"You have to be mental to jump off a board any way": Elite divers' conceptualizations and perceptions of Mental Health

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Abstract

Objectives: Mental health research in elite sport focuses predominantly on mental illness prevalence rates and help-seeking behaviours. Diving has been identified as a sport that generates particular challenges for maintaining mental health, yet has received scant attention from researchers. Therefore, purpose this paper explores what mental health and mental health related behaviours mean for a group of young, elite athletes as conditioned by their peculiar social context as elite athletes.

Method: Semi-structured interviews were conducted with purposely sampled eight elite divers aged between 14 and 24 years with between 5 and 16 years of diving experience who have competed in international level diving competitions including Olympic, Common Wealth and World Cup competitions. Interviews were recorded, transcribed verbatim, and analyzed using inductive thematic analysis.

Results: Analysis identified mental health literacy, experiences of mental health, risk factors, and opportunities for support as themes. Mental health generated negative connotations for participants attributable to knowledge development occurring through personal and vicarious experience of mental illness. Limited knowledge of symptoms of mental illnesses was evident. Participants identified a range of risk-factors inherent in their sport performance and culture revealing a performative and gendered dimension to mental health.

Conclusions: Our results indicate the need to recognize the performative nature of mental health for elite divers and therefore social and cultural influences alongside biophysical. Greater efforts need to be made to help improve the overall mental health literacy of elite divers so they may be able to seek the support and treatment they need.

Keywords: elite athletes, aesthetic sports, elite sport, mental health, mental illness

Introduction

Links between mental health, physical activity and sport have gained significant interest from a range of researchers (e.g., Carless & Douglas, 2010; Clow & Edmunds, 2013; Faulkner, 2014; Searle et al., 2014; Vancampfort et al., 2016). Carless and Douglas (2008) highlight that sports participation specifically can not only alleviate symptoms associated with various mental health problems but also make positive contributions to psychological wellbeing. Research shows mental health interventions involving sport can facilitate engagement with mental health services (Darongkamas, Scott, & Taylor, 2011), create places for people to talk about their experiences in which mutual emotional and social support is provided (Brawn, Combes, & Ellis, 2015), and assist the rebuilding of a positive sense of self for people with mental health problems (Carless & Sparkes, 2008; Magee, Spaaji, & Jeanes, 2015). Such research clearly highlights the utility of sport for psychological wellbeing. That being said, investigations of the type outlined above focus on sport as a component of therapeutic treatment for people with diagnosed mental illnesses. Relative to the interest in sport and mental health outlined above Gucciardi, Hanton, and Fleming (2016) and Rice et al., (2016) both identified that consideration of mental health in elite sport contexts is lacking.

As outlined by Uphill, Sly, and Swain (2016), research addressing mental health in elite sport contexts focuses predominantly on prevalence rates of mental illnesses (e.g., Gouttebarge, Frings-Dresen, & Sluiter, 2015; Gulliver et al., 2015; Junge & Feddermann-Demont, 2016; Prinz, Dvořák, & Junge, 2016; Schaal et al., 2011) and help-seeking behaviours (e.g., Gulliver, Griffiths, & Christensen 2012; Gulliver et al., 2012; Jones 2016). Within literature attending to prevalence rates researchers focus on what Arnold, Fletcher, and Daniels (2016) have defined as the "organizational stressors" (see also: Hanton, Fletcher, & Coughlan, 2005; Sarkar & Fletcher, 2014) that present elite athletes with *additional* risk factors for mental health problems including; limited development of a sense of self outside competitive athletics (Cresswell & Eklund, 2007); pressure to maintain a particular body shape (Tan et al., 2014); and injury (Putukian, 2016). Help-seeking literature highlights stigma and associated career disruption (Bauman, 2016; Gucciardi et al., 2016; Rice et al., 2016; Roberts, Faul, & Tod, 2016). Furthermore, research demonstrates limited knowledge of symptoms of mental illnesses or help and support networks (Gulliver, Griffiths, & Christensen, 2012), which impacts athletes' ability to obtain mental health care and contributes to potential underreporting of mental illness (Reardon & Factor, 2010). Extant research of *physical* risks demonstrates that involvement in elite sport shapes understandings and experiences or risk (Curry, 1993; Hughes & Coakley, 1991), injuries (Charlesworth &

Young, 2004), and health (Waddington, 2004), as well as the role of health professionals in sport (Howe, 2004; Malcolm, 2006; Safai, 2003). As yet, however, limited attention has been devoted to how elite sport shapes understandings and experiences of *mental* health (Newman, Howells, & Fletcher, 2016).

On one hand, such oversight is understandable given Carless and Sparkes' (2008) observation of a tendency to focus narrowly on the efficacy of sport-based initiatives to alleviate symptoms of mental health problems. Similarly, Magee et al. (2015) problematize the nature of recovery as a framework for understanding sport-based mental health initiatives particularly given the prominence of competition in sport. On the other hand, such oversight is peculiar given increased levels of physical activity do not appear to provide additional protective effect against mental health problems (Toseeb et al. 2014) and the longstanding documentation of elite sporting environments as rife with behaviours, attitudes, and practices that are at odds with both physical and mental health (Currie, 2010; Hughes & Coakley, 1991; Maguire, 2004).

The purpose of our research, then, is to explore what mental health and mental health related behaviours mean for a group of young, elite athletes as conditioned by their peculiar social context as elite athletes. In short, this research asks: how do elite athletes conceptualize and perceive mental health? More specifically, our research focuses on elite divers, which despite participating in a sport identified as having higher risks and challenges for mental health problems (cf. Nixdorf et al., 2013; Schaal et al., 2011; Schnell et al., 2014), have been largely overlooked by researchers. Further, following Magee et al. (2015) we recognize the importance of further research engaging with women's experiences of mental health. Resultantly, we sought greater representation of women in our research than evidenced in the literature currently.

Methodology

Our study is underpinned by interpretivist philosophical assumptions. Therefore, we hold that reality is fluid, multiple, and dependent on the meanings given to objects, events, and practices (i.e., ontological relativism), and that knowledge is constructed, subject to different interpretations, and mediated by values (i.e., epistemological constructionism). As such, we seek to explore the subjective experiences and understandings of mental health as shaped by a particular social context. Like Becker (2014, p.3) we are not aiming to produce "timeless generalizations about relations between variables" but "the identification of new elements of situations." Resultantly, our focus is not biochemical, neurological, or genetic components or

explanations of mental health. Rather, we seek to understand and explicate our participants' conceptualizations and experiences of mental health as related to their actions, awareness, agency and self-awareness (cf. Hacking, 1998, 2013). Following Hacking (1999, p.104) our research is anchored in recognition that said awareness "may be personal but more commonly is an awareness shared and developed with a group of people embedded in practices and institutions." Therefore, as a piece of interpretivist research we seek to explore how mental health is experienced, defined, and made meaningful by and for participants within the specific context of an elite aesthetic sport. As such, within the interviews "there is no one stable and true story to be told" (Tanggaard, 2009 p.1501). We do not present or claim to know the biomedical or diagnostic status of each participant's mental health.

Data Collection

Upon receiving ethical clearance from the first author's University Research Ethics Panel, the research team contacted potential participants for this study. Our sampling strategy deploys a mix of what Miles and Huberman (1994) define as convenience and criterion purposive sampling. In the first instance potential interviewees were selected on the basis of theoretical and empirical criteria. Our study is relatively unique in its attendance to elite divers, which have hitherto been recognised only in passing by researchers as indicative of an aesthetic (Schaal et al., 2011), individual (Nixdorf et al. 2013), high-risk (Schnell et al., 2014) sport, which raises additional challenges and risk factors for mental health. Moreover, the relative dearth of representation of female athletes in mental health research makes diving, given the higher involvement of female athletes, a valuable context in which to base our study. Second, interviewing "elites" generally creates logistical challenges regarding access and recruitment which are magnified given the sensitive nature of mental health research in elite sport (Carless & Douglas, 2013). The first author has existing professional contacts with the diving squad which enabled initial access to participants.

In order to act in a transparent and supportive manner the research team informed the coach and the diving programme director of our research intentions. Although they were not formally gatekeepers nor were they used in recruitment, coaches and managers occupy important places in the sport community as authority figures, support persons, and "powerful others" (McGannon & Spence, 2010) hence our decision to liaise with them in order to gain "institutional" support for our research. The support provided from the diving team combined with the first authors previous experience within elite sport as a practitioner and experience conducting interviews, thereby "learning the craft of qualitative interviewing" (Smith &

Sparkes, 2016 p.109), we believe, enabled the generation of conversations that provided meaningful insight into participants knowledge, experience, and meanings associated with mental health and the discourses they drew on to articulate and constitute their experiences.

Face-to-face semi-structured interviews were conducted by the first author with six female and two male divers aged between 14 to 24 years of age. Participants began diving between the ages of 7 and 14 years, have been diving for between 5 and 16 years, have competed at international level diving competitions including Olympic, Common Wealth and World Cup competitions, and are all currently involved in training and competitions. The interviewees all indicated they trained 31.5 hours a week over 6 days with one days rest. Participants universally described the training environment as largely supportive, Jenny, who has been diving for seven years, referred to the group as "like a small family", based on the encouragement and helpful competition between the team to enhance all their performances. Despite the athletes taking training and competition seriously a sense of fun was important amongst the team. For example, Alana, one of the senior divers in the group with 15 years diving experience, described a balance of focus where, "we know when to have fun and we know when to be a little more strict with ourselves, each day I come and in we have a laugh." The impact of the coaches in fostering such an environment was universally identified. Another senior squad member, Ester, who has been diving for 16 years, said "I think we are very lucky with the coaches" while Deb noted the coaches "understand, and we can ask them questions if needed." Indeed, the creation of a positive training environment was of such importance and effectiveness that many of the senior squad members indicated that they had no desire or intention to train elsewhere, even though other, including international and somewhat lucrative, offers had arisen. Indeed, one diver had left the team at one point to pursue another opportunity, but returned due to negative experiences at another club.

Given the aforementioned engagement with the coach and programme director we were provided with an office near the training facility to conduct the interviews. Participants were provided with an information sheet regarding the purpose of the study, introducing the research team, detailing data collection, analysis, and storage protocols, their rights as participants - especially related to withdrawal from the study as well as strategies taken to protect the confidentiality of their responses - and support mechanisms should they be required. Informed consent procedures for participants under 18 years adhered to guidance provided in the British Association of Sport and Exercise Sciences Expert Statement on Ethics and the Participation in Research of Young People.

Interviews ranged from 26 minutes to 1 hour 15 minutes and were based on a semi-structured interview guide developed by the research team as informed by extant literature. Participants were invited to talk about: (a) their personal biography and details regarding their diving career including performances, goals, and training regimes; (b) their knowledge of mental health, how and where their knowledge was developed, stigma, and support networks; and (c) any ways in which mental health had affected them with particular reference to happiness and how they, deliberately or otherwise, sought to maintain their mental health. The final component of the interview involved asking participants if they had anything else they would like to share and if they had any questions. All interviews were audio recorded, transcribed verbatim, and stored on a secure network drive at the lead-author's institution.

Data Analysis

Our analysis procedure followed Braun and Clarke's (2006, 2012) guidelines for inductive thematic analysis, which is framed by our aforementioned interpretivist philosophical assumptions. Like a range of inductive analysis practices, the first step of thematic analysis involves immersion in the data (Braun, Clarke, & Weate, 2016). As such, the research team divided transcription duties and then checked the accuracy of each other's transcript by comparing the recordings to transcription. We then read each transcript multiple times to familarise ourselves with the data. Following this, the research team met to discuss and reflect on our initial readings of the data and potential initial codes. The first author then formally generated initial codes iteratively across the entire data set with codes discarded or developed as the coding process took place across all eight transcripts. The team then met again to discuss grouping of similar codes into higher-order themes. The first author developed thematic maps which the research team then checked against the data. Emergent codes and themes in preliminary data analysis highlighted a range of sociocultural resources, values, and performances as significant contextual factors that shaped the understanding and conceptualisation of mental health for divers. As such, findings underscored effective performance as of preeminent concern and therefore issues were deemed problematic when they detracted from the ability to perform as a diver (Mayer, 2010; Gerbing & Thiel, 2016) even when being a diver presented challenges, stressors, and even compromises other aspects of life, personal values, background, and identity (Schinke & McGannon, 2014; Tibbert, Anderson, & Morris, 2015), and, in the context of our research, mental health. Themes presented below present what Braun et al. (2016) identified as a semantic reading of data reporting directly expressed ideas, meanings, and experiences. Developing analysis beyond

semantic to latent, that is underpinning or implicit ideas or concepts, reads of our findings highlighted that diagnostic criteria were not of particular importance to elite athletes in their understanding of mental health as compared to their ability to perform. As such, we discuss our findings in relation key concepts from the performative perspective of Goffman (1977) and pain and injury informed by Leder (1990).

Finally, thematic analysis procedures recognize writing as "an integral part of analysis, not something that takes place at the end" (Braun & Clarke, 2006, p.13). Consequently, the manuscript has been prepared in various iterations with each author contributing to the creation of the document as a whole, rather than tasked with writing discrete sections. This reflects our paradigmatic assumptions regarding co-constitution and shared processes of knowledge creation and has refined our themes specifically and analysis generally.

Research Quality, Rigour and Ethics

Inductive thematic analysis does have the potential to subsume individual nuances in participant responses in pursuit of a coherent data set. Further, Braun et al. (2016) note that inductive thematic analysis is ill-equipped to engage with the performative nature of language which has obvious links to understanding how athletes conceptualise mental health. Nonetheless, the research team believed that inductive thematic analysis was the most appropriate analytic approach. Firstly, inductive thematic analysis enables the identification and analysis of common themes across a data set rather than in individual responses, useful for initial explorations (Braun & Clarke, 2012). Second, the flexibility of analysis enabled both sociological and psychological interpretations of the data. Thus, these strengths afforded by thematic analysis in our opinion more than compensates for such shortcomings.

More problematically, Braun et al. (2016) identify the potential for thematic analysis to produce unfounded analyses. To guard against such disconnect the research team functioned together as critical friends (cf. Brewer & Sparkes, 2011) whereby we critically questioned each researcher's assumptions and contributions to the research. Such a process was particularly valuable given that the research team comes from different disciplinary backgrounds and levels of involvement in research, consultancy, and experience of elite sport environments. As a team, then, we required each member articulate their assumptions and readings of data as well as the utility, provenance, and appropriateness of concepts informing our analyses.

Despite relatively little variability in our collective readings of the data we

acknowledge that, like qualitative research generally, our findings are our interpretations of the conceptualisations of mental health expressed by the participants. Therefore, we do not assert our findings as the only possible understandings of mental health in elite sport generally or for the divers specifically. Indeed, this study relied on a small convenience sample. Therefore, our aim is to produce an empirically and theoretically coherent study of a relevant and significant topic through synthesis of disciplinary perspectives displaying cognizance of ethical challenges and imperatives. On the final point, any study of an issue such as mental health, which can provoke anxieties and apprehension amongst all those involved in the research process, requires particular attention. Simply put, our purpose was not to lionize, moralize, nor demonize practices or perceptions of mental health. As such, we worked to remain sensitive in both research focus and process to the range of possible experiences of participants as well as issues of equity, social location, and relationships. For us ethical conduct in research required maintenance of positive relationships between researchers and participants, *and* participants and the diving team by recognizing how our actions and research might, for example through potential (unintended) disclosure of mental health issues, influence relationships and safety not simply institutional review and approval.

Findings

Thematic analysis yielded four general dimensions from the data set: *mental health literacy; experiences of mental health; risk factors*; and *opportunities for support*. Key features of themes will be demonstrated below using quotations from the participants. All quotations are accompanied by pseudonyms in order to protect the confidentiality of participant responses.

Mental Health literacy

In this theme, participants described their understandings of mental health as well as where and how these understandings developed. Simply put, understanding of mental health was limited. Mike described mental health as "sort of just your, it's just your mental state and just your state of mind really, I don't really know to be honest" while Jenny said, "I haven't really got much knowledge, I suppose I think of mental illness and you know maybe like depression or anxiety, things like that." Jenny's comments are typical in that "mental health" generated negative connotations for participants and/or referred to mental illnesses: "When I think of mental health I think of bad things" (Danielle); "if I hear mental health, honestly … memory loss, dementia, autism, stuff like that" (Paloma).

Participants' knowledge of mental health qua mental illness is attributable to how knowledge was developed. High-profile athlete disclosures were an important source of awareness regarding mental health for the divers:

> I heard about a footballer and he came out as gay and he received a lot of abuse and he went into a real bad depressive state, he committed suicide. I think you don't really hear about it much in sort of lower, well less popular sports like obviously diving (Mike)

Primarily, though, mental health literacy is the product of participant's experience of friends, fellow divers, and/or or family members with mental illnesses. As such, mental illness was "known" by participants through disclosure, or presentation of non-physical factors impairing, or stopping, performance. Not presence or absence of diagnostic criteria per se. Despite limited knowledge of mental health there was a general acknowledgement of, and desire for, a need for greater attention to mental health. Alana noted "more people are talking about mental health than before, it has come out in the media more." Further, Danielle, a relative newcomer with three years diving experience, argued that her lack of knowledge around mental health specifically as an elite athlete was problematic: "I think it's very important that coaches and support staff have more knowledge about mental health issues."

Experiences of Mental Health

This theme refers to how the athletes experienced mental health. The importance of personal experience as a foundation for mental health literacy means that divers who had no personal experience of mental illness found it difficult to both understand mental health issues and/or develop empathy for those experiencing mental health difficulties to the extent that divers were unsure whether mental health issues were "really" illnesses or manifestations of particular personality traits or characteristics:

> I generally do in a way believe people that they do have a mental illness but I think a lot of people when they say they have a mental illness because you can't see it and there is not a test to say like you definitely have it I feel that some people don't actually have it maybe they just say they do just because they may be feeling a bit stressed or a bit I don't know, depressed (Mike)

Similarly, Jenny, who had experienced difficulties with anxiety, said "I think I sort of almost don't believe like it is definitely like a mental illness or is it just my kind of character?" while Ester noted, "I don't get it, I've never been through it." However, participants reported their lack of understanding, or ability to be empathetic, would not lead them to behave differently

towards an individual with mental health challenges regardless of lack of understanding: “I wouldn’t think differently of them, I’d be understanding” (Mark); “I don’t really know if would change my perception because it’s not really right to judge anyone for what they are going through, I would sort of try to do whatever I could to help them if it was something like depression” (Danielle). Nonetheless, Jenny, who disclosed her diagnosis of anxiety disorder, did say she “feels embarrassed to talk about it” and also worries that “some people may not understand about mental health and they may think differently of them, or they may think a person is lying about it.”

Contrary to the limited knowledge and understanding expressed regarding mental health, all divers had vicarious experience of people, notably diving peers and/or family members, who they identified as experiencing some mental health issues. Six of the athletes referred to peers who quit diving as a result of mental health issues. Of particular importance in the context of this study was the relatively recent retirement of a former team member attributed to mental health issues. However, limited detail was disclosed, or actually known, by participants regarding events involving their peers. Ester comments, “obviously we don’t know what’s going on because the coaches weren’t saying. So obviously we’re trying to be there for her, but what can you say when you don’t know what’s going on”? Similarly, Mike told us: “no one really says anything; nobody still knows what actually happened.”

Diving also helped participants stay, by their own definitions, mentally healthy. For example, having a sense of direction, purpose, self-discipline and motivation. For Ester, diving enabled “you get yourself out of bed in the morning and do your exercises and like when you’re younger more discipline.” Similarly, Mike said diving “motivates to do something in the day, I think my mental health is a lot better that I do diving.” Further, participants were asked to describe what made them happy. Divers predominately identified achieving goals in diving as a central source of happiness. The comments of Jenny and Ester are typical: “achieving what I want to achieve you know with goal setting, achieving my goals, getting personal bests in my results” (Jenny); “achieving your goals, really” (Ester).

Central to this theme is the performative nature of mental health. As such, being mentally healthy was defined by participants in relation to their ability to compete at their best, as typified, in part, by Jenny who defined her experiences of anxiety as not particularly “extreme” given she was still able to dive in spite of her anxiety. For all participants, then, being mentally healthy was experienced through competing effectively. Conversely, being mentally unhealthy was experienced and articulated as poor performance, particularly in competitions, attributable to psychological factors.

Risk Factors

The third theme to emerge from the data was factors within the sport of diving that participants perceived as threats to their mental health. Female divers in particular identified body image and eating habits:

> in terms of the girls having to be in their costumes and sometimes everyone is a bit body conscious and some things are said. I think that not a day goes by that I don't hear a comment in dry gym about someone not liking their body, and standing and staring in the mirror is very daily occurrence (Ester);

Mark, however, made no mention of body image or eating disorders while Mike said "it's mainly girls, never really boys ever, like hardly ever I hear a boy worry about their weight really but in terms, in terms of girls you hear them all the time worried about their weight." He continues:

> if you said a comment to a girl about her weight she would probably be very self-conscious, it might make her very upset, but guys joke around all the time, maybe saying my arms are bigger than yours and guys just laugh it off but I think in a way guys are more headstrong and a bit more mentally able to cope with those comments, even though it may hurt them a bit they may be like 'ah well' they may be able to get over them.

Participant responses regarding body image and concomitant eating behaviours reflected naturalised gendered assumptions, replicating dominant markers, broader norms and power relations of femininity and masculinity.

All participants identified injury, particularly chronic or injuries with long-term impacts on ability to train and compete in major competitions, as highly stressful and therefore negatively impacting on their mental health. For example, Alana had previously sustained a long-term injury severely compromising her ability to train and compete manifest in long-term negative moods and physical health issues. It was only after her presentation of physical health conditions, in this case skin rashes, became apparent that her psychologist decided to examine her for depression: "my psychologist did tests on depression, I did go through a bit of that. Then this time I've got two stress fractures in my shins, both sides, I wouldn't say I went into, like, depression, but it was very stressful. (Alana).

Similarly, stress and anxiety caused by fear of injury through increased risk attributable to diving from higher platforms or more difficult manoeuvres was also a concern for participants:

> I went flat in a couple months ago off the 10m. So I'm quite scared to go back up and do that dive again. This has also put me back down on another dive as well, made me more scared. When you're scared you're stressing out about the dive (Mark).

> Anxiety [on the] diving board yeah, will I get out of the water myself or a life guard is going to come in save me… It's more, hitting your head on the board (Paloma).

Of particular importance is risk incentivisation through higher point availability thereby reproducing cultural acceptance of risk taking. Alana told us: "it's hard because obviously, like, anxiety and stress and stuff, that kind of makes up what I go through like kind of not getting the dives done and stuff which can lead into depression." Resultantly, expectations of performance outcomes was identified as a challenging topic for participants:

> The only pressure and stress that I have is just performance, I am under pressure from British diving and all the junior performance directors to perform as they support you, you get sports funding, and if you don't perform, you don't get the results, then you lose all of that so that's …That's the only real pressure that I think that there is (Mike).

Opportunities for Support

The final identified theme is how and where participants could identify and access support. Support was identified through family members, peers, and coaches. Mark said, "talking to family normally helps because you're like you can let it all out to your family. And trying to let it out to others is much harder than it is to your family." Similarly, Ester told us "I've got a very supportive family." Deb identified the coaches; "we can tell them anything and they'll help us through it, everyone's really supportive." Alana made particular mention of her coaches in supporting her with the challenges associated with depression:

> At first I don't think [coaches name] had ever had anybody like that, and he was very good. He used to say they're called gremlins and he used to like, when I was little to kind of like, not focus on them, tell them to go away, or whatever. And, he still knows about it now and to be honest he knows that I wouldn't do it on purpose, so, I wouldn't not just because I don't want to do the dive, to have that trust.

Alana also, along with Ester, said diving peers and team members were particularly important: "yeah she [diving partner] knows when to say something or when not to say something" (Alana); "I think it's quite a supportive group, I think we all help each other along" (Ester). Importantly, healthy and motivating team climates may prove beneficial not

only to a team's overall success and cohesion, but also managing mental health problems and potentially preventing the onset or severity of mental illness.

Developing individual ways of coping with adversity and disappointment, particularly related to not meeting particular performance outcomes (i.e., placing) in competitions, were evident. These were informed by personal preferences and interests, including education and interests outside of diving. After a disappointing result in an international competition Ester said:

> I think I gave myself a week of just eating chocolate, and seeing my friends, and getting a bit upset, then after that week I just scrapped it. Went to training, worked as hard as I can to not let myself feel that pain again

Finally, specialist support was available through the sport psychologist and lifestyle coach who are assigned only to the elite divers of the club. However, divers had different experiences and expectations of formal support:

> Every two weeks we have a lifestyle coach and a psychologist who comes down and now that's all set up I think everyone is a lot happier because every two weeks they can vent their frustrations and issues with the psychologist so it's not building up within the group or within them so I think that is a good thing that has been put in place (Danielle).

> Well when I first had it, in like 2004, I had a psychologist come up with me on the board and tell me I had to go. And that just made things worse. It was terrible. And then I had a like, [psychologist name], she was brilliant. And I don't know what she said but she just used to talk to me and it used to kind of just blow things away. And we've got a new one in now and she's lovely and we're working on things but I heard from [psychologist name] this year she doesn't work for us anymore and I just had one conversation with her and then like, unfortunately it doesn't work like that anymore. I definitely want to keep in contact with her (Alana).

However, for Paloma and Danielle sports psychology was of limited value: "I don't really use a psych. I don't really need it" (Paloma); "I don't feel like it's made me feel overly better, I don't feel like it's helped my anxiety in any way." (Danielle). As such, athletes not seeking help from sports psychologists is not primarily attributable to stigma. Our data show sport psychologists had not considered mental health in their work with athletes. Danielle told us:

> So far she hasn't done anything on mental health. Hopefully down the line they would do something like that because I do think it's very important within diving especially

what's happened to one of the divers it's almost quite scary. It could happen to anyone.

Discussion

Relationships between mental illness and physical activity has gained significant attention from researchers, however, relatively speaking, little attention has been devoted to elite athletes (Hughes & Leavey, 2012; Rice et al 2016). Therefore, our research sought to understand how elite divers conceptualize and experience mental health. Our research supports the findings of Gulliver, Griffiths, and Christensen (2012) as participants demonstrated relatively limited knowledge of mental health and were largely unable to identify or explain symptoms of mental health issues. However, despite limited knowledge of mental health participants identified a range of risks to mental health which are broadly aligned with risk factors acknowledged within existing literature including overtraining and burnout (Gustafsson, Hassmen, & Johansson, 2008; Peluso & deAndrade, 2005), competition (Mellalieu, Neil, Hanton, & Fletcher, 2009), pressure for female athletes to maintain a particular body shape (Reardon & Factor, 2010; Schaal et al., 2011), high physical risks (Schnell et al., 2014) and injuries (Putukian, 2016; Schaal et al., 2014). Importantly, participants stressed the close links between physical injuries and apprehension performing more difficult dives which are incentivised by higher points in competitions as impacting negatively on their mental health. Such risks are both actions that are physically inherent to *and* culturally valued behaviours for being an elite diver. Thus, our research supports findings from Reardon and Factor (2010) that elite athletes may face additional risk factors for mental health problems. Such additional risks, we maintain, are a result of interconnected social, cultural, and psychological factors. Not latent biophysical predispositions. As such, participants who were more engaged in activities outside of diving were able to identify either positive mental health status and/or minimise or mitigate the severity of symptoms associated with mental health problems they did experience underscoring the significance of developing of a sense of self outside competitive athletics (Carless & Douglas, 2009; Cresswell & Eklund, 2007; Douglas & Carless, 2009). Of particular importance in this research is how participants developed their knowledge through personal and vicarious experience. Our research indicates that retirement, especially sudden and/or unexpected, which leaves retired elite athletes feeling vulnerable and depressed (Grove, Lavalle, & Gordon, 1997; Wippert & Wippert, 2010), also has an important influence on how those remaining in the sport develop understandings and perceptions of mental health.

The results of this study make a unique contribution to the literature by attending to elite diving given that as a high-performance and high-risk aesthetic sports has been noted as generating greater challenges for maintaining mental health (Currie, 2010; Schaal et al., 2011) yet received scant attention from researchers. In doing so, this research includes a higher number of female participants thus making small steps in addressing the underrepresentation of female athletes in mental health and sport literature as identified by Magee et al. (2015). Furthermore, following Carless and Douglas (2013, p.702) we recognize the "need to integrate sociocultural and psychological perspectives is particularly acute if we are to better understand the lives of elite and professional sportspeople." As such, a notable feature of previous research regarding sport and mental health generally and elite sport specifically is the focus on diagnoses of mental *illnesses* rather than understandings and experiences of mental *health.* Our analysis uniquely attends to mental health, as opposed to (specific) mental illness(es), which enables understanding not only how the practice and culture of elite sport generates or exacerbates particular mental health challenges (Wolanin, Gross, & Hong, 2015) but also positive contributions sport makes to mental health (Carless & Douglas, 2008).

Following Theberge (2008), this research highlights health as lived experience thus facilitating insight into the meanings and experiences of mental health - replete with no small amount of challenge, limitations, and fluidity – as defined by athletes *themselves*. To be clear, this is not to imply that neurophysiological aspects and experiences of mental illnesses can be "defined away" by individuals. Indeed, following research by Andersen (2011), Caddick and Ryall (2012), Tibbert, Andersen, and Morris (2015), and Coulter, Mallett, and Singer (2016) we note that the promotion of mental toughness in elite sporting cultures whereby cultural values and ideals function as a "pretence to justifiably push (and abuse) people harder and for longer in the pursuit of success, despite the risks to personal health and well-being" (Coulter, et al., 2016 p.99) creates very real risks of athletes concealing serious threats to, or breakdowns of, mental health in an attempt to remain or appear mentally tough. However, our intent is to highlight that athlete definitions of mental health "may draw on a number of additional features of their own lived experience to assess their health" and "what is considered healthy in some contexts may be unhealthy in others" (Theberge, 2008, p.207). In such a light, jokes that nearly all participants made typified by Ester that "you've got to be mental to jump off a board anyway" takes on new significance. Resultantly, our analysis is underpinned by recognition of social and cultural influences on mental health to explore how mental health is influenced conceptually, clinically, and experientially, by multiple

discourses, narratives, and values. Not simply mechanisms in the mind activated by exposure to particular risks.

A novel finding of our research, then, is the performative nature of mental health for elite divers illustrative of a strong tendency for athletes to define (any) issue as problematic only when it influences their ability to perform (Gerbing & Thiel, 2016). From the performative perspective of Goffman (1977), mental health for elite athletes is not defined exclusively or even predominately by diagnostic criteria, but by social categories as the basis for "the production of that difference itself" (p.324). Thus, mental health is constructed primarily in dialogue between individual limits, capacities, and attributes, and the norms of the elite sporting community rather than clinical factors. Said differently, elite divers interpret and experience mental health as the absence of non-physical impediments to performance.

Following from the performative nature of mental health, our results supports research which highlights gendering of mental illness. While research shows that women are more likely than men to have mental health problems and nearly twice as likely to be diagnosed with an anxiety disorder (Martin-Merino, Ruigomez, Wallander et al., 2009) the performative cornerstone of mental health has significant links to the well-theorised performative nature of gender (Butler, 1990; Goffman, 1977, 1979) especially in sport contexts. To this end, our results underscores gendering of mental health whereby the reproduction of dominant makers of gender reflect and reproduce broader norms, identities, and power relations that in turn shape the understanding and experience of mental health for *both* men *and* women. Therefore, the different perspectives on mental health as related to body image and disordered eating reported by participants in particular should be understood as heavily influenced by gendered ideals rather than treating sex as a causal variable (Therberge, 2015). In Goffman's (1977, p. 316) terms, greater sensitivity to body image for females as articulated by *both* male and female participants should not be taken straightforwardly as a "natural consequence of the difference between the sex classes, when it is in fact rather a means of honoring, if not producing, this difference."

This interpretation broadly reflects what Hacking (1998) conceptualizes as the transience of mental illnesses. For Hacking (1999, p.100) transient mental illnesses "show up only at some times and some places, for reasons which we can only suppose are connected with the culture of those times and places." Thus, nerves which are a "normal" component of elite competition becomes anxiety or depression for athletes when they impact negatively on their, or team mates (or high profile athletes), performances. Said differently, mental health is known through "socially permissible combinations of symptoms and disease entities"

(Hacking, 1998 p.10). This reinforces a link between experiences of mental health and mental health literacy themes as the latter is developed primarily, but by no means exclusively, in relation to mental illnesses. Ultimately, then, poor mental health becomes known as an acceptance of limits (Hughes & Coakley, 1991) and foreclosure of stable social identity (Carless & Douglas, 2013; Warriner & Lavalee, 2008) as an elite diver rather than whether diagnostic measures are met. Subsequently, limited provision or awareness of *both* support mechanisms and conscious efforts to be mentally healthy (rather than not mentally ill) are defined in relation to their utility for performance outcomes. Ultimately, our findings show that to be mentally healthy is to be performing, thus themes of mental health literacy and mental health experiences are underpinned by psychological 'dys-apperance' (Leder, 1990).

Leder (1990) argues that whilst the body is the medium and vehicle through which we experience the world, "one's own body is rarely the thematic object of experience" (p.1) and only manifests as the central focus of the perceptual field through aversive states, such as pain, injury, and illness. This process is conceptualised as 'dys-apperance' from the prefix 'dys' meaning bad or ill (Leder, 1990: 69). Therefore, to paraphrase Leder (1990) mental health for our participants is the "problematic presencing" of the mind. Importantly, like physical pain and injury (cf. Sparkes, 1996), the breakdown of the mind is mirrored in the breakdown, or foreclosure (Warriner & Lavalee, 2008), of sporting identity. In this regard, (poor) mental health is understood as a socially specific (in)ability to perform.

That said, our research indicates that being an elite athlete and engaging in the training rituals and performing well is a key source of happiness for our participants. From such a position we have highlighted that much of the positive influence of diving on mental health, as defined by the athletes, is through the construction of a supportive environment with shared beliefs and similar aims (Gulliver, Griffiths, & Christensen, 2012). Results from Schaal et al. (2011) and Gouttebarge et al. (2015) also show that teams with problematic environments and low social support can lead to an increased incidence of psychopathology, including burnout, anxiety, and depression while supportive and inclusive environments also lead to lower stigmatizing values (Schwenk, 2000; Watson, 2005). There was limited knowledge regarding events or practices of stigmatizing individuals with mental health issues as well as why athletes experiencing mental health issues would be stigmatized. However, limited awareness of peers facing challenges to maintaining positive mental health status means that the possibility of socially-desirable responses or inaccurate perceptions of future actions should not be discounted. Even in the positive training and competition environment identified by our participants mental health is not a topic that is engaged transparently,

explicitly, or to the extent divers themselves desired. Said differently, we have found little evidence of participants' resistance to playing the part of athlete (Carless & Douglas, 2013). Indeed, the experiences of our participants' team-mates "shocking" and "sudden" retirements due to mental health issues is perhaps unsurprising given as Gulliver, Griffiths, and Christenisen (2012) outline that, in this case paradoxically, athletes do not wish to disclose mental health challenges given potential career disruption. Nonetheless, our research contradicts assertions made by Gucciardi, Hanton, and Felming (2016) and Rice et al., (2016) that stigma is the most important barrier facing athletes in terms of mental health. More specifically, our findings evidence support for Weigan, Cohen, and Merenstein (2013) who found athletes may not wish to seek help from sport psychologists and mental health specialists. However, our data highlights that this may not be primarily attributable to stigma, but rather the (perceived) efficacy of support. In this regard, we find greater support for Roberts et al. (2016) who argue that mental health support in elite sporting environments poses particular challenges as sports psychologists do not generally hold sufficient expertise, or training, in mental health while mental health specialists are not sufficiently familiar with sporting requirements and culture. Again, our results indicate the need to attend to mental health in elite sport is firmly rooted in the community life of elite athletes and the performative nature of mental health therein.

Conclusion

Overall, the present findings highlight key factors framing elite athletes' understanding of mental health. Currently, there is relatively limited support for elite athletes in relation to maintaining their mental health beyond the utility of facilitating performance. Therefore, while this research provides some insight into mental health in an elite sporting environment from the perspectives of athletes, much work remains to be done. Thus, the results of this study provide the foundation for further understanding important issues and questions which currently remain unasked or unanswered, for example: how are mental health issues in elite athletes identified by experts and support workers? What forms of support should be developed in order to facilitate mental health in elite sport environments? What role can sports psychologists play in helping elite athletes improve their mental health? How does transition into, through, and out of elite sports contexts influence the mental health of athletes? How are ethical dimensions of mental health and elite performance constructed and resolved? What understandings of mental health do sports psychologists have and what are

their responsibilities for ensuring the mental health of athletes? Developing understanding of mental health issues in elite sport will necessarily require generating meaningful analyses of individual experiences of mental health issues within the unique context of elite sport and thus looking beyond performance concerns. Such analyses will, of course, be methodologically, as well as ethically, challenging, yet are an important rigorous corollary to the consciousness raising practices of star elite athletes who have spoken publicly of their own mental health challenges.

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