Abstract

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

Key words: mental health, demands, autobiographical data, mental health literacy.
Enhancing coach understanding of mental ill health stories told by elite athletes

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

The WHO’s definition of mental health refers to the ability to ‘cope with normal stresses of life’. The term stressor has been used to express environmental demands encountered by individuals (Fletcher, Hanton, & Mellalieu, 2006) and coping refers to deliberate cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as stressful (Lazarus & Folkman, 1984). Research, focusing on competition stress, has been informed by Lazarus and Folkman’s (1984) transactional perspective that stress is an ongoing transaction between the environmental demands and the resources a person has. How the person responds to such transactions is termed cognitive
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 appraisal. Primary appraisals are evaluations of the impact stressors have in line with an individual’s personal goals, values, and beliefs. Secondary appraisals focus on the individual’s options for coping, and the control they have over this coping.

Appraisals of the environment can influence the individual’s emotional and behavioural response. For example, on top of the training and performance demands of an elite environment, athletes face a number of other stressors, including the pressures of increased public scrutiny (e.g., from public, media), injuries, and career transitions (e.g., Hanton, Fletcher, & Coughlan, 2005). If an individual doesn’t believe they have the resources to cope in a sporting environment, the situation is likely to be perceived as harmful or threatening, with negative responses predicted (Neil, Fletcher, Mellalieu, & Hanton, 2007).

The ability to deal with the demands of elite performance environments and mental ill health is key to sporting excellence (cf. Fletcher & Arnold, 2017).

Researchers have investigated stressors faced and the associated coping strategies in a variety of high-performance environments including elite adolescent golfers (Nicholls, Holt, Polman, & James, 2005), and professional cricketers (Thelwell, Weston, & Greenlees, 2007). Such studies focussed on the use of single interviews with elite participants to describe and illustrate stressors and coping strategies. Miles, Neil, and Barker (2016) highlighted that such qualitative studies typically used a snapshot approach, considering one transaction at one moment in time. Underpinned by Lazarus and Folkman’s theorizing (1984, 1991), Miles and his colleagues considered the temporal process of the stress, emotion, and coping (SEC) experiences of elite cricketers over seven days that led up to the first competitive match of the season. Their findings illustrated a range of stressors around performance goals, as well as organisational and personal stressors that occurred outside the performance environment. To
follow up this study, Neil, Bowles, Fleming and Hanton (2016) used reflective diaries and interviews to understand the SEC experiences of three male cricketers over five competitive performances. Neil et al. aimed to understand more about how SEC experienced changed during this series of performances and found that if the cricketers made negative appraisals linked to goal attainment, they appraised this as threatening which in turn resulted in negative emotional and behavioural responses. We aim to expand on this research by applying Lazarus and Folkman’s (1984) transactional process of stress to consider these experiences over a longer period of a player’s career. Furthermore, we consider the SEC process in the context of players who have experienced severe mental ill health in their career and aim to identify key themes that can help coaches to understand these narratives.

As mental ill health is a challenging topic for athletes to discuss openly, this presents difficulties for researchers exploring the incidence of mental ill health in elite samples. Coyle, Gorczynski, and Gibson (2017) did use qualitative approaches to explore the way elite divers conceptualized and experience mental ill health. Interviews with eight divers revealed the risk factors for mental ill health in their environment, and the lack of support networks available. As well as the use of traditional interviews, researchers have also used autobiographies as a data source to explore the demands of an elite environment. Howells and Fletcher (2015) sourced the autobiographies of eight Olympic swimming champions, to explore adversity-related experiences. The results highlighted a variety of developmental and external stressors the athletes faced, and traumatic nature of such experiences. The analysis also illustrated ways the athletes attempted to deal with such adversity, including seeking meaning in their experiences, and looking to others for support. In cricket specifically, Smith, Arnold, and Thelwell (2017) reported a range of stressors that international cricket captains reported in
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their autobiographies, such as managing the dual roles of playing and leading, scrutiny from the media, and a range of unexpected, extreme situations. While much of the research has focussed on stress and coping, better understanding of how this relationship develops over time is required to specifically address to incidences of mental ill health in highly stressful sporting environments.

Pertinent examples of this kind of work comes from Newman, Fletcher, and Howells (2016) and McGannon and McMahon (2019) who both used autobiographical data to investigate mental ill health in elite sport populations. Newman and her colleagues (2016) investigated the link between depressive experiences and the relationship with sporting performance. Within the findings, a range of internal stressors (e.g., self-loathing, social anxiety and self-criticism) and external stressors (e.g., bereavement, family health concerns, and relationship breakdowns) were identified that had a debilitative impact on their mental health. While Newman et al. sampled a variety of stories concerning mental health, quotes were rarely reported in any great depth. For example, the experiences of Marcus Trescothick, who wrote at great length about his experiences of struggling with mental health, were only illustrated with the following; ‘The symptoms were so intense that he was forced to leave the field of play mid-match during a tour warm-up game in Australia: “I knew it was over. I asked the umpire if I could go off for a leak and I never came back” (p.9). We extend this work by exploring the mental health stories of a smaller number the athletes in much greater depth. McGannon and McMahon examined the disordered eating of two high-profile female swimmers. Their analysis identified numerous key turning, for example, the struggles with body image, acceptance, and relational changes, that highlighted key aspects of struggle and recovery occurring throughout the athletes’ careers. Similar to McGannon & McMahon, we
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aim to extend this work by exploring the mental ill health stories of a small number of athletes in much greater depth. We consider how stressors develop over time in a homogeneous sample of athletes (same level, sport, team) thus allowing us to identify key similarities of experiences over time in this specific context. Cricket was chosen as a pertinent sport to explore due to suggestions that its unique demands (e.g. of being away from home for long periods of time) can cause mental ill health may be particularly prevalent (e.g. Schout, 2019).

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

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

**Method**

**Philosophy and design**

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

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

Procedure and analysis strategy

After sourcing the autobiographies, the first author read through each book and identified anything within the stories that related to mental health, which provided the dataset for the current study. In line with recommendations of Braun, Clarke, and Weate (2016), the first author conducted a thematic analysis of the dataset. This initially involved the first author
immersing himself in the data by reading and re-reading it, and derived initial codes to
highlighting interesting features within the data. Next, data applicable to each code was
organized to create overarching themes. This process involved considering the relationships
between the codes and themes both horizontally, in terms of themes across the dataset, and
vertically, in terms of the temporal nature of how the stories unfolded. Clarke, Hayfield,
Moller, and Tischner (2017) suggested that analysing the vertical patterns within data is a
useful addition to identifying horizontal patterns when analysing storied data. For example,
Braun and Clarke (2013) identified the vertical patterns when exploring the story progression
of a young woman ‘coming out’ to her parents as non-heterosexual. In the present study, we
considered the vertical patterns of how mental ill health developed over time in each player’s
career, and thus, considering the temporal process of their experiences allowed the analysis to
‘retain a sense of the storied nature of the data’ Clarke et al., 2013, p.27). To illustrate our
analysis process, one of the original themes, titled ‘deterioration of mental health’, included
information about coping approaches, as the coping occurred in the period that the
deterioration was covering (i.e., vertical pattern). After consideration, we altered the theme
title to ‘fluctuations of mental health’ to allow us to incorporate this element and reflect more
fully the horizontal pattern in this element of the data.

Alongside the overall analysis process, the authors created a number of visual
representations to illustrate the themes within the data. Creating and refining these diagrams
(which can be viewed in the supplementary file) further encouraged critical thinking about
how the themes related to one another both horizontally and vertically (Clarke et al., 2017).
Themes were then reviewed in relation to the overall story the themes told about the players’
experiences of mental health through their career. This resulted in six progressive themes,
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from i) early warning signs; ii) fluctuations of mental health; iii) build-up to the severe
incident; iv) the severe incident; v) the recovery process; to vi) relapsing.

Rigor

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

Six themes were identified: i) early warning signs; ii) fluctuations of mental health; iii) build-up to the severe incident; iv) the severe incident; v) the recovery process; to vi) relapsing. Each theme is presented with rich quotations to illustrate the players’ experiences of mental ill health.

Early Warning signs

The stories the players tell in their autobiographies appear to illustrate the initial incidents that negatively impacted their mental health. When each player talked about their career before the most serious mental ill health occurred, they each referred to elements that explained the deterioration of mental health, and indeed, signposted the more serious problems still to come. For Trott and Yardy, the roots of the mental ill health appeared to be linked to issues more directly related to playing cricket. For example, Trott talks about a decline in form in a test series against Australia, and the impact this had on his mental health:

I had fallen further and further short of that mark as the series wore on. Everything I’d ever achieved was slipping away. I couldn’t bear it. So I sat in the car instead.... I saw the sun cruelly continue to shine despite my begging it, imploring it to disappear behind a rain cloud. Just briefly I considered driving my car into the Thames or into a tree. That way I could get out of the ordeal that loomed in front of me. I’d have an excuse. I could go back to bed.

This quote from Trott highlights how, in his own mind, he wasn’t living up to the high standards he had set himself, and the problems this created. Similarly Yardy appeared to be struggling stepping up from playing county cricket to international cricket. For example, when chosen for a squad to play a one-day series against Pakistan, Yardy recalled thinking,
“Great news. If only. When I received the call-up the first thing I thought was ‘I don’t want to go and play for England’. Yardy further described his state of mind at this time, saying, “Battles were raging inside my head. I kept trying to convince myself it would be fine. . . Keep busy, work hard. You’ll be fine”. Certainly, Yardy’s words indicated how uncomfortable he felt playing for England, and the apparent difficulties he faced. He also described the ‘battle’ that he was having with the stressor of playing for England, indicating how he viewed this as a fight. Indeed, around this time, Yardy described an incident where he was run out in a county game, and then not only blamed his teammate but was also very verbally aggressive towards the teammate. Yardy reflected how this was very much out of character, and talked about this happening as ‘things started building up again’, which indicates warning signs that he wasn’t coping well with stressors that may in turn increase his mental ill health.

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

I don’t feel right, here. I don’t feel myself.’ I told them I felt worried, more so than usual. I told them I was struggling to get a grip on what was happening, that I was sleeping poorly and not really eating much. I told them I was feeling very uncomfortable about being away from home and away from Hayley [Trescothick’s wife].
A very similar issue appeared to be the key aspect that had such a negative impact on
Harmison who also described struggles with being away from home on international tours.
With a young family, and away in Pakistan, Harmison described such struggles:
People called it homesickness when in reality it was much more than that... Have you
ever tried to tell a five-year-old that daddy’s not going to be home for weeks on end?
At that moment I really wish I wasn’t a cricketer.
Harmison spoke about staying in his own room feeling “panicky and really negative about
myself”. He further described:
This was all about being away from home in a place where the way of life was a total
shock... I’ve never felt anything like it. I literally don’t know what’s going on. I’m
permanently anxious, I can’t sleep, I can’t eat.”
Interestingly, Harmison reflected how this experience had a long-term impact; “The Pakistan
experience big-time triggered the mental health issues that would affect me, not just as a
cricketer, but as a person, from that point on. I was scarred for life”.

Fluctuations of mental health

In this period, the players highlighted further stressors that impacted them, some
relating closely to the core issues highlighted above (e.g., form, confidence, being away from
family) and some additional stressors. For example, Trott spoke about negativity from the
media affecting him, even after a victory:
I gave an interview to BBC radio that night, all the questions were negative. It quickly
became apparent that the radio interview was representative of the views of a fair
proportion of the media. They were unimpressed with our victory... I was shocked”.
Trescothick spoke of the changing demands of touring;
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All you did on them was play, practice or travel, and grab the occasional game of golf on a rare day-off. That, coupled with the four-wall fever that can strike you when you are stuck inside a hotel… prior to moving onto the next one, was simply not a natural way to live. It creates extraordinary strains for the players not to mention their wives and families.

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

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

The players also outlined how the support of those close to them was a help, with Yardy saying how he spoke to a sport psychologist, and both Yardy and Trott felt better from support from their family. Trott recalled speaking with his dad which “relieved much of the
pressure”. Yardy described also confiding with his wife and spoke positively about the support of his county coach. Harmison recalled speaking to numerous people including teammates, coaching staff, and trained practitioners, which he found a very positive experience, “I would go for a bit of a top-up in terms of counseling and to discuss where I was at. Talking had always helped.” Finally, Trescothick recalled feeling much better when his wife joined him on tour, and when in South Africa (after experiencing very low mental health), his pregnant wife flew out, “and a couple of days after we were reunited, I woke up one morning and realized I was okay. Whatever the problem had been, it was over”.

**Build-up to severe incident**

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

I let Hayley down almost as badly as it was possible to do. . . I almost cannot believe that I managed to persuade myself that my captain’s needs were greater than my wife’s, that the England cricket team was more important than my family. . . Staying on tour was, without doubt, completely and utterly the wrong thing to do. I have
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carried the guilt with me ever since. It almost certainly contributed to the illness that
was just around the corner.

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

In Trott’s case, the key period took place on a tour to Australia. In the build up to this
tour, he spoke about how “breaking down was beginning to be a habit”. He described doing
well in the final match of a home series against Australia, but instead of experiencing positive
feelings, he recalled how “a sense of dread crept over me. I couldn’t face the thought of going
through it all again…. I was so exhausted by the mental struggle that cricket had become, I
simply couldn’t take it any more”. Trott also described an incident when Australian fast
bowler, Mitchell Johnson, had bowled a ball that struck Trott on the helmet which Trott
perceived “exposed what was becoming a weakness”. Trott further described his negative
feelings in more detail;
If you are struggling with the short ball, they talk about your courage. I felt I was being questioned as a man. I felt my dignity was being stripped away with every short ball I ducked or parried. It was degrading. It was agony. I wasn’t actually scared of the ball or the bouncer. I was scared of failing. I was scared being made to look bad and letting everyone down.

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

**The severe incident**

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

A broken shell, a person who had turned himself inside out in despair something that has got its hooks in and isn’t in any rush to let go. . . When it does, it will leave an array of scars as a reminder that one day, in all probability, it will be knocking on your skull and will be right back in there. . . I was thinking of crashing the car on the way to the airport. . . Those dark periods would always come at the start of the trip”.
Speaking about being in ‘despair’ and his difficulties having ‘hooks’ that won’t leave him illustrate to the reader the depths of Harmison’s problems, to the extent that crashing his car would give him an excuse to not make the journey overseas.

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

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

Exhausted, emotionally vulnerable, isolated and far from home, I was finally ready for the taking. . . My mind was racing, pulling itself apart in a hundred different directions. I was sweating. And I could hear a loud banging noise – thump, thump, thump … It was my heart. It wouldn’t slow down. And it was just so loud. I was terrified it might actually burst. Then came the pictures in my head, specific, enormous, terrifying, images. What was happening at home?

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

Trott illustrated the feelings surrounding a test match in Australia:

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

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

It should have been one of the highlights of my career. Instead, I remember standing in front of the mirror in my hotel room wishing I could pull my own face off and be someone else. I didn’t want to be Mike Yardy anymore… No one in the England
management team knew me better than Mushtaq Ahmed... He was a friend as well, someone I could confide in. He came over. I must have looked terrible, that same haunted expression I’d been staring at for the last few days in the mirror of my hotel room. “Yards, go home.” That’s all. Not that he needed to say anything else. He knew. I knew. My first thought was one of overwhelming relief because someone had recognized I was struggling and, more importantly, was making a decision for me. I wouldn’t have to confess how I really felt to anyone.

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

The recovery process

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

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

Harmison spoke about how when he was away on a tour, the most dangerous time was when he had nothing to occupy him, leaving him “vulnerable” as “My mind was very good at
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wandering into places where it didn’t need to be, back to family, feeling lonely, separate, 
detached, wherever it may be”. Thus, to cope with this, Harmison would set up his hotel room 
(that teammates referred to as ‘the Harmison Arms’ as a social hub, with opportunities for 
music, films, computer gaming). Harmison described how this helped him; “It was just about 
having people around me to stop my mind wandering to other areas. I needed people around 
me to survive and creating a ‘pub’ in my room every night was one way to do it.”

Nevertheless, this journey is not easy, with Trott recognizing his own responsibility in the 
process of recovery, with it being ‘more like a journey I could complete with time and hard 
work”. Indeed, Trott explicitly offers this as criticism or advice for the English Cricket Board 
to use practitioners “on a more regular basis”. Trott suggests “rather than calling him in only 
in times of crisis, it might well help sustain success if he was on hand at all times. He has a lot 
to offer”.

Relapsing

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

I didn’t sleep a wink. The separation anxiety had kicked in and was starting to fill my 
senses again. I tried to stay calm, to rationalize my situation, to regulate my breathing, 
to do all the things Chris [the psychologist] and I had discussed back home should the
need arise. But inside the battle began in earnest and the emotions were just too strong.

I couldn’t believe it. I really thought I had cracked it. Maybe I had and this would turn out to be a small relapse. Yes, that was it. I could fight it and this time I would win.

Trescothick describes his own perception of the mental health issue; “The illness had come back, the bastard had returned, and the shadow cast by its black wings had consumed me again. The fight was over. I had no fight left”. There is a reoccurring metaphor of a battle with mental ill health, with Trescothick feeling he had energy to ‘fight’ against it, but due to being in the ‘shadow’ of what was happening, this reduced his ability to resist the mental illness negatively impacting on him.

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

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

In the case of Trott and Trescothick, both attempted to play international cricket again, but both suffered a relapse (Trescothick before the matches started and Trott during an attempted comeback). Again, Trott uses the metaphor of being a ‘condemned man’ awaiting
his ‘execution’, and described the severe somatic responses that ‘gripped’ him again. In this state, he wasn’t able to cope with these feelings, and relapsed back into similar mental ill health as before. Both instances signaled the end of their international playing career, although both continued playing cricket at county level without reporting serious mental ill health in their autobiographies when playing at this level. Yardy’s situation was different in that he didn’t go back to international cricket, but experienced relapsed into low mental health at various stages playing at county level. He describes in one match bowling poorly and recalled:

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

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

Discussion

This study explored the temporal nature of the stress process of four elite cricketers who competed at international level, through examining the stories they told in their autobiographies. Our thematic analysis aims to produce an accessible narrative of the mental ill health experiences of a specific group of elite athletes. More specifically, by considering
both horizontal and vertical patterns in the data, this highlights to coaches the progression of mental ill health. The findings of the present study indicate that the four players each experienced very specific stressors. These are partially in line with those previously identified in the literature, for example, external sources of stress such as public scrutiny (Thelwell et al., 2007; Newman et al., 2016; Smith et al., 2017), which impacted on all four of our participants. Being away from home on an international tour created significant stress for two participants (Trescothick and Harmison). Such results suggest specific features of the elite cricket environment can impact on mental health. Henriksen et al. (2019) highlight that such environments do not cause mental ill health, but mental health might be ‘malnourished’ due to individuals responding differently to such environments. In this way, our findings support Lazarus and Folkman’s (1984) transactional approach by suggesting that athletes in our study made negative appraisals of the demands created by the cricket environment, and situations were perceived as harmful or threatening as they didn’t have the resources to cope. Coaches should therefore understand the specific environmental contexts in different sports that might threaten the mental health of athletes, and how certain individuals might be susceptible to such environmental aspects, such as high-pressured situations (particularly when confidence is low) and being away from family for extended periods.

Researchers examining coping in elite sport have highlighted two distinct approaches. First, coping can be viewed as a transactional approach, with specific coping strategies employed to deal with the stressor. Second as a trait approach, suggesting that individuals have stable coping mechanisms to handle stressors that they face (Penley, Tomaka, & Wiebe, 2002). However, it appears something about the make-up of the four players may indicate they don’t possess this innate stable coping style, which means they are more susceptible to
stressors impacting negatively on their mental health (see supplementary file for further consideration of an analogy that might explain this process). In terms of illustrating specific coping strategies to deal with stressors, participants described the work with applied practitioners (e.g., sport psychologists, psychiatrists), particularly after experiencing severe mental ill health. Results here indicate that coaches and psychology support staff might support athletes at three specific points in the cycle that we illustrated. First, coaches might work with athletes to identify stressors that they are facing and to help the athletes develop effective coping strategies as a preventative measure. Second, coaches should work with athletes to understand when stressors are having a significant impact on their mental health. At such a stage, other practitioners (e.g., sport psychologists) might be utilized more fully to assist athletes with developing coping strategies that might either prevent them from getting worse, or indeed improve their mental health. In terms of these two points, we do not intend for the coping strategies highlighted to be prescriptive. It appears that the strategies are very specific to individual athletes, and coping strategies should be developed that are most effective for the individual athlete. Finally, while prevention is certainly the primary goal, there is a third point when support is needed, when athletes experience a critical drop in mental health. As our findings show, it would be very difficult to improve mental health immediately, and other clinical professionals might be brought in to support the athlete in their mental health recovery. Furthermore, Trott identified the time and hard work a player would need to invest in the recovery process from severe mental ill health, and players should be aware that it won’t be an easy journey, and they have a responsibility in terms of putting in effort to bring about a positive change in mental health.

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

Stories such those key features outlined encourage us to make sense of the complexity of life (Frank, 2010). Researchers have investigated whether narratives can be an effective knowledge dissemination tool, such as Szedlak, Smith, Callary, and Day (2018) who found stories, in the form of vignettes, resonated with strength and conditioning coaches, and encouraged reflection. Our study presents storied data based on real-life stories, and we hope that our findings would similarly prompt coaches to engage with stories of mental health. In turn, we hope that coaches would consider on their own experiences in comparison to the stories, and engage in discussion in workshop scenarios about working with athletes with mental ill health (Potrac, Jones, Purdy, Nelson, & Marshall, 2013). Drawing on this evidence and theorizing, we hope that our stories could be used mental health workshops with coaches, with the aim of enhancing their understanding of mental ill health. Nevertheless, future
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research would be needed to explore further whether the stories presented in the current study would resonate with coaches, and longitudinal research would be needed to track whether such knowledge would be translated into action (Andrews, 2014).

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

A strength of the current study is the analysis of vertical as well as horizontal patterns in the data, in line with the work of Braun and Clarke (2013) and Wadey et al. (2019). This
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has enhanced the analysis and the findings and allowed us to illustrate how the stories of mental ill health unfolded. Considering the temporal data in this enables coaches to consider the different stages they might identify mental ill health and offer appropriate support. A further strength is the richness of data that is provided in the players’ stories about their experiences of mental ill health. Nevertheless, while autobiographies provide a valuable source of information, autobiographical content needs to be critically analyzed and interpreted as any other type of data would (Newman et al., 2016). We acknowledge that autobiographies are not factual history, rather they offer the subjective "truth" (Smith & Watson, 2010) the players present about their experiences. Indeed, Pipkin (2008) argues that autobiographies present a deeper kind of truth that athletes reveal in telling about their experiences. In considering Smith and Watson’s (2010) criteria for reading and engaging with autobiographies, and judging their quality including motives, evidence and authority, and the dominant narrative voice. While the books are for cricket fans, they also state a specific goal of being written for those with an interest in mental health. To validate their version of the truth, the players focus on telling their stories about experiencing mental ill health. Thus, there is less evidence of ‘convincing the reader’ (e.g., of how bad their problems were) instead the players focus on telling their story, and allow the reader to make their own judgements. When considering the input of ghost writers, and whose voice is dominant in the narratives, while players have been supported by another in the process of writing, the depth of detail in the stories provide support for the significant contribution made by the players in producing the book. Thus, we propose the autobiographies are very appropriate for examining mental ill health in the current study.
We acknowledge the limitations of this study that include a small, focused sample of athletes from one sport. Playing cricket at an elite level is a very specific environment, with its unique challenges. Therefore, the extent to which the finding of our study are generalisable need to be considered in light of our sample. Nevertheless, we propose our findings might be generalizable in two specific ways. First, the current study has naturalistic generalizability (Smith, 2018), which refers to the findings resonating personally with the readers, particularly to cricketers (or those who work with/support cricketers) who experience this environment (e.g., dealing with being away from home for long periods). Our findings also have transferability, or inferential generalizability which refers to the extent to which the results are transferable to other settings. For example, the findings might help create an understanding of mental ill health for those in other elite sports, for those where there may be periods of isolation, or those operating in other elite-performance domains (e.g., musicians, actors) that have to perform under scrutiny from others. Furthermore, we have provided rich quotes that Tracey (2010) highlights provides access to an applied audience (e.g., the use of storytelling) and is more likely to facilitate naturalistic generalizability and transferability. Future research might consider the impact of such stories on those who access them.

In their consensus statement that considers the mental health of high-performance athletes, Henriksen et al. (2019) concluded with specific recommendations to help improve mental health. These recommendations include providing structures to help identify and treat athletes at risk or mentally unwell; encourage testimonies from athletes suffering from mental ill health in order to normalize and promote openness; and removing stigma about mental ill health. Furthermore, Henriksen et al.’s recommendations are in line with those of Gorcynski et al. (2019) who call for initiatives to increase mental health literacy. We propose that this
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study meets these key suggestions in a number of ways. First, by presenting rich stories from the books of four international cricketers, we propose the results expand the literature by creating a better understanding of identifying situations where mental ill health affects elite athletes. Second, by making sense of the stories, we hope it will encourage other athletes to share testimonies of mental health difficulties, and in turn, normalizing mental ill health and further promoting a culture of openness about discussing mental health in sport. Third, if these findings are used to develop educational materials in some way, to promote dialogue and understanding around mental ill health, then the findings will further help to promote mental health literacy. Indeed, Henriksen et al. (2019) suggest that over the longer term, athletes with good mental health stand a better chance of performing well. Thus, supporting athletes with their mental ill health appears not only an appropriate strategy to maintain the well-being of athletes, but also, a long-term strategy to improve performance.

References


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Coyle, M. Gorczynski, P. & Gibson, K. (2017). “You have to be mental to jump off a board any way”: Elite divers’ conceptualizations and perceptions of Mental Health. *Psychology of Sport & Exercise, 29*, 10-18. doi.org/10.1016/j.psychsport.2016.11.005


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Smith, B. (2017). Generalizability in qualitative research: Misunderstandings, opportunities and recommendations for the sport and exercise sciences. *Qualitative Research in Sport, Exercise and Health, 10*, 137-149. doi.10.1080/2159676X.2017.1393221.


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Appendix A

Marcus Trescothick: He played 76 test matches and 123 one-day matches until his final match playing for England in 2007. In his autobiography titled ‘Coming Back to Me’, published in 2009, he spoke extensively about his about his struggles with mental ill health, particularly when being on overseas tours. On a tour to India in 2006, he left the tour due to
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his mental ill health, and never played an international test match overseas again. The
description of the book outlines how “Trescothick talks with engaging openness and
enthusiasm about his rise to the top of international cricket; and describes with equal
frankness his tortured descent into private despair”.

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

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

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

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