

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

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

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Abstract

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

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 professional
25 athletes have reported suffering from ~~comorbid alcohol misuse and mental ill health~~ mental illness,
26 for example; Michael Slater, Marcus Trescothick, (cricket); Stan Collymore, Clarke Carlisle, Neil
27 Lennon (soccer); and Ricky Hatton (boxing). Sadly, since 2005 there are also a number of reported
28 deaths by suicide including; Robert Enke, Gary Speed (soccer), Wade Belak (ice hockey), Peter
29 Roebuck, David Bairstow (cricket), Ray Easterling, Dave Duerson, Kendrick McKinley
30 (American Football) (Malcolm & Scott, 2012). More recently in the United Kingdom (UK)- we
31 have witnessed a professional soccer coach reveal his experiences of living and working with a
32 mental illness (i.e. Martin Ling) and sadly in 2017 Dermot Drummy a professional soccer manager
33 committed suicide after losing his 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 (~~Cronin, Roberts, Cronin, & Armour, In Press~~). Thus, through these guidelines, coaches are
50 positioned as carers who are ~~in~~ well placed to support and help athletes flourish as performers and
51 individuals.

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

62 Thus, while coaches have been portrayed as potential carers, it is important to note that
63 they themselves are vulnerable to ~~poor mental health~~ mental illness. While the complexities of
64 challenges such as depression and ~~stress-alcohol~~ dependency is becoming increasingly understood
65 in athlete populations (Doherty, Hannigan, & Campbell, 2016), the same cannot be said for that of

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66 ~~coaches the coach~~. In an attempt to fill this void, this paper reveals the debilitating nature of
67 depression in the life of an elite football (soccer) coach: Steve. ~~Such research is necessary because~~
68 ~~understanding the experiences of individuals in sport coaching is a valuable precursor to improving~~
69 ~~those experiences (Jones, 2012)~~. To that end, this paper presents a creative non-fiction narrative
70 of Steve's experiences of depression coupled with a deepening dependency on alcohol. In doing
71 so, the article makes an original contribution by highlighting how depression and alcohol
72 dependency can manifest in the life of an elite sport coach. The contribution is significant because
73 the health and wellbeing of practitioners does not only influence athletes' performance (Frey,
74 2007), but as Steve's story demonstrates, is an important factor in ~~the both the working and~~
75 ~~'hidden'~~ personal lives of coaches and their family. Moreover, if coaching is to be positioned as a
76 sustainable caring activity, then coaches themselves may also need support in order to enact this
77 laborious and demanding role.

78

79

Depression and Sport

80 According to the Diagnostic Statistical Manual of Mental Disorders (DSM-V, 2013) individuals
81 diagnosed with depression can experience a reduction in functioning while presenting a range of
82 continuous symptomology. Contemporary understanding of the epidemiology of depression
83 suggest those individuals affected will display somatic symptoms such as ~~as~~ sleep disturbance,
84 weight and appetite changes, feelings of guilt or sadness, low levels of perceived self-worth,
85 changes in libido/energy, poor concentration, and persistent thoughts of death and suicide
86 (Doherty, Hannigan & Campbell, 2016). Depression can be an incapacitating illness and is
87 consequently regarded a major public health concern (Kull, Aninsaar, Kiive & Raudsepp, 2012).
88 The World Health Organisation (WHO) estimate that ~~151-322~~ million people worldwide suffer

89 from depression, and a further 125 million people worldwide are reported to be affected by alcohol
90 related disorders (WHO, 2014²). ~~In both Western and non-Western communities evidence~~
91 ~~suggests that women are more likely to be diagnosed with depression than men (Bebbington,~~
92 ~~1998). Recently however, there has been a reported increase in qualitative explorations of male~~
93 ~~depression (Martin, Neighbors & Griffith, 2013).~~

94 Interestingly, there is evidence suggesting that physical activity, sport and athletic exercise may
95 actively reduce bouts of depression and mental well-being in normative populations (i.e. Craft,
96 2005; Faulkner & Biddle, 2004; Rethorst et al., 2009). However, it appears that athletes in elite
97 sport contexts may be more vulnerable to acute bouts of depression and associated mental health
98 problems~~illness~~ due to the intense challenge of striving for excellent performance (Carless &
99 Douglas, 2009; 2012; 2013 Yang et al. 2007; Storch, Storch, Killiany, & Roberti, 2005; Nixdorf,
100 Frank, & Beckmann, 2013).

101
102 Of course, Elite coaches similarly inhabit such intense contexts. Indeed, in elite sport, longevity
103 for the coach is often determined by performance related measures, and success and failure can
104 depend on small and erroneous margins (Olusoga, Butt, Maynard, & Hays, 2010). For the coach
105 working in elite sport their ultimate goal is to improve athlete/team performance, to maintain high
106 win/loss ratios, and to push athletes to their limits. The coach is therefore often judged by the
107 performance(s) of the athlete(s) in their care. It is perhaps unsurprising therefore that professional
108 sport coaching is considered alongside other occupations such as teaching (Winefield & Jarrett,
109 2001) and nursing (Pyrjmachuck & Richards, 2007) as extremely stressful (Olusoga, Butt,
110 Maynard, & Hays, 2010). From this position, it is reasonable to hypothesise that elite sport
111 coaches operate in environments that may not be conducive to positive mental health,

112

113
114 to portray an ideal self-image, and then attempt to maintain the integrity of this image over time.

115 -Moreover, the masculine depression framework (Addis, 2008) suggests that traditional
116 conceptualisations associated with sport (i.e. competition, aggression, and toughness) can often-
117 lead men to display alternative depressive symptoms such as anger, self-destructive behaviour,
118 gambling, substance abuse and womanising (Diamond, 2005). This framework is particularly
119 relevant to elite sport environments such as professional football, which have been described as
120 masculine, aggressive, authoritarian and uncaring (Cushion & Jones, 2006; Thompson, Potrac, &
121 Jones, 2013; Roderick & Schumacker, 2017). In such environments it is not surprising that coaches
122 have been associated with impression management and ‘putting on a front’ that gains the respect
123 of players and fellow staff (Potrac, Jones, & Armour, 2002; Jones, Potrac, Cushion, Ronglan, &
124 Davey, 2011; Potrac, Jones, Gilbourne, & Nelson, 2012).

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

131 Conversely, should an individual possess an attribute that is deemed incongruent to their role and
132 context, then that individual is liable to be ‘stigmatised’ and ‘discredited’ (Goffman, 1963, p.13).

133 For instance, a coach who experiences depression may be discredited, because depression is
134 currently an attribute that is incongruent with the prevailing stereotype of the strong, stable,
135 confident coach. Of course, in practice many coaches and athletes do experience depression, and

Commented [CC1]: Potrac, P., Jones, R., & Armour, K. (2002). 'It's All About Getting Respect': The Coaching Behaviors of an Expert English Soccer Coach. *Sport, education and society*, 7(2), 183-202. doi.org/10.1080/1357332022000018869

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136 all are of course, fallible. Thus, the stereotype and stigma is not only inaccurate, but may be
137 dangerous because it could encourage individuals to ‘conceal their mental illness and perhaps
138 avoid support for fear of becoming ‘discredited’ (Goffman, 1963). Thus, narrative accounts, such
139 as Steve’s story (which follows below) are therefore warranted to a) challenge simplistic
140 conceptions of coaches as strong and infallible, and b) to better support those who may experience
141 depression.

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148 ~~Frank, & Beekmann, 2013). Of course, coaches similarly inhabit such contexts. Indeed, in elite~~
149 ~~sport, longevity for the coach is often determined by performance related measures, and success~~
150 ~~and failure can depend on small and erroneous margins (Olusoga, Butt, Maynard, & Hays, 2010).~~
151 For the coach working in elite sport their ultimate goal is to improve athlete/team performance, to
152 maintain high win/loss ratios, and to push athletes to their limits. The coach is therefore often
153 judged, perhaps unfairly, by the performance(s) of the athlete(s) in their care. It is perhaps
154 unsurprising therefore that professional sport coaching is considered alongside other occupations
155 such as teaching (Winefield & Jarrett, 2001) and nursing (Pyrjmachuck & Richards, 2007) as
156 extremely stressful (Olusoga, Butt, Maynard, & Hays, 2010). From this position, it is reasonable
157 to hypothesise that elite sport coaches operate in environments that may not be conducive to
158 positive mental health, and yet for coaches, acknowledging that they may suffer the symptoms of

~~person who has been blind for many years. Steve is a professional coach and he has worked with athletes from a number of well-known professional sporting organisations.~~

Steve: Back story

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

Steve's transition into the world of sport coaching was both easy and difficult. Despite being a very talented sportsman, he did not compete professionally for the sport for which he now coaches. Steve combined his early participation coaching roles with a full-time teaching position in a UK secondary school. In his early thirties Steve completed the highest coaching qualification offered by his National Governing Body (NGB) and had also attained a post-graduate qualification in Sports Therapy. This prompted a change in career as Steve was offered the opportunity to work full-time with young athletes in a performance environment.

Steve enjoyed a number of successful years working with the younger athletes and was rewarded with two internal promotions. Four years later Steve departed the UK to become the National Head Coach for an international sports association. However, following an unsuccessful attempt to qualify for a major international competition his contract was terminated and he returned with his wife and family to the UK. Steve is married to Jane (pseudonym) and they have a young family two young daughters. To his family, friends and colleagues he has the allure of a man with the world at his feet. In the eyes of many, he has the ideal job and the perfect family. Steve's world however, is a troubled one. He has been medically diagnosed with suffering from severe

182 depression and anxiety ~~on a daily basis~~, and uses alcohol to gain temporary relief from his symptoms. He has now
183 found himself in a circle of ever-increasing alcohol use coupled by severe depressive symptoms ~~and anxiety~~.

185 Methodology

186 A twice-told creative non-fiction methodology was utilized to examine Steve's experiences.

187 Twice-told narratives have a long history in literary circles, and have recently been advocated in
188 qualitative research (Ellis, et al., 2018). Specifically, Ellis and colleagues (2018) demonstrated

189 that examining experiences from multiple perspectives can positively influence meaning making,
190 be more inclusive of other voices, lead to a more insightful collective conversation and prompt
191 readers to consider care and empathy. Twice told narratives can also be consistent with the
192 relativist ontology adopted herein, which sees reality as multiple, local and socially constructed.

193 In addition, a creative non-fiction approach was utilized which involves basing research on
194 empirical data e.g. interviews, yet presenting research in a manner that utilizes techniques

195 associated with fictional literature such as developing character, scene and plot (O'Malley,
196 Winter, & Holder, 2017). In doing so, researchers aspire to provide narratives that are grounded
197 in data but enable readers to connect and understand multiple experiences (Smith, McGannon, &

198 Williams, 2016). The use of creative non-fiction in scholarly work is not new. Academics across
199 various disciplines have made important contributions to often complex and sensitive topics by

200 allowing the reader to inhabit vicarious versions of reality of both the individual and the unique
201 (Carless & Sparkes, 2009; Douglas & Carless, 2008; Smith, 2013; Vickers, 2014a). Thus, in

202 providing multiple perspectives and in utilizing creative non-fiction, the authors aspired to
203 provide detail that would enable readers to use their own natural attitude to reflect upon their

204 own conceptions of mental health in sport coaching (Smith, 2018) ~~(Smith B., 2018)~~.

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205 *Participants*

206 Steve first contacted (blinded) via an email communication back in September 2012
207 following three years of intermittent personal correspondence. Three months after this initial
208 contact, an informal, conversational face-to-face meeting with Steve was arranged (i.e. December,
209 2012). It was during this meeting that Steve revealed some of his anxieties, challenges, and on-
210 going problems for the first time, and planted the idea that I (blinded) write *his* story. Steve also
211 revealed at this meeting that he had been keeping a diary of incidents, including his thoughts and
212 feelings on an ad-hoc basis. Steve agreed to meet up on two further occasions, where he confirmed
213 that he would share extracts from his diary to illustrate his understanding of his depressive
214 episodes. In addition, Steve also consented to a series of reflexive, semi-structured interviews that
215 commenced in March 2013 and ended in April 2016. It was agreed that Steve would decide on the
216 number of interviews and the venue. In March 2015 during a scheduled meeting with Steve, he
217 volunteered information that indicated his wife (Jane) also requested an opportunity to be
218 interviewed, as she thought it would be interesting to hear what she referred to as ‘her side of the
219 story’. Steve was happy for Jane to be interviewed and a similar process of meetings took place
220 with Jane, however it is worth noting both Jane and Steve were not interviewed at the same time.
221

222 *Ethical considerations*

223 The process of data collection prompted a number of ethical considerations and complex
224 data collection issues. Firstly, (blinded) is not a mental health professional and voiced his concerns
225 with Steve that the interview process in particular could make his illness worse. (blinded) therefore
226 sought advice from a National Health Service (NHS) Consultant Psychiatrist, and recruited two
227 established mental health academics (authors two and three) from within the university’s own

228 Nursing and Allied Health faculty to act as critical friends.

229 Prior to the first interview-taking place with Steve, a meeting was convened with the
230 Consultant Psychiatrist, where a discussion around my interview technique and exemplar
231 questions ~~were~~was explored. Despite knowing Steve for several years the importance of gaining
232 his trust were discussed. For instance, I was advised to monitor not only Steve's demeanour, but
233 my own. The importance of making regular eye contact and nodding to indicate I was listening
234 was encouraged. I was advised to avoid using my own professional jargon, and as someone who
235 does not suffer with depression to avoid saying phrases such as, "I know exactly how you feel...".
236 In contrast, I was encouraged to follow up broader questions such as (i) "Can you describe your
237 symptoms of depression?" with responses such as: "I can only imagine how difficult that must
238 have been". In an attempt to allow the interview to flow with as little intrusion as possible I
239 included simple requests, such as "Can you please explain what you mean" ~~or~~or "Tell me more
240 about that". Importantly, I was reminded to be supportive but to avoid offering false
241 generalisations in an attempt to offer reassurance, for example "I'm sure it will all be fine in the
242 end".

243 Despite providing fully informed consent to the publication of their story, an on-going
244 process of construction and negotiation was established with both Steve and Jane throughout the
245 preparation of the manuscript. As the story of Steve unfolded, an ethical approach similar to that
246 described by Phoenix (2010) was employed. In other words, regular consultations were conducted
247 with Steve and Jane and written analyses were shared. Through this, Jane envisaged providing her
248 alternative account of the experiences and this led to the twice-told methodology. Importantly,
249 discussions took place at various stages of the study surrounding the possibility of the study being
250 published, and whether Steve and Jane were happy for their story to be shared. Both Steve and

251 Jane received a final version of the manuscript and despite some very minor historical errors
252 provided consent for the paper to be considered for publication.

253

254 *Data capture and analysis*

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

263 Following the transcription of the 10 interviews, the dialogue was read and re-read until a
264 manageable and visual representation of Steve's life experiences were compiled. A process of
265 narrative analysis (Silverman, 2000) then followed ~~in order~~ to portray the voices of Steve and Jane
266 in an attempt to capture his on-going struggles, via what Richardson (2002) referred to as a 'writing
267 story'. Specifically, we selected Steve and Jane's own words and selected key phrases and
268 expressions with the aim of communicating his personal experiences of living with depression and
269 his deepening dependency on alcohol. Evocative and emotional verbatim phrases as well as
270 conversational expressions connected with Steve's personal experiences were then compiled to
271 create what Caulley (2008) referred to as 'creative nonfiction'.

272 ~~In order~~ To capture an enhanced understanding of Steve and Jane's lives, during the
273 writing and re-writing phase (Blinded) regularly shared the story with Steve and Jane to allow for

274 the authentic representation of specific verbatim phrases and to ensure the reader was presented
275 with a coherent, persuasive “emotional truth” (Miller & Paola, 2005, p.83) interpretation of
276 meaning (Riessman, 2008). During this phase of engineering the story, Steve and Jane offered
277 some minor revisions to the text or introduced some corrections to the time-line of events. By
278 allowing Steve and Jane the opportunity to become an active participant in the writing process we
279 followed what Carless et al. (2014) described as a more ethically informed methodology. By
280 welcoming Steve and Jane’s multiple perspectives and suggestions during the construction of the
281 storytelling component, the monolithic power relationship between researcher and participant was
282 effectively reduced. As Franks (2010) suggests, researchers adopting dialogical research present
283 themselves “primarily that of a witness, putting stories in dialogue with one another and then
284 inviting...readers to enter this dialogue” (p.177). Advocates of creative non-fiction (i.e. Carless &
285 Sparkes, 2008; Douglas & Carless, 2010; Carless et al., 2014) have repeatedly illustrated how this
286 form of academic discourse encounters difficulties when applying more traditional forms of
287 trustworthiness. This story therefore follows the guidelines outlined by Sparkes and Smith (2014,
288 p.197) and Carless et al (2014, p.126).

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

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

298 **Steve**

299 ***Failure not an option***

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

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

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

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

318 Looking back, I should have turned the position down, I was out of my depth. Despite my
319 best efforts to hide it, I was in a really bad way. The darkness that consumed me was extinguishing

320 my ability to function. My confidence should have been at an all-time high, but the reality was
321 very different. I had this recurring fear of letting people down, it was killing me.

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

327 My hands were shaking.

328 My heart was applauding itself.

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

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

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

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

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

342 The following morning, I woke to the sound of my phone buzzing. The display screen

343 blinked back at me while my head pounded. I felt dreadful. I had a hangover of epic proportions.
344 My head was aching so much I thought it was going to explode. It took me all my energy to lift
345 my head up from the pillow. The bed sheets were soaked with urine and perspiration. My throat
346 had this burning sensation, and I needed to throw up.

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

352 **Jane's account**

353 *12 months later:*

354 *A Fresh Start*

355 I was pretending to be asleep when the alarm sounded. I watched Steve rise from the bed and
356 walk gingerly across the floor rubbing his hand repeatedly across his forehead. I knew he was
357 hungover. I had stepped downstairs in the night for a glass of water, and I had seen his pathetic,
358 haphazard attempt to hide the empties in the recycling bin. I watched him open the door to our en-
359 suite bathroom and stand in front of the mirror. The overhead light illuminated his reflection. The
360 face in the mirror was unrecognisable to the man I fell in love with twenty-three years ago. His
361 complexion revealed a life-time working outdoors exposed to the elements.

362 *Sun, wind, and rain.*

363 He looked old, too old for his years.

364 For a second I wanted to reach out to him and apologise for the argument the night before, but
365 decided to keep my pretence up for a little longer. He closed the door, and turned on the shower.

366 Despite the sound of water pounding the shower screens I could hear him retching into the sink,
367 or was it the toilet basin? He was trying to disguise his illness *again*, but you need to understand,
368 I had been here before.

369 I knew the signs.

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

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

378 In all fairness, he shouldn’t have taken the job in the first place. The pressure was immense,
379 and deep-down I don’t think Steve was ready for a job of that magnitude, irrespective of whether
380 he was in the right frame of mind, or not. This was his first appointment since returning home. He
381 applied for loads vacancies on our return, but his old contacts had either moved on, or were
382 ignoring his calls. I suspect it was the latter. I think word had leaked out.

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

385 He left the room without disturbing me.

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

387 **Steve’s Words**

388 ***The wrong decision***

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

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

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

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

404 I sat in silence. My mind racing.

405 "Have you been drinking, sir?" he asked, staring at the half-empty wine bottle lying beside me
406 on the passenger seat.

407 Clearing my throat, I replied "Yes", before adding "I drink every day."

408 "In that case sir, please remove your seatbelt and escort me to my vehicle. I need to carry out
409 a breath testing procedure."

410 He opened the rear door of his patrol car and I lowered myself onto the backseat. The black
411 leather upholstery was new, the interior polished and natural. The smell was pleasant, fast and

412 clean. The aroma reminded me of a car dealership, redolent of varnished rosewood. The officer
413 appeared oblivious to my presence as he reported the details of the offence into his hand-held
414 police radio. An incongruous looking laptop computer was situated between the driver and
415 passenger seat. He tapped away at the keypad, entering my responses to his questions: *name, age,*
416 *address, place of work.* The next time I heard his voice it was instructing me, then showing me
417 how to use the breathalyser machine: where to place my mouth, when to blow, how long to blow
418 for.

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

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

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

425 **Jane**

426 ***Living a death***

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

433 "I feel as though I owe you an explanation," he said slurring his words. No doubt thinking
434 it might be worth getting his defence in first. He could barely stand. He looked pathetic, tottering

435 on the balls of his feet with his arms extended out wide, wine glass perched in his hand.

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

440 Nobody spoke. Time momentarily, stood still.

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

443 “Just a minute you’re not dressed, and how come you’re not at work?”

444 “I’m sorry, Jane. I’m so very sorry,” he said. I was unsure whether he meant it or not, but
445 it seemed genuine.

446 “What do you mean? You’re not making any sense. *What’s happened?*”

447 Another eerie, oppressive silence followed.

448 We stood staring at one another waiting for someone to make the first move. I wanted him
449 to blurt it out, and take the initiative for once. Tell me what the hell was going on, but the
450 explanation I craved so desperately was not forthcoming.

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

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

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

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

458 pleading for answers.

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

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

463 My hands touched his face.

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

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

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

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

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

473 “I told you.”

474 “You told me I have no idea. You’re beginning to worry me Steve.”

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

477 “Every day is the same. It’s about getting through it. It’s difficult to explain and put into
478 words...”

479 “Try me.”

480 “I have these dark thoughts, all the time. It’s torture. I don’t have a life. I’m living a slow

481 tortuous death. I want to shut myself away, and be on my own. There are days where I don't think
482 I can continue anymore. I want it to stop. I want to feel normal again. I want to go back to how I
483 used to be."

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

486 **Steve**

487 ***Running on empty***

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

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

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

495 *I want a divorce...*

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

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

504 They would get over it.

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

509 My mind was made up.

510 A decision had been reached.

511 I was satisfied, it was the right one.

512 *The platform clock said five minutes.*

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

516 *The platform clock said three minutes.*

517 I decided it was time and started to walk down the platform in the direction of the level-
518 crossing, which was located about 200 yards from where I was standing. The only sound my heart
519 pounding. I shouted out Jane's name, but of course she couldn't hear.

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

524 *The platform clock said one minute.*

525 The next thing I heard was the hissing sound of air escaping, an engine ticking over. The
526 hydraulic sound of doors opening confirmed the train was stationary. I looked back again and

527 watched a small number of passengers alight the train. They were too busy tapping away at their
528 mobile devices to notice my presence.

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

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

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

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

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

541 The train was leaving the platform.

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

550 I was in position.

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

555 I heard the sound of the train horn.

556 Had the driver spotted me?

557 What was he thinking?

558 Was he thinking of applying the emergency break?

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

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

563 Our eyes met.

564 He stared back at me.

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

566

567 **A Brief Discussion: [Impression Management, Stigma and Shame.](#)**

568 From a coaching perspective, the narrative reveals turbulent and heart wrenching events that
569 occurred in hotel rooms, in Steve's car, and in Jane and Steve's home. These events are juxtaposed
570 with the professional image that Steve aspired to portray in his formal coaching tracksuit and even
571 at home by 'hiding bottles'. Indeed, Steve eventually characterises himself as 'a fake' because

572 ~~'itsit's~~ all an act'. Moreover, Steve's 'professional front' is crystalised in Jane's summation of their
573 time working abroad;

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

576
577 a) A full cover and concealment from everyone.

578 b) Removing themselves from a social context e.g. by moving house, jobs or friendship
579 group.

580 c) Discrete disclosure to individuals in certain parts of one's life e.g. family or health care
581 professionals, but not work.

582 d) Discrete disclosure to individuals at work in powerful positions such as those at the top of
583 a hierarchy.

584 e) Discrete disclosure to individuals with similar attributes e.g. mental health support groups.

585 f) Allocating the signs of one stigmatised attribute (e.g. mental illness) to another cause (e.g.
586 fatigue).

587 g) Full disclosure as a means of confronting the attribute and seeking support.

588 In Steve's case, he "manages crucial information" in order to present a socially acceptable front
589 to his employer (Goffman, 1963, p. 115). In doing so, Steve manages to conceal his mental illness,
590 which in elite coaching could be construed as a 'shameful' attribute. Indeed, Jane's additional
591 voice is particularly useful in this study because it illuminates some of Steve's back stage
592 experiences.

593

594 Consistent with Sartre, shame may also appear for Steve when others see his struggles. This may
 595 be why he calls in sick before setting off for work. This may be why he clumsily hides bottles
 596 from Jane, and may be why he listens out for Jane's car on the gravel. It is, however,
 597 understandable that Steve should not want others to see his struggle. This is because apart from
 598 feelings of shame, he also inhabits a world of high expectations, and ~~of arrogant and cocky~~
 599 ~~footballers~~ one in which he considers mental illness to be a stigmatising concept. If word 'leaks
 600 out', then his future employment is at risk. Paradoxically however, the more effectively that Steve
 601 ~~hides~~ impression manages his depression and alcohol dependence (in a back stage area), then the
 602 less likely he is to receive the care and support that he needs. Thus, Steve's experiences have
 603 significant implications for those who seek to care for coaches with mental ~~health~~
 604 ~~challenges~~ illness. Firstly, it suggests that coaches who need support may deliver a confident and
 605 coherent front stage performance. Therefore, employers, and fellow staff may need training in
 606 order to recognise the subtle signs and symptoms of poor mental health. More specifically, while
 607 others have correctly called for coaches to provide repeated attention to the needs of athletes
 608 (Annerstedt & Eva-Carin, 2014), Steve and Jane's narrative illustrates that employers may need to
 609 ensure that they also afford sustained attention to the care needs of coaches themselves. Secondly,
 610 Steve's story also illustrates that there is much work to do engender a culture where coaches feel
 611 comfortable asking for support and a culture which envelops them in a web of care ~~(Cronin,~~
 612 ~~Roberts, Cronin, & Armour, In-Press)~~ (Cronin, Roberts, Cronin & Armour, 2018).- To that end,
 613 perhaps the listening recommended by Knust and Fisher (2015), empathy advocated by Annerstedt
 614 and Eva-Carin (2014) and medical support suggested by Cronin, Roberts, Cronin, and Armour
 615 (2018 In-Press) should not be confined to athletes but also extended to coaches themselves.

Commented [CC3]: Do we need to put more in here to address review one point about unions, support staff.. Perhaps a suggestion that unions, support staff and charities which are confidentiality bound and less stigmatizing might be a better place to disclose mental health.

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616 This study provides a voiced understanding of the meanings that affect an elite sport coach
617 suffering with severe depression and a deepening dependancy on alcohol. However, this study also
618 contains some methodological limitaions which need to be acknowledged. First, the narrative was
619 produced by an indiviudal currently living in the UK, thus experiences of navigating mental health
620 issues may not be indicative of those living outside this region. Second, as our participant was not
621 engaged in any help-seeking process, our study is unable to offer any targated interventions
622 surrounding the experiences of the illness during treatment. Third, despite our best efforts to depict
623 Steve’s suffering through his choice of words and language, we accept that every word caries
624 utterances both past and present and therefore acknowledge our story cannot show the full
625 sequece of events leading up to Steve’s illness.

626 627 **Conclusion**

628
629 and relationships. Moreover, we hope to prompt readers to consider their own work places, their
630 own mental health, and that of their colleagues. On this topic, we wonder if sports organisation’s
631 and agencies are doing enough to support coaches and their mental wellbeing? What systems are
632 in place to support a coach’s mental wellbeing? Coaches use techniques to develop and maintain
633 their athlete’s mental wellbeing, however, coaches do not appear to be able to access or receive
634 these techniques from their employers themselves. Further non-fiction narrative studies into
635 athlete’s/organisations perceptions of (1) mental health and whether this affects their relationship
636 with their coach and (2) whether mental health affects a coach’s ability to work effectively in a
637 competitive sporting arena may aid in developing awareness that can break down barriers for help
638 seeking behaviour. This may generate public and organisational awareness around mental health

639 and well-being in coaches and athletes in the sporting world and facilitate further understanding of
640 the role of mental health within this specific area.

641

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

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