

Retired Elite Taekwondo Athletes' Perceptions of the
Responsibilities of Their National Sports Organization Towards
Reporting, Management, and Prevention of Mental Health Issues

by

Kate Nosworthy

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Abstract

This thesis explores the perceptions of retired elite Canadian Taekwondo athletes regarding their National Sport Organization's responsibilities for reporting, managing, and preventing athletes' mental health issues. Using qualitative interviews and a situational analysis of the data, results show that the majority of those interviewed in this study struggled with a mental health issue while competing at an elite level, and all of the participants reported seeing a teammate struggle, at one time or another, with a mental health issue. Participants in this study identified three major areas in which Taekwondo Canada can help athletes with mental health issues: 1) providing education to coaches and athletes; 2) providing a reporting structure that is independent and confidential, and; 3) providing greater access to sport psychologists on an ongoing basis.

Keywords: Mental health, elite athletes, situational analysis, NSO, qualitative, interviews, taekwondo

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Finally, I would like to thank all my incredible friends who had to listen to me day after day after day after day go on and on and on about my “big paper”. It’s finally done- perhaps there is another one to follow.....

Dedication

To all my friends who have struggled, and to all those who I do not know who have struggled, know that there are people who want your voices to be heard. For those of you I have been able to give a chance to speak, please let this be the start and not the end of that voice.

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Chapter I: Introduction

“I am extremely thankful I did not take my life” Michael Phelps (Scutti, 2018).

1.1 Introduction

With the rise of major national mental health campaigns, such as Bell Canada’s “Bell Let’s Talk” (2019) program, the Canadian Mental Health Commission’s “Opening Minds” (2019) initiative, and the very recently launched program “Game Plan” (2018) there is a push to remove the stigma attached to mental health disorders and treat mental health no differently than its physical counterpart. This increase in awareness extends into the sport realm, and more specifically the elite sport arena, given the increase in news coverage. The authors of Game Plan describe it as a program that aims to transition world level athletes out of sport and into the rest of their lives, while also providing access to mental health services during competition. Game Plan is a multifaceted approach to working with athletes that aims to provide them resources in mental and physical health, education and career planning (Game Plan, 2018). However, it is not a program open to all athletes because in order to be eligible for the programs Game Plan provides, an athlete must have been either a Sport Canada carded athlete or an athlete recommended by their National Sport Organization (NSO) (Game Plan, 2018).

Often, research is focused on the beneficial links between sport and mental health,¹ and many studies have found that involvement in sport can lower levels of mental health issues in the general public, and be used at times as treatment as well (Fenton, White, Gallant, Hutchinson, & Hamilton-Hinch, 2016). However, as Bär and Markser (2010) argue, “more and more evidence has accumulated that high-performance athletes are not protected from mental disorders as previously thought” (p. 205). For example, Clara Hughes, a prominent Canadian Olympian and medalist in both the summer and winter Olympic Games, announced in 2012 that she had

¹ Mental health is defined on page 6.

suffered with depression for years while competing. Hughes explained she was only provided with treatment and intervention when a national team doctor found her crying in an airport alone (Hall, 2017). Hughes is now the official spokesperson of the Canada-wide Bell Let's Talk program, which aims to fight the stigma of mental health and encourage individuals to seek help.

Since Hughes has come forward, there has been an upsurge in other athletes speaking out publicly about mental health issues, including: Terry Bradshaw (football), Ian Thorpe (swimming), Oscar de la Hoya (boxing), Missy Franklin (swimming), Allison Schmitt (swimming) and Michael Phelps (swimming). The publicity of the previously mentioned athletes appears to have provided a foundation for additional athletes to also speak out. These revelations may spark debate in society on many levels, and raise opposition to the widely-held belief that being involved in sport and physical activity acts as insulation from mental health challenges (Ghiami, Khalaghi, Soh, & Roslan, 2015). Prominent athletes challenging the narrative that participation in sport and exercise promotes mental health can be confusing to the public, particularly if people are unaware of the risks to mental health that participation in elite sport can bring. As I will discuss in the literature review in Chapter II, there is evidence that sport participation functions as both a preventative measure and, at the elite level, a potential cause of mental health issues.

Each NSO has policies that range from team selection to travel requirements. Sport Canada administers an Athlete Assistance Program (AAP) as well, and athletes who are funded through the AAP program are governed by additional selection policies, as well as physical injury reporting policies enforced by the NSO's such as Taekwondo Canada (Taekwondo Canada, 2013). In the sport of taekwondo, for example, if an athlete has a physical injury, it must be reported to Taekwondo Canada, often via the national team doctor. This reporting can lead to

additional help from the NSO in receiving medical treatment, surgery, physiotherapy, diagnostic testing, and rehabilitation programming.² My initial review of more than 60 publicly-available policy documents from various NSOs yielded not a single document with information on how Canadian athletes could go about reporting their mental health issues or voicing concerns about teammates' mental health.

Scholars over the years have linked mental toughness to the success of elite athletes (e.g. Nicholls, Morley, & Perry, 2016), and this link may help perpetuate athletes, coaches and the general public's beliefs that this same mental toughness insulates athletes from mental illnesses. There is an assumption made often that athletes must be mentally strong in order to compete at an elite level (Hammond, Gialloreto, Kubas, & Davis, 2013) and that this strength may be a contributing factor to the lack of research specifically on the causes of mental illness in elite athletes. Despite this assumption, some researchers are finding that the prevalence of mental illnesses, such as depression, may be more common in elite athletes than previously thought (e.g. Hammond et al., 2013). The idea that these numbers are greater than expected is leading to additional questions regarding the link between elite sport and the prevalence of mental health issues (Bär & Markser, 2010). A systematic review of mental health and elite athletes recommended further study on the prevalence of mental health issues in elite athletes (Rice et al., 2016). Research has been conducted in the areas of psychiatric diagnosis and elite athletes (Glick & Horsfall, 2005), specific diagnosis and concerns including but not limited to anxiety and bipolar disorder (Reardon & Factor, 2010), and enhancing mental health literacy with athletes and their support staff (Sebbens, Hassmén, Crisp, & Wensley, 2016). Researchers such as Newman, Howells, and Fletcher (2016) recommend that future studies should also focus strictly on how elite sports, and participation at that level, shapes the mental health of the participants.

² Knowledge of this process comes from my experience as staff and as a board member of Taekwondo Canada.

Although academic research is emerging into the links between sport and mental health, several factors limit the ability to collect enough information to develop a deeper understanding of this complex issue (Reardon & Factor, 2010). The stigma attached to reporting mental health concerns may make it difficult to ascertain accurate numbers of athletes with mental health issues (Born, 2017). It is not only a sport issue, but a population-wide concern that reporting mental health issues can lead one to be labeled and have potentially negative consequences (Reardon & Factor, 2010). Not only does mental health usually come with a stigma, the treatment of mental health issues can have its own stigma as well (Steinfeldt & Steinfeldt, 2012). Attitudes towards mental health and help seeking³ tend to be more negative with younger adults, and with elite athletes in particular (Gulliver, Griffiths, & Christensen, 2012). Many people idolize elite athletes and hold them to standards that make them seem exceptional, and not the norm (Reardon & Factor, 2010). This ideology regarding the athlete's ability to be immune from such issues as mental health may also lead to behaviours from sports organizations which downplay the prevalence of these conditions, and also serve as a barrier to seeking treatment (Reardon & Factor, 2010). Researchers such as Rice et al. (2016) continue to express concerns about the limited scope of the current research in both methodology and breadth and about the quality of the information being analyzed and used throughout organizations.

Potential causes for a potentially negative link between being an elite athlete and the prevalence of mental illness have been identified. One study suggests that becoming an elite athlete limits the ability for the individual to acquire proper coping skills through their growth and development (Bauman, 2016). Additional research suggests that a root cause of mental illness in athletes may be the early specialization of these athletes and their intensive training programs (Gould, 2010). Research delving into early sport specialization as a whole also

³ The term 'help seeking' is defined on page 6.

suggests that further research needs to be done to determine if there is a direct link between this early foray into elite sport and psychosocial development (Baker, Cobley, & Fraser-Thomas, 2009). There are conditions which exist within sport that are needed for sporting success but may be seen as unhealthy within the general public. The mental challenges that elite athletes face can lead to presentations of symptoms that may be incorrectly labeled. One of these may be explained using major depressive disorder, which often presents as overtraining in athletes (Schwenk, 2000). It is possible that specific tools could help to properly identify the mental health concerns of elite athletes, which might differ from tools used with the general public.

1.2 Objectives

The goal of this thesis is to gain insight into: 1) the roles that NSOs may play in providing mental health services to elite athletes, and 2) athletes' experiences with mental health that were personally experienced or observed.

Using a situational analysis and an interpretive approach, the goal of this thesis is to identify themes from in-depth semi-structured interviews with retired elite taekwondo athletes, in order to create a foundation from which athletes' mental health can be examined. To add to the existing research, which consists of mainly quantitative studies, this thesis gathers opinions and personal experiences to gain a broader and more complete picture of the situation as a whole. Specifically, this thesis examines retired Canadian elite taekwondo athletes' perceptions of the ethical responsibilities of the NSO to develop, support, monitor, prevent and be involved in the treatment of mental health issues in athletes.

To address the objectives of this study, several terms require clarification. The lack of consistency in using terms such as "elite" athlete can create confusion. These terms get further muddled within the literature when looking at terms such as *Olympic champion*. Where one may

assume these are gold medal winning athletes, some studies have defined this term as winning a medal of any colour (Gould, Dieffenbach, & Moffett, 2002). For this thesis, *champion* will mean an athlete who has won a gold medal at a Pan American Championships or an Olympic Games. *Retired athletes* will be defined as athletes who are no longer competing in taekwondo at any level, regardless of the reason behind the end of their competitive career. *Help seeking* will be defined as behaviours which lead to the involvement of professionals, coaches or other individuals in a position of authority over an athlete. Additionally, the term *elite* athlete will be defined using the Canadian Long Term Athlete Development (LTAD) model. An athlete is defined as being elite if they are in the *Train to Win* stage. Characteristics of this stage include having an annual training plan with multiple peaks, technical and tactical training which is sport specific, and receiving support from an Integrated Support Teams (IST) (LTAD, 2013).

I am using the term *mental health* as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (World Health Organization, 2014). Thus, I define *mental health issues* as the lack of mental health. Mental health disorders in this thesis will be defined as disorders which are “generally characterized by some combination of abnormal thoughts, emotions, behaviour and relationships with others” (World Health Organization, 2014). I chose to use this definition was made based on the need for a universal definition and one which is widely accepted. Currently, the WHO works with Ministries of Health, government agencies, non-profit organizations, media outlets and other professional associations in 194 countries (World Health Organization, 2014). In addition, the WHO’s plan of action for mental health includes implementing mental health strategies for promotion and prevention as well as strengthening information surrounding mental health

(World Health Organization, 2014). As the intention of this thesis is to contribute to the knowledge surrounding the athletes' perceptions of mental health, and their perceptions of who has a responsibility towards athletes' mental health, the WHO definition is the best fit.

1.3 Insider Perspective

I have worn many hats in different sports over the years. I have been a staff member at an NSO, both a national team athlete and coach, and the first female president of Taekwondo Canada. I have been around national and international competition in taekwondo, ringette, and hockey, and I have been directly involved in running national and international events. Despite all of these roles, I have not been able to properly give athletes a platform from which to communicate their own needs and desires regarding mental health supports. I am still unaware of a system within Taekwondo Canada that allows athletes to reach out for help with their mental health. I have been unable to put in place a system within the taekwondo NSO that is able to provide reporting, treatment, or preventative measures regarding mental health.

In 2011, I attended the World Taekwondo Championships in South Korea as the national team manager. At this event, an athlete, whom I was familiar with, faked an injury and chose not to compete in the semi-final bout of the event. At the time, it was incredible for me to think that anyone could make it that far at such a major event, and then choose not to compete. But what I did not know at the time was that the athlete in question was struggling with depression. The athlete's decision made me reflect on the sporting world in which I was involved. What else was going on with elite athletes that I did not know about? Were there other issues surrounding athletes' choices other than their own internal struggles?

After asking some discreet questions, I found out that the athlete's mental health and the possible struggles they were facing were being hidden from almost the entire community. The

medical staff knew because of the requirement of the athlete to fill out a Therapeutic Use Exemption (TUE) form for medication to treat depression. A TUE form is used by international sport to provide exemptions for the use of medications, which are banned in sport but not performance enhancing by design and used to treat diagnosed medical conditions (World Anti-Doping Agency, 2016). The athlete's primary coach knew because the coach was with the athlete every day. That was it. The athlete advised me that the taekwondo NSO had not been notified of the athlete's diagnosis. The athlete's teammates were also unaware. The other team staff were unaware. Why was this?

After gently broaching the subject with the athlete, I was told that the fear of repercussions was great; being honest about the depression felt like it was not an option. It was amazing to me that not only this athlete, but also many others, as I soon discovered, had spent huge amounts of energy hiding both physical and mental health issues from the taekwondo NSO over the years. The athletes I became aware of were afraid they would be removed from teams, afraid they would lose their funding, and afraid their "weakness" would be exploited by other athletes and coaches. I believe this fear most often stemmed from the multiple hats worn by coaches and the political climate that exists within sport.

Over the years, I became aware of the number of athletes across all sports who had spent years hiding health issues from the organizations that exist to help them succeed. In the literature review that follows in Chapter II, I will address and analyze the reasons behind the stigma and the avoidance of help seeking by elite athletes. Several world-renowned athletes have come forward with their own stories of personal struggles with mental health while competing at the highest levels. What is clear from a simple media scan is that the world is starting to discuss mental health more often. There are conscious efforts being made through programs, such as Bell

Let's Talk, to remove the stigma attached to discussing mental health. What still does not exist, though, is a foundation from which to begin to account for the experiences of the athletes who have lived through these issues, and further a starting point from which to look at the role that NSOs have in this regard.

To move research forward from being simply a collection of statistics on mental illness rates to research which will create meaningful change for athletes at all levels, there needs to be additional research which examines the lived experiences of the athletes themselves. The research that follows in this thesis attempts to clarify a sample of retired elite Canadian taekwondo athletes' perceptions of the taekwondo NSO's role in the prevention, management and reporting of mental health issues in elite athletes.

The two research questions this thesis is looking to answer are: i) what the experiences of retired elite Canadian Taekwondo athletes are in terms of mental health issues they have personally experienced or seen?, and ii) who do these athletes feel have a responsibility to athletes in terms of mental health issues or concerns?

Chapter II: Literature review

2.1 Introduction

This literature review summarizes the relevant literature examining mental health and athletes, examines areas in which there is overlap between previously conducted research, and identifies the gaps that result from the research that has been conducted. This chapter includes sections related to the thesis research question including: (1) prevalence of mental health issues in society and sport, (2) the link between sport and mental health, (3) anxiety, depression, and elite athletes, (4) mental health stigmas and the avoidance of help seeking , (5) the NSO and sport organizations: the front line , (6) National Sport Organizations (NSOs) responsibilities, and (7) currently existing athlete mental health programs in Canada.

I identified and included 72 relevant articles. Additional articles I considered for this section included the relation between businesses and mental health responsibilities to employees and treatment programs which exist for the general population and for athletes in countries other than Canada. These were deemed to be outside of the scope of the research questions for this thesis due to their limited relationship with sport, elite athletes, and with Canada.

This literature review summarizes the research that has been done and identifies gaps that currently exist in the body of literature. Identification of the gaps in the current literature, along with the research which may no longer be considered current, while using a cross sectional approach to the collection of existing data, will inform not only the research questions, but also the methods used.

2.2 Prevalence of Mental Health Issues in Society and Sport

“I had to do a lot of things to get my head above water. And I’m still not out of it”

Clara Hughes (Hall, 2017, para. 6).

Sartorius and Üstün (1995) estimate that over 25% of the world’s population suffer from some form of mental illness. In particular, depression afflicts over 121 million people worldwide (Yang et al., 2007). Despite these staggering numbers, research into elite athletes and the prevalence of mental health disorders is still minimal (e.g. Bär & Markser, 2010; Gulliver, Griffiths, Mackinnon, Batterham, & Stanimirovic, 2015; Yang et al., 2007).

Yang and colleagues (2007) conducted a study of university athletes’ mental health in the United States. As a part of this study, they identified that over 20% of the 256 athletes included in the study had shown signs of depression, and the depression rate was even greater than 20% in female athletes. In this same group of participants, similar rates of mental health issues were found when looking at anxiety concerns in the same population of 256 athletes. There has been some research into the prevalence of psychiatric diagnosis in elite athletes, although the emphasis seems to be on eating disorders and substance abuse (Reardon & Factor, 2010; Sundgot-Borgen & Torstveit, 2004). Sundgot-Borgen and Torstveit (2004) examined elite Norwegian athletes’ eating disorders. Even with the single diagnosis limitation, their data showed over 300% more cases of eating disorders in the athletic population than the control group. Although eating disorders have been much more extensively researched, Reardon and Factor (2010) noted there is still a need to conduct extensive research on “overtraining syndrome, bipolar disorder, suicidality, anxiety disorders, attention-deficit hyperactivity disorder (ADHD) and psychosis in athletes” (p. 1). The authors also suggest a need for studies to be

conducted on the actual prevalence of each of these disorders, and the risk factors associated with athletes that make the population unique.

In France, for example, there is currently an annual psychological test for their “high level athletes” (Schaal et al., 2011, p.155). The results of the psychological tests on athletes in France were consistent with the general public data, showing that approximately 20% of athletes and non-athletes exhibited signs of at least one mental illness. Schaal et al. (2011) broke this down by sport and by sex to suggest that although anxiety disorders and depression are the most common overall, women have additional risks when involved in aesthetic sports, whereas men have greater risk of illnesses such as eating disorders in combat sports.

Researchers in Australia, as well, have investigated the prevalence of mental health issues within their elite athlete population. Gulliver et al. (2015) found that over 40% of the elite Australian athletes included in their study were experiencing symptoms of at least one of the mental health issues they looked at in their survey. This included depression, eating disorders, anxiety disorders and panic disorders. The authors suggest that “athlete mental health needs to be well-supported and they should have access to mental health professionals” (Gulliver et al., 2015, p. 260) which has been shown as a common theme throughout the literature.

Few studies have looked at the prevalence of mental health issues with Olympic-level athletes. Drew et al. (2018) conducted one of the few studies that did consider this group using data collected at the Rio 2016 Olympic Games. They examined illness symptoms, mental health symptoms, energy levels and quality of sleep in the three months prior to the Olympic Games. It is important to note that this self-reporting survey study only included 132 Olympians, and only over the three months leading up to the Games.

These self-reporting surveys were the primary data collection method for all of the research conducted and discussed above. Gulliver and colleagues (2015) address the limitation of their data collection and the impact that only providing informal questionnaires may have on, not only the number of respondents but the quality as well. Importantly, however, Gulliver et al. (2015) strongly conclude that there is a need for athletes to have support in seeking help for their mental health issues.

Although the prevalence of mental health issues has been examined using a quantitative approach, there is a need for both a qualitative perspective as well as additional research that will seek to find links between specific populations and mental health. Qualitative research is able to capture the experiences of the participants themselves in a less rigid manner than simply the completion of questionnaires and surveys (Markula & Silk, 2011), which will further help to create a complete picture of the issues with mental health and elite athletes.

2.3 The Link between Sport and Mental Health

“I don’t know if sport attracts you to [mental health issues], or how sport helps you with it” Ian Thorpe (Buckmaster, 2017, para. 6).

When a search is conducted looking for positive associations between sport and recreation and a reduction in mental health diagnosis, the results are staggering. Considerable research has shown that for the general population participating in sport will decrease the risk of developing mental health issues, and sport and exercise can be used as a treatment for those with pre-existing diagnoses (e.g., Dehkordi, 2011; Kiyani, Mohammadi, & Sattarzadeh, 2011). Unfortunately, there is comparatively less research addressing athletes, and even less research specific to elite-level athletes. The systemic review conducted by Bär and Markser (2010) concluded that there is a widely held misconception by the public that the prevalence of

psychiatric disorders in athletes is significantly lower than in the general population. This notion is supported by athletes' beliefs that they are expected to be tough, and even immune to disorders, particularly mental disorders, that are seen as being linked to being weak (Bär & Markser, 2010).

Sport and mental health have been linked in today's media (Hall, 2017). This link is made to support the idea that sport and recreation can act as both a preventative measure and a treatment option for mental health issues (e.g. Fenton et al., 2016; Goodwin, 2003; Kiyani et al., 2011). Previous research has shown that participation in sport may lower distress levels (Asztalos et al., 2009) along with increasing happiness levels (Kiyani et al., 2011).

It appears that researchers are not separating participation in sport from participation in physical activity (Bär & Markser, 2010). For an athlete competing at an elite level, the expectations placed on them are very different than those placed on a recreational physical activity participant (Dehkordi, 2011). Despite these differences, several studies have concluded that athletes are insulated from mental health issues, or that at least their issues could be in part treated by continued participation in sport (Fenton et al., 2016; Goodwin, 2003).

Of the research examined in this review, most researchers have focused on specific subgroups, such as nationality (e.g. Goodwin, 2003; Gulliver et al., 2015) or gender (Dehkordi, 2011). Specifically, Dehkordi (2011) looked at female athletes' mental health, general health and quality of life. Using questionnaires, Dehkordi (2011) found a significant positive correlation between being a female athlete and a greater overall life satisfaction and a lower rate of mental illness. In her findings she suggests that there is an extensive list of benefits to one's life that stem from being a competitive athlete, and not simply someone who participates in

sport. These include:

- improved self-esteem and confidence;
- reduction in stress, anxiety, and depression;
- improved mood and sense of wellbeing;
- improved concentration, enhanced memory and learning, and better performance; and
- reduced feelings of fatigue and depression; and improved psychological wellbeing and mental awareness (Dehkordi, 2011, p. 1738).

Regardless of the subgroup that has been examined, all research discussed in this literature review was quantitative and suggested the same beneficial link between sport participation and mental health.

2.4 Anxiety, Depression, and Elite Athletes

“How could I possibly be depressed with all that I had accomplished?” Mark Tewksbury (Michel, 2009, para. 83).

As with research looking at the link between sport and mental health, the research examining the type of mental health issues athletes face was also entirely quantitative (e.g. Foskett & Longstaff, 2017; Gulliver et al., 2015; Jensen, Ivarsson, Fallby, Dankers, & Elbe, 2018). The quantitative research that has been done on elite athletes and their mental health has uncovered some consistent findings, regardless of the year and location of the research, such as the prevalence rates of mental health issues and the types of mental health issues that have been most prominent.

The two primary mental health issues that were reported in the research are depression and anxiety. Depression symptoms were the most commonly self-reported mental health issues (e.g. Appaneal et al., 2017; Prinz, Dvořák, & Junge, 2016). Of the research I reviewed, all of the

studies used methods such as surveys or questionnaires, and none of them involved interviews with any of the participants (Appaneal et al., 2017; Foskett & Longstaff, 2017; Gulliver et al., 2015; Jensen et al., 2018; Prinz et al., 2016).

In addition to the reported depression symptoms, anxiety issues were the second most reported mental health issue in all of the previous studies. Schaal et al. (2011) was the only study I reviewed which suggested that anxiety disorder symptoms were more prevalent than depression symptoms. Although all of the research examined came to the conclusion that both depression and anxiety were the major areas of concern with elite athletes' mental health, Robertson (2017) found that the anxiety that "super elite" (p. 155) athletes experience is often transitioned to a positive and creates the ability for an athlete to perform at the high levels that they do. It should be noted that Robertson (2017) made these claims based upon his meta-analysis, and not on primary research he conducted himself.

2.5 Mental Health Stigmas and the Avoidance of Help Seeking

"I congratulate myself on saying I need help. I tell people this all the time" Terry Bradshaw (Forbes, 2010, para. 32).

The stigma surrounding mental health is well documented and researched, especially over the last decade as society has pushed to make talking about mental health more mainstream. Despite this, the stigma does still remain in society, and is even more strongly embedded in sport. As Michael Phelps explains in an interview:

For the longest time, I thought asking for help was a sign of weakness because that's what society teaches us. That's especially true from an athlete's perspective. If we ask for help, then we are not this big macho athlete that people can look up to. (Gleeson & Brady, 2017, para. 14)

In order to best capture the literature on mental health and the stigma associated with it, looking at the general population, and then the athlete population specifically is necessary. As Pedersen and Paves (2014) relate, the stigma attached to mental health disorders is extremely prevalent within the general population, and even more so in college-age members of society. This is particularly relevant when one considers that the elite athlete population falls almost exclusively into this demographic in some sports. Using quantitative survey data, Pedersen and Paves (2014) evaluated measures of perceived stigmas attached to relating, reporting and seeking treatment for mental health issues. Their results clearly show the perceived concerns the participants had with respect to reputation concerns, being seen as weak, and being embarrassed. The data also suggest that the participants do not perceive themselves as being impacted by these stigmas when interacting with others; however, the same participants do feel that if the roles were reversed, the stigma would affect the way people treat them. This study did not utilize any methods that would allow the researchers to look more deeply into the root cause of these beliefs.

Research literature also suggests collegiate athletes in the United States avoid help seeking for mental health issues. As Watson (2005) acknowledges, participation in collegiate sports may lead to issues of maladjustment and other mental health disorders. Using surveys, Watson (2005) found students with a negative opinion of counselling were less likely to seek help than those with a positive perception of counselling. These negative opinions compound the similar findings of a negative perception of treatment affecting help seeking as seen in studies by Pedersen and Paves (2014) and Amato and Bradshaw (1985).

Using a help seeking questionnaire, researchers attempted to quantify the help seeking behaviours of almost 3000 participants between the ages of 14-24 in Australia (Rickwood,

Deane, Wilson, & Ciarrochi, 2005). This age group spans the majority of Olympic-level athletes as well. This research suggests that, overall, few people in this age demographic seek help at all, and most that do look to peers or family as opposed to professionals and, as Amato and Bradshaw (1985) described, women are more likely than men to seek help in any way. However, this research is strictly quantitative, and as such does not provide reasons behind this behaviour.

Bauman (2016) suggests that athletes strive to be seen as mentally tough, and help seeking may be seen to be in direct contrast to being able to be mentally tough. Athletes are expected to both be tough and mentally healthy, without direct support provided in order to meet these expected outcomes. The focus on outcomes of performance leads to a culture in which athletes fear the repercussions from admitting they may need help. Bauman (2016) suggests that:

We need to ensure a new norm—an environment where athletes are free to ask for help, without negative consequences and receive that assistance from expert mental health professionals. When that happens, a new and healthier culture will replace the existing one where athletes and mental health issues are ignored, hidden or discarded. (p.136)

Schwenk (2000) strives to provide a clear list of the concerns faced by elite athletes and why they choose not to admit their own struggles with mental illness. This list includes:

1. Despite the known beneficial and protective effect of exercise on mental illness, athletes are still susceptible to depression and other mental illness, although perhaps at a lower prevalence than the general population.
2. Athletes may be even more susceptible to under diagnosis and inadequate treatment of depression and other mental illness than are non-athletes, particularly for problems that are related to athletic training and performance and are viewed from a narrow physiological rather than a broader biopsychosocial perspective.

3. The current conceptualisation of and approach to mental illness in athletes is fraught with stigmatisation, denial, and dichotomous paradigms of ‘psychological’ versus ‘physical’ disease, which are inaccurate, unhelpful, and deprive the athlete of effective care (Schwenk 2000, p. 4).

This list, though broad in its presentation, serves as a summary of the literature that has been reviewed. Further, Schwenk’s (2000) list identifies previous gaps in the research which have not all yet been filled, particularly in regard to the qualitative inquiry needed to ascertain the reasons behind the data that have been quantified repeatedly. In addition, looking at the roles of the governing bodies appears as a further gap in the current literature.

2.6 The NSO and Sport Organizations: The Front Line

“I am tired now of lying, of lying to the public and lying to myself” Oscar de la Hoya (Villarreal, 2017, para. 3).

Born (2017) makes the case that the National Collegiate Athletic Association’s (NCAA) must regulate (including monitoring, prevention, and treatment programs) athletes’ mental health. Referring to the vast amount of conversation amongst NCAA program staff about concussions, Born (2017) suggests that at least the same amount of effort should be put into the conversation surrounding mental illness. In discussion regarding the lack of help seeking behaviours by collegiate athletes, Born (2017) recommends that the NCAA be held accountable for the suicides and other mental health consequences in the same way it has been held accountable for the prevalence of concussions. Born (2017) takes a legal stance in regard to these responsibilities, suggesting that it should be legislation that forces organizations such as the NCAA to be accountable and responsible for the mental health of its athletes.

Gearity, Moore, and Sharp (2017) suggest that it is not up to one association to be responsible for mental health programs, but the issue should be looked at as a multi-faceted approach to identification, prevention, and treatment. A team approach should be used, incorporating strength and conditioning staff, coaches, and medical staff. The research regarding the structures of athletic departments and their involvement in the mental health of athletes is limited to American collegiate associations and little is provided regarding NSOs. Furthermore, none of the research is on Canadian institutions.

Literature examining NSOs is limited to financial responsibilities, human resource training in NSOs (Millar & Stevens, 2012), and a single study about the need for ethics audits in sport (Mcnamee & Fleming, 2007). Mcnamee and Fleming's (2007) article provides the foundation for the need for an ethics evaluation in this thesis. Their research provides not only a framework, but an evaluation tool that will be utilized to identify the most relevant questions to include in the semi-structured interviews, which are described in Chapter III.

There is evidence that some countries have been implementing programs which both provide preventative measures and treatment opportunities specifically through sport (Moesch et al., 2018). For example, "(I)n France, all high-level athletes (carded athletes) by law since 2006 have an annual compulsory interview with a clinical psychologist or a sport medicine physician" (p. 64) and French athletes are provided with access on demand throughout the year for additional psychological supports (Moesch et al., 2018). I could not determine exactly what makes an athlete in France subject to these interviews and given access to these supports. Additional countries, such as Great Britain, Hungary, Italy and Sweden, have also started to involve mental health professionals in elite sport (Foskett & Longstaff, 2017). Moesch et al.'s (2018) examination of the sport systems in a variety of European countries may not be completely

representative but certainly presents a snapshot of the sporting world that they have attempted to evaluate. They conclude with three main recommendations for sport systems interventions. Firstly, that work on anti-stigma programs and educational programs be implemented within sport. Secondly, a sport specific approach to mental illness is needed, and finally, that the programs must be clear and well communicated, with consistency between levels of stakeholders. They do not specify exactly which levels of sporting organizations should be in charge of each of these areas of recommendations, but instead make wide-reaching recommendations that are left open to interpretation by the reader. Moesch et al.'s (2018) research fails to identify the perspectives of the athletes in identifying which stakeholder groups are ultimately responsible for the education, prevention, and treatment of elite athletes' mental health. Moesch et al. (2018) do provide a baseline from which NSOs, the provincial associations, and other stakeholders such as the Canadian Olympic Committee (COC), and Sport Canada can begin to examine options moving forward. The identification of the mental health and sport programs in a variety of countries in Europe further supports the need for a knowledge base such as this research to be conducted in North America.

In looking at the NSOs specifically, Mcnamee and Fleming (2007) created a model from which sport organizations can undertake ethical audits. The research was conducted in Scotland but has parallels to Canadian NSOs in the structure of the organizations. For relevance to this thesis, the primary parallel is the structure of the board of directors (specifically a policy board), a senior management team, and subcommittees, which run areas such as high performance. Mcnamee and Fleming (2007) identified areas to review that included respect, equity, and responsibility within these structures. These areas were further labeled as being either individually based (respect), socially based (equity) or politically based (responsibility).

Although the primary intent of the framework created was to look at the overall ethics of how the organization functions and how it can be evaluated, the authors point out that this framework was created with only documentary evidence. They clearly state, “only so much insight can be gleaned from a review of mission statements, formal policies and procedures” (p. 430). This is a vital notion when looking at the systems of sport and in particular the perceptions of athletes about the system.

The framework created by Mcnamee and Fleming (2007) presents a conceptualization that can be used in an interview setting. The three major areas outlined by Mcnamee and Fleming (2007) can be used to create a list of potentially successful or failing areas of the organization from the perspectives of the athletes, the coaches, the board, or even the staff themselves. Looking into areas within the individual/respect realm, questions could lead to comments on beneficence, civility, confidentiality, honesty, loyalty, privacy, abuse, discrimination, and exploitation. Gaining insight into each of these areas, from the perspectives of the participants within the system, can structure a discussion regarding the impact each of these areas has on athletes. Using the same interview format, but looking at the equity/social aspects, questions could delve into areas including diversity, fairness, recognition, tolerance, and transparency. Although Mcnamee and Fleming (2007) identified equity as a social issue, the subsections can also be seen as individually based.

All three of the areas that the Mcnamee and Fleming (2007) framework considers are used in the formation of the methods in this thesis (discussed in Chapter III), but the actionable areas for the NSOs may be first evaluated in terms of the responsibilities/political column first. Evaluation in this area includes accountability, effectiveness, efficiency, and trustworthiness (Mcnamee & Fleming, 2007).

2.7 Currently Existing Athlete Mental Health Programs in Canada

As noted in Chapter I, the Canadian Olympic Committee recently launched a new program called Game Plan, which is designed to be:

Canada's total athlete wellness program that strives to support national team athletes to live better and more holistic lives. Through the development of their skills and network, athletes are able to focus on health, education, and career opportunities both during their high-performance career and beyond. The program helps to develop mentally stronger athletes who apply what they have learned as leaders in sport for the betterment of themselves and their communities (Game Plan, 2018).

Part of the Game Plan program, which aims to be a total wellness program, is access to mental health resources. As Game Plan was released in 2018, retired elite athlete did not have access to this resource, which offers the third party confidential and independent access to counselling services to competing athletes.

The current intake system of Game Plan requires that athletes must fall within one of three categories in order to be eligible for access to services. Category one (1) athletes must currently be Sport Canada carded athletes (Sport Canada AAP) or recommended to Game Plan by their NSO. Category two (2) athletes must be athletes who have retired in the last two years but had been category 1 athletes. Category three (3) athletes must also have previously been category one athletes but have been retired for more than two years. Category 3 athletes are only given access to some resources, but it is unclear what these are (Taekwondo Canada, 2018). Sport Canada's AAP currently does not provide access to mental health service for more than 50% of the total senior national team in taekwondo as in 2018, Taekwondo Canada had 6

athletes with AAP funding but 16 athletes on the senior national team (Taekwondo Canada, 2018).

Although Game Plan is an initial step in addressing athletes' mental health, the limitation on access would not, in and of itself, address the issue. As the program is still within its first year of operation, there is no current research into the effectiveness of Game Plan. Future research will be needed to determine if this program is able to fulfill its mandate. Future research may also examine if the prevalence of mental health issues in retired athletes is lowered as a result of this program.

There is some evidence that the Canadian Olympic and Paralympic Sport Institute Network (COPSIN) are trying to acknowledge that mental health is an issue within high performance sport as there are now links to mental health services on their webpages. However, there appears to be no literature on the rationale behind the choices of how and what the sport centres and institutes are communicating, and there is inconsistency between sport centres on what is communicated as well. Beyond these references, no other literature or programs for athletes and mental health were identified.

2.8 Research Gaps

Many researchers have recruited recently retired or currently competing athletes to participate in their studies (Coyle, Gorczynski, & Gibson, 2017). Hammond et al. (2013) considered using current athletes but specifically within a university setting and all within Canada. Using athletes who are currently competing creates concerns about the athletes' willingness to be forthcoming given potential concerns of ramifications from the system in which they are competing.

Collecting data through semi-structured interviews is less limiting than using only formal survey or questionnaire formats (Markula & Silk, 2011) due to the ability for the participants to guide the direction that the interview through their responses. Using a predetermined interview guide (Hanton, Fletcher, & Coughlan, 2005) can allow for less rigid responses from the participants than a simple survey would. Based upon the current research, the majority of qualitative interview based studies are recruiting between eight and ten participants (Fletcher & Sarkar, 2012). Hammond et al. (2013) included a much larger sample from two universities, but the sample size may not have led to a broader scope of knowledge at its conclusion.

Currently, there is a vast amount of research on the positive relationships between sport and mental health (e.g. Fenton et al., 2016; Hughes & Leavey, 2012). Additionally, there is substantial literature on the stigma of mental health issues, and the prevalence of these issues within the general population (e.g. Gulliver et al., 2012; Schwenk, 2000). Given that almost all of the research is currently quantitative in nature, and provides the numerical data associated with each area, there is a cavernous gap in the literature regarding who bares the responsibilities to athletes in Canada in terms of their mental and emotional health. Before organizations can begin to look at solutions to these issues, it is necessary to define not only the potential prevalence more qualitatively, but also the expectations that the participants themselves have within a system. Further to this, it also appears that research regarding NSOs in Canada is limited. NSOs in Canada oversee sport for over 7 million people each year (Canadian Heritage, 2012). There is a need for research to evaluate and work with this system in order to ensure that essential care concerning mental health is provided for the Canadian athlete population.

2.9 Summary

“If someone wants to call me weak for asking for help, that’s their problem. Because I’m saving my own life” Michael Phelps (Gleeson & Brady, 2017, para. 14).

This review of the literature demonstrated the need for a qualitative and interpretative analysis of the mental health concerns of elite athletes. Additionally, it provides the framework from which to approach athletes’ perceptions and provide them with their own voice and ability to speak about their experiences. Using the concepts outlined by McNamee and Fleming (2007), there is a path from which to proceed with the collection of qualitative data. It is clear that mental health and the responsibilities of the leaders of the sports communities must be addressed, and work to clarify the roles of each stakeholder is necessary.

Few studies focus exclusively on elite athletes. Most researchers who had worked with this population utilized a self-reporting and statistical approach. It is concerning that for such a well-regarded and celebrated population, elite athletes’ voices are only heard through surveys and questionnaires. Even within this literature, other than the few studies mentioned that consider the stressors (e.g. Chiodo et al., 2011; Hanton et al., 2005), there has to date been little effort made to consider not only the causes of mental illness within elite athletes but the responsibilities of the NSOs.

NSOs are the bodies in charge of elite sport. They are government funded organizations to whom the athletes are accountable in terms of both their performance and their physical health. When attempting to complete this literature review, I did not identify any foundational articles from which to build my study. Elite athletes have not been given a voice in terms of their own mental health from anything but a purely quantitative perspective in the academic literature.

There is clearly a lack of research on the causes of mental illness in elite athletes, although the prevalence of mental illness seems to have been researched at length (e.g. Foskett & Longstaff, 2017; Prinz et al., 2016). There is also clearly a lack of research into the potential treatments or preventative measures that could be taken to lower the rates of mental illness in elite athletes. Most poignantly, there appears to be no English language research into the perceptions of athletes in regard to their own experiences with mental health that are not survey or questionnaire based. There also appears to be no research into whose responsibility it should be to take care of elite athletes from a psychological perspective.

When elite athletes win on an international stage, they are provided with a platform on which to celebrate. The media want to interview them on how they got there and how they feel. The public wants to celebrate with them and we all bask in the stories of overcoming obstacles to get to the podium. Recently, as athletes such as Clara Hughes and Michael Phelps have begun to speak up, there is a push to recognize that the rates of mental illness are similar in both elite sport and the general population. There is a further push to ensure that elite athletes are looked at as being unique in terms of mental health and that there are additional stressors this population faces (Hughes & Leavey, 2012). What does still not exist in the literature is the voice and experiences of the athletes themselves.

There are an ever-increasing number of athletes speaking out about their own struggles with mental illness and an increasing number of programs to encourage people to speak up, and fight the stigma attached to these diagnoses. Despite all of these advances, there are no programs based in Canada designed exclusively for elite athletes. There is a need to examine perceptions of the responsibilities of the NSO to develop, support, monitor, and be involved in the treatment of mental health issues in athletes. It is time for elite athletes to have a voice and be given a

forum from which to speak, not only to their own experiences, but also to their perceptions of what the sport organizations' roles should be. It is time to support our athletes not only physically, but mentally as well.

In conclusion, the literature review in this chapter attempts to address what is known about the following questions: 1) what the experiences of retired elite Canadian Taekwondo athletes are in terms of mental health issues they have personally experienced or seen, and 2) who do these athletes feel have a responsibility to athletes in terms of mental health issues or concerns.

Chapter III: Methods and Methodology

3.1 Methods and Methodology

Before beginning any research project, it is paramount to identify the theoretical framework that best fits the area being studied and the research question itself. A paradigm is “an overarching set of beliefs that provides the parameters...of a given research project” (Markula & Silk, 2011, p. 25). In evaluating paradigms to be used, researchers must first determine the ultimate goal of the research being conducted. Given the research question I explored in this thesis, a qualitative approach was the most appropriate fit. As the literature review in Chapter II indicates, there is an abundance of quantitative data regarding the prevalence of mental health issues within both society and sport, but little regarding the perceptions of the athletes who are living these experiences. As the goal of this thesis is to convey and categorize these perceptions, it would be paradigmatically inconsistent to pursue such a goal without utilizing an interpretivist or constructivist approach.

Paradigmatically, the distinctions between interpretivist and constructivist research are often dependent upon the author being cited. For some, they fall as one and the same ontologically, epistemologically, and methodologically (Markula & Silk, 2011). For others, such as Michael Crotty (1998), there are three epistemologies: objectivism, constructionism, and subjectivism. Within his framework, interpretivist research is a subdivision of constructionism (Crotty, 1998). Regardless of which perspective is taken, there are underlying foundations from which research deemed interpretive is conducted and evaluated. Throughout the methodological literature, constancies within this interpretive or constructivist realm are present, including that from an epistemological perspective, truths are subjective (Crotty, 1998; Markula & Silk, 2011).

Interpretivist researchers analyze the world from the perspective that there is a single truth which is formed by the participants' lived experiences (Van Manen, 2002), and seek an understanding of the world through patterns identified from these experiences (Crotty, 1998). The current research question (how do retired Canadian taekwondo elite athletes perceive the responsibilities of their NSO regarding reporting, prevention and management of mental health issues?) may not be able to be investigated from a positivist or quantitative perspective. The amount of data already collected through quantitative processes, as shown in the literature review, forms the base from which the need for qualitative research in this area can be justified. The years of research on mental health and the relationship to sport that is framed by positive approaches has highlighted the limitations of only using a single paradigm (Olivier & Fishwick, 2003). These limitations include: the inability of quantitative research to take into account personal experiences, perceptions, beliefs, and to describe context within results (Choy, 2014). In most quantitative research, researchers collect and analyze data from a numerical perspective only. One would be able to identify the "how many" of an issue, but not the complex relationships of the context in which the rates occur (Markula & Silk, 2011). In selecting a qualitative approach, I have chosen to collect the perceptions not only on the perceived prevalence of mental health issues, but also on the context in which the participants felt that these issues were occurring.

The goal of interpretivist research is to create a conceptual map from the data collected on the question being researched (Markula & Silk, 2011). Using either a conceptual framework (one in which the actual map is being drawn) or a theoretical framework (one in which there is a pre-existing map from which to fill in the new data), interpretivist research is able to provide

specific themes and consistencies among the subjects or records from which they have collected data.

Interpretivist methods can include, but are not limited to: interviews, observations, focus groups, document reviews and visual data analysis (Markula & Silk, 2011). Using interviews does not limit the participants to select specific responses as might happen when collecting data using a survey or questionnaire. Although well-crafted questionnaires and surveys are able to capture valuable and comprehensive data, the use of interviews allows participants to expand from the initial questions and open up areas the researcher may not have considered in the development of the questions. Additionally, using interviews, as opposed to focus groups or other group communication methods, avoids the possibility that a participant could be influenced by the other participants around them (Markula & Silk, 2011).

Interviews are conducted in a variety of ways. As identified by Markula and Silk (2011), these include structured, semi structured, and unstructured. Semi structured and structured interviews require the development of an interview guide, which the researcher uses during a one-time interview with each participant (DiCicco-Bloom & Crabtree, 2006). However, in semi structured interviews, the developed interview guide serves only as a starting point, and both the researcher and participant expect the discussion to deviate from the pre-planned questions to explore issues that emerge during the interview. Using carefully designed interview guides ensures that the data being collected is systematic and comprehensive without limiting the freedom of the participant to explore new areas. For this thesis, a semi structured interview guide was developed and used to aid in the interview process (Appendix A).

Each interview for this thesis lasted approximately one hour. In addition to the interview, I took detailed field notes. These field notes were taken during the interview and are made up of

my written observations, emotions, interactions during the interview process (Montgomery & Bailey, 2007). Notes include comments on the participant's emotions, pauses, intonations, and thoughts that occurred to me during the interviews. I used field notes as a reference point when reviewing the transcripts in order to refresh my memory about when the participants were upset, angry, or seemed to have a greater reaction to a question that was asked of them. Additionally, I used the notes to record longer pauses or greater thought that seemed to go into the participant responses. Finally, I used these notes to ensure I captured, through the use of bolder font, which responses the participants felt more strongly about or seemed more certain about in the interviews.

Each interview was recorded using Skype (audio calling only), and the audio file was forwarded to Way With Words transcription service for professional transcription. Way With Words is a professional international company. The hired transcribers sent the resulting transcripts to me securely with RSA 2048-bit SSL encryption, and confirmed they would delete the recordings from their servers within 30 days of the original call recording. I maintain a copy of the original data file on a password-protected laptop computer, which I will delete upon completion of the thesis. Way With Words provides confidentiality and non-disclosure agreements to ensure the participants' anonymity and the security of the data. In the interest of personal development, I personally transcribed one interview, which I compared to the transcription provided by Way With Words to ensure the reliability of the transcriptions by listening to the recordings while reading the transcripts and checking for any inconsistencies.

I made the choice to only use audio as opposed to audio and video was made to give the participants the comfort of not having their own facial responses recorded, or for them to see my reactions to their responses. Given the sensitive nature of the subject, I determined it was more

likely that I would be able to recruit participants and further have more transparent answers by only using audio.

3.2 Participant Details and Recruitment Strategy

This study included 10 participants. The final number of participants was confirmed based on data saturation being reached. Data saturation occurs when no new information is being seen to result from further interviews (Glaser & Strauss, 1967). From a preliminary search of data available on the website www.taekwondodata.com, I identified over 125 potential participants. Taekwondo Data is a public website which records all of the results from major international taekwondo tournaments which occur around the world. After obtaining human ethics research approval from the Education/Nursing Research Ethics Board (ENREB) at University of Manitoba, I found an email address of a retired Canadian Olympic taekwondo athlete on a public website and sent a recruitment script to him/her (Appendix B) along with an informed consent form (Appendix C). The informed consent form was returned to me, and the participant forwarded the initial recruitment email to other potential participants.

Recruitment of participants continued until data saturation was reached.⁴ What is important when determining the sample size is ensuring that data saturation is reached. Data saturation is defined as having no new information emerging from additional interviews (Wachsmuth, Jowett, & Harwood, 2018). This occurred when interviews were no longer yielding new information, which in this case, I decided had occurred after interviewing 10 participants.

Each participant was included in this study on the following basis:

1. Must have been an *elite* (as previously defined) Canadian taekwondo athlete who had retired from competition.

⁴ Data saturation is discussed in more detail on page 42.

2. Must have retired since 2008 in order to ensure their experiences of being an athlete are still relatively current. As well, given the changes in sports over Olympic cycles, using elite athletes who would have been involved at an international level since 2008 ensures that they have participated in a recent Olympic cycle.
3. Must speak English fluently and be comfortable communicating by telephone in English for the interview.

Participants were recruited using snowball sampling. Snowball sampling is defined as “starting with a person well-situated to be interviewed about a special topic and then asking this person for more participants” (Markula & Silk, 2011, p. 94). The primary point of contact was determined using the publicly available online listing of Canadian Olympic taekwondo athletes (Taekwondo Canada, 2018). Letters of invitation to participate in this study (Appendix B) were sent to each of these athletes who were then able to provide additional names of athletes who met the inclusion criteria. Initial contact was made by email as these email addresses are publicly available. Potential participants were provided with a description of the study and a request to contact myself if they were interested in participating. These individuals were then asked to forward on the research description along with my contact information to other potential participants she/he identified in order to fully maximize the snowball sampling method. Each participant who contacted me to participate in the study was asked to confirm, based upon the definition being used for this study, that they were an elite athlete, are currently retired, are Canadian citizens (which is a requirement to represent Canada internationally thereby further confirming they may have been elite), and that they were still competing at some time beyond January 1, 2008. Ensuring that all athletes were Canadian also ensured that they had trained and competed within the same NSO system during their career.

In order to triangulate the personal competition history identified by the participants, I reviewed the competitive histories of the athletes using Taekwondo Data™ (Botz, 2018). Taekwondo Data™ is a website that records international level taekwondo athlete performances dating back to 2000. If potential participants did not have an international event listed on the website, they would not be eligible to participate in this study. Additionally, using this method allowed me to check the last year each potential participant competed in an international event to ensure that it was post 2008. Confirmation of retirement was done orally during the interview.

3.3 Data Analysis

Upon receipt of the transcripts, I sent each participant's transcript back to him/her for their review to ensure the accuracy of their comments. Once I received these back from each participant, I performed a situational analysis in order to code and report on the findings. I reviewed my field notes to further expand on the participants' comments and thoughts. For example, I noted when the participants took longer pauses before answering questions and noted which responses solicited emotional reactions. Additionally, the field notes were used to ensure I accurately captured the responses which were more forcefully given or that participants seemed to most sure about, and the responses which projected the greatest emotion from the participants.

Situational analysis (Clarke, 2003) is a data analysis method rooted in grounded theory (Glaser & Strauss, 1967). The purpose of situational analysis is to further expand grounded theory into a process that can incorporate the observations and discourses into the mapping process of the analysis. Situational analysis is a method in which data is examined and evaluated through the mapping process within the textual analysis derived from the audio transcriptions (Clarke, 2003).

I chose to use situational analysis as the creation of maps which are able to communicate data is a process which I naturally gravitate to. In addition, situational analysis allowed me to incorporate my own lived experiences within Taekwondo into the research.

The first step was for me to create an abstract situational map. This is a map of ideas and thoughts that I interpreted from the transcripts. Comments that were made by multiple participants were recorded in bolder font (see Figure 1 on page 44). In addition, using my field notes, I added more comments and thoughts that stood out to me from the interviewing process. Once this map was completed, open source coding was used to begin to create the ordered situational map (see Figure 2 on page 45). Open source coding is “the analytic process through which concepts are identified and their properties and dimensions are discovered in data” (Strauss & Corbin, 1998, p. 101). Using this open source coding method, I was able to code the data into tentative labels for the pieces of data. Once the data was fully coded into the ordered situational map, I was able to create relational situational maps using axial coding (see Figure 3 on page 47). Axial coding is “an analytic tool devised to help analysts integrate structure and process” (Strauss & Corbin, 1998, p. 123). From the axial coding, the three themes that I highlighted were: 1) mental health issues, 2) *who* is responsible for an athlete’s mental health, and 3) *what* national sport organizations can do to help with the issue.

As my own experiences in life are proximal to the research question, and possibly proximal to some of the participants, situational analysis not only allows for but recommends that the researcher’s lived experiences, ideas, pre-conceived notions, and thoughts be included in the mapping process where the researcher is imbedded within the research itself (Clarke & Star, 2008). By treating the analysis in a way that respects the researcher's already “learned” knowledge of a topic, I am able to ensure that I can review my own ideas. This also allows

researchers to ensure that they either add to the data collected to create a framework for the initial map, or conversely are able to identify their pre-conceived notions which are disproven by the data collected. I am acutely aware of my own potential impact on the research I conducted and have struggled with how to ensure that I am not analyzing the data in a way in which it was more likely to confirm some of my own thoughts and ideas. Performing a simple thematic analysis, or a traditional grounded theory approach, as laid out by Glaser and Strauss (1967), was not enough protection from my own personal experiences possible clouding my own judgement of the data I was evaluating. Situational analysis moves this one step further by evaluating the theory and looking at this theory in practice. Using situational analysis:

Part of the process of making situational maps is to try and get such information, assumptions, and so on out on the table and, if appropriate, into the maps. There it can be addressed in terms of utility, partiality, theoretical sampling, and other criteria. Otherwise we often do not even know such assumptions are there, though they may be doing analytically consequential work in fruitful and/or unfruitful ways. (Clarke, 2003 p. 584)

As I sought to give a voice to the participants in this project, having a foundation that allowed me to map out my own perceptions at the start and build from there ensured that I was able to professionally reflect on not only the coding but the process itself.

Situational analysis allowed me to build a map of the data collected without an initial structure tying the themes to each other. The second step of the process was to identify the initial links within the data while emphasizing the overlap within the themes I identified through the coding process. Clarke (2003) suggests that my prior experiences and my experiences gained from doing the research itself should be used as a tool in the coding process and not underutilized or undervalued. Clarke (2003) suggests that three main maps be drawn from the

research: the abstract situational map, the relational map, and the ordered situational map. Situational maps are “strategies for articulating the elements in the situation and examining relations among them” (Clarke & Star, 2008 p. 85). This second phase of rational analysis includes evaluations of these links through a process in which the researcher is expected to “literally, center on one element and draw lines between it and the others and specify the nature of the relationship by describing the nature of that line. One does this systematically, one at a time, from every element on the map to every other” (Clarke & Star, 2008 p. 102). Clark (2003) also goes further to have both a world arena and positional map which are able to look at potential causes of the phenomenon being researched. In this case of this thesis, given that the research question is not looking at causes, but is focused on the participants’ perceptions, continuing with Clarke’s (2003) process which looks at causes would have been presumptuous and outside the scope of this research.

Following the construction of these maps, Clarke (2003) suggests that these maps force the researcher to look at not only the emergence of themes but further the contradictions as well (Mathar, 2008). Secondly, Clarke (2003) hopes to create a framework in which the researcher is able to more closely analyse the categories they have created as well as the implications these have on the findings while being more critical in acceptance of these themes as concrete (Mathar, 2008).

Upon completion of this process, I was able to reflect more thoroughly on the data collected and was able to highlight not only the data which is consistent with the themes I identified, but I was able to reflect more fully on the inconsistencies.

3.4 Limitations

There are limitations of using a partial situational analysis. The researcher's reflexivity can be a limitation of qualitative research. Often the researcher having awareness of her/his personal relationship to the research she/he is conducting is seen as a negative (Letiche, 2017). However, a researcher's interest in a topic is often drawn from personal experiences. As a result, being aware of her/his own lens through which the researcher is looking at the question is imperative in ensuring that the research can stand up to scrutiny. Researchers "who are attentive to their own communicative role—whether that be to the researched and/or to the reader—have to acknowledge the role of communicative reflexivity in their work" (Letiche, 2017, p. 1558). Reflexivity is an important tool that allows a researcher to reflect on their own personal experiences in order to use that knowledge to enhance, not limit, their research.

In my case, it was vital that I identified and ensured that I was constantly aware of why I chose to undertake this topic as my thesis. As someone who has been a national level competitor, and who currently coaches at the national and international level, I have seen firsthand what some athletes have gone through in terms of their own mental health. Although I do not have intimate knowledge of exactly what has transpired with many athletes on a personal level, I have seen days when athletes appeared to struggle. Having worked with the taekwondo NSO previously, as staff and as a manager and coach of national teams, I have been aware of the impact these roles may have played throughout the data collection and the analysis. It is imperative to me that this research, at a minimum, spurs conversations within the sporting community that can lead to possible systemic change in the future.

Transferability within qualitative research is the ability for the results of a study to be able to be generalized, or externally validated. As Malterud (2001) points out, "Internal validity

asks whether the study investigates what it is meant to, whereas external validity asks in what contexts the findings can be applied” (p. 484). In order to ensure that the research is internally valid, it is imperative that the participants in the research are in a position to comment on the question being raised. By using athletes who have competed at elite levels within the sport, I was able to create a foundation from which the internal validity can be examined. In addition to the basic selection of participants, using athletes who are retired protected against current athletes’ possible fears of repercussions from discussing their NSO within a research setting.

Ensuring the research findings are externally valid is slightly more challenging within this context. It is possible that the findings of this study will not be applicable to contexts outside of Canada, or even outside of taekwondo. Further, it is imperative to note that given the participants are retired athletes and the ever-changing nature of the sport system, Taekwondo Canada’s board of directors and the staff, the findings of this study require further examination from a structural perspective in order to assess the external validity of the findings in the system as it operates currently.

Interview research will only be reliable if the participants are honest with the researcher. It is not possible for me to concretely know if the perceptions the athletes provide to me were, and truly are, their honest opinions. I hope that I created an atmosphere in which participants felt comfortable sharing very personal information. It is possible that some participants have been more truthful with me than others.

Sample size within qualitative research can be seen as a limitation. Sample sizes can range from a single participant in an ethnographic study, to up to several hundred participants (Markula & Silk, 2011). What is important when determining the sample size is ensuring that data saturation is reached. Data saturation is defined as having no new information emerging

from additional interviews (Wachsmuth et al., 2018). In the case of this thesis, it is important to clarify that in any given year, there are a maximum of sixteen athletes in Canada who match the definition of being an elite taekwondo athlete. This is due to their being a maximum of 16 Canadian athletes per year (one per senior weight class) who would be able to meet the criteria (World Taekwondo Federation, 2016).

3.5 Delimitations

For this thesis, I imposed delimitations to ensure the scope of the study answers only the research question and is narrow enough to analyze the data in a way that ensures trustworthiness and transferability of the results. One of the first boundaries set was to select only athletes who are currently retired from competition. Given the stigma attached to mental health, which has been discussed in depth in Chapter II, I had a grave concern about asking currently competing athletes to report on their perceptions both of mental health in sport, and additionally on the NSO for which they are currently competing.

I have chosen as well only to include elite athletes as participants, which I have defined using the Canadian Long Term Athlete Development (LTAD) system. I imposed these delimitations due to the elite athletes having greater exposure to Taekwondo Canada as they were involved in national and international level events. Many of the international events required these athletes to travel with Taekwondo Canada staff and board members. Including athletes with significantly less exposure to the taekwondo NSO would potentially skew the data given the lack of personal knowledge that lower level athletes would have in regard to the NSO and to the pressures of elite competitions.

It is important to address the procedure of conducting interviews over Skype. Rogers (1976) found that the quality of responses in research interviews done by telephone were

comparable to those results found in interviews done in person. Moreover, interview techniques may stay the same whether using Skype or telephone (Hamilton, 2014). This is not to say that there are still not considerations to address when conducting interviews by Skype without video. Research has shown that audio only interviews yield the same the results as in person or video interviews (Novick, 2008; Sturges & Hanrahan, 2004). Additionally, given the sensitive nature of the topic, research has shown that participants may in fact be more comfortable in telephone interviews as opposed to in person or face to face interviews (Novick, 2008). Using only audio interviews ensures that I did not have the ability to make observational field notes or read facial expressions from my participants. My field notes were limited to the audio cues and pauses that I was able to hear. I believe the positive effects of not being able to personally see the participants outweighed the potential downfall. I knew all of the participants prior to their involvement in this study. This would have been a greater concern if I had been using face-to-face interviews as they would have been able to see my facial expressions and body language throughout the process. As such, the use of audio-only interviews was the most appropriate data gathering method.

Snowball sampling was selected for this study. Initially, I considered inviting current athletes to participate in this thesis but concerns about their potential fear of repercussions from the NSO required that it was more prudent to only invite retired elite athletes. In order to ensure that the sample was indeed made up of elite athletes, I researched which retired Olympians, Pan Am Games and championship athletes and World Championship athletes I was able to find contact information for online. Retired Olympic, Pan Am Games, World Championship, and Pan Am Championship athletes would also have a network of additional athletes who were elite level, as they would have not only trained together, but travelled and competed together as well. It is possible that setting this parameter may have involuntarily excluded retired elite athletes

whom were not connected with the initial athlete, or the ones referred to this study, which is unfortunate. As such, the snowball method provided the greatest likelihood of success in identifying participants.

Consideration was given to including sports other than taekwondo. Given my personal experience within the sport, it seemed prudent to begin by looking at the sport where I had the greatest chance of success with the potential participant pool. As well, including other sports would involve other NSOs, which in turn can lead to variation within the systems each sport employs in regard to its athletes, and the perceptions these athletes would then hold. My study was further delimited by my decision to only include Canadian athletes. Given that each country has its own sport system, and the overlap is not clearly defined, I chose to examine the perceptions of Canadian athletes as opposed to including athletes from other countries as well.

In addition to the differences between sports organizations of different countries, it was also paramount to establish timelines as eligibility criteria for participating in this study. By delimiting participation to athletes who had retired since 2008, I ensured that the athletes have not been out of the system for long enough that they would have forgotten their lived experiences or observed experiences of others. Additionally, being retired for no longer than a decade provides this study with a foundation of data that is still relevant and not outdated.

Using these methods, I was able to ensure that I was best capturing the desired responses to the research questions discussed in chapters one and two.

Chapter IV: Results

4.1 Results

I conducted interviews with ten participants. Confirmation of participants' status of being retired was done through questions in the interviews and then reviewed by using www.taekwondodata.com to ensure that the last recorded event was post 2008, and the events were considered elite. Out of the ten participants, seven were female and three were male.

Table 1 Participant Demographics

Alice (female)

Dana (female)

David (male)

Diana (female)

Jen (female)

John (male)

Kari (female)

Rachel (female)

Sara (female)

Sam (male)

Three potential participants expressed interest in participating in the study but withdrew prior to the interview process. Participants included athletes who had participated at multiple Olympic Games as well as participants who had only been considered elite for as few as two years. This information is not included in Table 1 in order to protect the anonymity of the participants. Participants are only identified by pseudonym. Four of the participants requested to use their own names throughout the research process, which I could not accommodate due to

ethical concerns. I asked each of the participants who requested to use their own name why they felt that way. All four suggested that this was the only way they knew of to be able to speak their minds about how they felt, and that it would be more powerful if they were able to do this as themselves. There were 7 female participants and 3 male participants. The original participant who responded was female. It is possible that the results may be affected by the gender split being unequal, however both genders reported similar experiences both in what they personally went through and also what they observed in others. This consistency was also seen in terms of what the participants felt were the most common issues seen and finally in the suggestions for who bears responsibility and the suggestions for what should be done.

In order to ensure that potential participants would not feel that I was collecting personally identifying characteristics, I chose not to collect any other participant demographics other than gender. Given the small community which exists in Taekwondo, I was concerned that asking more than simply gender could lead to participants not being comfortable being completely truthful and forthcoming with their responses as they may have felt that the additional information may give away their anonymity. Although four of the participants did request to use their own name, there were six who did not wish for their own name to be used and avoiding collection of additional demographics further ensured their trust in the ability to be completely anonymous.

Throughout the data-gathering phase of the research, I created an abstract situational map in which terms and themes from the interviews were recorded. This abstract map included the field notes that I made during the interviews. These field notes allowed me to make note of questions that elicited more emotional responses and instances that had longer pauses by the participants before responding to the questions. I also relied upon my field notes to provide the

basis for open source coding. Open source coding is “the analytic process through which concepts are identified and their properties and dimensions are discovered in data” (Strauss & Corbin, 1998, p. 101). Following the completion of the ordered situational map, I used axial coding to create the relational map. Axial coding is “an analytic tool devised to help analysts integrate structure and process” (Strauss & Corbin, 1998, p. 123). From the axial coding, the three themes that emerged were: 1) mental health issues, 2) *who* is responsible for an athlete’s mental health, and 3) *what* national sport organizations can do to help with the issue.

Figure 1. Abstract Situational Map

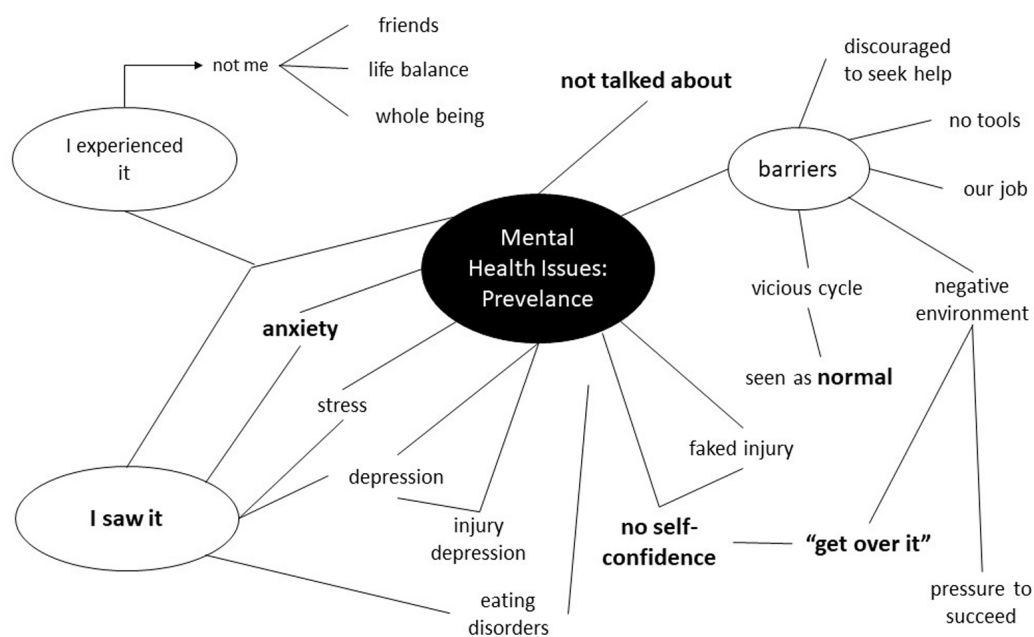


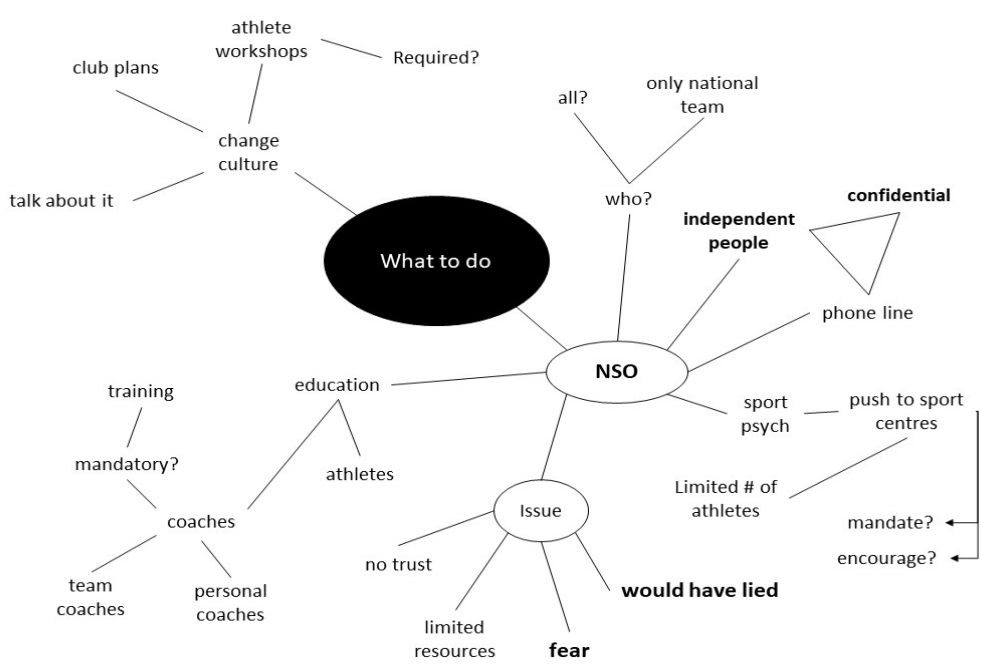
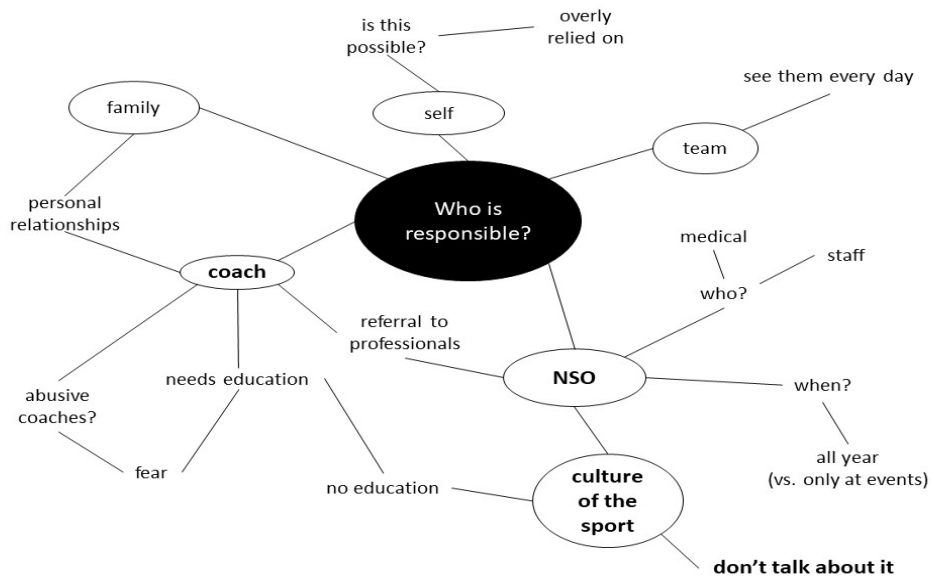
Figure 2. Ordered Situational Map

Mental Health Issues	Responsibilities	What Can be Done by NSO
1) Types <ul style="list-style-type: none"> • Anxiety • Stress • Pressure • Eating disorders • Depression 	1) NSO <ul style="list-style-type: none"> • Not talked about • Silent culture • Should be helping • Encourage to use resources 	1) Education <ul style="list-style-type: none"> • NSO to coaches • NSO to athletes • NSO to public • Mandatory • Seminars, training, online info
2) Prevalence <ul style="list-style-type: none"> • All saw it • most experienced it • Often not identified until post retirement 	2) Coach <ul style="list-style-type: none"> • Personal vs. team coach • High responsibility, low education • First line 	2) Sport Psych <ul style="list-style-type: none"> • NSO to encourage • NSO to provide to team • NSO to push for use of sport centres • All year, not just team trips
3) Behaviours/ mentalities <ul style="list-style-type: none"> • Injury (real vs faked) • Our job • Get over it • Discouraged to seek help • Negative environment 	3) Self <ul style="list-style-type: none"> • Can you recognize • Can you help 	3) Reporting method <ul style="list-style-type: none"> • Phone line? • On line? • Confidential • Independent
	4) Teammates/Family <ul style="list-style-type: none"> • See behaviour • Easier to talk to • National team? 	

Once the three major themes had been identified and data coded into the ordered situational map, I used terms and phrases which were prevalent in the interviews, to reconfigure a relational analysis (Clarke, 2003) into the relational maps in which they best fit (Figure 3) while emphasizing phrases and words using selective coding. Words or themes that were said more often were labeled with bolder text, and words or phrases which had more emotional expression noted in my field notes taken during the interviews were coded with capital letters. Following this process, I was able to review the interview transcripts and record the most poignant quotes from the participants in relation to the results of the analysis.

Figure 3. Relational Situational Maps





Certain ideas overlapped from theme to theme. Those overlapping terms and phrases were recorded on each applicable situational map. Each map was then examined separately to allow for links to be drawn and recorded between the themes which were emerging.

4.2 Mental Health Issues According to Participants

None of the participants are clinical psychologists or any other medical professional that would allow them to be able to make clinical diagnoses. Participants were asked to tell me if they had any training, experience, or education they felt would help them make the claims that they did. Seven of the participants disclosed that they had taken undergraduate psychology courses and one participant went on to register in medical school. Three of the participants reported no formal training or education in mental health. Although none of the participants had formal training in mental health diagnosis, they all reported feeling comfortable with making judgements based on what they had personally seen and experienced in terms of mental health issues.

The World Health Organization's (2014) definition of mental health⁵ was accepted by almost all of the participants as being accurate in their opinions. Kari did want to add to the definition that mental health "is not feeling helpless and feeling like you have choices." Specifically, Kari added that in terms of mental health and athletes the definition should include "your identity and self-worth is not wholly tied to what you do for a living or as you call it primary occupation including being an athlete."

All of the participants reported seeing mental health issues amongst their peers and teammates. All participants answered this question without delay. David was more specific than other participants about how often he had seen mental health issues and reported that "five people around (him) suffer(ed)... in a moment in their career." Others were more generalized

⁵ Recall the WHO defines mental health as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (2014).

such as Rachel who shared:

Well, you're seeing your teammates, you see the struggles they go through in terms of how we all deal with the stress and anxiety, and life problems. Outside, everything looks super shiny and clean, but on the inside, once you really see the day-to-day of what is expected of us as an athlete, and competing at that high level, nobody sees what goes on, on the inside.

Many of the participants shared specific situations in which they observed serious struggles. Jen, in particular, was struck by one teammate:

It was a former teammate who, after the (Olympic) Games, really struggled with the concept of... she basically saw sports as it really was... she's been training for the Olympic Games for, I don't remember how long but there was this always ideal image of you work hard, you train hard, you get your rewards of it, but never did she think at the Olympic Games... you would get ripped off for doing exactly what you were supposed to be doing. It made her extremely depressed for a very long time.

Alice, as well, was struck by the impact of the system in reporting the prevalence of these issues:

I've seen a lot of athletes who were living under difficult conditions in their private lives and also with their coaches as well as their sports organizations. So, I've seen some athletes who were suicidal or had strange behaviours, which to go against the human instinct, so depriving themselves of food, training to a point of exhaustion, doing things that they were told that was dangerous for their physical and mental health.

There were many recurring themes of the types of mental health issues the participants saw. These were most often described as depression, anxiety, stress, and eating disorders. Sam

explained this concept well by summarizing “there’s a lot of it (pause) so that’s like a constant thing; most athletes deal with (these).”

One of the findings within the prevalence of mental health issues was the normalcy of these struggles. Participants repeatedly referred to mental health issues as being a part of elite sport and not an anomaly. Alice, who has been clinically diagnosed with mental health issues while competing, suggested:

Unfortunately, it just seemed to be something that was quite normal, if you wanted to make it to the Olympic teams. I've seen a lot of athletes, including myself, who just did absolutely everything that sometimes went against our health so that we can make it to the Olympic teams and keep competing. So, looking at it now, it's very disturbing. While you do it, as an athlete, you just seem to believe, or you're taught that you will have to be a superhuman, a robot, so hardly any feeling things. If you were disappointed, crying wasn't (pause) I guess you were judged. You just had to show no emotion and just be perfect in your matches and perfect in your training. And it just wasn't an option because it seems to be a trend. Athletes who make it big just seem to be perfect robots. But in reality, now, when I look at it, it just had huge, negative effects on our lives. We've left the sport, and we're basically, slightly handicapped because we had to learn how to live, truly live in our society, because living a life in sports and living in our society are two different things. And I just think that a lot of us have suffered. I am just thinking of all these guys and girls I've been with for years and their faces, I think that many of us were very unhappy for a very long time, but we just took it in, and we just kept going because that was our job.

Given that current research (e.g. Fenton et al., 2016; Kiyani et al., 2011) has found such a positive link between mental health and sport, the participants in this study seem to suggest that there is more to it, and that perhaps the positive link is not always the case.

Participants were also asked if they had personally suffered from a mental health disorder while they were competing. Two participants said they did not believe they had struggled with any issue, and two reported that they had but were unaware that they had struggled until after they had retired. The remaining six participants were all aware they had struggled with a mental health issue while actively competing. Dana, shared that:

More obvious issues came out after I was done competing, because I had, you know, masked all my issues, or felt like I had a purpose while I was training. I had some issues with depression and anxiety that maybe weren't in the forefront, or maybe that I wasn't recognizing, per se, while I was competing.

The research examining athletes' mental health reviewed in Chapter II was conducted while the athletes were competing (e.g. Bauman, 2016; Schwenk, 2000). Follow up studies with these athletes would be helpful but has not been published.

Often participants identified that someone else brought their mental health issue to their attention, such as a coach, friend, or family member, and that until then they had not seen it themselves. This was the case with Sarah whose coach and sport psychologist first noticed an issue and offered some help, which she accepted. This offer of help was not the norm for the rest of the participants, many of whom reported being told to *suck it up* as Jen comments, "we were basically told to get over it."

This was not the same feeling participants had in regard to their physical health. Overwhelmingly, participants advised that they had been asked at some point in time by

Taekwondo Canada staff, board members, or national coaches about their physical health.

Participants expressed their belief that Taekwondo Canada was attempting to be helpful in this regard. Diana recalls during her time on the national team that coaches asked about her physical health “because they were concerned, and they wanted to make sure I was ok.” Only one participant reported being asked by anyone from Taekwondo Canada about their mental health.

In Alice’s case, she was asked one time leading up to a major competition:

The president of our federation tried to have me sign a consent form saying that if they found my mental health or injury too severe, they could put me on the side and replace me with my competitor. So, that’s when I knew that they were trying to replace me with someone else even though I was the best athlete... So, when he presented this offer I refused. From that point on I never spoke to these individuals or... how can I say this, head officials, I never spoke to them about my health ever again.

This statement by Alice backs up previous research which looked at the stigma surrounding mental health reporting and help seeking for these issues (e.g. Pedersen & Paves, 2014; Schwenk, 2000). The NSO’s involvement in the physical health of the elite athletes was a consistent experience amongst the participants in this study, as was the prevalence of mental health issues being seen or experienced by the athletes. Although there was some discrepancy in what types of mental health issues the athletes had seen or experienced, they were all concerned about who is actually responsible for helping prevent and treat these issues going forward.

4.3 Who Is Responsible for an Athlete’s Mental Health?

Consistently, participants identified the same groups or individuals as being responsible for athletes’ mental health. The most commonly identified was the personal coach, followed by the national sports organization (NSO). Without exception, all participants stated when asked

who was responsible for elite athletes' mental health that the NSO bears some responsibility; yet all felt that the coach was part of the front line in both identification of an issue and being the lead in acquiring treatment. Sarah clarified that the coach should:

have a lot of responsibility to that athlete because their coach shouldn't necessarily be just a coach for Taekwondo, they should also be, you know, a life coach, because other things that are going on in your life obviously are going to affect your performance in the ring.

This being said, all also agreed that their own coaches did not have the education to be able to identify or help with their or their teammates mental health issues. Diana, who is now an active coach herself, agreed that the coach was the first line for identifying and reporting athletes' mental health issues, but admitted that as a coach she has no training on how to identify these issues.

Kari was the only participant who identified someone other than the coach as being the front line in defense. Kari explains that:

I would say first and foremost every athlete is responsible (pause) not in a victim blaming kind of way but in a sheer taking responsibility over yourself and your body if you are able to do so, so every athlete does bear some responsibility of at least letting somebody know and giving them an opportunity to help.

Dana agrees that the athlete does also bear some responsibility. She explains that in terms of her own struggle:

I think there's a responsibility with the athlete to notice it first, right? Even with myself, I didn't necessarily know I was struggling and if I didn't know I was struggling and wasn't looking for help, or wasn't talking to people, then nobody's going to know. But I think

your personal coach has a lot to do with it because they're the ones interacting with you every single day.

Kari goes on to conclude:

I do think it's a shared responsibility, but ultimately unless you are assigned to a very specific position that has very little to do with the athletes, I do think that everybody who interacts at least with the athletes regularly does share some responsibility in identifying that something could potentially be wrong.

None of the other participants identified the athlete as having a role in identifying mental health issues.

The remaining participants identified people other than the athlete as being responsible for the identification of mental health issues including teammates, parents, and friends. These people are seen by the participants as being somewhat responsible for an athlete's mental health by virtue of being around and seeing them often. Sam, Kari, Jen and Sara identified their own family and friends as being instrumental in identifying mental health issues. Sara, Kari and Jen also identified a role for the teammates. In Jen's experience with an athlete she knew was battling a mental health issue, it was eventually treated because:

It was her teammates who spoke with her and her parent. I think it was just the mom that was really concerned and gave the push for her to go; so, she went to go and see somebody about it.

In Sara's case, she felt that the teammates' responsibility was less of a choice:

It's a little bit of, well it's a little of a requirement turned on by my coach, like, not so much, like, directly in those terms where it's so specific, however, it's basically just like the way that we, kind of, functioned as a general rule. And then, I think, that just, kind of,

it was just an understanding that we all had that, kind of, in contests, you know, checking with everyone was well. Like if someone was, kind of, having a rough night or they seem, kind of down, you know. Making sure that they still stayed focussed and were able to, kind of, push anything that they had aside to be able to get the job done and then talk about it after if you needed to.

The only consensus from the participants was that the NSO, along with the personal coach, did bear responsibility for athletes' mental health. David explains regarding the NSO that: They don't have to know how the athletes feel but they have to help them. I mean when an athlete suffers from some mental health issue, they need to be taken charge of by someone and it's easier for them to be taken charge closely and locally, but Taekwondo Canada has to support them by giving them the good staff to help them and if it's possible to give fund money for that and to do prevention as well.

This sentiment is echoed by all of the participants who responded in the affirmative when asked if Taekwondo Canada held responsibility for the athlete's mental health. Although the participants all felt strongly about the NSO's involvement with their athletes' mental health, they were also quite clear in identifying the barriers the NSO faces in terms of how to go about this.

The primary barrier to the NSO's involvement in the athletes' mental health issues being reported and treated identified by the participants was the culture of the sport. This discussion almost always began with the identification that mental health struggles are perceived as normal within the sport. Kari explains that:

So sometimes there's a shared inability to stop things before they get too bad because we assume that a certain level of angst is normal in the course of training and competing. On both sides (the athlete and the NSO), there's probably a bit of confusion and boundary

blurring when it comes to identifying those things because your first instinct as an athlete is to preserve rather than succumb and say, okay, I really need help, or something's wrong, or I need to take a step back.

Jen shared her personal experiences within the sport both as an athlete and as a junior coach in terms of the culture of the sport and its impact on the athletes' mental health. She shared a story about a national team coach she had been given a chance to work with:

As I was becoming a coach and I was being mentored by one of my leaders, it was (pause) there were certain things where I didn't agree with but also that put things into perspective is we do tell our athletes to ask questions, we do tell them to speak up and that way we know what they're going through.

Sometimes my own mentor, my own leader would (pause) he'll encourage the athletes to speak up, but when they spoke up, it's like, well, that's normal. So, it didn't help, and the athletes would stop speaking up. It kind of backfired. The advice other than being it actually strategy related, if it was, oh, I don't feel good today, I feel sick, it was like, well, deal with it. And then, he'll give an example of a teammate that was sick, but still came to training or this or that. So, it's just kind of like, well, you encourage us to voice our opinion but, yet you still shit on us (pause) am I allowed to say that?

This additional statement by Jen indicates a culture of being afraid to speak out:

It really makes them not want to talk anymore. I think (pause) I don't know if it's a gender thing. I don't know if it's just a personality thing, but for me, when I talk to (pause) as a coach now, I know I'm jumping back and forth, it is when I ask the athletes to talk to me, I truly want to help, and I don't tell them to just deal with it or suck it up. It's like, well, why are you feeling this way and we try to get into the source of it. But, I

think, it's still (pause) we're still a long way away from having people aware of mental healthiness or mental, yes, mental health and all of that. I honestly believe it's really the culture of our sport, unfortunately.

This sentiment was echoed by many of the other participants, such as Rachel, who contributes:

You are only as good as the racehorse that wins. After that, you're considered garbage. And I don't think they really look at it as wellbeing, the mental health of an athlete for the long term. It's all about, oh, this Olympic cycle, who can get us the medals and the funding that we need? They [the NSO] are not looking at it from a four or eight or twelve year cycle of pure development. It's purely about whoever gains in that four-year cycle, that's where their focus is. The rest is irrelevant.

The culture of the sport is also identified by the participants when they were asked if they would have gone to Taekwondo Canada when they were, or if they were, struggling with a mental health issue while competing. None of the participants felt that is what they would have done. I asked Sarah if she felt that Taekwondo Canada would have had her back if she had gone to them when she was struggling. Her response was "no". This was the same response given by six of the other participants as well. The remaining three participants did not feel that they knew enough to make a judgement call on how Taekwondo Canada would have responded. The follow up question to those that believed Taekwondo Canada would not have had their back was why they felt that this was the case. John responded to that question with "I don't know... why would they... I guess it's because they just wouldn't care." Rachel felt the same way when she bluntly stated, "I don't think they care." Jen also echoed this when she lamented that, "I don't think they would've really cared."

4.4 What NSOs Can Do

Participants identified a couple of major themes in terms of what the NSOs can do to help with the prevention, identification, and management of athletes' mental health issues. Their ideas can be broken down into subthemes of education, sport psychology, and reporting options.

Across the interviews, there was no unanimous thought on what the primary next step should be. Most often, participants identified all three of the subthemes as potential solutions.

4.4.1 Education. Participants identified that education was a valuable tool for the NSO to be providing to not only coaches, but directly to the athletes as well. Possible forms of education include: public information sessions, building more mental health education into current coaching programs, and campaigns to increase the ability to talk about mental health issues within the sport itself. David believes that the starting point is to be “campaigning with all other supports. I think it’s a hot topic right now and it needs to be prevented locally and national federations.”

Diana suggests that the education of coaches should be the responsibility of Taekwondo Canada, at least to be able to identify which courses coaches can or should be taking. She states:

Pretty much, it’s about education, right? The education, they (Taekwondo Canada) should be able to offer it. So, yes, I think that it will be very helpful if we will have more education about this as coaches and as a former athlete, yes.

Kari looked specifically at where this would fit into the current system, which is in place in Canada. The National Coaching Certification Program is a Canadian coach education system, which is already involved with Taekwondo. From Kari’s perspective:

I think the NSO has to have some degree of standards for their coaching. So, if they’ve chosen that those standards are the broadly prescribed standards of NCCP-level coaches,

then they have to pick a standard that incorporates that. So, if they've chosen NCCP, and if NCCP is the one that is purporting to provide holistic coach education across the country, then NCCP is primarily responsible for it.

Rachel as well sees this education as having to come directly from the NSO when she says:

Your NSO, I think it should be part of coaching requirements. It should be part of their education to be certified as a coach. It's always discussed, eating disorders, because we're in a weight category sport, but in all reality, you see the red flags, but nobody ever discusses the red flags of mental health, and they don't really know what to do. And a lot of times there's the old-school mentality of just sucking it up.

It seems apparent that coach education, in the opinions of the participants in this study, should include more than simply an overview of sport psychology, and should include skills to help coaches both be able to identify and address mental health issues in their athletes. It is important to be clear that there was no suggestion by any of the participants that they had any expectation of their coaches' ability to treat mental health issues.

4.4.2 Sport Psychology. The need for sport psychology and sport psychologists to help with identification and treatment of mental health issues in athletes is the second recommendation of what NSOs can do that came out of the participants' interviews. It is necessary to clarify that the participants' perceptions of the role of sport psychology seem to be in line with the duties of a clinical psychologist. I recognize that mental health issues are not within the purview of most sport psychologists and mental skills consultants. Sport psychologists are not mental health practitioners, but it appears from the interviews with the participants that they believed that access to a sport psychologist would have the same impact as access to a mental health practitioner, such as a clinical psychologist or a psychiatrist. I did not ask the

participants if they believed that sport psychologists were mental health practitioners, but from my notes taken during the interviews and the comments from the participants directly, it was apparent that they believed that a sport psychologist had the professional training to deal with mental health issues. When asked about who would be able to diagnose a mental health issue in a Taekwondo athlete, Diana replied “it has to be a sport psychologist that has done something like us.” This confirms the mentality that sport psychologists are assumed to have mental health training that they may not have had.

Overwhelmingly, the participants felt that Taekwondo Canada should be providing more access to sport psychologists for the athletes, both at events and throughout the year. Most of the participants also identified that part of the reason this does not happen is their belief that there is a lack of resources to be able to provide sport psychologists. According to the participants interviewed for this research, none of them had ever travelled with any mental health staff, and that if there were any issues it was left to the medical staff to handle. Dana recalls that in her experience:

Just about every trip I went on I had at least one meltdown, just, you know, anxiety, nervousness, stress that I wasn't necessarily able to cope with at the time, and that fell a lot onto my personal coach to handle while I was on the trip. But my coach also had 10 other people that they were coaching at the time, right?

So, I think having somebody that was dedicated to dealing with the mental health and the performance would have been really helpful. But I don't think it's just a competition thing. You need to have a relationship with that person for it to be effective, so it would be better if they had access to somebody like that year-round.

Five of the athletes recalled that they did have some access to working with a sport psychologist through the Canadian Sport Centres/Institutes, but that it was up to them to seek this out, and at no time was there any encouragement from Taekwondo Canada to include the sport psychologist in their training plan. This need for sport psychologists rang especially true for Sarah who believed that the identification of her mental health issue was done by others first. In her case, “my coach did, and my sport psychologist did as well.” Although an elite athlete, Sarah did not know about the access to a sport psychologist through the Canadian Sport Centres/Institutes and as such she suggested that Taekwondo Canada should be “providing resources to sport psychologists, yes, for, like, athletes who are the team would probably be easiest.” Diana agrees that sport psychology should be a priority, but articulates the struggle she faced with this when she comments:

I think they should be trying to find somebody to provide those services. Taekwondo is expensive even at the best of times, even with the most funding. It’s expensive, and when you’re already paying for physiotherapy, and you’re already paying for your training and your gym time, and all your travel. A sports psychologist was never on the top of my list of things to go out and pay for myself, because it was so expensive.

The value of the sport psychologist is something six of the participants in this study were able to clearly articulate from their perspectives. This included Jen, whose friend and teammate was battling a mental health issue when Jen spoke with her. In this situation:

I don’t remember who it was that told her, but I do know after it all happened, when it’s still fairly fresh, we were basically just told to get over it. Not super bluntly but just, it happened, let’s focus now on the next games and take it step by step, but it was someone who mentioned, I think, to her that she should maybe try and see a sport psychologist.

She took the advice and it actually did help because it gave her tips on how to control certain things that she was able to and I think it really was a control issue after that where she was supposed to be doing everything right to the bone and the results of it was she got ripped off and you can't control that. From my understanding, it was a control thing. Seeing a sports psychologist actually helped because it categorised certain things that she can and cannot control and certain things that can just basically help her cope with it.

This belief that seeing a sport psychologist would be a potentially helpful step for the athletes was echoed by Diana, Kari, Sara, Alice and Sam. The remaining four participants did not suggest that sport psychology had a role in athletes' overall mental health, nor did they suggest that sport psychology did not play a role; they simply did not identify sport psychology at all as either helpful or not helpful to the elite athlete.

4.4.3 Reporting and Communication System. The final theme that emerged from these interviews was the need for a reporting and communication system or structure provided by Taekwondo Canada. Participants recommended that a system of this nature must be confidential and administered by an independent person or organization. Concerns were raised about reporting to people that the athletes already knew, and perhaps experiencing negative consequences as a result of this, such as being removed from a team or from attending an event.

The participants were asked if they would have reported a mental health issue that they were having to Taekwondo Canada and the unanimous answer was no. There were feelings that such a disclosure could be used against them to remove them from the National Team Program or that it would be a waste of time because, as John put it; "I guess it's just because they wouldn't care." This sentiment was echoed by Rachel who said she also wouldn't have reported to Taekwondo Canada because: "I don't think I would have been supported. I would have been

seen as the weak link, and just pushed off the target list.” Sam believes he would have reported to Taekwondo Canada, but:

Only if there was a good, like only if it would achieve anything, like I wouldn't want to just tell them for no reason. But if there was some service they could offer, I would definitely do it, like a reason for me telling them about it.

When probed further about if there was a program or system he knew about, Sam continued by saying, “not that I know of, not that I knew of. Like, if I thought there was anything, I would have contacted them. But maybe they did have something, but I didn't know about it.”

Kari believes that the health of the athlete should be approached more holistically, but admits that even providing the services may not be enough when she states that athletes need:

Access to a third-party external person is really, really important, but knowing athletes as I know them, a lot of them tend to not take advantage of those things, and sometimes you really have to encourage them and push them to do it. So being very vocal and making it very easily accessible to the athlete is a part of the NSO's responsibility.

The lack of a reporting system was one of the barriers identified by Jen when asked about the likelihood of her reporting a mental health issue to Taekwondo Canada. She commented that, “I don't think they would've really cared, and I don't know who I would even have approached first. Is there somewhere to go?” For John, this reporting opportunity does not have to be as formal but can be more of a facilitation of the athletes being able to express themselves in an environment created by Taekwondo Canada. In his opinion:

I think it would be nice if they can run something to help the athletes become open about it because I just feel like within (pause) yes, it's just not talked about often or not at all actually, and then to say like, yes, it's okay to talk about whatever is going because

sometimes, in training, you don't know if anybody is feeling the same way and you don't want to bring it up because it's like (pause) also, I guess it depends on the environment you're in, but you don't want to be a drag on your teammates or going to the team or something like that. So, if they could provide a way to help you like, yes, it's okay to be open about things, kind of run a program, something like that.

Sarah also suggests that Taekwondo Canada should be providing more opportunities for the athletes and coaches, including: "information sessions, training sessions... because I feel like a lot of them don't really understand what's going on in their head." She suggests that this gives the athletes a forum to be able to speak about their own issues. There was a trend in the participants' comments that there needed to be situations within the sport in which mental health is openly discussed. This is highlighted in Dana's explanation that a barrier to speaking about issues was that, "I never knew who was in charge even when I was travelling. I never knew who was in a position that could be approachable." This was similar to the lack of communication felt by Sarah who on her years on the team felt that:

everyone's just so wrapped up in themselves and, like, I don't know, I feel like they wouldn't have, they would have just seen me as someone else's problem, I guess, and just, kind of, figure that someone would deal with it. Or it wouldn't have been taken seriously, because of the different cliques, I guess.

For Alice, the existing communication is detrimental and needs to be corrected in order to have the athletes be able to be at their best. She explains that the feelings are often:

That someone would find out and build a report and find a way to prove to everyone or to those who made the decisions that that athlete was not fit to compete or to participate in any qualifying events to go to the Olympic Games. And this happened for physical

reasons and mental reasons. I also believe and know for a fact that a lot of athletes are not encouraged to consult a sports psychologist or just a psychologist to discuss what was going on in their lives, to talk about the pressure that they endured.

These sentiments by Alice and Sarah further back up the existing research about why athletes avoid seeking help when they do feel that there is a mental health issue (Schwenk, 2000).

Although the current programs identified in Chapter I (e.g. Game Plan) do explicitly aim to provide avenues for athletes and people to be able to start these conversations and not feel a stigma when they do come forward, there are still limits on which athletes are able to access these resources as previously discussed (Game Plan, 2018).

4.5 Summary

Overall there was a large amount of consistency within the interview responses. There was a greater variety of responses in terms of looking at what the Taekwondo Canada should be doing for their athletes' mental health. Despite these differences, the participants did all agree that the NSO should be providing some form of reporting structure and support for athletes who are struggling with mental health issues.

In addition, all participants acknowledged that they have all either seen or experienced mental health issues during their athletic careers. The identification of the negative environment, the discouragement to seek help and the mentality that the athletes are expected to find their own way to get over a mental health issue were also consistent themes that emerged. The participants, although they have no formal training, identified that they were often witnesses to anxiety, depression, eating disorders, stress and pressure.

It was also noteworthy that participants suggested that the primary responsibility for the athletes' mental health is the personal coach. Given that participants also acknowledged that their

coaches' education was primarily through Taekwondo Canada, the participants' perceptions that the coaches most likely lacked the training to identify mental health issues was important. This lack of formal education on mental health spurred the participants to be requesting further education be provided by the NSO to the athletes and coaches in the future. Along with the increased education, a confidential and third party driven reporting line, along with a year-round sport psychologist's involvement, were seen to be paramount moving forward.

The results of the research were able to answer the research questions which I had set out to answer with this thesis. The participants were able to communicate their experiences in relation to mental health issues as well as articulate their perceptions on who has a responsibility to athletes' mental health.

Chapter V: Discussion and Conclusion

5.1 Discussion

The findings of this study both support and contradict some of the results of previous research. Although these results do identify some tangible options for future programming that may want to be implemented by Taekwondo Canada or other NSOs, it is perhaps more vital to look, in greater depth, at the disparities between previous studies and the results of this one.

5.1.1 Prevalence of mental health issues in elite athletes. Previous self-reporting research looking at the rates of mental health issues amongst elite athletes often found that between 20% and 40% of elite athletes struggled with mental health issues (Gulliver et al., 2015; Schaal et al., 2011; Yang et al., 2007). These rates were ultimately even higher than those found during the Rio 2016 Olympic Games of 15% (Drew et al., 2017). Based on this research, the prevalence of mental health issues was much greater in the participants interviewed for this study. Without further research looking at the causes of the mental health issues the participants observed and experienced, or without a comparison between sports, I am unable to conclude if the higher rate of mental health issues reported is specific to taekwondo in general, taekwondo in Canada or simply the group of participants interviewed for this study.

It is important to recognize that in the studies referenced above, the research was conducted while the athletes were still competing. In this research, only athletes who had already retired from competition were interviewed, and a few of these participants did comment that they were unaware of how much they struggled until after they had retired. When they looked back on how they were as athletes, they realized that behaviours they believed were normal at the time were in fact signs of mental health issues. Athletes often do what they are told. In order to make it to the highest levels of competition, athletes must put their trust into coaches, organizations,

and support staff who will advise them on what they must be doing in order to reach the next level. Many athletes then will often simply do as they are told in order to ensure they have the greatest chance of success (Hughes & Leavey, 2012).

Previous researchers often limited their research to specific mental health issues or disorders. Prinz et al. (2016) specifically looked for signs of depression. Other researchers looked specifically at anxiety (Jensen et al., 2018) or stress (Hanton, Fletcher, & Coughlan, 2005). This research asked the participants which mental health issues they felt they had either dealt with themselves or seen within their teammates. Participants' responses echoed previous research that the most prevalent mental health issues are anxiety, stress, depression and eating disorders (Hanton et al., 2005).

It was clear throughout this study that participants had strong feelings regarding not only their own mental health struggles but those of their former teammates and friends as well. This certainly leads to the need for more conversation, research, and programming in this area.

5.1.2 Responsibility to athletes' mental health. The review of literature demonstrated a lack of research into who was responsible for athletes' mental health. Despite the wealth of studies which examined the rates, personality traits, and types of mental health issues athletes face (e.g. Hammond et al., 2013; Wolanin, Gross, & Hong, 2015), I did not find any research addressing who is responsible for managing the identification, reporting and management of athletes' mental health issues. It was unsurprising to me that the participants identified their personal coaches, as the coach is the leader on a day-to-day basis. It was also not overly surprising that they identified that the NSO should be involved in both prevention and treatment options given the NSO's involvement in their physical health. What was surprising was the repeated suggestion that their teammates also had some responsibility. John remembered that

“teammates talking to them” was a common method of communicating with athletes who were struggling with mental health issues. In addition, Kari remembers that she, “felt some ownership to check in with teammates” and that this was not perceived as a burden or abnormal in any way. Dana agreed the teammates have some responsibility, “but it also really sucks that the athletes feel the responsibility to take care of everybody else on the team as well.” Given the lack of mental health training that the participants felt their coaches had, and yet they still felt the coaches were responsible, it was fascinating that they felt their peers should also be accountable for identifying issues.

It was interesting to note that although all of the participants laid responsibility at the feet of their coach, they also were all very aware of the educational limits of these same individuals. This lack of education has become systemic as the athletes who are now coaches have no more education reported than their own coaches had, and yet still believe the responsibility was on their coach while personally admitting they do not have the skills themselves to identify these issues within their own athletes today. Coach education is often not something that coaches elect to do; it is something mandated by the NSO (Taekwondo Canada, 2018). Coaches must take the programs they are mandated to complete in order to be eligible to continue coaching. It is noteworthy then that the participants who are now coaches are very willing to take additional training if it means they would be more equipped to deal with their athletes in regard to mental health.

The lack of research into the NSO’s involvement with its own athletes both in terms of mental health and involvement with them as individuals also was concerning. When looking at the existing literature on any national sports organization, the current information is almost

exclusively limited to financial accountability and governance (McNamee & Fleming, 2007; Vaeyens, Güllich, Warr, & Philippaerts, 2009).

Equally as concerning was the repeated identification of the culture of the sport being negative, uncaring, and not open to discussing mental health issues. As previous research has found, there is a culture in sport that mental health issues are normal (Bär & Markser, 2010) and that athletes are mentally tough (Bauman, 2016). Though this research supports that these feelings are still prevalent within sport, participants in this study also suggested that the overall negative environment may have greatly contributed to the stigma attached to reporting mental health issues and asking for help when it was needed. This negative perception is backed up by existing literature on the stigma itself (Kiyani et al., 2011; Pedersen & Paves, 2014), but the results of this current study suggest that it may be more than just the stigma that prevents athletes from coming forward. As the participants in this study suggest, it is less about the stigma, and perhaps more about the sentiment that the NSO does not care about them and would not be willing to help if the athletes did go to the NSO.

5.1.3 Suggestions for combating the issues. Coach and athlete education on mental health issues was identified as a potential future contribution from the NSO. Through personal experience, coaches are often resentful of being made to attend coach education classes. This notion that education would be one of the best methods to combating mental health issues has been discussed at length in academia and in sport itself (Jensen et al., 2018; Moesch et al., 2018; Prinz et al., 2016).

In addition to education, it was also suggested by the participants that there is a need for a change in the culture. The current system in which the athletes often feel as if they are only there to serve the NSO (Born, 2017) seems to transcend both specific sports and countries. Perhaps it

is not just the stigma of mental health, then, but more the stigma of the culture that teaches athletes they must be mentally tough. This allows them to ignore signs and symptoms that they may not normally have ignored had they not been athletes at the time. Athletes are different from the general population. Their successes and failures happen publicly and are covered by the media.

Perhaps this is the reason why the participants in this study were so clear that mental health treatment, prevention, and education should be sport specific. This need for sport specificity is not new to the literature (Appaneal et al., 2017; Jensen et al., 2018; Prinz et al., 2016), but instead contributes to the overarching theme that this is not a one size fits all solution.

France is perhaps leading in terms of managing the mental health of their elite athletes. Although their current system is not preventative per se, it is at least striving to identify issues before they get out of control. The annual mental health check-up that is required in France (Moesch et al., 2018) would at least allow for the NSOs in France to identify changes within their athletes, and then in turn be able to react to the situation. It is absolutely a proactive approach on a macro scale and it remains to be seen, as they continue down this path, if it can lead to an intervention that is possibly sport specific.

In line with the need for sport specific interventions was the suggestion from participants that there is a need for sport psychology to be an integral part of the athletes support from the NSO on an ongoing basis. It is possible that there is a misconception of the role a sport psychologist may play given that so few of the participants noted ever having had access to a sport psychologist during their athletic careers. It seems that the participants in this study were actually asking for a program such as Game Plan, but were perhaps not clear on the differences between a mental health professional and a sport psychologist. Although Game Plan can be seen

as a potential solution, the current iteration of Game Plan would not have covered the majority of the participants in this study. Many of the participants in this study were not Sport Canada carded athletes, and as such would not have had access to Game Plan unless Taekwondo Canada had recommended them. Given that Taekwondo Canada has no reporting structure for mental health concerns at this point, it may be possible that many of these athletes would not have been referred to Game Plan at all. A key finding of this study is the participants' lack of knowledgeable about the differences between clinical sport psychologists, sport psychology researchers, and mental skills consultants, and the roles that each of those professions would play in an athlete's development and training program.

5.2 Limitations

As with any research, the researcher must be aware of and identify the limitations of her/his research. With this research there are four limitations that are worth addressing. Each of these limitations may also be used to facilitate future research through research adaptations which may further help to clarify the overall picture of elite athletes, mental health and the role the NSO could play.

5.2.1 Number of participants. In this study ten athletes were interviewed. The recruitment continued until data saturation was reached. It was the intention from the outset to continue to recruit participants until such time as new information was no longer gained from additional interviews. It is possible, and therefore worth noting as a limitation, that different experiences may have been found had interviews continued with additional participants

It has been suggested that for a master's thesis, ten or less interview participants is appropriate (Markula & Silk, 2011). In addition, in the case of this research, the exclusionary

criteria for potential participants limits the total participant pool to less than 125 total possible interviews which could be conducted.

5.2.2 Use of only taekwondo and Taekwondo Canada. This study was conducted with retired elite athletes representing a single sport, in this case taekwondo, and a single country, in this case Canada. As such, this study only looked at the athletes' perceptions of Taekwondo Canada in terms of NSO responsibilities. Many of the studies reviewed in Chapter II involved multiple sports and multiple sports organizations (Gulliver et al., 2015; Yang et al., 2007). The interviews conducted in this study suggested that the majority of the athletes felt they had suffered from a mental health issue. This study was limited in that only Canadian athlete were interviewed and not taekwondo athletes across multiple countries. However, it should be noted that this also may be viewed as a strength of the current study in that it identifies that the prevalence of athletes reporting mental health issues during these interviews is far greater in taekwondo in Canada than has been found with other sports in other countries. It is worth noting that the results of this study seem to deviate from previous research, and this does warrant the need for further single sport research in this area in Canada to determine the overall rates in single sport studies.

In addition, it is also imperative to note that Taekwondo Canada, as the NSO examined in this study, is not a static body. Over the ten-year period of retirement that this study included, there have been multiple changes in the leadership of the organization and the board of directors as well. This may not have had any impact on the results of the study, but it is noteworthy to be aware that the participants' experiences do not involve a single staff or board which has been static for years.

5.2.3 Limit of date of retirement. This study only included athletes who had retired since 2008. This allowed for a maximum of ten years of retirement between their last competition and their participation in the interview. It is possible that athletes who retired prior to 2008 did not have the same experiences or would have had additional experiences that would have changed the results of this study. Although there is no evidence to support this, or indications from the current participants that they would believe this to be the case, it is certainly possible. In sport, and especially in Taekwondo Canada, there is a relatively rapid turnover of both staff and board members.

5.2.4 Sampling method. Snowball sampling was selected for this study. The primary participant contacted in this study reported that she/he both suffered from a mental health issue and had seen others struggle with a mental health issue. Given that the remaining participants all originated from this primary participant, it is possible that the potential participants who were contacted were people the primary participant knew had either seen or struggled with mental health issues already. There was no indication at any point in this study that this was the case, but without having been directly involved in selecting the participants, there is also no way to know with certainty that this is not the case. Although this a potential limitation, as has been found in other research, snowball sampling may result in the same findings as research which includes the entire population (Gyarmathy, Johnston, Caplinskiene, Caplinskas, & Latkin, 2014).

5.2.5 Audio interviews. I made the decision to only conduct the interviews using audio. The decision was weighed against the option of either video calling or in person. Due to financial limitations, I selected not to go with the in-person option. This decision not to use video calling for the interviews was made in order to avoid any potential reactions I may have to participants' responses impacting the responses that were given by the participants. This also

allowed the researcher to take field notes without the participant being able to see what was being documented.

There are benefits to using video calling when conducting interviews (Lo Iacono, Symonds, & Brown, 2016). Given the sensitive nature of the subject matter during these interviews, I made the choice to not use video in order to ensure that if any of the questions were uncomfortable for the participants, or if I inadvertently had a non-verbal reaction to their responses, it would not affect their comments.

5.3 Future Research

The research that has been conducted in this study leads to a wide array of future research topics. Given the lack of qualitative research in this area, as was confirmed in Chapter II, the areas in which future research can be conducted vary greatly and lead to more questions than answers. I have identified eight areas in which research may carry on directly from this study.

5.3.1 Additional sports in Canada. In this study, only a single sport was examined. Using only taekwondo and finding such a high prevalence of athletes who had seen, or experienced mental health issues would open the door for more extensive research in other sports. Given the research which currently exists in this area is primarily with multiple sports and primarily with multiple countries, future research could examine the link between specific sports and these findings. As well, the current study looks only at the athletes' perceptions of Taekwondo Canada and their responsibilities towards athletes' mental health. Looking at the perceptions athletes from other sports in Canada have of their NSO would allow for cross comparisons across sports within Canada.

5.3.2 Same sport across countries. Given the overall lack of research into taekwondo, future research may consider examining the link between taekwondo and mental health issues

amongst athletes from a variety of countries. Each country's sport systems are different, and as such the way that their NSOs function also differs greatly. It would be interesting to examine the similarities and differences between countries within taekwondo federations to determine if the higher rates of self-reported mental health issues exist across borders. Additionally, the examination of the perception's taekwondo athletes have of their NSO could lead to a comparison of NSO practices with regard to the mental health of their elite taekwondo athletes. Finally, using a multiple country model to replicate this research would possibly address which programs are currently working in other countries, and if these initiatives can be replicated in Canada. Given that France has implemented mental health testing for all of their elite athletes (Schaal et al., 2011), France would be an ideal starting point for this cross country comparison of the athletes' perceptions.

5.3.3 Coach and athlete education. One of the major suggestions that were made by the participants in this study was that coach education should change from psychological skills training to the need for coaches to be able to identify mental health issues within their athletes. Currently in Canada, programming like this is not available in any form that I was able to find. This is perhaps an unrealistic expectation. Identification and diagnosis of mental health issues should be left to psychologists and psychiatrists. It would appear that this level of expertise is unfeasible for current coach education systems. Future research may look at what education levels on mental health issue identification by coaches would be feasible and what this would entail from an educational perspective.

Additionally, the participants suggested that not only should the coaches be more educated, but the athletes should be as well. An examination of exactly what this program would entail, and how it could be built as either a supplement to current coach education programs, or

as a stand-alone programming option would be necessary. Athlete education programs do not appear to exist outside of anti-doping programs in Canada. Future studies may wish to consider if athlete education is an option, and how this would be created and implemented.

5.3.4 Sport specific anti stigma programs. It was clear from the participants in this study that they felt that there was still a stigma attached to mental health issues, and that they also were uncomfortable going to the NSO to ask for help if they needed it. Future research may endeavour to examine the most effective ways to implement anti stigma programs to better ensure that specific sports are addressing this within their communities. Although there are many of these programs in the greater sports community (e.g., Bell Let's Talk, Game Plan etc.), this does not appear to be translating into the removal of this stigma within taekwondo in Canada. The overwhelming response of participants was that the NSO did not care about them and would not care if they were suffering with a mental health issue. These views suggest a need to examine the reasons and behaviours that are behind these feelings, and what can be done to change this going forward.

5.3.5 Currently competing athletes. The research done on athletes at the Rio 2016 Olympic Games showed a significantly lower prevalence of mental health issues amongst the athletes (Drew et al., 2018), with only 15% self-reported symptoms. That study involved athletes who were currently competing. In this thesis, all participants had retired from competition. Further, the participants in this study also reported that often they did not realize the significance of their mental health issues until they retired from elite sport. Future research may want to consider if the time at which the athletes are interviewed in their careers shows a difference in in the self-reporting of mental health issues, and also if there is a shift in their feelings about the responsibilities towards the mental health of elite athletes during their careers as opposed to once

they have retired. In the literature review conducted in Chapter II, several studies involved athletes who were currently competing. An examination of the impact of the timing on these issues is warranted and perhaps can be conducted as a longitudinal study of athletes' perceptions over time of the responsibilities of the NSOs to their athletes.

5.3.6 Non-elite athletes' perceptions. The current study only examined athletes who met a strict definition of being labeled elite athletes. Future studies may wish to consider either a more lenient definition, or to consider conducting research with athletes who may become elite but are not yet at that level. This change would perhaps lead to the possibility of identifying at what point the athletes feel that the NSO should be involved with them, and also at what point the relationship with the coach becomes strong enough that athletes choose to trust their coaches with their mental health concerns. Additionally, future research could identify other suggestions that non-elite athletes have in terms of solutions for the mental health issues of elite athletes before they are in the same positions.

5.3.7 Potential causes. The cause of mental health issues in elite athletes appears to have been largely ignored in the research. There is a much greater emphasis in the literature about the benefits of exercise (Fenton et al., 2016) than about the potentially negative impacts of being an elite athlete. Future research should be done to examine the root causes not only for the mental health issues which are diagnosed, but the feelings and perceptions of the athletes towards their mental health. It is interesting that the participants felt that the NSO did not care about them. Future studies may wish to examine at what point in an athlete's career these feelings start to occur, and what experiences cause these emotions to become embedded in an athlete's thought process.

5.4 Areas of Concern Arising From the Research

There are three main areas of concern which I have identified from the research. Each of these areas comes from my interpretation and analysis of the commentaries provided by the participants and each is something I believe warrants identification and discussion.

5.4.1 Sport psychology and clinical psychology. Throughout the interviews, participants referred to the role of the sport psychologist in terms of their ability to identify, diagnose, and treat mental health issues. This is concerning given the differences between a sport psychologist, or mental skills trainer and a clinical psychologist. Primarily, sport psychologists are not mental health professionals in most circumstances. The American Psychological Association recognizes sport psychologists as licensed psychologists who have specialized in sport psychology (American Psychological Association, n.d), and not individuals who have doctorates in sport psychology. In addition, some sport psychologists have master's degrees or no formal university training at all. The discrepancy between those with a sport psychology designation, and those with a clinical psychology designation who specialize in sport, is of great concern when examined in the context of this research. The participants who are expecting more of a clinical intervention from those practitioners who do not have a clinical psychological background, are most likely unaware of the differences in training and education. Although there is a move towards a more holistic approach to sport psychology, where sport psychologists are working with the development of the individual as a whole (Friesen & Orlick, 2011), it would still render these sport psychologists without the professional training needed to be assessing and treating mental health issues in the way the participants in this study seemed to believe that the sport psychologists should be able to. The perception issue of the lack of difference in training

between clinical and sport psychologists is one that should be addressed within the Canadian sport system.

5.4.2 Reliance on coaches. Currently, Taekwondo Canada uses the National Coaching Certification Program (NCCP) as the method of certifying coaches in Taekwondo (Taekwondo Canada, 2014). This system is widely used and adopted by sports across the country. The system is set up in a way that coaches may be considered trained or certified in a given context. In order to be considered trained, a coach must have attended the workshops. In order to be considered certified, they must have done the required evaluations (Coaching Association of Canada, n.d). NCCP offers, and Taekwondo Canada requires, that coaches wishing to coach at a national level must take the Psychology of Performance module which is 7-8 hours long and has no formal evaluation process (Taekwondo Canada Coaches, n.d). This module is not a mental health course.

Coaches in Canada are expected to not only pay for their certification, but also to pay for their professional development points which they need to earn to maintain their status as certified (Taekwondo Canada Coaches, n.d). Coaches who are coaching at an international level are also required to maintain an international coaching certification known as an Intercontinental Coaches Course (World Taekwondo, n.d). These courses also are not mental health courses.

The notion that the coaches should be one of the front lines in mental health is concerning given that most coaches have no formal education in mental health. Perhaps there should be additional courses required for coaches which do teach warning signs or at the very least direct coaches to resources, but this would require substantial research and review. Mental health should be left to professionals, and not to coaches who do not have the skill set, nor the education, to be expected to be a formal front line against mental health issues.

5.4.3 Impact of the Culture of the Sport. It is often said that each sport has its own culture, and for the participants in this study, they certainly articulated the impact of the culture on their feelings about mental health issues. They suggested that the culture was possibly a cause, but also a barrier to reporting and managing mental health issues. I was unable to find any research on the culture of Taekwondo, but I suggest that future research should examine the culture and subculture of not only Taekwondo, but of sports in general in terms of the impact they have on mental health issues.

5.5 Conclusion

This research has identified a multitude of concerns within the current set up of Taekwondo Canada. When athletes are leaving the NSO and reporting that they did not feel the NSO ever cared about them, this is gravely concerning. Although this study did not delve into the causes of the feelings held by the athletes, it should be pause for concern for all involved. It is vital that this research serve as a base from which not only Taekwondo Canada, but other NSOs as well, can start to examine how their athletes are feeling, what struggles their athletes are having, and finally what they, as the NSO, are responsible for doing to help prevent, treat, and support their athletes who have a mental health issue. Mental health has never been at the forefront of conversation about athletes or sport, but this is changing. There are more and more programs coming out which are working to combat the stigma and give athletes the ability to seek help. Currently, though, none of these are operated by the NSO.

By answering the research questions which were identified in chapter one ,it is my hope that this thesis will continue to spur the mental health discussions in sport forward.

No athlete should end their career feeling that their NSO only looked at them as a means to an end or that their mental health issues were never anyone's concern but their own. As the

intention of this research was to provide a voice to the athletes, it would only be appropriate to let Alice, one of the participant athletes, have the last word: “Sports federations have a responsibility towards their athletes. If they want good, happy human beings and athletes who perform, I think you have to give them every tool. I think it should be a priority.”

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Appendix A

Interview Guide

Section 1: Demographics

- 1) Just to confirm, you are no longer competing in Taekwondo competitions at any level?
- 2) For the purposes of this interview, we are using the LTAD (Long term athlete development) definition of elite athlete. This includes: having had a year-round, training and competition plan scheduled to peak for major competitions using multiple periodization and athletes were competing with the best in the world in a high quality daily training environment supported by an integrated support team preparing for specific competitive events. Based on this definition, would you agree you were an elite athlete?
- 3) Did you compete internationally for Canada in the sport of taekwondo, and was your last event in 2008 or later?
- 4) For the purposes of this interview, like the World Health Organization, I have defined mental health as a “state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. Do you agree with this definition?
 - a. Is there anything you would add to this definition?
- 5) Can I ask why you are now retired?
- 6) Have you had any education or personal experience with mental health education?

Section 2:

- 1) In your years as an elite athlete, can you think of any times you may have seen a teammate, competitor, or friend appear to struggle with a mental health issue?
 - a. Can you tell me about this (some of these)?
 - b. Can you tell me if any interventions were applied that you are aware of?
- 2) In your years as an elite athlete, did you personally ever feel you were struggling with a mental health issue such as anxiety, depression, eating disorders, or substance abuse?
 - a. Do you mind if I ask more specifically about these?
 - i. Can you tell me when you noticed there was an issue?
 - ii. Do you know if anyone else noticed there was an issue?
 - iii. Can you tell me if anyone asked you if you needed help, or offered to help you? What happened?
 - b. Are there any other times you recall feeling like you may have had a mental health issue?
- 3) While you were competing, do you remember ever being asked by Taekwondo Canada about your physical health? This includes questions about injury, illness, or weight.
 - a. Can you remember what position that person held and why you feel they were asking?
 - b. Can you tell me about how honest you were with them when you were asked about your physical health?

- 4) While you were competing, do you remember ever being asked by Taekwondo Canada about your mental health? This includes anxiety, depression, substance abuse, or anything else that was affecting your ability to perform that was mental and not physical.
 - a. Can you remember what position that person held and why you feel they were asking?
 - b. Can you tell me about how honest you were with them when you were asked about your mental health?
- 5) If an athlete is struggling with a mental health issue, who do you think would have some responsibility to that athlete and why?
- 6) Were you provided access to a sport psychologist?
 - a. If yes, did you ever have a mental health conversation with them?
- 7) If money were no object, what do you feel the NSO should do to support the mental health of their athletes?
- 8) Is there anything else you would like to contribute that hasn't been covered or that you would like to add to?

Appendix B

Recruitment Script

Dear Potential Participant,

Please accept this letter as your official invitation to participate in my research study. This study will examine retired elite taekwondo athletes' perceptions of the responsibilities National Sport Organizations have towards the reporting, prevention and treatment of mental health issues in athletes.

Eligibility for this study requires that you must be:

- 1) Over the age of 18 years
- 2) A retired former elite athlete in Taekwondo
- 3) Have retired since 2008
- 4) Able to participate in a telephone or Skype interview in English

In order to participate in this study, you will be required to:

- 1) Sign the attached Informed Consent Form
- 2) Agree to a telephone or Skype interview conducted by phone or by Skype which will be recorded
- 3) Agree to review the transcript of your interview to ensure it is accurate

You will be provided with a summary of the results after the data has been collected and analyzed. If you agree to participate, you will have the right to withdraw at any point before the data is analyzed with no consequences. If you choose to withdraw, you may do so by either contacting me or either of my supervisors. The contact information is below:

Kate Nosworthy

Sarah Teetzel, PhD

Associate Dean and Associate Professor

nosworkk@myumanitoba.ca

Sarah.Teetzel@umanitoba.ca

David Telles-Langdon, PhD

Associate Professor

d.telleslangdon@uwinnipeg.ca

This research has been approved by the University of Manitoba's Education/Nursing Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator at 204-474-7122 or humanethics@umanitoba.ca.

Please do not feel obligated to participate in this study. Please do not hesitate to contact me should you have any further questions. I look forward to working with you,

Kate Nosworthy

M.A. Candidate

Faculty of Kinesiology and Recreation Management

University of Manitoba

Appendix C
Informed Consent



Consent Form

Research Project Title: Retired Elite Canadian Taekwondo Athletes' Perceptions of the Ethical Responsibilities of National Sports Organizations Towards Athletes' Mental Health Reporting, Treatment, and Prevention

Principal Investigator:

Kate Nosworthy

M.A. Candidate

Faculty of Kinesiology and Recreation Management

University of Manitoba

knosworkk@myumanitoba.ca

Research Supervisors:

Dr. Sarah Teetzel

Associate Dean and Associate Professor

Sarah.Teetzel@umanitoba.ca

Dr. David Telles-Langdon

Associate Professor

d.telles-langdon@uwinnipeg.ca

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Why is this research being done?

This research study is being done to gather information about what retired athletes think the job of the national sports organization is regarding mental health of athletes. This includes perceptions of how mental health issues possibly should be reported, possible options for treatment and possible options for prevention.

What is my part in this and what happens with what I tell you?

If you agree to be a part of this study, you will be asked to participate in one interview which will be recorded. This interview is expected to be approximately 1 hour in length. You will also be given a chance to read the transcript of the interview after they are complete, so you can add, clarify or change any areas you wish. It is expected you will be able to review the transcription within 1 month of the interview being completed. I anticipate it will take you approximately 1 hour to review the transcript. Once the transcript is complete it will be coded using situational analysis. Once the initial results are completed, a 2-3 page summary will be provided back to you, so you can see the themes which have come out of the study.

How are you recording this interview?

Interviews will be done using Skype or telephone.

Do I get anything for doing this?

There is no payment or incentive to participate in this interview.

Can this harm me in any way?

It is possible that some of the questions may be upsetting or uncomfortable. You have the right to not answer any question you do not feel comfortable answering.

You will be provided with a list of counselling services in your city as well if you wish to talk to a professional at any time.

Am I going to be identified by name in this project?

You will not be identified by name. Your interview will be saved using a pseudonym and the same pseudonym will be used in the write up of the research.

Only the principal investigator will know your real name. Only the principal investigator and the research supervisors (Dr. Sarah Teetzel, Associate Dean and Associate Professor and Dr. David Telles-Langdon, Associate Professor) will see the interview transcripts and have access to the data. Every effort will be made to ensure your information remains confidential and your identity remains anonymous.

The audio recording and the transcript will be kept on a password protected computer in a locked office at 2866 Pembina Hwy in Winnipeg, Manitoba. Only I have access to the password protected computer and the locked office. Once the project is completed and published, the data on the computer will be deleted and any paper copies of the transcripts will be shredded. It is expected that the data will be destroyed before August 2020.

Can I change my mind about participating?

Yes. You have the right to withdraw from this study at any time prior to the completion of the data analysis. This is expected to be completed by November 1, 2018. If this date moves later, you will be notified.

You also have the right not to answer any question you do not feel comfortable answering.

Please do not feel obligated to participate in this study.

If you wish to withdraw from the study, you may do so by telling me over the phone or contacting either myself or either of my co-advisors at our contact information below:

Kate Nosworthy

nosworkk@myumanitoba.ca

Dr. Sarah Teetzel

Sarah.Teetzel@umanitoba.ca

Associate Dean and Associate Professor

Dr. David Telles-Langdon

d.telles-langdon@uwinnipeg.ca

Associate Professor

There are no consequences from withdrawing from this study.

So who gets to see the results?

Once the data has been analyzed, a copy of the results will be provided directly to you. This summary will be approximately 1-3 pages in length. It is expected that this will happen

before December 31, 2018. You may choose to have this emailed, mailed or provided in another manner you are more comfortable with.

When the study has been completed it may be presented at academic conferences or in academic journals. A copy will also be provided to the University of Manitoba's Faculty of Graduate Studies.

How would you prefer to be contacted with both the transcript of your interview and the results when they are completed?

Email:

Mail: (address)

Other:

Would you prefer to use a pseudonym or your real name? _____

I agree to have my interviews recorded and then transcribed, knowing that the data will be destroyed once the study is complete

Initial: _____

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject.

In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial

consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way. This research has been approved by the Education/Nursing Research Ethics Board at the University of Manitoba.

If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator at 204-474-7122 or humanethics@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

Participant's Signature: _____

Date: _____

Principal Investigator's Signature: _____

Date: _____