

1 **A creative non-fiction story of male elite athletes' experiences of lifetime stressor**
2 **exposure, performance, and help-seeking behaviours**
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Abstract

Greater lifetime stressor exposure has been related to negative health outcomes (e.g., depression, cardiovascular disease). However, the relationship between lifetime stressor exposure and sporting performance is less clear. Furthermore, while the prevalence of mental health issues among elite athletes has been relatively well established, it appears that sport performers are not effectively utilising mental health support services, particularly male athletes. Therefore, this study explored male elite athletes' experiences of lifetime stressor exposure and performance in their sport, as well as their perceptions of the factors influencing mental health help-seeking behaviour. Nine elite male athletes ($M_{age} = 27.44$ years; $SD = 3.50$) participated in semi-structured interviews ($M_{duration} = 90.25$ minutes, $SD = 26.38$) supplemented with photo elicitation. Interpretative phenomenological analysis developed group experiential themes. From these themes, we constructed two composite vignettes which addressed each of the research questions, respectively. The first vignette was written using a first-person narrative, allowing the reader to understand an athlete's (i.e., Toby's) internal thoughts and feelings, as well as his experiences with lifetime stressors and how they impacted his performance. The second vignette was written using a third-person omniscient narration (i.e., the all-knowing narrator), detailing two athletes' (i.e., James and Mark's) experiences of seeking help for mental ill-health. Collectively, the findings offer vital and accessible information that sporting organisations can use to develop collaborative multi-level interventions that better support elite athletes' performance and mental health, particularly athletes who have experienced greater lifetime stressor exposure.

Keywords: adversity, creative non-fiction, critical life events, qualitative research, stress

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3 Recent research suggests that exposure to greater lifetime stressors increases
4 vulnerability to health-related outcomes (McLoughlin et al., 2021). Most notably, greater
5 lifetime stressor exposure has been associated with symptoms of mental (e.g., depression; Pegg
6 et al., 2019) and physical (e.g., colds; Cazassa et al., 2020) health complaints. The consensus
7 from this body of work suggests that as lifetime stressor exposure increases, so too does the
8 risk for ill-health (McLoughlin et al., 2021). Although some research has demonstrated that
9 adverse life events can have positive consequences for performance (e.g., increased motivation;
10 Howells & Fletcher, 2015), overall, the relationship between lifetime stressor exposure and
11 sporting performance is unclear, with some studies showing little to no relationship (e.g.,
12 McLoughlin et al., 2022). Within the sporting environment, elite athletes are often required to
13 perform optimally while being exposed to various stressors (e.g., competitive, organizational,
14 personal) and managing those encountered previously (Arnold & Fletcher, 2021). The intense
15 demands placed on elite athletes are a unique aspect of the sporting environment and can have
16 detrimental consequences (Rice et al., 2016). Therefore, it is vital for researchers and
17 practitioners to understand how to provide better support to elite athletes.

18 Elaborating on the equivocal findings between stressor exposure and sporting
19 performance, while some research has found that exposure to stressors can negatively impact
20 performance (e.g., Didymus & Fletcher, 2017), other research has found that experiencing
21 stressors can benefit performance (e.g., Sarkar et al., 2015). One explanation for these
22 contrasting findings could be due to the subjective nature of the stress process, whereby athletes
23 have different response profiles (e.g., challenge and threat appraisals) across the same stressors
24 (e.g., Moore et al., 2019). Additionally, stressful life events can have varying consequences for
25 performance-related outcomes depending on their type (e.g., relationship troubles vs. career

1 ending injury; Sarkar et al., 2015), frequency (e.g., encountering many vs. few; Moore et al.,
2 2018), timing (e.g., recent vs. early life; McLoughlin et al., 2021), duration (e.g., acute vs.
3 chronic; Howells & Fletcher, 2016), and severity (e.g., more vs. less intense; McLoughlin et
4 al., 2022). Furthermore, research in the sporting domain has largely focused on an individual
5 event (e.g., injury), or focused solely on one type of stressor (e.g., organizational), rather than
6 exploring the multidimensional and life course perspective of stress in sport performers
7 (McLoughlin et al., 2022). As a result, the literature has provided relatively little insight on the
8 combined and cumulative effect of non-sporting (i.e., personal) and sport-specific (e.g.,
9 competitive, organizational) stressors experienced over the lifespan on sporting performance.

10 To our knowledge, only one study has addressed these concerns by examining whether
11 lifetime stressor exposure was associated with sporting performance (McLoughlin et al., 2022).
12 Specifically, 395 sport performers completed an online questionnaire assessing lifetime (non-
13 sport and sport-specific) stressor exposure, general mental and physical health complaints, and
14 their perceptions of their current level of sporting performance. Although lifetime (non-sport
15 and sport-specific) stressor exposure was associated with poorer mental and physical health,
16 no association was observed between stressor exposure and subjective sports performance
17 (McLoughlin et al., 2022). One potential explanation for this finding could be due to the
18 challenges associated with assessing subjective sporting performance (Arnold et al., 2018).
19 Alternatively, the finding may be due to the participants' ranging competitive levels (i.e.,
20 amateur to elite). The adoption of qualitative methods could unpick these equivocal findings
21 by revealing the subtleties and complexities of the variables being studied.

22 Although the predominant focus in sport has been on performance enhancement, the
23 narrative in elite sport has witnessed rapid change in recent years. This is partly due to the Duty
24 of Care in Sport Review (Grey-Thompson, 2017), which shared the findings of a critical
25 inquiry into the culture and climate of elite sport in the United Kingdom. The findings have

1 since been echoed in several independent reviews, for example, British Cycling were accused
2 of instilling “a culture of fear, intimidation, and bullying” (Phelps et al., 2017). Indeed, in
3 response to such reports, members of the sporting environment (e.g., performance directors,
4 coaches) have made a concerted effort to move away from the *winning at all costs* idiom
5 (Gogarty & Williamson, 2009), and instead focus on improving athlete well-being (e.g., Rice
6 et al., 2016). This has resulted in an upsurge of research being conducted in the area, with
7 research suggesting that mental ill-health is particularly prevalent in elite athletes, ranging from
8 5% to 35% annually (e.g., Gouttebauge et al., 2019). Furthermore, there is evidence that elite
9 athletes may not recognize, acknowledge, or seek support for their mental health problems, due
10 to the stigma surrounding help-seeking behaviours (Gulliver et al., 2012).

11 The increased focus on improving mental health in the elite sporting environment has
12 led researchers to explore the barriers to mental health help-seeking (e.g., King et al., 2022).
13 This body of literature has found that stigma, low mental health literacy, negative past
14 experiences, and hypermasculinity are prominent barriers for athletes when seeking treatment
15 for mental ill-health (Castaldelli-Maia et al., 2019). Although informative, this research has
16 largely been conducted with specific participant samples (e.g., King et al., 2022). Furthermore,
17 this research has explored the experiences of both males and females in the same sample and
18 has not accounted for the potential idiosyncrasies between genders. This is particularly
19 important given that male athletes typically display higher levels of stigma, more negative
20 attitudes towards mental health, and underuse mental health resources (Rice et al., 2018).

21 In a recent study exploring mental health help-seeking intentions among elite female
22 football players, 90% of players believed that receiving psychological support would have
23 helped them in their careers and 86% indicated that they wanted or needed psychotherapeutic
24 support at some point during their career (Perry et al., 2022). Concerningly, despite this, only
25 28% reported receiving such support from their sporting organisation. Further research is

1 needed to understand the potential barriers to accessing psychological support within the elite
2 sporting environment, particularly among male athletes. Thus, this study aimed to explore elite
3 male athletes' experiences of lifetime stressor exposure and performance in their sport, as well
4 as their perceptions of the factors that influence their mental health help-seeking behaviour.

5 **Methods**

6 **Research Design**

7 This research was underpinned by ontological relativism (i.e., reality is multiple,
8 created, and mind-dependent) and epistemological constructionism (i.e., knowledge is
9 constructed and subjective). Consistent with the assumptions underpinning this research,
10 interpretative phenomenological analysis (IPA) was used to explore male elite athletes'
11 experiences of lifetime stressor exposure and performance in their sport, as well as their
12 perceptions of the factors influencing their mental health help-seeking. There are three key
13 conceptual perspectives in IPA: phenomenology (the focus on what a specific lived experience
14 is like), hermeneutics (the focus on interpretation), and idiography (a focus on the particular).

15 **Participants**

16 We used purposive sampling to identify a closely defined set of people who have
17 ostensibly similar characteristics and for whom the phenomena in question have been
18 particularly meaningful (Smith et al., 2022). Participants were recruited into this study if they:
19 (a) were male; (b) were aged 18 or older; and (c) had competed in their sport at an international
20 and/or professional level over the past 12 months. We interviewed nine elite male athletes (M_{age}
21 $= 27.44$; $SD = 3.50$) who were from a range of individual (e.g., triathlon) and team (e.g., rugby)
22 sports (see Supplementary Materials for additional information on the participants interviewed
23 in this study). This sample is consistent with Smith and colleagues' (2022) recommendation
24 that between three and 10 participants is sufficient for an IPA study. Finally, given IPA is an
25 approach which involves commitments to ideographic levels of analysis, informational depth

1 is prioritized over breadth of representation (Malterud et al., 2016).

2 **Data Collection**

3 Following institutional ethical approval, participants were recruited via the authors'
4 existing contacts, gatekeepers (e.g., coaches), and through snowball sampling. Prior to the
5 interviews, all participants were given a study overview and provided informed consent. All
6 interviews were conducted on Microsoft Teams to accommodate for geographical distance and
7 sporting commitments. The interviews lasted between 61 and 160 minutes ($M_{duration} = 90.25$
8 minutes; $SD = 26.38$), were recorded using a Dictaphone, and transcribed verbatim.

9 Prior to the semi-structured interviews, participants were asked to collate four to five
10 photographs that represented key moments in their sporting careers (e.g., qualifying for a
11 competition). The use of photo elicitation extends the time participants reflectively engage with
12 the topics under study (Mannay, 2021). In this way, data production is not constrained to the
13 limited timeframe of an interview, rather the interview is the collaborative space in which
14 participants' wider engagement with data are shared and explored (Mannay, 2021). These
15 photographs formed the basis of the interview discussion, whereby participants were asked
16 about why they chose each photograph and what was happening in each. Participants led this
17 part of the interview by choosing which pictures to discuss, and in what order. Prompts were
18 used to explore thoughts and feelings about presented photographs and how they represented
19 the participants' experiences (e.g., What impact did the presence of other stressors before this
20 event have on your performance?). Furthermore, attention was placed on the participants'
21 verbal and non-verbal reactions to the photographs: "You smiled as you were looking at that
22 picture. Can you explain to me why?" or "You don't seem to like this photograph."

23 When conducting the semi-structured interviews, the first author developed a six-
24 section interview guide to ensure key topics were covered, however, this was used flexibly
25 (Smith et al., 2022). The first section consisted of introductory questions relating to their

1 sporting involvement (e.g., How did you first get involved in your sport?). The second section
2 included questions about participants' exposure to lifetime stressors (e.g., Could you please tell
3 me about your early childhood, and any stressors that you experienced?). The third section
4 contained questions relating to the photo elicitation activity (e.g., Can you please describe what
5 is happening in this photograph?). The fourth section involved questions exploring the impact
6 of lifetime stressors on participants' performance (e.g., What impact do you think the
7 culmination of these stressors had on your sporting performance?). The fifth section focused
8 on the factors that influenced help-seeking behaviours (e.g., What do you feel are some of the
9 barriers for seeking professional help for mental health difficulties?). The final section
10 consisted of reflective questions (e.g., How do you think the interview went?).

11 Given that the interviews were exploring sensitive topics, we attempted to minimize
12 the discomfort that may arise from revisiting and discussing potentially traumatic events.
13 Specifically, the first author attempted to build rapport with participants by contacting the
14 participants prior to the semi-structured interviews via email, and thus, becoming familiar to
15 the participants ahead of the formal data collection process. Additionally, extensive time was
16 allocated to the first section in the interview guide (e.g., introductory questions). This allowed
17 participants to become comfortable with the researcher ahead of disclosing sensitive and
18 personal topics. Given that the first author is personally invested in the topic due to her own
19 experiences with stressors, this allowed the first author to connect on a deeper level with
20 participants, listening to their stories with empathy and genuine curiosity. Participant control is
21 a vital element when exploring sensitive topics, and we facilitated this by giving participants
22 control over the order of topics, selection of photographs, and making interviews participant-
23 led. After the interviews, participants were signposted to support services (e.g., Samaritans).

24 While the focus was on how best to protect participants, we also ensured that the
25 interviewer (i.e., first author) had appropriate support and de-brief opportunities. Specifically,

1 the first author has conducted over 50 in-depth interviews with a range of participants (e.g.,
2 elite athletes), touching upon sensitive and emotional topics (e.g., sexual violence). This
3 enabled the first author to prepare for such conversations as a researcher, as well as having
4 existing processes in place which ensured that the interviewer (i.e., first author) had sufficient
5 support and de-brief opportunities via academic and counselling supervision. To further protect
6 the interviewer in this study, specific strategies were put in place when collecting data for this
7 study (e.g., the first author limited herself to conducting no more than one interview per day).

8 **Data Analysis and Representation**

9 We used IPA to analyse the data (Smith et al., 2022). Given IPA's ideographic
10 commitment, data were analysed on a case-by-case basis (Smith & Nizza, 2022). The first
11 author immersed herself in the data by listening to the first recording, while reading and re-
12 reading the transcript. In parallel, initial thoughts were written down in a notebook. At the start
13 of this process, the first author noticed that most notes did not deviate from the participant's
14 explicit meaning. However, as the first author became more familiar with the transcript, she
15 looked at the specific language the participant used and abstract concepts that could help
16 explain the participant's pattern of meaning. While these are presented as two separate steps,
17 in practice, these steps merged as exploratory notes were added with subsequent readings.

18 The first author then analysed the exploratory notes to construct experiential statements
19 which aimed to consolidate the first author's thoughts. The aim of this step was to reduce the
20 volume of detail, while still maintaining complexity (Smith et al., 2022). The first author
21 generated 57 experiential statements for the first case, which were printed off and related
22 statements were clustered together (e.g., 'increased motivation' and 'greater perspective' were
23 grouped together). The first author then gave each cluster a title (e.g., positive stressor-related
24 changes), which became that participant's personal experiential themes (PETs). The first author
25 then created a figure which highlighted all PETs for that participant, with each experiential

1 statement detailed underneath, accompanied by direct quotes from the transcript. This process
2 was then repeated for each participant. It was at this point that RA and DF reviewed the analytic
3 work, which led to a more coherent and plausible interpretation of the data (Smith et al., 2022).
4 This is because using ‘critical friends’ allows researchers to give voice to their interpretations
5 while others listen and offer feedback. The role of critical friends is not to “agree” or achieve
6 consensus, but to encourage reflexivity by challenging knowledge construction (Cowan &
7 Taylor, 2016). Finally, the first author looked for patterns of similarities and differences across
8 the PETs to create a set of group experiential themes (GETs) that are presented herein.

9 Following the analysis, the first author adopted the role of a storyteller and created two
10 composite vignettes to portray the results (Cavallerio et al., 2022). This type of vignette is a
11 form of creative non-fiction that shares a deeper understanding of lived experiences and
12 provides voices to participants (Schinke et al., 2016). While creative non-fiction writing allows
13 a story to be told that is based on empirical data, it employs fictional literary conventions to
14 deliver facts in ways that can help the reader develop a deeper understanding of a phenomena
15 (Cavallerio et al., 2022). When creating the two composite vignettes, we blended multiple
16 voices into a single, all-encompassing narrative. This allowed us to draw together the
17 participants’ stories and amalgamate them into a more powerful, shared account of their
18 experiences. Using IPA with creative non-fiction story representation is a novel approach in the
19 sport psychology literature, only being used once before (see O’Malley et al., 2018).

20 The use of IPA facilitated the process of story development as the two composite
21 vignettes were based upon the researchers’ interpretations of the interview data (as per
22 O’Malley et al., 2018). Specifically, the first author read and re-read the transcripts multiple
23 times, while simultaneously listening to the audio recordings. After this, the initial
24 interpretations and themes were read, alongside the quotes which supported each theme.
25 Handwritten notes from initial interpretations facilitated this process, providing reminders to

1 the first author about interpretations across the data collection and analysis process.
2 Information that was collected from these handwritten notes were included in the stories (e.g.,
3 behaviours and gestures participants demonstrated during interviews). The next step involved
4 the first author reading through the group experiential themes highlighting particularly salient
5 and emotive quotes from a range of participants, indicating the convergence and divergence
6 between experiences. Where possible, direct quotes from the interviews were left intact,
7 however, for literary purposes and to coherently develop one story, fictional writing techniques
8 around a story plot were created. Once the plot of each story was created, the next stage
9 involved an iterative process of ensuring the stories represented the IPA findings.

10 **Methodological Integrity**

11 Consistent with ontological relativism and epistemological constructivism, a flexible
12 list of criteria was used to enhance the quality of the data collected (Nizza et al., 2021).
13 Approaches were considered that enhanced the methodological integrity of the qualitative data
14 via its two composite processes: fidelity and utility (Levitt et al., 2017). Fidelity to the subject
15 matter was established using perspective management in data collection and analysis (Levitt et
16 al., 2017). Specifically, the first author kept a reflexive journal throughout data collection and
17 analysis to critically reflect upon prior assumptions and biases. As a 26-year-old white woman
18 from a working-class background, with no experience in elite sport, but understanding that this
19 topic is one that she is personally invested in, served to contextualize how her positionality
20 influenced the data collection and analysis process. Fidelity to the subject matter was also
21 enhanced via groundedness (Levitt et al., 2017). The use of creative writing served to aid this
22 process given that the two vignettes are based upon empirical data, while also vivifying the
23 emotional and relational experience for the reader. Furthermore, utility in achieving goals was
24 established by collecting data that provided rich grounds for insightful analyses (Levitt et al.,
25 2017). For instance, purposive sampling was used to identify a closely defined set of people,

1 resulting in enhanced insight derived from the data. This research also aligns with quality
2 indicators that are representative of good IPA. For instance, this research demonstrates a close
3 analytic reading of participants' words by analysing and interpreting quotes (Nizza et al., 2021).
4 Finally, this research attends to the convergence and divergence between participants by
5 incorporating multiple characters within the stories. Such an approach allowed the story to flow
6 between different characters thoughts, enabling the exploration of similarities and differences
7 between participants, which is consistent with IPA (Smith et al., 2022).

8 **Transparency and Openness**

9 The full dataset for this study is not available due to ethical reasons (i.e., protecting the
10 identity of participants). Moreover, due to the qualitative and exploratory nature of this study,
11 we did not pre-register it, hypotheses were not deemed appropriate, and computer code or
12 syntax were not used. However, the study materials (i.e., interview guide) are available on
13 request from the corresponding author. This article has complied with APA Style Journal Article
14 Reporting Standards for Qualitative Research (JARS-Qualitative; Levitt et al., 2018).

15 **Results**

16 The results are presented as two composite vignettes which address each research
17 question. The first vignette, written using a first-person narrative, allows the reader to
18 understand an athlete's (i.e., Toby's) internal thoughts and feelings, as well as his experiences
19 with lifetime stressors and how they impacted his performance. The second vignette, written
20 using a third-person omniscient narration (i.e., the all-knowing narrator), details two
21 athletes'(i.e., James and Mark's) experiences of seeking help from therapists for mental ill-
22 health.

23 **Toby's story: Fired up or burnt out?**

24 'WHAT? I can't believe you could be so stupid!'

25 'Me, stupid? You're the fucking stupid one!'

1 It's happening again... My parents throwing snide remarks back and forth. Again, and again,
2 and again. Although it is a sound that I have unfortunately become accustomed to, my hands
3 start to tremble and my knees involuntary knock together. I fall to the floor in a dishevelled
4 heap as my desperation pours out in a flood of uncontrollable tears. I feel like I am in some
5 cruel, lucid dream and I desperately want someone to wake me up. I try to block out the
6 incessant sound of shouting that is reverberating through the house by slamming my bedroom
7 door shut and placing a pillow over my ears. My hearing is now dominated by the sound of my
8 own heart pounding loudly in my ears, like the drumming of rain hitting the windowpane. I
9 glance over at the clock and willed the hands to move quicker. It was agonisingly, tauntingly
10 slow. Every minute felt like an hour.

11 Tick. Tock. Tick. Tock.

12 'Five more minutes. Five more minutes,' I consoled myself.

13 'Mum, dad... I'm leaving for rugby training. I'll be back later. Bye.'

14 My murmurs were met with a deafening silence as they glanced over at me with an indifferent
15 and dismissive look.

16 I closed the door behind me and breathed a sigh of relief. Peace and quiet... At last.

17 ***

18 'Next try wins!' the coach bellowed across the pitch at us.

19 As I processed those words, my heart started to beat faster and harder with exhilaration. I
20 jumped onto the balls of my feet and bounced back and forth in anticipation. My muscles were
21 tense and roaring to go, while a faint blush began to bloom across my cheeks. I spotted my
22 chance to taunt the opposition and took it. Without hesitation, I moved towards the defensive
23 player, never taking my eyes off his, making it known that I would be breathing down his neck.

24 I didn't just want to win, I *needed* to win.

25 'CROUCH...'

1 'BIND...'

2 'SET!'

3 The force of the opposition took the wind out of my sails. I stood, aghast, and reeling as the
4 opposition barrelled forwards. The antagonism between the teams had become even more
5 pronounced. The atmosphere was palpable as they pressed their advantage, but then – *yes!* Our
6 persistent and aggressive interactions had broken the stalemate and we gained possession of
7 the ball. I felt the wind swishing through my hair as I surged forwards to receive a pass. I
8 weaved myself through players with an absorbing determination. I just couldn't take my foot
9 off the gas. I was relentless. I ran like my life depended on it until we grounded the ball over
10 the oppositions' goal-line.

11 [Whistle]

12 'Toby,' the coach shouted over. 'Good work today. Train with the starting line-up for the rest
13 of the week, okay?'

14 These words that were muttered so flippantly dispelled a tension that encompassed my body
15 and created an unexpected and welcome sense of relief. Finally, all that negative energy that I
16 have channelled into training well was starting to pay off at last.

17 As I headed back to the changing rooms, the momentary feeling of relief was washed away and
18 replaced with a suffocating feeling of dread as that signified the end of the training session.

19 The thought of what awaited me when I returned home led to a paralyzing fear. The weight of
20 reality tipped the balance; my mind was flooded with feelings of hopelessness and despair.

21 As quickly as these feelings entered my brain, they vanished into thin air.

22 The sun started to peek out from behind the clouds, and I allowed myself a small smile. Now
23 that I had a glimpse of first team exposure, I felt achingly close to pursuing my dream. It was
24 all I could think about, all I wanted to do; nothing else could hold my attention. Rugby was my
25 only escape. An endorphin rush. A way to detach myself from what was going on at home. A

1 time to switch off from everything else. As everyone else rushed home to their perfect lives
2 and perfect families, I rushed to the gym like a horse with its blinkers on.

3 I opened the door and the sweetly sour smell of sweat surrounded me.

4 I started front squatting. 1... 2... 3...

5 After a while, my legs started buckling under the pressure. I could see my muscles trembling
6 as I extended and contracted my legs with each rep. A burning sensation devoured my whole
7 body. I needed to stop, but I couldn't. If I couldn't do this, how on earth was I going to compete
8 at the highest level?

9 'UGH!' I shouted out in rage while simultaneously letting go of the bar. Once the bar was
10 released from my grip, I straightened my legs, and my eyes studied the room with a piercing
11 scrutiny. The room started spinning and black dots flooded my vision. I clenched my eyes for
12 a few seconds to regain some focus and clarity, before heading towards the exercise bikes.

13 ***

14 The next few weeks were fuelled by adrenaline. Weeks and weeks passed by without me even
15 realising. I had little sleep and could barely eat. How could I? I continued training hard and
16 putting myself out there. I made a real difference and started focusing all my energy on my
17 performance. It was working... I managed to break into the first team, and I have played 8
18 games in a row. Everything was going really, really well.

19 ***

20 [Alarm rings]

21 I awaken in haste and feel the salty droplets of sweat flowing down the side of my face. I jolted
22 upright and stare wide-eyed at the piercing sunlight peeking through my bedroom window as
23 I tried to catch my breath. My body ached for more rest, but every night hit me with the same
24 routine. I close my eyes and a cruel sense of familiarity hits me. My mind taunts me, making

1 me doubt myself. There is a constant and overwhelming force that paralyzes me. The bounce
2 in my step has slowly but surely disappeared.

3 As my eyes regain focus, I glance around my bedroom and my attention is anchored by the
4 rugby kit that was dangling off my wardrobe door. My thoughts immediately switch and fixate
5 on the day ahead... 'What if I fall off the treadmill? Or I drop the ball? Everyone will know
6 I'm useless... They'll laugh at me.' I glance over at the clock and realise that 40 minutes had
7 passed, and I am yet to move. I ground my teeth in frustration that I'd been held captive by my
8 over-analysis yet again. I shut my eyes, desperately wishing I could go to sleep forever. My
9 heart feels heavy, I don't know why. My arms feel like weights as they lie by my side, my
10 eyelids are puffy and slow to blink. I don't want to get up. I don't want to move at all. And in
11 that moment, it takes all the strength I have to make a good choice.

12 'One step at a time, one step at a time,' I hopelessly repeat to myself.

13

14 I turn the key in the ignition and take a long, slow, deep breath. My hands are wrapped tightly
15 around the steering wheel, so much so that my fingernails are digging into the palms of my
16 hand leaving an indentation on my skin. I pull up at the training ground and see my teammates
17 burst out of their cars with excitement, like a firework about to explode. The positive energy
18 that oozes from their pores stands in stark contrast to mine. It immediately sends my body over
19 the edge it has been teetering on. It feels like I am on the inside of a prison cell, looking out at
20 the world through black steel bars. Just as I decide to drive back home to escape from this hell,
21 the coach clocks me in his periphery and waves me over encouragingly.

22 The corner of my lips moves upwards, attempting to give the coach a reassuring smile in return.
23 I managed to pull my cheeks and bare my teeth, but my eyes remain cold and empty. My legs
24 continue their protest and refuse to move forwards. I trudged up the hill towards the rugby
25 pitches and greet the rest of my teammates. There I was, forcing laughter and faking smiles,

1 engaging in meaningless small talk. *They just don't get it*, I realised in a moment of clarity. I
2 feel like I am running out of steam. I am one dose of bad news away from shattering into a
3 million pieces. It is the elephant in the room that no-one wants to address. I am desperately
4 screaming for help, for someone to talk to, for someone to understand how I am feeling.

5 'We've got a big game coming up this week, lads. We need 100% effort from each and every
6 one of you today,' the coach told us solemnly. 'So, let's get going!'

7 I looked around and all I could see were the dozens of glaring eyes all focused on me. They are
8 watching and scrutinising my every move, waiting for me to make a mistake. I feel like I'm
9 sitting an exam, every single day.

10 'Toby!' my teammate screamed, demanding the ball.

11 He is free and running into space. But... It's risky... What happens if it doesn't get there? What
12 happens if someone intercepts the ball? It would be *my* fault. I glance around the training
13 ground and could feel their piercing eyes on me. My chest starts to feel tight as my breathing
14 quickens, and a familiar sense of impending doom engulfed my whole body.

15 I play the safe pass, keeping possession instead of pushing forwards to win the game. I could
16 sense the disappointment among my teammates, which was confirmed by a groaning noise
17 muttered in unison. The despondency was contagious. *I've been getting complacent*; I realise
18 with a jolt of panic. *I'm useless*. I try to catch my breath as my head plays tug-of-war with
19 itself, throwing these anxious thoughts back and forth at lightning speed.

20 A thousand thoughts and questions raced through my head. I've felt wrong-footed lately. Every
21 little problem seems to derail me. I have no energy. I'm exhausted. Usually, rugby helps me to
22 forget about all the shit happening in my personal life, but something has shifted. Playing on
23 the international stage and the pressure that comes with that... It's unbearable. I'm tense,
24 nervous to do stuff, scared of making mistakes. And then there's the stress about selection. It's
25 constantly nestled in my brain, a shadow under every thought: *what if I don't make it?*

1 I focus my attention back in the present moment and reality hits. What am I doing here? I feel
2 like I'm drowning, but not the part where you're panicking, gasping for breath, waving your
3 arms hoping that somebody will come and save you. The part where you've gone under and no
4 longer flailing your arms, but instead accepting the inevitable. That is what this feels like. A
5 quiet, evasive darkness.

6 **Seeking help for mental health: Working with a therapist**

7 *Meeting Reminder: Appointment with James at 09:00*

8 'Hi James! Come on in...' Emily said as she greeted her next client through the door.

9 'Hello.' He responded soberly. The discomfort caused his skin to blush.

10 He perched himself on the edge of the chair, sitting bolt upright, picking the skin that is located
11 around his fingernails. His nails look sore with their jagged edges and occasional spots of
12 encrusted blood, as though he has been gnawing at them without relent. He avoids any eye-
13 contact, quickly averting his gaze whenever Emily approaches. The room remained eerily
14 quiet, and the air was full of tension.

15 'Okay! Thank you for coming today.' She said cheerfully to try and put him at ease. 'We briefly
16 chatted on the phone last week about us starting these sessions together, but I just wondered if
17 you could tell me why you are seeking therapy at this time?'

18 'Uh, hmm... I d-don't know. I, umm, just got told that it might be a good idea, so... Here I am,'
19 he said nonchalantly, with a wry smile on his face.

20 'Oh, okay. That's interesting. Tell me more about that then...'

21 His eyes narrow as he begins to frown with hesitation. Emily lets the awkward silence pass and
22 gives a reassuring nod for him to continue.

23 'Umm, I've not been right lately, and I think that is coming out in some of my behaviours... I
24 am being argumentative and a little volatile. On-edge. Not really being myself. You know,
25 angrily snapping at people all of the time,' he confessed solemnly.

1 'What does that look like in your day-to-day life then? Being argumentative and volatile...?'

2 'Things like getting sent off for having fights on the pitch... Being penalised for talking back

3 to the referee. Even in training, I'm shouting at coaches who are refereeing the practice games.

4 Getting into scraps with teammates and stuff... Just being a generally unhappy person.'

5 'How do you feel about starting therapy then if it wasn't initially your idea?' she asked

6 inquisitively.

7 'Umm... I don't know. It's hard because I just think it's normal to be feeling like this. I don't

8 know if I'm just being soft or dramatic or whatever. Like – it is normal to be feeling like this,

9 isn't it?!' He pauses momentarily, as his eyes widen and dart around the room searching for an

10 answer. 'I suppose a little bit ashamed too. I am a very proud person, so it's hard to sit here and

11 ask for help. Like, I would *never* do that. I don't want people to know that I am feeling like

12 this, I don't want them to think that I am a basket case, or I am broken. I don't want them to

13 think I am weak.' He inhales and exhales very quickly, taking small shallow breaths.

14 ***

15 ***Meeting Reminder: Appointment with Mark at 13:00***

16 *Where were we?* Emily said to herself while quickly trudging through her client notes. 'Okay,

17 found it! Last session, we spoke about... *oh, yes!* His recent underperformance at swimming

18 competitions and how he is struggling to communicate with others.'

19 There was a quiet knock on the door. Emily smoothed her skirt down before opening it with a

20 quick smile. 'Hi Mark! Good to see you again. Come on in...'

21 'Hello,' he says with a lifeless and empty tone, that was devoid of all emotion.

22 'How has your week been since we last chatted?'

23 Emily watches as his eyes start to fill up and he balls his hands into fists. 'It's okay,' she says

24 gently. 'Take your time...'

1 'Umm, I don't know... We had a swimming competition last weekend, and it was just a disaster
2 from start to finish. I made a few errors at the beginning of the race, and I wasn't where I
3 wanted to be. I just... *stopped.*' His voice is shaking as he mutters those words. Emily senses
4 his embarrassment for what he is admitting. 'I was determined that that would only happen to
5 me if I was dragged out the water and into an ambulance... Physically, I was totally fine. But
6 mentally, I was all over the place.'

7 'You mentioned last time that you were having a difficult time communicating with your coach
8 about how you are feeling. Did you speak to him after this?'

9 Mark's head drops slightly, and he closes his eyes trying to recall what happened...

10 ***

11 '*Coach, can we talk?!*'

12 '*Yes. What happened there? Why did you stop?'*

13 '*Umm, I've actually been meaning to tell you... I've been st-struggling lately. Like, the smallest
14 of problems are derailing me. Just giving up. It feels like a heavy weight on my shoulders.'*

15 '*Oh, okay. You should've said earlier, mate. I know exactly how you feel. Sometimes it just feels
16 like the weight of the world is on your shoulders, doesn't it? I've been feeling a bit down lately.*

17 '*You know, I'm working two jobs just to make ends meet, the stress that comes with buying a
18 house... My mum is getting on a bit and probably not got too much long left...'*

19 [*10 minutes later*]

20 '*Thanks for listening to me, Mark! That was really helpful to get that off my chest.'*

21 '*Uh, oh... Okay. No problem.'*

22 'Uh, yeah... That wasn't very helpful,' he grumbles to himself.

23 ***

24 ***Meeting Reminder: Appointment with James at 09:00***

25 'Hi James! How has the last week been for you?' Emily asks.

1 'Fine!' He responded in a cold and abrupt manner.

2 'You mentioned last time that you were struggling with opening up, so have you ever seen a
3 therapist before, James?'

4 'No,' he quickly responded as his eyes narrow and his forehead creases. 'We do have a sport
5 psychologist who comes in though, and I have spoken to him about how I have been feeling.'

6 Emily pondered his response for a moment. 'How do you feel about talking to a therapist versus
7 a sport psychologist? I noticed your body language changed then...'

8 'Yeah, I suppose it did...' He muttered to himself with a moment of realization. 'I don't know...

9 That I'm seeing a sport psychologist, I don't care who knows. My coaches, national governing
10 body; that is completely fine. That I am seeing a therapist?! That is definitely not something I
11 want my sport to know.'

12 'Okay, that is interesting. How was the experience of seeing a sport psychologist for you?'

13 James looked out of the window, trying to retrieve old memories...

14 ***

15 *'How's everything going, James?'*

16 *'Umm, not great actually. I was wondering if we could have a chat?'*

17 *'Yes, of course! What's going on...?'*

18 *'Well, I suppose nothing is going well at the moment. I'm not eating well... I have one bowl of
19 porridge a day and can't stomach anything else. Training isn't going well, life isn't going well...
20 I have no motivation or energy to do anything.'*

21 *'Oh, okay. Well, that sounds like there is a lot going on. Thanks for coming to chat to me about
22 this.'*

23 *'Yes, it's been a bit overwhelming.'*

24 *'Of course... I can totally understand that. How do you think this is impacting your
25 performance on the hockey pitch? What do you think we can do to improve that?'*

1 ***

2 ‘He is a bit hit and miss. He is a sports performance psychologist and so, I wanted to speak to
3 him less about that and more about how I am feeling and my life outside of hockey.’

4 ‘Do you think that is a good place for us to start then? Talking about the things that have been
5 happening outside of sport.’

6 ‘Yes, I think so.’

7 ‘Okay, great.’ Emily said with a sense of relief. *We seem to be making a breakthrough*, she
8 thought to herself with satisfaction. ‘Let’s use our next session to explore this further.’

9 ***

10 ***Meeting Reminder: Appointment with Mark at 13:00***

11 They settled down in their respective chairs, and Emily noticed that Mark was waiting for her
12 to start speaking.

13 ‘In our last session, we were speaking about the difficulties you have had communicating with
14 your coach. Have you managed to speak to anyone else about this since we last spoke?’

15 A quiet exhalation of amusement escaped his mouth... ‘No. Why would I?’ He sneered as his
16 bitterness pulled the corners of his mouth downwards. ‘I’m just not sure what good that would
17 do... You see all these people on social media who don’t really have any real issues who are
18 just jumping on the bandwagon. When I really needed help and was actually struggling, I didn’t
19 fucking tweet about it. I would just hate for someone to think that is what I am doing.’

20 ‘Do you want to tell me more about that?’ Emily asked, sensing the pent-up anger that needed
21 to be expressed.

22 ‘You know, there are certain figures in sport who are talking about their experiences publicly
23 and trying to raise awareness... Like don’t get me wrong, it’s amazing what they are trying to
24 do, but I think it has been commercialized quite a bit and people are just jumping on the
25 bandwagon. It will get more headlines and more publicity, and they end up earning more money

1 from it...' Mark twisted his face, raising an eyebrow. 'I suppose if you're that bothered about
2 making a change, then maybe don't do it as a best-selling novel.'

3 'Okay. Let's just pause there, and check-in with how you are feeling right now.'

4 He looked at her incredulously, as if he was offended by such a stupid question.

5 'I don't know... Angry, frustrated, annoyed.'

6 'Why do you feel like that?'

7 'There is still a taboo about it all. Yes – everyone tells you that it is okay to talk, but who do
8 you talk to about it? It is very much in-vogue at the moment, but it isn't addressing any of the
9 issues that are there. We have two full-time physios for the team, we don't have anything when
10 it comes to mental health?! Why not?' He spits out as his upper lip curls in disdain.

11 ***

12 ***Meeting Reminder: Appointment with James at 09:00***

13 Emily heard a quiet and hesitant knock at the door. As she greeted her next client through the
14 door, she couldn't help but think that something was different. His eyes were heavy, and his
15 hair was wild and unkempt.

16 'James, we said that we could use this session to talk about what brought you to therapy. Do
17 you still think that is a good use of our time today?'

18 James gave a hesitant but reassuring nod.

19 'Okay, so tell me what the problem is from your point of view?'

20 He crossed his legs and started fidgeting with his fingernails again... 'It started off when my
21 parents divorced. There were lots of arguments in the house and I haven't spoken to my dad
22 since then. I didn't really deal with that and just let everything wash over me. Hockey was
23 going really well, but then I got this injury... And for the last 7 months, I have been rehabbing
24 that... That has been a big frustration. You know when something bad happens, and then

1 another bad thing happens to you and you're like oh my god. When is this going to end?' He
2 released a pent-up breath, and his shoulders finally start to relax, as if a weight has been lifted.
3 'That sounds like there is a lot going on there. How does that make you feel?' She asked.
4 'Empty,' he said in a moment of clarity as his piercing eyes finally make eye-contact with hers.
5 'You put everything, you put your life and soul into something and then it is just gone
6 overnight... You are broken, and you are slowly losing your identity. You are a hockey player,
7 but then you've got an injury and all people talk to you about is how your injury is. No one
8 checks up on you. There is no support. You are locked inside a gym, and you just have to try
9 and motivate yourselves.' His voice cracks momentarily.

10 *[30 minutes later]*

11 Emily glances over at the clock and realises that they are approaching the end of their session.
12 'Okay, James. We are coming to the end of our session today. How do you feel that went?'
13 He breathed in, held the air, and let it out. 'Good, actually. I've never spoken to anyone about
14 this before. It's interesting because you see on social media that it is okay to talk and whatever,
15 but you don't know when to talk because you don't know if you've got *it* or you're just having
16 a bad day or bad week... I just felt like I was being lazy.'

17 **Discussion**

18 Greater lifetime stressor exposure has been related to poorer health (e.g., McLoughlin
19 et al., 2022). Despite this, the relationship between stressor exposure and sporting performance
20 is unclear. Further, while the prevalence of mental ill-health among elite athletes has been
21 reported, sport performers are not effectively utilising mental health support services (Perry et
22 al., 2022). Using IPA and creative non-fiction, we explored elite male athletes' experiences of
23 lifetime stressor exposure and sport performance, as well as their perceptions of the factors
24 influencing help-seeking behaviour. Two composite vignettes were created to address each of
25 the research questions, respectively. The first vignette was written using a first-person narrative

1 which allowed the reader to understand an athlete's (i.e., Toby's) internal thoughts and feelings
2 and how they impacted his performance. The second vignette was written using a third-person
3 omniscient narration (i.e., the all-knowing narrator), detailing two athletes (i.e., James and
4 Mark's) experiences of seeking help for mental health problems. Such an approach allowed the
5 story to flow between different characters thoughts, enabling the exploration of similarities and
6 differences between participants, which is consistent with IPA (Smith et al., 2022).

7 Regarding the first vignette, this story explored elite male athletes' experiences of
8 lifetime stressor exposure and performance in their sport. Most participants initially viewed
9 their sport as a form of escape from the stressors they experienced in their lives (e.g., parental
10 divorce). The term 'escapism' has been used to describe coping with emotional distress by
11 repressing acknowledgement of stressful events (Lazarus & Folkman, 1984). On occasions,
12 this was found to have a positive impact on sporting performance, possibly owing to the
13 opportunity for self-development that is associated with escapism (Stenseng et al., 2012). As
14 demonstrated in the first vignette, examples included: increased motivation and determination.
15 This is consistent with previous research suggesting that 'adversities represented significant,
16 life-changing events that acted as extreme motivational triggers' (Howells & Fletcher, 2015, p.
17 45). Although these were beneficial for performance, the present study demonstrated that these
18 were ultimately short-lived, representing a temporary enhancement to sporting success.

19 In the first vignette, participants revealed that sport represented 'a safe haven' from the
20 demands imposed on them in their daily lives and contributed to their sporting success. It was,
21 however, when stressors also started to occur in the sporting environment (e.g., selection) that
22 the symptoms of mental ill-health were intensified and resulted in performance decrements.
23 One potential explanation for this finding could be due to unresolved trauma, which can be
24 defined as an individual's maladaptive response to a stressful life event that continues to
25 negatively affect an individual's functioning (Crittenden & Landini, 2011). Indeed, athletes

1 might have brought their past unresolved trauma to the present by reacting intensely to non-
2 threatening stimuli (Crittenden & Landini, 2011). This heightened response can diminish the
3 body's ability to perform, leading to emotional or physical exhaustion (McEwen, 1998).

4 Moving to the second vignette, this story explored elite male athletes' perceptions of
5 the factors that may have influenced help-seeking behaviour for mental health issues. The
6 results revealed that members of sporting organizations (e.g., athletes, coaches) may not always
7 have a suitable awareness of the signs and symptoms associated with mental ill-health. Indeed,
8 throughout the story, it was evident that some athletes and coaches could not identify symptoms
9 associated with mental ill-health (e.g., increased aggression). Although coaches play a key role
10 in identifying symptoms of mental ill-health and facilitating help-seeking, coaches have
11 concerns about their competence in handling such situations (Mazzer & Rickwood, 2015).

12 As was apparent from the second vignette, some of the elite athletes in this study were
13 particularly critical towards high-profile athletes publicly sharing their experiences with mental
14 health (e.g., via social media, news outlets). This contrasts with previous research, which has
15 suggested that high-profile athletes publicly expressing difficulties with their mental health
16 may serve to reduce stigma, raise awareness about mental ill-health, and instigate help-seeking
17 behaviours (Swann et al., 2018). Indeed, Swann and colleagues (2018) illustrated how young
18 male athletes may become more engaged in discussions around mental health when it revolves
19 around a sporting role model. In contrast, however, athletes in this study experienced feelings
20 of disconnection and pessimism towards other athlete's experiences of mental ill-health. One
21 potential explanation for these contrasting findings may be due to the lack of relatedness
22 towards other people's experiences of mental ill-health (Rennick-Egglestone et al., 2019).
23 Therefore, the use of narratives to encourage help-seeking should incorporate a diverse range
24 of authentic experiences to enable a range of recipients to connect and benefit from this.

1 Another interesting finding is the distancing language used by participants when
2 discussing their mental health. Examples include the shift from first- to second-person pronoun
3 and the use of euphemistic language. In the second vignette, James says: ‘*You* put everything,
4 *you* put your life and soul into something and then it is just gone overnight... *You* are broken’.
5 Using second-person pronoun here is in direct contrast to the first vignette (i.e., Toby), which
6 was entirely in first-person, indicating that topics such as sporting performance are more
7 comfortable to athletes (Howells & Fletcher, 2016). Such phrasing is used to psychologically
8 distance a person from a topic and can be used to desensitize the individual from a loaded topic.
9 Participants also used euphemistic language, which can be defined as the substitution of an
10 explicit expression (e.g., died), with one that is considered inoffensive and vague (e.g., passed
11 away). One example is when Toby said: ‘You don’t know if you’ve got *it* or you’re just having
12 a bad day or bad week’. The use of ‘it’, instead of ‘depression’, could have minimized negative
13 emotions, helping the speaker appear unaffected and the situation impersonal.

14 As shown in the second vignette, sporting organizations are predominantly using a
15 reactive (vs. proactive) approach to athlete mental health. Specifically, the results highlighted
16 specific times when athletes were particularly vulnerable (e.g., when injured or transitioning in
17 or out of the sporting environment), and thus, more susceptible to mental health problems (Rice
18 et al., 2016). Sporting organizations should therefore more proactively identify those who may
19 be at-risk of experiencing stress-related mental health problems and provide timely and
20 proactive access to mental health care (Rice et al., 2016). Given that most athletes in this study
21 were forced into seeking help for their mental health, sporting organizations should normalize
22 help-seeking behaviours by promoting psychologically safe environments that foster more
23 adaptive mental health practices (Vella et al., 2022). This could reduce the likelihood of
24 athlete’s developing chronic mental ill-health and escalating to crisis (Schinke et al., 2018).

1 The results also revealed that there has been an increased focus on improving athlete
2 mental health. Most participants mentioned that they had access to a sport psychologist and
3 were comfortable working with such practitioners, highlighting the significant steps taken by
4 sporting organizations in normalising the presence of sport psychologists in elite sport. Despite
5 this, participants did notice an unequal representation of sport psychologists when compared
6 with other support staff (e.g., physiotherapists, other medical staff). This unequal representation
7 could unintentionally suggest to athletes that the sporting environment prioritises their physical
8 (vs. mental) health. This is problematic given that historically, athletes have been poorly
9 supported to manage their mental health, and instead, celebrate mental toughness and
10 disapprove of weakness disclosure (Bauman, 2016). Consequently, this reinforces the stigma
11 that prevents athletes from seeking timely and appropriate help (Breslin et al., 2017).
12 Furthermore, none of the athletes in this study had access to a clinical psychologist. The limited
13 use of clinical psychology in the sporting environment is particularly problematic given that
14 sport psychologists' expertise for treating mental health problems can differ depending on their
15 training (Rice et al., 2021). Therefore, sport psychologists should establish on-going working
16 alliances with clinical psychologists to protect athlete mental health (Sly et al., 2020).

17 Despite the novel findings of this study, several limitations should be noted. First, one-
18 off interviews were conducted, which do not capture variation over time. Therefore, future
19 research could conduct serial interviews to obtain richer and more detailed accounts of sport
20 performers' life histories. Second, a potential limitation of vignettes is that readers may not
21 relate to the characters portrayed or may be apathetic toward the character's experiences.
22 Nevertheless, it was our aim to present these results in a straightforward, practical, and resonant
23 way. Third, it is likely that the participants in this study had a vested interest in the topic and
24 were comfortable talking about their own mental ill-health. While every effort was made to
25 recruit participants with a range of experiences, future research should consider additional ways

1 researchers can recruit those harder to reach individuals (e.g., combination of sampling
2 strategies). Finally, the participants were not invited to read and provide feedback on the stories.
3 While there are several issues associated with asking participants to reflect on the data analysis
4 and representation process (e.g., their experiences may have been influenced by time), future
5 research could gather reflective accounts from participants on the data-derived stories.

6 Notwithstanding these limitations, this study used creative non-fiction to translate the
7 findings from empirical research in a more accessible and relevant format. Translating research
8 in this way has recently been found to facilitate better research uptake and generate more
9 impact (Everard et al., 2022). The use of creative non-fiction is particularly useful given that
10 humans are storytelling animals, naturally drawn to stories. Creative non-fiction is one way of
11 writing stories, and, as such, it offers researchers one way of sharing results from systematic
12 and rigorous research in a ‘language’ that reaches further than the academic community (Smith
13 et al., 2016). Stories also have the power to change us, inspire us, make us reflect and become
14 more aware. As a result, it is hoped that the manuscript communicates the findings of the
15 present study in an accessible, evocative, and relevant way (see also Everard et al., 2022).

16 In conclusion, this study explored elite male athletes’ experiences of lifetime stressor
17 exposure and performance in their sport, as well as their perceptions of the factors that influence
18 mental health help-seeking behaviour. In doing so, this study extends prior research and
19 practice by: (1) adopting a life course perspective of psychological stress to better understand
20 the relationships between lifetime stressor exposure and sporting performance; (2) using
21 creative research methods to elicit a more in-depth and nuanced understanding of lifetime
22 stressor exposure, performance, and help-seeking behaviours among elite male athletes; and
23 (3) employing an innovative form of representation, via creative non-fiction, to facilitate wider
24 dissemination and improve the accessibility of the findings to non-academic audiences,
25 particularly those working in high-performance sport (e.g., coaches, sport psychologists).

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