**Telling different stories in sport:**

**Mental health, mental distress and the art of change**

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**Abstract**

In this chapter we draw on two decades of research to explore how sport culture can impact the mental health and wellbeing of athletes. We share stories from elite and professional sportspeople who have participated in our research and who described mental health problems during or following their sport careers. We suggest that a dominant narrative type – a particular storyline – within elite sport culture conspires to threaten long-term mental health while, at the same time, reducing the likelihood of adaptive responses. We conclude that, if we wish to improve mental health among high-level sportspeople, we need to rethink the kinds of stories we tell and retell about life in sport.

We have worked together now on two primary research strands for over two decades. Over the years these areas of work, which began, we thought at the time, as quite separate, have merged and morphed in intriguing and sometimes troubling ways. The first area concerns the stories and experiences of elite sportspeople – professional golfers at first but broadening to include other sports such as track and field athletics, swimming, rugby union, canoeing, hockey, judo, and rowing. It began as Kitrina’s doctoral research (Douglas, 2004), extending into several research papers (e.g., Douglas & Carless, 2006, 2009; Carless & Douglas, 2009, 2013) and a book (Douglas & Carless, 2015). The second area concerns the stories and experiences of a group of men diagnosed with a severe and enduring mental health condition who engage in sport or physical activity. This began as David’s doctoral research and led to research papers (e.g., Carless & Douglas, 2008) and a book (Carless & Douglas, 2010).

 As we worked together over time on each other’s projects, they gradually became *our* shared projects. Insights from one project informed and extended the other. Questions raised in one area of study crossed over into the other. We learnt from each other’s participants. We learnt from each other. The boundaries between the topics blurred.

This might all have been assisted by our use of and commitment to narrative – or life history – methodology. Not only did one of us talk with and witness the stories of each participant (a professional sportsperson or a user of mental health services), but the other of us *also* engaged with that participant – initially through the interview transcript but, later perhaps, through shared focus group or fieldwork interactions. And as we worked with each individual’s stories, we sometimes found ourselves placing those stories alongside the stories of other participants in a form of dialogical research (Frank, 2010). It was perhaps at these times that some of the most potent insights emerged as, through radically shifting cultural context (from elite sport to mental health services and back again) stories would begin to take on a different hue, assume a changed meaning. What at first might have appeared unproblematic within its own context – expected, assumed, or taken for granted –would sometimes come to seem surprising or troubling in a different cultural context.

An example might help clarify this point. One of the most striking insights that emerged through us working together *within and between* these two research areas was that some of the most powerful, affecting, and troubling stories of mental distress came from participants in the elite sport research. This is not to say, of course, that the men we worked with in mental health contexts did not share stories of distress, suffering and trauma. They did. And, typically, their stories showed us how their personal experiences were shaped by wider social, cultural and political factors. That is, what happened to them was affected in complex ways by (for example) their family and relationships, their biography, major life events, their working lives, and/or their experiences of mental health service interventions. We came to understand that mental health – and mental distress – is not ‘in’ the individual, but is instead a social, economic and political phenomenon. These men’s mental health was as much a product of culture as it was a consequence of psychology, genetics or biochemistry. We learnt that it is impossible – and futile – to try to separate an individual’s mental health from what is going on around them in the culture/s (or subculture/s) in which they are immersed. To better understand (and help) any individual we were therefore challenged to remove our ‘cultural blinkers.’

These understandings, we came to see, could – and should – be translated back into the context of our elite and professional sport research. When an athlete told us about their depression – or a suicide attempt, or anxiety, or self-harm, or trauma, or eating disorder, or substance abuse – we could not and should not see their mental health difficulties as ‘in’ them. Instead, we needed to try to understand how the culture/s in which they were immersed might be implicated in their difficulties. In short, we were forced to ask: *How is the culture (or subculture) of sport constraining the mental health of this individual?*

This is, of course, a difficult question to answer. It is impossible to be certain. Every athlete (as does every person) exists across numerous cultures and subcultures. How can we ever know for sure how a particular cultural context impacted an individual’s mental health? We cannot. However, intensive, longitudinal, participatory, dialogical, relational research methods – such as narrative – can shed much-needed light. We could see, for example, how one individual’s mental distress was likely seeded in early life, perhaps re-triggered later by aspects of sport culture, while another’s appeared to be a more direct consequence of particular aspects of sport culture. And another’s difficulties, perhaps, seemed to occur independent of sport culture.

The frequency of stories of mental health problems among the athletes we interviewed surprised and saddened us. While we expected to hear these kinds of stories from the men diagnosed with mental ‘illness,’ neither of us anticipated hearing them – certainly not this often – from ‘successful’ sportspeople. Their presence, their frequency and their intensity too suggested to us that there was indeed ‘trouble’ within (some) elite and professional sport culture (or subcultures). That trouble, we determined, needed to be explored further. As we have continued these explorations, hearing more athletes stories of depression, anxiety, suicidality, self-harm, trauma, eating disorder, or substance abuse we have been compelled to ask ourselves: *Is it even possible to develop and experience good mental health within contemporary cultures of elite and professional sport?*

In this chapter we want to delve into some of these complex and sometimes troubling experiences. To do so, we share a selection of inevitably messy, unruly and sometimes challenging stories. Each story is incomplete, as understanding of every person’s mental health will always be incomplete. When it comes to mental health and mental distress, we can never know the full story, even for ourselves. Instead, we try to learn everything we can from each fragment. We lay these stories side by side as a way to facilitate an emerging dialogue – between different participants/sportspeople, between ourselves as writer-researchers, and between you as readers. We recognise that this kind of ‘messiness’ can be frustrating (it sometimes is/has been for us too!), but we try to stay with it, live with the doubts and questions, to allow insights, possible courses of action and, perhaps, new questions to become apparent. Towards the end of the chapter we pull back from the stories to share a particular theoretical angle – one way of trying to make sense of how sport culture can in more general terms impact the mental health and wellbeing of those who exist within it. By doing so we offer a more specific grounding not only for thinking, but also for action to make the kinds of changes needed to support better mental health in sport.

**‘The Pressure’**

(Douglas, 2004, p.198)

I don’t think I’ve ever told

This story to anyone

But since this isn’t me

This is anonymous: I threw a few games.

In the world team

Playing in Bangkok in the semi-finals

I stood on the 16th one-up,

But I didn’t want to be there,

There’s better things to do than being on a golf course

I am in this wonderful place, for goodness sake

And I thought oooh now

have you ever

Now you’ve probably never done this

But do you know it is actually

more difficult

To deliberately hit a bad shot

Without making it look – as if you’ve hit a bad shot

I thought ‘I’ll hit it in the trees’

I hit it in – it came back out

Eventually on 18th all square, had a 10 ft putt to half

I thought that - I’ll just try, you know

Just

hit it too hard

I deliberately lipped out, the relief was fantastic

I knew, I just don’t know

Just the pressure, just didn’t want it any more

And that was when I was 18, didn’t want the pressure.

The pressure of winning, I played in a lot of finals

I never lost, it was the more I play and win

I am going to lose one and then

devastated.

Rather lose in the first round, than get to the final and lose.

I don’t know, I think because I never lost

I never wanted to lose.

Yeah,

I think

I wanted to be happy.

**‘Cut’**

My very close friends on tour, my friends and my family are very important to me, what they think. Because if they think you’re wasting space, well, that’s when you give up isn’t it? They know I’ve had a bit of a tough time and they know that I’ve brought myself out of it. It probably is the biggest success really. I’m not an alcoholic because I didn’t get up in the morning and start drinking, but I was getting there, I think. It was a bit of a problem. Yeah. It was just all to do with my golf, because my golf was failing. As soon as I picked my golf up that wasn’t a problem.

I don’t think we ever talk about what we’re feeling. We all hide it and we all try to be nice and, oh, you know, aren’t we all happy today! But just look at the face, just look at the face. Every golfer – every golfer – doesn’t want to miss a cut. I don’t care how good you are, nobody likes missing a cut and nobody likes having a bad round. I’ve seen my friends, even though they are successful, miss the cut and it’s hurt them. One of the very good players this year missed her first cut for a long time, and she told me, she said, ‘I never understood people when they couldn’t have a chance at making the cut why they kept trying.’ And she said, ‘I was in that position and I had no chance of making the cut, but I kept trying. I understand why people do it now, because it’s for next week.’ And that was a very successful player who said that, and she was gutted. And she never thought missing a cut would affect her and it does, see. So, yeah, I’ve spoken to someone about it.

**‘Roller Coaster’**

(Carless & Douglas, 2009, p. 57-61)

You’re always thinking about yourself and golf and how you are doing. I find it very difficult to laugh on the golf course. I am a miserable cow on the golf course, too consumed. It was everything to me. Yeah. There is no question. I was miserable if I didn’t play how I wanted to. I suppose the fact that I was good at something, boosts your confidence and then you go on such an up and down imaginary roller coaster, in terms of, you know, whether you are successful or not. I can’t seem to cope with not doing well.

Mum couldn’t quite understand why I wasn’t shooting good scores, she said “You used to shoot good scores, what’s happened to you?” You’re not that bothered about it yourself, but suddenly, you *do* become bothered about it because it’s been put in your mind. And it’s the same with your fans. It’s the first thing they say, it’s not “How are you?” it’s “What did you shoot today?” And you get into that syndrome because of other people. It’s not necessarily something you think yourself, but that influence is forced upon you. And you start thinking about yourself and then you get upset with yourself.

I think the fact that I haven’t been married or I haven’t had any relationships or stuff like that, you know, that is something that I will always wonder about, whether I failed at. I would have liked to have a family but obviously I have had to sacrifice that. It’s history. I am not sure I could cope with it now, you know, that is something, as a woman, you yearn for that. I don’t know whether that’s innate or being a woman.

After I retired, I think there were two things missing: the buzzing excitement of walking up the last, I suppose adulation, the crowds, and then there was “what am I going to do next?” That hit me all at once. I’m thinking what am I going to do? Suddenly, you lose your confidence and think, well, I’m no good at anything. I was depressed. And then you start to question whether you made the right choice, why am I here? What am I going to do?

**‘Going Home’**

(Douglas, 2014, 104-108 p. the pages we are using) the actual whole piecepp103-114

The feelings started long before she got to the golf course, but she wasn’t sure exactly when, or why. There was something, and it didn’t go away. She knew, at least thought she knew, she didn’t want to be there, she didn’t want to play.

It wasn’t that she was playing badly, but she wasn’t playing particularly well either. It wasn’t a course she particularly enjoyed, but she didn’t particularly dislike it. It wasn’t a major tournament, but it wasn’t an insignificant tournament either. It wasn’t a cold, wet or windy day, and goodness knows links courses can be wild and windy at times, but neither was it particularly hot and sunny. It was, however, the most perfect time of day for her, an early start. There were no groups in front to slow her play, no spike marks to hamper the roll of her putts towards the hole, no footprints in the bunkers, the greens were freshly mown and fast, the air crisp, the breeze yet to rise, and yet, what her body told her, was to go home.

“On the tee representing Mizuno,” the starter announced. She nodded and raised her hand toward the crowd thanking them for their applause in acknowledging her achievements. She hit an ok drive, an ok shot to the green and a couple of ok putts. At the second hole she got a birdie, which should make her happy, shouldn’t it?

uprising

tears welled,

vision clouded

I want to go home

*No, wait,*

*masquerade for the crowd*

*Act professionally*

*You’re a pro,*

A pro who doesn’t want to play today,

this feeling

I am engulfed,

swallowed

why am I still here?

*this is your job,*

*it’s how you earn your living,*

yes, but, I don’t want to be

here

today

 *you’ll be home in three days’ time*

*it’s hardly a long time,*

*and you’ve paid out a lot to be here,*

*travel, entry fees,*

*you need a return on your investment,*

*you need to win*

*money*

Yes but I hope

 *Don’t say it*

I miss the cut

 *You can’t say that, you never miss cuts*

But, this was day one of the tournament

I think I might

Walk in

*Don’t be silly*

Why?

Why stay

*You’re not allowed to leave an event,*

*the tournament has been sold based on the top players playing,*

*and it will affect your order of merit position,*

*and that will affect what you get to play in next year,*

*and you’ve got responsibilities, to colleagues, your sponsor, the tour, the fans who pay to watch you,*

Yes, I know but I really

Don't want to

*You’re probably just tired, played too much, burnt out*

Yes, so shouldn’t I

*No, not yet, after the event, for now just try to cover costs,*

*cover your feelings*

*and what if you did go home,*

*what are you going to do there,*

*and what if next week you don’t want to play either*

Well then I won’t go

*And what if that happens again*

*What if it keeps happening?*

Then I’ll stop playing

*What about all your talent?*

*Goals left unfulfilled*

*There’ll be plenty of time to be at home*

*When you’re old*

*How would you earn a living?*

I’d do something else

*Have you any idea what something else is like,*

*how many people would give their right arm*

*to do what you do,*

*have your lifestyle*

*see the things you’ve seen*

*be able to do what you can?*

Yes, I know

But if I don’t want to be

here

*And the income, you won’t get decent money working in...*

Yes, but…

tears

another shot,

another putt

the tide going out

and never, never, never

coming in

life a wilting flower

starved of water

By the fifteenth hole she’d made up her mind and formulated a plan. At the end of the round she would sign her card, and then leave, just go home, and not tell anyone her plan, so the do-gooders wouldn’t try to change her mind, or over sympathise. She didn’t want to explain. She didn’t want to talk. She wouldn’t need to change her shoes, she’d driven in her spikes before, she would put her clubs in the car, and just drive, drive home.

The next hole dragged, but she felt a little better knowing she had a plan:

tread water,

three more holes,

Show no fear

two more holes,

smile at the crowd

one more hole,

She came off the course, went into the scorer’s tent, signed her card, and she was away. Three and a half hours later she walked into her home.

“Hello,” her mother said, slightly surprised. “Didn’t expect to see you till Sunday.” And they slipped into mundanity. No questions, no lengthy explanations, discussions; well, there was one question: “D’you want a cuppa?” her mother asked after giving her a big hug, “the pot’s just made, I’m taking mine in the garden.” And with that her mother walked off with her cup of tea and a slice of cake. “Those weeds are up again and…”

The sign in the surgery the next day read, “Give your name to the receptionist and take a seat.” Which she did; waiting for the buzzer to sound and flash so that she knew it was her turn to see the General Practitioner.

“I need a doctor’s note,” she said to GP. She sounded authoritative.

“I see,” the man said, reading her notes; they were very, very short.

“I’m obviously not well.” The words stuck in her throat. She had a problem saying she was ill partly because she felt happy and healthy, so what illness was she claiming? Homesickness? Travel sickness? Sea sickness? Love sickness? Motion sickness? Depression? Burn out? At that moment, when she was claiming her illness, in a dimly lit room devoid of sunshine, on a plastic covered chair, in front of some greying, pale GP, she didn’t know, exactly; everything about her body exuded life and health.

*Nothing*

*A big fuss*

*Do you realise the money you are wasting?*

*Don’t you think doctors have better things to do?*

*Have you seen the sort of lives people lead who come to their GP with problems?*

Her word wasn’t enough for the Tour. She needed proof. This man could provide the proof. He was authorised to give an account of her life.

*It’s a lie, the note,*

*so you don’t get fined*

*for walking off for*

*No Reason!*

Crying

on the golf course

isn’t normal

is it?

That happened

Didn’t it?

**‘Text Message’**

(Douglas & Carless, 2012, p. 30-31)

*Summer 2005:* Time once again had elapsed, but the greeting was still warm. “Look at what I’m growing in my garden,” she said after a tour of her new house. “What are those?” I asked, interested in how this former pro was coping with retirement. “Well, they’re supposed to be strawberries, but um…” We both laughed as we inspect the browning, wilted plant. “To be honest,” Anna sighed, looking round her garden, “nothing can ever replace the buzz. I can’t get excited about my strawberries the way I did about winning, it’s just not the same.”

As I sat back and turned on the tape recorder my mind drifted a little. *All the glory makes it tough*, I thought. She began to share more stories. “I was depressed for about a month”, she reflects, but reckons she’s through that now. I’m annoyed and distracted when I hear her sport psychologist didn’t call her to find out how she was doing, or offer support during the transition. *He should know what athletes go through*, I think, *only in it for the money, only wanted to help her while she was winning.* *But she’s remained in contact with other players and seems to have a lot on, lots of interests. She seems to be coping.*

Later, I agreed, as usual, to send her a transcript of the interview, to share the findings and a first draft of the report once it was written. As usual we talk through how I might share her story in ways that may help others. We didn’t arrange anything else at the time – I had other pro’s to interview.

*Six months later:* Anna arrived, eyes red. We hug but say little. David says a brief hello and leaves to let us use his house. I’m working away from home delivering CPD seminars to coaches and staying with David because this week’s seminars were near his home. Anna has travelled for hours to see me today, because it was urgent. Her text the previous day was short: “Pleaseread your emails, don’t call me I can’t talk”*.* So, there we sit, alone. And I just had to wait and then listen.

For the next five hours I hear odd words and half sentences that trail away and endure long silences. I feel I have to allow her to take her time, to form words that stick in her mouth, and then are spewed out as if she is repulsed by them. She doesn’t say much but enough for me to piece together that she was sexually abused when she was 12, that she’s never confided in anyone else, ever, and feels the incident has affected her whole life and all her relationships. It has affected her understanding of her own sexuality, and she believes it led to her into a situation where she was raped by someone she knew on tour. It resulted in her giving up on a belief that she could have children, become a mother, enter into a long-term relationship, or have a partner. I am saddened, shocked, angry, sick, numb.

I say, “I know someone I’d like you to see, a counsellor, I think she could really help.” But I wonder: *am I just passing the buck, removing my responsibility and obligation of giving much-needed support?* I am awash with contradictions, and unsure what I should do or what role I should play: *researcher, counsellor, or friend, who am I*? And I wonder who she sees when she looks at me. *Who is she sharing this story with? How can I report it?*

**‘New Baby’**

(Douglas & Carless, 2009, p. 222-225)

When I got pregnant, I thought, well, it’s career or babies and I decided to have the baby. [But] I didn’t want my baby. I resented him because my golf career was over. I’d care for him, I wouldn’t want to hurt him or anything, but I blamed him for my golf – I felt I was out of the environment I knew, and I felt lost. I tried to hide it. I couldn’t cope. I wouldn’t talk, I didn’t think I could make any contribution to life.

The last thing I could say is ‘*I don’t want my baby.’*

Finally, I said to two close friends that I couldn’t cope, that I was struggling. Their reaction was totally unexpected: they said I was selfish, I’m not a good mother. I walked out. They found me in the next village, I don’t know how I got there, I just walked out. I couldn’t cope, I was very tearful, and they took me to see the doctor. He said it was post-natal depression and just bunged tablets at me.

I just couldn’t live life. I couldn’t get off the sofa. I was manic, shaking, hearing voices, terrible. I OD’d, and that’s when they took me in to Oakfield.

It took me 2 years, you know. We can do it, with the help of family, although I suppose not everyone has that, people who care, counsellors. My mental health counsellor, Alice Morton, was fantastic. I would see her once a week. It took Alice a year before I would tell her what was on my mind. Now I just want to tell others about what happened to me, I’m not ashamed, I don’t mind if people know what’s happened to me. I said to my husband, I would like to get my story out. We were trying to think of who to write to. I think it might help other people. We think we’re the only ones, you feel so alone, and you can’t talk.

**‘Performance Centre’**

(Carless & Douglas, 2013, p. 35-6)

I broke the British record, went to the Worlds for the first time, and met the coach of the two best athletes in the world. He was the top dog. And when he says, “Do you want to come and train with me?” you think, “Right! OK, that’s going to another level.” So I upped sticks and moved there. Every morning [we] trained ‘til 12, go to lectures for two hours, go back to training, go home. It was just that for two years, training all the time with the best athletes in the world.

But it wasn’t me. Having been someone who was brought up in church and stuff, all-of-a-sudden Sunday mornings was training, and that was sort of non-negotiable. You kind of became consumed in your athletics. You became at the end so into it that you couldn’t see your perspective on other stuff. I dumped Naomi – I got to the point where I just felt that I want to be an athlete, I’m meant to be. I just felt that athletics is what I should be involved with. I’ve come this far, I’ve invested money, I’ve invested time, I need to give it as good a shot as I can and I can’t be doing with you, you know, moaning at me down the phone. I need to be single minded. I wasn’t giving her enough time, or I wasn’t at church, or I was becoming a different person. Because she had known me obviously before I went to Uni and I was quite, I always felt, I was quite laid back. But I don’t think I was when I was at the performance centre. I was just really kind of channelled to wanting to – just run faster.

Later I remember being back in the centre pretty much deciding that really I’d given everything to my athletics in probably the most single minded way I could do. I felt that I had upset a few people. Naomi, most definitely, Naomi. I hadn’t spent time with her. I’d kind of broken up with her and I didn’t really speak to my mum and dad when I was there. I didn’t really see much of my family. As much as I had friends at training and stuff, I didn’t really have any other friends outside of training, I didn’t know anyone from church, it was all pretty much everything was based around training – completely. And I just felt that really that’s crazy, what happens when I’m not an athlete? I’ve got to start to look at where I’m going in the long term and then weave athletics into it and I think that’s the way it’s got to be for me. Because I love athletics, and I love running, and I want to achieve, but I think the only way for me to do that is for me to get certain areas of my life sorted, in the sense that now I’ve moved back home, got married, kind of established friends, got involved in the church quite a lot, and got friends within university, in training, and church and stuff. I feel like I’ve really gone back to basics but in a way, I’ve got back to me. I’ve kind of eased back a little bit on the intensity of the training I was doing but I’m not as injured and I’m running just as well.

**Reflections**

 The stories we have shared here are complex and unique. This mirrors the reality of mental health and distress – no two individual’s paths are the same. Instead, myriad factors can influence any one person’s experience. When it comes to the detail, it is therefore impossible to generalise regarding the relationship/s between high-level sport and mental health. This is one reason why we have chosen to use a storytelling approach here: to preserve and respect the complexity of diversity inherent in any individual’s experience of mental health in sport. We invite you to reflect and take what you can from these stories that is relevant to your own positioning.

 Yet we also want to offer a theoretical perspective that moves towards making some sense of the complexity and diversity. We do this cautiously, from the perspective of narrative theory, in the hope of shedding useful light on what we have learnt over the years from our participants and their stories. We offer our reflections with a desire to both *develop understanding* about what is going on culturally in high-level sport in mental health terms, but also as a *tool for action* for those who wish to support better mental health within elite and professional sport.

 As narrative researchers, we hold the view that stories are never *just* stories. Instead, the personal stories we hear from others and the cultural stories circulated in the media and within our social settings have an influence, over time, on our own lives. Arthur Frank (2010) puts it nicely: “Stories work with people, for people, and always stories work *on* people, affecting what people are able to see as real, as possible, and as worth doing or best avoided” (p. 3). We are all therefore, in some sense at least, constituted by the stories in which we are immersed, the stories we tell about our own lives, and the stories others tell about us. Through negotiating and navigating these different levels of story, we develop and sustain our identity; we work out who we are – and what we might become – in relation to the cultural possibilities that are open to us. These narrative processes, then, matter when it comes to psychological wellbeing. It could be argued that a degree of alignment – or fit – between these different stories and our lived experience is conducive to good mental health, while significant and sustained tension or mismatch leads to mental distress (see McAdams, 1993; McLeod, 1997).

 Not all stories, however, are equal. Instead, certain types of stories can become dominant within particular cultural settings. These stories may be favoured within particular contexts or at certain times in history. Through being (for example) told and retold by individuals within a particular culture, amplified by the media, written into policy or textbooks, a particular narrative overpowers other stories, exerting a disproportionate influence over individuals within that culture. At these times, there is a danger of *narrative entrapment* (Frank, 1995) where a person is drawn into – or held within – a damaging or limiting story. Alec Grant has applied the concept of narrative entrapmentto mental health. He writes:

In healthcare, for example, the master story of ‘mental illness’ saturates the public, professional and academic consciousness. It is accepted as a cultural fact by many, signifying a binaried distinction between those who ‘suffer from’ ‘mental illness’ and those who don’t. Although this master story satisfies many, it equally often results in biographical violence for others in the form of ‘narrative entrapment’. (Grant, 2020)

Although the context differs, we see the concept of narrative entrapment as similarly relevant to sport. Previously, we have described the ‘master story’ in sport to be a dominant performance narrative (see Douglas & Carless, 2006, 2015) that underlies most public stories – and many personal stories – on what it is to be an elite athlete. This narrative type, we have suggested, saturates public, professional and academic consciousness and is accepted as a cultural fact by many in sport. It is frequently used to separate those who ‘have it’ (in terms of potential for success) from those who do not. While the performance narrative can ‘work’ (for some people, some of the time), it has the potential to cause significant trouble – biographical violence – in terms of mental health and wellbeing.

The plot of the performance narrative has particular characteristics (for a full description and example performance stories please see Douglas & Carless, 2015):

* Sport, identity and life inextricably linked – life is sport and sport is life
* Primary focus on winning, competition or being the best – a “love” of competition and a “need” to win
* Psychological wellbeing related to performance outcomes– life is a “yoyo” or “roller-coaster” when results fluctuate
* Sacrifice or relegation of other aspects of life (and relationships) outside sport
* Withdrawal or career cessation is experienced as loss
* A monologue – belief that success in high-level sport is *only* possible through adhering to performance values: ‘it is impossible to be anything else and succeed’
* Totalitarian – conviction that ‘we are all like that’ and ‘we must be if we are to be successful’

Through hearing participants’ stories over time, we have seen a tendency for psychological problems to arise for (some of) those who structure their life story around the values of the performance narrative. ‘Trouble’ tends to arise at certain times, such as: when poor form adversely affects performance outcomes; during injury or deselection; at career cessation; or when life outside sport is considered. We have come to be wary when we hear performance stories being told and re-told (whether by individual athletes, coaches, the media, or the public) recognising that, in terms of individual wellbeing, this kind of story frequently ends badly.

 Some of the stories we have shared in this chapter demonstrate elements of the performance narrative. ‘Cut’ and ‘Roller Coaster’ both feature a storyteller who articulates some of the performance characteristics we described above. In different ways, both storytellers also describe some degree of mental distress. In ‘New Baby,’ the teller portrays considerable mental health difficulties, perhaps as a result of the tension between the demands of the performance narrative (i.e., a primary focus on sport performance) and another culturally significant master narrative, this time around motherhood (where the needs of the baby come first). The other stories all feature some degree of tension with – or resistance to – the values of the performance narrative. To varying degrees, the characters in the story experience psychological difficulties partly, at least, in consequence of this tension.

The availability of a reservoir of alternative stories is one way to avoid or minimise this risk: alternative stories help to open up different ways of living life – and storying identity – which may be more authentic and adaptive in terms of long-term mental health and wellbeing. Different stories have the potential to help us break free from narrative entrapment. In previous work we have described two alternative narrative types: *discovery* and *relational* narratives (e.g., Douglas, 2009; Douglas & Carless, 2006, 2009, 2015). These stories contravene the dominant narrative in significant ways. By doing so, they open up opportunities for alternative life stories, different ways of living. Consider how the characteristics of the discovery narrative, for example, differ from those of performance narrative:

* While sport, identity and life coexist with each other, they are separate enough that– success or failure in one will not necessarily affect others
* Primary focus is on discovering and exploring new experiences, learning
* Sense of self not tied to performance outcomes
* Multiple dimensions and self-positions exist – athletic identity not dominant
* Withdrawal or career cessation is an opportunity for personal development and new discovery
* Within sport culture, discovery tellers often misunderstood, silenced, or disbelieved
* Dialogical story – open to different ways to be, to live, to story life, open to diversity

Elements of discovery and relational stories can be seen, for example, in ‘New Baby,’ ‘Going Home,’ and ‘Performance Centre.’ In these stories, while the alternative narrative is often in tension with the performance narrative, its presence opens up the possibility of different courses of action and outcomes. It has been our experience that these courses of action may lead to more positive mental health and wellbeing than is possible from a close adherence to the performance script.

 On the basis of the stories and theory we have shared above, we would like to close by making four suggestions for how each of us can help to improve mental health – and minimise mental distress – within elite and professional sport culture:

1. Reflect on your own stories and actions *–* to what extent do you reproduce the dominant performance narrative in what you say and do?
2. Make alternative stories available *–* circulate, value, and amplify stories that challenge the totalitarian monologue of the performance narrative. We offer alternative personal stories and narrative types in our book *Life Story Research in Sport* (Douglas & Carless, 2015).
3. Value and tell stories of diversity and difference *–* for alternative stories and ways of being to gain purchase, they need to be valued and taken seriously.
4. Include other experiences in day-to-day life as a resource for story diversification – personal stories are developed on the back of lived experience.

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