad on a cricket tour.

311 In this phase, the players’ mental health would fluctuate, as they also reported various
 312 strategies in dealing with stressors which improved their mental health. Trescothick describes
 313 how simply playing cricket on tour helps enhance his mental health; “As soon as the cricket
 314 started, I would be able to put those feelings to one side and throw myself into playing or
 315 training. It was as though my sheer love of cricket...would conquer all ills”. Yardy describes
 316 how the captain consulting him and asking his opinion “was massive for my own confidence”
 317 and further saying how “you can never underestimate how great it is to feel valued by your
 318 captain”. Yardy also explains how being given responsibility for run-rate calculations
 319 impacted on him; “that small gesture made me feel great and I came away from the meeting
 320 where they told me feeling ten foot tall”. Such aspects appeared to help Yardy cope with the
 321 situation of playing for England and have a positive impact on his mental health.

322 The players also outlined how the support of those close to them was a help, with
 323 Yardy saying how he spoke to a sport psychologist, and both Yardy and Trott felt better from
 324 support from their family. Trott recalled speaking with his dad which “relieved much of the

325 pressure”. Yardy described also confiding with his wife and spoke positively about the
 326 support of his county coach. Harmison recalled speaking to numerous people including
 327 teammates, coaching staff, and trained practitioners, which he found a very positive
 328 experience, “I would go for a bit of a top-up in terms of counseling and to discuss where I was
 329 at. Talking had always helped.” Finally, Trescothick recalled feeling much better when his
 330 wife joined him on tour, and when in South Africa (after experiencing very low mental
 331 health), his pregnant wife flew out, “and a couple of days after we were reunited, I woke up
 332 one morning and realized I was okay. Whatever the problem had been, it was over”.

333 **Build-up to severe incident**

334 While each of the stories are unique to the four individual players, each player
 335 described a significant, key period of time that had a significant negative effect on their
 336 mental health. Trescothick recalled his wife calling him when he was on an international tour
 337 in Pakistan, which was a few months before his most severe incident in India. Her father
 338 having a bad accident had affected her, and Trescothick “felt helpless. Hayley needed me and
 339 I wasn’t there’. In a further conversation, his wife asked him to come home and Trescothick
 340 remembered how ‘ashamed’ he was of telling his wife he couldn’t. He recalled the
 341 physiological reactions he experienced “a shiver down the spine, for me it was more like a
 342 progressive freezing, vertebra by vertebra from top to bottom”, and the psychological feelings
 343 of guilt:

344 I let Hayley down almost as badly as it was possible to do. . . I almost cannot believe
 345 that I managed to persuade myself that my captain’s needs were greater than my
 346 wife’s, that the England cricket team was more important than my family. . . Staying
 347 on tour was, without doubt, completely and utterly the wrong thing to do. I have

348 carried the guilt with me ever since. It almost certainly contributed to the illness that
 349 was just around the corner.

350 Harmison’s build up to the most serious mental ill health also centered around going
 351 away on tour. He described arriving at the airport ahead of travelling to South Africa in 2004,
 352 and sitting on his own; “The time it’s worst is when I’m in my own head, on my own. That’s
 353 when the other thoughts come. ‘What’s Hayley doing? What’s Abbie doing? Emily? Where
 354 would I be now? Would I be doing this? Doing that?’ It weighs you down. A mental lead
 355 weight”. On arriving in South Africa, Harmison further outlines his feelings; “Everything is
 356 getting on top of me and I go to my room feeling anxious and depressed. I feel totally
 357 overwhelmed by what’s going on in my head. I feel panicky and really negative about
 358 myself”. Harmison’s family and what he is leaving behind dominate his thoughts, and when
 359 away in South Africa, these feelings intensify. He described the feeling as a ‘lead weight’, and
 360 things ‘on top of me’ to highlight a feeling of the pressure of the situation pressing down on
 361 him.

362 In Trott’s case, the key period took place on a tour to Australia. In the build up to this
 363 tour, he spoke about how “breaking down was beginning to be a habit”. He described doing
 364 well in the final match of a home series against Australia, but instead of experiencing positive
 365 feelings, he recalled how “a sense of dread crept over me. I couldn’t face the thought of going
 366 through it all again.... I was so exhausted by the mental struggle that cricket had become, I
 367 simply couldn’t take it any more”. Trott also described an incident when Australian fast
 368 bowler, Mitchell Johnson, had bowled a ball that struck Trott on the helmet which Trott
 369 perceived “exposed what was becoming a weakness”. Trott further described his negative
 370 feelings in more detail;

371 If you are struggling with the short ball, they talk about your courage. I felt I was
 372 being questioned as a man. I felt my dignity was being stripped away with every short
 373 ball I ducked or parried. It was degrading. It was agony. I wasn't actually scared of the
 374 ball or the bouncer. I was scared of failing. I was scared being made to look bad and
 375 letting everyone down.

376 The use of the word 'exposed' suggests how Trott's inability to deal with a bouncer left him
 377 not only exposed to the opposition fast bowler, but also, how his weakness was exposed to
 378 those watching. Strong phrases such as 'dignity stripped away', 'degrading' and 'agony'
 379 explained the low state of his mind, and as he explains that this, he reveals letting people
 380 down and the way others negatively perceived him had appears to have a big impact on him.

381 **The severe incident**

382 In each of their stories, there appears to be a key incident, which outlines the lowest
 383 point of their mental health, with the players describing in great depth their feelings, and we
 384 have selected some key quotes to illustrate these responses. Harmison is the one of the four
 385 players in our study who didn't return home from an international tour due to mental ill
 386 health. Nevertheless, going on a South Africa tour appeared to signal the most severe
 387 moments for him, with him saying that tour "was by far the worst". He describes being in the
 388 car on the way to the airport as:

389 A broken shell, a person who had turned himself inside out in despair something that
 390 has got its hooks in and isn't in any rush to let go. . . When it does, it will leave an
 391 array of scars as a reminder that one day, in all probability, it will be knocking on your
 392 skull and will be right back in there. . . I was thinking of crashing the car on the way to
 393 the airport. . . Those dark periods would always come at the start of the trip".

394 Speaking about being in ‘despair’ and his difficulties having ‘hooks’ that won’t leave him
 395 illustrate to the reader the depths of Harmison’s problems, to the extent that crashing his car
 396 would give him an excuse to not make the journey overseas.

397 Trescothick describes going on tour to India only four months after the health issue
 398 that had occurred while on tour in Pakistan:

399 The first thing that hit me, on the way from the hotel to the ground, was how affected I
 400 was by the sight of the beggars. . . I knew the drill as I had been here before, but here
 401 the streets seemed to be lined with them. Watching mothers carrying babies in their
 402 arms, pressing them at the car windows, tore my heart to shreds. They made me think
 403 of Ellie. . . Then I did load a DVD of Ellie playing at home and, almost immediately
 404 after it started, an overwhelming wave of sadness and anxiety swept over me. It was
 405 like someone had sucked my spirit out of my body... The black wings fluttered.

406 Exhausted, emotionally vulnerable, isolated and far from home, I was finally ready for
 407 the taking. . . My mind was racing, pulling itself apart in a hundred different directions.

408 I was sweating. And I could hear a loud banging noise – thump, thump, thump ... It
 409 was my heart. It wouldn’t slow down. And it was just so loud. I was terrified it might
 410 actually burst. Then came the pictures in my head, specific, enormous, terrifying,

411 images. What was happening at home?

412 Trescothick was affected by unpleasant images of the local people, and in particular, young
 413 children, which reminded him of his own daughter. Not being at home with his family appears
 414 to be the underlying stressor that led to this severe mental ill health. Trescothick also referred
 415 to the ‘black wings fluttered’ as a metaphor for the mental health impacting on him, and in
 416 such a poor mental state (e.g., ‘vulnerable’ and ‘exhausted’) he offers the metaphor of not

417 being able to fight off these problems, and prevent them having such a severe impact.

418 Trott illustrated the feelings surrounding a test match in Australia:

419 I wanted a distraction from the cricket. I couldn't sleep. . . My head throbbed and I
 420 started to panic at the thought that I had to get through a whole day's Test cricket
 421 without any sleep. . . I felt I was being led out to face the firing squad by the time we
 422 reached Brisbane. I was a condemned man. Helpless, blindfolded and handcuffed.
 423 Mitchell Johnson was to be my executioner. . . The effort of constantly needing to
 424 justify my existence, of avoiding the slings and arrows thrown by commentators, by
 425 the crowd, by the opposition, by the millions on Twitter, it was starting to warp my
 426 thinking. So I told him [team doctor] everything. I told him about the headaches, I told
 427 him about not sleeping, I told him about the panic attacks and of not being able to
 428 concentrate when out in the middle. I told him about the involuntary movements I was
 429 making when batting and of my anxiety of being judged by the world. And, within
 430 five minutes, it was decided that I should go home.

431 Trott describes in great depth the emotions he experienced before going out to play, that were
 432 affecting him physically and emotionally. Trott's key metaphor revolves around facing a
 433 'firing squad' and being as the mercy of an 'executioner', and illustrates this situation that he
 434 was 'helpless' to avoid being impacted by the situation. Yardy also outlines the negative
 435 emotions he felt before a World Cup match in India, and his relief when someone else became
 436 aware of this:

437 It should have been one of the highlights of my career. Instead, I remember standing in
 438 front of the mirror in my hotel room wishing I could pull my own face off and be
 439 someone else. I didn't want to be Mike Yardy anymore... No one in the England

440 management team knew me better than Mushtaq Ahmed... He was a friend as well,
 441 someone I could confide in. He came over. I must have looked terrible, that same
 442 haunted expression I'd been staring at for the last few days in the mirror of my hotel
 443 room. "Yards, go home." That's all. Not that he needed to say anything else. He knew.
 444 I knew. My first thought was one of overwhelming relief because someone had
 445 recognized I was struggling and, more importantly, was making a decision for me. I
 446 wouldn't have to confess how I really felt to anyone.

447 (A further consideration of the players' experiences of severe mental ill health, and the
 448 language they use to describe these situations is provided in the supplementary file).

449 **The recovery process**

450 The players illustrated some of the strategies they put in place in this recovery period
 451 to help move them improve their mental health. All players spoke to practitioners to help
 452 them in this process. For example, when Trott met with someone, he spoke of feeling
 453 "something I had not felt for a while: hope. . . within ninety minutes I felt the clouds of
 454 confusion clear and the burden of pressure lift". Trott describes the importance of speaking to
 455 someone who understood the situation he was going through and the clarity the professional
 456 provided. Trott also highlighted how knowing about the mental issue he was suffering from
 457 was a huge help.

458 If you know what you are battling, you have a much better chance of defeating it. . .
 459 He had offered clarity and, by doing so, reassurance. By telling me what I was
 460 suffering from. . . I was flooded with relief. I now have a direction to go.

461 Harmison spoke about how when he was away on a tour, the most dangerous time was
 462 when he had nothing to occupy him, leaving him "vulnerable" as "My mind was very good at

463 wandering into places where it didn't need to be, back to family, feeling lonely, separate,
 464 detached, wherever it may be". Thus, to cope with this, Harmison would set up his hotel room
 465 (that teammates referred to as 'the Harmison Arms' as a social hub, with opportunities for
 466 music, films, computer gaming). Harmison described how this helped him; "It was just about
 467 having people around me to stop my mind wandering to other areas. I needed people around
 468 me to survive and creating a 'pub' in my room every night was one way to do it."
 469 Nevertheless, this journey is not easy, with Trott recognizing his own responsibility in the
 470 process of recovery, with it being 'more like a journey I could complete with time and hard
 471 work". Indeed, Trott explicitly offers this as criticism or advice for the English Cricket Board
 472 to use practitioners "on a more regular basis". Trott suggests "rather than calling him in only
 473 in times of crisis, it might well help sustain success if he was on hand at all times. He has a lot
 474 to offer".

475 **Relapsing**

476 All of the players illustrate how they felt much improved mental health, and in the
 477 case of Trott and Trescothick, they attempted to play at the highest level (i.e., International)
 478 again. However, in all of the cases, the players described 'relapsing' to a point of very low
 479 mental health, very similar to the severe incident. For example, several months after the
 480 severe incident in India Trescothick was picked to go on an international tour to Australia.
 481 The plan was for his wife and child to join him after two weeks. However, early in the trip, he
 482 describes negative feelings that suggested re-occurring problems with mental ill health:

483 I didn't sleep a wink. The separation anxiety had kicked in and was starting to fill my
 484 senses again. I tried to stay calm, to rationalize my situation, to regulate my breathing,
 485 to do all the things Chris [the psychologist] and I had discussed back home should the

486 need arise. But inside the battle began in earnest and the emotions were just too strong.
 487 I couldn't believe it. I really thought I had cracked it. Maybe I had and this would turn
 488 out to be a small relapse. Yes, that was it. I could fight it and this time I would win.
 489 Trescothick describes his own perception of the mental health issue; "The illness had come
 490 back, the bastard had returned, and the shadow cast by its black wings had consumed me
 491 again. The fight was over. I had no fight left". There is a reoccurring metaphor of a battle with
 492 mental ill health, with Trescothick feeling he had energy to 'fight' against it, but due to being
 493 in the 'shadow' of what was happening, this reduced his ability to resist the mental illness
 494 negatively impacting on him.

495 For Trott, the relapse happened when he was picked on an international tour to the
 496 West Indies, approximately 18 months after going home from Australia. But Trott described
 497 even after facing his first ball that he knew things weren't going to work out:

498 I could suddenly hear the chants of a full house ringing in my ears. I was back in
 499 Brisbane once more: my heart was pounding; my head was throbbing; the
 500 claustrophobia was pressing on my chest and pawing at my throat. I was sweating and
 501 unable to think straight. I was that condemned man awaiting execution again. . . As I
 502 sat in the changing rooms after the game, reluctant to see anyone, I understood for the
 503 first time the extent of the problem I was facing. Brisbane hadn't been a blip: it had
 504 been my new reality. I had a serious problem. In retrospect it was probably naive to
 505 think that I would recover so quickly.

506 In the case of Trott and Trescothick, both attempted to play international cricket again,
 507 but both suffered a relapse (Trescothick before the matches started and Trott during an
 508 attempted comeback). Again, Trott uses the metaphor of being a 'condemned man' awaiting

509 his ‘execution’, and described the severe somatic responses that ‘gripped’ him again. In this
 510 state, he wasn’t able to cope with these feelings, and relapsed back into similar mental ill
 511 health as before. Both instances signaled the end of their international playing career,
 512 although both continued playing cricket at county level without reporting serious mental ill
 513 health in their autobiographies when playing at this level. Yardy’s situation was different in
 514 that he didn’t go back to international cricket, but experienced relapsed into low mental health
 515 at various stages playing at county level. He describes in one match bowling poorly and
 516 recalled;

517 I didn’t want to be there anymore. I remember standing at mid-wicket wishing the
 518 ground would open up and I could fall down a big black hole. There and then. In front
 519 of 5,000 people. The game was going on around me and I didn’t have a clue what was
 520 happening. All I knew was that I wanted to be off the pitch as soon as possible. So
 521 that’s what I did... I ran off, up the stairs, into the dressing room and started crying my
 522 eyes out. Karin was in the ground and a few moments later I felt her reassuring arms
 523 around me. The game was still going on but I was totally oblivious to it. That was the
 524 first time I thought I might not be able to play cricket again.

525 Despite such struggles with mental ill health, Yardy was able to manage this to the extent that
 526 allowed him to play at county level for five years after his last appearance for England.

527 **Discussion**

528 This study explored the temporal nature of the stress process of four elite cricketers
 529 who competed at international level, through examining the stories they told in their
 530 autobiographies. Our thematic analysis aims to produce an accessible narrative of the mental
 531 ill health experiences of a specific group of elite athletes. More specifically, by considering

532 both horizontal and vertical patterns in the data, this highlights to coaches the progression of
 533 mental ill health. The findings of the present study indicate that the four players each
 534 experienced very specific stressors. These are partially in line with those previously identified
 535 in the literature, for example, external sources of stress such as public scrutiny (Thelwell et
 536 al., 2007; Newman et al., 2016; Smith et al., 2017), which impacted on all four of our
 537 participants. Being away from home on an international tour created significant stress for two
 538 participants (Trescothick and Harmison). Such results suggest specific features of the elite
 539 cricket environment can impact on mental health. Henriksen et al. (2019) highlight that such
 540 environments do not cause mental ill health, but mental health might be ‘malnourished’ due to
 541 individuals responding differently to such environments. In this way, our findings support
 542 Lazarus and Folkman’s (1984) transactional approach by suggesting that athletes in our study
 543 made negative appraisals of the demands created by the cricket environment, and situations
 544 were perceived as harmful or threatening as they didn’t have the resources to cope. Coaches
 545 should therefore understand the specific environmental contexts in different sports that might
 546 threaten the mental health of athletes, and how certain individuals might be susceptible to
 547 such environmental aspects, such as high-pressured situations (particularly when confidence
 548 is low) and being away from family for extended periods.

549 Researchers examining coping in elite sport have highlighted two distinct approaches.
 550 First, coping can be viewed as a transactional approach, with specific coping strategies
 551 employed to deal with the stressor. Second as a trait approach, suggesting that individuals
 552 have stable coping mechanisms to handle stressors that they face (Penley, Tomaka, & Wiebe,
 553 2002). However, it appears something about the make-up of the four players may indicate
 554 they don’t possess this innate stable coping style, which means they are more susceptible to

555 stressors impacting negatively on their mental health (see supplementary file for further
 556 consideration of an analogy that might explain this process). In terms of illustrating specific
 557 coping strategies to deal with stressors, participants described the work with applied
 558 practitioners (e.g., sport psychologists, psychiatrists), particularly after experiencing severe
 559 mental ill health. Results here indicate that coaches and psychology support staff might
 560 support athletes at three specific points in the cycle that we illustrated. First, coaches might
 561 work with athletes to identify stressors that they are facing and to help the athletes develop
 562 effective coping strategies as a preventative measure. Second, coaches should work with
 563 athletes to understand when stressors are having a significant impact on their mental health.
 564 At such a stage, other practitioners (e.g., sport psychologists) might be utilized more fully to
 565 assist athletes with developing coping strategies that might either prevent them from getting
 566 worse, or indeed improve their mental health. In terms of these two points, we do not intend
 567 for the coping strategies highlighted to be prescriptive. It appears that the strategies are very
 568 specific to individual athletes, and coping strategies should be developed that are most
 569 effective for the individual athlete. Finally, while prevention is certainly the primary goal,
 570 there is a third point when support is needed, when athletes experience a critical drop in
 571 mental health. As our findings show, it would be very difficult to improve mental health
 572 immediately, and other clinical professionals might be brought in to support the athlete in
 573 their mental health recovery. Furthermore, Trott identified the time and hard work a player
 574 would need to invest in the recovery process from severe mental ill health, and players should
 575 be aware that it won't be an easy journey, and they have a responsibility in terms of putting in
 576 effort to bring about a positive change in mental health.

577 The temporal nature of the data highlights to coaches some of the different stages they

578 might identify mental ill health and intervene to support players. For example, coaches might
 579 intervene when early warning signs are seen, and certain such warning signs are illustrated in
 580 the findings, which may prevent a further decline in mental health. For example, Newman et
 581 al. (2006) reported examples of this from the stories of Pendleton and Agassi about negative
 582 emotional states following low performance. Our results extend these findings by developing
 583 understanding about the temporal nature of these links between low performance and mental
 584 ill health. For example, warning signs were evident in both Trott and Yardy's stories (e.g.,
 585 low mood, reporting anxious feelings, erratic behaviour) before the significant mental ill
 586 health emerged. In all four stories, our findings illustrate a variety of incidents that preceded
 587 the major mental ill health occurrences. If these had been identified at the time as precursors
 588 to a major incident then the intervention could have occurred and major mental ill health
 589 avoided.

590 Stories such those key features outlined encourage us to make sense of the complexity
 591 of life (Frank, 2010). Researchers have investigated whether narratives can be an effective
 592 knowledge dissemination tool, such as Szedlak, Smith, Callary, and Day (2018) who found
 593 stories, in the form of vignettes, resonated with strength and conditioning coaches, and
 594 encouraged reflection. Our study presents storied data based on real-life stories, and we hope
 595 that our findings would similarly prompt coaches to engage with stories of mental health. In
 596 turn, we hope that coaches would consider on their own experiences in comparison to the
 597 stories, and engage in discussion in workshop scenarios about working with athletes with
 598 mental ill health (Potrac, Jones, Purdy, Nelson, & Marshall, 2013). Drawing on this evidence
 599 and theorizing, we hope that our stories could be used mental health workshops with coaches,
 600 with the aim of enhancing their understanding of mental ill health. Nevertheless, future

601 research would be needed to explore further whether the stories presented in the current study
 602 would resonate with coaches, and longitudinal research would be needed to track whether
 603 such knowledge would be translated into action (Andrews, 2014).

604 Our findings might help develop the mental health literacy of coaches, who are critical
 605 in helping to manage the mental health of their athletes (Rice et al., 2016). Coaches might use
 606 the findings to help recognize when mental ill health with their athletes are emerging, and
 607 offer them support. The use of stories of mental ill health from familiar names might further
 608 help to promote discussions amongst coaches about working with athletes with mental ill
 609 health difficulties. For example, our findings could be used in team meetings or group
 610 workshops. to stimulate a more open discussion about mental ill health in elite sport. In
 611 addition, if coaches can appropriately recognize such warning signs, they would then be able
 612 to draw on appropriate support of others, which is key as coaches are often the gatekeepers to
 613 referral of athletes to mental health professionals (Mazzer & Rickwood, 2015). Using our
 614 findings in mental health workshops might allow players and coaches to engage and respond
 615 to the situations in the findings (Braun & Clarke, 2013), and discussions can be initiated and
 616 extended around issues of mental ill health to create dialogue to help further develop mental
 617 health literacy. Furthermore, Breslin, Shannon, Haughey, Donnelly, and Leavey (2017)
 618 suggest more research is needed to evidence the efficacy of such intervention programmes
 619 and enhance current practice, and further research would be needed to evidence the efficacy of
 620 using the findings from the present study to support intervention work in developing mental
 621 health literacy.

622 A strength of the current study is the analysis of vertical as well as horizontal patterns
 623 in the data, in line with the work of Braun and Clarke (2013) and Wadey et al. (2019). This

624 has enhanced the analysis and the findings and allowed us to illustrate how the stories of
 625 mental ill health unfolded. Considering the temporal data in this enables coaches to consider
 626 the different stages they might identify mental ill health and offer appropriate support. A
 627 further strength is the richness of data that is provided in the players' stories about their
 628 experiences of mental ill health. Nevertheless, while autobiographies provide a valuable
 629 source of information, autobiographical content needs to be critically analyzed and interpreted
 630 as any other type of data would (Newman et al., 2016). We acknowledge that autobiographies
 631 are not factual history, rather they offer the subjective "truth" (Smith & Watson, 2010) the
 632 players present about their experiences. Indeed, Pipkin (2008) argues that autobiographies
 633 present a deeper kind of truth that athletes reveal in telling about their experiences. In
 634 considering Smith and Watson's (2010) criteria for reading and engaging with
 635 autobiographies, and judging their quality including motives, evidence and authority, and the
 636 dominant narrative voice. While the books are for cricket fans, they also state a specific goal
 637 of being written for those with an interest in mental health. To validate their version of the
 638 truth, the players focus on telling their stories about experiencing mental ill health. Thus, there
 639 is less evidence of 'convincing the reader' (e.g., of how bad their problems were) instead the
 640 players focus on telling their story, and allow the reader to make their own judgements. When
 641 considering the input of ghost writers, and whose voice is dominant in the narratives, while
 642 players have been supported by another in the process of writing, the depth of detail in the
 643 stories provide support for the significant contribution made by the players in producing the
 644 book. Thus, we propose the autobiographies are very appropriate for examining mental ill
 645 health in the current study.

646 We acknowledge the limitations of this study that include a small, focused sample of
 647 athletes from one sport. Playing cricket at an elite level is a very specific environment, with
 648 its unique challenges. Therefore, the extent to which the finding of our study are generalisable
 649 need to be considered in light of our sample. Nevertheless, we propose our findings might be
 650 generalizable in two specific ways. First, the current study has naturalistic generalizability
 651 (Smith, 2018), which refers to the findings resonating personally with the readers, particularly
 652 to cricketers (or those who work with/support cricketers) who experience this environment
 653 (e.g., dealing with being away from home for long periods). Our findings also have
 654 transferability, or inferential generalizability which refers to the extent to which the results are
 655 transferable to other settings. For example, the findings might help create an understanding of
 656 mental ill health for those in other elite sports, for those where there may be periods of
 657 isolation, or those operating in other elite-performance domains (e.g., musicians, actors) that
 658 have to perform under scrutiny from others. Furthermore, we have provided rich quotes that
 659 Tracey (2010) highlights provides access to an applied audience (e.g., the use of storytelling)
 660 and is more likely to facilitate naturalistic generalizability and transferability. Future research
 661 might consider the impact of such stories on those who access them.

662 In their consensus statement that considers the mental health of high-performance
 663 athletes, Henriksen et al. (2019) concluded with specific recommendations to help improve
 664 mental health. These recommendations include providing structures to help identify and treat
 665 athletes at risk or mentally unwell; encourage testimonies from athletes suffering from mental
 666 ill health in order to normalize and promote openness; and removing stigma about mental ill
 667 health. Furthermore, Henriksen et al.'s recommendations are in line with those of Gorcynski
 668 et al. (2019) who call for initiatives to increase mental health literacy. We propose that this

669 study meets these key suggestions in a number of ways. First, by presenting rich stories from
 670 the books of four international cricketers, we propose the results expand the literature by
 671 creating a better understanding of identifying situations where mental ill health affects elite
 672 athletes. Second, by making sense of the stories, we hope it will encourage other athletes to
 673 share testimonies of mental health difficulties, and in turn, normalizing mental ill health and
 674 further promoting a culture of openness about discussing mental health in sport. Third, if
 675 these findings are used to develop educational materials in some way, to promote dialogue
 676 and understanding around mental ill health, then the findings will further help to promote
 677 mental health literacy. Indeed, Henriksen et al. (2019) suggest that over the longer term,
 678 athletes with good mental health stand a better chance of performing well. Thus, supporting
 679 athletes with their mental ill health appears not only an appropriate strategy to maintain the
 680 well-being of athletes, but also, a long-term strategy to improve performance.

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823 **Appendix A**

824 ***Marcus Trescothick***: He played 76 test matches and 123 one-day matches until his final
 825 match playing for England in 2007. In his autobiography titled 'Coming Back to Me',
 826 published in 2009, he spoke extensively about his about his struggles with mental ill health,
 827 particularly when being on overseas tours. On a tour to India in 2006, he left the tour due to

828 his mental ill health, and never played an international test match overseas again. The
 829 description of the book outlines how “Trescothick talks with engaging openness and
 830 enthusiasm about his rise to the top of international cricket; and describes with equal
 831 frankness his tortured descent into private despair”.

832 **Mike Yardy:** He played 42 one-day matches for matches for England (including being in the
 833 winning side of the 2010 twenty20 World Cup). His autobiography, ‘Hard Yards: Highs and
 834 Lows of a Life in Cricket’ was published in 2016. This was five years after his final
 835 appearance for England in a World Cup game in India, when he subsequently returned home
 836 due to mental ill health. The description of the book describes “the story of a courageous
 837 sportsman who confronted his problems head-on and now. . . is helping other sportsmen learn
 838 to live with mental illness”.

839 **Jonathan Trott:** He played 63 test matches and 58 one-day matches for England. His
 840 autobiography, ‘Unguarded’ was published in 2016, a year after he retired from international
 841 cricket. The book outlines Trott’s mental ill health that culminated in being sent home from a
 842 tour to Australia in 2013 due to a ‘stress-related illness’. The description of the book
 843 highlights how the story is “a salutary tale of the dangers pressure can bring in any walk of
 844 life, and the perils of piling unrealistic expectations on yourself”.

845 **Steve Harmison:** He played 52 test matches and 68 one-day matches for England, before his
 846 final game in 2009. His autobiography, ‘Speed Demons’ was published in 2016. Harmison’s
 847 difficulties with mental ill health, particularly when on overseas tours, only fully emerged
 848 after his retirement, with the description of his book illustrating how Harmison “reveals the
 849 whole truth about a career plagued with a set of severe mental ill health that he felt he had to
 850 hide from England’s management in order to stay in the game”.