Responses of Elite Athletes to the Negative Consequences of Turning Points During and After Their Sport Careers

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Statement of Originality

This work has not previously been submitted for a degree or diploma in any university. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made in the thesis itself.

(Signed)_______________________________

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Statement of Ethical Clearance

Ethical clearance was granted by Griffith University’s Human Research Ethics Committee (GU Ref No: CSR/01/08/HREC). The research was conducted in accordance with the approved protocol.
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I dedicate this thesis to my father, Barry. His passing away, believed to be suicide in 1985 led me to want know more about the experience of downward spirals and what constitutes a “survivor”.

Acknowledgement of published papers included in this thesis

Included in this thesis is a published paper in Appendix G for which I am the sole author. The bibliographic details for this paper are:

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Additionally included in the thesis is a published poster/paper in Appendix F which is co-authored with another researcher. The bibliographic details for this paper are:


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# Table of Contents

## Abstract
Abstract .......................................................................................................................... 8

## Chapter 1: Introduction
Chapter 1: Introduction ..................................................................................................... 10

- Background .................................................................................................................. 10
- Rationale for the present study ................................................................................... 13
- Theoretical Framework ................................................................................................. 14
- Summary ..................................................................................................................... 17

## Chapter 2: Literature Review
Chapter 2: Literature Review .......................................................................................... 18

- Stress in athletes ......................................................................................................... 18
- Expectations of athletes .............................................................................................. 20
- Injury ............................................................................................................................ 22
- Mental ill-health and suicide in athletes ........................................................................ 24
- Identity ......................................................................................................................... 27
- Alcohol and drug use .................................................................................................. 28
- Overtraining, burnout and chronic fatigue .................................................................... 29
- Retirement ................................................................................................................. 32
- Perfectionism ............................................................................................................. 34
- Discussion .................................................................................................................. 37

## Chapter 3: Research Methods
Chapter 3: Research Methods ........................................................................................ 39

- Qualitative approach .................................................................................................. 39
- Stages ......................................................................................................................... 40
- Athlete Sample .......................................................................................................... 42
- Interview Guide ......................................................................................................... 45
- Interviews .................................................................................................................. 46
- Thematic Analysis ...................................................................................................... 48
Chapter 4: Secondary Data

Introduction............................................. 56
Perceptions of sport career.................................. 57
Perceptions and expectations of self.......................... 58
Changes in perceptions and expectations of self................ 60
Perfectionism............................................. 60
Stressors..................................................... 61
Injury.......................................................... 62
Overtraining, burnout and fatigue.................................... 63
Retirement..................................................... 63
Psychological distress............................................ 64
Suicidality in Athletes............................................ 66
Coping strategies, support and rehabilitation..................... 67
Alcohol and drugs............................................. 68
Intervention..................................................... 70
Summary......................................................... 71

Chapter 5: Elite Athlete Interviews

Study Participants............................................ 74
Retired Males..................................................... 74
Retired Female Athletes......................................... 79
Current Male Athletes.......................................... 82
Current Female Athletes....................................... 83
Chapter 7: Discussion and Conclusions

Personal Factors

Ongoing Career Challenges

Potential Stressors

Positive Outcomes

Negative Outcomes

Theoretical Interpretation

Practical Implications

Limitations

Future research

References and Photo Acknowledgements

Appendix A: Sports Injury, Retirement and Life Changes Questionnaire

Appendix B: Examples of Transcripts for Sports Injury, Retirement and Life Changes Questionnaire

Appendix C: Mental ill-health and suicide of Australian elite athletes

Cricketers and mental ill-health and suicide

Depression and sport injury

Injuries, overtraining/chronic fatigue syndrome, depression and suicide
Injury after loss, alcohol/drugs problem and depression/suicide ........................................ 314
Drug-related deaths after depression in retirement .............................................................. 316
Alcohol abuse, anxiety, depression and suicidal ideation .................................................... 317
Behavioural issues, injury, alcohol/drug abuse and depression/suicidal ideation .............. 317
Behavioural issues, depression/mental ill-health, followed by recovery ......................... 320
Bipolar disorder, behavioural issues, drug and alcohol issues, injury, poor form and retirement, comeback and injury .......................................................... 322
Low self-esteem, depression and suicidal ideation/behaviour ........................................... 322
Retirement because of depression .................................................................................... 323
Depression/bipolar disorder after retirement .................................................................. 323
Epilepsy, brain surgery then anxiety, depression, suicidal ideation in recovery .............. 324
Sporting comebacks after anxiety/depression and retirement ........................................... 325
Appendix D: Mental ill-health and suicide of international athletes ............................... 326
Appendix E: Legacy of the athletic high achievers ......................................................... 334
Appendix F: Athletes & Mental Health: Is Depression a Sports Injury? ......................... 336
Appendix G: Mental Health and Suicidal Ideation in Athletes: There’s a Dark Side to Being a Champion ................................................................. 339
Abstract

The mental health of elite athletes has become a prominent issue in the popular media in recent times as the stories of some of those whose sports careers have led to considerable distress have become known. The present thesis was undertaken to better understand the processes involved in bad outcomes from careers at the highest level in sport. The research question asked was: *What is it in adjustment to the critical and inevitable turning points in the lives of elite athletes such as injury and retirement that makes for negative consequences on mental health and well-being?*

A systematic search of the literature, both the scholarly literature and reports in the popular media, was undertaken to frame an inquiry using a qualitative approach. Elite athletes who had experienced sports injury, retirement and life change were identified and invited to discuss psychological risk and protective factors. A total of 54 current and retired athletes consented to be participants. Thirty questions were asked in the course of semi-structured interviews, regarding their perceptions and expectations of themselves and their achievements, stressors, injuries, transition to life after sport, psychological distress, suicidal ideation, support, coping strategies, life satisfaction, perfectionism as well as alcohol and drug use. Thematic analysis of the interview transcripts was supplemented by analysis using the NVivo software package. The data provided by athletes was checked for consistency with 14 industry professional interviews.

It was assumed, following the biopsychosocial approach, that significant mental health problem involves on-going interactions among biological factors, psychological factors as well as social factors. The analysis, however, focused on the psychological level and used the literature on stress theory, particularly as formulated by Lazarus and Folkman (1984), as a framework for understanding what was happening in the lives of the athlete participants.

Consistent with expectations, psychological stress was experienced by almost all participants and this was reported to manifest most commonly as depression. A substantial number, although fewer than half, reported suicidal ideation at some time during their careers and almost one in ten reported a suicide attempt. Personal factors such as perfectionism and stressors such as injury and overtraining were associated with these negative outcomes, consistent with expectations.
based on the literature. The research was unable to provide a diagnostic evaluation of the
different levels of psychological distress in this group because such precision is out of place in a
qualitative study. However, what was not reported previously was the spiralling of states
between positive and negative outcomes, which was best described by analogy with a vortex.

Elite athletes strive on an upward spiral towards achievements and success. Acute psychological
distress at turning points can deepen into a downward spiral as a result of negative perfectionism
and positive coping strategies that have been exhausted or become ineffective. Consequently,
negative coping strategies are employed. Critical self-perceptions and keeping matters hidden
aggravate the situation further. As the downward spiral deepens, there is where hopelessness and
suicidal ideation occur.

The predisposition for an upward spiral as their career develops, the experience of highs and
lows, sporting organisation regulation and determination to succeed means that elite athletes
experience downward spirals but usually it helps their performance so it is not seen as a problem.
Critical turning points such as an injury, retirement or life changes often results in an intense and
severe downward spiral. The self-perpetuating vortex of upward and downward spirals describes
the turbulent transitional period where retired elite athletes reported it took 1-3 years for the
balance to be restored with a synergistic spiral of less intense ups and downs.

Analysis also pointed to certain profiles in the histories of some of the athletes. Post-Injury
Trauma (PIT) describes chronic psychological distress proceeding injury after stress and pressure
accumulated. The Retired Elite Athlete Paradox (REAP) is when elite athletes have their mind
set on a goal and will psychologically continue on that track whether or not their physical body
actually stays on track. High Achiever Trauma (HAT) characterises the state of coming down
from a high level of achievement and adopting negative coping strategies as survival
mechanisms. Transition preparations and support are psychological protective factors.

The limitations of the study were recognised. These centred on the selection of participants,
which need to be taken into account in any generalisations from the findings.
Chapter 1: Introduction

Background

Sport in Australia is an important part of the culture, as it is in developed countries around the world. Participation in sport leads to favourable health outcomes, especially for children and adolescents (Sabo et al., 2005) and to positive self-perceptions in adults (Fox and Corbin, 1989; Smith, Scott and Wiese, 1990; Sonstroem, Speliotis and Fava, 1992). Children and adolescents involved in sports have fun, improve their sports skills, are with friends and make friends, find thrills and excitement, succeed or win, and become physically fit (Ewing, Seefeldt and Danish, 1990).

Exercise and sound mental health are correlated because exercise is synonymous with activity which provides opportunities for structure, social participation, camaraderie, companionship, focused awareness of the self in the present moment, release of anger and aggression; it also prevents negative self-absorption and discourages withdrawal and isolation (Barbanell, 2006). To an extent, exercise can improve concentration, memory, cognition, emotional expression and interpersonal skills (Barbanell, 2006).

Participation in sport has been found in some circumstances to be a psychological protective factor against the negative effects of stress. Brown and Blanton (2002) found that university students (of both genders) who play sports are less likely to consider or attempt suicide than their non-sporting counterparts. They concluded that team sports can provide a healing social environment and help participants to better handle emotional stress. Exercise and sport provides benefits in promoting mental well-being for individuals and communities and is integral to health promotion (Piterman, quoted by Chilton, 2006).

Given this catalogue of positive effects, it is somewhat paradoxical that when sport is undertaken at a professional level, particularly at the elite level, it can have negative effects (Hughes and Leavey, 2012). According to the Australian Institute of Sport (AIS), elite athletes are a particularly vulnerable group for mental ill-health problems, as described in an AIS endorsed
study, *The Elite Athlete Mental Health Strategy Trial* by Gulliver, Griffiths and Christensen (2011). In the United States, Baum (2005) found that athlete suicides were most related to injury, psychosocial stressors (e.g. pressure), substance abuse, retirement and mental ill-health. Anxiety, depression and suicidal ideation are higher in male elite athletes than in their female counterparts or the rest of society’s “mere mortals”. Estimates suggest that 25% of the US athletic population is affected by anxiety, depression and other psychosocial problems (Etzel, Ferrante and Pinkney, 2002). Sport provides a focus and sense of community that athletes might not otherwise have. Competitive sport at the highest levels impacts upon the physical and mental well-being of current and former participants. The motivation and rewards for elite athletes to reach their goals are considerable but are also obvious reasons that they may often put their well-being at risk.

Psychosocial stressors can prompt depression and, on occasion, suicidal ideation (Wiese and Weiss, 1987; Smith et al., 1990; Smith, Scott and Weise, 1990; Smith et al., 1993; Wiese-Bjornstal and Smith, 1993; Smith and Milliner, 1994; Baum, 2005; Schwenk et al., 2007). Athletes’ participation in sport can lead to a sudden turning point such as an injury, loss of position or forced retirement, all of which may be traumatic (Smith and Milliner, 1994). Roberts and Ommundsen (1996) reported that goal orientation for athletes is either task or ego goal orientation. Task goals were to do with a sense of achievement/satisfaction around mastery of tasks. Ego goals were focused on status enhancement for purpose as a sense of achievement/satisfaction. Schwenk (2000) noted that competitive athletes are special in that they have a high level of goal orientation (in the various forms outlined above) and commitment to intense physical training and competition which makes them less at risk of depression and possibly other mental illnesses. Storch et al. (2005) observed that the rewards for elite athletes are high, but they face pressures balancing a career in the highly competitive sport environment where private and public life blur in an environment of increasingly critical public scrutiny.

Elite athletes may be at risk of mental ill-health and suicide, particularly if they experience significant injuries, or have an overwhelming emphasis on their life around their chosen sport. They may feel isolated, experience a huge loss of identity and feel that they have limited options if their ability to continue with their chosen sport is jeopardised (Beyond Blue, 2010). Athletes
are known to strive for perfection whilst being under pressure and public scrutiny. Hughes and Leavey (2012) discussed how the personality attributes of doctors may be relevant to consider with similar psychological vulnerabilities found in athletes - perfectionism, over-conscientiousness, approval seeking, a need to be in control, chronic self-doubt, dislike of praise and a tendency to delay gratification. Interestingly, doctors also find it difficult to seek help for mental health problems due to professional and peer disclosure issues (Hawton et al., 2001). American studies have identified various risk factors for depression and suicide in athletes such as stressful psychosocial life events, chronic mental ill-health, personality traits consistent with maladjustment, a family history of suicidal tendency and genetic predisposition and a psychiatric disorder (Rizenberg, 1990) as well as injury (Smith and Milliner, 1994). Kokotailo et al. (1996) reported that male athletes demonstrated greater suicide risk and also a higher prevalence of risky behaviours compared to non-athlete males and female athletes. In a study by Sabo et al. (2005), highly involved athletes reported the onset of severe depression at times such as after ceasing high to extreme training programs.

Most athletes are achievement oriented individuals searching for ways of increasing their competitive edge (Smith, 2010). Hall, Kerr and Matthews (1998) focused on the contribution of achievement goals and perfectionism in terms of pre-competitive anxiety in sport: Perceived ability was a consistent predictor of confidence, and ego and task goals contributed to the prediction of cognitive anxiety and confidence. Stoeber et al. (2008) founds that striving for perfection in sport may be adaptive in athletes who do not experience strong negative reactions when performance is less than perfect. Maladaptive perfectionism in sport as well as life outside of sport may link to retirement issues and psychological distress.

There are many psychological risk factors ranging from mental ill-health, to economic, social, cultural and environmental factors that contribute to the complexity of problems. Injury (especially concussion), loss of form/loss of esteem from peers and/or community members, moving away from home/family, identity issues and living in the spotlight, pressure to perform or win, relationship breakdowns/conflict, perfectionism and unrealistic high expectations (from self, coaches, family), fear of failure, low self-esteem, abuse of alcohol and drugs, retirement and associated loss of identity, financial worries, lack of communication skills or expression of
feelings, poor or no help-seeking behaviour, stress in its various forms including psychological, professional and physical stress, mental ill-health including depression and anxiety as well as the stigma attached to mental health problems and suicidal ideation/behaviour are all psychological risk factors experienced by athletes (Flett et al., 1991; Hewitt et al., 1997).

Rationale for the present study

Although this brief review indicates that sport at the elite level can have negative consequences for the health and well-being of the athlete, it is clear that not all elite athletes show these effects, which raises the question of why it is that some succumb to the obvious pressures of a competitive environment while some do not. The processes involved are currently not well understood, as a systematic review of the literature in the following chapter makes clear. A closer and more intensive study of athletes than has been undertaken to date is warranted.

The present thesis sought to contribute to this understanding through in-depth interviews of elite athletes, some of whom had retired and some of whom were still competing. The term ‘elite athlete’ is used throughout the thesis to refer to athletes competing at the highest level of their sport or who are close to it. It is recognised that the Australian Institute of Sport’s (2009) guiding principles reserve the term elite athlete for those who are members of one of the following organisations: Australian Institute of Sport, State Institutes or Academies of Sport, AFL Players’ Association, Australian Cricketers' Association, Rugby League Professionals' Association, Australian Professional Footballers' Association, and Athlete Career and Education (ACE) (National senior squad members). A number of those who participated in the present study met that criterion but all were involved or had been involved in their particular sport at the most senior level nationally if not internationally.

Semi-structured interviews provided the central source of data in the thesis. This was supported by supplementary studies of media reports about elite athletes and through interviews with sports administrators who had worked closely with elite athletes. These administrators are referred to as industry professionals. The methods are described more fully in Chapter 3, before the findings of
the investigation of media reports are presented in Chapter 4, the results to the interviews with elite athletes in Chapter 5, and the observations of the industry professionals in Chapter 6. A final chapter, Chapter 7, brings together the various findings.

In undertaking the research, it was expected that ‘turning points’ in the life of an athlete would provide rich sources of data for understanding the processes involved in adjustment and thus the basis for negative consequences for health and well-being. The major turning points considered were injury and retirement. The primary research question for the study was:

*What is it in adjustment to the critical and inevitable turning points in the lives of elite athletes such as injury and retirement that makes for negative consequences on mental health and well-being?*

**Theoretical Framework**

In approaching the task of interpretation of the stories of the elite athletes recruited for the study, a framework based on the literature on stress was used to conceptualise how adjustments might be made at the key turning points of injury and retirement and why negative consequences might flow from these adjustments. The concept of stress came to prominence in the 1940s through the work of the physiologist, Hans Selye (see e.g. Lovallo, 1997), who researched how the common physiological features manifest in patients. He formulated the idea of a syndrome of reactions triggered by a variety of demands on the organism that called for adaptation (the General Adaptation Syndrome). Understanding of stress was extended subsequently through work in sociology (e.g. Avison and Thomas, 2010 for a review) and psychology (e.g. Schneiderman, Ironson and Seigel, 2005) to have psychosocial as well as biological dimensions, consistent with a biopsychosocial approach (Engel, 1977).

At the psychological level, the work of Lazarus (1966) and subsequently Lazarus and Folkman (1984) provided one of the most widely used theoretical frameworks for stress research (see e.g. Somerfield and McCrae, 2000). Lazarus and Folkman (1984: 19) defined stress as “a particular
relationship between the person and the environment that is appraised by the person as taxing, or as exceeding his or her resources and endangering his or her well-being”.

The Lazarus and Folkman (1984) definition draws attention to the idea that stress is a transaction rather than a reaction. This means that stressors (events that are demanding or challenging) influence the person but the person in turn influences events, rather than being a passive recipient. The definition further emphasised the role of cognitive processes; events and the personal resources for managing them are evaluated by the person and this evaluation or appraisal is critical. According to Lazarus (1993: 6): “Appraisal … is the process that mediates - I would prefer to say actively negotiates - between, on the one hand, the demands, constraints, and resources of the environment and, on the other, the goal hierarchy and personal beliefs of the individual”. One implication of this is that the same events can be appraised differently depending on context: a divorce, for example, can be seen as a loss or as a new beginning. The definition includes reference to potentially negative outcomes of a stressful encounter in the form of impacts on well-being. These can take a range of forms from increased levels of anxiety or depression to more extreme emotional and behavioural responses such as hopelessness, suicidal ideation, or suicide attempts.

Figure 1.1 provides a schematic summary of the theory. In the figure, appraisal is seen as involving two stages. Primary appraisal involves evaluation of the stressor and secondary appraisal involves evaluation of the capacity for coping. The distinction is somewhat arbitrary because the two can occur together. The figure shows the feedback loops from coping to the demanding event indicating that coping behaviour influences the stressor which in turn effects subsequent appraisal.

The theoretical framework based in stress research has been used previously in the study of elite sport (Olusoga et al., 2010). However, in that case it was in the study of coaches and not the athletes themselves. The theory has been criticised for being too general. Carver and Connor-Smith (2010: 680), for example, argued that stress should be limited to situations where “a person perceives an impending punisher or the impending inability to attain a goal, or perceives the actual occurrence of a punisher or removal of access to a goal”.

15
Other theories of stress have been proposed, such as Hobfoll’s (1989, 1998) in which the idea of ‘resources’ (e.g. possessions, job, money) and their depletion are seen as central to stress. The Hobfall theory is particularly applicable in organisational contexts and is essentially compatible with the Lazarus and Folkman idea of transactions (see Cooper, Dewe and O’Driscoll, 2001). In view of this and because of the extensive use made of the Lazarus and Folkman theory in psychological analysis, as noted above, their approach was used to provide the theoretical framework for the present thesis.

The following expectations were formed on the basis of a consideration of the theoretical framework and these guided the collection and interpretation of the data:

- Psychological stress is ‘normal’ for elite athletes. That is, most experience it as a result of the high demands placed on them.
- The stress can be exacerbated by particular personality characteristics that can be of benefit to elite athletes in assisting them to reach their goals (viz., perfectionism, self-esteem) but which can, unless ‘managed’, prove counter-productive.
- Stress is usually dealt with by employing coping strategies. These are particular ways of thinking, feeling, and acting when confronted by stressful situations. They vary in their

![Figure 1.1 Schematic of the Lazarus and Folkman (1984) model of stress.](image)
effectiveness in reducing stress, and people have a profile of those that they typically employ, as a result of their socialisation and life experience.

- Stress is increased at certain turning points common in the lives of elite athletes, notably injury and retirement.

**Summary**

Sport is an important part of the culture of developed countries and brings a range of benefits to those who participate. An important part of the culture involves competition at the elite level. At this level there is, however, a ‘dark side’ to participation that has been increasingly recognised. Some elite athletes experience negative outcomes as a result of their involvement. The research reported in the thesis was undertaken to try to better understand why this is so. A qualitative approach was adopted in which interviews with a number of elite athletes and the thematic analysis of the transcripts of the interviews was the primary research method. The basic research question posed was: What is it in adjustment to the critical and inevitable turning points in the lives of elite athletes such as injury and retirement that makes for negative consequences for mental health and well-being? A theoretical framework based in the stress literature guided the research process.
Chapter 2: Literature Review

A systematic review of the literature was undertaken using the following references as a guide: Young et al., 2002; Cook et al., 1997; Klassen, Jahad and Moher, 1998; Tranfield and Denyer, 2002; Weed, 2005.

Scientific literature from 1965-2012 was searched systematically on the following online databases to produce the review: PubMed, PsycINFO and Google Scholar. Key terms searched were self, sport, athletes, students, stress, overtraining, injury, psychological protective or risk factors, mental ill-health, achievement, depression, hopelessness, anxiety, suicide, psychological or physiological interventions. Only human-based studies written in English were selected.

Where there was an existing recent systematic review or meta-analysis, this was used as the basis for drawing conclusions. Where a systematic review did not exist, individual studies were read and evaluated. An attempt was made to evaluate the quality of studies and to base conclusions on the best available evidence. It must be admitted however that the studies examined were quite diverse. Mental health and suicide issues regarding athletes were an important focus in order to identify psychological protective and risk factors for mental ill-health and suicidal ideation in athletes.

The results of the review are reported under headings that summarise the main areas of inquiry to date.

Stress in athletes

Athletes’ participation in sport can lead to a sudden turning point such as an injury, loss of position or forced retirement, all of which may be traumatic (Smith and Milliner, 1994). Storch et al. (2005) found that athletic participation can potentially buffer or contribute to distress. Perceptions about the turning points are related to the use of coping strategies. Anshel, Jamieson and Raviv’s (2001) theory explains that the use of coping strategies by athletes is significantly related to their experience and appraisal of harm, threat and challenge. Nicholls and Polman
(2007) found evidence of three of the different models of coping effectiveness (goodness-of-fit approach, choice of coping strategy, and automacity).

There is consensus in the literature on serious athletic injury, that such psychosocial stressors prompt depression and, on occasion, suicidal ideation (Wiese and Weiss, 1987; Smith et al., 1990; Smith, Scott and Weise, 1990; Smith et al., 1993; Wiese-Bjornstal and Smith, 1993; Smith and Milliner, 1994; Baum, 2005; Schwenk et al., 2007). Athletes may experience different types of depression. Mummery (2005) referred to results of research which suggested that high volume and intense exercise are both related to depressive symptoms. Participation in sport may be interpreted as being a psychological protective factor in non-elite athlete groups but it may be associated with psychological risk factors in highly-competitive adult athletes.

Athletes’ experience of stress, whether it is psychological, professional or physical, as well as their responses and recovery from it are important variables in determining their risk for mental ill-health and suicide. Acute and chronic stressors were described by Perna, Schneiderman and LaPerriere (1997) as related to immunity and stressful active coping in athletes. Preliminary studies suggest that modifying the stress response in athletes can reduce injury risk (Davis, 1991; Kerr and Goss, 1996). Stress is associated with depression and is inherent in the life of an athlete (Mummery, 2005). Neurobiology, physiology, genetics, life stressors, and environmental factors can all contribute to vulnerability to depression in athletes (Salmon, 2001; Tennant, 2002; Logan 2004). Stress has detrimental effects on the autonomic nervous system, the neuroendocrine system, and the immune system (Baune, 2009).

Lower levels of serotonin and noradrenaline and impulsivity as a result of stress are important considerations for the mental health issues of athletes. Of all the neurotransmitter systems, the serotonin system is the most important with regard to suicide risk (Joiner, 2005: 182). Differences between those who died by suicide and others regarding serotonin binding appear to be localised to an area of the prefrontal cortex, and area involved in impulse control (Mann et al., 1999). The stress diathesis model of suicidal behaviour outlined by Mann (2003) includes lower levels of noradrenaline and serotonin as components of the diathesis as well as hopelessness or pessimism as well as impulsivity. There is evidence that noradrenaline has a role in the modulation of attention processes (van Heeringen, 2003).
Exercise can lead to acute or chronic stress therefore the consequences differ. To an extent, exercise does naturally what antidepressants do by artificially “feeding” the brain’s neurotransmitters, thereby improving concentration, memory, cognition, emotional expression and interpersonal skills (Barbanell, 2006). In contrast, competitive sport at the highest levels causes stress which inflicts upon the physical and mental well-being of its current and former participants (Noblet and Gifford, 2002). Elite athletes benefit from sport as an outlet but there are also negative consequences that are not immediately obvious.

The idea that stress may cause depression is not a new underlying concept in psychiatric research. It is known that a combination of genetics, early life stress, and ongoing stress may ultimately determine individual responsiveness to stress and the vulnerability to psychiatric disorders, such as depression (Salmon, 2001; Logan, 2004). The relationship between stress and depression is complex (van Praag, 2004) and it has been recognised that it will take quite some time before any further effective medications are developed for effectively treating the various kinds of depression (Bosker et al., 2004; Bartolomucci and Leopardi, 2009; Baune, 2009).

Repeated experience of stress may be linked to impulsivity and suicidality including a pattern of provocative and painful experiences (Mann, 2003). Lower levels of serotonin and noradrenaline and impulsivity as a result of stress are important considerations for the mental health issues of athletes (Mann, 2003).

**Expectations of athletes**

Some athletes may be at risk for mental ill-health and suicide because of the clash between their and others’ perceptions and expectations of their performance and behaviour on and off the field. There is cause for concern for athletes’ and others’ well-being when they are not dealing effectively with these issues and use alcohol and/or drugs or engage in risky behaviours as a way to cope or conform with the culture of some of their team mates and associates. Some athletes need to address the intense stress that they experience and realise that the connection with social drinking as a way to relieve the tension requires moderation based on the facts rather than peer experiences and norms (Martens, Dams-O’Connor and Beck, 2006).
The emotional distress experienced by some athletes after a physical injury may impact on their rehabilitation and this may necessitate psychological or psychiatric intervention (Smith and Milliner, 1994). An important symptom associated with injury is psychological trauma which is a type of damage to the psyche that occurs as a result of a traumatic event. The cognitive impairment and depression as result of concussion injuries have implications for suicide risks in some athletes who play contact sports (Guskiewicz et al., 2007). The sudden onset of depression experienced by some athletes may be profound when grouped together with other factors such as emotional or relationship stress, alcohol and/or drug abuse, loss of prestige from being an active sports star and considering what to do next in their life.

The pressure upon elite athletes and their perception of themselves, particularly their idealised self-image, may lead to negative perfectionism, dissatisfaction with life and low self-esteem which puts them at risk for alcohol/drug abuse, depression, hopelessness and suicidal ideation. The Australian public believed more than a quarter of elite and professional athletes used performance-enhancing drugs, and that over a third of athletes used recreational drugs (Skinner, Engelberg and Moston, 2009). There are a range of reasons why athletes abuse alcohol and drugs, including to enhance their performance or simply to survive in their current situation, or to compensate for the pain of relegation or abandonment when their sporting career is threatened (Martens, Dams-O’Connor and Beck, 2006).

Negative perfectionism is important in the maintenance of depression in athletes, which is a core feature of hopelessness and thus also suicidal ideation. Therefore, a key intervention point for athletes exhibiting negative perfectionism is to address their low self-esteem. Overtraining and burnout cause increased occurrences of injuries and may be associated with stress, chronic fatigue syndrome and mental ill-health. The links between risk factors such as negative perfectionism, low self-esteem, overtraining/burnout and stress as well as depression, hopelessness and suicidal ideation in athletes require clarification in research in order to recommend appropriate intervention and integrative support strategies.
Injury

Two relevant qualitative studies of injury (Smith and Milliner, 1994) and retirement of elite athletes (Torregrosa et al., 2004) provided a framework to build upon. Smith and Milliner (1994) found that significant depression may be profound and may last a month or more, paralleling the athlete's perceived recovery. Injured athletes cared for by athletic trainers are often between the ages of 15 to 24 (Smith and Milliner, 1994). This is a high-risk age group for suicide. Smith and Milliner (1994) discussed the features common to suicide attempts in case studies of five injured athletes. All had experienced 1) considerable success before sustaining injury; 2) a serious injury requiring surgery; 3) a long, arduous rehabilitation with restriction from their preferred sport; 4) a lack of pre-injury competence on return to sport; and 5) being replaced in their positions by teammates. Also, all were in the high-risk age group for suicide. Smith and Milliner (1994) concluded that as a primary care provider, the certified athletic trainer is in an ideal position to detect serious post-injury depression and to determine whether the injured athlete is at risk for suicide. Smith and Milliner (1994) and Webb et al. (1998) found that athletes who retired as a result of their injuries have the most difficult adjustment which impacted negatively on life satisfaction.

Some athletes welcome injury as a way out of sport and are relieved to be retiring (Carson and Polman, 2010). This is because they are reluctant to leave their sport because of these outside pressures and occasionally have been known to welcome an injury that offers a face-saving solution and enables them to retire (Ray and Wiese-Bjornstal, 1999: 122). On the other hand, injury or loss of form can swiftly end a promising sports career at any time, forcing the athlete to disguise or downplay an injury in an effort to carry on and retain a team place, possibly to the detriment of his long term health (Ray and Wiese-Bjornstal, 1999: 166-167). Therefore, sport injuries may have manifested as a result of accumulative stress and may cause the loss of position.

Injured athletes exhibited greater depression and anxiety and lower self-esteem than controls immediately following physical injury and at a follow-up two months later (Leddy, Lambert and Ogles, 1994). Frustration, depression, anger and tension appeared most often and were the
highest ranked emotions in a study on emotional responses to injury (Crossman, 1997). A long-term study of 136 severely injured Australian athletes showed that the period immediately following the injury was characterised by negative emotions (Quinn and Fallon, 1999). American studies indicate that up to 50% of college athletes sustain at least one athletic injury (Leddy, Lambert and Ogles, 1994; Smith and Milliner, 1994; Krivickas and Feinberg, 1996) and up to 20% have had a concussion diagnosis (Kaut et al., 2003). Therefore, injuries are common in athletes and the intensity and severity are important considerations for risk of depression.

Injury in athletes has been identified as an important situation in which to monitor for psychological symptoms and implement intervention if necessary (Smith and Milliner, 1994; Quackenbush and Crossman, 1994). Smith (1996) outlined that more seriously injured athletes experience more tension, depression, and anger than non-injured counterparts. Smith et al. (1990) outlined that trainers, coaches and other sources of support for athletes need to realise that emotional difficulties can occur after a sports-related injury, and prompt recognition may help the athlete to attain optimal rehabilitation and a safe return to participation in sports.

A traumatic event may be a singular event or multiple events that completely overwhelms the individual's ability to cope with or integrate the ideas and emotions involved with that experience (Slobounov, 2008). Life stress such as psychological trauma in an athletic environment often results from injury; factors moderating the stress-injury relationship include social support, coping skills, and personality (Brewer, 2003; Weiss, 2003). Slobounov (2008: 243) explained that psychological trauma “usually involves a whole complex of behavioural, cognitive and emotional sequelae, including a complete feeling of helplessness in the face of a real or subjective threat to life, bodily integrity, or sanity”. Mental or emotional problems in athletes may arise as a direct consequence of physical trauma.

Ultimately, psychological responses to injury are thought to contribute to sport-injury rehabilitation outcomes (Smith et al. 1990; Wiese-Bjornstal et al., 1998; Brewer, Andersen and Van Raalte, 2002). Major topics of inquiry on the psychological consequences of sport injury include self-perceptions after injury, strategies for coping with injury, emotional reactions to injury, adherence to rehabilitation, psychological factors affecting rehabilitation outcomes, social
support in rehabilitation, and patient-practitioner interactions (Brewer, 2001). Smith, Scott and Wiese (1990) explained that awareness of the emotional responses of athletes to injury and employment of appropriate coping strategies should facilitate optimal rehabilitation and return to sport.

Smith, Scott and Wiese (1990) explained that athletes may find it difficult to employ appropriate coping strategies on their own and this may be because of brain injury such as concussion. Repetitive concussion in elite athletes has been indisputably proven to be linked to depression (Rabadi and Jordan, 2001; Bloom et al., 2004; Omalu et al. 2006; Cajigal, 2007; Cantu, 2007; Chen et al., 2008; Miller, 2009). Guskiewicz et al. (2007) published further results which found that athletes that have three or more concussions have a triple incidence of having depression diagnosed when they were retired. Furthermore, the incidence of stress, depression as well as suicidal ideation and behaviour at a later stage of life as a result of repetitive concussion implies that the effects of brain injury in athletes may take years before the onset of mental ill-health.

**Mental ill-health and suicide in athletes**

Most athletes are not accessing mental health services and mental health professionals are not well-equipped and trained to identify psychological symptoms and apply clinical treatments in this group (MacLeod, 1998; Mummery, 2005). These two Australian studies found that athletes may be underprepared for life after sport, will need to lessen their expectations of themselves after retirement from sport, which is a time when they may experience psychological symptoms such as anxiety or depression for the first time.

There are various psychological risk factors for suicide which have been established in the general population. It is already known that personal crises (Hoff, 1989), major life changes without adequate coping strategies (Andrews et al., 1978; Kessler, Price and Wortman, 1985), psychological disorders (Carpenter et al., 2000), distress (Overholser, Freiheit and DiFillippo, 1997), loss of a family member or friend (Rudestam, 1997), disappointments in romantic relationships (Vajda and Steinbeck, 2000; Donald et al., 2006), perfectionism (Hewitt et al., 1997; Hamilton and Schweitzer, 2000; Hunter and O’Connor, 2003), depression (Robbins and Alessi, 1985; Carpenter et al., 2000; Oquendo et al., 2000), a history of head injury or
neurological disorder (Schoenfeld et al., 1984; Breslau, Davis and Andreski, 1991; ), as well as alcohol and substance abuse (Roy and Linnoila, 1986; Marzuk and Mann, 1988; Murphy, 1988; Murphy and Wetzel, 1990; Brent et al., 1993; Murphy et al., 1993; Mann et al., 1999; Hufford, 2001) are risk factors for persons who engage in suicidal behaviour. Van Orden et al. (2008) outlined that research on suicidal behaviour has demonstrated numerous risk factors, including impulsivity (Apter, Plutchik and van Praag, 1993; Kingsbury et al., 1999), childhood adversity (King et al., 2001), mental disorders (Cavanagh et al., 2003) and hopelessness (Brown et al., 2000). The consensus in the literature is that there are numerous risk factors for suicide in the general population points to gaps in the literature regarding specific risk factors for athletes.

Mental ill-health and suicide may appear at a first glance to be not associated with athletes who are ordinarily considered to be a healthy group of people. This dichotomy brings about awareness of dire issues of which athletes are susceptible. Insufficient literature on the prevalence of suicide in Australian athletes exists (MacLeod, 1998). The Queensland Academy of Sport (2009: 3) has acknowledged the topic as an issue that needs to be addressed: “Athletes training and competing at the elite level operate in a stressful environment which is of concern when an athlete’s coping skills may not always be sufficient or effective in managing theses stresses or the stressors that cause them”.

The lack of research into mental health and suicide among athletes is because it falls outside of the scope of sports psychology which has mostly focused on sport performance issues such as performance anxiety, and an acknowledged lack of attention to this population by research psychologists (Mummery, 2005). MacLeod (1998) established a literature review on Australian and New Zealand sport psychiatry and found a prevalence of drug misuse, eating disorders and brain injury in elite and professional athletes and stressed that the uniquely troublesome adverse effects of psychopharmacology in this group of subjects may require competent and informed psychiatric opinion and management. Mummery (2005) found that elite athletes are more predisposed to depression than the general population because of the physical and psychological demands placed on them by the sporting environment. Hundertmark (2007) outlined mood disorders such as anxiety and depression, drug and alcohol abuse and at times suicide are among the problems that have beset Australia’s top level cricketers.
The risk factors outlined in American studies for mental ill-health and suicide in athletes have varied since a psychology exploratory study by Mahoney and Avener (1977) as well as pioneering sports psychiatry research by Milliner (1987). Cronson and Mitchell (1987) outlined that suicide risk factors among athletes were believed to transcend socioeconomic and cultural boundaries, making at least at equal risk (under normal circumstances) as members of the general population. Smith and Milliner (1994) focused on athletic injury as a key risk factor for depression and suicide and presented a model of risk factors for suicide in athletes including stressful psychosocial life events, chronic mental ill-health, personality traits consistent with maladjustment, a family history of suicidal tendency/genetic predisposition, and a psychiatric disorder (Rizeñberg, 1990).

Most competitive athletes are well-adjusted individuals who demonstrate considerable vigour and well-being, as well as less depression, anxiety and fatigue than non-athletic counterparts according to Puffer and McShane (1992). Similarly, Schwenk (2000) found that athletes are at decreased risk of depression and possibly other mental ill-health but interestingly, it was found that those that do may experience a more severe depression. The chronicity of depression in athletes rather than non-athletes may account for their higher rate of suicidal behaviours in the Sabo et al. (2005) study, especially in highly involved ones. Athletes reported a severe onset of depression at times such as after ceasing high to extreme training programs. Armstrong and Oomen-Early (2009) reported that college athletes had significantly greater levels of self-esteem and social connectedness, as well as significantly lower levels of depression, than did non-athletes.

Etzel, Ferrante and Pinkey (2002) and Baum (2005) established that athletes are at risk for suicide, especially for males. A study by Kokotailo et al. (1996) outlined that male athletes demonstrated greater suicide risk than non-athletes and also a higher prevalence of risky behaviours (including binge drinking, engaging in unprotected sex), whereas female athletes showed fewer risk behaviours than non-athletes. Maniar, Chamberlain and Moore (2006) reported that suicide risk is real for student-athletes who may be more at-risk than their non-athlete peers for experiencing mental health difficulties, such as alcohol abuse, social anxiety and
depressive symptoms. There were higher rates of injury to male athletes who actually attempted suicide at the high-school to university level (Sabo et al., 2005).

**Identity**

The identity of athletes is difficult to stereotype because athletes constitute such a broad and diverse group. Saint-Phard et al. (1999: 2) outlined that prior research (Little, 1969; Finkenberg, Mitchell and Weems, 1991; Brewer, 1993) on personality characteristics comparing athletes with non-athlete controls has been incomplete: “Little empirical data are available to provide insight to health care professionals on the meaning or value of sport participation to the athlete”. Marsh et al. (1995; 1997) found that physical self-concepts were higher for elite athletes than for non-elite groups and for males than for females, but gender differences were smaller for elite athletes. Greater social integration and status attainment are both factors for lowered risk for suicidality in adolescent athletes (Sabo et al., 2005).

Other authors have made generalisations about the athletic identity. Athletes are considered to have emotional stability, extroversion, tough-mindedness, assertion, self-confidence and be socially adjusted (Cooper, 1969; Crossman and Jamieson, 1985). Saint-Phard et al. (1999) found that a link between perceived athletic competence and self-worth for athletes but not for non-athletes. Therefore, the identity of athletes is of special consideration to their mental health because they can attach their self-worth to their performance in sport. This may continue into retirement as they link self-worth to achievement elsewhere in life.

Problems may occur if athletes are dependent on their sporting identity for their self-worth and a sense of belonging. Brewer (1993) observed that athletes have a strong and exclusive identification with the athlete role. Brewer, Van Raalte and Linder (1993) outlined that a dominant or exclusive athletic identity occurs when athletes define themselves principally by their role in sport, sometimes to the detriment or exclusion of their personal or social identity. Consequences of a strong athletic identity identified by Meeker et al. (2000) include characteristics such as absence or low levels of self-worth outside sport, significant time and energy spent pursuing sport, ignoring the realities of playing professional sport, failure to
generate interests and activities outside sport, failure to identify career alternatives in the event of a withdrawal from sport, and experience of depression when unable to continue a career in sport.

In their research into players retiring from the Australian Football League, Fortunato and Gilbert (2003: 88) note that elite athletes are typically totally involved in their sport, the majority of their social life is also in the sports environment so difficulties may arise when they leave this and feel a restricted social identity and the absence of social support: “They may experience feelings of isolation and loneliness, which may lead to significant feelings of distress”. The exclusive identity of high-level athletes and the stresses and pressures associated with high-level sports puts them at risk for mental ill-health and suicide (Baum, 2005). The identity of athletes appears to be closely aligned with the associated culture of their sport and this may have positive or negative consequences.

Retirement can be a suicide risk factor for an athlete because it generally occurs at an earlier phase of development that it does for others and sometimes this can have an abrupt and dramatic effect on the athlete, especially if they have not achieved a reliable sense of self (Baum, 2005). Many athletes are not prepared for the public role that goes alongside their sporting one, and, particularly when faced with pressure to perform, loss or injury, find it difficult to cope.

Alcohol and drug use

Athletes who abuse alcohol and drugs are at increased risk for mental ill-health and suicide because it causes them to lose self-control (Kokotailo et al., 1996; Baum, 2005). Some athletes binge drink as a coping mechanism to deal with stress and sport culture (Dams-O’Connor, Martin and Martens, 2007). Johnson and Cropsey (2000) found that sensation seeking was more strongly associated with heavy episodic drinking in athletes. Wechsler et al. (1997) and Yusko et al. (2008) explained that student athletes tend to engage in more risky behaviours. Yusko et al. (2008) hypothesised that athletes have elevated levels of stress, which may increase their coping expectancies and, thus, their actual drinking to cope with their stress. Yusko et al. (2008) found that drinking to cope was more strongly associated with negative alcohol-related consequences in athletes compared to non-athletes. There is consensus in the literature (e.g. Kokotailo et al.,
which recommends the development of prevention programs that are specifically designed to meet the unique identity and needs of the college student athlete with consideration of the intense environment which some athletes train, compete and recreate amidst. This American finding may not apply to the Australian or European context as broadly, where the club sport system has more predominance for athlete performance.

**Overtraining, burnout and chronic fatigue**

There are a number of factors that can increase athletes’ susceptibility to poor stress coping mechanisms, anxiety and depression. Meeusen et al. (2006) found the symptoms of the overtraining syndrome arise from a failure to adapt as a result of an imbalance between stressors (e.g. training, nutrition, mental state, recovery and regeneration). Athletes are unlikely to self-report overtraining syndrome, and may be unaware of the symptoms, blurred by their constant striving for excellence (Hooper et al., 1995; Schwenk, 2000). The underlying mechanisms of overtraining remain largely unknown and have made detection difficult (Nederhof et al., 2008).

The physio-psychological effects of exercise have important implications for the mental health of athletes. In the case of overtraining, burnout or chronic fatigue syndrome, the brain and energy are affected and their athletic performance suffers as a result of this exhaustion (Mummery, 2005). Overtraining syndrome frequently occurs in athletes who are training for competition or a specific event and train beyond the body's ability to recover (Urhausen, 2006). Athletes often exercise longer and harder so they can improve. Training whilst fatigued and not allowing for adequate recovery can decrease performance and puts athletes at possible risk for overtraining and adverse changes in the mind and body.

Many terms have been used to describe the fatigue associated with intense training, stress and underperformance in sport. Terms such as the “overtraining syndrome” (Barron et al., 1985; Budgett, 1994; Budgett et al., 2000), “staleness” (Morgan et al., 1987), “overtraining” (Fry, Morton and Keast, 1991), “chronic fatigue” (Derman et al., 2000), “unexplained underperformance syndrome” (Budgett et al. 2000), and “burnout” (Cresswell 2009; Hodge, Lonsdale and Ng, 2008) have all been used. The incremental stages of overtraining include (a)
overreaching, (b) overtraining, (c) staleness, (d) burnout, and (e) injury/withdrawal (Fry, Morton and Keast, 1991; Kuipers and Keizer, 1988; Silva, 1990). Overtraining is a process of excessive exercise training in high-performance athletes that may lead to overtraining syndrome and various physiological, immunological, hormonal, and metabolic changes (Kreider, Fry and O'Toole, 1998). An interesting factor of overtraining and associated conditions such as chronic fatigue syndrome is that the athlete will often keep training although they are feeling tired, fatigued and depressed (Noakes, 2000a). Overtraining, under-recovery and burnout appear to be caused by too much high intensity training and/or too little regeneration (recovery) time often combined with other training and non-training stressors (Fry, Morton and Keast, 1991; Gould and Dieffenbach, 2002; Mummery, 2005).

A marker of overtraining is decreased performance in sport as well as a range of other stress-induced disturbances and disorders. There was a general consensus that a symptom of overtraining is poor athletic performance (Kentta and Hassmen, 1998; Smith, 2000; MacKinnon, 2000; Mummery, 2005). Summaries of symptoms included disturbed sleep patterns, mood disturbances, persistent fatigue, frequent illness, immune system deficits and decreased concentration (Kirwan et al., 1988; Kentta and Hassmen, 1998; MacKinnon, 2000). MacKinnon (2000) also described overtraining syndrome as a neuroendocrine disorder.

In the case of athletes, the intense training, or overtraining, necessary for endurance sports consistently results in increased mood disturbance (Raglin, 1990). Schwenk (2000) identified overtraining in athletes as being similar to major depressive disorder because of profound chemical and role dysfunction as well as denial by athletes that they have overtraining syndrome. Schwenk (2000) made the point that many of the symptoms of overtraining, may, in another context, be considered diagnostic of depression. An imbalance (i.e. too much training and/or insufficient recovery) may cause a maladaptation or failure to adapt which can be confounded by factors such as inadequate nutrition (energy or carbohydrate), illness (particularly upper respiratory tract infections), psychological stressors (associated with work, team, coach, family, financial matters) (Meeusen et al., 2006).
Athletes may be vulnerable to mental health issues as a result of the effects of overtraining and burnout (Aurélio et al., 2005). Overtraining is a complex phenomenon influenced by biological and acute and chronic psychological factors (Shephard and Shek, 1998). Hollander, Meyers and Le Unes (1995) explained that psychologically, this chronic debilitating syndrome may impair an athlete during training or daily work, with signs of decreased concentration, increased anger, slowed mental function, and diminished self-esteem. It’s a serious concern to endurance athletes because it will affect 65% of them at some time in their competitive career (Morgan et al., 1987; McKenzie, 1999). Mummery (2005: S36) explained that the terms overtraining and burnout generally suggest different underlying pathologies that present as similar biobehavioural outcomes, with depression being a symptom of both.

The importance that athletes often place upon excellence in sport in association with overtraining and burnout appear to be key factors in severe depression in some athletes. Depression, loss of self-esteem, vulnerability to environmental stress, fear of competition, and ease in giving up are commonly observed (Fry, Morton and Keast, 1991). Overtraining affects athletes of all ages but may especially impact on young athletes who are continuously confronted with increasing expectations to succeed in sport, often resulting in unrealistic demands on time and physical performance leading to early withdrawal from the sport environment (Hollander, Meyers and Le Unes, 1995). Armstrong and Van Heest (2002) found that the progressive cycle of decline associated with overtraining can result in deterioration of an athlete's mental well-being, including the onset of depression. Peluso and De Andrade (2005) identified overtraining as being related to impaired mental health. The stigmatisation of and denial by athletes with overtraining syndrome (Schwenk, 2000) or mental ill-health (Noakes, 2000b) is preventing sports doctors and scientists from a proper study and treatment of overtrained athletes.

Overtraining, staleness and burnout have all been identified as needing consideration of various symptoms in order to be effectively treated. Physiological, psychological, biochemical and immunological symptoms must be considered, both independently and together, to fully understand the 'staleness' syndrome (Hooper, MacKinnon and Wilson, 1995; Kentta and Hassmen, 1998). It was suggested by Schwenk (2000) that overtraining deserved a broader, more enlightened, biopsychosocial approach. Mood and psycho-motor speed disturbances and an
increase in depressive symptoms remain key factors in the detection of overtraining loads (Nederhof et al., 2006). Burnout differs with key factors being physical or emotional exhaustion caused by long-term stress, the perception of which often relates to the mindset of the individual competitor (Mummery, 2005). Mummery (2005) explained that overtraining is normally viewed from a physiological perspective.

Athletic burnout has a connection with high training volumes but has more of a mental than a physical underpinning because of repetitive striving for seemingly unattainable outcomes (Mummery, 2005). Therefore, overtraining has been identified as being best addressed with a physiological intervention whereas burnout may better benefit from a psychological intervention which focuses on the perceptions of the athlete’s mindset and long-term stress.

**Retirement**

The lack of an image of retirement in the initiation-training stage is not only natural for elite athletes, but also adaptable because they are often unaware if they are going to become elite athletes. Torregrosa et al.’s (2004: 71) study suggests that from a certain point in an athlete’s sporting career, the gradual consideration of retirement decreases the levels of uncertainty about the future and the bad consequences that it may have. Coakley (1983) suggested that retirement from sport is not necessarily an inevitable source of stress, identity crisis or adjustment problems. The aim of transition counselling was proposed by Coakley (1983) “as a role transition through which a person disengages from one set of activities to develop or expand other activities and relationships”. Torregrosa and Mimbrero (2000) and Torregrosa et al. (2001) outlined that in the case of top-level Olympic Spanish athletes the transition after top-level competitive sports should be conceptualised as a relocation in sport instead of a retirement from sport because most of the elite athletes follow a professional career in sports as coaches, managers, officials, media commentators, or by studying sport (physical education, medicine, business, psychology).

Injury forces athletes to adjust their regular schedule and it may even force some to retire. De-selection, injury and expiration of eligibility may precipitate an athlete’s unwilling exit from sport (Ogilvie, 1987; Barbanell, 2006). Smith and Milliner (1994) and Webb et al. (1998) found that athletes who retired as a result of their injuries have the most difficult adjustment which
impacted negatively on life satisfaction. However, Perna, Ahlgren and Zaichkowsky (1999) found that recently retired college athletes who could state a post-collegiate occupational plan were significantly more satisfied with life than those who were unable to indicate such a goal.

Sports retirement stress research developed more than forty years ago and more recent research has had consistent findings that athletes often face challenges in establishing a new identity, career and lifestyle on top of physical and mental health decline in the years after retirement (Sussman, 1971; Orlick, 1980; Rosenberg, 1982; Ogilvie, 1987; Crook and Robertson, 1991; Taylor and Ogilvie, 1994; Ray and Wiese-Bjornstal, 1999; Kerr and Dacyshyn, 2000; Weiss, 2003; Wimmer, 2005). Extensive work has uncovered many factors related to the athlete retirement and transition process (Taylor, Ogilvie and Lavallee, 2006). Schwenk et al. (2007: 206) concluded that retired football players may be at higher risk of developing depression and suicide because of the difficulties adapting to retirement including chronic pain, the change in lifestyle and their perceived barriers to seeking help. Tinley (2003) noted that sport retirement has been often studied, modeled and theorised but not explored in a detailed qualitative study that includes intimate access to highly successful athletes from an array of sports. This research persisted in order to fill that literature gap.

Transitions to life after sport are much more likely to involve problems when athletes have no identities outside of their sports, or lack the social or material resources needed to enter other careers, activities and relationships (Coakley and Donnelly, 1999: 195). Ungerleider (1997) and Lavallee et al. (2000) found that some athletes need strategies to assist them with the transition from sport to work. This has been recognised in Australia and the UK, where national career and education programs have been developed (Anderson and Flanagan, 2001).

Sports retirement stress manifests in different ways and at different times. Wimmer (2005) explained that biological rhythms, social demands and personal relationships change after an athlete is finished with the peak competitive season (which is especially true for retiring athletes). Lethargy and the inability to motivate for any type of workout may follow. A cycle of depression, no exercise and bad food choices can lead to chemical changes in the athlete’s body and brain, which could tip them into clinical depression. Wimmer (2005) explained that the post-
competition blues may include fatigue, mood swings, insomnia, psychomotor changes, diet changes, frustration, anger, decreased appetite, restlessness, anxiety, impaired memory, spirit lassitude, decreased libido, possible cold extremities, five-palm heat, dry mouth/tongue, and even suicidal thoughts. Retirement from sport involves adjusting from a schedule which required intense drive and desire, leaving the athlete with feelings of loss and loss of purpose.

The range of feelings and attitudes during the transition from sport are important to understand. Roncaglia (2010) researched retirement transition in ballet dancers and identified denial, alienation, indecision, severance, acceptance, letting go, renegotiation and reconstruction as part of the process. Furthermore, the individual can experience different responses ranging from initial difficulties to substantial changes in all life areas, which trigger different coping processes and subsequently different types of support are sought. Stephan (2003) underlined the importance for athletes to develop transferable skills during their sport career as well as the potential for optimising the timing and type of intervention/assistance offered during the specific phases of the transition and adjustment process following retirement from sport. The reconstruction process often involves adjusting to a new lifestyle and a new socio-professional situation which may present with difficulties if perfectionism, achievement and self-fulfilment issue are not adequately addressed.

**Perfectionism**

Perfectionism is the setting of excessively high standards, which is accompanied by the tendency to make overly critical self-evaluations about performance of tasks (Frost et al., 1990). Blatt (1995) added that it can also include an interpersonal perception of how others have viewed their performance. Perfectionism has been identified as important in relation to sports-related stress management (Koivula, Hassmen and Fallby, 2002) because it can have a negative impact on the individual through feelings of depression, stress, anxiety (Hall, Kerr and Matthews, 1998; Shafran and Mansell, 2001; Dunn et al., 2006; Stirling and Kerr, 2006; Stoeber et al., 2007). Stoeber et al. (2008) linked perfectionism and achievement goals in athletes and found that striving for perfection in athletes is associated with an adaptive pattern of achievement goals whereas negative reactions to imperfection are associated with a maladaptive pattern.
Negative perfectionism in athletes is due to discrepancies between the ideal and the current self/situation and is therefore related to low self-esteem. A study by Koivula, Hassmen and Fallby (2002) concluded that athletes with poorer self-esteem demonstrate more negative patterns of perfectionism, including chronic performance anxiety, compared to athletes with high self-esteem. Perfectionism can also be associated with positive outcomes (Terry-Short et al., 1995) because the setting of high standards is an integral part of elite sports, and often beneficial for the athlete's performance. The desire to achieve perfection is a common feature in professional sports participation (Ellis, 1982; Hardy et al., 1996; Henschen, 2000). Egan et al. (2007) explored the role of dichotomous thinking and rigidity in perfectionism and supported Terry-Short et al. (1995) as well as Haase and Prapavessis’ (2004) findings that perfectionism can be both positive and negative in athletes. Perfectionism can have both positive and negative effects on athletes’ quality of life and stress management strategies.

Perfectionism can have both positive and negative effects on athletes’ quality of life and stress management strategies. Hewitt and Flett (1991:16) reported that the differences between positive and negative perfectionism in athletes are apparent in their response to stress, especially with their emotional self-control. Low self-esteem and life dissatisfaction are important variables to consider in understanding the perceptions and expectations that athletes have of them self and are crucial to suicidality in this group. Campbell and Lavallee in Baumeister (1993) found that people with low self-esteem have more poorly defined self-concepts but not necessarily a well-defined negative view of the self as opposed to those with high self-esteem who have positive, well-articulated views of the self. Self-esteem and related self-perceptions are important variables to consider in the mental health of athletes because they choose to participate and persist in a range of achievement and health-related behaviours.

**Self-esteem and life satisfaction**

Self-esteem and life satisfaction are important variables to consider in understanding the perceptions and expectations of self and are important to suicidality. Self-esteem is one component of the self-concept and can be defined as a positive or a negative orientation toward oneself (Rosenberg, 1965). Self-esteem is an estimate of how a person thinks they are going in
terms of what they think they need to be doing. Tinley (2003) cited Super et al. (1963) who define self-concept development as the time an individual begins to develop his or her identity as a person, beginning as a childhood event and continuing through to adolescence. Implementation of the self-concept occurs when the person actualises it within formal education, professional training, sporting competition or occupation.

Life satisfaction is one of the indicators of subjective well-being; it refers to a cognitive judgmental process in which individuals judge their life situation according to their own criteria (Diener et al., 1985). The level of life satisfaction is associated with risk of suicide as demonstrated by some longitudinal studies conducted with general populations (Koivumaa-Honkanen et al., 2001; Koivumaa-Honkanen et al., 2003). Smith (2010) concluded in his PhD thesis that an understanding of the dynamics of athlete satisfaction both before and after a peak sporting event increases the likelihood of delivering appropriate responses to the athlete at different times during the athletic experience. An understanding of an athletes’ satisfaction with their sporting careers and life outside of sport will assist in understanding associated goal-orientation, self-fulfilment and sense of self in the context of achievement.

Athletes are more likely to have high self-esteem (Berger and McInman, 1993; Calfas and Taylor, 1994; Doan and Scherman, 1987; Gleser and Mendelburg, 1990; Leith, 1994; Leith and Taylor, 1990; Sonstroem, 1984; Sonstroem 1997a, 1997b; Baum, 2005; Spence, 2007; Biddle, Fox and Boutcher, 2007; Armstrong and Oomen-Early, 2009). Studies which suggest a link between negative perfectionism, low self-esteem and psychological symptoms such as anxiety and depression in athletes (e.g. Koivula, Hassmen and Fallby, 2002; Sundgot-Borgen and Torstveit, 2004) implies that self-esteem may also be an important mediating variable in athletes. There are links between cases of low self-esteem and negative perfectionism in athletes and perfectionism being primarily maladaptive in athletes (Flett and Hewitt, 2005; Dunn et al., 2006).
Discussion

This review of the literature indicates that a range of factors impact on the well-being and mental health of the elite athlete. The training and competition associated with a career in elite sport is itself a potential source of stress, although for many athletes this can be viewed positively as a rewarding life style. The stress is heightened by the expectations that athletes have of themselves and their perceptions of others’ expectations of them. Against this ongoing level of potential stress are actions and events that can act as stressors: injury, overtraining, retirement, non-sport related life events. Overtraining was not included in the brief consideration of pressures on elite athletes in Chapter 1 but it is a major focus in the research literature that has links to injury and less clearly to retirement. These are the ‘turning points’ identified at the outset. Accordingly, it was examined in the interviews conducted with athletes.

Coping with these various stressors can prove taxing, an effect increased if drugs and alcohol are used as a method of dealing with stress. The situation is further complicated by personal factors that are normally conducive to success in elite sport but which can exacerbate failed efforts at coping: achievement striving, perfectionism, identity as an athlete. A summary of all these factors is attempted in Figure 2.1

The literature is consistent with the theoretical framework in terms of stress and coping assumed at the outset of the thesis. There is an ongoing level of demand in the life of the elite athlete. This is superimposed with particular stressors that can be reasonably expected to arise in the life of one committed to high level performance. These turning points, particularly serious injury and retirement, are potentially major stressors that tax the coping capacities of athletes. This accumulation of pressure, stressors and issues has particularly negative outcomes for elite athletes’ mental health.

The lack of specific literature on the research topic suggested difficulties of completing a quantitative study with elite athletes. Therefore, this indicated that a qualitative approach was necessary for consideration on how to report the interview data.
Figure 2.1 Factors impacting outcomes for elite athletes based on literature review.
Chapter 3: Research Methods

Qualitative approach

A qualitative approach to research was adopted in this thesis to gain a detailed understanding of the experiences of elite athletes in the course of their careers (Miles and Huberman, 1994; Higgs, 1997; Denzin and Lincoln, 2000; Huberman and Miles, 2002; Morse and Richards, 2002; Seidman, 2006; Schostak, 2006; Bazely, 2007). When effectively implemented, according to Mace (2008:37), qualitative research can:

… indicate the range of experiences that are likely to be encountered when investigating an area. Secondly, it will indicate how much variation in the findings arises from peculiarity. Thirdly, it can help to account for such variation by the ability to contextualise the contents of individual’s reports in terms of life circumstances or other such factors. This permits explanations to be offered for idiosyncrasies. Fourth, by identifying themes common across individual accounts, a conceptual framework may arise and contribute to theorisation of the topic.

The main features of qualitative research are a focus on natural settings, an interest in meanings, perspectives and understandings, an emphasis on process and inductive analysis and grounded theory (Woods, 2006). Qualitative research rests on description, narrative, argument and persuasion, and in psychology focuses on experience (Smith, 2003). Morse and Richards (2002: 9) present qualitative methods as challenging and demanding, made so because they can (and must) be rigorous and can (and should) lead to claims for conclusions that are defensible and useful.

The major method was the semi-structured, in-depth interview designed to collect information for subsequent thematic analysis. With semi-structured interviews, the interviewer still has a clear list of issues to be addressed and questions to be answered (Seidman, 2006). However, with the semi-structured interview, the interviewer is prepared to be flexible in terms of the order in
which the topics are considered (Schostak, 2006). This allows the interviewee to develop ideas and speak more widely on the issues raised by the researcher. Thus, the answers are open-ended, and there is more emphasis on the interviewee elaborating points of interest (Denscombe, 2007: 171).

Interviews draw on the ability to have a conversation with the respondent. They involve a set of assumptions and understandings about the situation which are not normally associated with a casual conversation (Denscombe, 2007). Themes can be extracted from the data to determine individual and group psychological processes and protective and risk factors for mental ill-health. Demographic and personal information were obtained to provide a context for examining the experiences reported.

As part of secondary data for the research, there was application of the documentary source method, whereby the work of athletes or associate authors who have published work on the lives of athletes was synthesised and applied. Scott (2014) discussed the documentary method for social research as being rarely given attention by academics and authors and to date has only been considered in a fragmentary way. Scott (2014) argued that authenticity, credibility, representativeness and meaning were considered in his evaluation of documentary sources and emphasised that if used in a systematic way, it can be better appreciated for its importance in contribution to literature. A literature view found no peer-reviewed research on the documentary method indicating that this part of my research is part of an emerging method.

**Stages**

Interviews were conducted with 54 elite athletes and 14 industry professionals who had considerable experience working with athletes as sporting administrators. The average age of the athletes interviewed was 39 years, with a range from 20 to 69. There were 11 athletes between 20-30 years of age and a range of ages for the 43 retired athletes: 20 who were between 31-40 years of age, 18 who were between 41-50 years of age, 4 who were between 51-60 years of age and one who was between 61-70 years of age.
The purpose of the interviews with the industry professionals was to check ideas that had surfaced in the interviews with the athletes (producing the primary data). The idea of using secondary data sets was outlined as having promise and pitfalls (Atkinson and Brandolini, 2001). Therefore, careful scrutiny was given whether to include these research findings. It was decided that the athletes are the source of the basic experiences examined but industry professionals provide a perspective on these, which have value because of their contact with athletes and immersion in the world of high level sport. Industry professionals were chosen based on referrals from elite athlete participants who recommended them as being worthwhile to engage for the research. The same interview transcript as was used with elite athletes was applied. Industry professionals were asked to apply it to the elite athlete context rather than their own personal experience. Therefore, a decision was made to not include the industry professional data in the overall research findings as a result of data analyses but include it as support text to elicit insight from the research findings.

Another vantage point drawn on in the thesis was from documentary sources such as books and media reports about mental ill-health and suicide in elite athletes. Although not empirical evidence, they provided information on psychological risk factors of sports injury, retirement and life changes. Secondary data from past and present athletes was searched for in online searches and in various newspapers, magazines and books.

My research might be expected to cover much of the same ground as that revealed by athletes’ experiences but is based on a degree of reflection about those experiences. People who write books or newspaper articles want to sell them and the ‘story’ is everything. That does not mean that they have no credibility but they are not in the same class as first-hand reports so they were left out of comparison to the research findings. Therefore, it must be concluded that this secondary research was not suitable for inclusion in the data analyses and discussion with research findings. I have chosen to include this secondary research to demonstrate how it was considered with overseas literature to help shape inquiries for the research.
Content analysis classified textual information into summarised versions within generalised themes which were guided by overseas literature. These methods are described in the Thematic Analysis section and influenced by research by Weber (1990) and Jackson (1995).

Thus the material accumulated for the qualitative analysis of the experiences of elite athletes as they progress through and beyond their careers and face the particular turning points of injury and retirement. The material was drawn from three sources:

- A review of newspaper and other media reports and book length treatments of the experiences of athletes (reported in Chapter 4);
- Interviews with a sample of elite athletes (reported in Chapter 5);
- Interviews with sports industry professionals (reported in Chapter 6).

The in-depth interview (see Appendix A) with the aforementioned purposive sample was designed to better understand the participants’ experience of sport, injury, retirement, life changes and mental ill-health issues. These transcripts (see examples of completed interviews in Appendix B) were transcribed into documents, given a title, a description recorded and the text coded and themed.

**Athlete Sample**

Elite sporting teams were invited but did not participate in the research. The Brisbane Broncos, Brisbane Lions, Brisbane Roar, Gold Coast Titans, Gold Coast United, Queensland Reds, Queensland Bulls, Queensland Firebirds, Gymnastics Queensland, Triathlon Queensland, Queensland Athletics, Swimming Queensland, Cycling Queensland, Queensland Rugby League and Australian Surfing Professionals were invited to the study in April 2010. The Brisbane Broncos and Gold Coast Titans were the only ones to respond. There were many difficulties in engaging current and retired elite athletes as well as sporting organisations and player associations. I kept a rejection list which detailed that 74 elite athletes rejected the invitation,
with 22 supplying a reason, predominantly “not enough time”, “other priorities taking place”, “uncomfortable talking about the topic” and/or “wanting to keep private lives private”.

The sample of athletes was ‘hand-picked’ for the research (purposive sampling). Ritchie and Lewis (2003: 78) explained that a purposive sampling approach is relevant where cases are chosen because they have particular features or characteristics which will enable detailed exploration and understanding of the central themes and puzzles which the researcher wishes to study. Such a sample is applicable to those situations where the researcher already knows something about the specific people or events and deliberately selects particular ones because they are seen as instances that are most likely to produce the most valuable data (Denscombe, 2007: 17). The purpose reflects the particular qualities of the people chosen (i.e. injured/retired elite athletes with experience of life changes and/or mental ill-health). I made judgements on the case selection based on observations and knowledge that the elite athletes met the characteristics or criteria for being included in the sample (Babbie, 2001). The criteria for selection were: male or female Australian citizen between the ages of 18-70 who is a current or retired elite athlete who had been involved in their particular sport at the most senior level nationally if not internationally. The sample applied to this selection criteria.

A purposive sample was applied in the recruitment of elite athletes. I selected most of the research participants (n=29, 54% of elite athlete sample) after researching them on the internet and screening potential recruits from media materials and books. A lot of these cases had discussed their stories about sports injury, retirement, life changes and/or mental ill-health issues in the media and some more extensively in biographies. The research utilised snowball techniques from networking and referrals to recruit other participants (n=24, 44% of elite athlete sample and n=14, 100% of industry professional sample). Elite athletes were invited via an email with Participant Information and Consent Sheet sent to them, their managers or websites in order recruit them for the questionnaire interview. Broad-scale recruitment invitations were sent via email and a follow-up letter to State and National elite sporting organisations, clubs and players’ associations. However, this resulted in no participants. A research notice was left on the bulletin board on the Beyond Blue website resulting in one recruit (n=1, 2% of elite athlete sample).
Before the abovementioned qualitative research methods were ascertained, The Brief Symptom Inventory-18 (Derogatis, 2001) was sent by email to 188 student elite athletes at Griffith University Sports College to screen for psychological distress in student athletes. The low response rate (n=22, 13%) demonstrated the difficulties in engaging with the research group on the topic. Ten of the 22 (44%) student elite athletes who responded to the BS1-18 reported psychological symptoms according to diagnosis methods of the BSI-18 (Derogatis, 2001). Later, after the research methods and ethics approval was adjusted to reflect the purpose sampling for a qualitative study, these 10 student elite athletes were invited but only 4 accepted. These four student elite athletes who reported moderate psychological symptoms completed the same questionnaire as the rest of the research group (see Appendix A) and were included in the research results because they met the research criteria for an elite athlete (see definition above).

Current elite athletes were more difficult to engage than retired elite athletes with only 11 out of the 54 cases (20%) being such. Retired athletes were the most represented participants (43 cases, 80% of the group) because they were most willing to participate in the research. Some of these retired athletes had gone public with their issues and made benefit from it by selling books and/or public speaking. The accuracy of memory for events from the past was considered as a possible issue. However, it was deemed to be worthwhile to pursue retired athletes because they were more likely to have gained insights on the transitional period after retirement. Therefore, the average age of 39 for research participants was not seen as a deterrent for data quality.

Footballers from the NRL (all national competition rugby league clubs), AFL (all national Australian football clubs) and rugby union (all Australian Super 14 teams and national team) were requested by email invitation and no referrals were received. An Expression of Interest to conduct research was rejected by the Queensland Academy of Sport after extensive consultation with the Director and Sports Psychologist. The Australian Institute of Sport also rejected the research as did the New South Wales and Victorian Institute of Sports. There were rejections from local teams including the Brisbane Broncos, Gold Coast Titans, Brisbane Lions/Roar, Gold Coast United, Queensland Reds, Queensland Bulls and Queensland Firebirds. National team sporting organisations including Cricket Australia, Swimming Australia, Cycling Australia and
Athletics Australia did not respond to a research invitation despite a follow up. A rejection list with reasons was kept in a journal.

A search of media and journal articles, the internet and books found a total of 43 cases of mental ill-health in male Australian athletes, 2 suicide cases with a mental ill-health before death, 2 suicide cases with no history of mental ill-health, and 3 drug-related deaths associated with depression. A search of athletes who died by suicide was conducted in 2009 with the National Coroners Information System. Four cases of suicide were recorded in Australia during the last 20 years. It was decided that coronial investigations of athlete suicides were unsuitable for the research after the family of the latest deceased athlete in Australia abruptly declined to participate. The search found that 20 cases of mental ill-health in current elite athletes and 23 cases were that of retired elite athletes who had experienced depression during competition in sport. 14 of these latter cases outlined that injury was associated with their depression which indicated that it was a particular psychosocial risk factor and its relationship with retirement issues warranted investigation.

This research conducted 54 elite athletes interviews and 14 with sport administrators (68 cases overall). Only the data from the elite athlete interviews were relevant in the research findings because this was the primary research data. The most represented sub-group were the 29 retired male athletes followed by 15 retired female athletes. There were 4 male current athletes and 5 current female athletes. This was above the target of 40 cases originally sought by the study so it was considered above average for a qualitative study.

**Interview Guide**

An interview guide (see Appendix A) was developed which focused on the athletes’ experience of psychological distress or other mental ill-health issues, as well as injury and retirement. A synthesis review found that self-esteem, satisfaction with life, perfectionism, alcohol and drug use and stress were particular psychological protective and risk factors for elite athletes.
It is necessary to distinguish elite athletes as being current or retired. These categories correspond to different levels of engagement with sport (which is the main variable), different public exposure and pressure, and different life circumstances. An Australian focus is of particular interest but literature from overseas was also reviewed according to pre-determined criteria. Therefore, locality was important but did not limit the literature search.

**Interviews**

Data collection utilised semi-structured interviews. The questionnaire was reviewed by a researcher experienced in psychiatry and psychology, by a retired elite athlete as well as sport administrators who commented on the questions. The questions were rewritten after guidance to focus on a unique questionnaire with only some components extracted from validated inventories. The questionnaire was then tested with student athletes at Griffith University Sports College and two questions were deemed to be redundant and thus removed.

The interviews took place over the phone (n=44), in person (n=8) or by email (n= 2). They followed established criteria for mixed format data collection in qualitative research (Patton, 1990) and used in other studies using similar methodology (Kerr and Dacyshyn, 2000). Opdenakker (2006) explored four different interview techniques: face-to-face, telephone, e-mail and MSN messenger interviews. There was discussion on the advantages and disadvantages of each of these techniques; a list of which had evolved since research by Bampton and Cowton (2002) who did not include telephone and MSN messenger interviews in their comparative analysis. Opdenakker (2006) concluded that face-to-face interviewing is the most dominant interview technique; however, telephone interviewing had become more common in the preceding twenty years. There was recognition of the growth and potential for computer mediated communication (for example e-mail and chat boxes). Therefore, this thesis’ research being predominantly by phone followed by in-person interviews is aligned with the growing trend of telephone interviewing. The research participants were a busy group and spread throughout Australia so time and geographical constraints made this the best option available.
Each participant of the research was asked 30 questions (see Appendix A). The interview started with an ice-breaker question, “What were the highs and lows of your participation in sport?” The interview questions then asked about their perceptions and expectations of them self, before asking about injury and retirement. By the middle of the questionnaire, the interviewee had typically opened up about their experiences in and outside of sport, which made it more comfortable to discuss questions regarding psychological distress, hopelessness and suicidal ideation. These questions were asked of the participant drawn from questions in the BSI-18 (Derogatis, 2001) and Rutgers Alcohol Problem Index (White and Labouvie, 1989; 2000).

The data from the elite athlete interviews was included and analysed in the same manner as all other responses if the participants offered information unprompted and gave permission for it to be used in the research (Lincoln and Guba, 1985). The questions then focused on perceptions of achievement and types of stress experienced before asking about overtraining/burnout and perfectionism. The questionnaire ended with questions regarding their alcohol and drug use.

Some minor and generic interviewer prompting took place to keep the discussion on track and moving forward (statements such as, “tell me more about this,” or “what do you mean by that?”). The average interview lasted between 30 and 35 minutes (range 18 to 75 minutes). All interviews were transcribed verbatim, resulting in 622 pages (single spaced, #12 font) of transcribed data.

The interviews were recorded on a digital audio recorder. Notes were also taken in case the audio quality was not good or perhaps it may have been lost. Permission to record audio and use the responses in the research was requested. One researcher (trained in interviewing techniques) conducted all interviews at each participant’s preferred location or by telephone.

Some responses required clarification so the interviewee was prompted to discuss it more or another relevant question would be asked. Three interviews were conducted in two separate sessions because of the participant’s time constraints. It was preferred to have the interview in one session to ensure reliability (the overall consistency of a measure). However, there appeared to be effective follow on in all the interviews that had a second session. Each interview was transcribed verbatim and the transcript was checked prior to analyses.
Thematic Analysis

Content analysis was applied by the researcher in order to classify the textual information, reducing it to more relevant and manageable information units (Weber, 1990). The analysis was extracted from raw data and followed by an inductive category development which gradually became a deductive category application, always having as a reference the main points of the interview guide. The list of codes was grouped into general dimensions. Jackson (1995) suggested a similar process has been used by sport psychology researchers to facilitate understanding of a large amount of data and developing generalised themes from individuals’ specific statements.

Coding is a well-developed method for making sense of raw data in order for themes, relationships and concepts to emerge (Lincoln and Guba, 1985; Strauss and Corbin, 1990; Coffey and Atkinson, 1996; Mason, 1996; Maykut and Morehouse, 2001; Ritchie and Lewis, 2003; Ryan and Bernard, 2003; Smith, 2003, Langdridge, 2004, Denscombe, 2007). I searched for key words, phrases and terms in order to identify themes and topics as well as ideas and concepts. It is important to plan and design qualitative research in a way that it follows strict rules and procedures in order to be able to effectively contribute to empirical research. I followed the process that Denscombe (2007: 292) explained for interpreting and analysing the data, involving four main tasks:

- Code the data: these are labels attached to the ‘raw’ data in order to relate bits of the idea that relates to the analysis.
- Categorise the codes: The codes are categorised under key headings.
- Identify themes and relationships among the codes and categories: The link between the two needs to be established to identify themes in the data.
- Develop concepts and arrive at some generalised statements: Some generalised conclusions based on the relationships, patterns and themes that have been identified in the data. A hypothesis, theory or narrative explanation of the findings may be possible.

In this research, I had some codes already in mind and was also looking for other ideas that appeared out of the data. The coding occurred with an open mind. I utilised the followed
questions outlined by Charmaz (2003: 94-95) who advocated the grounded theory tradition: “What is going on? What are people doing? What is the person saying? What do these actions and statements take for granted? How do structure and context serve to support, maintain, impede or change these actions and statements?”

Ryan and Bernard (2003) suggested a number of ways in which coding transcripts can discover new themes in the data. Drawing heavily on Strauss and Corbin (1990) they suggested these include:

- Word repetitions – look for commonly used words and words whose close repetition may indicate emotions. Indigenous categories (what the grounded theorists refer to as *in vivo* codes) – terms used by respondents with a particular meaning and significance in their setting.
- Key-words-in-context – look for the range of uses of key terms in the phrases and sentences in which they occur.
- Compare and contrast – essentially the grounded theory idea of constant comparison. Ask, ‘what is this about?’ and ‘how does it differ from the preceding or following statements?’
- Social science queries – introduce social science explanations and theories, for example, to explain the conditions, actions, interaction and consequences of phenomena.
- Searching for missing information – essentially try to get an idea of what is not being done or talked out, but which you would have expected to find.
- Metaphors and analogies – people often use a metaphor to indicate something about their key, central beliefs about things and these may indicate the way they feel about things too.
- Transitions – one of the discursive elements in speech which includes turn-taking in conversation as well as the more poetic and narrative use of story structures.
- Connectors – connections between terms such as causal (‘since’, ‘because’, ‘as’ etc.) or logical (‘implies’, ‘means’, ‘is one of’ etc.)
- Unmarked text – examine the text that has not been coded at a theme or not at all.
• Pawing (i.e. handling) – marking the text and eyeballing or scanning the text. Circle words, underline, use coloured highlighters, run coloured lines down the margins to indicate different meanings and coding. Then look for patterns and significances.
• Cutting and sorting – the traditional technique of cutting up transcripts and collecting all those coded the same way into piles, envelopes or folders or pasting them onto cards. Laying out all these scraps and re-reading them, together, is an essential part of the process of analysis.

It is also important for the research to be flexible in order for it to “unfold, cascade, roll and emerge” (Lincoln and Guba, 1985, Marshall and Rossman, 1995). The logic of qualitative methods was proven in the research question and a research plan was devised with elements of traditional plans. It was important to modify and change the initial plan during data collection. The rationale for a qualitative approach is because it is exploratory and descriptive. It assumes the value of context and setting as well as searches for a deeper understanding of the participants’ lived experience of the phenomenon (Marshall and Rossman, 1995: 39). Therefore, it is descriptive research which looked into the participants’ perceptions and expectations and included data collection techniques of participant observation, in-depth interviewing, document analysis and a questionnaire.

Lincoln and Guba (1985) emphasised that it is not possible for qualitative researchers to prove in any absolute way that they have ‘got it right’. Instead, Lincoln and Guba (1985) use the term ‘credibility’ in relation to this aspect of the research verification. The credibility of the research needs to be demonstrated as part and parcel of the research process itself (Silverman, 2006). There are steps that can be taken to persuade the readers that the data is reasonably likely to be accurate and appropriate. They are in fact reassurances that the qualitative data has been produced according to good practice. Therefore, elite athlete’s media interviews and book excerpts as well as industry professional perspectives from interviews were referred to and then checked against for what was said in in-depth interviews.

The theoretical framework that will drive the qualitative method and analysis is content analysis. Content analysis was outlined by Stemler (2001) as a systematic, replicable technique for
compressing many words of text into fewer content categories based on explicit rules of coding (Berelson, 1952; Krippendorff, 1980; and Weber, 1990). Inductively-analysed methods were considered (hierarchical content data analysis procedures as outlined by Patton (1990) as well as Udry et al. (1997). However, only aspects of these methods were applied in the research.

Based on research conducted with elite athletes by Tinley (2003), I found it useful to also apply some of the 6 step procedure outlined by Udry et al. (1997):

- All interviews were transcribed verbatim.
- Second, each researcher became familiar with the interview, listened to the audio and reread the transcript.
- Next, each researcher developed an idiographic profile of the athlete.
- Then, the researcher (with member check) developed raw data themes that characterised the responses within each of the subsections of the interview.
- Next, raw data themes within each section were grouped into like categories establishing a hierarchy moving from specific to general. The process was considered complete when no additional meaningful groupings coalesced.
- Finally, frequency analysis was used to determine the percentage of participants who cited a theme.
- Ultimately, the raw data themes were drawn from the data. Both researchers reviewed each other’s responses.

Primary data from the interviews with elite athletes was the only data that was analysed by NVivo. I inputted manual coding of concepts into spreadsheets and transferred them to NVivo which informed the research model with nodes (relationships of variables). Each case was given codes/values, analysed internally and compared with other cases to identify themes and relationships between them. The development of coding occurred though reorganisation and categorisation of codes which formed the basis for the analysis of the data.

I became technically proficient in NVivo Version 10 after attendance at a Griffith University training course. I was further tutored by the Trainer who was an NVivo specialist in order to learn how to manually code the data to be analysed by NVivo. I derived the pertinent
relationships (nodes) that emerged from the literature review, particularly the relationship between psychological risk and protective factors and applied them so that the data analysis effectively worked. I employed the previously mentioned Trainer, who was a qualified and experienced researcher, to conduct a ‘member check’. This researcher helped to fine tune my data analysis methods using NVivo in order to ensure its accuracy. This ‘member check’ was intended to ensure that nodes validly emerged from the data according to the research aims. Before this, there were two narrative accuracy checks, one by the aforementioned Trainer and another by a third party. The third party checked the audio with the transcripts that I had transcribed. I resolved any differences by revisiting the audio and making a decision based on descriptive validity (logically sound). The Trainer checked my coding for accuracy by comparing it with the narrative.

The researcher’s ‘self’ tends to be very closely bound up with the research instrument in qualitative research. For example, I kept a journal about why I was doing the project, what it was about and where the questions come from. I outlined what I expected to find and why and what I had observed including attrition reasons. This contributed to achieving outcomes and determining the limitations/risk factors of the research, and the anticipated benefits of the research. As a participant observer or interviewer, for example, the researcher becomes an integral part of the data collecting technique (Denscombe, 2007: 299). The question of reliability must therefore be asked: Would the research instrument produce the same results and arrive at the same conclusions when used by different researchers? Lincoln and Guba (1985) outlined that qualitative research has ways of dealing with this with what is called ‘dependability’.

The research is dependable because it reflects procedures and decisions that other researchers can ‘see’ and evaluate in terms of how far they constitute reputable procedures and reasonable decisions. Therefore, the research is replicable and the lines of enquiry have been detailed in such way that connections may be drawn to the particular conclusions. Lincoln and Guba (1985) also referred to transferability whereby with qualitative research the question becomes ‘To what extent could the findings be transferred to other instances?’ rather than ‘To what extent are the findings likely to exist in other instances?’ In regards to objectivity, qualitative research can produce findings that are free from the influence of the researcher(s) who conducted the enquiry.
There will always be a process of interpretation, so keeping an open mind and being willing to consider alternative and competing explanations of the data is important (Seidman, 2006). Therefore, it is important as a researcher to explain about the way the research was shaped by personal experiences and social backgrounds. It is important to not neglect data that do not fit in the analysis (Silverman, 2006) and check rival explanations (Denscombe, 2007).

**Interpretation**

The role of psychological risk and protective factors were related especially to psychological distress, hopelessness and suicidal ideation. NVivo assisted me to review nodes of the psychological risk and protective factors in order to find the most frequently coded themes. The node system was organised in order to ask questions of the data. Some of the sources and nodes created in NVivo shared characteristics. These are called attributes (e.g. gender, age, location) and were explored in relation to themes. Creation of classification sheets enabled queries such as “Do participants views on achievements in sport differ by age group?” I wrote down some of my questions to identify a “find” or “query” that gave me what I needed. Design and reporting of the research model resulted from structural relationships which were specified through the associated input of data of themes and categories.

The questionnaire consisted of mostly open-ended questions, some of which are guided, in order to give the respondent the opportunity to think about the question and reply however they feel like (Morse and Richards, 2002). Interviews were conducted in person or on the phone where possible. A ‘holistic’ perspective will be provided in order to give due attention to relationships and processes (Bazely, 2007). Generalisations from key themes of the study need to be able to stand the test of scrutiny to be recognised as valid, reliable and replicable.

Interviews allow for a more personal touch where questions are asked face-to-face or telephone exchange between the interviewer and respondent (Ruane, 2005: 123). In sending out the questionnaire by email, it was instantly delivered and allowed the participants to complete it in their own time and space. However, most athletes (n=38) preferred telephone interviews rather
than filling out the questionnaire and sending it back by email (n=9) followed by in-person interviews (n=7). Twenty (20) retired male, 2 current male, 14 retired female and 2 current female athletes participated on the phone. Four (4) retired male, 2 current male and 3 current female athletes participated by email. Five (5) retired male and 2 female retired athletes participated in person.

*Ethical considerations*

The research was authorised by Griffith University’s Human Research Ethics Committee (GU Ref No: CSR/01/08/HREC). A Participant Information Sheet including an informed consent form was included. In the case of the Griffith Sports College students, the Brief Symptom Inventory (BSI-18, Derogatis, 2001) was also included. A second informed consent form was administered to subjects who participated in interviews and their permission was requested for audio recording. The invitation outlined that the topic of the research is “Sports Injury, Retirement and Life Changes”. It is also outlined in the Participant Information Sheet for interviews that unscripted questions may be asked in order to better understand any mental health issues that participants have experienced. The interviews were mostly conducted on the phone or in-person at a suitable place for the participant, e.g. at a quiet cafe. Some participants preferred to reply to the questionnaire via email and follow-up on the phone.

All participants were de-identified and care was taken to not include information which could somehow lead to their identification (all copies of such deleted and destroyed). The purposive sample of elite athletes was selected because they had publicly discussed their experience of sports injury, retirement, life changes and/or mental ill-health. The qualitative research was designed for respondents to articulate their experiences.

Participants were alerted that the study may cause some persons distress and informed that they can seek support from counselling services such as SANE or Lifeline, should they be distressed. The contact details of these organisations were provided. A telephone number for Griffith University Ethics Manager, Dr. Gary Allen was provided in the Participant Information Sheet as
an independent contact for concerns or complaints about the ethical conduct of the research. Transcripts were sent to participants to check for accuracy.

**Summary**

A qualitative approach with semi-structured interviews was conducted with 54 elite athletes to provide valid, reliable and replicable data. Thematic analysis of this particular data was employed with coding of the data by NVivo (Version 10). The media material indirectly helped to shape the research to fill literature gaps because it was a check for the overseas literature which ultimately decided content for further investigation in the interviews. The 14 sport administrators (industry professionals) also provided a check to the data provided by the elite athletes. None of the secondary data was used in analyses or comparison with existing literature discussion.
Chapter 4: Secondary Data

Introduction

At the outset of the research, there was a multitude of media reports about mental ill-health and suicide in athletes. Although not first-hand evidence, these cases supported literature from overseas which helped the research to focus on the psychological risk factors of sports injury, retirement and life changes.

There are various current and retired athletes who have gone public about their experience of mental ill-health. Secondary data from past and present athletes was searched for in online searches and in various newspapers, magazines and books. See Appendix C for a sample of Australian cases and Appendix D for a sample of international cases sourced from media articles, the internet and newspapers.

Interviews, books and media articles about current and past athletes who have gone public about their experience of mental ill-health had a snowball effect, whereby more and more elite athletes are “going public” about depression, anxiety, suicidal ideation as well as psychological disorders, behavioural issues and substance abuse. This helped to create a portrait of the issues amongst elite athletes. This was not possible in the interviews because all participants were de-identified as per the ethics approval.

The following quotes were extracted from Australian books and media articles. Content analysis of the text determined a summarised version with generalised themes as per methods described by Weber (1990) and Jackson (1995). This helped to shape the questions for the interview based on supporting overseas literature as well as contribute to preliminary findings of separate research (see Appendices F and G). The final decision on what to include in the interview was based on dependability from the overseas literature in order for the research to have academic credibility. The headings of the next sections cover most of the findings that emerged from the review of the literature reported in Chapter 2.
Perceptions of sport career

Both of the following excerpts explain how the highs and lows of sport effect athletes’ emotions.

- “Competitive sport can be a rollercoaster of emotion if you let it – you’re on the top of the world one day, sunk to the depth the next – and as we all know these ever-changing states can affect our performance, for better or for worse” (Huygens-Tholen, 2009: 33).
- “The highs and lows of sport have an enormous impact on our emotions, especially when we care about the outcome of a game” (Roos and Roos, 2009: 98)

This quote is an example of how elite athletes associate achievement with success during and after their competitive career.

- “I believe that associating with or knowing successful and driven people is part of the puzzle in becoming a driven, positive and ultimately successful person yourself” (Roos and Roos, 2009: 63)

The following quotes describe self-fulfilment and a sense of achievement as central motivations for athletes.

- “Pretty cool, pretty lucky, pretty satisfied and now – after all I have experienced and achieved – pretty sure that money isn’t everything after all” (Akermanis in Akermanis and Smart, 2004: 210).
- “The actual achievement of goals, however small, can ignite a contagious sense of thrill and power that sets you off on a clear and winning path” (Huygens-Tholen, 2009: 74).

The following quotes describe the complexity of achievement, success and the athletic identity.

- “It is important to understand your current identity. You recreate yourself in a sense, it can be the difference between being attached to your past results as an athlete, and dragging them with you into your future, or moving on successfully with a new expanded and well-rounded identity” (Huygens-Tholen, 2009: 219).
- “We need to ensure that our sense of pride or ego does not become solely dependent upon ‘achievement’ or ‘outcome’ alone – an unhealthy pride or ego! We need to ensure that
our sense of pride or ego is largely dependent upon our ‘performance’ within reality – a healthy pride or ego” (Mason, 2006: 171).

- “Pumping ourselves up, and taking credit for our achievements means we also take blame for our failures” (Walker, 2009: 87)
- “When an athlete loses their sporting career, they lose many other things in the process, including their identity. ‘Who am I’, they ask, ‘if I’m no longer an elite athlete?’ As such I continued to search for a way to celebrate my achievements, as Ian Lynagh had suggested” (Gould, 1999: 216).

The following quote demonstrates a want to transfer success in sport to their life outside of sport.


There is a downside to success in sport because it tests the ability of the athlete to be able to adequately cope with fame, prestige and trappings that come along with that.

- “Any sportsman, in any sport, no matter from what walk of life, usually gets success too early in their life, and it plays with their brain later on. It happens to thousands of people who are successful in their field” (Drane and Ellis, 2007: 130).
- “It is great to achieve, but when we have created an environment which pushes people beyond their limits, we are inviting disaster” (Hamilton and Jameson, 2005: 155).

Perceptions and expectations of self

The following quotes are examples of realisation in hindsight of having lived in the sporting environment and the downward spiral as a result of life after sport.

- “For most of my life, I strove to be an Olympian, never giving one thought to what the next step would be. At the time, I didn’t consider that there was a higher purpose for me achieving that goal. Consequently, after the Games were over, I felt lost for a while. I had never stopped to think, “Going to the Olympics will allow me to do what?” (Huygens-Tholen, 2009: 235).
“How could I be so good in one area of my life and yet be in shambles in the rest? I struggled with relationships, self-image, and trying to produce an income. I struggled to put a simple structure together to let me function in the real world, and I spent a lot of time beating myself up, trying to comfort myself in unhealthy ways” (Huegill, 2011: 83).

The following quote supports that lifestyle has a significant impact on the experience of stress.

“Lifestyle matters enormously. The way you live, eat, what you drink, how you work, play and relax, what and how you think, how you react to stress are all important” (Hamilton and Jameson, 2005: 162).

The following excerpt is an example of the controlling sporting environment and how this leads to personal control issues.

“Control in footy, which really is lack of any individual control, suited my often-hyper personality. It gave me an outlet but I found it increasingly hard to manage the control issue off the field in my everyday life. Because I had no individual control in my work, I would go home to whoever my partner was at the time and try to reclaim some control” (Black and Holland-McNair, 2012: 28).

Determination and resilience are described in the following quote, demonstrating the determination to ascend from downward spirals.

“Life is all about character. It doesn’t matter whether you are playing elite sport, running your own business, or caring for your family, it’s all about how you fight back after setbacks” (Crowley, 2005, 73).

The following quote describe self-doubt and how self-worth is tied to experience of loss in sport.

“Patches of failure normally leave you in an empty state of doubt. After all, we are only ever competing against ourselves – own discipline, patience and preparation – yet this are overlooked by the fact that your contribution to the team is entirely objective” (Cowan, 2011a: 17).
The following quotes describe the stigma and shame associated with admitting their mental ill-health.

- “I’ve found it hard over the years to admit that I’ve suffered severe depression during my career” (Thomas in Shea, 2005: 94).
- “The stigma of having a mental imbalance is terrible and I used to feel ashamed of it. I have just never felt at ease with people knowing about it” (Andrew Johns in Cadigan and Johns, 2008: 390).

**Changes in perceptions and expectations of self**

The following quote describes how the athletic identity changes over time and their perceptions of themself in the context of who they were has a lot to do with their behaviour in retirement.

- “A life commitment to sport can result in a strong identification as an athlete or sportsperson. Rather than looking forward towards a new career, retired athletes might find themselves looking to the past at how they were, and what they did achieve. Identity determines the behaviour of an individual and therefore their results” (Huygens-Tholen, 2009: 18).

**Perfectionism**

Perfectionism can be both positive and negative depending on the context.

- “I was so highly organised, I could time my run to perfection so that my physical peak each week was game day. It would be five days since I’d taken drugs, I’d trained my arse off, and the upcoming game provided the rest of the adrenaline. And then there was the knowledge that after the game, I could get on it again” (Cousins, 2010: 203).
- “Athletes train almost daily on perfecting the skills and techniques required for their particular sport. Some skills, such as team-work and time-management, are transferrable to new areas, and are likely to be new resources and skills required for their new career” (Huygens-Tholen, 2009: 17).
- “That perfectionist streak can be good for some things, but it is also causing a lot of sorrow, heartache and anger” (Shea, 2005: 93).
Stressors

The following quotes demonstrate the lack of control perceived as a part of the athlete lifestyle.

- “One of the most difficult things in life is accepting that there are things that you can’t control” (Roos and Roos, 2009: 57).
- “A nearly man. Yet ‘nearly’ in Australian cricket is a world as high pressure as it is low-key. It is a world tantalising close to fame while still mired in obscurity” (Cowan, 2011a: ix).

There were reports that the pressure athletes experience is immense.

- “I retired the first time because of too much pressure” (Drane and Ellis, 2007: 52).

The following quote links psycho-somatic self-sabotage with his core personality and accumulative stress and pressure.

- “I learnt that whenever I am under pressure, I immediately revert to my core personality. I become the angry young man who was brought up with certain beliefs and values, some of which were pretty antisocial. As soon as I drank too much, or took too many drugs, or was put in stressful situations – or put myself in stressful situations – that’s when the trouble invariably started. When the pressure’s on, and I’m not thinking straight, I’m liable to do something I regret. It’s happened over and over in my life” (Carey in Carey and Happell, 2009: 356).

The following quote demonstrate that athletes are vulnerable to downward spirals as a result their success in sport, the stressors and pressures in their life as well as the commitment and persistence around goals.

- “Successful athletes have a commitment and persistent attitude to their goals because of a belief that they can do it. Sometimes, this self-belief does not translate easily to skill outside of sport” (Huygens-Tholen, 2009: 17).

Society often puts athletes up on a pedestal because of their achievements in sport but some athletes have difficulties in transferring goal achievement to life outside of sport.
• “He was just a footballer but because they turned him into an icon and deified him, they could never actually let him be human” (Linnell, 2003: 248 referring to Gary Ablett Senior).

• “Athletes are commonly renowned for goal seeking and goal achievement. Goals are key to providing motivation and direction. It is not uncommon for athletes to forget to set new goals with the same dedication and commitment of retirement from sport” (Huygens-Tholen, 2009: 16-17).

**Injury**

The experience of sports injury led to struggle and/or a downward spiral for these athletes.

• “Nothing tests a players mettle more than sitting out matches with injury, and I knew how blessed I’d been compared with some of my teammates” (Cousins, 2010: 164).

• “Injuries, the plague of the modern game, had cut a swathe through the side and Gary Ablett had not been immune, suffering calf and knee problems that had sidelined him for a significant part of the pre-season. But the team was also struggling under the illusion that, following the success of the previous year, everything would be easier” (Linnell, 2003: 241).

• “The injuries certainly took their toll, not just on my body but on my mind as well. I tried not to plunge into the depths of self-pity, yet there were occasions when I wondered why I had been singled out to suffer so much bad luck” (Cash, 2002: 226).

Injury was credited with forcing a change in lifestyle and training which led to an upward spiral and better results. It is an example of how elite athletes make benefit from a downward spiral.

• “I honestly think if I hadn’t had an injury in 2004 I might have never won. I learnt so much from the whole experience – about my body, health, fitness, diet, motivation. I was pretty loose before the accident, partying, and I might never have grown out of it. It makes you realise that what seems like a setback can prove to be a blessing in the long term. Things happen for a reason” (Baker, 2009: 269).
The following quote by Petria Thomas describes how depression differs from injury. Athletes are in touch with their bodies so when it comes to feeling pain, they struggle with depression because they can’t physically locate it or have it treated like an injury is rehabilitated.

- “As an athlete you’re used to suffering physical injuries and you know when you’ve hurt yourself – like a pulled muscle, dislocated a shoulder. You can feel the pain, sometimes you can even see it, and all the time you know where the pain is coming from and what’s caused it. And you can see someone to get it fixed quickly. But there’s no painkiller for depression. No magic pill you can take to make the pain go away. And you can’t find the source of the pain and hurt either. You can’t see it. That’s what makes it so terrible and so dark” (Shea, 2005: 94).

**Overtraining, burnout and fatigue**

Both of the following quote describes how overtraining is prevalent and difficult to avoid.

- “Cricket is a contest played in the middle: overtraining can actually make you flat if your game is in running order. Busy cricketers constantly tread this line. It gets to a point where you need to take a step back and relax” (Cowan, 2011a: 11).

**Retirement**

The following quotes describe how athletes experience a sense of loss when they retire and this may manifest in behaviour peculiar to them.

- “Career athletes can hit a wall when their time on the field or in the limelight is over. Whether, their time is cut short by an injury or age, there is always a time when athletes must transition from one type of sporting field to the playing field of life and a career beyond sport. Significance is recognised as a human need and can be lost when athletes finish playing sport” (Huygens-Tholen, 2009: 15-16).

- “I had felt at a loss, because I no longer had a goal. I was unsure about my capabilities in other areas. I lacked the confidence to get involved with other activities. I had unrealistic expectations of performing well in other activities. I experienced a sense of emptiness when I stopped training. I felt like I had to live up to an image. I had a need to be what I
called ‘authentic’. I felt dissatisfied with my last competition results. I had unfinished business with my coaches and felt alienated from my parents. I found I couldn’t please anyone, whereas previously I had pleased everyone with my performances. I became suspicious of people’s motives in befriending me when I moved away from my friends and the swimming scene. I downplayed my achievements in order to build others up. I was frustrated by not being able to work to my fullest capacity. I had to learn how to give attention to others at a time when I was now receiving less attention” (Gould, 1999: 213).

- “Everything was calibrated and catered for, like living in a bubble. But that’s not true of life in the real world, which is full of uncertainty and promises nothing. I was struggling with the transition. I was lost. I also began experiencing grief I’d suppressed about my Dad. I didn’t feel good about anything in those years after I retired from swimming. I was never happy” (Huegill, 2011: 84).

This quote is an example of goal orientation and a ‘full-on’ personality where the athlete links achievement with success.

- “Whatever I choose to do, I’ll throw myself into it 100 per cent, just as I have always done with football and life” (Akermanis and Smart, 2004, 211).

**Psychological distress**

Athletes must deal with loss in the context of sport. The experience of acute depression can be directly attributed to loss of a big game. It is a part of the highs and lows of sport.

- “I don’t know how long it takes to get over losing a Grand Final. In the days and weeks that followed, I felt depressed whenever I allowed myself to think about the game. It was the one that got away. We had history in our grasp and we let it slip through our fingers” (Akermanis and Smart, 2004, 204).

The following quotes demonstrate that the warning signs for mental ill-health such as mood changes are often not understood by athletes and their friends/family.

- “My friends didn’t understand what I was going through. I didn’t understand myself. They thought I was a nut. My behaviour suddenly changed. I went from being one person
to another, instantly. My friends just thought it was Blacky being Blacky. Looking back, that’s exactly what Bipolar II is all about, but I didn’t know it at the time” (Black in Black and Holland-McNair, 2012: 75).

- “No one had a clue what paranoid schizophrenia was, least of all Michael himself. Most just thought he was a six-pack short of a case” (Doherty, 2004: 199).
- “Ignorance breeds fear in humans and the lack of real understanding about what depression meant and felt like is perhaps one reason for this disparaging perception and viewpoint of what is one of the most prevalent illnesses in the world today” (Shea, 2005: 80-81).

The following quote is an example of athletes associating depression with weakness.

- “I think depressed people are just weak. Depression’s just a cover-up for unresolved emotional issues” (Gould, 1999: 236).

Athletes may not recognise a downward spiral because there is attention narrowing, especially where alcohol or drugs were involved.

- “Without any stability in my life, unable to look too far ahead, in a precarious, vulnerable, depressed state, I was terrified. The fear of getting on a plan, leaving my life behind, leaving my mates behind, everyone scrutinising every single thing I did, was hellish” (Cousins, 2010: 315-316).
- “Michael Peterson’s disappearance from the Australian surfing landscape was inevitable. Wrestling with the demons of drug addiction and mental illness meant something had to give. As it turned out, Michael’s schizophrenia, which superceded his desire for smack, was equally despicable, far more bewildering and far less controllable. Some would go as far as to say he was actually more normal when he was on drugs” (Doherty, 2004: 281).
- “I was on heavy medication: tablets for anxiety, depression and panic attacks that I washed down with alcohol. The doctor eventually told me I have some kind of psychosis and that I’m a very depressed bloke” (Drane and Ellis, 2007: 129).
- “I know at the time that I was really depressed; I don’t know if that was because I was coming down off the binging on alcohol (and sometimes drugs), but I wasn’t worth anything to anyone and that showed in the way I was playing. I was just totally sick of
football, and bored after coming down from such an incredible ride in 1995. I was binging on alcohol, drugs, food – anything; I was so up and down and my weight would balloon, then plummet, as I ate excessively then starved myself” (Johns in Cadigan and Johns, 2008: 412).

The following quotes describe some varying experiences of psychological distress with articulation of the experience of deep downward spirals.

- “This constant and almost chronic pain, which often proved unbearable, added to feelings of hopelessness about swimming and life, sending moods spiralling downwards” (Shea, 2005: 69).
- “When you’re depressed you feel like you’re living in a deep, black hole with no way out and no light to guide you. That darkness overwhelms you. It is impossible to function and see the world as it really is. That’s when you start telling yourself that you can’t go on living like that anymore” (Thomas in Shea, 2005: 95).
- “I had suffered some pretty low times in my life, mainly due to my ill health and the pressure from the media, so I understood how awful it can be when you’re down” (Slater in Slater and Apter, 2005: 254).
- “Like a super-energised neutron, I am oscillating between these two poles: Bliss and Hell. Each high is higher than the previous one; each low darker and deeper still. The emotion extremes are tearing me apart, body and soul. I am stark, raving mad” (Hamilton in Hamilton and Jameson: 2005, 19).

**Suicidality in Athletes**

There are athletes who have publicly shared their experience of depression followed by suicidal ideation.

- Linnell (2003, 303) explained that “The black dog of depression was soon tailing Gary Ablett everywhere, haunting his dreams and stalking him through the daylight hours. He started contemplating suicide, he told Fox Footy’s Mark Doran”.
- “I became depressed and suicidal. Don’t ask me why or how, I’m not a doctor, I don’t understand. For about fifteen months, I was in our house on my own, waking up and
facing every day on my own, waiting for phone calls that were never going to happen. At that moment, when I decided to kill myself, all I could think was, ‘I’m better off dead.’ It scares me now, thinking about it” (Ellis in Drane and Ellis, 2007: 132).

There was an example of a suicide attempt as a cry for help.

- “I don’t think I wanted to kill myself. That’s not a denial, but I honestly don’t think I really wanted to die. In fact, I know I didn’t. The reason I took paracetamol was because I needed my life to change and I needed people to sit up and take notice of me. I needed people to know that I was in pain and that I needed help. I cried for help the only way I knew I could” (Thomas in Shea, 2005: 75).

Coping strategies, support and rehabilitation

The following excerpt describes obsession with control of his moods and how medications were used as coping mechanisms.

- “I was obsessed with monitoring and totally controlling my mood. Control the anxiety, control the fear. Sleeping tablets were my way of controlling sleep. I loved my sleep, and had no intention of lying awake worrying about whether I could drop off or not” (Cousins, 2010: 6).

The following excerpt describes how detraining (deconditioning) for performance psychology was missing from her transition to life after sport to her detriment.

- “I reread all the material I had collected on sports retirement stress in search of a way to celebrate what I had achieved in my career as a swimmer. During the life cycle of my career, a lot of attention had been paid to training and competition phases. But little or no attention had been given to the transition phases of detraining, and easing out of sport and into another life. There were no informed support services to help the athlete with the process of retiring. So many athletes like me were helped and guided to the top of the mountain, but we were then left to find our way down.” (Gould, 1999: 215).
Petria Thomas described support as crucial.

- “The best thing you can do is seek them out and share your experiences and feeling with them. Find someone to talk to. Start with your family and friends. If that’s too difficult, see your doctor. Tell him or her how you feel, and let them refer you to a psychologist or a psychiatrist. And don’t be ashamed” (Shea, 2005: 115).

Craig Hamilton described how a diagnosis and professional support helped him to look into the root causes of his trauma.

- “Conceding the existence of bipolar disorder was a breakthrough. I was no longer swimming against the tide of logic” (Hamilton and Jameson, 2005: 106).

The following quote describes the importance of athletes overcoming their ‘fear of failure’.

- “The pain of failure must not be ignored because it stimulates change, which in turn lessens future discomfort. Success can be achieved if we are willing to have discipline, be proactive and fine tune our skills. In other words, we take responsibility for what we implement and then we accept no excuses for not improving” (Jauncey, 2010: 5).

Alcohol and drugs

The following example of alcohol abuse is an example of how pressure from being an athlete led mental ill-health issues. Black and Holland-McNair (2012, ix) explained the crux of problems:

- “It stemmed from alcohol abuse, mental issues and anxiety created from pressures he experiences from fans both on and off the field, women drawn to celebrity and prowess of an alpha male, and what to do with his life when his football career had already peaked. But it’s not all about the football. There are many men who don’t have a good support network or feel they can’t speak out about their feelings or the things which are troubling them.”

There was also the team culture of binge drinking which influenced some male team sport athletes to abuse alcohol on a regular basis when the sport calendar permitted.
“Over the course of some of those weekends, when we were at it virtually from the moment we finished playing Friday night until Sunday afternoon, with only a few hours’ sleep in between, we must have drank 40-50 pots” (Carey and Happell, 2009: 110).

The following excerpt provides an example of how the athletic identity provides leverage for drug use; how he performed in sport influenced his life outside of sport with negative coping strategies used to influence his highs and lows until it spiralled out of control.

“In my now fully warped universe, my self-esteem relied on these bargains I made with myself: play good footy, and you can get on the gear conscious-free. As long as you play good football, you are not just a drug user. My world wouldn’t exist if I was just a drug user. So my football became a currency with which I’d purchased my drug time” (Cousins, 2010: 202).

A lack of a goal was cited as the reason for alcohol abuse in the following quote.

“If I wasn’t catching up on a lifetime of sleeping in 2005, I was either drunk or off my face, partying away what little money I had left. I had no direction or goal in life” (Huegill, 2011: 77).

The following quote describes a surfer who went on an upward spiral of drug use and success in surfing before his downward spiral leading to a schizophrenia diagnosis.

“Michael was different to most people and so, not surprisingly, drugs affected him differently… especially when it came to surfing. Michael could surf through the pot, through the acid like they were cigarettes and candy. Michael’s drug habits, like his surfing, were showing no signs of slowing down. But again, in the water he was so strong, mentally and physically, that it didn’t affect him the way it affected everyone else. For Michael it was like it closed the rest of the world down until there was nothing else but surfing” (Doherty, 2004: 93).

The following quote describes how alcohol was used as an emotional suppressant.

“My wife left me and I was drinking day and night, but I still refused to believe that grog was a problem. Alone in my house, I was depressed and anxious, but refused to
acknowledge that I felt that way, that I had those feelings” (Ellis in Drane and Ellis, 2007: 2).

**Intervention**

The following describes how athletes are often unaware of how they are personally tracking.

- “Feedback is essential in personal direction. If we videotaped our last two weeks of life, we would be able to observe our life’s direction” (Jauncey, 2006, 8).

A strategy for change is important beyond identifying trauma in athletes.

- “Many psychologists/counsellors failed their clients by merely getting their patients to identify trauma, anxiety or hang-ups, but did not initiate a strategy for change to improve their lives” (Jauncey, 2006: 8).

An inhibiting factor to effecting strategies for change is ego and not letting go of it.

- “If we believe that our success is in our hands and if we know that all we have to do is make an organised plan to be successful, then why don’t we do it? The answer is our egos. Our egos are what give us self-esteem, drive and satisfaction. If what we do fulfils our ego purposes, we will do it with gusto. On the other hand, if what we do leads to rejection and lack of satisfaction, we become tentative and ineffective” (Jauncey 2010, 8-9).

- “Ego can destroy. At our most desperate point in life, our ego will not save us. It is not a building block. It is an intangible that can’t be sustained. Even though I was absolutely destroyed, a tiny spark of my ego had continued to burn in the dark. After all that I had been through, that granule of ego continued to resist by refusing to let me accept that I needed help. It hung on, telling me that I could still get out of my predicament. It is illogical, enmeshed with the survival instinct, and it doesn’t want to let go. This was a battle which had to be fought between two opposing sides within me. Thank God, the right side one. My ego had been the agent which had refused to allow me to concede that something was seriously wrong. And, to hold that position, my ego fought almost to the very death – my death” (Hamilton in Hamilton and Jameson, 2005: 214).
Summary

A search of publically available books and reports relevant to the research topic found rich secondary data. It was deemed necessary to determine how the individual and group thoughts relate to existing literature findings. The intention was to elicit a novel concept based on the idiosyncrasies and insights rather than a diagnostic test of the contributor’s expertise. It must be emphasised that the various experts who have written books on these topics have spent years in and around sports so it was to be expected that there would be synergy with existing literature. The intention here is to synthesise the findings into an unbiased and unwarped summary so as to demonstrate the agreement and differences between individual, small group and literature findings. In doing so, matters for further resolution arose and this is where the interviews sought to elicit a novel approach and findings.

The emotional highs and lows of sport are well documented and easy to recognise due to the nature of sport. There were suggestions of self-fulfilment and a personal sense of achievement being of particular importance to athletes. Then there was suggestion of continuing on in celebrating these achievements. There was a point made regarding the athlete identity being strong. There was discussion on identity changes around retirement and the trappings of success which can cause problems. There was consensus that elite athletes are too busy being an elite athlete to realise they exist within a controlling work environment. There was a report that athletes experience self-doubt and how they feel it is related to their performance in sport. There were a couple of reports suggesting there is stigma involved with admitting to mental ill-health because admitting to weakness goes against the athlete psyche.

There was mention of disappointment if they do not reach their sporting goals. Perfectionism was described by several reports as being both positive and negative. There were a number of reports indicating negative coping strategies such as binge drinking were employed during sporting careers, mostly by male team sport athletes. One report by an Australian Rules player discussed how he reverted back to his core personality after he drank heavily when he was under pressure, resulting in psycho-somatic self-sabotage. A lack of control was suggested by a small group, with the main issues being how stress and pressure combine. There were reports that
stress and pressure accumulate and manifests in psychological distress. In addition, turning points such as injury or retirement were also the cause of significant stress.

There were reports of how injury and physical pain is masked, treated or persisted with in this group. There was a report of a surfer who found benefit from adversity. In particular, how a serious injury became a turning point for the better. He came back stronger than before, achieving better results. There was a report that explained that elite athletes are in touch with their bodies and can pinpoint where a physical injury has occurred. However, it was reported by a swimmer that depression was perceived as different and difficult for her because it could not be physically located. Overtraining was described by a cricketer as prevalent in his sport but again it was difficult to pinpoint exactly where it happens.

There were reports of psychological distress being an all-encompassing and unbearable downward spiral. There were reports of not fully understanding what was happening to them. Some of the group reported negative coping strategies such as the abuse of alcohol and drugs as a consequence. There was a report that alcohol and drug use was initially perceived as something which hurts other people but not them because they are “elite” and different from the general population. This Australian Rules player discussed how he would bargain with himself about his drug use in terms of the effort he put into sport. He was obsessed with controlling his mood, even his sleep. He was not alone. There were other reports of later realising that they had warped thinking around the use of alcohol and drugs.

It was inferred that the findings regarding extreme mental health issues and suicidal ideation/behaviour are not useful in the synthesis with existing knowledge. This is because of the bias of these retired athletes telling their own story in a book. Co-written or not, it appears that they still stand to derive some kind of benefit from sharing their story. This does not invalidate the sincerity of intentions of raising awareness of the issues with the view to prevent distress or suicide in others. It seeks to ensure the reliability of data so this thesis contributes to novel findings on the topic.
This chapter presented information which supported what we know about the topics of the research. Although the cases were mostly from biography or auto-biography books, it was included to create a better understanding of why it was necessary to conduct academic research. It demonstrates the interesting data publicly available but was yet to be structured and analysed. The content was summarised into categorised themes based on overseas literature findings. Beyond attribution to public interest and athlete disclosure of personal issues, it was deemed worthy of inclusion in the thesis because it helps to sort through what we already know about the topics in order to prepare for defendable research. The next chapter includes the results of the de-identified elite athlete interviews. The anonymity takes away the possibility for biased evocation, sensationalism or elite athletes seeking to make benefit from sharing their story. It is therefore the only data which is considered worthy of inclusion in the data analyses with NVivo and resultant research findings.
Chapter 5: Elite Athlete Interviews

Interviews with 54 current and retired athletes investigated unique and common themes in athletes’ experience of sports injury, retirement, life changes and mental health issues.

Participants were from a variety of sports including beach volleyball (n=2), surfing (n=2), skiing (n=2), weightlifting (n=2), cricket (n=4), rugby league (n=4), AFL (n=4), rugby union (n=10), swimming (n=13) as well as varied other sports represented by one interviewee (n=11). Most participants had retired from sport with 29 of the 33 male athletes being retired athletes (88%) and 4 current male athletes (12%). It was only slightly different for females with 14 of the 21 interviewed being retired athletes (67%) and 7 current female athletes (33%). Thirty questions (see Appendix A) were asked regarding their experience as an athlete and outside of sport.

Study Participants

Retired Males

Participant 1: Retired Cricketer

Participant 2: Retired Australian Rugby Union Player

Participant 3: Retired Australian Rugby League Player
Participant 4: Retired Australian Rugby Union Player

Participant 5: Retired Australian Rules Football Player

Participant 6: Retired Australian Rugby Union Player

Participant 7: Retired Olympic Swimmer

Participant 8: Retired Olympic Swimmer

Participant 9: Retired Australian Rugby Union Player
Participant 10: Retired Olympic Swimmer

Participant 11: Retired Australian Rules Footballer

Participant 12: Retired Australian Rules Footballer

Participant 13: Retired Australian Rugby Union Player

Participant 14: Retired Olympic Swimmer

Participant 15: Retired Olympic Swimmer
Participant 16: Retired Australian Rugby Union Player

Participant 17: Retired Australian Rugby League Player

Participant 18: Retired Surfer

Participant 19: Retired Australian Rugby Union Player

Participant 20: Retired Australian Rugby League Player

Participant 21: Retired Australian Cricketer
Participant 22: Retired Australian Swimmer

Participant 23: Retired Australian Rugby Union Player

Participant 24: Retired Australian Rules Footballer

Participant 25: Retired Australian Rugby Union Player

Participant 26: Retired Australian cricketer

Participant 27: Retired Australian Rugby Union Player
Participant 28: Retired Australian Rugby League Player

Participant 29: Retired Australian Rules Footballer

Retired Female Athletes

Participant 30: Retired Australian Olympic Volleyball Player

Participant 31: Retired Australian Diver

Participant 32: Retired Australian Olympic Swimmer
Participant 33: Retired Australian Winter Sports Athlete

Participant 34: Retired Australian Olympic Swimmer

Participant 35: Retired Australian Winter Sports Athlete

Participant 36: Retired Australian Olympic Swimmer

Participant 37: Retired Australian Olympic Volleyball Player
Participant 38: Retired Martial Arts Athlete

Participant 39: Retired Surfer

Participant 40: Retired Australian Olympic Swimmer

Participant 41: Retired Australian Olympic Swimmer

Participant 42: Retired Australian Olympic Swimmer
Participant 43: Retired Australian Olympic Swimmer

Current Male Athletes

Participant 44: Baseballer

Participant 45: Weightlifter

Participant 46: Weightlifter

Participant 47: Australian Cricketer
Current Female Athletes

Participant 48: Triathlete

Participant 49: Dancer

Participant 50: Martial Arts Athlete

Participant 51: Kayaker

Participant 52: Footballer
**Perceptions of sport career**

Most elite athletes perceived winning as the primary high of their sporting career and following that it was representing Australia. This following example demonstrates associating achievement with success.

**Participant 10:** Winning, the desire to compete at the elite level and of fulfilling and making it a reality: achieving what you dreamed of and trained for.

**Participant 20:** Highs include playing for Queensland and Australia, especially the 3-0 win in the State of Origin 1995.

The Olympics or Commonwealth Games were a forum for this so it was also a significant theme among those eligible to compete. The side benefits of competition including lifestyle and travel as well as camaraderie were the next themes mentioned. The retired athletes often reflected upon these themes as the lasting memories which they cherished the most.
Participant 2: The highlights of my career were in the dressing rooms after the game and the trust you had in each in other were major memories. You take the highs with the lows. It’s part of the experience.

Participant 21: Highs include lessons in teamwork, winning, mateship, performance and ownership.

The moderate themes of “sense of mastery”, “achieving a goal” and “enjoying a challenge” all supported the key theme of “sense of achievement”. Interestingly, public acclaim, fitness and “love my sport” were less significant themes with only a few responses each.

Participant 32: Highs are when your personal best is over your expectations. When your muscles are aching, it’s a wonderful feeling knowing you have worked hard. Making it to the elite level of swimming in Australia was a high.

Injury was the main response about lows of participation in sport. Other significant responses included non-selection, not meeting expectations and losing which indicates that the lows were mainly the direct opposite of their highs, therefore non-success as a result of non-achievement.

Participant 32: Lows included not living up to expectations or feeling like you expected you would … you ask yourself what went wrong?

Participant 10: Lows were not performing well and not succeeding. It’s the exact opposite to winning. The general ups and downs in life exist, like with anyone else.

Participant 21: Lows include being overpowered, exposure to losing, loss, frustration.

Experiences of hardship were sometimes compounded by personal sacrifices, negative team environment and an unsupportive coach. On top of other competing demands and media scrutiny, there was also feeling like a failure, lack of motivation and fatigue which some expressed as the manifestations of these issues. These are examples of stress which accumulates.
over the career of elite athletes is dichotomous. Although it helps them to be flexible and adaptable during their sport career, it puts them at risk for a downward spiral after retirement from sport.

**Participant 47:** Performance anxiety is a low and relief and satisfaction are highs. That full spectrum of emotion is "good for cognitive development" of athletes, making them flexible in their ability to deal with a wide variety of situations.

**Participant 20:** Low is that I retired from football and am now working in a regular job and not experiencing that buzz or lifestyle. I used to train twice a day and was at home during the day but now I am working 12 hour days in the mines, which is a different culture.

Elite athletes’ downward spiral manifested with psychological distress and/or suicidal ideation post-injury and/or retirement and is significantly related to their perceptions about their achievements in sport.

In the next several pages, there is a theme represented by a relationship of high expectations of self/drive to succeed and the experience of downward then an upward spiral in retirement.

There was a significant theme of downward spirals for elite athletes that had high expectations, were their own worst critic and wanted to extend success beyond sport.

**Participant 2:** I am not satisfied but I got more back than I wanted. You don’t always get what you want, but you get what you need. I wanted to show that I could do it. I got more back from retiring, which led me to where I am now. You have got to be confident in yourself. Guys achieve well in sport because they want to show the world what they can do. But if you are not confident in yourself, then you will struggle with what to do.

**Participant 10:** I am satisfied to a certain degree. I look back on my career. I was always trying to win the gold medal. I was on top for 10 years and then I got a silver medal even though I had the fastest heat time. I had the wrong race strategy in the final. It was a disappointment.
Sometimes I didn’t have the right focus. Now I am trying to win that gold medal in terms of what I am doing now.

**Participant 40:** I have my ups and downs. Being an Olympian is a curse because you are cursed with the idea that you have to be brilliant with everything you do, not just swimming. You look at your mistakes in the pool and yet you were rewarded. You can critique yourself and fall short of your high expectations. It helps when my husband points out I am doing things right. He makes a joke about me wanting to be more than an Olympian.

It was a common theme for athletes to fall from the highs of their sporting career into life after sport. These following quotes explain the factors around a turning point (specifically retirement) which leads to a downward spiral:

**Participant 30:** Difficulties into transitioning into a new career in my experience and research include factors not limited to a loss of significance, a lack of inspiring new goals, a loss of self-belief, loss of support, lack of new skills, lack of a game plan and a strong identity with sport and the past.

**Participant 9:** I am satisfied that I’m alive and I’ve done what I’ve done. Nonetheless, overuse of body has left some side effects, damage and restrictions. On the other hand I can’t help feeling angry with the rugby authorities and many people that never cared when life was not good. When I was able to push in the scrum and tackle everybody loved me but soon after when I couldn’t do it anymore, the fame and adulation disappeared (life of the retired sportsman).

**Participant 11:** No I am not satisfied. I had fun with AFL but would be a better person if I didn’t play it. I walked away with no money. It helped me to experience devastation because I got hurt and ended up having no friends. My head would shut down because of my sickness.

The following quote provides detail on the highs that cause the lows and vice versa. It also describes how the laws of nature underpin why high achievers such as athletes are at risk for psychological distress and how they can be applied in treatment of the fundamental issues.
Essential to this is effectively coming down from highs to find equilibrium and preventing psychological distress. This alludes to the upward and downward spiral and elite athletes struggling to keep it in balance.

**Participant 5:** When you’re talking about athletes who get mental trauma from their injury, it’s the sport that’s the problem; it’s the upper they get from victory and coming down from that can be a long way to come down. I work with nature’s law. There’s balance. If your hyperactive at work, then you’re going to be hyper inactive at home. If you’re getting accolades in their sport and they’re coming in the front door feeling pumped, then someone in their personal life is going to bring them down. It could be at a pub, from a partner or from a substance or a coach. Everyone gets balanced. The most depressed people are not the most hyper so depression is caused by elation. So the cure for depression is not anything to do with depression … it’s to bring down the elation. If you bring up depression, all it causes is the elation to go higher which makes the necessary balancing of depression go deeper. There are fluctuations between these peaks.

The following two quotes exemplify the desire, predisposition and persistence for achievement, not only in sport but also outside of it. There is the value of achievements and obsession with continuing on with it, an obviously very high mountain to climb. It alludes to a tactic to avoid a downward spiral – to keep aiming upwards and beyond.

**Participant 33:** I don’t even have my World Cups displayed. Once you win it, you move on. I was looking for my second one and so on. I thought about my next goal and challenge. The ones who sit around talking about the glory days are the ones with the problems. You need to move on. There are many special moments in life and not all of my top ten would be from skiing.

**Participant 10:** I desired to win an Olympic Gold medal since the age of 13. When I won Gold, it was a nice part of my life. I burdened myself with trying to achieve something at least as good or comparative to that. It might not always be as high profile. I relished and celebrated each new achievement but moved on. In swimming, you are only as good as your next race. If you rest on your laurels, then your mindset changes and there is always someone who is hungrier. Be
number 1 but train like you are number 2. Persistence will help me to reach my outcomes. When you get given a task, it gives me a sense of achievement if you accomplish it. I don’t care if others don’t see me do it. It depends in what context it’s in...

Participant 10 associates his high expectations of himself with his achievements and links that to success. There is also related to persistence in and outside of sport.

**Participant 10:** It’s nice to be acknowledged if you do something well and it’s a good outcome. If it is recognised from people that I have respect for then I have gratification for myself. That is great on a personal level. I think in life, everything breeds within itself. If you hang around successful people, you become successful. Once you have a bit of success, you want more success. It becomes self-fulfilling and manifests within itself. That happens in all parts of life. So if you are successful with something, you have the desire for more success. I enjoy being around really smart people who are really determined. I have real interest in mentoring for that reason.

**Participant 15:** It’s lonely at the top, when you are successful. You go from point A to B. You are then your own worst enemy. Success is highlighted by the people you engage with. I learned from my failures and I am not afraid of failures now like I was before.

**Participant 39:** I had 20 years of professional surfing and 7 World Championships. I am satisfied. Success is a result of your achievement of goals. I learned to deal with focus. Every lesson I have learned has helped me: Team work, communication, having a Plan B, adapting to change, dealing with disappointments, being a role model, achieving my dream. It’s been relevant and useful over the last 20 years. There’s still plenty to do. I want to achieve more and don’t want to be complacent.

There was a general consensus with two-thirds of athletes being satisfied with their career. Most of the respondents were retired athletes. About a third of these satisfied respondents expressed that they didn't appreciate their career achievements at the time.
Participant 1: I was a successful cricketer with all the accolades. At the time I wasn’t appreciative of what I was doing. Now I look back and I realise I have done something good. But at the time I wanted to do more in life with the way I approached things. I achieved all of these things but I have a little demon that sits on my shoulder that makes me look back and think I should’ve done more. I never had the chance to sit down and celebrate because I wasn’t achieving goals. I didn’t have any goals.

Participant 30: I value my achievements now that I am retired. After finishing the Olympics I didn’t value what I had achieved as some of my friends were gold medallists. I thought I had failed when I was out of the competition in 3 days. I now see the enormity of what I have achieved and the characteristics that enabled me to be an Olympian.

Participant 50: Do I look differently on my achievements now? Yeah I do, I don’t know what it is – things just feel different - like it was a bit of a dream.

Participant 6: Satisfied yet not if you look at the totality compared with not doing it. I am still dissatisfied with some aspects of my Rugby career. At the time it felt different to now.

Participant 7: I had a will to perform. I look at my achievements differently now. It took a long time for me to think much about my achievements.

Participant 32: I look at things completely different. You don’t have time to pat yourself on the back when you are competing. When you are retired, you see and embrace what you did and give yourself a pat on the back and then get on with the next challenge.

Participant 12: Yes without a doubt I’m satisfied. I have worked hard for it though.

Participant 13: Yes, I’m satisfied. There are things that I would change or improve. However, that is the nature of life and evolving.
Participant 14: I now look back with satisfaction and pride. But I don’t have enough money to live as previously.

Participant 38: It took a few years to sink in. I was flying everywhere and speaking. I went into this new world of things to do. I have been public speaking for 11 years.

The following responses discuss various aspects of satisfaction with sport and how their perceptions of their achievements has evolved over time, indicating that when there is no linking of achievement to success, there a sense of internal gratification.

Participant 40: I was pretty satisfied with it. I don’t have regrets any more. I have a lot of people perceive me as successful. But what is success? Success for me is someone who is interested in the world and pursuing as many things as possible.

Participant 41: I’m satisfied but I would change some things about the journey that I took. I had great results. I look differently now at my achievements. It doesn’t seem real, another lifetime ago.

Participant 26: I’m satisfied. I work hard. I own a management company where I look after the next generation of athletes. I am making sure they have someone to talk to and steering their career paths. I guess you do look differently at your achievements. Now that you sit back I look at my record and realise I wasn’t as bad as what I thought I was at the time. At the end of the day I think I was lucky to be allowed to play a game that I love and earn a living from it.

Participant 42: I’m satisfied but I’d like to be earning more money. I liked the structure that swimming gave me. My proximity to swimming helps me to see the benefit of having been an athlete. I’ve been educating myself and developed my academic skills.

Participant 28: I’m satisfied but I hated getting beaten on the field. I wanted to get over the epilepsy because I hadn’t enjoyed life for 20 years. After the operation, it was an opportunity to start enjoying life again after a long period of being in neutral. Everyone goes through their
“what ifs”. You wonder if you could have done things differently. My wife said I was back to what I was when I pointed out the mistakes she was making on the road. I’m back in the driver’s seat.

The theme emerged in the next section regarding the relationship between unsatisfied with sporting career/unfulfilled self-expectations and intense downward spiral after retirement from sport.

Those who were not satisfied with their sporting careers cited “family life” and “relationship problems” as their main issues. This sub-group felt they “could have done more” exemplified by other comments such as “some regrets”, “emotional rollercoaster”, “short-lived” and “should have given myself more time to heal”. They were mostly constrained by financial pressures, work and/or study demands, unemployment, problems in relationships or at home as well as bereavement. This is the group who didn’t achieve what they wanted from sport and as a result they had the most severe and intense downward spiral in the years after retirement as a result of the disappointment from not fulfilling their own expectations including after retirement from sport.

**Participant 49:** Using my talent to my full potential and winning and performing on stage were my best achievements. At the time I was in the zone and couldn’t see past dancing. I wish I had returned stronger after injuries and got help for my mental health.

**Participant 33:** I was unsatisfied with winning World Titles. I won 5 of them. I wanted to win an Olympic Gold but was injured when I was on track to win just before my last Olympic Games. I finally realised towards the end of my career that I have done all that I can.

**Participant 34:** My initial goal as a five or six year old was to make the Olympics. My goal back then wasn’t to do anything more. It was when others talked about possibilities to do with my performance that I took on others’ ideas for me. I rearranged my thinking from outside influences. I was trying to live up to others’ expectations for me. My advice to other athletes is to
feel content with what you have achieved. It may not be all you wanted but it was the best you could possibly do with the time you had.

**Participant 35:** I didn’t get to do what I wanted. On a spiritual level I’m OK but I get a great angst when I watch upcoming events.

**Participant 15:** I do actually look at my achievements in sport differently now. I was regretful when I retired. Many aim high but few achieve a gold medal. I thought I had wasted 20 years when I didn’t reach the heights that I had set out towards. I have matured since then. I appreciate it more now after 4 years of retirement. It was difficult to appreciate my achievements when I first retired.

**Participant 36:** I’m always searching for the job that challenges me and satisfies me. I’ve had some great roles that I’ve enjoyed immensely. I’ve done a lot for charities over the years which I’ve really enjoyed.

**Participant 20:** I aspire to do other things in life. I grew up in coal mine towns and there were thoughts to come back to that life.

**Participant 27:** I wish I could keep playing.

There were those who valued their achievements but this was mentioned the least. It was interesting how some athletes listed their achievements without being asked to. The elite athletes who were proud of their achievements in sport were the better adjusted members of the interviewed group.

**Participant 4:** My perceptions of my achievements haven’t changed in retirement from Rugby. I am proud. I over achieved for my capability and effort. I’m content. I was lucky to play with the greatest players in the world. They were a great inspiration from the age of 10. I don’t have any issues with where I got to.
Participant 31: I am proud of my achievements. I was at the time and I am now. I appreciate them more now than I did at the time. I don’t think of them often.

Participant 9: My perceptions of the achievements remain the same. However, the body has paid a big price.

Participant 37: I competed for 20 years and achieved a gold medal. No, I don’t look at my achievements differently now because I speak about them all the time. It makes me feel good about it. I am proud of what I achieved. I have stories and mementoes.

Participant 18: Yes, totally. I have no regrets. I was in the top 5. Then I took 5 years off and won the World Titles.

Participant 21: I played cricket for my country and my state. I don’t look differently at the performances now any differently from then.

Those who were satisfied with their careers had to deal and overcome a number of pressures, issues and stressors outside of sport. The external influences of financial pressures, family life, work/study demands and relationship problems beset the athletes who were satisfied with their careers. The biggest life achievement that these participants described was overcoming a downward spiral and becoming more balanced.

Participant 42: The Olympic Gold medals were not everything to me in terms of my achievements. The real achievements are things like pruning a fruit tree or writing a book. I developed life skills such as using a software package.

Participant 28: My achievements on the footy field are self-explanatory. I was determined to beat the challenges that I had post-operation. My wife has said that my biggest achievement was coming out of post-operation depression and living life like I am now.
There were some participants who “don’t spend much time thinking about it” in terms of reflecting on their achievements. All of these participants had become well-adjusted to their life after sport after working out who they are and what they want to do. This transitional period proceeded retirement from sport when the downward spiral was most pronounced.

**Participant 8:** My brand is an ex-athlete with a sporting personality. I was proud at the time about winning Gold at the 1988 Olympic Games. I have no swimming memorabilia on walls now. I don’t want to live in that moment.

**Participant 13:** I never considered myself a footballer in many respects. It wasn’t me. I don’t look at my achievements that often.

**Participant 24:** I had a very rewarding football career. I worked until 1995 … I was a part time footballer. It was full time from 1995 onwards. I loved making money from footy. Looking back, you just do the best you can and rewards come, so do disappointments. I don’t reflect much on it, my football career paved the way for me to do other things such as coaching, commentating and writing a book.

**Participant 29:** I don’t spend a lot of time looking at my achievements, medals etc. I was most proud of my achievements in 1996. My kids are prouder of my achievements than what I am. That was a chapter 10 years ago.

**Perceptions and expectations of self**

In terms of the athlete lifestyle, there was no stand-out pressure, issue or stressor. However, it was evident that public scrutiny/pressure was moderately related.

**Participant 10:** The highs and lows are more pronounced because you are exposed to the world in what you are doing.
Participant 39: I was injured in the early stages of my career which was associated with pressure.

Primarily, it was media attention and pressure from others’ opinions which the athletes were most concerned about. The “total identity” of being an elite athlete, “being a role model” and “fame” were the other responses. The following response indicates how difficult it may be to identify a downward spiral of an elite athlete because they are portraying an image built on expectations (both their own and from others) and wanting to succeed.

Participant 39: I expected to win especially when I started to win. I wanted to prove my worth. I wanted to be a positive role model in and out of the water. I expected myself to be positive and optimistic. Being happy and bubbly was sometimes hard. I perceived myself as accessible: What you see is what you get. Don’t believe everything you see: I was sometimes outwardly confident and under control but inwardly struggling.

Outside of sport

Outside of sport, the most common issues were about finding a sporting career/life balance. The most common responses were financial pressures, work demands, relationship problems, family life and study demands. Therefore, it was evident that there were issues for some athletes to juggle a number of competing demands upon them.

The following response was from an elite athlete who was not immune to a downward spiral but found a sense of relief from his retirement from sport. It indicated having a career plan for a life outside of sport was a key factor to adjustment to life after sport.

Participant 13: I retired because I had enough of playing and wanted to do other things. It was a relief moving on to the next stage of my life. There was no sense of wishing I was playing again or missing Rugby. However, it was not without nervousness. I was stepping out to a world that was new. I sought to learn about bigger business and learn about the bigger picture.
Sometimes one aspect of life outside of sport was not adequately satisfied, such as not being able to work, not having enough money, not having enough time for work or study or having quality time with friends, families and partners. Supporting this was mention of problems at home, unemployment and bereavement. Although these were not common themes in the overall responses, it demonstrates that athletes are not immune to everyday issues, pressures and stressors. Sometimes it is even more pronounced for them if there is not the support there to compensate for their devotion to sport. It is a time consuming process in becoming and being an athlete and then suddenly when that all stops, it leave a void which can manifest into a downward spiral unbeknownst to the athlete.

**Participant 15:** Retirement was hard to accept as reaching the elite level is a 15-20 year process. It takes time away from you and you want success now. However, success doesn’t always translate out of sport. It’s a big time commitment and you are more managed as an athlete. I integrated some ignorant thinking into life outside of sport.

Athletes were under pressure to win, not just from themselves but also from their clubs/sporting organisations and supporters. This was supported by responses that indicated that this lead them to “train hard” and to have “total commitment”. The only discernable difference between individual and team sport athletes was that the latter felt obliged to not let their team mates down on top of all else. The following response supports the relationship between pressure and high standards for one’s self.

**Participant 35:** I am an obsessive person. I give 110%. Skiing was meant to be. I had a high oxygen update and the perfect build: strong, muscular and lean. I wanted to do what no-one had done before: a force to be reckoned with. It was an extraordinary achievement and exciting to putting Australia on the map for skiing.

Changes in perceptions and expectations of self and career is related to experience of sports injury. Those who were satisfied with their career were most likely to have been frustrated, uncertain about their future and miserable when they experienced a sports injury. This suggests
that a downward spiral is never far away for elite athletes who are satisfied with their career, as the negative consequences of a turning point beyond their control can mean a large fall.

**Participant 33:** I felt like the wheels were falling off. I was constantly injured. If you put your head in the lion’s mouth, you can expect it to get bitten off. I loved aerial skiing. All the hardships were worth it because of the love of the sport and the acrobatic expression. I was not doing it for money, glory or representing Australia. It wasn’t even on the Olympic program when I started. I wanted somewhere to somersault rather than on a trampoline. It was an absolute want of mine.

A downward spiral is described by the following participants as being related to low self-esteem and not achieving goals because of injury and sickness. After the participant achieved more balance in their life, it helped their performance in surfing.

**Participant 39:** It’s all relevant to timing. I was frustrated in the early part of my surfing career. I was desperate, focused and driven to achieve the goal I set for myself. I was mentally beating myself up (self-esteem issues) and suffered from injury and chronic fatigue early on in my career. I became more accepting of the challenges. My surfing performance was no longer the “be all, end all” in the latter stages of my career. I learned about myself, listened to my body, gave myself time to heal and recover and not push myself too far outside of normal constraints.

There were a few cases that welcomed injury as a way out of sport and the resultant downward spiral was not because solely because of the injury but also because of failed relationship and mental ill-health which needed to be addressed. The participant described the injury as a catalyst which changed their perspective on life. The following excerpt demonstrates a case a downward spiral as a result of a career-ending injury, coming to terms with a new identity outside of sport as well as recovery from an in-depth period of introspection and healing.

**Participant 2:** I think the injury was a physical thing. It didn’t change my perception of myself other than I was extraordinarily lucky to be alive and walking. It definitely changed my perspective. I was never allowed to play rugby again. The reason I was lucky was because of my
quality of life. With retirement, there’s a hard period which a lot of guys struggle with. It’s hard
to know whether it was the retirement, the divorce or the Attention Deficit Disorder (ADD)
which was giving me a difficult time. It was a very difficult period. That would be fair to say. It’s
difficult to come to terms with what occurred. I needed to learn lessons from my injury and
retirement. The injury saved me in some way. It led to my separation, divorce, diagnosis of ADD
and my identity. I really suffered from the injury and it made me a better person in the long run.

The following response described a downward spiral as part of their journey and how it took
time out from sport to reflect and recharge in order to effectively recover.

**Participant 29:** My perception of myself changed when I battled depression. I have a much
better appreciation of myself than I did then. I am a much different person now. I wasn’t sure
who I was then. I know now in retirement that I have a greater appreciation of myself. Footy
helped with that journey.

**Perfectionism**

Athletes have high levels of perfectionism. There can be both positive and negative
perfectionism and most athletes are positive perfectionists, in that they train to the point of their
personal best or improving their performance as opposed to negative perfectionism, where they
become obsessed and over-train to the point of burn out. However, this is a group of people who
have a “fear of failure”.

Perfectionism was the most common theme for self-perceptions among the group. Supporting
this very significant theme were the common responses of being determined and having high
standards.

**Participant 6:** I have high expectations on everything that needs to be done. I drive others just as
hard.
Participant 37: I would train and consistently strive to get better at my sport and life outside of sport.

The following response describes how negative perfectionism was dichotomous in that it led to achievement in sport but also set them up for a downward spiral outside of it.

Participant 29: I was a perfectionist – it was 110% or nothing. I was an obsessive trainer. I had a predisposition to find myself in the position I was in (depressed and alcoholic).

The goal-orientation for achievement was evident in the next most common responses, “always do your best”, “want to be a champion”, “obsessive, “fear of failure” and “wanted to prove myself”. It needs to be clarified that in this thesis, athletes who won world championships are referred to as “champions” so those who expressed they wanted to be a “champion” were understood as in pursuance of that goal. The next responses are examples of the relationship between goal achievement and positive perfectionism.

Participant 4: When I commit to something I can be a perfectionist. People can be overwhelmed by me. I give 120% all the time. I don’t drive others as hard as myself. I am goal orientated.

Participant 33: I was absolutely a perfectionist. I found I was never perfect and I don’t think it’s possible but it’s nice to try and achieve it. My big thing was that I wanted to do more tomorrow than I did today. That’s how I kept at the top for so long. I never gave myself an excuse to be lazy or to do less. I always had my foot on the pedal.

Participant 10 provided an example of some of the key emerging research themes. There was a relationship already established between linking achievement with success and high expectations of self. There is a theme emerging that this points to stress. Another theme emerged in the text: persistence/overtraining are related to both positive/negative perfectionism which suggests a point where persistence and overtraining are beneficial and then it becomes a negative as a result of a taxing effect on the athlete.
**Participant 10:** I would do things over and over to be better. I would set out good goals and training sets to improve from the past. I was always in the mindset that I would keep doing it until I got it. My best and worst trait is my persistence which goes with the perfectionism. I hate it when something is not right. I am obsessed with doing things even when I can’t do it. Your best trait is your worst trait. I’ve realised that in myself - persistence is that trait.

**Participant 10:** Stressors came from my own expectations. Performance was the number one stress that I constantly dealt with. Training and racing was highly stressful when I wasn’t fulfilling that.

The following participant described being determined and having high standards but did not identify with being a perfectionist. This participant was focused on doing their personal best but this linking of achievement with success (linking) led to an experience of a downward spiral in retirement from sport.

**Participant 12:** Not really because perfectionists are always unhappy. Sometime I had to learn to be happy with giving the best that I could. Being the best was the goal. Some days I was and some days I wasn’t. I figure if I could do it better for longer my performances would be set in gold instead of silver. I just try to commit to excellence. Persistence and talent is the only recipe for success.

There were some responses which recognised that they had unrealistic expectations as a result of perfectionism whilst they were an athlete. This wanting to achieve in sport was transferred to wanting to be the best in life outside of sport. The performance mindset is a part of what sets up a downward spiral for this group when the protective factors of sport no longer prop them up.

**Participant 50:** I started university and I just couldn’t manage the two demands at the same time. The perfectionist in me expected that I should be able to succeed at the highest level of both my sport and study at the same time. The fact that I couldn’t maintain this affected my self-esteem.
**Participant 1:** At times I wanted to be perfect. I became more of a perfectionist. Then I went through phases knowing you can’t be perfect. I tried to be as close as I can to being perfect. I have aspects of perfectionism but try to fight against it or you will feel like you haven’t achieved much. Your whole world revolves around sport and being the best you can.

There were a few responses including “risk taker”, “isolated” and “selfish” which were self-perceptions that they had as athletes. These participants had later come to terms with their mental ill-health in retirement (after a downward spiral).

There was a distinct relationship between perfectionism and overtraining and to a lesser extent with burnout and fatigue in its various forms. Overtrainers reported high standards and always striving to do their best. However, this group had unrealistic expectations and their determination often resulted in a downward spiral.

**Participant 50:** I’m ambitious and have an eye for detail with regard to perfecting techniques – which was frustrating at times because it would get in the way of my instinct. I was known to be an “over thinker” with regard to my training and performance. I set incredibly high standards and expectations for myself and was hard on myself when I made mistakes or didn’t live up to what I thought I was capable of. Sometimes I think my perfectionism paralysed me from being able to put myself on the line and take risks whilst performing.

**Participant 44:** I’m definitely a perfectionist. I’ll stay after training to attempt to perfect something or at least get it to a level that I’m content with for as long as it takes (within reason). If I play average at a competition that I know I should have done better at, I’ll be annoyed with myself for not performing well. Sometimes it begins with negative perfectionism.

The following participant experienced chronic fatigue. Her downward spiral was borne of a fear of failure, determination and excessively high standards of herself. Once she realised she had unrealistic expectations of herself, she was able to adjust and achieve greater success in sport.
Participant 39: I had Obsessive Compulsive Disorder and a fear of failure. I really know how I want things done and do it to the best of ability. I was a hard task master but learned to lighten up on myself. It’s unrealistic to have such high standards. A champion is made, not born.

The positive perfectionists within the study group (approximately a third) were more likely to be happy with their current life after retirement from sport.

Participant 40: Yes as an athlete. I think I grew out of it. Not so much outside of sport. It is often the gifted and talented who don’t succeed because the moment it’s tough, they give up. It can eat up people who want to write a book but don’t do it because they are a perfectionist. It is more important to get on with and finish it rather than making it perfect. Do better next time. There’s a speech you prepare and speech you give.

The perfectionists who experienced a downward spiral in their retirement include those who found it difficult to lose their sporting identity, were unprepared for retirement with no transition plans from their sporting body and/or felt dumped by their sporting body.

Participant 9: Anyone that aspires at improving everyday has to be at least 95% perfectionist. I was always prepared and ready to put an extra 25% to any activity in training (skills practices = countless repetitions). With time and particularly now with my knees, I feel very disappointed and angry with the Australian Rugby Union (ARU) for not assisting me before and now or offering me some form of protection after all the years of National team glory achieved.

The negative perfectionists most often pointed towards long-term injury as forcing their retirement which caused a loss of a goal and identity. A downward spiral occurred in this sub-group as a result of their obsession with their self-perceptions as an athlete and desire to be a champion. So when they were no longer able to compete and reach those goals, they felt worthless and did not know what else to place their self-value upon.

Participant 8: I was goal focused as an athlete and a manic compulsive. I was so successful during a part of the recession. Then when I couldn’t train because of injury, I was depressed,
couldn’t cope and was sad to look at. My whole self-worth was wrapped up in results in the pool. I lost my identity and didn’t know who I was when I retired.

**Stressors**

In terms of the athlete lifestyle, there was no stand-out pressure, issue or stressor. Athletes mostly put pressure on themselves to perform which resulted in stress or anxiety.

**Participant 11:** I had a social anxiety disorder for which I was not medicated for until the last 2 years of my football career. I would play 5 quarters instead of 4 because of the anxiety before games. I had bipolar disorder with 5 manic depressive episodes. I would get too excited. I had a fear of failure and a fear of the unknown.

**Participant 28:** Stress is self-controlled. It can be controlled by your performance on the field. Fortune can influence the outcome of a game. However, 99% was controlled by the input of the players. I was only comfortable in losing in knowing that I gave 100%. Otherwise I was dirty on myself and the world.

The following responses indicate that it was important to know when to let the lid of pressure on one’s self or it would bring on a downward spiral.

**Participant 33:** The pressure and expectations were mainly from me. I made a lot of sacrifices and pushed myself every day. I had an ego but when I took off my suit and helmet, it was gone. I wouldn’t bring that back to the hotel room. I would return to normality when having a shower. Continuing that level of intense thought would bring a fall or mental burnout.

**Participant 15:** I strived during my swimming career to get the best out of myself, to be someone, to be the best you can be. I had no outlets for a passion or focus. It took time after sport to find it. My rewards were in swimming. I later had to find myself.
Media attention and pressure from others’ opinions was related to stress at times for athletes. Participant 10 provides an example of the ‘total identity” of being an elite athlete as related to stress. This is another stressor to add to this case’s list (as an example of the accumulative effect of stress).

**Participant 10:** There is a sense of ownership of you, to people you don’t even know, you’re a bit like public property. Sometimes everyone loves you when things are good but sometimes people’s opinion of you can change around you depending on what happens in the media. There’s a whole heap of varying factors. That can be stressful.

The following response indicates there was an accumulation of high and lows in sport, pressure, stress and issues associated with being an elite athlete that led to a downward spiral.

**Participant 18:** I missed home and the latter part of my childhood. I was homesick and stressed out. So I quit for the first time. I felt pressure to go for it in dangerous surf conditions. I lost interest in the pro tour in 1987 after peaks and troughs. It was a breakdown waiting to happen after a fast and hard life. I was in the public spotlight and was under a lot of pressure at a young age. After mediocre results, I experienced frustration and disillusionment and didn’t have the maturity to see a breakdown coming. I was a lot more mature when I came back the 2nd time round.

The pressure to conform to the expectations of others in the sporting world was described by the following participants as a sore point and led to a distress when coupled with financial pressures.

**Participant 6:** I was trying to juggle work and sport. It was full on and very difficult. Rugby was second after work responsibilities. There was pressure to do the right thing by the sport and by the team.

**Participant 42:** I analysed it when asked to do impossible things. I felt uncomfortable doing public appearances and dressing appropriately as well as the small talk. There was a pressure to be the swimming champion. At the time, there were no professionals in swimming. It was not
professional until the early 80s. I lost my amateur status when I accepted some financial benefits. I was ultimately not fulfilled with my swimming career because it was cut short because of this. In retrospect, I was asked to do things that I was not capable of doing. There were lots of demands upon me and no sensitivity or nurturing.

**Outside of sport**

Outside of sport, the most common issues were about finding a sporting career/life balance. The most common responses were financial pressures, work demands, relationship problems, family life and study demands. Therefore, it was evident that there were issues for some athletes to juggle a number of competing demands upon them. Sometimes one aspect was not adequately satisfied, such as being able to work, not having enough money, not having enough time for work or study or having quality time with friends, families and partners.

**Participant 50:** I experienced financial stress. I had eating difficulties for a while regarding dieting. My study and sporting demands would conflict and I found it incredibly stressful. I had less time for other recreational or social pursuits. I missed out on relationships – it’s a loss of time and a sense of connection.

**Participant 3:** I don’t have a long enough concentration span. I constantly need a challenge. I can’t stay with one organisation for more then 2-3 years. Once I get bored I have to move on to the next challenge to be satisfied. My ultimate strength is to understand my weaknesses and be happy with them both.

Supporting this was mention of problems at home, unemployment and bereavement. Although these were not common themes in the overall responses, it demonstrates that athletes are not immune to everyday issues, pressures and stressors. Sometimes it is even more pronounced for them if there is not the support there to compensate for their devotion to sport. It demonstrates the accumulative stress from sport which when compounded with outside of sport, brought on downward spiral.
Participant 11: I had violence in my upbringing and a family history of bipolar disorder. I was consistently in a high manic state since I was 15 years old. I had anxiety since I was 9. I was not medicated until I was 30 but then it was for depression and anxiety which led to me being out of control because I actually had bipolar disorder.

The pressures and stressors off the field can leave some athletes feeling uncomfortable in public arenas and socially isolated.

Participant 1: I found pressures and stressors off the field far worse than on the field. I felt more at home playing the sport. I didn’t want to talk to people who I couldn’t relate to. I struggled being myself.

Participant 12: For me the biggest thing I noticed is the responsibility that I needed to have. Everyone stares at me where ever I go. It is normal now but at first it is unnerving.

The following excerpt demonstrates that the downward spiral during a sporting career is usually offset by getting up and competing and it is usually after retirement when the vortex of ups and downs spiral out of control.

Participant 2: Any difficulties you have are postponed by your playing career. You see a lot of guys who have had difficulties. When they are playing, they just keep on getting up and focus on the weekend game. When they are playing, their difficulties are there but nowhere near as bad as they guys who’ve stopped playing and things really crash down around them.

There were some cases where the financial rewards for being an athlete had greatly increased over recent eras and pressures, stresses and other issues have also changed. This also had an impact on their perceptions of support from sporting organisation and experience of downward spirals.

Participant 18: I had troubles focusing; I was travelling a lot and consistently away from home. People wanted to get to know me. I experimented with drugs, I was using cocaine. It’s the story
of the chicken and the egg. Was it the dodgy results or the partying? I was on a downward spiral and lost my way. I pushed the absolute limits.

**Participant 28:** Football wasn’t about the money when I was first playing at the elite level. I used to get $3-4000 a year, now guys get 2 or 3 times that a game. We won three premierships but the club was broke. We didn’t get paid. We were paying 18.9% interest on loans in those days. Guys were taking out loans to pay out loans. Sadly, one guy hung himself. You try and explain to people what was going on at that time but you cannot explain how difficult it was. Whether or not you owned or rented, it was a battle. There were those who could afford and those who couldn’t afford and there was a big division between the two groups. I loved being involved in football but the financial status of the sport was at an all-time low.

The accumulative effect of stressors is evident for Participant 10. There is further support in this following quote for the previously mentioned relationship between linking achievement with success and high expectations of self and stress. The following response also demonstrates a relationship between pressure/stress, destabilisation and striving.

**Participant 10:** The burden of being constantly exposed to stressors brought out the best in me. In my eyes, these were challenges that I liked to take on. Sometimes you hang your head down but you quickly bring it up and say to yourself, “Bring it on”. When I am slowly destabilised and thrown in the deep end, that for me it is a challenge I like to take on. I like to know whether or not I am capable of doing it. So I’ve always operated better in that environment and subconsciously put myself in that space because I like the challenge of pushing myself. You sometimes go through a stage where you ask yourself why you are doing this. I personally managed to get through that relatively quickly and realigned my goals and rolled up the sleeves and did what I had to do to get the outcome I was looking for.

The following is an example of how fear of failure is related to stress.
Participant 34: I used to race scared because my mother would be disappointed otherwise, even angry at me. I would race scared of not doing a good time. Mum felt she was encouraging me but I felt it could have come out in a different way. I lived in fear of not making the team.

The scrutiny by the media and public into athletes’ personal lives was a theme associated with stress.

Participant 29: My sport was my world so could there be relationships and outside influences? I was living with mental ill-health. I resented football for what it did to my private life. The stressor is that there is a price to pay for being a pro footballer. I couldn’t escape it in Victoria and then in Sydney I could – I could walk out in the street without being bothered.

Injury

Most of the elite athletes had experienced a sports injury. Injury requiring rehabilitation was a very common theme in the study with 75% of respondents having experienced it out of the 93% who had experienced an injury. A quarter (25%) of this sub-group retired because of an injury. A further 10% retired because of life changes.

Experience of injury was mostly related to feelings of frustration.

Participant 23: I am frustrated with a back injury that I have now. I’m turning 50 soon and it’s preventing me from getting things done. I haven’t seen the light at the end of the tunnel.

Injury was devastating for some, where as some responded by ignoring the pain to keep competing. Persistence through injuries and accumulative stress and pressure led to psychological distress and a downward spiral in the following cases.

Participant 30: I had back surgery in 1992 from Gymnastics. I had to quit my sport due to injury. I played Volleyball with screws in my back. I had physiotherapy for knee problems,
shoulder aches and pains. In 2001, I had surgery on my right knee. I was immobilised for one month and became depressed.

**Participant 11:** I had 20 operations including for my shoulder, 4 hip operations, 4 ankle operations as well as plates in my hands. My mind and body fell apart towards the end of my career.

Some cases used the time out from sport because of injury as a chance to recharge and reflect. These following responses demonstrate that elite athletes often experience short intense and severe periods of a downward spiral which they work their way out of. They describe using time out from competing in sport to balance out their physical and mental health.

**Participant 2:** A season ending injury can be a blessing in disguise. It’s like the body cannot take the full rotations. Some guys come back stronger after a break.

**Participant 13:** My injury helped me in a sense to recharge, recover and reflect. A long term injury is easier to handle than a short term niggling injury because with a long term injury you can work towards a goal to fix the injury. A short term injury is a strain on your psyche.

**Participant 38:** I took it as an experience. I did other things with my time, strengthening programs and watched videos. I became a better athlete because of it despite it being a setback at the time.

It was common for the elite athlete to list their injuries off the top of their head which demonstrates the physical understanding of their bodies. This doesn’t always translate to an understanding of their mind. Perceptions on injury were mostly related to the intensity and severity of the injury as well as the eventual consequences of it.

There was a theme of accumulation of injuries contributing towards a more serious injury because adequate recovery did not happen.
Participant 2: I broke my arm in a tackle in 1999. My rotator cuff was injured in the right shoulder, broken right hand fracture in 2001. I had heavy cartilage damage in my left knee at the start of Tri-Nations in 2003. I wouldn’t say definitely that I was hurried back into playing again but I think that was probably what helped cause the injury to my neck. I was definitely asked to play in games that I didn’t want to play in. I then played and collapsed in the game. I was out for the next 8-14 weeks. I was then rushed back in to play again in the 2003 World Cup. I injured my neck in my fourth game back. Cevlex C2/C3 spinal injury to top 3 vertebrae in neck in 2003 – it was a career ending injury.

Frustration, trauma and misery were the main consequences of long-term injury, eventually leading to an intense and severe downward spiral.

Participant 9: During my career, I didn’t have many injuries; three broken teeth. However, the extended damage to my knees has left me for the last 10 years (2002-2012) practically crippled needing two knee replacement operations (I am unable to walk unaided). I’m hoping to have surgery very soon.

Determination to get out of a downward spiral and compete again was evident in this response.

Participant 33: It was bloody traumatic. I chose to get on with it and not let that trauma take me down. Some athletes won’t ever do the sport again because they don’t ever want to go through it again. Most people would give up. I didn’t want to limit myself. It was an incredible way to deal with it. Nothing was too hard for me to overcome. When things get hard, I don’t think it could ever be as hard as what I did in aerial skiing. It didn’t enter my mind that I wouldn’t be aerial skiing again.

Other themes includes that athletes quit the sport, loss confidence, took a long time to recover or struggled to stay in the team. Psychological consequences appeared in these themes where there was an injury-forced retirement or severe injury forcing them out of the team for a long while and subsequently worrying about their position and whether they would get it back.
Participant 3: I had three knee reconstructions on my left knee. It was a significant injury as it put me out of the game for 2-3 years and led me to retire at 26.

There was only a weak theme indicating financial ramifications as well as loss of prestige were related to injuries and a resultant downward spiral.

Participant 8: The injury owned me and I was so stressed out about it. The physio would say it will take a long time but I wanted someone to say it was going to be fixed sooner. I had a great deal of commitment from sponsors, performing for family and Australia.

Participant 36: My infected wisdom tooth destroyed my dream of Olympic gold. It took me 3 years before I could talk about the Olympics without bursting into tears. I was embarrassed and didn’t go to any Olympic functions. It shattered my self-confidence.

Negative adjustment was represented mostly by “difficulties accepting my limitations” in relation to injury. For these participants, it was a hard climb out of a downward spiral but later on when they recovered, they perceived it as one of their greatest achievements.

Participant 33: I had a lot of injuries and 24 operations. I have had to rebuild myself time after time. There are numerous complications which will probably resurface later on e.g. I broke my knees, back, face, hand.

Participant 39: I had a debilitating neck injury. I had no surgery but had 5.5 months out of the water. I have had a smashed face and torn knee.

Participant 28: Driving became a challenge because of epilepsy. I had previously shied away from socialising for fear of having a seizure. I went to pains to keep my condition private.

There was a theme of positive adjustment and experience of career-ending injury. Those who changed sports after a serious injury pulled them self out of a downward spiral facing up to the
reality that they would suffer even further if they persisted in their previously chosen sport. Such cases chose to adapt by looking at the benefit of their situation.

**Participant 2:** I was not in major shock at first when I received my neck injury. Adrenaline helps you though. When I was in a neck brace in hospital, I was wondering if I would be able to play in the World Cup final the next week. There were a lot of people around at the hospital. The doctor told me that I should be a quadriplegic and to buy a lottery ticket. I saw people who were quadriplegic in hospital and it hit home. The impact on my career and life circumstance was that I realised how lucky I was.

**Participant 5:** If I was locked into one sport since I was a kid I would be manically depressed. I would have chronic fatigue. I’d be on all kind of complicated programs and medications to keep me in the sport. If I’d kept going through all the injuries in one sport, mentally I’d be in a very sad state. Adapting between sports is a big difference between me and most of the athletes I know.

There was a relationship between mental ill-health and high achievement in sport represented by a downward spiral as a result of injury-forced retirement. There is a further relationship between physical/mental distress as well as relationship issues in this group.

**Participant 11:** I had my arm in a sling when I retired. I had three operations on my hernia, hip and shoulder. I was mentally struggling. My style of play was going out the window as I couldn’t hit into bodies anymore. My body was changing. I had a year left on my contract but pulled the pin early. My marriage had collapsed and I was in the depths of despair for 3 months.

**Relationship of sports injury to psychological distress**

Of those who had experienced an injury, there was a relationship with experience of psychological distress. In some of these cases, it was the resultant retirement/life changes as a result of injury which led to psychological distress. Another sub-group experienced psychological distress before injury, retirement or life changes but this was not a significant
finding. Half (50%) of the overall respondents experienced an injury before psychological distress so this relationship between injury and stress was highly reported in the overall group.

The most common relationship between experience of sports injury and psychological distress was frustration associated with general distress with half of these 8 respondents also reporting depression, a quarter (2) anxiety and suicidal ideation (2) and only one suicide attempt.

The most common theme among those who retired because of their injury was that they received no assistance from their sporting body. Some received assistance from physiotherapists, others from family and friends.

**Participant 9:** At the time I was probably more accepting and understanding of my consequences. I did not see the long term effect of my injury and illness. I experienced psychological distress first with bipolar disorder and now my knees. I have now a dual disability that require medication, treatment, money and are both are very debilitating. My quality of life has suffered substantially in the last 10 years. It has eroded my confidence and self-esteem. It has rendered me at home and I am restricted of movement. My employability has been reduced to “0” and I have no retirement fund. Today rugby is professional and lots of money is wasted on many unnecessary things. An ex-players fund should be instituted for people like me that do not have a paid job and is struggling to move around. Only some ex-Wallabies are looked after and given attention, the rest get dumped and ignored by the hierarchy.

The main consequence of injury to career and life circumstances was the distress of not competing and the resultant loss of fitness and selection struggle to get a position back.

**Participant 22:** I had ankle, back and shoulder injuries. It wasn’t an easy process but managed to work my way through them. A silver medal at the Olympics was my biggest achievement after a shoulder operation.
The following case is quite typical of the group in that she often competed with injury and in pain and discomfort. Injury-forced retirement was a minor theme, as were comebacks. This supports the theory of striving towards an upward spiral after a downward spiral.

**Participant 30:** My perceptions and expectations of myself changed when I was injured. I played a lot of my sport in pain. I have a high pain tolerance. I retired 3 times from volleyball and changed from indoor to beach volleyball. I lost my identity when I retired from sport and thus returned.

Those who experienced sports injury were more likely to experience acute symptoms of psychological distress.

**Participant 48:** My lifeline was lost in not being able to train or compete because of injury and I ended up in hospital because of depression.

**Participant 45:** Injury was followed by the distress of having to deal with time off training, rehabilitation and the associated costs. This is when negative thoughts start to creep in (will I ever reach my goals, will I ever be able to train injury-free etc.).

**Participant 7:** Injury came before psychological distress. I suffered from a long period of depression throughout my career. It happened as a chain reaction: I was injured and didn’t have anything else in my life and was not able to do work.

**Participant 11:** Injury came before psychological distress and led to my retirement and onto a path of destruction. I rebelled against everything for 8 months after 12 years of a regimented lifestyle. There was the case of a player from Fremantle who had Post Traumatic Stress Disorder and took the AFL to court. He had depression from his injuries.

**Participant 35:** I had self-esteem issues when I was recovering from my accident and had a walking frame. I didn’t want to be a disabled person for life.
**Participant 37:** I was depressed after the first knee injury. I felt hopeless wondering what to do now. My friends were still in sport when I was forced out with injury. I was the best in Australia and then I could not even enjoy it. It took 3 major surgeries to fix it. I was walking with a limp. I got myself back, step by step.

The respondents whose injury led to psychological distress and a downward spiral were particularly at risk for suicidal ideation and attempts. The following examples demonstrate the emerging theme of post-injury trauma and relationship between injury-forced retirement and relationship issues. There is a theme of transition; a ‘process of time’ with suggestion for such a period ranging from 18 months to 3 years.

**Participant 2:** With the injury, people tell you that they miss you and wish you could still play so you actually become a better player in retirement. I feel sorry for the guys who get told they are no longer needed by their team – there are the ideas that you could have done better and things like that. So I was actually really lucky when I retired. When I came into retirement … I still had further to fall … I separated from my wife and I had the diagnosis of depression and I started to get some horrible anxiety. I had to then claw my way out of that … I would say that was a process of between two and three years.

**Participant 8:** Injury caused me a huge amount of stress from not being able to swim. In 1991-92, I had a really hard 18 months. I retired due to divorce. The bust up was very toxic and very difficult. Swimming fell by the way side. I retired and went into the media.

The respondents who described their injury as “devastating” were more likely to report suicidal ideation and attempts but this was only experienced by a small group of respondents.

**Participant 35:** My accident and resultant injuries came before psychological distress. It was going so well in training. In hospital, I was slightly delusional. I got home in a wheelchair and reality hit. I was devastated and had suicidal thoughts – I was 24 years of age.
The following cases experienced psychological distress before injuries. There was a minor relationship between prior experience of psychological distress and adaptive coping after an injury.

**Participant 6**: I felt distressed when I was working undercover as a policeman in my early days of playing Rugby for Queensland. When injury happened, I kept training as hard as I could and waited to get my position back on the team. You can sit there and suck your thumbs or get on with it.

**Participant 12**: The older I get the more I realise that depression is a state of mind. Once I could remap out my plan to get back to the field, I was focused again. Easy said than done sometimes but that is what I had to do. That was in addition to having lots of things going on. That way your sense of self-worth isn’t just about how you are playing.

The following participant described a long-term downward spiral which manifested as a relationship between experience of depression, low self-worth and alcohol abuse. There was demarcation between psychological and physical stress whereby injury is something that elite athletes can more easily get back up from.

**Participant 29**: Psychological distress came first. I had depression for 6 years. It was very difficult to do daily activities and function as normal. I drank to hide what was going on with my emotions. I was disappointed and this was how I dealt with it. Your self-worth is closely tied to your depression … it gets stripped away by the depression. Physical stress is from performance, competition and injury. You rise to the challenge.

There was a significant relationship between psychological distress and concussion for those in contact or potential heavy impact sports. These participants reported experience of depression and suicidal ideation. Anxiety levels and suicide attempts were also higher in these cases. This suggests a link between experience of heavy concussions and intense and severe downward spirals.
**Participant 28:** I had 40-50 heavy concussions in my career which was at least 3-4 a year. A doctor’s jaw dropped when he heard that whilst investigating my epilepsy (and experience of suicidal ideation after a brain operation).

**Overtraining, burnout and fatigue**

Overtraining can be described as a point where a person may have a decrease in performance and plateauing as a result from failure to consistently perform at a certain level or training load exceeds their recovery capacity (Stone, 1991).

Burnout is a psychological term that refers to long-term exhaustion and diminished interest in work. Burnout has been assumed to result from chronic occupational stress (Alarcon, Eschleman, and Bowling, 2009).

Chronic fatigue syndrome (CFS) is the common name for a medical condition characterized by debilitating symptoms, including fatigue, that lasts for a minimum of six months in adults (Evengård, 1999).

There were high levels of overtraining amongst the respondents with more than half of participants having experienced it. The next response is an example of the relationship between overtraining, persistence and positive perfectionism.

**Participant 52:** I experienced overtraining but not burnout or chronic fatigue. In was in training preparing for the senior World Cup to try to make the team. Three of us who were pushing for positions had a period of training twice a day for a month. That was intense and I even had to miss time at work of a morning. We were so tired that sometimes we’d get to training and not even say hello to fellow team mates because it had seemed like we were at training 24/7. It felt like at any moment a ligament would snap but we built strength and endurance. That was the most I’d ever push myself. It did make me realise I could do it however.
The next responses are an example of the theme of overtraining being related to negative consequences to himself. There is further support for the relationship already established for this case; the linking of achievement with success and high expectations of self as well as pressure/stress, destabilisation and striving.

**Participant 10:** I was an overtrainer. I never had chronic fatigue. I tethered on the edge of burnout in 2005 but it was because of the demands outside of swimming. They took their toll on top of the training and expectations that I had of myself. I was really busy. This was after 10 years with my nose to the grindstone so it took a long time to get there. I started to feel stale. I looked for change and moved locations. There’s a price to pay for that kind of intensity and as an athlete you don’t tend to listen about that because you are so tunnel visioned and focused.

**Participant 10:** Illness was always a problem because I overtrained. I had glandular fever at one Olympics. I had a partially collapsed lung at the following Olympics at Athens. I had a shoulder operation from distance swimming.

Both of the following responses indicated that overtraining was related to both positive and negative outcomes for athletes.

**Participant 12:** I overtrained many times. I didn’t give myself enough breaks during the end of season two years straight and it worked for me the first year but back fired the next. One team I played with only hurt themselves come the end of each season that I played there.

**Participant 45:** Weightlifting is a sport designed to produce overtraining; this way, your central nervous system adapts quite quickly to lifting a high percentage of your maximum effort frequently. The downside is, of course, lack of energy and fatigue. Another way of looking at it is: there is no such thing as overtraining, just under-rest.

There was a relationship between experience of severe injuries and overtraining as well burnout/chronic fatigue and experience of psychological distress. This explains a possible
pathway to a downward spiral. There is determination in training to the point where it is damaging to one self and insufficient rest and recovery.

**Participant 50:** I would practice and practise until I got techniques right, or until I felt good about my progress – which contributed to my overtraining. I wasn’t very good at listening to the Doctor’s advice when I was younger. I would train whilst having colds, compete with injuries, I would diet hard – I think some of my health problems now are due to pushing so hard back then.

**Participant 11:** I overtrained, even on Christmas Day and New Year’s Eve to get ahead of the other players. I experienced burnout and chronic fatigue but not Chronic Fatigue Syndrome. Bipolar disorder meant that I would burn the candle at both ends which mean that I would shut down, get a dizzy head and nauseous. I would take days off to recharge.

The next response details an example of the relationship between determination and overtraining, burn out and depression, self-destructive behaviour (intense downward spiral) and suicidal ideation.

**Participant 39:** I got tired and burnt out. It’s easy to overtrain. I pushed my body to extremes and had a strong work ethic. I had chronic fatigue which led to depression. A personal trainer picked up on it. That was early on in my career. No one wants to be depressed. There was isolation and loneliness. There was a lot of trial and error. I had a fear of rejection. I even had a fear of winning (self-destructive behaviour). I was afraid of the tall poppy syndrome. It was an excuse – I was giving myself an out. You get sick of it and want to get over it. I lost enthusiasm for training towards the end of my career and realised you don’t need months and months of training.

**Retirement**

The scene of adjustment to retirement and its contribution to stress were of particular interest to the study. The most significant themes associated with retirement from sport was stress,
difficulty in adjustment, a sense of loss and self-worth issues. More than 80% of retired respondents experienced sports retirement stress.

Participant 50: I have experienced grief and loss, depression and anxiety and feelings of being lost and a sense of redundancy.

Participant 2: I think you really learn the lessons of life after you retire. My life outside of Rugby, after retirement led to difficulties on all fronts. I was no longer earning a dollar playing sport. There were difficulties with depression and with my wife. These issues were inter-related and melded into each other.

Participant 11: I was relieved. I felt I could do anything I wanted to. I made bad choices with my behaviour. It was due to boredom and not being regimented by football any more. I was risk taking, drinking and spent too much money.

Participant 15: I had low self-esteem/worth when I retired and uncertainty about being successful. I had full time employment and income but it was not fulfilling enough. It is hard to be satisfied.

Participant 20: I had aspirations to be in the fire brigade. I did the fitness test in Brisbane. But then I went overseas to play football. I now live a different lifestyle working towards getting a trade as a Fitter and Turner. It has been a big adjustment and I miss my football career.

Participant 29: I felt lost in life and had financial adjustments. I went from a 70 people network to 1. It was a challenging transition. I believe the transitions needs to be smoother. I would’ve liked to be more prepared for retirement with more education regarding retirement, contact and relationships.

Participant 10 helps to highlight further the theme of accumulative stress with origins in the linking of achievement with success and high expectations of self as well as pressure/stress,
destabilisation and persistence in striving. The following response describes the added difficulties of adjusting during the transition from sport.

**Participant 10:** My self-perceptions and expectations have remained the same in retirement from sport. You go from being the best in the world at something to probably being not the best at the corporate table. The biggest thing for me was building up confidence because you retire to something else. It means trying to do that relatively quickly so I went about it rolling up my sleeves, biting my pride a bit and fell a heap of rungs down the ladder. I had to adjust my perceptions of myself in the context of being an athlete to that of the business and corporate world and knowing where my place is in that. I knew that I had the raw ingredients to make a go if I could transfer it properly. I was conscious of all that and worked my backside off. The quicker I did that, the quicker I built up my confidence and self-esteem in a different place. I started to have the self-belief and could see another path for myself that was similar to the context of what I was able to achieve in sport. You have to be willing to start a few rungs down the ladder. Not everyone can do that after being at the height of sport and having others perceive you as a great athlete. You don’t want to change your self-perceptions because it’s a nice place to be but in reality you have to. If you can’t face that, it can become a very difficult period.

The next responses further describe loss of identity issues and discuss how they dealt with it.

**Participant 34:** I first retired after the 1992 Olympics. I packed up all of my swimming things up and put at the back of the cupboard and moved on. If I couldn’t see it then it wouldn’t affect me anymore. Out of sight; out of mind. It reared itself back up again.

**Participant 39:** I lost my identity as a surfer when I retired. It has taken me a few years to become OK with retirement. I lost a sense of belonging when I retired from surfing. It was my core extension. I was in the bubble that protects the athlete. There needs to be a balance. I am working out my core focus again. I have found the on/off switch. I have stopped the clothing brand. Now my focus is to give back such as through charity and to develop motivational workshops and fun and informative education.
Those who did cope well later in retirement and were well-adjusted expressed the themes of being “happy with current life” after they had “developed new interests” and “embraced the change”. The main sub-themes here were that they saw retirement as an “opportunity for self-development”, enjoyed “happy retirement stories” and were satisfied that they had “been offered support from sporting body” and “support from a mentor”. Some had transitioned to elsewhere in sport such as coaching and teaching kids or public speaking.

**Participant 2:** The guys who are well balanced and have a good understanding of life after Rugby tend to cope better with life’s experiences. The guys who cope best are those who have a good stable understanding and confidence in them self about what life’s going to be like outside of the game.

**Participant 4:** I was pleased. I left in a really lovely way. In my own little world, this was a fairy tale farewell. I knew it at the time. I loved training and still physically doing it but I just wasn’t enjoying the soreness of the injury that was appearing more regularly. Recovery times were becoming a lot slower. I set goals for sports retirement and pursued a career path. I did have some difficulties in the transition. I attract trouble from the nature of my leadership. My character is listed by three main words; discipline, integrity and fortitude. I’m learning as I’m growing.

**Participant 33:** I handled my retirement well. I was well-balanced and had readied myself for retirement in 2010. My expectations are different now. I don’t expect myself to have an elite athlete’s mind and body in a normal job. You would be setting yourself up for depression. When you are number one in the world and you are wearing the yellow bib, you have every single person in the world wanting to beat you, to be you, to meet you, to interview you. There’s a lot to do and people to please. That’s one thing that I don’t miss.

**Participant 12:** I was well and truly ready for life after footy. I was lucky to play for 16 years and to be honest I was sick of it in the end. Footy was my life but I had plenty of skills that I worked on to make sure I wasn’t stuck working in footy when I finished. I run my own business now and do lots of speaking and media.
The following responses indicated that there was better adjustment when the elite athlete retired on their own terms, “going out on top”.

**Participant 13:** My manager summed up my views for me, not intentionally but in a comment he made. “The biggest issue is you need to retire to something not from something”. To me that was what it was all about. Also this great quote from an Irishman, “You got to love what you do not what you did.” It doesn’t mean what you did wasn’t part of you because it was and always will be but you have to move on and live in the present. For me that is the most important thing. I always look at retirement as exciting rather than death so to speak. It’s not a completion it is just moving on. Rebirth if you like. I get excited by that. I’m constantly evolving and you have to. I don’t necessarily have one thing to concentrate on. Look past the fear of retirement and let excitement lead you.

**Participant 40:** I had an interest in the media and writing which I have been fortunate to have a career in. I have been an actor, author, MC, TV/radio presenter, interviewer, mother, speaker after transitioning successfully from being an Olympian. I have chased my dreams.

**Participant 25:** I felt dizzy. I was so flat out with writing for the newspaper and writing books. Retirement from Rugby freed up my time and the transition was seamless. My coach recently said if I had worked as hard as I do with writing I could have played 100 test games. My advice for current players is:

- Education is everything and football makes up only 25%;
- Don’t define yourself by what you are going in your twenties;
- Develop an exit strategy. Get an education, skills for your career.

There was moderate relationship between experience of sports retirement stress and “no transition plans from sporting body”. About half of this sub-group “felt dumped by sporting body”.

124
Participant 2: The guys who really battle are those who live in that cocoon. It’s different for everyone. I’ve seen guys have all kinds of difficulties in retirement. Having good support is crucial from my point of view. When I was having my dark days, having my family around me really hunkered down and helped out. A lot of guys when they are playing sport are inappropriate towards their families, they don’t need their families. But when their career ends, their family are rightfully not there for them. 6-7 out of 10 (60-70%) of Wallabies have difficulties with retirement.

Participant 33: No one prepared me for life after sport. I represented my country for 20 years and it was hot potato as soon as I retired. My Sport Psychologist said she would follow up with me but hasn’t contacted me since a month after the Olympics. It’s lucky for me that I am OK. I was alright because I had set myself up financially with good investments. My identity was closely tied to my sport. They want you to give up your life and yourself to get results, funding opportunities and to develop pathways for junior sport. As soon as your job is done, forget about it.

Participant 36: Pretty abandoned, my coach never rang me to see how I was, whether I was OK which made me feel worthless in his eyes.

There was a relationship with retirement from sport and loss issues such as a “loss of identity”, “loss of source of self-value”, “loss of goal”. This reiterates the finding that athletes experience psychological distress primarily when self-perceptions are closely related to goal achievement. So when they are not prepared for injury, retirement or another factor beyond their control interrupts their modus operandi, they often find it difficult to find new ways to define themselves and develop new interests and another identity. The following responses described how after leaving sport on a high there was a spiralling downwards to an unbearable, all-encompassing struggle with depression.

Participant 1: Retiring was the hardest thing I ever had to do. I retired at the top of my game and I left on my terms. It shocked everyone. I was preparing for the transition by making efforts to be financially secured through property investment. I had 5 apartments in London but now
that’s all gone. It takes a few years in retirement to realise that it is now hard to exist. In retirement, I had no goal, nothing to fight for. I was a bit lost and went through some really tough times. Unemployment for 1-2 years led to worthlessness, dissatisfaction and a lack of achievement. I struggled to accept people weren’t as professional as what I carried on from in my sports career. I hate tardiness, others being late for meetings. It takes me a long time to calm down and not be so uptight.

**Participant 2:** It’s back to normal life when you retire. The result can be good or bad. There is a different rhythm. Those who quit because of injury find it more difficult. When you play, there is a collective goal – even if it is to come back from injury. When you’re retired, you’re out of the limelight. When you have a name, it’s difficult to have it taken away. You have to be more self-motivated. There’s a different pattern for life. Many struggle when they are out of a routine. The choice of what to do paralyses you and you feel a bit lost.

**Participant 8:** I was so fed up and had no closure when I retired. I had opportunities with a media career but I was desperately unhappy about everything I had left behind. I went through a divorce and had no joy in my life. I was trying to make a life outside of sport. I adapted to the transition from sport through excessive eating, drinking and drugs.

Experience of long-term injury was especially related to experience of difficulties in retirement.

**Participant 1:** My brother died which caused massive distress and emotional trauma. I’ve had financial and relationship problems. My roommate committed suicide by overdose. He retired due to injury.

**Participant 50:** Post retirement – I have experienced stress, fatigue, work pressure, physical pain, social withdrawal in the early stages when I had injured my back and retirement was brand new.

**Participant 2:** The difficulties that I had after the sudden neck-injury could have been prevented by getting a diagnosis for ADD. It’s mainly about not having awareness that I had ADD. I made
some mistakes in a relationship and I got married too young and things like that. Then retirement magnified those issues. I had a bit of reckoning and I had to sort those issues out.

**Participant 28:** Emotional, psychological, professional and physical stress happened 20 years after my retirement from football. It was post-operation for epilepsy.

Stress and retirement are closely related as demonstrated with the following responses.

**Participant 30:** It is an emotional rollercoaster. If you win, you feel good and if you lose you feel crap. My mind was wrapped around sport and without it I didn’t have the self-esteem to boost me and establish myself, finding the strength from within. Outside of sport I didn’t feel as confident with my skills and social abilities. I went through self-development courses and went on a path of learning. I write books and do public speaking based on my own experiences.

There was the rare case where a participant had accumulated stress over time and the chronic psychological distress that resulted was difficult to treat because of their deep underlying issues.

**Participant 43:** Emotional stress from the loss of a child and divorce from my husband. Psychological stress which is depression. Professional stress because I get bored too easy and have no job satisfaction. I have physical stress issues including weight loss, tiredness and fatigue.

Those anticipating retirement looked to the initial excitement and getting into other pursuits, particularly those they have been putting off such as finishing study.

**Participant 53:** I haven't retired yet. I expect your whole life changes with regard to routine. I think that adapting to that change will be difficult. I anticipate it is like during breaks when the first few weeks are great with getting more sleep and being home in the evenings. But after those weeks are over, you’re itching to get back into the routine of training 2 or 3 times a day. So I think for me that will be one of the hardest things I will have to overcome. Maybe I’ll find another sport or hobby to participate in or challenge myself with. I would like to graduate university (or be very close to doing so) before I retire.
There were some current athletes who described the desire of athletes to retire on top and on their own terms.

**Participant 53:** I am worried about knowing when it will be time for me to retire. As, like any sportsperson you want to retire on a good note, not when you’re spiralling out of control or forced out.

**Participant 44:** Like most athletes with high aspirations, it’d be best to go out leaving your name and mark on the sport. Or at the very least be wholly happy with what you’d achieved, whether or not everyone knew.

Those who found it difficult to adjust in their retirement from sport were more likely to have psychological distress symptoms. Depression and suicidal ideation were significantly high in this group. Suicide attempts were made by a couple who experienced a “loss of a goal”. The athletes who stated they were “dumped by their sporting body” had higher levels of depression and suicidal ideation and most of this small sub-group attempted suicide.

**Participant 31:** I experienced a lack of identity and loss of being part of a team. I thought I would have 30-40 hours additional time when I retired to do whatever I wanted to but found I was a little lost in the sense that I didn’t know what to do with that time. I had psychological distress. I felt like I didn’t know if I was ever going to be good at something ever again. I still feel this way today.

**Participant 9:** Very simply, I was well trained for rugby for many years but not so well trained for life. After self-imposed retirement, I had to find a job or career to dedicate to and this was very difficult. I did not receive any counselling or advice from the Australian Rugby Union at the time. A year after retirement I started to experience ups and downs intermittently and didn’t know what it was it until 8 years later, when I was diagnosed with Bipolar Type II.
Participant 33: A former house mate and fantastic friend killed himself after winning an Olympic medal. The transition to normal life wasn’t there. People thought winning silver would change his life, so did he initially but he became depressed again. He killed himself with a shotgun in a car park in Utah. Most Olympic athletes spend 20 years preparing to win and are in major debt. Only a few athletes get talked about in the media. If there’s no support and they are in major debt, it’s then no wonder when things don’t go their way that they want to kill themselves. The transition to retirement needs to be carefully managed. It could be a very fragile time if there has been a history of depression. There was no well-being program for him and he thought there was nothing that could be done to help him. A lot of responsibility is on the national federation or sporting organisations to assist with transitions to retirement.

Interestingly, those with more intense psychological distress such as depression and suicidal ideation also described that they developed new interests after retirement from sport. It can be surmised from the quotes that the difficulties faced in the transitional period from sport, such as missing the camaraderie, lifestyle, travel and money were overcome by embracing change and developing new interests such as taking up a social sport, mentoring, commentating, writing a book or developing skills which can be used in a career.

Participant 34: Our life is a book. Swimming was a very big chapter in our lives but now I am in another chapter and we evolve and move forward. My advice for athletes to work out what you want to do with your life. Find what kind of work that you want to do before you finish your sport. A lot of the time when you retire and decide what to do, it’s the wrong choice because it is a snap decision. A lot of athletes fall into depression and worthlessness. Also, plan for life after sport and surround yourself with positive people. There are a lot of negative people out there who like to watch them fall. It’s almost like society is happy to see athletes fail because it shows they are human. It’s disappointing. Athletes have fears and emotions. It’s just that you have been good at something.

Participant 37: I was pretty down and lonely when I was thinking I couldn’t play again. Those feelings wore off as I healed. It made me sad but I wouldn’t change anything. The transition will be easy if you learn skills, branding and apply your knowledge. I taught myself public speaking.
I attended goal-setting workshops. You have to work at it. The more I do, the better I get at it. I have worked on proposals, brainstormed ideas and invited corporate people to participate in my sport. It brushes off on you and gives you the confidence to entrance into other areas.

The athletes who had difficulties with their body image as they transitioned into retirement especially feared “getting fat”. Depression and suicidal ideation were high in this sub-group and they were the most likely to have experienced a long-term injury.

Although uncommon in the overall group, those who went into coaching after their sporting careers were disproportionately represented by experience of suicidal ideation but only half of these cases reported depression or anxiety. This is particularly interesting as acute psychological distress led to suicidal ideation. There were several cases of failure in transitioning from athlete to coach.

**Participant 2:** I fell into coaching because I was asked by my club to do so. It took some adjustment. Coaching is like a mechanic and racing driver. It’s the same thing with footballers and coaching. We think we know how it works but there’s a lot we don’t understand. I had to admit I didn’t know what I was doing. I thought I knew what I was doing. Thinking you know everything is not a good place to start.

There was a strong relationship between retirement being the cause of psychological distress. The following responses are examples.

**Participant 50:** I have gone from being a world class athlete, to someone who physically struggles to get through the work day. It doesn’t feel like me. My body has changed, I have put on weight because I can’t exercise the way I would like – I have never been this heavy or uncomfortable. I feel unfit, and sluggish and lethargic and insecure. My anxiety has increased because exercising is one of the main ways that I regulate stress, and I still feel that I haven’t let go of my sporting career, that maybe I didn’t do enough, or achieve enough, work hard enough. I feel like my career went too quickly like someone pressed fast forward and suddenly I’m at the end wondering how I got there. I always had the thought in my head that whatever happens,
there is always next year, wondering what the next adventure would be, but that has changed because I can’t step back into the ring again. And then there’s that feeling that you are passed your used by date because retirement is only associated with being old or passed your prime. I’m still relatively young so how can I be passed my prime? Which begs the question, so what’s next?

Participant 15: My retirement led to distress. I had a big opinion of myself that I had to show the world what I can do. I was humbled when things had not gone my way in my career or afterwards and realised I needed to change. This was central to the resultant changes. I wasn’t getting up early and relaxed which burst the stress bubble. I went from swimming and having a positive time to no achievement or purpose which had a psychological impact. My environment and social associations had changed. I had to rebuild myself. I was looking back when I needed to move forward.

The psychological distress in the previously mentioned case was pinpointed on not being prepared for life after sport. Participant 15 elaborates that distress went on for 18 months and difficulties in his retirement led him to research retirement transitions.

Participant 15: I was not prepared for life after sport. As a result, I experienced uncertainty, doubt, a divorce and depression. These are toxic things for an athlete. I was in a bad place for over 18 months. I was self-destructing. The retirement transition took 2 years not 6 months. I was not prepared and didn’t ask for help. I found that athletes will suffer in silence. They learn to be independent and find it hard to reach out. There is a perception to uphold. It isn’t encouraged to show weakness in competition. You are trained to portray invincibility. It is go, go, go and it’s difficult to let that go.

Participant 36: I was depressed because I didn’t win the ultimate prize and felt that my coach deserted me. Then I felt like no one cared about me. I tried to get a job and got to M in my business card holder before anyone would give me a go (over a 100+ calls).
Participant 20: The change of lifestyle led to periods of reflection. I used to play in the State of Origin, I had lots of money and now I have a regular job. It’s a big change in money. There was the euphoria and limelight of being on TV, on the Footy Show and then back to a regular job. I wish I could have played forever.

Participant 42: I was in a relationship with unresolved issues which led to a bout of depression. There was also sports retirement stress which had to do with shedding my sporting identity at a young age and not fully coming to terms with it.

There were some cases which demonstrated that psychological distress cannot be effectively pinpointed on one particular trauma and that it is a chain reaction of injury, retirement and life changes which caused psychological distress.

Participant 1: The doctors couldn’t diagnose my back injury, this lead me to worrying if I’d get back in the team. So injuries came before psychological distress. I was questioning whether I should carry on, retire or go to university. Although I retired on my own terms, the change took me by surprise. I also lost my brother in a car accident. It took me a long time to deal with it all and it’s still ongoing now.

Participant 2: You have psychological distress at all different points of your life. The injury occurred. And it wasn’t actually the injury that caused the distress. It was actually the ramifications of being retired.

Psychological distress

The study was not a diagnostic evaluation of the group's mental health. However, the following statistics were inferred from analysis of codes in the qualitative findings. They are included to provide a summary of the sample which helps to understand the issues that they reported on. The study found that 96% respondents had experienced psychological distress, two-third of which described it as “acute” which means it was short-lived. Only a couple of respondents discussed their psychological distress as “self-destructive”. Most of the respondents (70%)
discussed the type psychological distress as being depression, 42% of respondents discussed suicidal ideation and 9% discussed suicide attempt/s. Anxiety was discussed by 10% of respondents as their psychological distress, similarly with bipolar disorder (10%). One respondent discussed experiencing schizophrenia.

There was mention of attitude towards psychological distress. The attitudes towards psychological distress included stigmatic views that “no one talked about it” and that it was associated with “shame”. One person discussed how psychological distress was an “opportunity to grow”. Therefore, it can be interpreted that there were various forms of psychological distress described and nearly all of the respondents had a positive attitude towards finding a way to cope with it in its various forms.

**Participant 14:** From the ‘80’s I called it ‘springtime blues’, depression lasting about 1 to 4 weeks. I was diagnosed with Bipolar Type 2 in 2001. Medication has been very successful.

The next two responses are an example of the stigma that some athletes attach to mental illness.

**Participant 1:** Cricket is an alpha male sport. You can get the college jock to perform part of the professional team but DEPRESSION = WEAKNESS. Depression is a dirty word. It’s the hardest thing to admit. You feel that depression doesn’t need to be discussed. It’s not your duty to discuss/obligation to tell everyone. Whose business is it? People feel if you have depression you should tell. I don’t believe you should discuss it. If it was called something else like a syndrome related to injury or retirement from sport, that’s OK.

**Participant 5:** I got support but my depression didn’t come from sport. It came from the complete collapse of a marriage. But I didn’t go anywhere where someone would tell me that I’ve got depression. If anyone had said I had depression, I’d have punched them. I found that too weakening and too destabilising. When someone said you’ve got some stuff you need to get though … I thought yeah, that works. Give people permission to have depression and you will cure it. Give people phobias about having it then you’ll send them into the dark ages. You can
treat the people who go into manic states and are suicidal. The others with mild symptoms will just metal up if someone tells them they are depressed.

There were various pressures, issues and stressors which were related to psychological distress. This included the athlete lifestyle, athlete norms and external factors.

**Participant 8:** Heaps and heaps and heaps of psychological distress and hopelessness. There are only two options: you are going well or not. It was very conflicting how you are going every week. There was too much pressure from others’ opinions.

The next response further adds to the list of stress that has been reported for Participant 10. In positive adjustment to the difficulties he experienced and the resultant stress, there was a relationship with support from family. This helped prevent a fall into negative consequences.

**Participant 10:** I have had a difficult time. You second guess things and it’s difficult to deal with that. There are times where you have difficult challenges to overcome. I have good family and friends around so can’t say I felt empty or hopeless so if I ever got close to that stage, I always had someone to catch me.

For some cases such as Participants 2 and 8, suicidal ideation was related to the various pressures, stressors and issues that athletes experienced. There were a series of upward and downward spirals; gradually it grew more intense and severe until it spun out of control.

**Participant 2:** I had difficulties as a young guy and I never really knew why. I had problems with my family. There were some issues in my family which may be related too so I’ve always had difficulties … There were difficulties on all fronts after my retirement from playing Rugby – there were difficulties with no longer earning a dollar. The pressures were more so after I stopped playing sport because when I was playing I was focusing on sport. There was the ADD and marital difficulties.
**Participant 18:** In my teens and twenties I lived different extremes from vegetarianism and yoga to a hectic party lifestyle including an alcohol and drug problem. It all happened so fast that I didn’t have time to slow down. I was self-destructing and loving it! The party program did scare me. I felt a big cloud over me, like the world was caving in. I was flirting with disaster but landing on my feet. I had disillusionment with the pro tour and the trappings of fame. I was a very popular guy, the centre of attention and often had an entourage. I saw the dark side of surfing, the casualties of being in the public spotlight and under pressure at a young age. There was no mentorship, sporadic coaching, no financial management and no organisation separating the pro tour from ordinary life. The pressure of it all led to depression. I was gambling a lot. I had financial mismanagement, erratic behaviours and little surfing during my break from surfing. I felt hopeless as I sunk further into depression when my Dad died, as well a mate who died. I was overeating junk food, drinking beer and watching TV.

Participant 28 was a case where physical trauma and mental stress were related.

**Participant 28:** I was in a terrible state of mind when I hit rock bottom a couple of months after surgery for epilepsy. I was depressed and frustrated ... There were thoughts of suicide after the operation. I don’t know why I was suicidal. I had uncontrollable bouts of depression so black it overtook me. I couldn’t work anything out by myself. I didn’t want to continue any longer in that condition. My own pain was not as much pain as I would inflict on others; it would have been selfish and irrational to suicide.

There was a relationship between depression and suicidal ideation as well as high satisfaction with sporting career. This is reflected in the responses of retired athletes. Initially, these respondents felt that they could have done more, were not satisfied and/or had some regrets. As a result they experienced acute depression and suicidal ideation in their transition from sport. This was a group who described that they “got on with it”. In time, they digested the entirety of their situation. Psychological distress and a resultant downward spiral had forced them to do some introspection to work out who they are and what they want to do with their life. The end result was that the lows balanced out the highs and eventually a balanced perspective emerged.
regarding their career and goal orientation which led to the elite athlete valuing their achievements more. This is demonstrated with the following example.

**Participant 2:** I told myself that “it’s not always going to feel the same way; it’s going to end”. I was very sad but then happy. At this stage I wanted to kill myself so one thing I thought about was “this will be over”. I was relieved that it would soon be over, thinking it was going to be sweet. I started to think I should do it but then pulled back when I thought about my family and that they wouldn’t want me to do this. I heard the internal voice to kill myself for a few weeks. It had gotten louder over the face of a couple of months. I thought about the best way forward. I started to think about whether I wanted to end my depression and thought that suicide would do that. I never put it into action. I was living with another guy. I was isolated from my family, on the other side of the country. I was fairly isolated in my own thoughts. I had a boss who thought I was faking my depression so that made it more difficult because that made me question my confidence even more. I felt like a bit of a fraud. I was battling with depression so it created more of a difficult scenario.

The following response describes how suicide attempt in females were significantly related to a “cry for help”.

**Participant 41:** I was hopeless when I was lost in a state of depression whilst doing rehabilitation for injuries. You lose your identity when you are not able to function effectively as an athlete. I’ve had suicidal thoughts but no attempts. They were cries for help as it crossed my mind. I needed people to help me.

Psychological distress is related to overtraining, burnout, chronic fatigue as well as mental and physical fatigue.

Overtraining was particularly related with psychological distress (55% of overall respondents experienced both). Mild symptoms of psychological distress were most likely to be related to overtraining with 40% of respondents indicating this. Depression and suicidal ideation occurred in 20% of this sub-group who experienced overtraining and psychological distress and half those
respondents attempted suicide. This indicates that overtraining is a significant precursor for experience of psychological distress, suicidal ideation and suicide attempts in a large proportion of the group of athletes.

**Participant 54:** I thought my life was going to end at 16 when I had stress fractures. Changing coaches was a double worry. When I changed techniques my training could have resulted in these fractures. I wasn’t good at hiding my stress. I was disappointed and kept thinking about what could have been.

Burnout occurs as a result of overtraining and 43% of the overall respondents experienced this and psychological distress. Mild symptoms of psychological distress were most likely to be related to burnout with 30% of respondents indicating this. Depression occurred in 21% of this sub-group who experienced burnout and psychological distress. Those who experienced burnout and/or chronic fatigue and depression were the most likely group to have experienced suicidal ideation with 80% indicating such and 60% having attempted suicide.

Those who experienced overtraining and depression also had suicidal ideation and attempts but it was much higher when overtraining manifests into burnout or fatigue (chronic, mental and/or physical). The following case is a classic example of overtraining leading to chronic fatigue and depression and an inspiring story of redemption after hitting rock bottom.

**Participant 39:** The chronic fatigue led to depression. I fell into old habits of beating myself up. Something inside of me died. I lost my sense of control and was scared. I wasn’t able to train and surf and didn’t understanding what I was going through. It wasn’t until I hit rock bottom that things changed. I was thinking too much and needed help to let it go. I was having emotional crashes and had to learn to love life again. I felt alone, desperate, useless, lifeless, frustrated, unhappy, tired, upset, depressed and negative when I had chronic fatigue. It was easier to be negative than acknowledge all the wonderful things in my life. I’ve had suicidal thoughts but no attempts. I was livid from exhaustion. It was “do I kill myself or fight?” I had negative thoughts but a positive resolve. “The definition of insanity is doing the same thing over and over and expecting a different result”. I am comfortable to say that now after I have broken these patterns.
I had a new attitude and expanded horizon because of the illness. Dark days make you stronger and make you appreciate bright days more.

Participant 39 demonstrates a case of associating achievement with success underpinning the manifestation of obsessive physical and mental behaviours. In this case, it led to chronic fatigue and depression.

**Participant 39:** Having a goal changed things after I was in a negative rut. My obsession was based on the last 20 years of my life (identified mostly with pro surfing) where I associated achievement with success. I drew on my fighting spirit which came from much earlier in my childhood. As I recovered from chronic fatigue, I had passion to go surfing and a goal which gave me clear direction. I made mistakes. This had got the better of me. I learned from my challenges. I found a new lease on life by taking ownership of things.

The following case relates obsessive compulsive disorder with negative perfectionism, overtraining and injury. This was only a minor theme in the analyses.

**Participant 48:** I am a perfectionist and have Obsessive Compulsive Disorder. I will repeat things over and over. I am a control freak. I like things in a particular order and become distressed if they are not. I never miss a training session regardless of elements. I prepare weeks in advance and try to read life’s plans. Nothing is ever good enough. I was training while I was sick which added stress to my mental ill-health. I wanted to constantly win regardless of my mental form. This prolonged my injuries and I was in and out of hospital.

Negative perfectionism was related to symptoms of depression and suicidal ideation. This was the group most likely to have made a suicide attempt. The following example is a case which describes the feelings which led to a suicide attempt.

**Participant 48:** I have had feelings of confusion, terror, hitting rock bottom, black despair, voices and agony. I haven’t been suicidal for 5 years. I have spent 6-8 months in hospital every year for the last 6 years. I’ve attempted 3 times:
- Pills – Attempted overdose. People would find me and it didn’t work.
- Hanging in Bathroom Hospital – I was under short observation.
- Gassing self in car.

Participant 48 reported that she was diagnosed with dissociative disorder which is a sudden, temporary alteration in the functions of consciousness, identity or motor behaviour in which some part of one or more of these functions is lost (Sarason and Sarason, 1987). This case demonstrated a history of intense and severe upward and downward spirals. Participant 48 explained that she started training in triathlons “as a way to get out of the hospital” and she focused a lot of her energies into training and competition “after leaving the police force suffering from trauma”. She described ‘antidepressant treatment’ and becoming ‘less inhibited’ and ‘more mobile and active’. She feels ‘regenerated’ from the training and made the State and then National Teams after doing well in competitions. Participant 48 described training and competing in triathlons as her ‘lifeline’. Then, it was reported that she suffered from injury and the depressive episodes returned. She reported three suicide attempts occurred after the return of depression. Participant 48 reported being frustrated by ongoing injury but “life is unbelievable after a change of treatment and medications”.

Data analyses found that “high expectations” and being “determined” were mildly related to negative perfectionism, depression and suicidal ideation. The following is an example of such a case.

**Participant 54:** I felt hopeless but I couldn’t talk about it. I wasn’t in a good place about running or myself. I wanted to be somewhere different after poor performance. I look back on it and see that it was silly. I felt I had failed and was scared to go home. I changed my hair colour and cut it so people couldn’t recognise me.
**Coping strategies, support and rehabilitation**

The two significant themes for coping strategies were getting professional help as well as support from family and friends. These methods of seeking help were employed by nearly 60% of the group.

**Participant 2:** I mostly dealt with it by talking to friends; I found talking to friends helped. One of my mates had bipolar disorder and other guys had the same set of difficulties. I’ve always been comfortable with counsellors; I started counselling when I was a young guy. I’ve found that always has helped.

The next response goes further on the key themes already explained for Participant 10, all amounting to accumulated stress. There is a strong example of the relationship between positive coping strategies and support from family.

**Participant 10:** I always had good support but I was proactive in finding it myself. I built relationships with people and made sure I positioned myself well for afterwards and made sure I was doing some study. The buck stops with you at the end of the day. I had strategies and ways to get through it. I had no one person to go to. I felt comfortable with support from my family.

A third of the overall group did not seek help demonstrating their adjustment to negative consequences of turning points as introspective with key themes being to “keep it to myself” and “just get on with things”. The following example further illustrates this point.

**Participant 45:** I deal with it on my own. I feel pressured to give 100% to my career, even though it conflicts with my training. I’ve been fired from jobs because I refused to work late as this would mean missing training sessions. I’m always tired and fatigued. Training twice a day whilst working means I have no time during the day to sleep which impacts on my recovery. I’ve ended relationships with girls because they couldn’t cope being second priority to sport.
The following example demonstrates a relationship between chronic depressive symptoms and not seeking help until a breakdown occurred.

**Participant 43:** I just get on with it. I drink and do pills to try and block the negative thoughts. It didn’t help, it just numbed the mind. I tried massage and alternate therapies with little success.

There was generational change discussed in the following example regarding help-seeking behaviours for depression.

**Participant 8:** In the early 90’s no one talked about it. My coach thought Psychologists where a bunch of witchdoctors. Sport now has gone through an evolution but in the early 90’s I didn’t talk about my problems. The AIS Psychologist was very concerned with my divorce; he could see that I was struggling. But I didn’t know what to say. There was no support in the 90’s for injuries in Australia. The landscape has changed 20 years later. Every athlete has someone to talk to about their injury. We have gone through an incredible rapid evolution to realise a happy athlete is an effective athlete.

Participant 11 is an example of the relationship between experience of mental ill-health and perception of high achievement in sport. Participant 11 acknowledged that playing football was a form of self-medication.

**Participant 11:** I've learnt a lot about ADHD and I can see that football allowed me to function as at least half a human. It gave me the stimulation that my brain needed to perform week in and week out. Once retirement kicked in, I had too much energy and I tried to find the same stimulation that playing football in front of a big crowd gave me.

The following responses describe the ups and downs of the transition from sport.

**Participant 33:** My support network changed over the years. People come in and out of your life. We hired a Psychologist for a couple of years. I would find what I could from people; even if it was 5% extra I could get from them. There’s no use in having people around you if they do
not have the same thought process. I always had good people around me that believed in me. I
always had a plan to get myself back. I would see what I could do when I did have hard times.
Sometimes it is so exciting having a plan that I forgot the trauma. I reinvented myself and
continued to set new benchmarks. Every time I was injured, I turned that back into a reinvention
process. That’s why I came back as someone different. I enjoy yoga. I did really well with
controlling my thoughts. If you let it snowball then you will have a problem.

**Participant 35:** I received support from my family especially my parents. I was in hospital every
day. It doesn’t matter how much support you have, you have a choice to stay down or come
back. Dying is easy, living is hard. Spirituality helps me. Sport is a place where my passions are
channelled. I set goals and work towards them. I focused and worked hard which helped with
recovery. I kept a training diary and followed an exercise routine.

There was a relationship between experience of acute psychological distress and positive coping
strategies. The following response demonstrates how athletes look to the upside of an
opportunity; they see it as a challenge even when on a downward spiral.

**Participant 4:** I focused on recovery, goal setting and a return to playing. It helped to
understanding the nature of the injury and rehabilitation for it. You control the reality and get on
with it. You accept that injury is a part of the game. The reason you sacrifice so much is about
playing Rugby. When you are not playing, it is incredibly frustrating. All your focus is about
getting to play again and do recovery and additional training. Certainly you look at it as an
opportunity to try and refresh yourself and spend more time with family. I look for the upside in
the opportunity and don’t harbour or dwell on the downside. Otherwise it is a wasted emotion.

Participant 5 affirms that his coping strategy was changing sports as a result of injury in order to
suit what he could do. He also explains that by nature, athletes will want to be in control of them
self and this is why they fight a downward spiral.

**Participant 5:** I say my body has got a language. When body is telling me something, I listen.
When my ankles cracked, I stopped playing football as a result. Why would you want to put
yourself in the same category as those who won’t help themselves or blame others? I think people do what makes their problems less. People will not confess to depression because it makes it worse. One of the great attributes that you get from being a sportsperson is that you develop a sense of independence and personal responsibility. If someone says you have got something you can’t control, you fight it like a tiger. It’ll almost be like a cure.

Coping strategies were particularly related to the severity and intensity of psychological distress. Getting help from medical professionals and also from friends and family was common for those with chronic psychological symptoms. However, these coping strategies were particularly related to those who had depression and suicidal ideation or made a suicide attempt.

**Participant 14:** After retirement, the Team Doctor interviewed me asking if I had suicidal thoughts. When I said yes, he explained that was normal. This was a huge relief. I knew I had to spend time alone. I had to listen to life. I had a lot of alone time. I wasn’t with anyone. I worked out who I was. It was my own discovery.

**Participant 26:** The Team Doctor was concerned with me taking anti-depressants and how they would affect my performance and reaction time. My GP prescribed anti-depressants for 3 years. It took away the joy in my life. I felt like nothing and wanted to get off them. I couldn’t enjoy the high points. I sought out a professional where I had someone to talk to about my issues and work out ways of overcoming these issues. Just to be able to see again and understand the difference between having a bad day at the office compared to having a bad life. It is important to separate your life into two. This includes work life and home life. Just because I didn’t do great on the field doesn’t mean my whole life is bad.

**Participant 29:** The Team Doctor gave me a lot of support. I had unconditional support from him and trust him with my life. The coaches weren’t aware of my situation with depression. I wasn’t ready to disclose this and played my role. My wife is a Psychiatrist who helped me get through my depression.
Participant 28: I rate the support of doctors/health care professionals and family and friends as vital.

There were a couple of cases of misdiagnosis for depression when it was actually bipolar disorder. Respondents with bipolar disorder benefitted from medication and philanthropy.

Participant 9: I have been under a regime of Mental Health Management that entails: medication, treatment, personalised wellbeing plan, therapy etc. I apply my own brand of resilience. I just tough it out while getting together with family and friends. I keep active with creative writing, reading and other activities. I volunteer as Consumer Advocate helping other mentally ill people.

Participant 11: My family forced me to get help. I was an alcoholic. The AFL Players’ Association assisted with linking me to the Cambridge Clinic. It comes down to the individual – you have to be ready for help. I was re-diagnosed with bipolar disorder and re-medicated with Lithium. A psychiatrist reviewed me each 6 months. I did hypnotherapy. I worked on my anger issues and fear of flying. I did yoga three times a week. I did exercise to calm me and massage once a week. I had to be diligent with my training or my mental state would drop quickly. I also took omega 3’s (200mg 5 times a day) as well as glucosamine, Vitamin B and multivitamins. It helps me to focus on a daily basis, listing 7 things to do for example. I will never beat bipolar disorder but I know how to cope. I totally understand and have a lot of structure in place.

The “sporting body offered help” response as well as “spirituality”, “hobbies”, and “rest” were related to positive coping strategies. The following are examples of such.

Participant 39: I slept. I listened to doctors and gave my body a break. I forgave myself. Mental and emotional abuse was not helping the issue. I read self-help books. I kept a log of how I was feeling. I honoured my body. I focused on being a positive self-healer rather than a negative self-abuser. I went surfing which made me feel OK. I had a consistent support team which led to a positive mindset. I was searching to fill a gap in my life and looking for improvements in my discipline and nutrition. I looked for people to enhance what I was doing and was open to other
people’s views. I would talk to friends. I had very little support from my peers. Athletes from other sports offered some guidance. This included a referral to a naturopath. I reached out to medical professionals who helped me with direction. A neuro-linguistic program changed the pattern of the words in my head. I did visualisation process work, which helped me to find out what was holding me back. I also did re-birthing and breathe work.

**Participant 18:** My friends and family tried to help when I was burning out but I initially neglected their help. I learned from my mistakes. I finally came home from the tour and just wanted to stay home. My mother and a Psychiatrist recommended that I slept and rested. I eventually took that advice. I enjoyed my mother’s cooking and being with my family. I wanted to get away from others and be anonymous. I saw a counsellor and started looking after myself a bit better. Mentors also motivated and inspired me to make a comeback. They helped a lot but essentially it came from within. I emerged from the cocoon. I gradually got fit, got better and started surfing again. I went for runs, ate a healthy breakfast and then surfed. I went for walks to clear and focus my mind. Going on trips and in events gave me something to look forward to in the long run.

There were a small group of respondents who kept their issues to themselves in regards to their experience of depression and suicidal ideation. They had since opened up about it after their retirement from sport.

**Participant 36:** Not for a long time, because my coach drilled into us from a young age that “you are weak if you go see a Sports Psychologist”. I finally went and saw a Hypnotist and he helped me immensely to overcome the grief and disappointment of what I experienced.

Participant 36 offered some practical advice to prevent others experiencing what she did and focusing on effectively coming down from the high of their sporting experience.

**Participant 36:** I believe there should be a ‘debriefing’ for all athletes finishing their sport. Offering them either a booklet or a weekend course a few months after retiring so they’ve come down from the high of their trip and start to experience reality.
Participant 40 also experienced depression in her retirement and mentioned it was her coping strategy to “just get on with things”. There were more respondents without psychological symptoms who also mentioned this, highlighting it as theme for transitions from sport.

**Participant 40:** I wouldn’t have known how to get help at the time of my issues. I should have faced my demons. I was exhausted and mentally and physically burnt out. How do you prepare for it? You just have to push through. I saw a Sports Psychologist in retirement. I tried self-help books but would only get three quarters of the way through it. I flagged my emotions and was conscious of how I reacted to some past regrets. I have drawn insight and wisdom from the best and worst experiences of life. I look to the funny and inspiring side of things. Ultimately, you have to follow your own path. I am constantly challenging myself. Sometimes think I am having a nervous breakdown like with writing a book. But then I put it into perspective, after all it’s only a teenage fantasy book! I draw from sports psychology sayings such as “Don’t say can’t, say can! When the going gets tough, the tough get going! Short term pain for long term gain!”

**Alcohol and drug use**

The media reported on binge drinking and anti-social behaviour of male athletes (Gould, 2004; Jeh, 2008; Scanlon, 2008; Craddock, 2009; Hooper, 2009; Hooper and Bashan, 2009; Tucker, 2009; Jeh 2009).

The study found the theme of a binge drinking culture reported by retired male athletes. Alcohol and drug use were related to the experience of retirement issues, stress, pressure and mental ill-health as well as suicidal ideation.

The overall responses indicated that most athletes drank either no alcohol or alcohol in moderation (at the time of being questioned). 4 out of 52 respondents (8%) drink no alcohol. 35 out 52 respondents (67%) drink low to moderate levels of alcohol on a typical day when they are drinking. 13 out of 52 respondents (25%) drink high to extreme levels of alcohol on a typical day when they are drinking (85% of these respondents were male). Out of these latter respondents,
all were retired from sport and only one admitted to being an alcoholic at present with five in recovery from alcoholism and seven indicating that they were binge drinkers.

The overall responses indicated that most athletes drank no alcohol or in moderation during their training and competition times. However, it’s not uncommon for male team sport athletes to have 6-12 standard drinks on a typical day when they are drinking (after competing in sport). A few males reported having more than 20 standard drinks in a binge drinking session. 6 out of 52 (12%) athletes drank no alcohol as an athlete. 25 out of 52 (48%) drank low to moderate levels of alcohol as an athlete. 21 out of 52 (40%) would drink high to extreme levels of alcohol use as an athlete with 90% of these respondents being male.

These issues are common in athletes because of the intense environment which some athletes train, compete and recreate amidst. Male athletes in general are more likely to report alcohol problems. Some athletes are reluctant to be seen as role models despite their high-level salaries (Jeh, 2008). There were not enough current athletes to make any conclusions about generational differences.

8 out of 52 (15%) respondents indicated that they or someone else has been injured from their drinking. 75% of these respondents were male which correlates with their binge drinking patterns.

10 out of 52 (19%) respondents have had a friend, relative, or doctor or other health worker been concerned about their drinking or suggested they cut down. 80% of these respondents were male.

10 out of 52 (19%) respondents have used drugs other than those required for medical reasons. 60% of these respondents were male. All responses indicated that they had taken illicit drugs for recreational use.

5 out of 52 (10%) of respondents have experienced withdrawal symptoms (felt sick) when they stopped taking illicit drugs. 60% of these respondents were female.
Discussion about stressors leading to a downward spiral

The following conversation with Participant 10 was an addendum to his interview and provides further insight into key relationships which emerged from the thesis. So far, this case has highlighted the following idiosyncrasies and insights.

Key Themes of Participant 10’s ‘accumulated stress’ in the synthesis thus far:

- relationships between linking achievement with success and high expectations of self and stress;
- pressure/stress, destabilisation, striving and difficulties in adjustment (after turning points);
- persistence/overtraining are related to both positive/negative perfectionism
- support/striving for an upward spiral.

The following conversation demonstrates an awareness of some of the precursors for an intense and severe downward spiral yet a denial and avoidance. In hindsight, it was apparent that he was soon to experience a turning point linked to a downward spiral manifesting as psycho-somatic behaviour. The conversation began with him wanting to know more about athlete alcohol use.

**Participant 10:** Are you able to tell me about your research results with that question without naming names?

**Interviewer:** Most athletes don’t drink or much when they do during training and competition times but it’s not uncommon for some male athletes to have 6-12 standard drinks sometimes, especially after competition.

The next part merges relates the discussion on binge drinking to a persistent and driven personality. It suggests that a downward spiral with slight control can be a part of the process in getting elite results – it can help a certain elite personality to gain ascendency again.
**Participant 10:** It's counterproductive to do all that training and then spoil it by drinking too much and lower your immunity and get sick. Some guys do go over the top. You have to keep a little bit of control. I think that anyone on the elitist path of any profession can have a full on personality. The persistence and drive is what helps them get the most out of them self.

**Interviewer:** That’s the predisposition to emerge or win or succeed.

The next statement discusses care being needed around associating achievement with success.

**Participant 10:** You have to be careful that you don’t take that into other parts of your life and that includes drinking.

**Interviewer:** There have been some athletes who went on the wayside with drinking. They are the ones who typically haven’t responded to my requests for an interview. How do we engage those who do not want to be helped? How do we support our high achievers?

The next response suggests a paradox for retired elite athletes whereby stress leads to them back towards high achievement and extreme behaviours to overcome a challenge.

**Participant 10:** You are dealing with a massive paradox there. The findings with the high achievers are almost at the opposite end of spectrum in those danger areas. Where are the value or stress points for them to revert back to that behaviour?

**Interviewer:** Do you agree that there is that predisposition there?

The following response indicated that avoidance or denial is a part of the retired elite athlete paradox.

**Participant 10:** Yeah, I think so. Honesty starts with one’s self. The sooner you realise that, the better off you will be. Denial is a sad place to be.
Interviewer: Not everyone goes through this kind of personal growth. Athletes live in a controlled and special environment which I call the “sporting bubble” and some find out the hard way what it’s like in the real world.

There is suggestion here by the interviewer of a downward spiral that athletes experience. Participant 10’s response articulated about the trauma which occurs after accumulated behavioural issues. It is as result of the build-up over time of pressure and stress and manifests as a psycho-somatic implosion with severe and intense consequences.

Participant 10: It can be a delayed onset of behavioural issues which could come out of full-on personality traits that are probably exacerbated because of that incubating period and it could happen when you have a wife and kids. So the consequences and ramifications are therefore much greater. So it is a fundamental issue.

Participant 10 presented an interesting case of “accumulated stress”. He ticked boxes on all of the four focus areas of stress: psychological, emotional, professional and physical. Psychological stress relates to the pressure athletes feel to succeed, the maladaptive goal orientation of associating achievement with success (linking), the striving to be the best in their field. Emotional stress includes the issues surrounding their own perceived sense of self-worth and the disappointment that comes from not achieving their goals or relationship problems. Professional stress can be the result of money, work or the high level of scrutiny athletes are under, the pressure associated with the expectations of others. On top of that, there are injuries and rehabilitation, and ultimately, acknowledgement that their time’s up at a relatively young age for retirement. The transition to the next stage of life can be enormously stressful. Finally there are physical considerations which are perhaps the most complex and least understood of the stresses that athletes endure.

Participant 10: I had emotional stress. I would get a bit touchy when tired. It’s horrible when you go through personal things that are out of your control sometimes and you don’t know the answers. Psychological stress was momentary and had to do with my frame of mind at the time. I would navigate through it with my family. I found that more comforting than seeing a
Psychologist. Professional stress had to do with how I was perceived by others. Physical stress was due to the nature of what I did. I was getting sick often. There was a lack of energy. This is the price I had to pay for all the training and competition.

The following response discusses personality as being important to response to a downward spiral.

**Participant 10:** Whether it was illness or injury, I had those difficult situations to deal with. It was extremely difficult because you want to be in control when you have an injury. It depends on your personality. You have to position yourself towards recovery and those outcomes. Injury and illness are a pretty big hurdle. Illness would get me down. It was really stressful and I hated it.

The accumulative effect of all the stress that athletes are exposed to can be severe. There is a theme of athletes wanting to succeed in sport and then carry it on in other areas of their life. The predisposition, desire or obsession to win drives their ambition and thus is an important part of their identity.

**Participant 10:** I look back at my swimming career when I was coming through the ranks. I wonder what I was doing there, how did I manage that, how hard was I working, what was it like when I looked up to someone who was much better at something I wanted to be the best at. I look at those behaviours and challenges and I try to put them into this career now. It’s important to have the maturity around your ups and downs. I never felt I wouldn’t be able to come back from injury. I am very self-motivated.

When the transitional period associated with retirement from sport comes, they may apply a similar level of intensity to outlets such as binge drinking, even if they were pretty much teetotallers as athletes. Such self-destructive behaviour may have consequences and ramifications that are unfortunate. Participant 10 was aware of the potential for abnormal behaviours in high achievers. He understood the value of stressors which lead to such behaviour. However, Participant 10 did not appear to realise how high expectations led him towards linking achievement with success.
Participant 1: You go through stressful periods of disappointment. I guess I had a desire to be doing something which I couldn’t be doing at that particular time with injury. So that was probably the tough part about it. The underlying feeling is finding something I am passionate about. I would still need to be doing something challenging and having the feeling of achieving and success that comes along with it.

This is a prime example of a “champion mindset” or personality trait which may need to be brought down a notch. His body and mind have been exhausted because he is a renowned overtrainer and perfectionist. Even during injury when his body is sending him messages to slow down he persists to find something productive to devote his energies on. He looks to the corporate world and sees there are towers and ladders to climb and quickly goes about rolling up his sleeves to do so.

Participant 10: I am satisfied to a certain degree when I look back on my swimming career. I was always trying to win the gold medal. I was on top for 10 years and then I narrowly missed out on winning a major event even though I had the fastest heat time. I had the wrong race strategy in the final. It was a disappointment. Sometimes I didn’t have the right focus. I am trying to win that gold medal in terms of what I am doing now.

Participant 10 is obviously very driven to succeed and goal-oriented. His persistence caused him distress even though he acknowledged his preparations were well below par mainly due to personal reasons. He kept his personal issues to himself and family members. It is at this point that Participant 10 is setting himself up for a fall and despite seeing various doctors, they did not pick up on or solve his underlying issues.

Participant 10: I haven’t had suicidal ideation or attempts but things have been stressful. “Life is too hard” may pop into your head but you have to face things. You are doing more damage to others around you in thinking like that. Sometimes things are bigger than you. I understand that there are some things that are almost out of your control in terms of the way that you are psychologically impacted. I feel angry when that happens.
**NVivo Analysis**

The data analyses with NVivo (Version 10) found that the following key relationships between themes:

- Negative perfectionism and overtraining are related to sporting injury which contributes towards high levels of frustration/psychological distress;
- Dissatisfaction with sporting career (early retirement without a sense of career fulfilment) deepens psychological distress;
- "Positive perfectionism" and "positive perceptions about retirement from sport" (suggesting the will to cope exists in the overall group);
- "Experience of Psychological distress" leads to initial implementation of "positive coping strategies" (particularly obtaining professional help/support from family and friends as during transitions).
- "Experience of Psychological distress" and "non-help seeking when psychological symptoms arise" (those who did not seek help preferring to “keep it to myself” and “just get on with things”).
- "Experience of Psychological distress" and "ineffective coping strategies" post-implementation of various positive coping strategies" resulting in a sense of hopelessness and eventually a turning point after experiencing a "breakdown".

**Discussion**

The themes emerging from the interview material were consistent with expectations based on theory and on the reviews of the scholarly literature as well as the accounts of the experiences of athletes in the popular media. There was a good deal of stress and distress reported by those interviewed and injury and retirement were turning points where this was most evident. Overtraining identified in the literature review also appeared as a major area of concern. There were clear indications of attempts at coping, one of which was use of alcohol and drugs, which in the long term appeared not to be effective and in fact added to the stress. Characteristics of the athletes themselves impacted the process, notably their expectations of themselves and their
perfectionism. Persistence and overtraining are related to both positive and negative perfectionism. Negative perfectionism appeared as a major issue interacting with the effects of injury.

One issue that appeared in the transcripts that had not been fully anticipated was the extent to which the stress and coping process was ongoing. First attempts to deal with a particular problem such as an injury may not be effective because the approach was incorrect or it would take longer to have an effect than expected. The result was increased stress and sometimes more active attempts at a solution. There was a relationship between linking achievement with success and high expectations of self and stress. There is a high likelihood that attempts at coping will not be immediately successful and a pattern of failure can develop, particularly where there is certain rigidity in the personality stemming from perfectionism. This is because there is a felt need ‘to do something’ and there is a good degree of uncertainty about the nature and solution to a problem that is not straightforward (e.g. a form slump). There is pressure/stress, destabilisation and striving resulting in difficulties in adjustment.

There were a number of profiles that emerged when a longer perspective on the data was adopted. There was what can be termed the Post Injury Trauma (PIT) when injury precedes psychological distress in athletes. The study group generally valued success beyond sport and wanted to keep winning after their retirement from sport. The Retired Elite Athlete Paradox (REAP) involves the predisposition and grooming that athletes have for winning and associated striving was related to the will to cope with the difficulties in adjustment after retirement from sport. Some athletes are at risk of High Achiever Trauma (HAT) in which psychosomatic issues including self-destructive behaviour manifest from the pressures, issues and stressors of consistently associating achievement with success (linking). Support was a psychological protective factor and was related to striving for an upward spiral when challenged by a downward spiral.
Summary

How do elite athletes adjust to the critical and inevitable turning points in their lives? It’s a scorecard approach – athletes rate coping strategies on how effective they perceive them to be. According to these ratings, their state of being fluctuates. Positive perfectionism can manifest in elite athletes as energies are put into new passions, directions, lifestyles and careers to constantly evolve in present life. The spiral goes up when they deem themselves to be effective in these areas including after their retirement from sport. But there’s a down side. The research participants nearly all reported an experience of some level of psychological distress at some time. As a result of a turning point such as injury or retirement after an accumulation of stress and pressure there was a resultant downward spiral. Psychological distress manifested as depression, anxiety, other mental ill-health or somatisation. As the downward spiral deepens, there is where hopelessness and suicidal ideation occur.

Elite athletes dealt with stress through positive or negative coping strategies. The detail of personal and relationship issues as well as ways of coping exemplified a peculiar experience of stress/pressure, scrutiny and self-worth issues. A turning point for the worse is when they felt their coping strategies were ineffective for dealing with the accumulated stress, pressure and issues. In severe cases, the elite athletes’ acute psychological distress deepened to hopelessness and suicidal ideation after negative perfectionism/coping strategies occurred. This typically followed a turning point where positive perfectionism/coping strategies were deemed to be exhausted and ineffective for dealing with accumulated stress, pressure and issues.

Accumulated stress, injuries, rehabilitation and the realisation that their career is over at a relatively young age for retirement makes elite athletes a particularly at-risk group for psychological distress which manifests as Post Injury Trauma (PIT), High Achiever Trauma (HAT) or the Retired Elite Athlete Paradox (REAP). During turning points and transitions, elite athletes may apply a similar level of intensity to outlets such as binge drinking. Transitions from sport were reported as being a stressful process if preparations had not been made.
The highs and lows of sport, the predisposition to strive for an upward spiral and the inevitable turning points set athletes up for a downward spiral. When it happens, it appears there is a high likelihood that it is severe and intense as a result of the built up pressure and stress. In an attempt to balance themselves out, striving to redeem themselves, this group of elite athletes found themselves on a self-perpetuating vortex of upward and downward spirals during a transitional period after retirement from sport which can last up to three years before it balances out to a more synergistic spiral of less intense and severe ups and downs.

Appendix B presents 5 examples of interview transcripts.
Chapter 6: Industry Professional Interviews

Semi-structured interviews with 14 industry professionals provided further insight into the research question. The primary intent was to check ideas that had surfaced in the interviews with the athletes which provided the primary data for the thesis. Although the data in this section did not contribute to the data analyses and eventual research findings, it was deemed important to gather information from the industry professionals after recommendations from elite athletes and other industry professionals who were deemed by research participants to be authorities on the subject. The text from this part of the research did not contribute towards the data for analysis because they were not elite athletes and therefore it must be considered that the following chapter involved the perceptions of an expert group about the research topic.

The same interview guide as was used with elite athletes was applied but the context was changed so they talked about elite athletes from their professional services perspective of them. Similar to the synthesis of non-literature articles and books in Chapter 4, the information from these industry professional interviews has been categorised by headings (informed by the literature review). After careful consideration of relevance to the thesis, it was decided to be worthy of inclusion if the comments were observations from actual experience in elite athlete context.

Perceptions of sport career

Industry Professional 4: Athletes want to achieve success and this can be difficult for them after they have been put on a pedestal by people. They have lived in the sporting bubble. They often have moved to partake in elite sport and don’t want to go back to an ordinary life. They can be scared of criticism and feel like a failure as the voices shut them down.
Perceptions and expectations of self

Industry Professional 4: Once they have taken an athlete identity, their perceptions of themselves are often of their potential rather actual ability. How do athletes ask for help? Athlete foreclosure occurs when they are injured or retire. There is often an extreme case of the athlete identity e.g. they see themselves as a footballer.

Industry Professional 2: If someone strains their ankle in sport, empathy is normally given. However, there is little or no empathy for a strained brain. What makes it worse is when the person suffering from depression or anxiety makes it even more difficult by beating themselves up about it. The demons in the head take them further down. The triggers and stressors are therefore important to understand and prevent.

Industry Professional 10: Even when they are not injured, athletes see themselves as an athlete and other times they see themselves as a human being. For example, some sports impact more on socialising than others. Swimmers and rowers are getting up early while footballers have free time when they can be social. There is a different mindset of what makes them, them. If you ask an athlete while on tour, “Do you see yourself as an athlete or as a person?” it will vary from a team and individual perspective. They may be worried about selection and making the team. Or they may be worried about life back home with kids, wife, work etc.

Changes in perceptions and expectations of self

The following response demonstrates how the expectations of athletes changes as time goes on and they consider their life/future as an athlete and as a person.

Industry Professional 10:

- The expectation of an athlete is that they are young and fit.
- A retiring athlete’s expectations are changing constantly. They realise they are slower and older than before. They wonder, “What’s going to happen to me when I retire?”
• The public and media will have them in the headlines today but the athlete is quickly forgotten tomorrow.

A significant finding was that athletes need to sort out what they value in order to work out who they are and align these values with their behaviours:

**Industry Professional 4:** Get to know who you are – some values may need to be reordered such as valuing prestige and status. Values are what drive our ability to commit. So we have to understand what they are.

**Industry Professional 2:** Emotional Sense of Self is a process. Train and develop your relationship with yourself. When you are confronted by external stressors, you will have the skills to take control of the wheel and you then become responsible for your direction. The process requires practicing this on a daily basis.

The next response alludes to a downward spiral is related to the degree of success as an athlete.

**Industry Professional 9:** Athletes question their identity and self-worth after they retire. The more successful you are as an athlete, the bigger you fall.

*Perfectionism*

Perfectionism is common in athletes because they strive to have the best set of skills possible but it can turn negative when they don’t succeed.

**Industry Professional 10:**

• Young players who make a mistake get mad at themselves.
• The one who is perfecting skills is a better athlete. The moment you say ‘I am no good, I’m not perfect’ you are stuck.
Stressors

Industry Professional 5:

- Take effective measures to minimise e.g. proper rest, no overtraining, no alcohol etc. and also consider environment hazards.
- Reducing athletes stress levels is very important and so is recovery from stress.
- Being monitored is important. If you are not under monitor and you are starting to suffer high stress levels, you will be more susceptible to an injury.
- Stress stays around and has a residual affect. It only surfaces when it feels like it. The metabolism puts it in the forefront.

High achievers get their own brand of stress. The following response describes how accumulative stress can manifest into psychological distress later in life.

Industry Professional 5: Let’s look at John Konrads’ life. John grew up in a chemical stressful environment. He trained for 5 hours a day in swimming pools causing chemical stress. He then over-exerted himself as a strict performer. He later changed careers and worked for a different company. By the time he was 50 he had depression.

Adequate recovery time and rest and nutrition, nutritional supplements are not the only ways to combat stress.

Industry Professional 5: The stress can be reduced by a supportive relationship – a caring and supportive Mum, Dad or partner.

It is important for athletes to realise that they are at higher risk for stress than the average person.

Industry Professional 9: We complete exercises to show why they’re at high risk. When they visually see the risks on a blackboard they immediately see the reasons. If they are high risk then they must have a high level of awareness, and look out for each other.
**Outside of sport**

Many factors ranging from mental ill-health, to economic, social, cultural and environmental factors may all contribute to the complexity of issues.

**Industry Professional 7:** Athletes’ experience the same stresses and pressures as everybody else e.g. financial, social and anxiety. Their pressures may be exacerbated because they have to perform under pressure mostly i.e. to win or gain selection for a team or event.

Satisfaction with life outside of sport and finding adequate and healthy sources of stimulation are important to prevention of downward spirals during the transition from sport.

**Industry Professional 10:** There is physical stress in retirement. Not anatomically but if they don’t replace the good the biggest hassle is stimulation. There is a difference between sports satisfaction and life satisfaction. Life satisfaction is more important.

**Athlete norms**

Athletes experience stress in extreme ways. Stress and pressures were described as an athlete norm in the following responses.

**Industry Professional 6:** Athletes face a range of internal and external pressures. They not only have their own goals to achieve but feel the pressure at times to live up to the expectations of coaches, family, friends and the media.

**Industry Professional 14:** Stress is a fundamental part of athletes’ lives and they experience this daily in training and competition and as they manage other aspects of life to fit with sport commitments. As high achievers, this stress can be considerable for many elite athletes. Athletes experience emotional, psychological, professional and physical stress during their sporting career.
The following responses indicates that eustress (beneficial stress) is a part of striving for success as an athlete. The second response indicates that there becomes a physiological dependency is linked to the striving for performance which manifests as an upward spiral.

**Industry Professional 10:** Stress is normal. Pain is good and the focus is on your game. The younger athlete is about getting medals and winning games, life is a bed of roses. It’s not the stress that I need to handle; it’s the cause that I need to handle.

**Industry Professional 2:** Athletes are machines in their striving for performance. This dedication influences how they think and their physiology is linked to how they are doing. If you think you are doing well, you’re physiology supports it and dopamine is released into the brain, reaffirming this. Athletes become addicted to these feelings and sensations. It’s no different to getting off drugs for addicts – there are withdrawal symptoms. The science of depression needs quantitative studies on such processes.

**Injury**

Injury is often thought of in physical terms but it also affects athletes’ mind and spirit.

**Industry Professional 10:** If they suffer an injury it depends on the medical help that they received. The expectations of athletes getting back into sport are positive. If a medical professional can’t diagnose the athlete’s injuries it has a negative impact. Athletes who suffer recurring injuries may give up. It helps if you ask an athlete – “Do you see yourself as a human being with an injury or do you see yourself as an athlete who is not performing at the moment?” We know they will go through ups and downs.

The following response differentiates between types of sport when considering the consequences of sports injury:
**Industry Professional 10:** In team sport, athlete rehabilitation is not just about them but also the people who will take their place when they’re gone. When an athlete returns they have a lot of catching up to do. In individual sport, athletes can still return after rehabilitation and focus on their own performance. They don’t have to worry about others.

**Retirement**

Athletes are often required by contract to do education and development to prevent or prepare them for transitions from sport.

**Industry Professional 11:** Each team is slightly different in their approach to preparing for retirement. The Melbourne Rebels have an engagement program strategy which requires each player to be affiliated with a club, school, charity or business within Victoria.

Sport retirement stress expert, Industry Professional 4 explained that there are behavioural changes evident during the transition period and often an evident lack of skill to work through the issues.

**Industry Professional 4:** Difficult transitions from sport have a number of elements:

- Individual characteristics;
- Level/ability to measure above and beyond sport. Moved into the full athlete identity;
- No life skills outside of sport;
- Identified as an athlete at a young age and not challenged by school or work but specifically by sport.

It was evident that successful transitions were dependent on a number of variable factors. Self-sabotage was described as being psycho-somatic which supports the High Achiever Trauma finding.
Industry Professional 4: Ability to transition to life after sport depends on:

- Whether or not it has been a voluntary or involuntary retirement. Athletes usually process thoughts for 2-3 years before making a decision on their retirement.
- Starting the transition with conversations and processing it as well as looking for alternative careers.
- Whether they are still grieving or not. The grief process is very effective. If it is voluntary it can happen relatively quickly. If involuntary, it may force them to plan things out. The grieving process can last for years and they don’t know what is happening. Sometimes feelings of being angry, sad, depressed. If capable, they may move towards acceptance and move on.
- Some other issue forced a retirement e.g. sick family member.
- Stuck in the blame stage – this can be a focus on the ending of a career and/or it may coincide with little understanding.
- Self-awareness and possible identity issues.
- No family or friends or inner circle for support.
- Stability – whether there are various aspects fulfilling a person’s life.
- Sport – being vulnerable to watching it.
- Concurrent with what is happening in life e.g. with family and friends, community, spirituality.
- Self-worth and whether or not there are difficulties with one-self. Self-sabotage is psycho-somatic.
- Stress – adrenaline produces sensational feelings and is addictive. It may have the reverse effect when it is missing (heavy and suppressed feelings).
- Physiological– many feel flat without sport. Gymnasts need detraining as part of their transitions. Detraining is a deconditioning from the performance training.
- Needing a break from sport – lost all sense of feeling from being burnt out.
- Fear of failure/fear of success.
- Perceived lack of social support including trust issues with family and friends, independence is critical but they need people there who understand their boundaries and are able to influence their system through intellectual understanding.
• Strategic changes have to be extracted through a performance element.
• Life skills and becoming fully aware/catching up with self-awareness. It’s like talking to a 14 year old about not drinking.
• Emotional maturity.

The next response supports the notion that athletes need to be become more realistic of what is going to happen as their status changes during transitions from sport. It describes how they have to work at ascending on an upward spiral again.

**Industry Professional 10:**

• Some athletes arrive to the next chapter in life and ask “What am I going to do now?”
• A plan needs to be in place before retirement for the future.
• You don’t have to climb a mountain just continue climbing.
• It comes down to attitude: If only = No control and leads to depression. Only if = Mental health is better.

The following advice describes practical solutions to the difficulties that elite athlete experience in the transition from sport. Relevant to the research findings is the point on ‘internal versus external gratification’ which suggests that athletes could avoid being set up for High Achiever Trauma by letting go of past achievements. However, the other point about ‘the athlete job description’ which suggests focusing on the qualities that enabled athletes to achieve in their career may not be generally advisable. Those with High Achiever Trauma or Retired Elite Athlete Paradox link achievement with success so the behaviours which helped them in sport may lead to intense and severe upward and downward spirals.

**Industry Professional 4:** My advice is for athletes to work their way towards a contented and fulfilling next stage of their life.

• The grieving process - understand that it’s normal and include it in your expectations.
• Detrain the training – ease out of athlete regimes and into new lifestyle and career.
• Explore other competitive arenas – it may be worth trying out social sports.
• Phone a friend – work out who genuine friends are and stay in touch.
• Compartmentalise the days – map out your days to focus on the four pillars – the job hunt, some personal development, friends and your family, and your soul or spirit.
• Internal versus external gratification – External satisfaction will not sustain you for long and needs to be replaced by self-appraisal and appreciation. Mind shift away from your achievements and do not rely on them for any future sense of achievement. Do not compare old life and new life.
• Dealing with the dollar issues - the indignity of working a regular job for less money is a normal part of the transition process. Try to focus on the things you have to be thankful for.
• The athlete job description: focus on the qualities that enabled you to achieve what you did in sport and transfer this to another job/career.
• Change the terminology – Reframe thinking about retirement. Athletes see retirement as the end, rather than just the closure of one stage – an enjoyable stage of their life.

Planning and support during transitions was seen to be beneficial to adjustment.

**Industry Professional 6:** From my experience, I believe that athletes who invest in their post-sport career before retiring have a smoother transition. It doesn’t require hours of investment, but does require some planning. I also believe that athletes significantly benefit from having a team of professionals (nutritionist/physiotherapist/psychologist) supporting them through their career transition.

The following response advises various high profile athletes that building a strong support network for life after sport will more than likely benefit them. It also congruent with the findings that the transition from sport is a 1-3 years process which many are not prepared for. It also supports the findings about loss of purpose, motivation and camaraderie.

**Industry Professional 8:** There are a range of preparations that athletes can make:
• It’s not something you do just when you’re injured, out of form, or approaching the end of your career. Do it while you’re on your way up. It’ll be much easier and more effective.

• Some athletes continue to transition for 1 to 3 years after they retire from sport.

• Sport is athlete’s main focus – many don’t have something else to fall back on.

• There are differences in adjustments to life after sport between individual and team sport athletes. Missing the camaraderie is a big factor for retiring team sport athletes and they may feel they have lost a sense of purpose and motivation.

• Planning ahead is vital to the non-negotiable core element of who you are and things that sustain you.

• Willingness to accept change, be patient, respectful and adaptable.

There are consultants who have helped numerous elite athletes set up businesses and investments as a way of assisting athletes with transitions from elite sport. The following industry professional discussed how he went into business with a former elite athlete who went on a downward spiral when relationship issues and drug abuse. The following supports the finding that elite athletes are nurtured towards continuing striving towards achievement but he didn’t mention the high number of failures in business after sport.

**Industry Professional 12:** My former business partner used to help me advise other elite athletes but is now reclusive as he battles his demons and drug abuse. My advice to the hundreds of athletes that I have assisted has been to plan ahead and develop business acumen:

- Seek opportunities whilst in sport and look for a purpose beyond sport;
- Obtain business advice on how to reach goals and break through constraints;
- Invest in your own future by building relationship skills, networking and mentoring;
- Work out what you want to do for a career and prepare yourself for it;
- Build experience with education, internships and work experience;
- Reach better outcomes through seeking and improving linkages;
- Consult experts on investment for analyses, industry trends and nuances;
- Trust your instincts, assess risks and build resiliency in broad areas.
Psychological distress

The next response explains how presenters of a Life Skills course are destigmatising depression. It highlights the research finding that elite athletes do not like admitting to mental ill-health as it goes against their identity and it’s a sign of weakness. This is why it was important to find other terms to describe what is going on (to get them to identify with it).

Industry Professional 9: We get athletes to look at depression in a different way. We say “listen if something is wrong with your car, what you do?” Get it fixed by a mechanic. You broke your leg you go get it set by a surgeon. If a computer is the problem, get it fixed. So, the most important thing in your life wasn’t quite right, why is it that you wouldn’t go and get it is looked at? We use this analogy to try and demystify the notion of looking after your mental health. You need to differentiate between genuine depression and retrospect depression. Getting athletes to realise what goes on in your sporting years is the most important thing that you’ve got in your life. There should be no shame in admitting you are depressed.

The following response supports the finding that a downward spiral manifests through pressure into a more intense and severe experience when psychological distress lingers with no striving towards an upward spiral.

Industry Professional 10: Psychological distress comes when they don’t have a plan of making things better and/or don’t have the experience or belief. There’s the added pressure of non-selection and variable extreme pressures when a body is recovering from fatigue or not having full energy to complete tasks. For example, a student athlete thinks about studying while training or a Dad may think about his family responsibilities while he is away on tour.

The following response supports athletes taking responsibility for them self and supports a research finding about the liability issues around athlete health.
**Industry Professional 12:** Post-physical assessment and psychological screening at completion date should be seen as an investment. It is important to understand liability post-sport including with mental health.

*Coping strategies, support and rehabilitation*

The response details a formal program being delivered to prevent mental ill-health and suicide in Australian Rules Footballers. This supports a research finding that sporting clubs are at the ‘development of awareness’ level of engagement around mental health issues.

**Industry Professional 1:** The main idea is for people to recognise the signs of depression and suicidal ideation, and get help for them self and their mates. We encourage everyone to talk about it and destigmatise the issues.

The following response support research finding of athletes deriving benefit from their experience of psychological distress and striving to overcome the challenge of a series of upward and downward spirals and find control of the vortex.

**Industry Professional 2:** Athletes often go downhill in their search for answers. It often takes time to find one’s answers. My motivation for writing a book was borne from my difficulties with the ups and downs. I asked myself, “How hard is it?” One minute I’m OK and the next I am a basket case. The extreme end of it was challenging. I had problems upstairs and inside my heart. There came a time when I as an individual had to take the wheel.

The following response supports the research finding that the structure of sporting organisations makes it difficult for them to adapt to the personal requirements of elite athletes during transitions.

**Industry Professional 4:** Sporting organisations are controlling. There is the worst case of group think that it’s OK to operate under this type of control. Coaches are vulnerable and often have
their jobs on the line. There are often support people poking around. It’s a close knit circle. It’s a robotic culture with a common role to fulfil. Some won’t fit in unless they adapt to that. This means losing identity and real values in order to be part of the team. A major part of the grieving process is that athletes have no concept of values! None the less, high performance dancers have an amazing sense of putting themself on the line. Coping with the knock backs requires resilience, passion and protecting one’s power.

The following response discusses mechanisms and monitoring during the time that an athlete is at the Queensland Academy of Sport as well as an exit interview during transition from sport. This supports the finding that some athletes were helped by a Psychologist and that there is assistance up to the point of their retirement but generally not beyond that when transitional issues and downward spirals were most intense and severe.

**Industry Professional 6:** The QAS provides a range of support mechanisms to athletes through Sport Psychology and Athlete Career and Education (ACE) services. Each sport is allocated a Psychologist and ACE Advisor who work closely with the coaches and athletes to maximise well-being and resilience. An injured athlete is closely monitored in terms of their psychological well-being and physical rehabilitation, and a retiring athlete is provided with an exit interview with the Psychologist and ACE support.

The next response is from a sporting organisation perspective and supports the research finding that the transition from sport period is the responsibility of the elite athlete.

**Industry Professional 7:** The real question you should be posing is what can coaches and National Sporting Organisations do to ensure that athletes are preparing for life after sport.

Education and mentoring were mentioned below as ways to ensure that athletes are preparing for life after sport. The following response supports the research finding that education and welfare programs are in place within sporting organisations, however, it becomes the elite athlete’s responsibility to continue it beyond their playing career.
**Industry Professional 11:** The Rugby Union Players’ Association (RUPA) has a strong emphasis on education and player development which can be tailored to learning and communication style. Rugby is different from AFL where a recent study found that 25% of players cannot read or write well enough. This is setting them up for performance and mental health issues. There is also a strong emphasis on resilience to change and getting help from support people who are only a phone call away. Mentoring and networking is very much so on an individual basis. The most successful transitions have started early with this. The corporate network among rugby players is very strong.

The following response supports the research findings that support networks, preparing for life after sport and self-actualisation (an identity beyond being an elite athlete) are important for not spiralling out of control in the transition from sport.

**Industry Professional 8:** I refer to the “bar stool of life” having four legs when demonstrating to athletes the importance of not putting all their eggs in one basket:

- 1\(^{st}\) leg is professional sport; hopefully it’s long and earns lots of money.
- 2\(^{nd}\) leg is friends and family, support network/inner circle, business advisor/manager/mentor.
- 3\(^{rd}\) leg – personal and professional development, finance education, learning a language or apprenticeship.
- 4\(^{th}\) leg – who you are (without sport), things that sustain you.

The following response supports the research finding that an upward spiral is unsustainable and balanced views around achievement and success are important.

**Industry Professional 9:** Talent is a gift but you will breathe and eat just like everybody else. Mirror image isn’t media image and you take your success equally. Athletes have more spare time and more money. They may be better off having another job and not so much spare time. Your good luck ends up being your Achilles heel.
The following response indicates that athletes readily employ coping strategies once they have been guided towards the ones that most suit them. However, what it doesn’t indicate is that elite athletes can go on a downward spiral when they deem their positive coping strategies to be exhausted and negative coping strategies are then employed.

**Industry Professional 10:** I rarely see athletes more than once. This is because I teach athletes there are only four reasons you fail. What to do - how to do - the ability to do – choices:

- ‘Act good to feel good’.
- Don’t worry about where thoughts come from. You can’t control your mind; you can control your actions. Get your actions right and not your mind;
- Handle your personal life: Walk the walk, don’t talk the talk. Refrain from talking about intent. Get intent right;
- We teach simple strategies to take control over your destiny. We all have good and bad days;
- We teach athletes that every day you can be the best and choose to execute what works best for them. There is an almost instant improvement;
- When people have negative stress they feel better afterwards;
- Reasonably PLAN. What’s got to change!
- Where is my next GOAL? Put things in place before retirement;
- Make changes; financial, family, education, travel;
- Take care of themselves;
- Marriage and Retirement dynamics: Who did they marry: Person or athlete?
- Have a realistic expectation of retirement. PLAN!

**Alcohol and drugs**

The following response supports the research finding about how pressure leads to drinking as a negative coping strategy.

**Industry Professional 10:** Why does anybody drink?
• Falsely the athlete says I am under pressure. Rather than thinking pressure is good they need to relieve the pressure. But how is it going to make you feel better?
• Athletes have more access to it with the money that they earn.
• It is generally less than the general public but we put them in a bubble and in the public eye.
• People want an athlete to crack so they can stuff up. Pressure from social media. The media wants a scandal.

The following response supports the research finding that heavy drinking is a negative coping strategy that is employed after positive coping strategies had been exhausted. In this case, participation in sport was perceived to be a psychological protective factor. This supports the research finding that an intense and severe downward spiral occurs after retirement when the athlete is no longer bound by the confines of playing elite sport.

**Participant 11:** There was eight months after I retired that I was drinking 20 standard alcoholic drinks a day. Now, looking back I can see that I was using alcohol as a coping mechanism, because my brain was not being stimulated anymore, I didn't have those boundaries football gave me. You lose the camaraderie, you are so used to all those highs and lows that come with playing … leaving it does have an impact. To my regret, I got into a huge amount of trouble with the law. There were assaults on patrons at various night spots, two drink-driving charges, just out of control behaviour, where I hurt a lot of people, including those closest to me. It's been a very long journey to get to where I am now.

**Intervention**

The next response supports the research finding about obsession leading to positive and negative addiction which represents deriving benefit from upward and downward spirals during the sporting career.

**Industry Professional 3:** It is very difficult to get any athlete to be aware of something other than what they are interested in at the time. We have found in studies that they are too obsessed. Human obsessions grow in volumes and intensity. Obsession becomes an addiction that is both
positive and negative. The large majority have environment driving their obsession, working towards an excellence or are social goal-focused. Athletes rarely look at other things while they’re in that obsessive stage. You have to divert their attention somehow and get them to think about their health modules and promote health.

The following response supported the challenges of this research with engagement of elite athletes and the ethics around that.

**Industry Professional 3:** The other two main reasons, psychological and social are not an issue. Biological is one that you will struggle with unless you decided you could work out a way around the ethics issue and the link to drug and alcohol issues.

The following response supports the research findings that preparations for transitions or interventions are difficult to implement in a standardised approach and the transition process varies in time because of individual differences.

**Industry Professional 7:** Some athletes would respond where as others would not to interventions. Transition is a highly personal process. There is no set protocol for athletes to undergo. The manner in which the transition occurs is different for each athlete, as is the manner in which they retire. Either through forced retirement i.e. deselection, through injury or personal choice. I would need to examine closely any online module that is developed for athletes. The bottom line is, that even if an athlete is well prepared for transition i.e. has a qualification and can enter the workforce, it may take some a couple of months, it may take others 10 years to come to terms with the fact that they are no longer elite athletes.

This next response is from a life skills program coordinator. It supports the research finding that the education and welfare space within sport helps elite athletes to keep control of their upward and downward spirals but it doesn’t discuss the more intense and severe downward spiral that typically happen after they retire from sport when positive coping strategies have been deemed to be exhausted.
Industry Professional 9: Response from athletes has been positive. More importantly results in working with over 2000 athletes around Australia we have yet to have one incident in any of those 2000 yet. It’s been 4-5 years now and no-one has had any serious issues of any note.

- We talk about the issues around depression, suicide and the pressure that elite performers face and why these pressures are peculiar to them and why they are at higher risk than the average person.
- We spend a lot of time talking about social life issues including drugs, alcohol, night clubs and sexual assaults. They get lots of attention and make poor decisions.
- Violence and bystander intervention. The person who is brave enough to take control and being able to stop something from happening in the early signs of it. It can be the difference between getting them to see that it’s not just you. You might not be the problem but you have the power and the modelling influence. Rather than just being neutral you can be a positive force.
- How to stop being negative and shift to a positive mindset.
- Media skills course – dealing with the media and professionalism.
- International travel and cultural awareness course: Teaching athlete’s tolerance in travelling the world and representing their country. It’s about treating people with kindness and dignity in various parts of the world.
- Drink IQ course: Understanding alcohol, how long it takes to get in and out of your bloodstream, when you can’t drive, what does alcohol mean to you? Is it something you are using as a weapon to get by or do you see it as a gift and use it wisely?
- Leadership and being a role model: Understanding that you are a role model whether you like it or not. If you don’t like it, you have no choice in the matter. You have to get with the program as you will be judged by those standards. Stop resisting and play the game. It is a social contract you sign with the world and you must be accountable for it.
- Agents: Understanding the law and your rights. Making sure you don’t sign your rights away.
- Social Media skills: Facebook page, Twitter, MySpace, You Tube etc. Learning mobile etiquette, texting, images etc. This is becoming more of an issue in the last 2 years and
continues to grow. Depending how the athlete uses it, there can be both positive and negative outcomes. It’s a great marketing tool but once you post something it stays there for life.

The following response supports the research finding that sporting organisations assist athletes to strive towards goals, especially towards an upward spiral when experiencing a downward spiral. It describes how sporting organisations are less concerned about the elite’s psychological condition in a personal context as they are with the performance psychological condition. This supports the research finding that there is a self-perpetuating vortex of upward and downward spirals that elite athletes and their sporting organisations derive benefit from.

**Industry Professional 10:**
- Objectivity. Come up with a plan to make things better;
- Give athletes the ability to move forward;
- Let the athletes have control and plan for tomorrow;
- I don’t worry about the athletes’ mind, emotions or mental state;
- Action plan puts forward momentum and rids problems. We worry about what the athlete is going to do to make things better. If plan A doesn’t work, what is plan B?

**Summary**

Although the interviews with industry professionals were collated as secondary data and therefore not used in the research’s findings, it was considered worthy of inclusion for comparison with the research findings in order to elicit support or insight. Examples were presented in this chapter to focus the main implications of the findings, particularly in regards to the self-perpetuating vortex of upward and downward spirals. It was observed that elite athletes and the industry professionals around them nurture and feed off this spiralling energy and seek to keep the environment around them so the momentum keeps going. This feeds the paradox of the race happening despite whether elite athlete is competing or not. A series of upward and downward spirals is controlled by the sporting environment. Once the athlete departs this space
there is a turning point, particularly after retirement from sport. The negative consequences create further risk of it spiralling out of control. Current athletes are prepared with education and welfare programs but left to their own devices after retirement.

The enabling of elite athletes towards positive coping strategies prevents them from learning the lessons from negative coping strategies that many others outside of sport learn through experience. The athlete perception that positive coping strategies have been exhausted during their sporting career appears to set them up for a fall in retirement. This is when the environment and associated support structure have dissolved. The various pressures and changes during transitions led to negative coping strategies being employed as a result of the exhaustion of positive options. This intensifies the upward and downward spirals. The severity of the vortex spiralling out of control sets these athletes up for increased risk for psycho-somatic behaviours, depression, suicidal ideation and behaviour.
Chapter 7: Discussion and Conclusions

The research undertaken in this thesis set out to answer the question:

What is it in adjustment to the critical and inevitable turning points in the lives of elite athletes such as injury and retirement that makes for negative consequences for mental health and well-being?

The question was based on a consideration of the scholarly literature (reviewed in Chapter 2) and the popular literature (reviewed in Chapter 4) on elite athletes. This literature pointed to negative consequences, sometimes severe, arising during athletes’ careers. It was particularly evident at critical points such as injury or retirement. Although a complex literature, a synthesis, summarised in Figure 2.1, was that there are certain personal dispositions of athletes that are of great benefit in meeting the ongoing expectable challenges in their careers and that lead to positive outcomes, but when compounded by stressors such as injury or the process of retirement, may lead to negative outcomes for their mental health. That is, the factors leading to success are the same factors that produce negative consequences.

Elite athletes and sports administrators closely associated with elite athletes were interviewed and the results were analysed thematically and related back to existing literature. A summary of findings follows.

Personal Factors

Both negative and positive perfectionism was common in the group of participants interviewed, with the negative form combining with other factors such as overtraining to become precursors to psychological distress. High standards, doing their best and wanting to be a champion were aligned with positive perfectionism and obsession, fear of failure and wanting to prove their self were aligned with negative perfectionism. This resulted in disappointment and in an extreme example it resulted in chronic fatigue syndrome. Persistence can also manifest in positive
perfectionism which is a psychological protective factor and related to positive perceptions about retirement. However, persistence can turn into negative perfectionism which led to overtraining, burnout and more intense and severe psychological distress which manifests as a downward spiral.

Positive perfectionists (observed in about a third of the group) were most likely to be well-adjusted after the transitional years of retirement. The perfectionists who had unresolved issues from the retirement from sport were most likely to experience negative consequences.

The predisposition, desire or obsession to win drives athletes’ ambition and thus is an important part of their identity. Elite athletes are a “high achiever” group who are often their own worst enemy – persistence can be their best and worst quality. Their drive can make them blind to signs of distress that lead others to seek appropriate assistance and treatment. Such elite athletes are often in a different mindset about themselves and their circumstances often change but it is clear that they value achievement. Research participants who associated achievement with success described symptoms which seemed to spiral out of control and yet they did not associate this with mental ill-health or seek help until a breakdown occurred. These persons got help from medical professionals and also from friends and family. Some were more resourceful than others in finding their own self-fulfilment. In the process, some derived benefit from their experience by perceiving their psychological distress as a part of their journey to the present moment describing “spirituality”, “hobbies”, and “rest” as coping strategies which helped them the most.

I use the term High Achiever Trauma (HAT) to characterise the state of elite athletes who are coming down from a level of high achievement in a way that is unbearable and all-encompassing and that gives rise to negative coping strategies, particularly avoidance/denial of the issues and alcohol and drug use. Mental health issues exacerbate as a result of the difficulty in finding and sustaining effective and positive coping strategies which work in reducing psychological distress. This group tried to minimise a problem in what they deemed "survival mechanisms" but the long-term result turned out to be more adverse than otherwise. Hopelessness and powerlessness were reported when the strategies that have always seemed to work in the past are no longer working. There is a description of "things spiralling out of control" and this is when
the trauma manifests itself in suicidal ideation which often went unreported. The will to cope and get better was common in this group because of their desire to succeed over adversity. This generally excluded suicidal behaviour except in severe and intense cases of mental disorder.

**Ongoing Career Challenges**

The careers of elite athletes involve constant challenge. There is “total commitment”, with perceived pressure upon them to win which leads them to train and compete hard. Public scrutiny in the form of media attention and others’ opinions increase the pressure, and the biggest challenge for athletes becomes finding a work/life balance as they strive to handle the many demands upon them.

A high proportion of elite athletes experienced acute psychological distress during their careers. For more severe and intense cases, medication was a short-term coping strategy for reducing psychological distress, before re-establishing goals and again working towards them. In the longer term, the right medication/professional help, support networks and life changes helped recovery.

The research findings were consistent with protective factors against mental ill-health and suicide such as provision of support, a sense of belonging and connection, as well as self-worth, good problem solving strategies and having a positive attitude towards psychological distress. Such variables help to buffer against stress. Generally, benefit was found from the experience of psychological distress, with narratives on this introspective time as being a process of learning more about them self and what they want in life.
**Potential Stressors**

About half the number of athletes reported high levels of overtraining. This was beneficial for a while in helping them to achieve but then energy levelled out and an upward spiral turned into a downward spiral and as a consequence, sometimes manifested as burnout. Overtrainers were more likely to report severe injuries. Almost three-quarters of those who experienced injury later experienced psychological distress.

I use the term Post Injury Trauma (PIT) to describe how stress and pressure accumulate over time and manifest in chronic psychological distress after injury. The respondents whose injury led to psychological distress, burnout and chronic fatigue were particularly at risk for suicidal ideation and attempts.

For about 1 in 10 of the athletes, retirement and the life changes involved led to psychological distress. In about a fifth of the cases, however, psychological distress preceded injury or retirement. On average, it took about 1-3 years and sometimes longer to effectively transition from sport to retirement. There was better adjustment when the elite athlete retired on their own terms.

Retired male athletes were most likely to have engaged in a binge drinking culture during their athletic career. This sub-group reported chronic psychological distress during transitional periods.

There was a significant relationship between psychological distress and for those in contact or potential heavy impact sports. Most of these participants reported experience of depression and suicidal ideation. Anxiety levels and suicide attempts were also higher in these cases.

Injuries were common place and these could bring on a sudden downward spiral in well-being. Interestingly, long-term injuries were sometimes perceived as easier to deal with than short-term ones because it provided time out to rest and recover. Ordinarily in cases of psychological
distress after injury, short-term coping strategies were effectively implemented to relieve symptoms.

The accumulative effect of all the training and stress that elite athletes are exposed to can be severe. It is therefore of little surprise that some professional athletes depart sport biologically, psychologically and socially unstable, and at risk of mental illness. High achievers such as elite athletes may apply their predisposition to succeed into other areas of their life. Those elite athletes who were proud of their achievement in sport, had moved on from introspection about this and were beyond 3 years of retirement from sport were the better adjusted members of the research group.

There was a moderate theme in the study of feelings of isolation and loneliness in the few years after retirement. In response to the void left by retirement from sport, the common theme was that “you just get on with it”. It was a common theme to hear how the elite athlete gradually adjusted to their new life and career once they had come to terms with their new identity and also the biological, psychological and physiological changes from no longer training and competing at elite levels.

**Positive Outcomes**

Most elite athletes perceived winning as the primary high point of their sporting career, followed by responses for representing Australia, lifestyle and travel as well as camaraderie. Rather than personal best achievements, the responses described a “sense of mastery”, “achieving a goal” and “enjoying a challenge”, which consistently supported the key theme of “sense of achievement”. Record breaking or recognition were evidence of this but the motivation was for mastery.
Negative Outcomes

The study found that almost all elite athletes had experienced psychological distress. It was not intended to provide a retrospective diagnostic evaluation of the mental health of this group. The following findings must be considered as part of a qualitative study that included a hand-picked group. That said, more than two-thirds of the group described psychological distress as acute or short-lived. Only a couple of respondents discussed “self-destructive” tendencies. Most described the type of psychological distress as depression. About 40% of respondents discussed suicidal ideation and about 1 in 10 discussed suicide attempts. The distress was described as anxiety in about the same number of cases. There were also a few cases of bipolar disorder and one of schizophrenia.

The main lows reported by the group included experiences of hardship, personal sacrifices, negative team environment and an unsupportive coach. There were also demands on their time, media scrutiny, feeling like a failure, lack of motivation and fatigue which were other negative issues. There were common themes of self-criticism and experience with adversity.

The key stressors (injury, retirement and life changes) led to mental ill-health in the form of acute symptoms of depression and anxiety. These were sometimes considered to be isolated stressors but more commonly were combined producing accumulated stress. It was described by some of the group as borne from frustration arising from being forced out of sport due to injury and not retiring on one's own terms.

I use the term Retired Elite Athlete Paradox (REAP) to describe the research finding that when certain elite athletes have their mind set on a goal, they will psychologically continue on that track whether or not their physical body actually stays on track. This may mean they are in denial or avoidance and keep reverting back to extreme behaviours leading to a downward spiral and then striving in the other direction and not giving up.

The will to cope with acute psychological distress was initially assisted by obtaining professional help and/or support from family and friends. This occurred more during the early phase of
transitional periods. Retirement was seen as the most significant turning point. The transition period included themes of loss: “loss of identity”, “loss of source of self-value”, “loss of goal” and went on 1-3 years into retirement. This is when the elite athlete perceives that there is less support available or that they have exhausted various positive coping resources. This group was unlikely to seek help preferring to “keep it to myself” and “just get on with things” for dealing with times of frustration and disappointment.

The elite athletes’ loss of identity and a sense of purpose as well as expectations of them self to achieve success outside of sport are such that they were more likely to adopt negative coping strategies when difficulties arise in transitions. There was a particularly vulnerable sub-group describing spiralling downwards to an unbearable, all-encompassing struggle with depression and if they were also dumped by their sporting body, suicidal ideation and attempted suicide were reported.

Suicidal ideation was related to accumulation of the various pressures, stressors and issues in the elite athletes’ lives over a period of time going back to their teens. There were a series of upward and downward spirals; gradually it grew more intense and severe until it spun out of control.

Depression and suicidal ideation were highest among those who were satisfied with their careers. This was because they went through a process in their transition from sport including a downward spiral from which they drew wisdom and strength. The lows balanced out the highs and eventually a balanced perspective emerged regarding their career and goal orientation which led to the elite athlete valuing their achievements.

*Theoretical Interpretation*

At the outset of the study there were certain expectations based on the literature (e.g. stress is inherent in the life athletes) and the psychological theory of stress developed by Lazarus (1966) and Lazarus and Folkman (1984) about the career progress of elite athletes.
Psychological stress is ‘normal’ for elite athletes. That is, most experience it as a result of the high demands placed on them.

The stress can be exacerbated by particular personality characteristics that can be of benefit to elite athletes in assisting them to reach their goals (viz., perfectionism, and self-esteem) but which can, unless ‘managed’, prove counter-productive.

Stress is usually dealt with by employing coping strategies. These are particular ways of thinking, feeling, and acting when confronted by stressful situations. They vary in their effectiveness in reducing stress, and people have a profile of those that they typically employ, as a result of their socialisation and life experience.

Stress is increased at certain turning points common in the lives of elite athletes, notably injury and retirement.

These expectations were generally borne out in the reviews of the scholarly and popular literature and in interviews with athletes and sports administrators. However, a further assumption was needed to make sense of the athletes’ reports.

Unless stress is coped with effectively at these turning points it accumulates and begins to threaten in a serious way the athlete’s mental health. There is a deepening spiral as stress levels tax coping strategies leading to increased distress and, in the extreme, to hopelessness, clinical depression, and possibly suicidal ideation.

Stress theory, as developed by Lazarus and Folkman (1984), recognises the cyclic nature of interaction (the ‘transaction’) between the person and the stressor. Attempts to cope lead to reappraisal of the stressor and hence effects on the stressor. What is being added to this here is the idea of a spiralling effect and not just a cycling between coping and appraisal. The term ‘downward spiral’ is used in ordinary language to describe a situation that is getting worse and is difficult to control. One dictionary gives the following definition:

A series of thoughts or actions which feeds back into itself, causing a situation to become progressively worse. It is worse than a vicious circle, which is self-sustaining in its current state (Wiktionary, 2015).
The idea of a downward spiral has been recognised in some of the more recent accounts of stress and emotion. Mack et al. (1998), for example, researching in an organisational context advanced the idea of ‘deviation-amplifying’ cycles of interaction between stressor and person. The perceived distance between intensity of the stressor and the ability to cope is increased with repeated attempts at coping that are less than successful. The result is an ever increasing failure to cope with the stressor or what they refer to as a downward spiral. Garland et al. (2010) propose that cognitions, behaviours, and physiological changes induced in strong emotions can, through reciprocal causal links, generate self-perpetuating and damaging cycles, which they termed ‘downward spirals’. They provide the following example of a downward spiral:

For instance, sadness stemming from loss tends to co-occur with rumination on that loss coupled with behavioural withdrawal and fatigue, and these components can interact dynamically to produce subsequent sad feelings, leading to further rumination, withdrawal, and fatigue. Sadness can become further entrenched by spawning emotion consistent appraisal tendencies to interpret new experiences in terms of loss and lack of control, a cognitive bias that may ultimately produce lasting negative beliefs about self and world. In turn, such negative beliefs, coupled with repeated experiences of sadness and isolation, create an ever tightening gyre fuelled by narrowed, socially isolating thought–action tendencies. In time, this dynamic process can lead to depression among susceptible individuals. As this cycle spirals further and further downward it can become self-destructive, leading to the loss of relationships, the relinquishing of commitments, and even desperate suicidal acts, a pattern all too familiar to clinicians who treat persons with emotional disorders (p.851).
Figure 7.1  Downward spiral of psychopathology (Garland, 2010).

Figure 7.1 taken from Garland et al. (2010) attempts to summarise their proposal. It shows how increasing stress leads to a narrowing of attention and restricted appraisal which can produce defensive behaviour. Garland et al. (2010) reviewed the neuroscience consistent with their proposal but recognised that further research is needed to provide stronger support.

Reflection on the results of the present study leads to the idea that the downward spiral should be taken further and be viewed as part of a vortex of downward and upward spirals which self-perpetuates from cycles of highs and lows with the will to survive and thrive as a key feature. Figure 7.2 attempts to capture this.

Figure 7.2: The self-perpetuating vortex of downward and upward spirals for elite athletes
In the interviews, I was trying to determine whether sports injury, retirement and life changes came before or after mental health issues. However, it was more complex than simple cause and effect. There is a spiralling process in which sports injury, retirement or life change leads to mental health issues which in turn make coping with injury retirement or life change more difficult which leads to further mental health issues, and so on.

It is the deepening psychological distress that the spiral produces that is the problem for suicidal ideation. This deepened spiral is the concept of what happens for the elite athlete from this research. There is adversity in terms of the key stressors (injury, retirement and life changes) which leads to mental ill health and the difficulty in effecting coping strategies and mental health issues exacerbate. It spirals in such a deep way, that the psychological distress manifests into suicidal ideation. The will to cope and get better is often there in this group because of their desire to win over adversity. This is where the elite athlete can find benefit from a downward spiral and sets target on an upward spiral. The sense of achievement is a driving force as it gains momentum and this helps to explain the intensity and force of the vortex from the synergy of their ups and downs. This revised sense of purpose and focused energy generally excludes suicidal behaviour except in severe and intense cases of mental disorder.

The interview data demonstrated the spiralling process as being particularly related to the will to cope. This was represented by the desire, predisposition and persistence for achievement and doing well. A strong will to cope is a positive and a negative. Positive in that it drives recovery but negative in that it might strain and then exhaust coping resources or lead to the use of coping mechanisms that are less than ideal, such as denial and avoidance. By trying to cope by minimising a problem, the long-term result might be more adverse than otherwise. There were higher levels of hopelessness or powerlessness reported when the strategies that seemed to work well in the past are no longer working. This was the group who didn’t achieve what they wanted from sport and had the most severe and intense downward spiral as a result of disappointment of not fulfilling their own expectations, including after retirement from sport.
Literature on the dynamics of the sport retirement process has traditionally argued that it is grounded in the social structural context in which retirement takes place (e.g. Coakley, 1983: 1). Factors such as gender, age, socioeconomic status and social and emotional support networks were thought to shape the manner in which one makes the transition out of sport. Therefore, retirement from sport sometimes may be the scene of stress and trauma but, by itself, it often is not the major cause of those problems. Over the years, there have been ongoing reports regarding the difficulties that elite athletes experience in transitioning to retirement. Retirement from sports brings with it all kinds of issues, some of which can present athletes with challenges which will put their coping skills and resilience to test. The traditional hesitation to consult sports psychologists because of the stigma attached (Linder, Pillow and Reno, 1989; Linder, Brewer and Van Raalte, 1991; Schwenk, 2000) is an ongoing issue. Literature has contributed to development of strategies to manage what are recognised issues among athletes (Williams and Leffingwell, 1996; Lavallee et al. 2000; Schinke and Jerome, 2002; Walker, Thatcher and Lavallee, 2007). The more recent literature described how athletes that they haven't fulfilled what they wanted during their career in sport have a high potential for issues unless they are prepared and have planned for that transition.

The vortex of upward and downward spirals and the shortcomings of organisational support systems at times of transitions was a strong finding of the research. Validating findings of Fortunato and Gilbert (2003), there were “isolation and loneliness” leading to psychological distress. My research found two other themes represented by “getting on with it” and “gradual adjustment to new identity”. These findings are in synergy with Harris et al. (2012b) which investigated Australian footballers who described three possibilities for progress during transitions from sport as languishing, surviving or thriving. Thriving in transition is linked to surviving dislocation, positive growth and learning (Harris et al., 2012b). The concept of thriving (Ickovics and Park, 1998; Park, 1998; Ryff and Singer, 2000; Spreitzer, 2005) broadens the traditional vulnerability and coping focus of transition to one that incorporates positive learning and growth. The independent stages of the Strategic Transition model provide the reference points for thriving in the recursive, interdependent, transition cycle (Harris et al., 2012 a).
The Strategic Transitions model (Harris et al., 2012a) is based upon a cyclic approach (Nicholson, 1987; Schlossberg, 1989; Selder, 1989; Bridges, 2004) and promotes stages of transition in order to identify issues of concern and facilitate early intervention:

It provides practical support strategies for transition/support staff in a range of settings including sporting organisations, educational settings and employment posting. These are contextually designed to account for existing programs, but provide a template for support that accounts for the stages of transition successfully negotiated. It provides guidelines and actionable interventions for individuals facing particular transition challenges (e.g. sport or study relocation, employment adjustment). The model is enabling as it is possible to identify needs earlier in the transition process and assign appropriate interventions.

The striving for achievement in sport and beyond was exemplified in the ‘How to go beyond sport and keep winning’ presentation (Lynch, 2015). It demonstrated a retired elite athlete’s perspective that elite athletes can avoid a downward spiral or recover from it to get back on track and find a better work-life balance, engagement and connectivity. It recommends elite athletes take charge, set new targets, believe in them self, build a team, play to win, define new priorities and values, make it happen with a plan of action and being committed to goals, expand their sense of who they are, review and refine this regularly to stay on track. This is an example of retired elite athletes trying to make benefit from the self-perpetuating vortex of downward and upward spirals for elite athletes (similar to as they did as elite athletes). The intent is obviously there to get a talented and resourceful group to help them self and others. It raises question as to what makes some retired elite athletes special in their persistence to make benefit from their athlete identity and adapt it to a context outside of sport.

The psychological distress experienced by the research group requires explanation of accumulative pressures, issues and stress in order to explain the dichotomous nature of their atypical behaviours and trauma. The stress helps elite athletes to become more flexible and adaptable but it puts them at risk for a downward spiral after retirement from sport.
The self-perpetuating vortex of downward and upward spirals for elite athletes is significantly related to perceptions about achievements in sport. Those with high expectations are more likely to be self-critical and wanting success after sport, leading them to experience a downward spiral. McIntosh (1996) asked “when does goal non-attainment lead to negative emotional reactions, and when doesn’t it?” When HAT is associated with consistently associating achievement with success (linking), a sense of hopelessness or powerlessness arises when coping strategies require adjustment from ones that had previously worked. The REAP is that this group did not give up and through persistence, eventually an upward spiral was achieved after retirement but the key is find a balance so the vortex does not spin out of control (manifested through psycho-somatic implosion). The key to intervention of REAP and HAT is for the athlete to effectively adjust from the highs and lows of sport to find equilibrium and thus prevent and prepare for psychological distress and resultant upward and downward spirals. Underpinning this is the perceptions and expectations that the athletes have of them self as well as their values and behaviours.

**Practical Implications**

Identification and intervention of at-risk elite athletes for HAT is a challenge because they generally do not know that they will develop severe or intense psychological distress and/or trauma. Even if they do, there is the narrowing of attention described by the Garland et al. model which makes them almost oblivious to the fact they are on a downward spiral.

This is a resourceful group who generally have already accessed assistance from health professionals and family and friends as well as effective in developing strategies and tracking progress of actions. The group generally kept their suffering private and got on with it as if they had exhausted every other option before effecting what are deemed to be negative coping strategies (e.g. alcohol and drugs). A good time to intervene is when they perceive things are going well for them (an upward spiral). The linking of achievement with success is an issue in
this group. It may require looking at what they value and taking that down a notch. Therapy, such as Cognitive Behaviour Therapy, may prevent intense and severe psychological distress.

The intervention for athletes who are injured, retiring or losing their position may vary according to the particular situation. For example, self-esteem responses vary according to acute or chronic injuries (Wasley and Lox, 1998). It is recommended that athletes prepare for life after sport before it becomes a reality. Access to practical, relevant and easy to understand information is important for athletes developing healthy coping strategies. This requires understanding and addressing stress before it becomes psychological distress. This can be done by learning and growing from receiving new information about their beliefs, priorities and emotions in order to take control of their life, reduce their stress and make wiser decisions and actions.

In knowing the risks, elite athletes and those affiliated with their sporting organisations can better observe precursors and symptoms of psychological distress and intervene before they accumulate to a level where overtraining, an injury or illness may occur. Appropriate goal setting, coping strategies and recovery are important features of intervention and integrative support for athletes who experience mental health issues. A key intervention time may be during physical check-ups especially after retirement. It is not clear when this may occur and will be unique to each elite athlete. It will typically be as a result of sports injury, retirement and life changes when athletes are most likely to experience acute psychological distress. Most elite athletes will overcome this distress with professional help and the support of family and friends.

The main recommendation for those who experience persisting symptoms is to keep planning and making actions towards recovery. Particularly at-risk athletes require information about stressors, pressures and issues as well as symptoms of psychological distress and HAT. The athlete may need assistance with plans, strategies and resources to invest in them self and effectively find a self-fulfilling equilibrium. The intention is to adapt to change, build resilience and ultimately self-fulfilment and avoid the downward spiral of psychological distress which may lead to hopelessness, suicidal ideation, suicide attempt/s or suicide.
An implication of the research is to understand more about the link between the downward spiral that elite athletes experience and their "persistent" personalities. It is of particular interest as to why persistence is their best and worst quality exemplified by positive and negative perfectionism and well as positive and negative coping strategies. The nature of a downward spiral is such that it is a self-perpetuating cycle and requires a transition to disembark from it.

A sports retirement stress expert (Industry Professional 4) made the following recommendation for elite athletes in transition:

- Prepare for life after sport and start as early as possible as there is no quick fix;
- Grieving process – allow it to happen and move towards acceptance of new situation;
- Detraining – gradually scale back physical exercise as well the performance psychological training;
- Learn some self-regulatory skills to deal with life outside of sport;
- Know who you are: explore perceptions and expectations of yourself and any changes;
- Transfer what helped attain the achievements in sport to another passion;
- Don’t rely on past achievements for any future sense of achievement;
- Allocate time to different areas of your life such as personal development, friends and family, spirit.

A main finding of this thesis is that elite athletes persist through and find benefit from a downward spiral as a result of the negative consequences of turning points. Elite athletes are an interesting research group and the Strategic Transitions model (Harris et al., 2012a) offers a thoughtful solution to keep track of elite athletes during their transitional period. The impractical and theoretical approach of most universities and the inability of most sporting codes to properly service their athletes in the career, education and welfare space points to an opportunity somewhere at some time. It comes down to working out who wants help and is willing to be helped and whether they are prepared to pay for it. I did not find much evidence that there are many elite athletes and sport organisations that tick these boxes. However, elite athletes are special in terms of their response to the negative consequences of turning points, so their willingness and ability to overcome a challenge should not be discounted.
Limitations

The study was not without limitations.

- A purposive sampling method was used in the present. Purposive sampling is an accepted method in health research but generalisations from samples gathered in this way need to be made cautiously. It needs to be determined whether the identified psychological protective and risk factors and associated stressors are special to athletes as a whole, or only to those with psychological symptoms.

- There was potential for retrospective bias. Much of the data came from retired athletes who reflected on their careers. In telling their stories there may have been a tendency to make events and outcomes more meaningful than they appeared at the time, not deliberately but as a consequence of the process of self-reflection. Observations closer in time to the events being reported would be an advantage in future work. However, there are advantages of the research sample being purposive as many of the participants were public speakers so they had already had their thoughts provoked on the topic of their transition from sport. The average age of 39 years for participants meant that most were within or recently departed the transitional phase for retirement from sport so this turned out to be beneficial in terms of their recollection and helping to shape the focus on the main research findings.

- If the participant was experiencing mental health issues at the time of the interview then this may have affected their cognitive functioning at the time. This is another reason that the retrospective approach was deemed to be more effective in engaging the group.

- My affiliation with a suicide research and prevention institution may have biased the sporting organisations’ perceptions of the research intentions. It could be inferred that research into the mental health of athletes was not a priority or in the best interests of their athletes at the time. Mental health research was generally acknowledged as important for society but they had competing demands upon their time to contest with.

- There was a limit to what data can be analysed for themes and relationships because of the number and presentation of questions in the survey and interviews. Also, the most important research questions to explore with NVivo for data analyses were pre-determined from observations of the raw data.
It was not my role as a researcher to decide who is a champion or not based on limitations caused by the colloquial sense of the word. I previously referred to the “the dark side of champions” in 2011 conference proceedings (Appendix G). This thesis research clarified what a champion is on p. 99 but concentrated on the ‘current’ and ‘retired’ context of the athlete identity. Failure to achieve goals or become a ‘champion’ was therefore only a part of the research findings. References to ‘champion’ within the interview data or existing research have been retained in the thesis to reflect what was actually said.

**Future research**

The processes highlighted by the present research, particularly the idea of the vortex, are dynamic, changing in time. Capturing change adequately requires a longitudinal rather than a cross-sectional design as employed here. Ideally, a sample of athletes would be followed over a period of time (e.g. three to six months) when a major life event, such an injury or retirement, is occurring and their perceptions and emotional experiences tracked. This would allow testing of the idea of a vortex of rising and falling positive and negative consequences and allow the better linking, if that is the case, between predispositions, ongoing events, and outcomes.

In addition to testing of the vortex, there is an opportunity for modules, checklists, plan worksheets, strategy and reporting workflows to eventuate from the findings of this research and be integrated into strategic transitions programs for athletes. Further understanding of the dynamics of the vortex is a main priority. At some time, there appears to be an opportunity for evaluation of the Strategic Transitions program with resultant recommendations to guide the identification, intervention and inspection of progress, regress and recovery behaviours of retired athletes during transitions.

Obtaining the necessary cooperation for this intrusive research would be a challenge, as the experience of undertaking the present research testifies. The emerging willingness by individuals and community organisations, including sporting bodies, to be open about mental ill-health and about the problems faced by elite athletes encourages the view that in time the world of elite sport may be ready for such close analysis.
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Photo acknowledgements

All photo acknowledgments are listed in order of appearance then from left to right.


David Henning (p. 346): Photos supplied by Keith Henning.

Appendices

Appendix A: Sports Injury, Retirement and Life Changes Questionnaire

The following 8 questions were asked regarding the participant’s experience as an athlete and outside of sport.

1. What were some of the highs and lows of your participation in sport?
2. What perceptions and expectations do/did you have of yourself as an athlete?
3. Did your perceptions and expectations of yourself change as a result of injury, retirement or life changes? What happened in your experience of injury and depression?
4. What kinds of pressures, issues and stressors do/did you experience as an athlete?
5. What kinds of pressures, issues and stressors do/did you experience in your life outside of competing in sport?
6. Have you had a sports injury? If so, was surgery required? What type of injury/injuries did you experience?
7. Have you had concussion and if so, how many times? Was it or were they mild or heavy?
8. Did your injury/retirement/life change result in psychological distress? If you had an injury, what came first for you, injury or psychological distress?

The following questions were asked in order for the participant to focus on how they felt when they sustained an injury and/or were retired.

9. What were the consequences of your injury in regards to your career and life circumstances?
10. Have you experienced psychological distress as a result of an injury, retirement or a life change? If so, how did the injury/retirement/life change contribute to psychological distress?
11. Did you get support or help for your injury/retirement/life change or psychological distress? If so, please detail what kinds of support you received. If you lacked support, please indicate where you could have received more support.
12. Did you employ any coping strategies for dealing with injury/retirement/life changes?
change and if so, what were they?

13. Have you gone through any type of rehabilitation for an injury or life change? If you have, what did it entail?

14. Have you felt psychological distress at some time in your life?

15. Have you felt empty, terrible or hopeless some time in your life?

16. Have you ever had suicidal thoughts? If so, have you ever attempted suicide?
   Please include details if you are willing to share your experience.

Next some questions were asked in regards to retirement from sport, whether or not it has occurred or not for the participant.

17. How did you feel when you retired or how do you think you will feel when you do? What kinds of issues did you experience/ do you anticipate?

18. Did you lose your position and/or retire because of injury/life change and/or psychological distress? If you did not lose your position altogether and you were injured, was there a lack of pre-injury competence on your return to sport? If you retired because of injury, were you assisted with your retirement?

19. What were some of your achievements in sport? If you have retired from sport, do you now look at these achievements differently than when you were competing in sport?

Then questions were asked regarding the impact that sport has had on their life.

20. What types of stress have you experienced as an athlete or post-retirement?
   Think about general stress including emotional, psychological, professional and physical stress as well as conflicts, pressure, fatigue and lack of energy.

21. Have you experienced overtraining, burnout or chronic fatigue syndrome?

22. Were or are you satisfied with your life as an athlete?

23. Are you satisfied with your life now?

24. Do or did you identify as being a perfectionist as an athlete? If so, describe some of your perfectionist qualities.
Finally, the following questions were asked in regards to your alcohol and drug consumption. The participants were informed that this information was to be de-identified and made confidential.

25. Do you drink alcohol? If so, how many drinks containing alcohol do you have on a typical day when you are drinking?

26. How often do you or did you drink alcohol when you were competing in sport or during the off-season?

27. If you drink or have drunk alcohol in the past, have you or someone else been injured as a result of your drinking?

28. If you drink or have drunk alcohol in the past, has a friend, relative, or doctor or other health worker been concerned about your drinking or suggested you cut down?

29. Have you used drugs other than those required for medical reasons?

30. If you have taken illicit drugs, have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
Appendix B: Examples of Transcripts for Sports Injury, Retirement and Life Changes Questionnaire

Research Transcript Example 1: Participant 2

A number of questions will be asked regarding your experience as an athlete and outside of sport. Please elaborate on your answers where possible and remember that your responses will be treated confidentially so that your anonymity will be assured.

1. What were some of the highs and lows of your participation in sport?

When you have a career-ending injury and you don’t have the experiences that a lot of guys have, you actually see how the highs and lows separately from what the public might say. So I actually think my injury was a real high, not in terms of the experience but what came of it. So often at times you will be experiencing highs publically, like you might be winning in a tournament or something like that but that might also be described as lows. I’ll give you an example. I was at the ___ (Rugby Team) when we won the title in 2001 but on the same day, one of our player’s brothers died. So that was actually a real low, in the fact that we won but that was over ridden by other things that were going on.

Highs from playing football:
- Playing for Australia for the first time, U 21s level
- Playing in the Super 12 final in 2001
- Playing my first test match for Australia in 2001

Lows from playing football:
- That I broke my arm in the Super 12 game in my first outing in 1999.
- As a result, I was forced to retire.
- Like many people with injuries, you have a low point.
2. **What perceptions and expectations do/did you have of yourself as an athlete?**

As a kid I didn’t have a lot of confidence in myself. And it’s very difficult as a kid when you have ADD. You have bad anxiety and things like that. One of the problems I had was with consistency. The expectations I had of myself varied with my confidence. There were lots of ups and downs with my confidence. I could be ineffective and effective and so the expectations could be one thing one week and the next week another. I definitely would say I wasn’t a confident athlete at all. ADD manifests itself in different ways. One of the ways is that you have a lack of confidence in yourself. And you really do vary in your expectations of your performance. And you vary in your outputs of performance. I really struggled with varied performance while I played. My form struggled as a result.

3. **Did your perceptions and expectations of yourself change as a result of injury, retirement or life changes? If so, please explain how they changed.**

I think the career-ending injury was a physical thing. It didn’t change my perception of myself other than I was extraordinarily lucky to be alive and walking. It changes your perspective on life. With a neck injury like I had, 20% get killed, 50% become a paraplegic/quadriplegic and the rest are like what I got. It makes you think you are very lucky to be walking and not to be a quadriplegic. It definitely changed my perspective.

With my rehabilitation, because I was never allowed to play again in any serious nature, the reason I was lucky was because of my quality of life. With retirement, there’s a hard period which a lot of guys struggle with. It’s hard to know whether it was the retirement, the divorce or the ADD which was giving me a difficult time. It was a very difficult period. That would be fair to say. It’s difficult to come to terms with what occurred.

4. **What kinds of pressures, issues and stressors do/did you experience as an athlete?**

Judgement from the guys you play with … Judgement from the public … When people are talking about you … Dealing with judgment of your peers. Dealing with the coach-player
relationship and trying to achieve what you are trying to achieve in terms of your own goals as well as dealing with coaches and their expectations. And often times when you’re a young guy and you haven’t experienced the difficulties in life, you very much have difficulties overthinking things and not being very mature in your attitude about things.

5. **What kinds of pressures, issues and stressors do/did you experience in your life outside of competing in sport?**

The great difficulty with being a young athlete is that you have no ideas of the lessons you need to learn. And I feel as a coach now that young guys really battle because they have things relatively easy. But you only learn that later in life when you have to deal with serious things like financial pressures and having kids. As a player, because I wasn’t a Dad and didn’t have the sort of responsibilities I have now. It’s probably remarkably boring things that you stress about and later on you realise it doesn’t really matter. I think you really learn the lessons of life after you retire including the difficulties people have to deal with. In football, you have to just focus on the weekend and whether it is a win or a loss and the emotions that go with that. So I say, outside of football, there weren’t a lot of pressures because we were living in that way.

My life outside of football, after retirement led to difficulties on all fronts. I was no longer earning a dollar playing sport. There were difficulties with depression and with my wife. They were inter-related and melded into each other and they become issues you’ve got.

There were difficulties on all fronts afterwards. There were difficulties with no longer earning a dollar and with my wife; the pressures were more so after I stopped playing sport because when I was playing, I was focusing on sport. I had to earn money; there was the ADD and marital difficulties. Any difficulties you have are postponed by your playing career. You see a lot with guys who have had difficulties. When they are playing, they just keep on getting up and focus on the weekend game. When they are playing, their difficulties are there but nowhere near as bad as they guys who’ve stopped playing and things really crash down around them.
The guys who are well balanced and have good understanding of life after football … they tend to cope better with life’s experiences.

The guys who cope best are those who have a good stable understanding and confidence in them self about what life’s going to be like outside of the game.

The guys who really battle are those who live in a cocoon. It’s different for everyone. I’ve seen guys have all kinds of difficulties in retirement. Having good support is crucial from my point of view. When I was having my dark days, having my family around me really hunkered down and helped out.

A lot of guys when they are playing sport are inappropriate towards their families, they don’t need their families. But when their career ends, their family are rightfully not there for them.

Interviewer: So they neglect family to their detriment?

Interviewee: 100%.

Interviewer: Were you like that as a player?

Interviewee: Everyone does to some degree (neglects their family). I had difficulties with my family which was exacerbated by having ADD which in many ways would act as an accelerant in the issues that I had. If I had a diagnosis when I was younger, I’d probably have gotten through my career and post-rugby in better shape than I did. Having said that, things have now come good because of my family, because of the things around me, because my wife is interested in putting things back together again and we put things back together again. From my point of view, yes, I was encumbered by some of the difficulties I was having.

Interviewer: Your neck injury was a finite injury. It’s not something you can prevent is it?
Interviewee: No it’s not but the difficulties I had after that could have been prevented by getting a diagnosis for ADD. It’s mainly about me not having awareness about ADD. It was also about a sudden neck injury. I made some mistakes in a relationship and I got married too young and things like that. Then retirement magnified those issues. I had a bit of reckoning and I had to sort those issues out.

With the injury, people tell you that they miss you and wish you could still play so you actually become a better player in retirement. I feel sorry for the guys who get told they are no longer needed by their team. There are the ideas that you could have done better and things like that. So I was actually really lucky when I retired. When I came into retirement … I still had further to fall … I separated and I had the diagnosis of depression and I started to get some horrible anxiety. I had to then claw my way out of that … I would say that was a process of between 2 and three years.

Interviewer: How did you get a diagnosis for depression/anxiety?

Interviewee: I had difficulties as a young guy and I never really knew why. I had problems with my family. There were some issues in my family which may be related too so I’ve always had difficulties …

I had involvement with some mental health groups. I was reading about depression and reading about people having difficulties. My rugby career started because I wanted to do something a bit more positive when my parents separated. So I ended up playing that way.

What I read about depression/anxiety, I recognised it in myself. In 2006, I was having some difficulties with some professional relationships. I started to recognise in myself some habits and some signs of depression. So I went to see the team doctor and spoke to him. He put me onto a clinical psychologist and he started working through it. After a couple of months, I then decided my work condition wasn’t going to change so I left and then took 1.5 years out to get things back together again.
Interviewer: Did you focus on yourself?

Interviewee: I moved back to my home town, did up my house and did a little bit of study, after doing some clinical psych and took care of my health, put on quite a bit of weight. I actually dealt with the depression issues which were coming back on top of me (like a weight coming on top of me). I took time out and then was able to put things back together.

Interviewer: Did you get support from social networks or professionals?

Interviewee: I had a good group of mates (group of 10). One of my mates had bipolar disorder and other guys had the same set of difficulties. I’ve always been comfortable with counsellors; I started counselling when I was a young guy. I’ve found that always has helped.

I mostly dealt with it by talking to friends; I found talking to friends helped. I’ve been comfortable in talking about it. I initiated the process with the clinical psych; he was mainly just checking with me. I didn’t have any professional support post the clinical psych and I could tell where things were going with it.

Interviewer: Would you put yourself in the self-help category?

Interviewee: I recognised the signs.

Interviewer: What about anti-depressants or other medications?

Interviewee: I was on Valium for short-anxiety (horrible anxiety attacks) for a month and anti-depressants for 6 months. I’ve been on ADD medication since diagnosis in 2006.

Interviewer: How do the medications work?

Interviewee: ADD is an inability of a part of the brain to function. I take dexamphetamine for that. I’m very definitive with it. It’s a very pleasant drug to use. It’s very easy to want to have 10
of them but I don’t. I’m aware of the side-effects. I read a lot about it. I try to be extremely controlled about it.

When I spoke to the doctor, he told me it’s often diagnosed by patterned behaviour. I couldn’t figure out why I am a reasonably smart person yet I would fail everything at school. I’d often forget basic things and I couldn’t hold down relationships and things like that. I talked with a psychic, an American guy. He told me it sounded like I had ADD. He said if I had ADD, then I would automatically know the difference when I took the medication he gave me. I took the ADD medication and there was just the most remarkable change. I remember thinking, “This is what it’s like for everyone else”. Before taking the medication, my thoughts were all over the place.

The adrenaline takes the ADD away. The intention is to chase away the adrenaline when you’re excited. The contact’s on, you’re playing and you’re excited … Now, if I wasn’t quite on song, then I was terribly off when playing. It was terribly hard to concentrate but for everyone else it was easy. But when I took the medication, I could go to work, I could study, I could go about normal life and hold down relationships … I still have difficulties and my wife and I have to deal with it but it’s nowhere near as bad as it used to be and I’m able to deal with it. It’s been a real life change to be honest with you.

6. Have you had a sports injury? Yes
   If so, was surgery required? No
   What type of injury/injuries did you experience?

   Radius in 1999.
   Rotator cuff, right shoulder.
   Cevelux C2/C3 spinal injury in to top 3 vertebrae in neck in 2003 – career ending injury.
   Spinal shock – was in neck brace for a couple of months, on endone which is a form of morphine for a couple of months and then told that I had to retire.
Left knee – heavy cartilage damage at the start of Tri-Nations in 2003. I wouldn’t say definitely that I was hurried back into playing again but I think that was probably what helped cause the injury to my neck. I was definitely asked to play in games that I didn’t want to play in. If that makes sense?

Interviewer: So you felt you came back too soon?

Interviewee: When I had the injury, it was getting that bad that I said “I shouldn’t be playing in this game”. The doctor said, “I’m worried son, I don’t think this is great”. I said “I shouldn’t be playing. This is getting very bad. I can’t be risking the power of my knee, this is dangerous”. You scrummage off your left knee when you’re a tighthead prop. The coach then demanded the doctor to tell me that I need to play, that I have to play. I then played and collapsed in the game and I then was out for the next 8-14 weeks. I was then rushed back in to play again in the World Cup. In my fourth game back, I injured my neck. I should have actually pulled out when I said this is not right. I shouldn’t have played.

Interviewer: You felt you shouldn’t be playing?

Interviewee: Yes, and I told them that.

Interviewer: Would you say that they didn’t listen?

Interviewee: They’ve got other pressures. There were pressures to get me to play again. They underestimated how much pain I was in. The doctor believed me but the coach told him to convince me that I should play. There are obviously several public issues around this, the legalities.

7. Have you had concussion and if so, how many times? Was it or were they mild or heavy?
4-5 times, including 2 or 3 heavy concussions where I didn’t know where I was and what was happening. Out of 1000 games, it’s not a lot over the time. The way rugby league and AFL treat concussion is disgusting; rugby union is very cautious with it. My professional career was short, about 80 games.

8. Did your injury/retirement/life change result in psychological distress? Yes

If you had an injury, what came first for you, injury or psychological distress?

You can’t really answer that in what comes first. You have psychological distress at all different points of your life. The injury occurred. And it wasn’t actually the injury that caused the distress. It was actually the ramifications of being retired.

The injury had its own problems. There were a few out there on the field who thought I was going to be a quadriplegic because I couldn’t feel my arms and my legs. But the notion of retirement and whether or not I’d be for that and the difficulties of ADD is what caused the problem afterwards. But it wasn’t the injuries that caused the problems. It was retirement that caused the problems.

Interviewer: Should depression be treated as a sports injury?

Interviewee I think depression is a by-product of sports injury. I think there definitely is a cure for depression.

I definitely think that RUPA, the Player’s Association should assist with counselling. 6-7 out of 10 (60-70%) of Wallabies have difficulties with retirement.

Please focus on how you felt when you sustained an injury and/or were retired.

9. What were the consequences of your injury in regards to your career and life circumstances?
At the point of actual injury, the best way to describe my emotions was non-plussed. If you see people in car accidents or very difficult scenarios, adrenaline actually helps you through the situation. So when I was lying on the ground, I actually thought to myself, “OK, I’m going to be a quadriplegic … If I going to be a quadriplegic, what am going to do? I am going to go back to study computing at university. That was my thought process. Then when they were putting on the neck brace, it was “let’s just get to the hospital so we can see if I’m OK so I can play next week”. I got to the hospital; there were a lot of people around. It was until the next day when the doctor came in and said “You should be a quadriplegic … go and buy a lottery ticket”. I actually then realised the magnitude of what had occurred. It was then that the emotional context of it hit me. The doctor made me meet lots of people in hospital who were quadriplegic, it was then I realised what it was about.

10. Have you experienced psychological distress as a result of an injury, retirement or a life change?

   If so, how did the injury/retirement/life change contribute to psychological distress?

The next week before the World Cup final began, I had to deliver my jersey to the team. That is the tradition for a retired player. I made a speech to remember but I was on morphine. So it was a wonderful yet awful experience. Speaking to the players was a highlight of that time – it was a once in a lifetime opportunity.

11. Did you get support or help for your injury/retirement/life change or psychological distress?

   If so, please detail what kinds of support you received. If you lacked support, please indicate where you could have received more support.
Yes. I saw doctors for my neck injury, a clinical psychologist as well as support from friends and family. I related well to other guys who has battle mental illness such a friend who had bipolar disorder.

Did you employ any coping strategies for dealing with injury/retirement/life change and if so, what were they?

It’s not always going to feel the same way; it’s going to end. I was very sad but then happy. At this stage I wanted to kill myself so one thing I thought about was “this will be over”. I was relieved that it would soon be over, thinking it was going to be sweet.

I started to think I should do it but then pulled back when I thought about my family and that they wouldn’t want me to do this.

I heard the internal voice to kill myself for a few weeks. It had gotten louder over the face of a couple of months. I thought about the best way forward. I started to think about whether I wanted to end my depression and thought that suicide would do that. I never put it into action.

I was living with another guy. I was isolated from my family, on the other side of the country. I was fairly isolated in my own thoughts. I had a boss who thought I was faking my depression so that make it more difficult because that made me question my confidence even more. I felt like a bit of a fraud. I was battling with depression so it created more of a difficult scenario.

My goals were to see my family again, get back home again, have some stability, have a child … I drove home. The biggest goal was to have calmness in my life and building an environment around me to have that calmness.

I was on anti-depressants and Valium which were short term. But then you’ve got to deal with other issues when they come about.
For me it was calmly focusing on non-stressful things. I went home, did up my house and got back to my family. I got out of the toxic environment that I had been in. The anti-depressants stopped the noise and then I focused on rebuilding relationships. I was reasonably functioning person but I had difficulties with focus. Addressing the ADD helped bring about the focus I needed in my life.

The ADD medication, counselling and family support was instrumental in changing my life. The medication was not the only answer but it can be a massive help.

I was on anti-depressants and now on ADD medication.

12. Have you gone through any type of rehabilitation for an injury or life change? If you have, what did it entail?

I’ve got to know myself through this experience with injury, retirement and life changes. I’m comfortable with where it’s at – I’ve been very public with my anxiety and depression. I’m settled in myself now and so I’m comfortable with change. I can deal with most things such as a stressful work environment. I have gotten better at dealing with things.

13. Have you felt psychological distress at some time in your life?

Yes – it’s hard to put words on it. I had anxiety, depression and wanted to die.

15. Have you felt empty, terrible or hopeless some time in your life? Yes in 2006

16. Have you ever had suicidal thoughts? Yes

   If so, have you ever attempted suicide? No

   Please include details if you are willing to share your experience.

Now think about your retirement from sport, whether or not it has occurred.
17. How did you feel when you retired or how do you think you will feel when you do? What kinds of issues did you experience/do you anticipate?

It’s back to normal life when you retire. The result can be good or bad. There is a different rhythm. Those who quit find it more difficult. When you play, there is a collective goal – even if it is to come back from injury.

When you’re retired, you’re out of the limelight. When you have a name, it’s difficult to have it taken away. You have to be more self-motivated. There’s a different pattern for life. Many struggle when they are out of a routine. The choice of what to do paralyses you and you feel a bit lost.

18. Did you lose your position and/or retire because of injury/life change and/or psychological distress?
   
   If you did not lose your position altogether and you were injured, was there a lack of pre-injury competence on your return to sport?
   
   If you retired because of injury, were you assisted with your retirement?

Partially, I was assisted. I retired because of my injury. There was a lack of pre-injury competence with some things. I was paid out my contract by the ARU. RUPA helped to some extent. They did the best they could – there was some assistance offered. I thought I was going to fly and move on from my problems. Later on, I realised things were in a bad way. I think I refused help because I thought I was in a good position.

It’s like with skiing. If you lose a ski, you can go downhill for a while further. I lost a ski but kept going downhill. Things happen in life. Sometimes the breakdowns happen later on. I had the injury and 2 years later my breakdown occurred after a series of events.

Rugby league was borne out of rugby because of a pay dispute over injuries. Coal miners wanted to still be able to feed their families in case of any injury. Rugby union refused to pay them so some players started a new game.
19. What were some of your achievements in sport? If you have retired from sport, do you now look at these achievements differently than when you were competing in sport?

Later on, after your retirement, you realise how lucky you were. I don’t wear rose coloured glasses though. I realised that down the track, far more important things would happen and rugby was not everything. These realisations helped change my perspective for the better.

The highlights of my career were in the dressing rooms after the game and the trust you had in each in other. You take the highs with lows, it’s part of the experience.

Please think about the impact that sport has had on your life and answer the following questions.

20. What types of stress have you experienced as an athlete or post-retirement?
   Think about general stress including emotional, psychological, professional and physical stress as well as conflicts, pressure, fatigue and lack of energy.

I participated in Ironman events after retirement. The physical stress of sport is hard work. The positives of what you see afterwards over ride it. There was emotional stress such as pondering if I’d be in the team or not, whether you would perform be sick. That was worse than the physical stress.

I was a big kid and did not make the first 15 at school. My parents separated, I was inspired by the 1991 World Cup win by the Wallabies and worked hard on my game. A lot of gifted players didn’t make it or go on with it.

21. Have you experienced overtraining, burnout or chronic fatigue syndrome?
No. I was definitely tired though. In 2001, I dropped weight in the 2001 season. I was mentally and physically fatigued. My results dropped off after a couple of seasons and there were some injuries (e.g. knee).

A season ending injury can be a blessing in disguise. It’s like the body can not take the full rotations. Some guys come back stronger after a break.

22. Were or are you satisfied with your life as an athlete?

No but I got more back than I wanted. You don’t always get what you want, but you get what you need. I wanted to show I could do it. I got more back from retiring, which led me to where I am now.

You have got to be confident in yourself. Guys achieve well in sport because they want to show the world what they can do. But if you are not confident in yourself, then you will struggle with what to do.

25. Are you satisfied with your life now?

Yes, 100%. I needed to learn lessons from my injury and retirement. I could have played 100 Tests and not learned anything. It could have been uglier. The injury saved me in some way. It led to my separation, divorce, diagnosis of ADD and my identity. I really suffered from the injury and it made me a better person in the long run.

26. Do or did you identify as being a perfectionist as an athlete? If so, describe some of your perfectionist qualities.

Not really. I tended to catastrophise things. That’s an ADD trait. I have high standards and I’m partially hard on myself if they are not achieved. I wanted perfection in how I did things but if they didn’t turn out, I wouldn’t let things ride well. My mind was ticking over too fast. I was
diagnosed with ADD at 31 and had lived with it my whole life. The medication made things much easier by slowing things down for me.

The following questions are in regards to your alcohol and drug consumption. Please be honest and be assured that any information you provide will be de-identified and will remain confidential.

27. Do you drink alcohol? If so, how many drinks containing alcohol do you have on a typical day when you are drinking?

Yes, 2 these days.

28. How often do you or did you drink alcohol when you were competing in sport or during the off-season?

I would binge drink up to 20 drinks, mostly between the ages of 19-21. I pulled back after my retirement.

29. If you drink or have drunk alcohol in the past, have you or someone else been injured as a result of your drinking?

Nothing as a result of my drinking but a friend was killed on a motorbike.

30. If you drink or have drunk alcohol in the past, has a friend, relative, or doctor or other health worker been concerned about your drinking or suggested you cut down?

Yes, a family friend.

31. Have you used drugs other than those required for medical reasons?
No, I use dexamphetamine which is a medication and similarly I have been given morphine.

32. If you have taken illicit drugs, have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?

Never

Thank you for your participation. Your contribution is appreciated. Should you be distressed and in need of support, please contact Lifeline on 13 11 14 or SANE on 1800 18 7263.

Research Example 2: Participant 11

A number of questions will be asked regarding your experience as an athlete and outside of sport. Please elaborate on your answers where possible and remember that your responses will be treated confidentially so that your anonymity will be assured.

1. What were some of the highs and lows of your participation in sport?

Highs – drafted as a 17 year old/ moving interstate, 15 games in my first year, when we made the finals and when I was the Best Club Man.
Lows – Injury and missing 19 games out of action, losing finals.

2. What perceptions and expectations do/did you have of your self as an athlete?

I was a high achiever on the field but I let myself down off the field. I trained hard to get a physical edge over my opponents. I was mentally vulnerable. I took risks which made me perform better on the field.

3. Did your perceptions and expectations of yourself change as a result of injury, retirement or life changes? If so, please explain how they changed.
Yes, I was forced into retirement because of injuries. My boundaries and behaviour changed after retirement – I had no boundaries. I was on a downward spiral including run-ins with the law. I was tenacious in taking risks both on and off the field which got me in trouble because I didn’t effectively manage it.

4. **What kinds of pressures, issues and stressors do/did you experience as an athlete?**

I had a social anxiety disorder for which I was not medicated for until the last 2 years of my football career. I would play 5 quarters instead of 4 because of the anxiety before games. I had bipolar disorder with 5 manic depressive episodes. I would get too excited. I had a fear of failure and a fear of the unknown.

5. **What kinds of pressures, issues and stressors do/did you experience in your life outside of competing in sport?**

I had violence in my upbringing and a family history of bipolar disorder. In 2008, I had a manic situation in Thailand during an end of season trip. I was consistently in a high manic state since I was 15 years old. I had anxiety since I was 9. I was not medicated until I was 30 but then it was for depression and anxiety which led to me being out of control because I actually had bipolar disorder.

6. **Have you had a sports injury?**
   - If so, was surgery required?
   - What type of injury/injuries did you experience?

Yes, I had 20 operations including for my shoulder, 4 hip operations, 4 ankle operations as well as plates in my hands. My mind and body fell apart towards the end of my career.

7. **Have you had concussion and if so, how many times? Was it or were they mild or heavy?**
3 heavy where I ended up in hospital. 4-5 minor where I still got through the game.

8. Did your injury/retirement/life change result in psychological distress?

If you had an injury, what came first for you, injury or psychological distress?

Injury. After Retirement also and it was my own fault as I rebelled against everything for 8 months after 12 years of a regimented lifestyle.

Injury came before psychological distress. There was the case of a player from Fremantle who had Post Traumatic Stress Disorder and took the AFL to court. He had depression from his injuries.

Please focus on how you felt when you sustained an injury and/or were retired.

9. What were the consequences of your injury in regards to your career and life circumstances?

I had my arm in a sling when I retired. I had three operations on my hernia, hip and shoulder. I was mentally struggling. My style of play was going out the window as I couldn’t hit into bodies anymore. My body was changing. I had a year left on my contract but pulled the pin early. My marriage had collapsed and I was in the depths of despair for 3 months.

10. Have you experienced psychological distress as a result of an injury, retirement or a life change?

If so, how did the injury/retirement/life change contribute to psychological distress?

The injuries led to my retirement and onto a path of destruction for 8 months.
11. Did you get support or help for your injury/retirement/life change or psychological distress?

If so, please detail what kinds of support you received. If you lacked support, please indicate where you could have received more support.

Yes my family forced me to get help, I was an alcoholic. The AFL Players’ Association assisted by linking me to the Cambridge Clinic. It comes down to the individual – you have to be ready for help. I was rediagnosed with bipolar disorder and remedicated with Lithium. A psychiatrist reviewed me each 6 months. I still took Xanax for anxiety.

12. Did you employ any coping strategies for dealing with injury/retirement/life change and if so, what were they?

Yes, I did hypnotherapy. I worked on my anger issues and fear of flying. I did yoga three times a week. I did exercise to calm me and massage once a week. I had to be diligent with my training or my mental state would drop quickly. I also took omega 3’s (200mg x 5times a day) as well as glucosamine, Vitamin B and multivitamins.

13. Have you gone through any type of rehabilitation for an injury or life change? If you have, what did it entail?

Yes I have regular reviews from my psychiatrist. Helping others is a therapy for myself. I am doing better in the last 6 months but the last three weeks has been bad due to a work change and flying. My place of residence/state might change.

14. Have you felt psychological distress at some time in your life? Yes

15. Have you felt empty, terrible or hopeless some time in your life? Yes

16. Have you ever had suicidal thoughts? No
If so, have you ever attempted suicide? **No**

Please include details if you are willing to share your experience.

I have the will to live!

**Now think about your retirement from sport, whether or not it has occurred.**

17. How did you feel when you retired or how do you think you will feel when you do? What kinds of issues did you experience/ do you anticipate?

I was relieved, I felt I could do anything I wanted to. I made bad choices with my behaviour. It was due to boredom and not being regimented by football any more. I was risk taking, drinking and spent too much money.

18. Did you lose your position and/or retire because of injury/life change and/or psychological distress?

If you did not lose your position altogether and you were injured, was there a lack of pre-injury competence on your return to sport?

If you retired because of injury, were you assisted with your retirement?

I was happy to retire on my own terms – I finished a year before the end of my contract.

19. What were some of your achievements in sport? If you have retired from sport, do you now look at these achievements differently than when your were competing in sport?

I had too much going on after my retirement to have that moment of reflection. One of the accolades that I received as player was “Best Team Man” so I was confident in the arena of sport. My peers thought I was overconfident. I didn’t do what I did for the awards. I had 2-3 years of problems in the latter part of my career and felt “I wasn’t good enough”. My bipolar
disorder influenced what I did. If someone would ask me for advice on something, I would bullshit through it. I kept a lot of things hidden.

Please think about the impact that sport has had on your life and answer the following questions.

20. What types of stress have you experienced as an athlete or post-retirement?

Think about general stress including emotional, psychological, professional and physical stress as well as conflicts, pressure, fatigue and lack of energy.

I had emotional, psychological, professional and physical stress as well as conflicts during an ailing relationship with my ex-wife. This was a huge stress. I was reasonably resilient to the physical and professional stress of being an AFL player. The emotional stress of my home life with my ex-wife and my fear of failure played on me the most.

21. Have you experienced overtraining, burnout or chronic fatigue syndrome?

Yes I overtrained, even on Christmas Day and New Year’s Eve to get ahead of the other players. Yes, I experienced burnout and chronic fatigue but not Chronic Fatigue Syndrome. Bipolar disorder meant that I would burn the candle at both ends which mean that I would shut down, get a dizzy head and nauseous. I would take days off to recharge.

22. Were or are you satisfied with your life as an athlete?

No I am not satisfied. I had fun with AFL but would be a better person if I didn’t play it. I walked away with no money. It helped me to experience devastation. I got hurt and ended up having no friends. My head would shut down because of my sickness.

23. Are you satisfied with your life now?
Yes, helping men with their issues is rewarding. I found my passion and pathway and established this in my Profile. It has been a long haul and a challenge with bipolar disorder. I am never going to be out of the woods (bipolar for life). I need to make sure I don’t get into a manic state. I can’t have too many things going on.

The AFLPA are world class and have world first programs such as One Life, covering topics on Men in Football. They have incredible programs in place. It includes respect and responsibility, especially around women and taking control of your actions and growing as a human. It includes working a day a week to educate yourself through work, study, a hobby or interest, basically getting away from the football environment. It gives players more clarity and helps them to determine what makes them tick. If there are difficulties, especially with mental health, then there is linking to doctors who can help them move though it and hopefully get past the issues. There are players and ex-players who had or have no idea what is going on with them self. I think some have bipolar disorder. It goes back to the individual, they may think of themselves as bulletproof at 18 years old and ultimately have to take control of their actions.

24. Do or did you identify as being a perfectionist as an athlete? If so, describe some of your perfectionist qualities.

Yes, in certain areas of my life. I just focus on a daily basis, listing 7 things to do for example. I find it tough sometimes with keeping up with emails and networking. I am well drilled but get agitated sometimes when I can’t focus. I sometimes struggle with finishing a job and moving on. I will never beat bipolar disorder but I know how to cope. I totally understand and have a lot of structure in place.

The following questions are in regards to your alcohol and drug consumption. Please be honest and be assured that any information you provide will be de-identified and will remain confidential.
25. Do you drink alcohol? If so, how many drinks containing alcohol do you have on a typical day when you are drinking?

Yes. I have a checklist now for when I drink. 1. What mood am I in? 2. Who am I drinking with? 3. How am I getting home?

I usually drink at home in a safe environment in order to control the risks. I still blow up and stuff up. I’ll drink 10 standard drinks every 6 weeks.

26. How often do you or did you drink alcohol when you were competing in sport or during the off-season?

In the off-season and right after my retirement I was drinking between 15-20 drinks per day. I was in a manic state and it was easy to do. Then I would feel down the next day. I was on an emotional roller coaster. I needed to ask myself if I was angry or sad. I learned that in anger management classes and in hypnotherapy.

27. If you drink or have drunk alcohol in the past, have you or someone else been injured as a result of your drinking?

Yes, I was charged with assault and drink driving and found guilty.

28. If you drink or have drunk alcohol in the past, has a friend, relative, or doctor or other health worker been concerned about your drinking or suggested you cut down?

Yes, absolutely – everybody did.

29. Have you used drugs other than those required for medical reasons?

Never, only for medical reasons.
30. If you have taken illicit drugs, have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?

No

Thank you for your participation. Your contribution is appreciated. Should you be distressed and in need of support, please contact Lifeline on 13 11 14 or SANE on 1800 18 7263.

Research Example 3: Participant 10

A number of questions will be asked regarding your experience as an athlete and outside of sport. Please elaborate on your answers where possible and remember that your responses will be treated confidentially so that your anonymity will be assured.

1. What were some of the highs and lows of your participation in sport?

Winning, the desire to compete at the elite level and of fulfilling and making it a reality: achieving what you dreamed of and trained for.

Not too many lows. Lows were not performing well and not succeeding. It’s the exact opposite to winning. The general ups and downs in life exist, like anyone else. The highs and lows are more pronounced because you are exposed to the world in what you are doing (the expectations of others weigh upon you).

2. What perceptions and expectations do/did you have of your self as an athlete?

I expected to win in competition. I expected to achieve that through training and commitment. I perceived myself as having a strong work ethic and being persistent. I was always persisting to
take on the next challenge. I am an all or nothing person. That is fairly consistent with what close others think of me.

3. Did your perceptions and expectations of yourself change as a result of injury, retirement or life changes? If so, please explain how they changed.

No, not for me. My perceptions have remained the same. My expectations now of my career and of myself are the same as when I was an athlete. This is in terms of what I need to do to get there including the quality within those hours of work. The biggest thing for me was building up confidence because you retire to something else. You go from being the best in the world at something to probably being not the best at the corporate table. It’s about getting your confidence and building it up. It means trying to do that relatively quickly – for me that meant rolling up my sleeves, biting my pride a bit, falling a heap of rungs down the ladder.

I had to adjust my perceptions of myself in the context of being an athlete to that of the business and corporate world and knowing where my place is in that. I knew that I had the raw ingredients to make a go if I could transfer it properly. I was conscious of all that and worked my backside off. The quicker I did that, the quicker I built up my confidence and self-esteem in a different place. I started to have the self-belief and could see another path for myself that was similar to the context of what I was able to achieve in sport.

You have to be willing to start a few rungs down the ladder. Not everyone can do that after being at the height of sport and having others perceive you as a great athlete. You don’t want to change your self-perceptions because it’s a nice place to be but in reality you have to. If you can’t face that, it can become a very difficult period.

4. What kinds of pressures, issues and stressors do/did you experience as an athlete?

Stressors came from my own expectations. Performance was the number one stress that I constantly dealt with. Training and racing was highly stressful when I wasn’t fulfilling that. There was unwanted media attention sometimes; it was sometimes negative, it could be accurate
or inaccurate and you have to deal with it. You have to have a thick skin around that. There is a sense of ownership of you, to people you don’t even know, you’re a bit like public property. Sometimes everyone loves you when things are good but sometimes people’s opinion of you can change around you depending on what happens in the media. There’s a whole heap of varying factors. That can be stressful.

5. **What kinds of pressures, issues and stressors do/did you experience in your life outside of competing in sport?**

The burden of being constantly exposed to stressors brought out the best in me. In my eyes, these were challenges that I liked to take on. Sometimes you hang your head down but you quickly bring it up and say to yourself, “bring it on”. That’s the way you have got to be towards these things. They brought out a higher level in me. When I am slowly destabilised and thrown in the deep end, that for me it is a challenge I like to take on. I like to know whether or not I am capable of doing it. So I’ve always operated better in that environment and subconsciously put myself in that space because I like the challenge of pushing myself. You sometimes go through a stage where you ask yourself why you are doing this. I personally managed to get through that relatively quickly and realigned my goals and rolled up the sleeves and did what I had to do to get the outcome we are looking for here.

6. **Have you had a sports injury?**
   - **If so, was surgery required?**
   - **What type of injury/injuries did you experience?**

Illness was always a problem because I overtrained. I had glandular fever at one Olympics. I had a partially collapsed lung at the following Olympics at Athens. I had a shoulder operation from distance swimming.

7. **Have you had concussion and if so, how many times? Was it or were they mild or heavy?**
14. Did your injury/retirement/life change result in psychological distress?

If you had an injury, what came first for you, injury or psychological distress?

Yes, you go through stressful periods of disappointment. But did I feel like it was the end of everything? No, not really. I guess I had a desire to be doing something which I couldn’t be doing at that particular time with injury. So that was probably the tough part about it. If someone gave me a billion dollars tomorrow, would I change anything that I am doing and where I want to go or do? No, I wouldn’t. The underlying feeling is finding something I am passionate about. I definitely need to channel it somewhere. I would still need to be doing something challenging and having the feeling of achieving and success that comes along with it. It seems a bit big but I feel I would definitely need to feel that.

**Please focus on how you felt when you sustained an injury and/or were retired.**

15. What were the consequences of your injury in regards to your career and life circumstances?

It was momentary - a challenge you need to deal with and get over. When I was studying at university (which was difficult in terms of travelling a lot with swimming) that was when I was swimming my best because I had something else going on, even if it was 1-2 subjects at a time. I was pretty happy then because I had some other areas of my life that I had drive and ambition around. When I was purely swimming and had an injury or illness, I had to come to terms with it and do everything right in order to get over it. You put things into perspective as everyone goes through it in their career. So you have to channel your energy into the right space when you go through that. You need to realise that you are not superhuman and that you need good support from others when you go through all that.

16. Have you experienced psychological distress as a result of an injury,
retirement or a life change?

If so, how did the injury/retirement/life change contribute to psychological distress?

I look back at my swimming career when I was coming through the ranks. I wonder what I was doing there, how did I manage that, how hard was I working, what was it like when I looked up to someone who was much better at something I wanted to be the best at. I look at those behaviours and challenges and I try to put them into this career now. It’s important to have the maturity around your ups and downs. I never felt I wouldn’t be able to come back from injury. I am very self-motivated.

17. Did you get support or help for your injury/retirement/life change or psychological distress?

If so, please detail what kinds of support you received. If you lacked support, please indicate where you could have received more support.

Yes, I always had good support but I was proactive in finding it myself. I built relationships with people and made sure I positioned myself well for afterwards and made sure I was doing some study. The buck stops with you at the end of the day.

I had strategies and ways to get through it. I had no one person to go to. I felt comfortable with support from my family and wife.

18. Did you employ any coping strategies for dealing with injury/retirement/life change and if so, what were they?

Whether it was illness or injury, I had those difficult situations to deal with. It was extremely difficult because you want to be in control when you have an injury. It depends on your
personality. You have to position yourself towards recovery and those outcomes. Injury and illness are a pretty big hurdle. Illness would get me down. It was really stressful and I hated it.

It’s horrible when you go through personal things that are out of your control sometimes and you don’t know the answers. It turns your life upside down and it’s never convenient let alone before a World Championships. But by no means do you make excuses for a lack of performance in the pool. It was very stressful time when it first happened but it was a chance to grow. There were positives that came from it such as time out. I knew I would perform poorly yet I still got a silver medal. It was highly stressful time for me but then the mindset returned of showing everyone what I could do. I thought it would be weaker not turning up at all, especially as the Team Captain. I was realistic about my chances. I was open and honest about my preparations.

19. Have you gone through any type of rehabilitation for an injury or life change? If you have, what did it entail?

I would see all the doctors that I could. I would take what I legally could. I just wanted to train and train so it was difficult. The shoulder injury wasn’t too difficult in the latter part of my career. I had a massive year after 10 years on top. So I got to miss out on a meet which at first I was OK with but when I witnessed it, that was difficult to digest.

20. Have you felt psychological distress at some time in your life?

Yes, I have had a difficult time. You second guess things and it’s difficult to deal with that. There are times where you have difficult challenges to overcome.

21. Have you felt empty, terrible or hopeless some time in your life?

I always have good people around so can’t say I felt empty or hopeless so if I ever got close to that stage, I always had someone to catch me. I have good friends and family.
16. Have you ever had suicidal thoughts? No
   If so, have you ever attempted suicide? No
   Please include details if you are willing to share your experience.

Things have been stressful. “Life is too hard” may pop into your head but you have to face things. You are doing more damage to others around you in thinking like that. Sometimes things are bigger than you.

Interviewer: Prof. Piterman discussed at a 2006 Melbourne conference on the mental health of athletes that some athletes can’t help the chemical change that goes on in their brains.

Interviewee: Exactly, I understand that there are some things that are almost out of your control in terms of the way that you are psychologically impacted. I always feel angry when that happens.

Now think about your retirement from sport, whether or not it has occurred.

17. How did you feel when you retired or how do you think you will feel when you do? What kinds of issues did you experience/ do you anticipate?

Great. It was a wonderful career. It was time to move and pursue other things that were challenging and that I felt passionate about. I was closing a chapter that was fantastic. There was an opportunity to start other things and I immersed myself in it. There was one stage where I was working 7 days a week. I almost took the shackles off to an extent. There were no regrets, I did it on my own terms. Not many athletes have that.

18. Did you lose your position and/or retire because of injury/life change and/or psychological distress?
   If you did not lose your position altogether and you were injured, was there a lack of pre-injury competence on your return to sport?
   If you retired because of injury, were you assisted with your retirement?
I am glad I went to my third Olympics and I made the right decision in hindsight.

I have been proactive throughout my career. I was very conscious that I was retiring to something and not from something. I had meetings with a CEO of a bank in 2008 and my desire and experience was acknowledged. I never compromised my long term ambition of doing finance and media. I also went to a corporate TV channel which was suited to my brand, a picture that I had planted firmly in my mind.

7. What were some of your achievements in sport? If you have retired from sport, do you now look at these achievements differently than when you were competing in sport?

I desired to win an Olympic Gold medal since the age of 13. When I won Gold, it was a nice part of my life. I burdened myself with trying to achieve something at least as good or comparative to that. It might not always be as high profile. I relished and celebrated each new achievement but moved on. In swimming, you are only as good as your next race. If you rest on your laurels, then your mindset changes and there is always someone who is hungrier. Be number 1 but train like you are number 2.

Please think about the impact that sport has had on your life and answer the following questions.

20. What types of stress have you experienced as an athlete or post-retirement?
   Think about general stress including emotional, psychological, professional and physical stress as well as conflicts, pressure, fatigue and lack of energy.

Emotional – if you’re tired, you get a bit touchy. Psychological stress was momentary and had to do with my frame of mind at the time. I would navigate through it with my family. I found that more comforting than seeing a psychologist. Professional stress had to do with how I was
perceived by others. Physical stress was due to the nature of what I did. I was getting sick often. There was a lack of energy. This is the price I had to pay for all the training and competition.

21. Have you experienced overtraining, burnout or chronic fatigue syndrome?

I was an overtrainer. I never had chronic fatigue. I teethered on the edge of burn out in 2005 but it was because of the demands outside of swimming. They took their toll on top of the training and expectations I had of myself. I was really busy. This was after 10 years with my nose to the grindstone so it took a long time to get there. I started to feel stale. I looked for change and moved locations. There’s a price to pay for that kind of intensity and as an athlete you don’t tend to listen about that because you are so tunnel visioned and focused.

22. Were or are you satisfied with your life as an athlete?

Maybe, I am satisfied to a certain degree. I look back on my career. I was always trying to win the Gold medal. I was on top for 10 years and then I got a silver medal even though I had the fastest heat time. I had the wrong race strategy in the final. It was a disappointment. Sometimes I didn’t have the right focus. Now I am trying to win that gold medal in terms of what I am doing now.

23. Are you satisfied with your life now?

Yes, life’s great. If you asked me that 18 months ago, it would be a different story. I was finding my feet in the finance world then. I didn’t have good leadership which was frustrating. But you have to deal with those things in life. It’s part and parcel. I was wondering if it was my true north. But now I feel a lot more content in my career.

24. Do or did you identify as being a perfectionist as an athlete? If so, describe some of your perfectionist qualities.
Yes, I would be like that. I hate it when something is not right. I am obsessed with doing things even when I can’t do it. Your best trait is your worst trait. I’ve realised that in myself - persistence is that trait. I will annoy the hell out of someone to get something done or to achieve something. I do a task until I get it right. Persistence will help me to reach my outcomes. When you get given a task, it gives me a sense of achievement if you accomplish it. I don’t care if others don’t see me do it. It depends in what context it’s in. It’s nice to be acknowledged if you do something well and it’s a good outcome. If it is recognised from people that I have respect for then that I have gratification for myself. That is great on a personal level. I think in life, everything breeds within itself. If you hang around successful people, you become successful. Once you have a bit of success, you want more success. It becomes self-fulfilling and manifests within itself. That happens in all parts of life. So if you are successful with something, you have the desire for more success. I enjoy being around really smart people who are really determined. I have real interest in mentoring for that reason.

I would do things over and over to be better. I would set out good goals and training sets to improve from the past. I was always in the mindset that I would keep doing it until I got it. My best and worst trait is my persistence which goes with the perfectionism.

The following questions are in regards to your alcohol and drug consumption. Please be honest and be assured that any information you provide will be de-identified and will remain confidential.

25. Do you drink alcohol? If so, how many drinks containing alcohol do you have on a typical day when you are drinking?

Yes, 2-3 glasses of wine if I was to go to dinner.

Interviewee: Are you able to tell me about your research results with that question without naming names?
Most athletes toe the line with drinking during their training and competition times but it’s not uncommon for some guys to admit to having 6-12 drinks sometimes.

It’s counterproductive to do all that training and then spoil it by drinking too much and lower your immunity and get sick. Some guys do go over the top. You have to keep a little bit of control. I think that anyone on the elitist path of any profession can have a full on personality. The persistence and drive is what helps them get the most out of them self.

You have to be careful that you don’t take that into other parts of your life and that includes drinking.

Not many athletes want to talk about it.

That’s the thing. Someone needs to open up about it.

There have been some athletes who have fell off the wayside with drinking. They are the ones who typically haven’t responded to my requests for an interview. How do we engage those who do not want to be helped? Is it OK to focus on those who want to be helped? How do we support our high achievers?

You are dealing with a massive paradox there. The findings with the high achievers is almost at the opposite end of spectrum in those danger areas. Where are the value or stress points for them to revert back to that behaviour?

Do you agree that there is that predisposition there?

Yeah, I think so. Honesty starts with yourself. The sooner you realise that, the better off you will be. Denial is a sad place to be.
Interviewer: Not every one goes through this kind of personal growth. There is the controlling environment and some find out the hard way what it’s like in the real world?

Interviewee: It can be a delayed onset of behavioural issues which could come out of full-on personality traits that are probably exacerbated because of that incubating period and it could happen when you have a wife and kids. So the consequences and ramifications are therefore much greater. So it is a fundamental issue.

26. How often do you or did you drink alcohol when you were competing in sport or during the off-season?

No, I would never drink while competing. After events/end of year, I would socially drink.

27. If you drink or have drunk alcohol in the past, have you or someone else been injured as a result of your drinking?

No. I am conscious of my full on personality. I am an all or nothing person. I am pretty hard core. You have to keep check of yourself. That comes with maturity.

28. If you drink or have drunk alcohol in the past, has a friend, relative, or doctor or other health worker been concerned about your drinking or suggested you cut down?

No

29. Have you used drugs other than those required for medical reasons?

No

30. If you have taken illicit drugs, have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?

No

Thank you for your participation. Your contribution is appreciated. Should you be distressed and in need of support, please contact Lifeline on 13 11 14 or SANE on 1800 18 7263.
Research Example 4: Participant 33

A number of questions will be asked regarding your experience as an athlete and outside of sport. Please elaborate on your answers where possible and remember that your responses will be treated confidentially so that your anonymity will be assured.

1. What were some of the highs and lows of your participation in sport?

Highs include representing Australia in the World Cup and raising the level of my sport. I tried the unknown with a manoeuvre that became my signature move.

Lows included sacrificing a lot of time for training and competition. I was 9-10 months overseas every year.

2. What perceptions and expectations do/did you have of yourself as an athlete?

The pressure and expectations were mainly from myself; not so much the media. I made a lot of sacrifices and pushed myself every day. The media don’t know what it’s like. I am sick of the media. My sport was talked about in a negative way, e.g. saying it is dangerous. I didn’t let any of that rubbish talk get to me, it’s laughable. I can count on one hand the people in the media who supported me as an athlete. I wish they would report on the facts and the sport.

I had an ego but when I took off my suit and helmet, it was gone. I wouldn’t bring that back to the hotel room. I would return to normality when having a shower. Continuing that level of intense thought would bring a fall or mental burnout.

3. Did your perceptions and expectations of yourself change as a result of injury, retirement or life changes? If so, please explain how they changed.

I felt like the wheels were falling off. I was constantly injured. If you put your head in the lion’s mouth, you can expect it to get bitten off. I loved my sport. All the hardships were worth it
because of the love of the sport and the expression. I was not doing it for money, glory or representing Australia. It wasn’t even on the Olympic program when I started. It was an absolute want of mine.

4. What kinds of pressures, issues and stressors do/did you experience as an athlete?

No other person could put more pressure on me than myself. You have such high expectations of yourself given the training, the sacrifices, the road you travelled; you put that expectation on yourself given all you had been doing.

5. What kinds of pressures, issues and stressors do/did you experience in your life outside of competing in sport?

I missed my family. I had to defer my study and give away a career.

6. Have you had a sports injury?
   If so, was surgery required?
   What type of injury/injuries did you experience?

I had a lot of injuries and 24 operations. I have had to rebuild myself time after time. There are numerous complications which will probably resurface later on. E.g. I broke my knees, back, face and hand.

7. Have you had concussion and if so, how many times? Was it or were they mild or heavy?

Yes many heavy and small knocks. We never took a chance to do another jump when I had concussion.

8. Did your injury/retirement/life change result in psychological distress?
If you had an injury, what came first for you, injury or psychological distress?

Yes, the injury was first.

**Please focus on how you felt when you sustained an injury and/or were retired.**

9. What were the consequences of your injury in regards to your career and life circumstances?

It was bloody traumatic. It depends on what kind of person you are. I chose to get on with it and not let that trauma take me down. Some athletes won’t ever do the sport again because they don’t ever want to go through it again: it was too fresh, it was too hard. Most people would give up. I didn’t want to limit myself. It was an incredible way to deal with it. Nothing was too hard for me to overcome. When things get hard, I don’t think it could ever be as hard as what I did. Athlete Trauma Syndrome is a good soundbite for what I went through. I didn’t enter my mind that I wouldn’t be doing it again.

10. Have you experienced psychological distress as a result of an injury, retirement or a life change?

   If so, how did the injury/retirement/life change contribute to psychological distress?

   Negative thoughts existed but only momentarily for 5 minutes. Then I would look at what I could do.

11. Did you get support or help for your injury/retirement/life change or psychological distress?

   If so, please detail what kinds of support you received. If you lacked support, please indicate where you could have received more support.
My support network changed over the years. People come in and out of your life. We hired a psychologist for a couple of years. I would find what I could from people, even if it was 5% extra I could get from them. There’s no use in having people around you if they do not have the same thought process. I always had good people around me that believed in me.

12. Did you employ any coping strategies for dealing with injury/retirement/life change and if so, what were they?

I always had a plan to get myself back. Sometimes it is so exciting having a plan that you forget the trauma. I reinvented myself and continued to set new benchmarks. Every time I was injured, I turned that back into a reinvention process. That’s why I came back as someone different. I enjoy yoga.

13. Have you gone through any type of rehabilitation for an injury or life change? If you have, what did it entail?

I only put my energy into things I could change such eating right, rehab and finding my balance.

14. Have you felt psychological distress at some time in your life?

Yes, I was in distress for much of the time. I blew my knee to pieces just before the Olympics and it stressed me greatly. I was out sitting on the sideline when I was predicted to win Gold. It took me four years to recover my knee.

15. Have you felt empty, terrible or hopeless some time in your life?

Yes but only momentarily. I did really well with controlling my thoughts. If you let it snowball then you will have a problem. I would see what I could do when I did have hard times.
16. Have you ever had suicidal thoughts? No
   If so, have you ever attempted suicide? No
   Please include details if you are willing to share your experience.

   **Now think about your retirement from sport, whether or not it has occurred.**

17. How did you feel when you retired or how do you think you will feel when you do? What kinds of issues did you experience/do you anticipate?

I handled my retirement well. I was well-balanced and had readied myself for retirement. My expectations are different now. I don’t expect myself to have an elite athlete’s mind and body in a normal job. You would be setting yourself up for depression.

When you are number one in the world and you are wearing the yellow bib, you have every single person in the world wanting to beat you, to be you, to meet you, to interview you. There’s a lot to do and people to please. That’s one thing that I don’t miss.

A former house mate and fantastic friend of mine killed myself three weeks ago after winning a silver medal. The transition to normal life wasn’t there. People thought winning silver would change his life, so did he initially but he became depressed again. He killed himself with a shotgun in a car park.

The transition to retirement needs to be carefully managed. It could be a very fragile time if there has been a history of depression. There was no well-being program for my friend and he thought there was nothing that could be done to help him. A lot of responsibility is on the national federation or sporting organisations to assist with transitions to retirement. No one prepared me for life after sport. I represented my country for 20 years and it was hot potato as soon as I retired. My sport psychologist said she would follow up with me but hasn’t contacted me since a month after the Olympics. It’s lucky for me that I am OK. The biggest part for me was that my identity was closely tied to my sport. They want you to give up your life and yourself to get
results, funding opportunities and to develop pathways for junior sport. As soon as your job is done, forget about it.

The player associations seem to do a pretty good job for the footballers. However, there is less funding for Olympic athletes under the Olympic Sports Commission. There is no money for it. I think it is a bludge on the system. They don’t care, they only care when you are the athlete representing Australia. You feel a bit used when you don’t get any phone calls any more after finishing up as an athlete.

Most Olympic athletes spend 20 years preparing to win and are in major debt. Only a few athletes get talked about in the media. If there’s no support and they are in major debt, it’s then no wonder when things don’t go their way that they want to kill themself. I was alright because I had set myself up financially with good investments.

I had Athlete Career Education through the State Institute of Sport; they support you while you are with them. They may do it for other athletes but I think there should be a phone call every now and again, by someone saying “Listen, I was thinking about you today. Do you want to come in for a meeting? I just want to see how you are tracking”. Thinking you are fine isn’t good enough. People like contact and communication. It is nice to know you are thought about and it takes not much time to make a phone call.

18. Did you lose your position and/or retire because of injury/life change and/or psychological distress?
   If you did not lose your position altogether and you were injured, was there a lack of pre-injury competence on your return to sport?
   If you retired because of injury, were you assisted with your retirement?

I didn’t let myself come down from retirement. I was ready. The last years of my career were hard with difficult injuries to recover from. I was starting to lose it at high speed … if you make a mistake you will be very badly injured. I felt like I was losing my sharpness which could have
been dangerous. My mind and my body were telling me to retire. I felt I had done everything I
could have done.

19. What were some of your achievements in sport? If you have retired from
sport, do you now look at these achievements differently than when you
were competing in sport?

I don’t even have my World Cups displayed. Once you win it, you move on. I was looking for
my second one and so on. I thought about my next goal and challenge. The ones who sit around
talking about the glory days are the ones with the problems. You need to move on. There are
many special moments in life and not all of my top ten would be from skiing. There are some
many better things that I have done. I have been around the world 200 times. I have met the Pope
and Queen. I have done amazing things but they are still not in my top ten.

I motivated myself with my ego and stayed on track by getting out of my ego. That’s why I
didn’t look at my trophies for long.

Please think about the impact that sport has had on your life and answer the following
questions.

20. What types of stress have you experienced as an athlete or post-retirement?
Think about general stress including emotional, psychological, professional
and physical stress as well as conflicts, pressure, fatigue and lack of energy.

My sport was driven by fear and stress. I was driven by adrenaline and risk. I had emotional,
psychological, professional and physical stress. There was a lot of professional stress because I
was taken out of the training environment to fulfill my contractual obligations (go to events,
smile, keep up appearances).

21. Have you experienced overtraining, burnout or chronic fatigue syndrome?
No I didn’t have chronic fatigue. I looked after myself, I rarely got sick.

22. Were or are you satisfied with your life as an athlete?

I was unsatisfied even though I won numerous World Titles. I finally realised towards the end of my career that I have done all that I can.

23. Are you satisfied with your life now?

Yes, things are different now. I have lots going on. I host corporate events, MC, am a special guest speaker. I work with the AIS educating young people about healthy habits, goal setting, leadership and mentoring. I am also a yoga instructor.

24. Do or did you identify as being a perfectionist as an athlete? If so, describe some of your perfectionist qualities.

Yes absolutely. I found I was never perfect and I don’t think it’s possible but it’s nice to try and achieve it. My big thing was that I wanted to do more tomorrow than I did today. That’s how I kept at the top for so long. I never gave myself an excuse to be lazy or to do less. I always had my foot on the pedal.

The following questions are in regards to your alcohol and drug consumption.

Please be honest and be assured that any information you provide will be de-identified and will remain confidential.

25. Do you drink alcohol? If so, how many drinks containing alcohol do you have on a typical day when you are drinking?

Not much, 1 or 2.

26. How often do you or did you drink alcohol when you were competing in
sport or during the off-season?

Not much, 1 or 2.

27. If you drink or have drunk alcohol in the past, have you or someone else been injured as a result of your drinking?

No

28. If you drink or have drunk alcohol in the past, has a friend, relative, or doctor or other health worker been concerned about your drinking or suggested you cut down?

No

29. Have you used drugs other than those required for medical reasons?

No

30. If you have taken illicit drugs, have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?

No

Thank you for your participation. Your contribution is appreciated. Should you be distressed and in need of support, please contact Lifeline on 13 11 14 or SANE on 1800 18 7263.
Research Example 5: Participant 39

A number of questions will be asked regarding your experience as an athlete and outside of sport. Please elaborate on your answers where possible and remember that your responses will be treated confidentially so that your anonymity will be assured.

1. What were some of the highs and lows of your participation in sport?

Highs were winning and the lows were losing. The losses made me feel disappointed and that I was letting my supporters down. There are so many layers of winning and losing.

2. What perceptions and expectations do/did you have of your self as an athlete?

I expected to win especially when I started to win. I wanted to prove my worth. I wanted to be a positive role model in and out of the water. I was accessible: “What you see is what you get”. I expected myself to be positive and optimistic. Being happy and bubbly was sometimes hard. “Don’t believe everything you see”: I was sometimes outwardly confident and under control but inwardly struggling.

3. Did your perceptions and expectations of yourself change as a result of injury, retirement or life changes? If so, please explain how they changed.

Yes, it’s all relevant to timing. I was frustrated in the early part of my surfing career. I was desperate, focused and driven to achieve the goal I set for myself. I was injured in the early stages of my career which was associated with pressure. I was mentally beating myself up (self-esteem issues) and suffered chronic fatigue early on in my career. I became more accepting of the challenges. My surfing performance was no longer the “be all, end all” in the latter stages of my career. I learned about myself, listening to my body, giving myself time to heal and recover and not pushing myself too far outside of normal constraints.
4. What kinds of pressures, issues and stressors do/did you experience as an athlete?

There was pressure to portray a healthy body image. I put pressure on myself to achieve in sport. I surfed to the best of my ability. I didn’t get caught up in the ratings and focused on the job at hand.

Experiencing chronic fatigue and mind set issues taught me the value of health and balance.

5. What kinds of pressures, issues and stressors do/did you experience in your life outside of competing in sport?

I was living up to other people’s expectations in my personal life. As a result, I felt unhappy and that I wasn’t good enough. It’s up to how you identify and deal with it. I was looking for improvements.

6. Have you had a sports injury?
   If so, was surgery required?
   What type of injury/injuries did you experience?

Yes, I had a debilitating neck injury. I had no surgery but had 5.5 months out of the water. I have had a smashed face and torn knee.

7. Have you had concussion and if so, how many times? Was it or were they mild or heavy?

Yes a couple of times heavy, one mild.

8. Did your injury/retirement/life change result in psychological distress?

If you had an injury, what came first for you, injury or psychological distress?
Yes, chronic fatigue had a psychological impact on me. It led to depression. A personal trainer picked up on it. That was early on in my career. No one wants to be depressed. There was isolation and loneliness. There was a lot of trial and error. I had a fear of rejection. I even had a fear of winning. There was self-destructive behaviour. I was afraid of the tall poppy syndrome. It was an excuse – I was giving myself an out.

Please focus on how you felt when you sustained an injury and/or were retired.

9. What were the consequences of your injury in regards to your career and life circumstances?

A broken heart.

10. Have you experienced psychological distress as a result of an injury, retirement or a life change?

   If so, how did the injury/retirement/life change contribute to psychological distress?

Yes, the chronic fatigue led to depression. I wasn’t able to train and surf and didn’t understand what I was going through. It wasn’t until I hit rock bottom that things changed. I had a new attitude and expanded horizon because of the illness.

11. Did you get support or help for your injury/retirement/life change or psychological distress?

   If so, please detail what kinds of support you received. If you lacked support, please indicate where you could have received more support.
I had a consistent support team which led to a positive mindset. I was searching to fill a gap in my life and looking for improvements in my discipline and nutrition. I looked for people to enhance what I do and was open to other people’s views.

I would talk to friends. I had very little support from my peers. Athletes from other sports crossed paths with me and they offered some guidance included a referral to a naturopath.

I reached out to medical professionals who helped me with direction. I did visualisation process work, which helped me to find out what was holding me back. I also did re-birthing and breathe work.

12. Did you employ any coping strategies for dealing with injury/retirement/life change and if so, what were they?

Sleep – I listed to doctors and gave my body a break. I forgave myself. Mental and emotional abuse was not helping the issue. I read self-help books. I kept a log of how I was feeling. I went surfing which made me feel OK.

13. Have you gone through any type of rehabilitation for an injury or life change? If you have, what did it entail?

Yes, a neuro-linguistic program changed the pattern of the words in my head. I honoured my body. I focused on being a positive self-healer rather than a negative self-abuser.

14. Have you felt psychological distress at some time in your life?

Yes. I fell into old habits of beating myself up. Something inside of me died. I lost sense of control and was scared. I was thinking too much and needed help to let it go. I was having emotional crashes and had to learn to love life again. Dark days make you stronger and make you appreciate bright days more.
15. Have you felt empty, terrible or hopeless some time in your life?

Yes, I am comfortable to say that now after I have broken these patterns. I felt alone, desperate, useless, lifeless, frustrated, unhappy, tired, upset, depressed and negative when I had chronic fatigue. It was easier to be negative than acknowledge all the wonderful things in my life. I had negative thoughts but a positive resolve. “The definition of insanity it doing the same thing over and over and expecting a different result”. Having a goal changed things after I was in a negative rut. My obsession was based on the last 20 years of my life (identified mostly with pro surfing) where I associated achievement with success.

16. Have you ever had suicidal thoughts? Yes
   If so, have you ever attempted suicide? No
   Please include details if you are willing to share your experience.

I was livid from exhaustion. It was “do I kill myself or fight?” I drew on my fighting spirit which came from much earlier in my childhood. As I recovered from chronic fatigue, I had passion to go surfing and a goal which gave me clear direction. I made mistakes. This had got the better of me. I learned from my challenges. I found a new lease on life by taking ownership of things.

Now think about your retirement from sport, whether or not it has occurred.

17. How did you feel when you retired or how do you think you will feel when you do? What kinds of issues did you experience/ do you anticipate?

I lost my identity as a surfer when I retired. It has taken me a few years to become OK with retirement. I lost a sense of belonging when I retired from surfing. It was my core extension. I was in the bubble that protects the athlete. There needs to be a balance. I am working out my core focus again. I have found the on/off switch. I have stopped the clothing brand. Now my
focus is to give back such as through charity and to develop motivational workshops and fun and informative education.

18. Did you lose your position and/or retire because of injury/life change and/or psychological distress?
   If you did not lose your position altogether and you were injured, was there a lack of pre-injury competence on your return to sport?
   If you retired because of injury, were you assisted with your retirement?

   It was my decision to retire.

19. What were some of your achievements in sport? If you have retired from sport, do you now look at these achievements differently than when you were competing in sport?

   I had 20 years of professional surfing and won World Championships. Success is a result of your achievement of goals. I learned to deal with focus. Every lesson I have learned has helped me: team work, communication, having a Plan B, adapting to change, dealing with disappointments, being a role model, achieving my dream. It’s been relevant and useful over the last 20 years. A champion is made, not born.

   Please think about the impact that sport has had on your life and answer the following questions.

20. What types of stress have you experienced as an athlete or post-retirement?
    Think about general stress including emotional, psychological, professional and physical stress as well as conflicts, pressure, fatigue and lack of energy.

   Yes, emotional, psychological, professional and physical stress. I needed to acknowledge when things weren’t right and when I was vulnerable. It’s a self-protective mechanism to resist pain.
21. Have you experienced overtraining, burnout or chronic fatigue syndrome?

Yes, I got tired and burnt out. It’s easy to overtrain. I pushed my body to extremes and had a strong work ethic. I had chronic fatigue. You get sick of it and want to get over it. I lost enthusiasm for training towards the end of career and realised you don’t need months and months of training.

22. Were or are you satisfied with your life as an athlete?

Yes. It was awesome. There was unprecedented media interest which raised the profile of women’s surfing.

23. Are you satisfied with your life now?

Yes I am but there’s still plenty to do. I want to achieve more and don’t want to be complacent.

24. Do or did you identify as being a perfectionist as an athlete? If so, describe some of your perfectionist qualities.

Yes. I had Obsessive Compulsive Disorder. I really know how I want things done and do it to the best of ability. I was a hard task master but learned to lighten up on myself. It’s unrealistic to have such high standards.

The following questions are in regards to your alcohol and drug consumption. Please be honest and be assured that any information you provide will be de-identified and will remain confidential.

25. Do you drink alcohol? If so, how many drinks containing alcohol do you have on a typical day when you are drinking?

Yes. 1 per day. Vodka, wine or gin.
26. How often do you or did you drink alcohol when you were competing in sport or during the off-season?

Yes, dramatically. Early 90s off season I would not train or focus on my diet.

27. If you drink or have drunk alcohol in the past, have you or someone else been injured as a result of your drinking? No

28. If you drink or have drunk alcohol in the past, has a friend, relative, or doctor or other health worker been concerned about your drinking or suggested you cut down? Yes, a nutritionist did.

29. Have you used drugs other than those required for medical reasons?

No

30. If you have taken illicit drugs, have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? No

Thank you for your participation. Your contribution is appreciated. Should you be distressed and in need of support, please contact Lifeline on 13 11 14 or SANE on 1800 18 7263.
Appendix C: Mental ill-health and suicide of Australian elite athletes

Cricketers and mental ill-health and suicide

Pictured from left to right: Tom Wills, Albert Trott, Jack Iverson, Sid Barnes are among Australian cricketers who have suicided.

Cricket history was investigated by De Moore (1999) in order to illustrate some of the mental health issues in Australia sport. Frith (2003) specialised in researching cricket suicides, listing more than 150 cricketers who have taken their own lives in more than a hundred years: “Cricket is by far the major sport for suicides. It fills its players with confusion and self-doubt”. Frith (2003) wrote: “We forget that sportsmen, just like everyone else, can suffer from mental ill-health. Indeed, the pressurised world which they inhabit can make them especially vulnerable”. Frith’s research recorded obscure and more well-known cases which described the thought patterns and anxiety levels that accumulate to stress and depression in cricketers. It was not clear as to why these cricketers took their own live but financial pressure, marital breakup or depression were the most frequent themes. Hundertmark (2007) outlined mood disorders such as anxiety and depression, drug and alcohol abuse and at times suicide are among the problems that have beset Australia’s top level cricketers.

There has been interest in depression in cricketers. Cowan (2011b) explains that stress, frustration and self-doubt stem from failure being statistically tangible in cricket, where one’s contribution to the team is completely objective. Self-perceptions and expectations may be magnified by the lag in time spent in brooding and introspection after a batting dismissal for example. Cowan (2011b) pointed to the demands on cricketers with the example of a fellow cricketer who recognised his recovery from depression started when a medical expert provided clarity about segregating the three facets of his life: work, family and the social aspect.
Depression and sport injury

Photos (from left to right): Andrew Browne, Participant 2, Shaun Tait, Justin Hodges, Craig Wing, Glen Bowyer and Andrew Heath.

At the age of 25, Andrew Browne played two games before he suffered a shoulder injury in 2009. In early May 2009, he was listed as unavailable indefinitely due to personal reasons, and was de-listed at the end of the season (Clarke, 2009). He finished on 29 games in eight seasons.

In March 2010, Browne filed a claim with the AFL’s grievance tribunal for monetary compensation for depression caused by injuries received during his football career (Clarke, 2010). In May of the same season, Browne received approximately $40,000 in redress (Hutchison, 2010).

Former Wallaby (rugby union player) Ben Darwin revealed his depression and suicidal ideation after sustaining a neck injury in the 2003 World Cup and “boiled over” when unable to cope with the stress of coaching, a painful divorce and a difficult childhood (Jhoty, 2008). He was diagnosed with anxiety, depression and Attention Deficit Disorder before becoming suicidal when unable to cope with the stress of coaching, a painful divorce and a difficult childhood.

Australia cricketer Shaun Tait pulled out of the game in 2008 to refresh his mind and body after succumbing to a mental and physical breakdown (Australian Associated Press, 2008). Tait struggled with a shoulder injury and also in dealing with unfulfilled expectations of being the team’s fast bowling hope.

Justin Hodges experienced depression as a result of an Achilles heel injury and wondering if he could make it back in rugby league (Badel, 2012c). This was after previous injuries which required intensive rehabilitation.
Craig Wing was depressed after an injury in 2009 and experienced worthlessness from a range of issues (Webster, 2009). Wing discussed missing contributing to the team whilst injured as well as the burden of expectation and pressure. A relationship break-up and financial stress off the field were also contributing factors.

Former Hawthorn and Carlton AFL player, Glen Bowyer’s career was affected by injury resulting in depression and an attempted suicide (Pierek, 2004). Bowyer also had died on the operating table before coming back to life. It was a time in his life when he was desperate, felt numb and isolated. Bowyer said he desperately needed help but kept his suffering private. An intervention from his club and parents helped him to help himself and get back on track in his football and life.

Former Wallaby (rugby union), Andrew Heath suffered headaches, memory lapses, concentration problems and depression as a result of multiple concussion during his career (Newby, 2010).

Photos from left to right: Former gymnasts Chloe Sims, Alyce Arrowsmith and Hollie Dykes.

These above-pictured Australian gymnasts retired because of injuries and depression. 15 elite gymnasts left Olympic-level programs months before the 2008 Beijing Olympics mostly because of mental and/or physical burnout, a heavy injury toll, pressure to be thin, little financial reward, a lack of enjoyment and fears they were not good enough (Purdon, 2008).
Injuries, overtraining/chronic fatigue syndrome, depression and suicide

Photos from left to right: Layne Beachley and her book ‘Beneath the Waves’, Petria Thomas and Sandy Blythe on the cover of their books.

Layne Beachley won seven surfing world titles between 1998 and 2006 to become the most successful Australian surfer ever. In this thesis’ research, Layne explained how she beat chronic fatigue, depression and suicidal ideation to achieve her dream. She overcame her issues in a rebirthing session where she worked out she had fear of abandonment from being adopted as a child, losing her adopted mother and a significant relationship. Layne learnt to have strength of resilience and strength of self-belief. Her motto is “dare to dream, pursue your passion, aspire to achieve.” World champion surfer Layne Beachley overcame injuries, chronic fatigue syndrome and depression to continue on to become the most successful woman surfer ever.

Former Olympics swimmer, Petria Thomas, felt hopeless and depressed after she lost her passion and focus prior to winning her first Olympic medal back in 1996 (Shea, 2005). Barker (2009) reported that Thomas experienced debilitating depression after years of rigorous training as well as studies and thought of killing herself but was fortunate to have accessed and obtained help from a sport psychologist.

Sandy Blythe fought chronic fatigue syndrome and depression, hopelessness before his suicide (Petrie, 2005). Blythe represented Australia at four Paralympics for basketball. Off the court, Blythe was a successful businessman and motivational speaker.
South Australian cyclist, Jobie Dajka, lost his position in 2004 for lying to an inquiry about doping and went into a spiral of depression and alcohol abuse (ABC, 2009). That ruling had been cited as the start of a troubled period for Dajka, who later faced a three-year sporting ban for assaulting a cycling coach (ABC News, 2009). Dajka was a junior world champion, a world champion and a Commonwealth Games champion and tried to comeback in 2008 but didn’t get the cooperation of the South Australian Institute of Sport. Dajka died by suicide in his Adelaide home (ABC, 2009).

Joe Clarke died by suicide in July 2007, aged 21 (Davis, 2007). Joe had no history of mental ill-health. He was part of the Brisbane Broncos squad from 2004-6 before heading to North Queensland Cowboys in 2007 to attempt to play first-grade. He had not yet reached his goal of playing first-grade in the NRL. He was in good spirits at training earlier on the day he died but it was reported that he later had an argument with his girlfriend and was found hanged in a Brisbane park. "The thing is, they are still normal blokes, they just happen to play football for a living” (Wayne Bennett in Davis, 2007).

Steve Rogers (Australian representative in rugby league/union retiree) died by suicide after keeping private his battle with depression (Cubby et al., 2006). It was reported that he had been drinking heavily and it is possible that the loss of prestige and social support in retirement were factors in his death.

Former rugby league player Dale Shearer had a serious car accident in 2009 and battled depression after mourning the loss of his wife who died of cancer (Badel, 2010a). The accident
left Shearer with a fractured back, internal injuries and saw his skull ripped from the vertebrae. Shearer stunned the medical fraternity by making a full recovery.

Michael Slater experienced injury, interpersonal and anxiety issues, before losing his Australian Test cricketer position (Slater and Apter, 2005). Slater describes how he is a perfectionist and how he fought his self-doubts. He felt stigmatised by his mental ill-health including by the coach, management and captains. Slater established a successful commentary career and wrote about his experience of recovering from mental ill-health (Slater and Apter, 2005).

Lester Ellis became a boxing champion at the age of 19 and suffered from alcoholism during the latter part of his career and suffered from depression and attempted suicide in 2006 before emerging into a new life (Drane and Ellis, 2007).

Craig Johnston was the first Australian footballer to play in the English Premier League. His career spanned from 1978-1988, mostly with Liverpool. His career ended up when his sister was dying in Australia and he went home to take care of her. In 2003, Johnston lost all of his assets and marriage after a failed investment and was homeless for 5 years, drinking to cope, depending on the charity of friends for survival (Fitzmaurice, 2004).

Heath Black experienced injury, depression and anxiety, retirement, alcoholism, and was charged with assault and lost his media position followed by a recovery and comeback in local Western Australian football (Black and Holland-McNair, 2012).
World champion surfer Mick Fanning overcame loss of his brother and debilitating scoliosis, injuries and depression to win world titles and has shared how he copes (Swanton, 2007; Baker and Fanning, 2009).

*Drug-related deaths after depression in retirement*

Photos from left to right: Peter Jackson, Chris Mainwaring and Ian Gray.

Australian Test rugby league player Peter Jackson suffered from depression and used drugs and alcohol throughout his life to try to combat it (Thompson, 2000). He died in November 1997 of a drug overdose. He was well-known to be a larrikin and worked for the ABC as a sports presenter. It was later be revealed that as a fifteen year old, Jackson was sexually abused by his football coach (Thompson, 2000).

Former Australian Rules footballer and media personality Chris Mainwaring died in October 2007 from a cocaine overdose after a battle with depression and in the midst of a personal crisis (Barrett, 2007).

Former Marconi captain and Socceroo, Ian Gray died from a heroin overdose in early 2010, shocking friends and family who say he loathed drugs; a violent assault three years earlier left him with head injuries which spurred on a private battle with depression and self-medication (Bashan and Squires, 2010).
Alcohol abuse, anxiety, depression and suicidal ideation

Former Australian Rules footballer, Wayne Schwass, played for North Melbourne, then he moved to the Sydney Swans and also had a place in the All-Australian team. Wayne publicly discussed his long battle with depression, anxiety and suicidal ideation started in his late teens when he had low self-esteem and a lack of confidence (Gearin, 2006). Wayne refused to accept that he had depression, abused alcohol and eventually got professional help after several years (Gearin, 2006). Wayne currently leads The Sunrise Foundation which is a non-profit organisation created to develop and deliver purpose built preventative education programs addressing depression for young people aged between 12-24 years.

Behavioural issues, injury, alcohol/drug abuse and depression/suicidal ideation

Former West Coast Eagles player Ben Cousins received a 12 month ban for illicit drug use (Australian Associated Press, 2007b). He entered rehabilitation and later experienced depression when he was not drafted in the AFL (Spagnolo, 2009). Cousins relapsed into drug addiction after retirement from AFL and was charged with drug possession (Edwards, 2012).
Former Essendon Bomber Andrew Lovett experienced injury, depression, loss and alcohol issues (Medew, 2007). Lovett lost his father to cancer, was involved in a domestic dispute with a former girlfriend, and was forced to spend long periods on the sidelines through injury (Medew, 2007).

Wayne Carey disclosed his drug and alcohol benders were “self-sabotage” and he experienced depression and repeatedly contemplated suicide (Carlyon, 2009; Carey and Happell, 2009). Carey was held in high regard as the greatest player of the modern era of Australian Rules, captaining the North Melbourne and All-Australian teams in the 1990s and early 2000s. He disclosed in his book, ‘The Truth Hurts’ (Carey and Happell, 2009) that a turning point in his life was an affair with his vice-captain’s wife when he was at North Melbourne. He soon after quit that team and took up playing with Adelaide. He admitted he had been a regular binge drinker in his playing days and that his drinking had got him into trouble with the law.

Gary Ablett Senior pointed to the “pressure to perform” and the fact that his self-worth and security were based on the pursuit of success as leading to his fall including assault and drugs convictions, as well as depression and suicidal ideation (Scanlon, 2008). Religion had helped him to forgive himself and find value in his life (Scanlon, 2008).
Andrew Johns is a former rugby league player who emerged in 1993 playing for Newcastle and later New South Wales and Australia. Johns was caught with the illicit drug “ecstasy” in London in 2007 after his forced retirement from rugby league as a result of a neck injury; Johns admitted that he had taken drugs for 12 years to escape himself and the pressures of elite level sport (Australian Associated Press, 2007a; Cadigan and Johns, 2008). Johns admitted to having depression, bipolar disorder and to having considered suicide and also warned that the pressure faced by current footballers will cause a suicide (Australian Associated Press, 2007b). In ‘The Two of Me’ (Cadigan and Johns, 2008), Johns disclosed that he found the pressure of celebrity and media scrutiny to be overwhelming.

The rise, fall and rise of retired surfer Mark Occhilupo included him setting the surfing world ablaze as a teenage prodigy, quitting the tour aged 22 in 1989 (Baker and Occhilupo, 2008). ‘Occy’ battled injuries, depression, drugs and alcohol before making a remarkable comeback in 1999 to become the sport's oldest world champion at the age of 33 (Baker and Occhilupo, 2008).
Nick D’Arcy (swimmer) lost his Olympic team position after an assault on a team mate when some of the Australian swimming team were out drinking (The Daily Telegraph, 2009). D’Arcy avoided jail and battled depression during his period in limbo whilst waiting for the court’s decision (The Daily Telegraph, 2009).

Andrew Symonds (cricketer) lost his position after alcohol-related behavioural issues and sought treatment for his depression (Hooper, 2009).

Hawthorn Hawk’s Travis Tuck, 22, was banned for 12 weeks in August, 2010 and fined $5000 after becoming the first player to record a third strike under the AFL’s drug code (Timms, 2011).

**Behavioural issues, depression/mental ill-health, followed by recovery**

Photos from left: Tim Smith, Paul Whatuira and Cory Paterson.

Tim Smith’s form suffered after alcohol-related misdemeanours at Parramatta Eels related to depression and bipolar disorder (Toohey, Phelps and Ritchie, 2008). Smith was not coping well
with the pressure and public scrutiny and took leave from the NRL in 2008 (Toohey Phelps and Ritchie, 2008).

Former Balmain Tiger, Paul Whatuira, explained how he was depressed and on the verge of suicide before being locked up in a British mental hospital after bashing two innocent passers-by (Reid, 2010). Whatuira revealed his breakdown was triggered by flash-backs to abuse inflicted on him as a six-year-old (Reid, 2010).

Cory Paterson took time off at Newcastle Knights and gained weight during his depression (Toohey, 2009). His diet, confidence and attitude improved and he perceived it as a learning experience (Toohey, 2009).

Greg Inglis of the Melbourne Storm, Queensland and Australian teams was charged with recklessly causing injury and unlawful assault of his girlfriend in August 2009 (Badel, 2010b). There was no conviction but he was traumatised by court appearances. His pride was injured and he put on weight: “At times, I was depressed about it, but I knew I had to get back on the horse and do what I do best, which is play footy” (Badel, 2010b). Inglis’ form returned on the field and he discussed his aspiration is to become a social worker and a respected role model for indigenous kids and ambassador for rugby league (Badel, 2010b).
Bipolar disorder, behavioural issues, drug and alcohol issues, injury, poor form and retirement, comeback and injury

Former AFL player Jonathon Hay retired in 2007 from North Melbourne after injury forced loss of his position and alcohol and drug use as well as bipolar disorder disrupted his career (Timms, 2007).

Low self-esteem, depression and suicidal ideation/behaviour

Photos (from left to right): Cathy Freeman, Chantelle Newbury, Tracey Wickham and Leisel Jones.

Cathy Freeman revealed she suffered from depression and felt lonely before and after she won the 400m running event at the Sydney Olympics. The burden of expectation weighed upon her and there were periods when she questioned her self-worth and felt inadequate to the point of having thoughts of ending her own life (BBC Sport, 2001).

Australian Diver, Chantelle Newbury checked herself into a psychiatric hospital to treat her severe depression after she made her second suicide attempt (Byrne, 2009).

Australian swimming legend, Tracey Wickham, admitted herself to hospital seeking treatment for depression and suicidal ideation after not coping with the death of her 19-year old daughter to cancer (Passmore, 2010). Wickham described how she had battled against an addiction to
prescription drugs for most of the past decade, using them to help counter the physical and emotional pain from injuries (Passmore, 2010).

Leisel Jones described how she had experienced low self-esteem and depression in her quest to become a swimming champion before finding maturity and happiness (Hayes, 2010).

**Retirement because of depression**

Former AFL player and current Beyond Blue advocate, Nathan retired from football due to depression (Epstein, 2008). He has challenged his perception of himself and is helping the Australian Football Players’ Association in addressing the issues of depression and problem solving amongst its members (Beyond Blue, 2010). At 21, Thompson had suicidal thoughts and had a full on breakdown in 2004 (Beyond Blue, 2010). He recognised that he had a serious problem, got involved with Beyond Blue and went to Orygen Youth Health, where he saw a psychologist and got anti-depressant medication (Beyond Blue, 2010).

**Depression/bipolar disorder after retirement**

Enrique ‘Topo’ Rodriguez experienced bipolar disorder after his sporting career and now educates people about the illness through the Bipolar Education Foundation (Fidler, 2007).
John Konrads broke every freestyle world record from 200 metres to 1500 metres by the time he was 15, going on to win a gold medal for the 1500 metres at the 1960 Rome Olympics. During a period of apparent success in business, Konrads suffered periods of depression, minor at first and then increasingly severe (Beyond Blue, 2005). The depression continued during his retirement and he now advocates for awareness and treatment of depression (Beyond Blue, 2005).

_Epilepsy, brain surgery then anxiety, depression, suicidal ideation in recovery_

Wally Lewis experienced anxiety, depression and suicidal ideation after his operation for epilepsy in 2006 (Davis, 2009; Cadigan and Lewis, 2009). Risk factors included a history of concussion, epilepsy, public embarrassment/loss of position, social isolation from self-confinement to home, hopelessness about health situation, recovery trauma after operation, self-pity, dissatisfaction with life, severe anxiety and depression for the first time, not sure how to address or treat it, and suicidal ideation. Protective factors included expert medical surgery and rehabilitation for epilepsy and recovery trauma, medical treatment for anxiety and depression, feelings of belonging (family, school and community), being married and provision of social/emotional support.
Sporting comebacks after anxiety/depression and retirement

Matthew Mitcham (Australian Olympic diver) battled anxiety and depression as a teenager, taking medication and seeing psychologists (Halloran, 2008). Mitcham prematurely retired in 2007; it had been a chaotic and unusual time when he "partied" and lived without regimen (Halloran, 2008). He came back in 2008 to win a gold medal.

Australian PGA-tour golfer Steve Bowditch revealed he suffered from poor form, sleeping and eating disorders, as well as short-term memory loss and self-doubt during his depression in 2006, which followed a relatively successful 2005 (Hinds, 2006).

Geoff Huegill gained 40kg in 18 months after taking a break from swimming in 2004 (Webster, 2012). Huegill was arrested for drunken behaviour in 2007, a low point during a time when he experienced self-doubt and depression before making a comeback in 2009 which helped him to overcome depression (Webster, 2012). Huegill (2011) wrote “Be Your Best” during his comeback to swimming. He acknowledged to "living in a bubble" as an athlete and struggling with the transition to life in the real world. He elaborated on the impact of suppressed grief about the death of his father and resultant self-pity. Huegill (2011) also disclosed about hitting rock bottom, his party lifestyle, drugs/alcohol/over-eating, financial worries and depression as well as suicidal ideation.
Appendix D: Mental ill-health and suicide of international athletes

Jeret Peterson, who had admitted to problems with alcohol and depression, was found dead in 2011 from a self-inflicted gunshot in a remote canyon in Utah (Slotnik, 2011).

Gary Speed, Welsh football manager and former Newcastle, Bolton and Welsh football player, died by suicide in 2011 after keeping his suffering private (Hughes, 2011).

Robert Enke, German goalkeeper died by suicide in 2009 after the death of his child (Moore, 2009).

Edwin Valero committed suicide in a Venezuelan jail cell in 2010 after being arrested on suspicion of killing his wife (Associated Press, 2010). The former world lightweight boxing
champion had personal problems including drug and alcohol abuse, depression and was arrested twice on suspicion of assaulting family members.

Marcus Trescothick, English cricketer had depression and suicidal ideation partly attributed to the relentless schedule and the probing questions asked by cricket (McRae, 2011).

Sir John Kirwan, retired New Zealand rugby player had depression and later helped to deliver key messages in a depression awareness campaign (Sainsbury, 2007).

Sir Richard Hadlee is a retired New Zealand cricketer who experienced depression and a physical and mental breakdown during his career because of the various pressures and demands on him (Davies, 2008).
Kelly Holmes, Olympic 800m and 1500m champion became depressed, hopeless and attempted suicide after not dealing with a disappointing performance (Brown, 2012).

Frank Bruno, champion boxer became depressed post-retirement not knowing what to do next in life. He was hospitalised and later diagnosed with bipolar disorder and suffered a relapse after exhausting himself (Littlejohn, 2012).

Serena Williams struggled with depression after her sister Yetunde died. She needed time and space to work through things and went through therapy (Hodgkinson, 2009).

Lou Vincent was diagnosed with depression after a period of keeping it private and then consulting a Clinical Psychologist (Hawkes, 2011). The New Zealander cricketer experienced
self-doubt and no self-belief as well as exhaustion and loss of position because of injury and described how the depression did not go away (Hawkes, 2011).

Mathieu Bastareaud of French Rugby was hospitalised in France with serious psychological problems after a suicide attempt following a 2009 New Zealand tour scandal (Fotheringham, 2010). He invented a story about being assaulted outside the team hotel to avoid being punished for a drunken fall as well as to not upset his deeply religious family.

- Mike Tyson (USA) is a retired world champion boxer has experienced insecurities, financial and relationship problems, addictions, low self-esteem, life dissatisfaction and depression (Saraceno, 2005).
- Doctors for Tyson said his low self-esteem manifests itself in cross-addictions, i.e. drugs, sex and spending sprees to cover up pain and chronic depression (Saraceno, 2005).
- Furthermore, doctors reported that his emotional swings were triggered by his belief that he is “being used, victimised and treated unfairly” (Saraceno, 2005).
- It was described by doctors that he has thrill-seeking and self-destructive tendencies but no major mental ill-health or personality disorder was reported (Saraceno, 2005).
• Diego Maradona led the Argentine football team to victory in the 1986 World Cup. He became intensely self-destructive and battled cocaine and alcohol addiction as well as obesity (BBC News, 2007).
• He had been suffering from depression which led him to drink excessively. He was banned from football twice for failing drug tests (BBC News, 2007).
• He retired from competitive sport in 1997. In 2000, and again in 2004, he collapsed with heart problems and was taken to hospital (BBC News, 2007).
• He had a stomach stapling operation in 2005. He lost 30kg and began playing football again, before putting on weight again (BBC News, 2007).
• Swiss doctors who treated Maradona said he will probably need treatment for alcoholism for the rest of his life (BBC News, 2007).

• Andre Agassi (USA) was a teenage sensation when he emerged into the Tennis Grand Slam circuit in the 1980’s. By 1997, he disliked playing tennis, feeling that the professional tour was holding him to ransom (Agassi, 2009).
• In 1997, he used crystal meth repeatedly at a time when he was depressed. Later that year, he was suspended after a drugs test and he quit meth. He said in his book ‘Open’ that “I was depressed, I was in a daze separate from the drug” (Agassi, 2009).
• Agassi opened up in 2009 about his drug use and depression to help himself and others. “I've spent many years of my life being angry at myself, being disappointed at myself.
The only way anything good could ever come of it is if I could help anybody avoid those pitfalls or help anybody get out of the pitfalls they've already fallen in” (Agassi, 2009).

• Cliff Richey, who 40 years ago was the No. 1-ranked American tennis player and the hero of the 1970 championship-winning U.S. Davis Cup team, was the winner of the first-ever professional Grand Prix title. In Richey and Richey-Kallendorf’s (2010) ‘Acing Depression’, he discusses how depression was the biggest difficulty of his life.

• Jennifer Capriati (USA) was affected by early fame, success and the expectations of herself and others and experimented with drugs, retired early and then came back before being afflicted by debilitating injuries, depression and suicidal ideation (Coffey, 2007). Capriati had self-doubts about her purpose and her worth and struggled with the transition into retirement (Coffey, 2007).
Monica Seles (Yugoslavian born, US citizen) became the youngest woman ever to win the French Open and many thought she was destined to be the best women’s tennis player in history. Hornig (2009) reported that:

- In 1993, Seles was stabbed in the back by a deranged fan during a break in a match in Germany.
- Seles tried to mount a comeback two-and-a-half years after the stabbing but she lost her no. 1 ranking and endorsements during that time.
- Seles developed an addiction to food and gained 20 kilograms.
- Seles undertook extensive therapy for depression when she realised she needed help to deal with the emotions she had been running from: her father's death, the stabbing, and her own identity.
- Her time now is filled with extensive charity work and she is happier.

- Former US figure skater Tonya Harding’s ex-husband organised a knee-capping attack on her ice skating rival Nancy Kerrigan in 1994 (Romero, 2010).
- Harding has publicly discussed abuse from her ex-husband, repeated abuse by her alcoholic mother and suicide attempts (Associated Press, 2008).
• Olympic champion diver Greg Louganis (USA) is the most successful diver in the history of the sport, with a career including 3 Olympic Games from 1976 to 1988.
• His depression was driven by late-detected dyslexia, prejudice about his dark skin color, and ambivalence about his sexual orientation (Louganis, 1995). He experienced abusive relationships and HIV infection (Louganis, 1995).
• Louganis (1995) described how a lot of his success came from a desperate place. He felt that to be worthy of love, he had to win, otherwise he felt disappointment.
• Louganis speaks to youth groups, drug and alcohol rehabilitation groups, and organisations that help people with dyslexia.
Appendix E: Legacy of the athletic high achievers

Craig Hamilton is a former first-grade cricketer and coal miner and currently a sports broadcaster for ABC Sports. Three days before he was to broadcast the Sydney Olympic ceremony in 2000, he had a psychosis and a breakdown, ending up in a psychiatric hospital (Hamilton and Jameson, 2005). He thought he had become Jesus Christ reincarnate. In his book, ‘Broken Open’, Craig retraced his steps and highlights the warning signs such as alcohol abuse, overworking and a misdiagnosis for depression, rather than bipolar disorder (Hamilton and Jameson, 2005). He has overcome bouts of hypomanic symptoms and depression as well as suicidal ideation through medication, insight into his condition, low alcohol intake, moderate exercise, sufficient rest, nutrition, and supplements including omega-3 (Hamilton and Jameson, 2005). Craig is a presenter and motivational speaker, advocating awareness of mental health.

David Henning was an Actuary who did a lot of running, played tennis and golf and touch football. David was 39 when he died by suicide only a month after achieving a good time in the New York 2005 marathon. He had no history of depression or mental ill-health. His family and friends began the David Henning Memorial Trust which has helped to fund this research.
Barry Balcombe died in 1985 at the age of 36. He was a keen sportsman, accomplished businessman and devoted father; renowned for being someone who would help others, Barry is survived by Ineke and 3 sons, Mark, Luke and Paul (pictured above). The circumstances surrounding his untimely death inspired the research question of this thesis.
Appendix F: Athletes & Mental Health: Is Depression a Sports Injury?


**Introduction:** Is there a relationship between participating in sport as a professional athlete and increased risk of depression?

**Rationale:** High-level male athletes’ perceptions and expectations of themselves and their experience of injury and retirement issues may increase their risk of depression and suicide compared to high-level female athletes and non-athletes (Smith and Milliner, 1998; Mummery, 2005).

**Participants:** 64 Australian athletes who have experienced a mental health issue were identified from media reports and books (50 males, 14 females). There were 38 cases (59%) of reported injury and/or retirement issues (24 males and 14 females).

There were 2 cases of completed suicide with a diagnosed mental ill-health before death, 2 cases of completed suicide with no reported history of mental ill-health, and 3 drug-related deaths associated with depression (all were male).

**Methods:** A qualitative research series with injured athletes (past and present) investigated their experience of mental health issues associated with sports participation. A purposive sample was derived by contacting athletes who have ‘gone public’ about their issues as well as referrals from peers and industry professionals. A questionnaire formed the basis of semi-structured interviews with participants. Themes will be derived by coding using a content analysis theoretical framework.

A biopsychosocial approach (Miller et al., 2007) will be adopted; any significant mental health concern involves ongoing interactions amongst biological, psychological and social factors.
Problems of emotions and behaviours are considered to be the consequence of an emotionally/behaviourally/biologically vulnerable person being exposed to a significantly stressful environment.

**Discussion:** What happens to an athlete when they get injured? What is the relationship between sports injury and risk of depression?

Elite athlete hedonism and idolatry sensationalism by the media has sometimes led to dramatic stories. Some athletes exploit their public profile where as others want to keep their private lives private. This makes engaging such athletes in research difficult, especially when sporting organisations have a vested interest. Does professional sport and the implications for performance and success contribute directly to increased risk of depression and injury for athletes?

There are various neurobiological and psychological pathways to depression in athletes. These may include a genetic vulnerability, a serotonin system gene variant, being a stress ‘reactor’, as well as aspects of personality. Acquired trauma through concussion, overtraining/burnout, stress or inflammation may also contribute to risk of developing depression. Psychological risk factors include low self-esteem, negative perfectionism and alcohol/drug abuse.

**Conclusion:** Athletes are at increased risk of developing depression and other mental health concerns as well as suicidal ideation and suicide. Past and present athletes may be at increased risk of being undiagnosed and untreated for mental ill-health because of stigma, selection pressure and/or lack of recognition of symptoms.

The predisposition or obsession to emerge or win drives athletes’ ambition and thus is likely to be an important part of their identity, mental health issues and recovery. Athletes who experience ongoing depression and are not coping during injury/retirement are a group at risk and warrant further research.
Sports trainers are usually well-placed for identification of depression in vulnerable athletes and sporting organisations can assist the process of injury/retirement through counselling. Some best practice treatments for depression and suicidal ideation impact on athlete performance and career because some medications are on the Prohibited List. Cognitive behaviour therapy and pharmacotherapy are the best combination of treatments available.
Appendix G: Mental Health and Suicidal Ideation in Athletes: There’s a Dark Side to Being a Champion

Balcombe, L. “Mental Ill-Health and Suicidal Ideation in Athletes: There’s a Dark Side to Being a Champion”. Gold Coast Health and Medical Research Conference Proceedings, Main Beach: 1-2 December, 2011.

The research examined the dynamics of sports injury, retirement and life changes as psychological risk factors for mental ill-health and suicidal ideation in athletes. A biopsychosocial approach (Miller et al., 2007) was adopted; any significant mental health problem involves on-going interactions amongst biological, psychological and social factors.

The Brief Symptom Inventory-18 (Derogatis, 2001) was sent by email to 188 student athletes at Griffith Sports College. 44% of the 25 respondents had “of concern” symptoms of psychological distress.

Current and retired elite athletes (n=50) were selected from a purposive sample. Qualitative data from semi-structured phone and in-person interviews provided a complement to the quantitative data. Thirty-two questions were asked regarding their perceptions and expectations of them self, stressors, injuries, transition to life after sport, psychological distress, suicidal ideation, support, coping strategies, life satisfaction, perfectionism and alcohol and drug use.

Qualitative data demonstrated that 96% of retired athletes had experienced psychological distress. Injury and illness was a common stressor and most had difficulties with adjustment to a new lifestyle and new socio-professional situation after retirement from sport.

High-profile Australian champions from various sports shared their insight and wisdom from diverse experience with mental ill-health and suicidal ideation. Some athletes welcome injury/retirement as a way out. Others draw from deep within to recover from mental ill-health. Athletes who lack adequate coping skills in times of injury/retirement may respond well to mentoring/counselling, cognitive behaviour therapy and doing interesting things unrelated to their sport.
The high prevalence of psychological distress in student athletes and very high levels in retired athletes provides preliminary evidence for this being an at-risk population. Retired athletes were in consensus that current athletes are in the “sporting environment” and not yet ready to discuss their issues or haven’t yet experienced them.

Further research is required for the neurobiological consequences of stress and the effectiveness of compulsory screening and early interventions for student athletes as well as counselling/mentoring to prepare elite athletes for life after sport. It is of interest to follow up with cases in the years after retirement when they have a more ordinary life. Other important factors include a perceived “lack” of social support after retirement, factors that distinguish when retired athletes are ready to accept support and the value of counselling from a person not attached to the club or retired athlete.