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### Article

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Lifting the veil of depression and alcoholism in sport coaching: how do we care for carers?

## 1 Abstract

2 The purpose of this article is to explore the insights of an elite sport coach living with  
3 comorbid depression and alcohol misuse. Such consideration is necessary because as coaching is  
4 increasingly repositioned as a caring activity the wellbeing of coaches themselves has rarely been  
5 considered. To address this gap, a narrative analysis methodology and a story telling approach was  
6 used to present the experiences of a case study coach (Steve). The story is derived from Steve's  
7 own perspective and the perspective of his wife, Jane. This novel multi-voiced approach reveals  
8 the complex interplay between the sporting environment, Steve's depression and his alcohol  
9 related problems. In doing so, Steve's story makes an original contribution by unveiling the issue  
10 of mental health in elite sport coaching. Steve's story depicts the significant impact of depressive  
11 symptoms, coupled by excessive alcohol use on a coach, their personal life, and their career. Using  
12 the work of Goffman and Sartre, the story alludes to how such symptoms can be hidden, to greater  
13 and lesser extents, from professional colleagues. This is an important theoretical contribution,  
14 because to care for coaches, colleagues, employers, and health professionals will need to  
15 understand the needs of individuals such as Steve. Developing an open and supportive culture,  
16 which accepts that coaches are fallible, may however be a challenge within professional sport  
17 contexts.

18

19 *Keywords:* addiction, creative non-fiction, mental health, storytelling, elite sport

## 20 Introduction

21 In 2005, *The Lancet* published an essay by Kerry Mummery, a former American national-  
22 level swimming coach, surrounding the debilitating effects of depression in professional sport.  
23 Mummery's essay used the example of Kelly Holmes, a double Olympic gold medallist (athletics),  
24 to draw attention to depression in sport. Since this publication a number of high-profile  
25 professional athletes have reported suffering from mental illness, for example; Michael Slater,  
26 Marcus Trescothick, (cricket); Stan Collymore, Clarke Carlisle, Neil Lennon (soccer); and Ricky  
27 Hatton (boxing). Sadly, since 2005 there are also a number of reported deaths by suicide including;  
28 Robert Enke, Gary Speed (soccer), Wade Belak (ice hockey), Peter Roebuck, David Bairstow  
29 (cricket), Ray Easterling, Dave Duerson, Kendrick McKinley (American Football) (Malcolm &  
30 Scott, 2012). More recently in the United Kingdom (UK) we have witnessed a professional soccer  
31 coach reveal his experiences of living and working with a mental illness (i.e. Martin Ling) and  
32 sadly in 2017 Dermot Drummy a professional soccer manager committed suicide after losing his  
33 job at an English League club.

34 Concomitantly, a small corpus of literature has argued that coaching should be  
35 (re)considered as a caring activity, where coaches care for athletes and their needs (Cronin,  
36 Roberts, Cronin & Armour, 2018). The genesis of this argument lies in a conception of coaching  
37 as a pedagogical activity (Jones, 2006; Armour, 2011). On this basis, it is has long been recognised  
38 that coaches have a legal duty of care, to safeguard participants (Partington, 2017). In practice,  
39 such care typically involves ensuring safe and reasonable training activities. In more recent times,  
40 however, authors have suggested that care should not be limited to the minimum legal requirement,  
41 but that as a pedagogues, coaches should embrace a more aspirational and holistic caring ethic  
42 (Jones, 2009; Cronin & Armour, 2017). From this perspective, a moral and social concern for the

43 health, wellbeing and needs of athletes is a precursor to personalised, consensual and effective  
44 coaching practice. To that end, researchers have described how coaches in elite sport contexts  
45 could care for athletes. Specifically, it has been argued that coaches should listen to athletes'  
46 concerns and advocate for their needs (Knust & Fisher, 2015), empathise and involve athletes in  
47 decision-making (Annerstedt & Eva-Carin, 2014), and work with other staff such as medical  
48 professionals to develop a web of care around athletes (Cronin, Roberts, Cronin, & Armour, 2018).  
49 Thus, through these guidelines, coaches are positioned as carers who are well placed to support  
50 and help athletes flourish as performers and individuals.

51         Notwithstanding the positioning of coaching as a caring activity, the needs of coaches  
52 themselves and the care that they receive is an area that remains underdeveloped. This is remiss,  
53 because sport coaching in elite contexts can be a demanding and emotionally laborious activity.  
54 Indeed, instances of coaches experiencing burnout have been described (Frey, 2007; Olusoga,  
55 Butt, Hays, & Maynard, 2009; Olusoga, Butt, Maynard, & Hays, 2010; Bentzen, Lemyre, &  
56 Kentta, 2015), and this has been linked to stress caused by the demands of the coaching role  
57 exceeding the capacity of the coach (Hjälrm, Kenttä, Hassménan, & Gustafsson, 2007).  
58 Specifically, coaches have described feelings of emotional exhaustion, low self-esteem, cynicism  
59 and sustained fatigue (Olusoga, Butt, Maynard, & Hays, 2010). Symptoms that perhaps are in need  
60 of care.

61         Thus, while coaches have been portrayed as potential carers, it is important to note that  
62 they themselves are vulnerable to mental illness. While the complexities of challenges such as  
63 depression and alcohol dependency is becoming increasingly understood in athlete populations  
64 (Doherty, Hannigan, & Campbell, 2016), the same cannot be said for that of coaches. In an attempt  
65 to fill this void, this paper reveals the debilitating nature of depression in the life of an elite football

66 (soccer) coach: Steve. To that end, this paper presents a creative non-fiction narrative of Steve's  
67 experiences of depression coupled with a deepening dependency on alcohol. In doing so, the article  
68 makes an original contribution by highlighting how depression and alcohol dependency can  
69 manifest in the life of an elite sport coach. The contribution is significant because the health and  
70 wellbeing of practitioners does not only influence athletes' performance (Frey, 2007), but as  
71 Steve's story demonstrates, is an important factor in both the working and 'hidden' personal lives  
72 of coaches and their family. Moreover, if coaching is to be positioned as a sustainable caring  
73 activity, then coaches themselves may also need support in order to enact this laborious and  
74 demanding role.

75

76

#### Depression and Sport

77 According to the Diagnostic Statistical Manual of Mental Disorders (DSM-V, 2013) individuals  
78 diagnosed with depression can experience a reduction in functioning while presenting a range of  
79 continuous symptomology. Contemporary understanding of the epidemiology of depression  
80 suggest those individuals affected will display somatic symptoms such as, sleep disturbance,  
81 weight and appetite changes, feelings of guilt or sadness, low levels of perceived self-worth,  
82 changes in libido/energy, poor concentration, and persistent thoughts of death and suicide  
83 (Doherty, Hannigan & Campbell, 2016). Depression can be an incapacitating illness and is  
84 consequently regarded a major public health concern (Kull, Aninsaar, Kiive & Raudsepp, 2012).  
85 The World Health Organisation (WHO) estimate that 322 million people worldwide suffer from  
86 depression, and a further 125 million people worldwide are reported to be affected by alcohol  
87 related disorders (WHO, 2014).

88 Interestingly, there is evidence suggesting that physical activity, sport and athletic exercise may  
89 actively reduce bouts of depression and mental well-being in normative populations (i.e. Craft,  
90 2005; Faulkner & Biddle, 2004; Rethorst et al., 2009). However, it appears that athletes in elite  
91 sport contexts may be more vulnerable to acute bouts of depression and associated mental illness  
92 due to the intense challenge of striving for excellent performance (Carless & Douglas, 2009; 2012;  
93 2013 Yang et al. 2007; Storch, Storch, Killiany, & Roberti, 2005; Nixdorf, Frank, & Beckmann,  
94 2013).

95  
96 Elite coaches similarly inhabit such intense contexts. Indeed, in elite sport, longevity for the coach  
97 is often determined by performance related measures, and success and failure can depend on  
98 small and erroneous margins (Olusoga, Butt, Maynard, & Hays, 2010). For the coach working in  
99 elite sport their ultimate goal is to improve athlete/team performance, to maintain high win/loss  
100 ratios, and to push athletes to their limits. The coach is therefore often judged by the  
101 performance(s) of the athlete(s) in their care. It is perhaps unsurprising therefore that professional  
102 sport coaching is considered alongside other occupations such as teaching (Winefield & Jarrett,  
103 2001) and nursing (Pyrjmachuck & Richards, 2007) as extremely stressful (Olusoga, Butt,  
104 Maynard, & Hays, 2010). From this position, it is reasonable to hypothesise that elite sport  
105 coaches operate in environments that may not be conducive to positive mental health, and yet for  
106 coaches, acknowledging that they may suffer the symptoms of poor mental health is discouraged  
107 because of outdated ideals of masculinity and authoritarianism (Roderick & Schumacher, 2017).  
108 Indeed, many sufferers of depression may be reluctant to report or share depressive symptoms as  
109 they are incongruous to societal ideals of masculine identity (i.e. crying) or lead to stressors such  
110 as self-stigma (Martin, Neighbors & Griffith, 2013). The concept of self-stigma is where the  
111 negative thoughts of society are internalised by the individual, thus the individual will start to

112 believe they are socially unacceptable if they seek treatment (Vogel, Wade, & Haake, 2006). These  
113 feelings often lead to reduction in self-esteem so individuals will refuse treatment, thus avoiding  
114 feelings of shame and maintaining a more socially acceptable image (Vogel et al., 2007; Corrigan,  
115 2004).

116

117 Self-stigma is often compounded in the sporting arena, and especially amongst men, who will seek  
118 to portray an ideal self-image, and then attempt to maintain the integrity of this image over time.  
119 Moreover, the masculine depression framework (Addis, 2008) suggests that traditional  
120 conceptualisations associated with sport (i.e. competition, aggression, and toughness) can often-  
121 lead men to display alternative depressive symptoms such as anger, self-destructive behaviour,  
122 gambling, substance abuse and womanising (Diamond, 2005). This framework is particularly  
123 relevant to elite sport environments such as professional football, which have been described as  
124 masculine, aggressive, authoritarian and uncaring (Cushion & Jones, 2006; Thompson, Potrac, &  
125 Jones, 2013; Roderick & Schumacker, 2017). In such environments it is not surprising that coaches  
126 have been associated with impression management and ‘putting on a front’ that gains the respect  
127 of players and fellow staff (Potrac, Jones, & Armour, 2002; Jones, Potrac, Cushion, Ronglan, &  
128 Davey, 2011; Potrac, Jones, Gilbourne, & Nelson, 2012).

129         Using dramaturgical metaphor Erving Goffman (1981) theorises that social actors often  
130 stage a performance to preserve ‘face’. Put simply, Goffman’s ideas of performativity suggest that  
131 ‘virtual’ identities are created as ‘shows’ where key moments of one’s life are enacted in an attempt  
132 to persuade an audience that the actor has a social identity that is desirable for a given social context  
133 (Goffman, 1981, 1974). For example, a coach may ‘perform’ in an authoritative confident manner  
134 in order to conform to the stereotype of the infallible coach (Potrac, Jones, Armour, 2002).



135 Conversely, should an individual possess an attribute that is deemed incongruent to their role and  
136 context, then that individual is liable to be ‘stigmatised’ and ‘discredited’ (Goffman, 1963, p.13).  
137 For instance, a coach who experiences depression may be discredited, because depression is  
138 currently an attribute that is incongruent with the prevailing stereotype of the strong, stable,  
139 confident coach. Of course, in practice many coaches and athletes do experience depression, and  
140 all are of course, fallible. Thus, the stereotype and stigma is not only inaccurate, but may be  
141 dangerous because it could encourage individuals to ‘conceal their mental illness and perhaps  
142 avoid support for fear of becoming ‘discredited’ (Goffman, 1963). Narrative accounts, such as  
143 Steve’s story (which follows below) are therefore warranted to a) challenge simplistic conceptions  
144 of coaches as strong and infallible, and b) to better support those who may experience depression.

145

146

147

### **Steve: Back story**

148 Steve (pseudonym) is currently in his mid-40s and has been known to (blinded) on a  
149 professional and personal basis for approximately 19 years. Steve and (blinded) first met whilst  
150 studying for undergraduate physical education degrees at a university in the United Kingdom  
151 (UK). Steve is a full-time, professional coach and he has worked with athletes from a number of  
152 well-known professional sporting organisations.

153 Steve’s transition into the world of sport coaching was both easy and difficult. Despite  
154 being a very talented sportsman, he did not compete professionally for the sport for which he now  
155 coaches. Steve combined his early participation coaching roles with a full-time teaching position  
156 in a UK secondary school. In his early thirties Steve completed the highest coaching qualification  
157 offered by his National Governing Body (NGB) and had also attained a post-graduate qualification

158 in Sports Therapy. This prompted a change in career as Steve was offered the opportunity to work  
159 full-time with young athletes in a performance environment.

160 Steve enjoyed a number of successful years working with the younger athletes and was  
161 rewarded with two internal promotions. Four years later Steve departed the UK to become the  
162 National Head Coach for an international sports association. However, following an unsuccessful  
163 attempt to qualify for a major international competition his contract was terminated and he returned  
164 with his wife and family to the UK. Steve is married to Jane (pseudonym) and they have two  
165 young daughters. To his family, friends and colleagues he has the allure of a man with the world  
166 at his feet. In the eyes of many, he has the ideal job and the perfect family. Steve's world however,  
167 is a troubled one. He has been medically diagnosed with suffering from severe depression and  
168 anxiety and uses alcohol to gain temporary relief from his symptoms. He has now found himself  
169 in a circle of ever-increasing alcohol use coupled by severe depressive symptoms.

170

## 171 **Methodology**

172 A twice-told creative non-fiction methodology was utilized to examine Steve's experiences.  
173 Twice-told narratives have a long history in literary circles, and have recently been advocated in  
174 qualitative research (Ellis, et al., 2018). Specifically, Ellis and colleagues (2018) demonstrated  
175 that examining experiences from multiple perspectives can positively influence meaning making,  
176 be more inclusive of other voices, lead to a more insightful collective conversation and prompt  
177 readers to consider care and empathy. Twice told narratives can also be consistent with the  
178 relativist ontology adopted herein, which sees reality as multiple, local and socially constructed.  
179 In addition, a creative non-fiction approach was utilized which involves basing research on  
180 empirical data e.g. interviews, yet presenting research in a manner that utilizes techniques

181 associated with fictional literature such as developing character, scene and plot (O'Malley,  
182 Winter, & Holder, 2017). In doing so, researchers aspire to provide narratives that are grounded  
183 in data but enable readers to connect and understand multiple experiences (Smith, McGannon, &  
184 Williams, 2016). The use of creative non-fiction in scholarly work is not new. Academics across  
185 various disciplines have made important contributions to often complex and sensitive topics by  
186 allowing the reader to inhabit vicarious versions of reality of both the individual and the unique  
187 (Carless & Sparkes, 2009; Douglas & Carless, 2008; Smith, 2013; Vickers, 2014a). Thus, in  
188 providing multiple perspectives and in utilizing creative non-fiction, the authors aspired to  
189 provide detail that would enable readers to use their own natural attitude to reflect upon their  
190 own conceptions of mental health in sport coaching (Smith, 2018).

#### 191 *Participants*

192 Steve first contacted (blinded) via an email communication back in September 2012  
193 following three years of intermittent personal correspondence. Three months after this initial  
194 contact, an informal, conversational face-to-face meeting with Steve was arranged (i.e. December,  
195 2012). It was during this meeting that Steve revealed some of his anxieties, challenges, and on-  
196 going problems for the first time, and planted the idea that I (blinded) write *his* story. Steve also  
197 revealed at this meeting that he had been keeping a diary of incidents, including his thoughts and  
198 feelings on an ad-hoc basis. Steve agreed to meet up on two further occasions, where he confirmed  
199 that he would share extracts from his diary to illustrate his understanding of his depressive  
200 episodes. In addition, Steve also consented to a series of reflexive, semi-structured interviews that  
201 commenced in March 2013 and ended in April 2016. It was agreed that Steve would decide on the  
202 number of interviews and the venue. In March 2015 during a scheduled meeting with Steve, he  
203 volunteered information that indicated his wife (Jane) also requested an opportunity to be

204 interviewed, as she thought it would be interesting to hear what she referred to as ‘her side of the  
205 story’. Steve was happy for Jane to be interviewed and a similar process of meetings took place  
206 with Jane, however it is worth noting both Jane and Steve were not interviewed at the same time.

207

### 208 *Ethical considerations*

209         The process of data collection prompted a number of ethical considerations and complex  
210 data collection issues. Firstly, (blinded) is not a mental health professional and voiced his concerns  
211 with Steve that the interview process in particular could make his illness worse. (blinded) therefore  
212 sought advice from a National Health Service (NHS) Consultant Psychiatrist, and recruited two  
213 established mental health academics (authors two and three) from within the university’s own  
214 Nursing and Allied Health faculty to act as critical friends.

215         Prior to the first interview-taking place with Steve, a meeting was convened with the  
216 Consultant Psychiatrist, where a discussion around my interview technique and exemplar  
217 questions was explored. Despite knowing Steve for several years the importance of gaining his  
218 trust were discussed. For instance, I was advised to monitor not only Steve’s demeanour, but my  
219 own. The importance of making regular eye contact and nodding to indicate I was listening was  
220 encouraged. I was advised to avoid using my own professional jargon, and as someone who does  
221 not suffer with depression to avoid saying phrases such as, “I know exactly how you feel...”. In  
222 contrast, I was encouraged to follow up broader questions such as (i) “Can you describe your  
223 symptoms of depression?” with responses such as: “I can only imagine how difficult that must  
224 have been”. In an attempt to allow the interview to flow with as little intrusion as possible I  
225 included simple requests, such as “Can you please explain what you mean” or “Tell me more about  
226 that”. Importantly, I was reminded to be supportive but to avoid offering false generalisations in

227 an attempt to offer reassurance, for example “I’m sure it will all be fine in the end”.

228         Despite providing fully informed consent to the publication of their story, an on-going  
229 process of construction and negotiation was established with both Steve and Jane throughout the  
230 preparation of the manuscript. As the story of Steve unfolded, an ethical approach similar to that  
231 described by Phoenix (2010) was employed. In other words, regular consultations were conducted  
232 with Steve and Jane and written analyses were shared. Through this, Jane envisaged providing her  
233 alternative account of the experiences and this led to the twice-told methodology. Importantly,  
234 discussions took place at various stages of the study surrounding the possibility of the study being  
235 published, and whether Steve and Jane were happy for their story to be shared. Both Steve and  
236 Jane received a final version of the manuscript and despite some very minor historical errors  
237 provided consent for the paper to be considered for publication.

238

#### 239 *Data capture and analysis*

240         Following institutional ethical approval, (blinded) embarked on a 21-month process of  
241 meeting and listening to Steve’s story. During the period March 2013 - December 2016 Steve was  
242 interviewed on six separate occasions. All of the interviews were conducted face-to-face at  
243 locations decided by Steve and included his home and public places such as cafes. The longest  
244 interview was timed at 187 minutes, with the shortest being 128 minutes. The average time for  
245 each of the six interviews was approximately 174 minutes. The interviews with Jane commenced  
246 in 2016. Jane was interviewed on four occasions. The longest interview was timed at 67 minutes,  
247 with the shortest being 48 minutes.

248         Following the transcription of the 10 interviews, the dialogue was read and re-read until a  
249 manageable and visual representation of Steve’s life experiences were compiled. A process of

250 narrative analysis (Silverman, 2000) then followed to portray the voices of Steve and Jane in an  
251 attempt to capture his on-going struggles, via what Richardson (2002) referred to as a ‘writing  
252 story’. Specifically, we selected Steve and Jane’s own words and selected key phrases and  
253 expressions with the aim of communicating his personal experiences of living with depression and  
254 his deepening dependency on alcohol. Evocative and emotional verbatim phrases as well as  
255 conversational expressions connected with Steve’s personal experiences were then compiled to  
256 create what Caulley (2008) referred to as ‘creative nonfiction’.

257         To capture an enhanced understanding of Steve and Jane’s lives, during the writing and  
258 re-writing phase (Blinded) regularly shared the story with Steve and Jane to allow for the authentic  
259 representation of specific verbatim phrases and to ensure the reader was presented with a coherent,  
260 persuasive interpretation of meaning (Riessman, 2008). During this phase of engineering the story,  
261 Steve and Jane offered some minor revisions to the text or introduced some corrections to the time-  
262 line of events. By allowing Steve and Jane the opportunity to become an active participant in the  
263 writing process we followed what Carless et al. (2014) described as a more ethically informed  
264 methodology. By welcoming Steve and Jane’s multiple perspectives and suggestions during the  
265 construction of the storytelling component, the monolithic power relationship between researcher  
266 and participant was effectively reduced. As Franks (2010) suggests, researchers adopting  
267 dialogical research present themselves “primarily that of a witness, putting stories in dialogue with  
268 one another and then inviting...readers to enter this dialogue” (p.177). Advocates of creative non-  
269 fiction (i.e. Carless & Sparkes, 2008; Douglas & Carless, 2010; Carless et al., 2014) have  
270 repeatedly illustrated how this form of academic discourse encounters difficulties when applying  
271 more traditional forms of trustworthiness. This story therefore follows the guidelines outlined by  
272 Sparkes and Smith (2014, p.197) and Carless et al (2014, p.126).

- 273 • *Worthy topic*: The topic of research is relevant, timely, interesting, or evocative
- 274 • *Meaningful coherence*: Does the study achieve its goals and meaningfully interconnect  
275 literature, objectives, findings and interpretations with each other.
- 276 • *Aesthetic merit*: Do the creative nonfictions work, so the reader has a sense of completion  
277 in reading them. Do they invoke an interpretive response? Do they work?
- 278 • *Evocation and illumination*: Does the story work emotionally? Does the story illuminate a  
279 topic or individual? Does it shed light by defamiliarising an object or a process so that it  
280 can be viewed in a different way in which customary modes of perception operate?

281 With these guidelines in mind, what follows is Steve's account.

282 **Steve**

283 *Failure not an option*

284 The second day of the training camp had drawn to an uncomfortable close - three days still  
285 to go. The heat and humidity was stifling, it was oppressive. Earlier during practice sweat had  
286 leaked from my body like a sprinkler system, soaking my T-shirt and shorts, it was like working  
287 in a sauna. Standing still in the baking sun was bad enough, but for the athletes who were working  
288 through their practice routines it was excruciating.

289 In contrast, the air-conditioning in my hotel room where I sought solace was cool and  
290 comforting. The hotel and training complex was five-star luxury. No expense had been spared.  
291 Truth be told, the evening was my favourite time of day. I couldn't be disturbed by anyone, least  
292 of all the athletes who with their vitality, arrogance and cockiness were making my life unbearable.  
293 There was a time when I enjoyed the banter and the horseplay. I used to encourage their voices  
294 into the practice session, but not anymore. I have come to realise that they are the prized assets,  
295 after all the organisation doesn't pay them to think, that's my job. Expectations are high. Failure

296 was not an option, I had to deliver.

297           The only problem: *I was in bits.*

298           My mind and body had started to shut down. The symptoms were all too familiar. People  
299 think depression is about being sad all the time. Let me tell you it's not. For me it's the opposite  
300 of vitality, a lethargy that prevents any occupational functioning. The blackness that surrounded  
301 me was suffocating.

302           Looking back, I should have turned the position down, I was out of my depth. Despite my  
303 best efforts to hide it, I was in a really bad way. The darkness that consumed me was extinguishing  
304 my ability to function. My confidence should have been at an all-time high, but the reality was  
305 very different. I had this recurring fear of letting people down, it was killing me.

306           That evening I was agitated and restless. I had ordered dinner to my room but didn't eat  
307 anything. I picked up the phone and ten minutes later room service had taken away my tray, and  
308 replaced it with a bottle of scotch, no questions asked. After all, you would expect nothing more  
309 from a luxury five-star hotel. I opened the bottle and stood in front of one of the bedroom mirrors  
310 and raised a glass to myself.

311           My hands were shaking.

312           My heart was applauding itself.

313           The mirror however was no longer a friend. The gaunt, emaciated face that stared back was  
314 unrecognisable. I cut a lonely, pathetic figure. Confusion and fear were crouched behind my eyes.  
315 I stood in all my starkness, pleading, not for help, but for an explanation. The overhead light  
316 captured every unforgiving flaw.

317           *At that moment, I wanted to run.*

318           *At that moment, I wanted to hide.*



319 *At the moment, I wanted to die.*

320 For some unexplained reason I started to cry. The tears, which up until now had been  
321 contained behind a stoic dam of resistance, flowed. They cascaded down my face in torrents. It  
322 was difficult to breathe. My soul was drowning in a cocktail of booze and despair. I couldn't stop.  
323 I sat on the floor with my knees tucked up to my chin and sobbed and sobbed. I grabbed the bottle  
324 and poured the burnt orange liquid down my throat, again and again, until I got to the point where  
325 I gagged and could drink no-more.

326 The following morning, I woke to the sound of my phone buzzing. The display screen  
327 blinked back at me while my head pounded. I felt dreadful. I had a hangover of epic proportions.  
328 My head was aching so much I thought it was going to explode. It took me all my energy to lift  
329 my head up from the pillow. The bed sheets were soaked with urine and perspiration. My throat  
330 had this burning sensation, and I needed to throw up.

331 I couldn't walk so I crawled on my hands and knees to the bathroom. The toilet was already  
332 full of bright orange vomit, but I had no recollection of how it got there. The smell was disgusting  
333 and I gagged once more, but threads of spit and whiskey smelling bile was all that I produced. I  
334 pushed two fingers down my throat, causing my whole body to shudder but nothing more came  
335 out. I crawled back into bed and picked up my phone.

336 **Jane's account**

337 *12 months later:*

338 *A Fresh Start*

339 I was pretending to be asleep when the alarm sounded. I watched Steve rise from the bed and  
340 walk gingerly across the floor rubbing his hand repeatedly across his forehead. I knew he was  
341 hungover. I had stepped downstairs in the night for a glass of water, and I had seen his pathetic,

342 haphazard attempt to hide the empties in the recycling bin. I watched him open the door to our en-  
343 suite bathroom and stand in front of the mirror. The overhead light illuminated his reflection. The  
344 face in the mirror was unrecognisable to the man I fell in love with twenty-three years ago. His  
345 complexion revealed a life-time working outdoors exposed to the elements.

346 *Sun, wind, and rain.*

347 He looked old, too old for his years.

348 For a second I wanted to reach out to him and apologise for the argument the night before, but  
349 decided to keep my pretence up for a little longer. He closed the door, and turned on the shower.  
350 Despite the sound of water pounding the shower screens I could hear him retching into the sink,  
351 or was it the toilet basin? He was trying to disguise his illness *again*, but you need to understand,  
352 I had been here before.

353 I knew the signs.

354 My stomach tightened, and my heart pounded a little faster as I contemplated shouting out,  
355 “Steve, you OK in there?”. I didn’t of course, because something stopped me. I pulled the duvet  
356 around me and looked up at the ceiling, and wondered whether the suffering was at last coming to  
357 an end, for both of us.

358 It was twelve months since our disastrous venture abroad. Don’t believe what was reported in  
359 papers. It was the breakdown he suffered during the training camp that was the real reason. Once  
360 back in the UK he promised me it would be different. He said it was under control and time to get  
361 back on the bike. He said it would be a fresh start.

362 In all fairness, he shouldn’t have taken the job in the first place. The pressure was immense,  
363 and deep-down I don’t think Steve was ready for a job of that magnitude, irrespective of whether  
364 he was in the right frame of mind, or not. This was his first appointment since returning home. He

365 applied for loads vacancies on our return, but his old contacts had either moved on, or were  
366 ignoring his calls. I suspect it was the latter. I think word had leaked out.

367 He emerged in silence and got dressed into his training uniform. It was a sight that used to fill  
368 me with such pride, but not any longer.

369 He left the room without disturbing me.

370 Five-minutes later he closed the front door and he was gone.

371 **Steve's Words**

372 *The wrong decision*

373 I left the house that morning under the false impression that I was going to work. The reality  
374 was very different. I had already called in sick. My head was pounding. There was no way I  
375 could function properly. Instead I drove to the local supermarket, bought two bottles of wine,  
376 drunk one and waited. Later, when I thought the alcohol was out of my system I started the  
377 engine. It turned out to be the wrong decision.

378 I was too busy trying to screw the top back on the bottle of chardonnay wedged between my  
379 legs to notice the flash of blue lights, or the intermittent whaling of the siren. The blind corners,  
380 short straights, the country lane was the perfect location for drinking in the car, because getting  
381 caught was almost impossible, but not today.

382 I pulled off the road, and rather clumsily positioned the car in a run-off area used by the local  
383 farmers and waited. It didn't take long before the police officer dressed in his luminous, high  
384 visibility jacket was tapping on the window.

385 "Can you turn the engine off for me please, sir?" he asked in a firm, but polite manner. "We've  
386 received reports from the supermarket that you were seen drinking alcohol inside your car, and I  
387 have reason to believe that you may have committed an alcohol related traffic offence.

388 I sat in silence. My mind racing.

389 “Have you been drinking, sir?” he asked, staring at the half-empty wine bottle lying beside me  
390 on the passenger seat.

391 Clearing my throat, I replied “Yes”, before adding “I drink every day.”

392 “In that case sir, please remove your seatbelt and escort me to my vehicle. I need to carry out  
393 a breath testing procedure.”

394 He opened the rear door of his patrol car and I lowered myself onto the backseat. The black  
395 leather upholstery was new, the interior polished and natural. The smell was pleasant, fast and  
396 clean. The aroma reminded me of a car dealership, redolent of varnished rosewood. The officer  
397 appeared oblivious to my presence as he reported the details of the offence into his hand-held  
398 police radio. An incongruous looking laptop computer was situated between the driver and  
399 passenger seat. He tapped away at the keypad, entering my responses to his questions: *name, age,*  
400 *address, place of work.* The next time I heard his voice it was instructing me, then showing me  
401 how to use the breathalyser machine: where to place my mouth, when to blow, how long to blow  
402 for.

403 I held my breath for a couple of seconds and blew hard into the transparent plastic tube. The  
404 machine lit up like a Christmas tree, all red.

405 He informed me that I have exceeded the legal limit of 35 microgrammes of alcohol in 100  
406 millilitres of breath.

407 He told me I was under arrest for an alcohol related driving offence. I had no idea what would  
408 happen next.

409 **Jane**

410 *Living a death*

411           He clearly didn't hear the crunch of the tyres on the gravel, or the sound of the front door  
412 closing. He obviously wasn't expecting me home. I guess that's why he didn't have the time to  
413 hide the bottle, or sober up. As I stepped into our kitchen, I could tell by his confused expression,  
414 and the pitiful manner he pointed, open-mouthed in the direction of my car parked on the driveway,  
415 that the game was up. It didn't require much deduction to work out he was shitfaced. Although, I  
416 hadn't noticed his car was missing.

417           "I feel as though I owe you an explanation," he said slurring his words. No doubt thinking  
418 it might be worth getting his defence in first. He could barely stand. He looked pathetic, tottering  
419 on the balls of his feet with his arms extended out wide, wine glass perched in his hand.

420           "What the hell are you doing Steve?" I asked, snatching the glass off him, emptying what  
421 was left into the sink, before grabbing the neck of the bottle holding it up to the light. I glanced up  
422 at the clock on the wall. "It's ten-thirty in the morning Steve, we've been here before. I told you  
423 last time. I don't intend going through that hell again."

424           Nobody spoke. Time momentarily, stood still.

425           I lifted my head and faced him, my tone was more conciliatory, the initial anger had begun  
426 to dissipate as the enormity of the situation started to sink in.

427           "Just a minute you're not dressed, and how come you're not at work?"

428           "I'm sorry, Jane. I'm so very sorry," he said. I was unsure whether he meant it or not, but  
429 it seemed genuine.

430           "What do you mean? You're not making any sense. *What's happened?*"

431           Another eerie, oppressive silence followed.

432           We stood staring at one another waiting for someone to make the first move. I wanted him  
433 to blurt it out, and take the initiative for once. Tell me what the hell was going on, but the

434 explanation I craved so desperately was not forthcoming.

435            “It’s happening again Steve. You told me this was going to stop, especially after the last  
436 time. Do you remember?”

437            In the end, I got the feeling he was left with no option. It was probably the booze swimming  
438 around his system that made the difference, because eventually he confessed.

439            *He told me that he had been caught drink-driving.*

440            At first I didn’t know what to say. I was numb. In a state of shock. Here I was his wife, the  
441 mother of his children, the woman he supposedly loved but quite obviously no longer trusted,  
442 pleading for answers.

443            “Oh no, please tell me you’re joking.” I said, trying more than anything to convince myself  
444 that it wasn’t true, and that’s when the tears started to fall.

445            The silence returned, and then he lifted his head and said, “I’m not the man you married  
446 Jane.”

447            My hands touched his face.

448            “Love,” I said, my lips trembling and more tears forming. “We’ve been here before,  
449 remember. You mean everything to me - to the kids - but...”

450            He wanted to push me away, I could tell. I could feel his body tense up. He was shutting  
451 down. At that moment, despite all the support I had given him over the years, I suddenly felt  
452 unimportant.

453            “I’m a fake Jane. It’s all an act. Every day is about survival. You have no idea, you don’t  
454 understand.”

455            I was sobbing hard, my voice breaking under the strain.

456            “*What you mean? You’re making no sense.*”

457 "I told you."

458 "You told me I have no idea. You're beginning to worry me Steve."

459 I threw my arms around his shoulders and tried to embrace him. He stood cold, motionless,  
460 impervious to the warmth of my body.

461 "Every day is the same. It's about getting through it. It's difficult to explain and put into  
462 words..."

463 "Try me."

464 "I have these dark thoughts, all the time. It's torture. I don't have a life. I'm living a slow  
465 tortuous death. I want to shut myself away, and be on my own. There are days where I don't think  
466 I can continue anymore. I want it to stop. I want to feel normal again. I want to go back to how I  
467 used to be."

468 I could feel the wetness of my cheeks against his face. He pattered me on the back, and that  
469 was when his own tears started to fall.

470 **Steve**

471 *Running on empty*

472 Standing on the station platform drained, exhausted, and running on empty I couldn't help  
473 but wonder, *why*. The questions that reverberated inside my mind, the answers I hadn't the energy  
474 to chase anymore, had finally taken their toll. Moments earlier I had used Jane's car to drive to  
475 the station. I did it without thinking. I wasn't bothered about the driving ban my life was in ruins.  
476 Jane's words from the night before danced around in my head:

477 *I'm leaving you Steve...*

478 *We can't carry on like this anymore...*

479 *I want a divorce...*

480       It was the final blow to a fragile and tormented mind.

481       The platform was deserted. I had only the electronic arrival screen and the automated  
482 recordings, reminding me to stand behind the yellow line, for company. My mind wandered and I  
483 imagined how earlier in the day the platform would have been occupied with unenthusiastic  
484 looking commuters, standing shoulder to shoulder, about to embark on their short journey to the  
485 city, and the beginning of another working day. A digital clock suspended next to the passenger  
486 information screen told me the next train was *on time* and would arrive at platform two in six  
487 minutes. I checked my phone. Ten missed calls from work. Two calls from Jane.

488       They would get over it.

489       For the first time in months, no years, I had absolute clarity. The darkness that had suffocated  
490 me for so long was at last allowing me to breath. I don't think you could call it an epiphany, but I  
491 felt light headed and despite not touching a drop I felt intoxicated with feelings of sudden relief  
492 and satisfaction.

493       My mind was made up.

494       A decision had been reached.

495       I was satisfied, it was the right one.

496       *The platform clock said five minutes.*

497       With the exception of the movement of some nearby trees all around me was quiet. There  
498 was a stillness in the air. It was as though nature had afforded me one final period of tranquil  
499 contemplation.

500       *The platform clock said three minutes.*

501       I decided it was time and started to walk down the platform in the direction of the level-  
502 crossing, which was located about 200 yards from where I was standing. The only sound my heart



503 pounding. I shouted out Jane's name, but of course she couldn't hear.

504         Another quick glance confirmed the platform was still empty, and in the distance I could  
505 see the outline of the train. It was difficult to establish whether the train was actually moving or  
506 slowing down. In the end it was the discernible change in the sound of the engine, which provided  
507 the evidence that the train was beginning to decelerate. I carried on walking.

508         *The platform clock said one minute.*

509         The next thing I heard was the hissing sound of air escaping, an engine ticking over. The  
510 hydraulic sound of doors opening confirmed the train was stationary. I looked back again and  
511 watched a small number of passengers alight the train. They were too busy tapping away at their  
512 mobile devices to notice my presence.

513         The gate for accessing the level-crossing was ahead of me, a distance of less than 50 yards.  
514 A sign informed me of the danger of crossing a live railway track. There was another sign, which  
515 caught my attention. The text was white, printed on a lime green coloured background and caused  
516 me to stop, an ironic smirk crossed my face.

517         *If things are getting to you call Samaritans: 0800 90 90 90.*

518         I knew the train would not be travelling at full speed by the time it reached the crossing,  
519 but it would be quick enough.

520         The *shrill* of the guard's whistle.

521         I pictured the guard pushing together the buttons and the closing of the passenger doors. I  
522 looked up to the sky and imagined what the impact would feel like. I thought about the driver and  
523 the passengers, aware my actions had ramifications beyond that of my immediate family and  
524 friends.

525         The train was leaving the platform.

526 I pushed the automatic button to activate the electronic gate but to my frustration it  
527 remained locked. I attempted to release it by using the metal latch, but it did not budge. The train  
528 was beginning to accelerate. I heard the sound of the clumps and clatter of metal on metal and the  
529 expansion of the track, the whine of the motors as it approached the crossing at a speed which  
530 would prevent any possibility of the train stopping in time. I realised that my window of  
531 opportunity was diminishing with every second that passed. I placed both my hands on the top of  
532 the wooden gate and hurled up my legs. Throwing one leg on top of the gate, I countered the force  
533 required by pushing my standing leg off from the ground. My efforts were rewarded.

534 I was in position.

535 I jumped down but lost my balance, falling backwards and landed against the gate. I  
536 couldn't look at my intended target. I was concerned I may see the face of the driver. Rather  
537 cowardly, and somewhat selfishly, I decided that I didn't want the face of a complete stranger to  
538 be my final image on this earth.

539 I heard the sound of the train horn.

540 Had the driver spotted me?

541 What was he thinking?

542 Was he thinking of applying the emergency break?

543 I took a step forward and sank to my knees. All around me there was an explosion of noise.  
544 With an exhilarating force the train hurtled past. The force of the wind pushed into my cheeks as  
545 the carriages accelerated by one by one. I felt no pain. There was no impact.

546 I looked up and caught a glimpse of the guard.

547 Our eyes met.

548 He stared back at me.

549 I could tell by the look of horror on his face, he knew exactly what I was intending to do.

550

551 **A Brief Discussion: Impression Management, Stigma and Shame.**

552 From a coaching perspective, the narrative reveals turbulent and heart wrenching events that  
553 occurred in hotel rooms, in Steve's car, and in Jane and Steve's home. These events are juxtaposed  
554 with the professional image that Steve aspired to portray in his formal coaching tracksuit and even  
555 at home by 'hiding bottles'. Indeed, Steve eventually characterises himself as 'a fake' because 'it's  
556 all an act'. Moreover, Steve's 'professional front' is crystallised in Jane's summation of their time  
557 working abroad;

558 Don't believe what was reported in papers. It was the breakdown he suffered during the  
559 training camp, that was the real reason.

560 The notion of impression management in sport coaching is not new. Drawing once more on the  
561 work of Goffman, authors have suggested that coaches perform roles within their professional  
562 lives (Potrac, Jones, & Armour, 2002; Jones, Potrac, Cushion, Ronglan, & Davey, 2011). In doing  
563 so, these authors have utilised Goffman's dramaturgical metaphor to explain how coaches exhibit  
564 behaviours which are seen as desirable for their roles in order to gain respect from their audience;  
565 e.g. players or even family members. Consistent with this, many of Steve's maladaptive behaviours  
566 occur 'back stage' in hotel rooms or at home i.e. away from the judgements of his audience.  
567 Goffman (1963) notes that this is a common response from individuals who fear being discredited  
568 for an attribute that they possess. Perceptively, Goffman (1963) notes that which attributes lead to  
569 stigma depend on a given social context. For instance, Goffman (1963), notes an example of the  
570 young boy, who attends a local library, but does so covertly because he is concerned about being  
571 stigmatised as a 'geek' by his friends. Of course, in a different social context, where reading is

572 more valued, attending a library would not be a discreditable attribute. However, in the world of  
573 elite sport coaching, Steve perceives that mental illness is a “a defiling thing to possess” of which  
574 he should be ashamed (Goffman, 1963, p 18). Of course, mental illness may also be a discreditable  
575 attribute in Steve’s personal life, and thus Steve may be managing his impression on several fronts.  
576 On this note, Goffman (1963) observes that individuals may undertake several impression  
577 management strategies including:

- 578 a) A full cover and concealment from everyone.
- 579 b) Removing themselves from a social context e.g. by moving house, jobs or friendship  
580 group.
- 581 c) Discrete disclosure to individuals in certain parts of one’s life e.g. family or health care  
582 professionals, but not work.
- 583 d) Discrete disclosure to individuals at work in powerful positions such as those at the top of  
584 a hierarchy.
- 585 e) Discrete disclosure to individuals with similar attributes e.g. mental health support groups.
- 586 f) Allocating the signs of one stigmatised attribute (e.g. mental illness) to another cause (e.g.  
587 fatigue).
- 588 g) Full disclosure as a means of confronting the attribute and seeking support.

589 In Steve’s case, he “manages crucial information” in order to present a socially acceptable front  
590 to his employer (Goffman, 1963, p. 115). In doing so, Steve manages to conceal his mental illness,  
591 which in elite coaching could be construed as a ‘shameful’ attribute. Shame as a concept has been  
592 analysed in Jean Paul Sartre’s famous concept of ‘the look’. The Look has relevance to Steve’s  
593 experience as it explains how, like stigma, feelings such as shame are predicated on the presence

594 of others. More specifically, in a phenomenologically informed example Sartre (1943/1984) sets  
595 the scene of a hotel corridor and an example of an individual coyly looking through a key hole into  
596 another hotel room. While the individual is covertly listening to someone else's hotel room, Sartre  
597 argues that they are freely engaged in a pre-reflective state. Typically, they may be preoccupied  
598 by the events on the otherside of the key hole. This pre-reflective state is maintained until they  
599 notice the presence of an other human entity on the hotel corridor who may see them. Perhaps  
600 someone who has stepped out of the elevator. At that point, when they share 'a look', the individual  
601 at the door suddenly becomes aware of how they appear to the other. They may appear rude, guilty  
602 or perhaps even appear as engaging in unlawful activity. Thus it is then, and because of the shared  
603 look, that they experience shame. Sartre therefore concludes that we feel shame because another  
604 consciousness which is directed towards us, actually reveals us to our own selves.

605

606 Consistent with Sartre, shame may also appear for Steve when others see his struggles. This may  
607 be why he calls in sick before setting off for work. This may be why he clumsily hides bottles  
608 from Jane, and may be why he listens out for Jane's car on the gravel. It is, however,  
609 understandable that Steve should not want others to see his struggle. This is because apart from  
610 feelings of shame, he also inhabits a world of high expectations, and one in which he considers  
611 mental illness to be a stigmatising concept. If word 'leaks out', then his future employment is at  
612 risk. Paradoxically however, the more effectively that Steve impression manages his depression  
613 and alcohol dependence (in a back stage area), then the less likely he is to receive the care and  
614 support that he needs. Thus, Steve's experiences have significant implications for those who seek  
615 to care for coaches with mental illness. Firstly, it suggests that coaches who need support may  
616 deliver a confident and coherent front stage performance. Therefore, employers, and fellow staff

617 may need training in order to recognise the subtle signs and symptoms of poor mental health. More  
618 specifically, while others have correctly called for coaches to provide repeated attention to the  
619 needs of athletes (Annerstedt & Eva-Carin, 2014), Steve and Jane's narrative illustrates that  
620 employers may need to ensure that they also afford sustained attention to the care needs of coaches  
621 themselves. Secondly, Steve's story also illustrates that there is much work to do engender a  
622 culture where coaches feel comfortable asking for support and a culture which envelopes them in  
623 a web of care (Cronin, Roberts, Cronin & Armour, 2018). To that end, perhaps the listening  
624 recommended by Knust and Fisher (2015), empathy advocated by Annerstedt and Eva-Carin  
625 (2014) and medical support suggested by Cronin, Roberts, Cronin, and Armour (2018) should not  
626 be confined to athletes but also extended to coaches themselves.

627         This study provides a voiced understanding of the meanings that affect an elite sport coach  
628 suffering with severe depression and a deepening dependency on alcohol. However, this study also  
629 contains some methodological limitations which need to be acknowledged. First, the narrative was  
630 produced by an individual currently living in the UK, thus experiences of navigating mental health  
631 issues may not be indicative of those living outside this region. Second, as our participant was not  
632 engaged in any help-seeking process, our study is unable to offer any targeted interventions  
633 surrounding the experiences of the illness during treatment. Third, despite our best efforts to depict  
634 Steve's suffering through his choice of words and language, we accept that every word carries  
635 utterances both past and present and therefore acknowledge our story cannot show the full  
636 sequence of events leading up to Steve's illness.

637

### 638 **Conclusion**

639 By sharing this story with you, we hope to shed light on a debilitating illness that can ruin careers  
640 and relationships. Moreover, we hope to prompt readers to consider their own work places, their

641 own mental health, and that of their colleagues. On this topic, we wonder if sports organisation's  
642 and agencies are doing enough to support coaches and their mental wellbeing? What systems are  
643 in place to support a coach's mental wellbeing? Coaches use techniques to develop and maintain  
644 their athlete's mental wellbeing, however, coaches do not appear to be able to access or receive  
645 these techniques from their employers themselves. Further non-fiction narrative studies into  
646 athlete's/organisations perceptions of (1) mental health and whether this affects their relationship  
647 with their coach and (2) whether mental health affects a coach's ability to work effectively in a  
648 competitive sporting arena may aid in developing awareness that can break down barriers for help  
649 seeking behaviour. This may generate public and organisational awareness around mental health  
650 and wellbeing in coaches and athletes in the sporting world and facilitate further understanding of  
651 the role of mental health within this specific area.

652

653 Aside from simply highlighting the debilitating nature of Steve's mental health problems, and his  
654 deepening dependency on alcohol, Steve's experience begin the process of lifting the veil of  
655 secrecy and silence, which currently surrounds depression and alcohol related disorders in  
656 professional coaching. The story has shed light on the stigma surrounding mental illness in sport,  
657 and the shame that coaches may experience. It is our contention that Steve's story is not unique,  
658 and it may well be that there are a number professional coaches working in elite sport, who are  
659 suffering similar depressive symptoms, coupled by excessive alcohol use. However, until the  
660 culture within professional sport changes, and coaches like Steve feel compelled to speak out, then  
661 future research will be limited. It is envisaged that the story presented will offer an opportunity to  
662 develop more thought-provoking and critical discussion and advance our understanding of mental  
663 illness in sport.

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669

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