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Phenomenological Examination of Depression in Female Collegiate Athletes

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PHENOMENOLOGICAL EXAMINATION OF DEPRESSION IN FEMALE
COLLEGIATE ATHLETES

A Thesis

Presented to

The Faculty of the Department of Kinesiology

San José State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

by

Alyson L. Jones

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PHENOMENOLOGICAL EXAMINATION OF DEPRESSION IN FEMALE
COLLEGIATE ATHLETES

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August 2010

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ABSTRACT

PHENOMENOLOGICAL EXAMINATION OF DEPRESSION IN FEMALE

COLLEGIATE ATHLETES

by Alyson L. Jones

Collegiate athletes may be at an increased risk of depression due to the pressure and stress they face. This risk is of great concern because their health, safety, and sport performance may all be affected. In addition, collegiate athletes are more likely to turn to maladaptive coping behaviors and less likely to seek help for mental health struggles than other populations. It has been suggested that a greater understanding of personal experiences would be helpful in increasing awareness and improving treatment. Therefore, the purpose of the current study was to explore the lived experience of depression in female collegiate athletes.

In-depth, unstructured interviews were conducted with 10 current and former female collegiate athletes. The interviews were recorded, transcribed, and analyzed using phenomenological research methods. Thematic analysis revealed one ground (the role of sport) and four general categories (weariness, self-doubt, out of control, and nowhere to go). Direct quotes from participants are used to illustrate these categories, and connections to relevant research are made when appropriate. Practical implications and recommendations are made for athletes, coaches, and families. Suggestions are given for future research studies. It is hoped that results from this study will contribute to increased awareness and sensitivity to the experiences of depression among female college athletes.

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CHAPTER 1: INTRODUCTION

Research investigating the relationship between sport participation and mental health has led to conflicting results (Storch, Storch, Killikany, & Roberti, 2005; Wyshak, 2001). A number of studies have suggested that participation in sport is associated with psychological benefits and that it acts as a buffer against various sources of stress. The Profile of Mood States (POMS), developed for use in counseling and psychotherapy as a means of measuring the current mood of patients, has often been employed in studies measuring athletes' emotional states (Snow & LeUnes, 1994). Through this research, the "iceberg" profile was identified in which athletes displayed high levels of vigor alongside low levels of anger, depression, tension, fatigue, and confusion (Morgan, 1980; Morgan & Pollock, 1977; Puffer & McShane, 1992; Terry, 1995). Overall, research utilizing the POMS in sport appears to point to positive mental health among athletes, including decreased levels of depression, compared to other populations (Terry, 1995).

Contrary to these findings, a significant body of research has pointed to mental health detriments associated with sport participation, particularly in the collegiate athletic population (Gill, 2008; Storch et al., 2005). Theories posited to explain these research findings hinge on the assertion that the collegiate athlete is exposed to an increased number of stressors, including time demands, decreased autonomy, pressures of meeting expectations and pleasing those around them, negotiating relationships, increased competition, retirement from sport after graduation, and performance anxiety (Storch et al., 2005; Yang et al., 2007). In addition, student-athletes are expected to meet the demands of being a student as well (Storch et al., 2005; Yang et al., 2007). Balancing

different identity roles can be a significant challenge for the collegiate athlete, and role conflict or interference has been found to negatively affect mental health (Killeya-Jones, 2005; Settles, Sellers, & Damas, 2002). Finally, college is a time often characterized by transition, which can add additional stress to the lives of student-athletes (Storch et al., 2005; Yang et al., 2007).

A wide range of potential psychiatric disorders may present within the collegiate athletic population as a result of these varied and significant stressors, including depression, anxiety, bipolar disorder, attention-deficit/hyperactivity disorder, disordered eating, and substance abuse, including the use of anabolic steroids (Broshek & Freeman, 2005; Puffer & McShane, 1992). Depression was chosen as the focus of the current study due to the lack of in-depth research on the experiences of collegiate athletes.

In the general population, depression is the most common mental health issue. Nicknamed the “common cold” of psychiatric disorders, nearly one in six people will experience depression in their lifetime (Cogan, 2000; Mentink, 2001). The college-aged population may experience depression at even higher levels than the general population. According to recent research, 18.9% of college students reported feeling depressed within the past 12 months (American College Health Association [ACHA], 2008). These numbers appear to be on the rise during recent years, with colleges and universities reporting growing numbers of reports of depression and suicidal ideations and intentions at their mental health facilities (Sisk, 2006). In fact, suicide ranks as the second-leading cause of death among college students with 12.5 deaths per 100,000 young people

between the ages of 20 and 24 (National Institute of Mental Health [NIMH], 2009a; Sisk, 2006).

A significant gender difference exists in the prevalence of depression, with women outnumbering men by nearly a 2:1 ratio (Barnard, 2004; Broshek & Freeman, 2005; LaFrance & Stoppard, 2006; NIMH, 2009b; Spillman, 2006). Previous studies have reported a greater incidence of depression among female collegiate athletes compared to males (Donohue et al., 2004; Storch et al., 2005; Yang et al., 2007).

Various theories have been proposed to explain the reported gender difference in the prevalence of depression. Typically these theories have pointed to potential hormonal or cognitive differences (LaFrance & Stoppard, 2006). Gender role socialization, or an increased willingness to report symptoms and seek help, have also been suggested as possible reasons for gender differences (Yang et al., 2007). Additional theories specific to the collegiate athletic population include exposure to more stressors than male athletes, greater internalization of stress and negative feedback, or less involvement in non-sport social activities (Storch et al., 2005). It is clear that female collegiate athletes are at significant risk of experiencing depression, and this can lead to potentially harmful outcomes.

The experience of depressive symptoms in the collegiate athletic population should be of great concern for a number of reasons. First, the typical age of onset for depression is the mid-twenties, making depression a significant risk for this group (Broshek & Freeman, 2005). Second, collegiate athletes face a unique set of challenges that place them at an increased risk for mental health disorders such as depression and

maladaptive coping behaviors like alcohol abuse (Ford, 2007; Gill, 2008; Miller, Miller, Verhegge, Linville, & Pumariega, 2002). Third, an individual suffering from depression is unlikely to be functioning at optimal levels, and for an athlete that could mean impaired sport performance (Cogan, 2000). Finally, the health, safety, and happiness of individuals suffering from depression rely on recognition and proper care. Depression is a significant risk factor for suicidal ideations and attempts, highlighting the critical importance of appropriate attention and intervention (ACHA, 2008; NIMH, 2009b, Sisk, 2006). This need may be especially pressing in collegiate sport because college students, and athletes in particular, underutilize mental health support resources available to them, leaving them susceptible to potentially harmful outcomes (Andersen, Denson, Brewer, & Van Raalte, 1994; Glick & Horsfall, 2005; Watson, 2005).

Understanding the symptoms, prevalence, and associated risk factors of mental illness is vital in ensuring proper attention and care (Andersen et al., 1994; Glick & Horsfall, 2005). Obtaining an in-depth understanding of the experience of depression from the point of view of the athlete can also provide valuable assistance in treating this at-risk population. The current study aimed to further the understanding of female collegiate athletes' experiences of depression with the goals of increased awareness and better treatment for this population.

As previously discussed, the majority of research investigating the relationship between mental health and sport participation has relied heavily on quantitative measurements such as the POMS. However, these measures have been criticized for a number of reasons, including the framing of positive and negative moods as dichotomous

constructs (Butryn & Furst, 2003). There is a significant need for more research, particularly qualitative research, in order to obtain a more complete understanding of the relationship between depression and sport participation. Existential phenomenology has been suggested as a potent means of exploration due to its ability to investigate and describe complex phenomena from a first-person perspective (Bain, 1995; Kerry & Armour, 2000; Dale, 1996; Fahlberg, Fahlberg, & Gates, 1992; Spillman, 2006).

Statement of Purpose

The purpose of the current study was to phenomenologically explore the lived experiences of depression in female collegiate athletes.

Limitations

The limitations of this study include the following:

1. It was not possible to guarantee that the participants would be able to provide responses that adequately and richly describe their experiences.
2. Due to the potentially sensitive nature of the subject of depression, participants may not have felt completely comfortable sharing all of their experiences.

Delimitations

This study was delimited to:

1. Current and former female collegiate athletes.
2. Individuals who self-identify as having experienced depression during their time as a collegiate athlete.
3. Individuals recruited through San Francisco Bay Area Division I college

athletic departments.

Definition/ Description of Terms

For the purposes of the current study, the following operational definitions have been adopted:

1. Depression: Thoughts, feelings, and behaviors that incorporate the concepts of sadness, hopelessness, despondency, apathy, and/or inadequacy, have a negative impact on the individual's life, and persist for a period of time considered to be significant to the individual (American Psychiatric Association [APA], 2000; Comer, 2001; Leno, 2007; NIMH, 2009b).
2. Existential Phenomenology: A methodology that combines the philosophies of existentialism and phenomenology and seeks to understand human lived experiences through the use of first-person description (Solomon, 1972; Valle, King, & Halling, 1989).
3. Experience: "Subconscious or conscious lived-through events that become part of the individual's make-up and influence thoughts, feelings, and behaviors" (Leno, 2007, p. 8).
4. Hermeneutic Procedure: The process of reading and interpreting interview data by considering the relationships between preceding portions of text to latter portions, and vice versa. Also referred to as the "hermeneutic approach," or the "hermeneutic circle" due to its nonlinear interpretation of data (Dale, 1996; Pollio et al., 1997; Spillman, 2006).
5. Idiographic Description: Interpretation of each interview transcript as a case

study. This approach aids in the identification of patterns within each interview, and individual differences between interviews (Dale, 1996).

6. Nomothetic Description: Interpretation of each interview transcript in relation to all others in the study. This approach aids in the identification of similarities in experience across interviews (Dale, 1996).

CHAPTER 2: REVIEW OF LITERATURE

This chapter will introduce depression and discuss its symptoms and potential causes. Research examining the prevalence of depression within the collegiate athletic population will be reviewed. Also, research examining collegiate athletes' potential maladaptive coping behaviors and help-seeking behaviors will be discussed. This chapter will introduce the field of existential phenomenology and discuss its potential contributions to the studies of sport and depression. Existential phenomenological literature in the areas of sport and depression will be reviewed. Finally, the few studies that have been conducted to this point on the experience of depression in sport will be reviewed in detail.

Introduction to Depression

Most people experience “feeling down” from time to time, and use of the term *depression* is commonplace in our vernacular as a way to describe persistent negative affect and/or a loss of energy or interest in activities (Cogan, 2000; Mentink, 2001). The American Heritage Dictionary (2006) defines depression as “a psychiatric disorder characterized by an inability to concentrate, insomnia, loss of appetite, anhedonia, feelings of worthlessness or extreme sadness, guilt, helplessness and hopelessness, and thoughts of death” (p. 488).

Clinical depression includes the presence of five or more of the following symptoms during the same 2-week period: (a) depressed mood most of the day, nearly every day; (b) markedly diminished interest or pleasure in all, or almost all, activities; (c) significant weight loss or gain, or decrease or increase in diet; (d) insomnia or

hypersomnia; (e) psychomotor agitation or retardation; (f) fatigue or loss of energy; (g) feelings of worthlessness or excessive or inappropriate guilt; (h) diminished ability to think or concentrate, or indecisiveness; (i) recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide (APA, 2000). For a diagnosis of clinical depression to be made, at least one of the first two symptoms must be present, the symptoms must cause significant distress or impairment, and they cannot be the result of physiological effects of a substance or general medical condition (APA, 2000). It is possible for symptoms of depression to be present in levels or for lengths of time not significant enough for a clinical diagnosis of major depression, yet they may still lead to significant impairment in various aspects of the individual's life (Cogan, 2000; NIMH, 2009b).

Depression may be the result of any number of different causes stemming from genetic, biochemical, environmental, or psychological sources (NIMH, 2009b). It is likely that depression results from a combination of factors, including endogenous causes such as a chemical imbalance in the brain, a family history of depression, personal or social problems, stressful situations, or traumatic events such as assault or the death of a loved one (Comer, 2001; Cogan, 2000; NIMH, 2009b; Puffer & McShane, 1992; Sisk, 2006). Specific to the experience of the collegiate athlete, depression may be also be episodic and in response to poor performance, negative feedback, loss, injury, juggling multiple identity roles, pressure, stress, time demands, conflict with teammates and/or coaches, or graduation or retirement from sport (Cogan, 2000; Killeya-Jones, 2005; Puffer & McShane, 1992; Settles et al., 2002; Storch et al., 2005).

Depression in Collegiate Sport

Previous studies examining the mental health of collegiate athletes versus non-athletes have led to mixed findings. This section will review research investigating the prevalence of depression, and mental health issues in general, among the collegiate athletic population. Then, maladaptive coping strategies and the utilization of mental health resources will be discussed.

Research by Donohue et al. (2004) pointed to decreased psychiatric symptoms among collegiate athletes. Psychiatric symptoms in collegiate recreational athletes ($n = 64$) were compared to competitive NCAA athletes ($n = 72$), and then the two groups of athletes were combined ($n = 136$) and compared to non-athletes ($n = 435$). Participants were given the Symptom Checklist-90-Revised, a 90 item self-report questionnaire measuring nine dimensions of psychiatric functioning, including a Global Severity Index which measures overall psychological well-being. Results showed that recreational athletes and NCAA athletes did not differ significantly in psychological functioning. When the recreational and NCAA athletes were combined, the results indicated that they reported fewer psychiatric symptoms than the non-athlete group. Donohue et al. suggested that possible explanations for these findings could be the established correlation between exercise and positive mental health, the social support one receives through sport participation, or a decreased likelihood that individuals with psychological disorders would seek out sport participation. It is also possible that differences exist between athletes and non-athletes in willingness to report symptoms (Watson, 2005).

Wyshak (2001) investigated the association between the athletic activity of women in precollege and college with the prevalence of post-college depression diagnoses. In 1981 and 1982, data were obtained through questionnaires filled out by female college alumni from classes graduating between 1925 and 1981. The total number of participants was 5,398, with 2,622 being former athletes, and 2,776 being former non-athletes. A follow-up study was conducted 15 years later, in 1996 and 1997, in which 3,940 of the women responded. Questionnaires assessed physical activity levels, general health, and mental health. The mental health section drew from the five-item version of the Rand Mental Health Inventory (RMHI-5), asking participants to rate their feelings of happiness, sadness, anxiety, nervousness, and peacefulness on a 7-point Likert scale (Wyshak, 2001). Results showed a negative association between college athletic activity and reports of depression diagnoses. Former athletes also reported more favorable current psychological states according to the RMHI-5 scores (Wyshak, 2001). Wyshak suggested that these results are consistent with the stance that physical activity is beneficial for mental health and can promote self-esteem, confidence, and body satisfaction among young girls.

Research by Yang et al. (2007) explored the prevalence of depressive symptoms in male and female collegiate athletes. Individual factors such as gender, age, and other mood states such as pain and anxiety were also examined in relation to reported depressive symptoms (Yang et al., 2007). The Center for Epidemiological Studies Depression Scale (CESD) and the State-Trait Anxiety Inventory (STAI) were used to survey 257 collegiate athletes (Yang et al., 2007). Results showed that 21% of student

athletes reported experiencing depressive symptoms, which the authors suggested is similar to that of the general collegiate population (Yang et al., 2007). As noted in Chapter 1, a recent study by the American College Health Association found that 18.9% of college students reported feelings of depression within the past 12 months (ACHA, 2008).

Armstrong and Oomen-Early (2009) reported that 33.5% of 227 college students surveyed had clinically significant levels of depressive symptoms. Male and female college students and athletes were measured for depression, self-esteem, and social connectedness. Results showed that athletes had lower levels of depression and higher levels of self-esteem and social connectedness than non-athletes. Female college students had higher levels of depression than males. The authors also found that low levels of self-esteem and social connectedness predicted higher levels of depression.

Research by Storch et al. (2005) pointed to an increased likelihood of psychopathology among athletes. The psychosocial adjustment of collegiate athletes was compared to that of non-athletes in a sample of 398 college students. The participants were given the Social Anxiety Scale for Adolescents and the Personality Assessment Inventory, which includes subscales for depression, alcohol problems, and nonsupport (Storch et al., 2005). Findings indicated that female athletes reported higher levels of depressive symptoms, social anxiety, and non-support than male athletes and both male and female non-athletes (Storch et al., 2005). The authors proposed a few explanations for these findings, including exposure to more stressors than male athletes, greater internalization of stress and negative feedback, less involvement in non-sport social

activities, and a reflection of differences in depressive symptoms based on gender in the normal population (Storch et al., 2005).

Donohue et al. (2004) also found gender differences in reported levels of psychiatric symptoms. Though the main findings showed no difference between athletes and non-athletes, Donohue et al. reported that after combining athlete and non-athlete groups, women showed more psychiatric symptoms than men. Yang et al. (2007) also found that female athletes were significantly more likely to report depressive symptoms than male athletes. Yang et al. suggested that these results may reflect biological differences, social factors such as gender role socialization, or an increased willingness to report symptoms. Further research is needed to explore the potential factors contributing to this reported difference in psychiatric symptoms (Donohue et al., 2004; Yang et al., 2007).

In sum, research exploring depressive symptoms in the collegiate athletic population has led to mixed findings. Regardless, psychological issues are a concern in this population, and it appears as though individual differences do exist. Further research is needed to obtain a clearer understanding of the prevalence of depression in collegiate athletes.

Maladaptive Coping Behaviors

It is common for depressive symptoms at both clinical and subclinical levels to be coped with through maladaptive behaviors such as alcohol or drug abuse (Cogan, 2000; NIMH, 2009b; Sisk, 2006). Research by Weiss (1999) found that athletes were more likely than non-athletes to display maladaptive behavioral tendencies, such as alcohol

abuse. Ford (2007) explained that research examining binge drinking has found higher rates among collegiate athletes than non-athletes.

Miller et al. (2002) explored the relationship between maladaptive alcohol use and psychiatric symptoms in collegiate athletes. Two hundred and sixty two athletes were surveyed using the Beck Depression Inventory (BDI), the Mini-International Neuropsychiatric Inventory (MINI), the Symptoms Checklist 90 (SCL90), and the Alcohol Use Disorders Identification Test (AUDIT).

Findings indicated that over 20% of collegiate athletes reported misusing alcohol, and that the group of athletes that misused alcohol also reported higher levels of depressive symptoms and other psychiatric symptoms (Miller et al., 2002). The authors suggested that the positive linear relationship found between alcohol misuse and psychiatric symptoms may indicate attempts to self-medicate mental illness (Miller et al., 2002). It is also possible that psychiatric symptoms are brought on by misuse of alcohol, or other factors may present as well (Miller et al., 2002). Further research is needed in order to better understand this relationship.

Collegiate Athletes' Use of Mental Health Resources

Student athletes have a number of sources of support available to them, such as medical staff, athletic staff, counselors, coaches, and teammates; yet, these sources are often underutilized (Cogan, 2000; Mentink, 2001; Sisk, 2006; Watson, 2005; Yang et al., 2007). Unfortunately, this puts collegiate athletes struggling with mental illness at even greater risk because a willingness to seek help has been associated with better adjustment and fewer psychological problems (Watson, 2005). This section will discuss potential

explanations for this lack of help-seeking.

Watson (2005) explained that the body of literature examining help-seeking behavior in the college student population has focused on two areas of potential causes of the underutilization of mental health resources: contextual factors and psychological factors. The potential contextual factors contributing to the extent to which a college student will seek help for mental health issues include gender, gender role stereotypes, ethnicity, religion, developmental stage, and socioeconomic status (Watson, 2005). Potential psychological factors influencing the extent to which a college student will seek help for mental health issues include personal distress, self-concealment, social stigma, and counseling expectations (Watson, 2005). Other explanations for a lack of help-seeking include receipt of social support from teammates, a desire to remain independent, or a fear of being derided by teammates (Anderson et al., 1994).

Another interesting potential explanation for a lack of help-seeking behaviors within the collegiate athletic population specifically is identification with role of student-athlete (Watson, 2005). Support for this explanation stems from the view regarding help-seeking behaviors within the culture of sport. Watson explained that athletes have learned a number of lessons in sport that are incongruent with seeking help for personal problems, such as *no pain, no gain* and *there is no I in team*. These beliefs, Watson suggested, may contribute to the belief that seeking help signals a weakness within the athlete. Yang et al. (2007) also discussed how mental health problems such as depressive symptoms often go unreported because of the belief that an athlete must always be strong, and a fear of displaying a supposed weakness by seeking help. Further

suggestions of how identification with the role of student-athlete may discourage help-seeking include a fear of losing the coach's or teammates' confidence in their performance abilities, or a fear of losing some of their celebrity status on the college campus (Watson, 2005). Additionally, athletes may be reluctant to take antidepressants for fear of their presence on drug tests or the risk of potential adverse side effects (Cogan, 2000).

Skepticism about counseling services is another potential source of discouragement to seeking help for mental health issues. Watson (2005) found that college students' attitudes toward help-seeking behavior were significantly influenced by expectations regarding counseling services. Furthermore, collegiate athletes had more negative attitudes toward help-seeking behavior than their non-athlete classmates (Watson, 2005).

The preceding sections introduced depression and discussed its potential causes and its prevalence in collegiate sport. Next, existential phenomenology will be introduced and discussed in terms of its potential contributions to the fields of sport and depression research.

Introduction to Existential Phenomenology

Danish philosopher Soren Kierkegaard (1813-1855) developed the philosophy of existentialism, which aims to understand what it means to be human (Allen-Collinson, 2009). Existentialism stresses the importance and subjective nature of human freedom and experience and emphasizes meaning through personal interpretation. The philosophy of phenomenology, developed by the German philosopher Edmund Husserl (1859-1938), is the study of phenomena and human perception of the world (Allen-Collinson, 2009).

Phenomenology attempts to find the essential structures or foundations of human experience by studying things as they exist in the world and as they are perceived by human consciousness (Allen-Collinson, 2009; Pollio, Henley, & Thompson, 1997; Solomon, 1972; Valle et al., 1989).

Knowledge, according to Husserl (1913/1931), exists within experience, and understanding everyday human experiences are a common interest of existentialism and phenomenology. Both philosophies share the view that experience is a relationship between people and the world in which they live (Pollio et al., 1997). Philosopher Martin Heidegger, a student of Husserl and influenced by Kierkegaard, combined the two philosophies to create a method of describing these everyday human experiences through the use of first-person reflection (Dale, 1996; Valle et al., 1989). As Valle et al. explain:

Joined together in this fashion, *existential phenomenology* can be viewed as that philosophical discipline which seeks to understand the events of human existence in a way that is free of the presuppositions of our cultural heritage, especially philosophical dualism and technologism, as much as this is possible. (p. 6)

Existential phenomenology focuses on subjective knowledge and rejects traditional mind-body dualism. Instead, existential phenomenology insists, “world, body and consciousness are all fundamentally intertwined, inter-relating and mutually influencing” (Allen-Collinson, 2009, p. 283). Heidegger (1962) reflected this stance by almost exclusively referring to one’s “being” as “being-in-the-world.” That is to say that an individual is always connected to the world in which they live, and the two are in constant interaction with one another, either through actions imposed by the individual on the world, or by actions imposed by the world onto the individual (Dale, 1996; Giorgi, 2002; Heidegger, 1962). Merleau-Ponty’s (1945/1962) work in the mid-1900s

emphasized this concept in its discussion of the “lived body” (Bain, 1995; Pollio et al., 1997). Merleau-Ponty maintained that first-person understanding is vital in the investigation of human interaction in the world.

Existential phenomenological research aims to illuminate the nature of a particular phenomenon as an essential human experience, as well as to locate those experiences within the world. Instead of describing the overt behaviors, as with traditional empirical approaches, existential phenomenological research focuses on describing the lived experience of the individual within the complexity of its context (Fahlberg et al., 1992; Giorgi, 2002; Solomon, 1972). Existential phenomenological research is a “systematic approach to reflection” (Bain, 1995, p. 241), and its potential lies in its ability to provide detailed, in-depth analysis of meaning, as defined and constructed by the participants themselves (Allen-Collinson, 2009; Giorgi, 2002; Kerry & Armour, 2000).

Existential Phenomenology in Sport Research

Traditional behavioral and physiological approaches to social scientific research are not always adequate to explain the complexity of human behavior, and specifically, sport and exercise behavior (Fahlberg et al., 1992). By limiting research to these traditional methods, the understanding of the nature of reality can be severely hindered. Existential phenomenological research methods have been recognized as a useful, often potent, means of understanding sport and exercise experiences by presenting the opportunity to gain insight into the lived worlds of athletes that would otherwise be unattainable (Dale, 1996; Fahlberg et al., 1992; Kerry & Armour, 2000). Further,

phenomenological studies may be more accessible to coaches and athletes because they reflect everyday sport experiences (Strean, 1998). However, despite the promise of existential phenomenological methods in sport studies, very little of the qualitative research in this field has been grounded in this approach (Allen-Collinson, 2009; Bain, 1995; Kerry & Armour, 2000).

An existential phenomenological study conducted by Dale (2000) regarding elite decathletes' experiences of their most memorable performance represents seminal research in the field. The research utilized open-ended interview questions in order to allow the participants the freedom to describe their experiences in their own words. Prior to conducting participant interviews, Dale engaged in a bracketing interview in order to become aware of any of his presuppositions regarding the topic. Then, participant interviews were conducted with seven elite male decathletes ranging in age from 26 to 30. The interviews were transcribed and analyzed for themes using the hermeneutic approach of continually relating emerging themes back to prior themes and previously analyzed text. Each interview was subject to idiographic description, in which it is treated as a case study, and nomothetic description, in which it is related to the other interviews in the study.

Dale (2000) found that the most memorable experiences were not events in which the athlete performed exceptionally well, but were instead times in which they faced distractions that needed to be overcome. Specifically, distractions and coping strategies were two major themes identified after analyzing the interview transcripts (Dale, 2000). Distractions identified by the athletes were lack of confidence, fatigue, a bad event, pain,

fear, weather, other competitors, and the “1500,” the final event of the competition. Coping strategies identified by the athletes were imaging/visualization, being aware of cues, competing only against self, confidence in training, consistency, and camaraderie (Dale, 2000). Dale suggested that further research in sport psychology continue to explore most memorable experiences. Furthermore, Dale encouraged the utilization of phenomenological research methods in future research as a means of exploring the subjective experiences of athletes.

Other research studies conducted on the experiences of the self in sport have explored interesting and diverse topics including the experience of prayer in sport (Czech, Wrisberg, Fisher, Thompson, & Hayes, 2004), the experience of being coached (Johnson, 1998), the experience of engaging in extreme sports (Willig, 2008), the experience of training and competing in triathlons (Garland, 2005), the experience of race in sport (Lawrence, 2005), the experience of identity formation through sport participation (Widener, 2003), and the experience of identity development for African-American athletes (Percy, 2007).

Research by English (2002) explored the experiences of sport among women of Asian descent. In particular, English focused on how these women experienced racial and cultural self-identification through sport participation, since this population has traditionally been marginalized and underrepresented in the sport domain. Results illustrated a negotiation of various racial and cultural identities through sport participation, the experiencing of sport through their brothers and fathers, and a competition between sport and academics in the eyes of their parents (English, 2002).

Appleby and Fisher (2009) explored the experiences of female distance runners returning to sport after having children. Eleven women were interviewed using a semi-structured interview guide aimed at eliciting information regarding their self-perceptions, identity, body image, and quality of life in sport after pregnancy. Themes identified included athletic performance, body, self, and social support. Appleby and Fisher suggested that these themes were situated within the socially constructed categories of “good mother” and “good athlete.” The authors drew a few conclusions regarding identity development, body image, and quality of life. They noted that the women experienced a negotiation between their running and mothering identities and found ways to justify their running routines as beneficial to their roles as mothers. The women also described their dissatisfaction with their bodies post-childbirth, but felt confident in their ability to be able to run competitively again. Finally, Appleby and Fisher noted that the women felt that they experienced a high quality of life upon returning to running due to their internal desires to run in addition to the social support they received from partners, family, friends, and coaches.

This section reviewed existential phenomenological research studies conducted on the experiences of the self in sport. There is a strong need, according to Appleby and Fisher (2009) as well as other feminist researchers, for more sport psychology research to be conducted regarding the experiences of women in sport.

Existential Phenomenology in Depression Research

Existential phenomenology seeks to describe the experiences of an individual from a first-person perspective and then uncover commonalities with the experiences of

others in order to better understand an essential human experience (Farmer, 2002). Furthermore, existential phenomenology has been suggested as a powerful means of exploring personal experiences as complex as emotions and mood states (Spillman, 2006). Because depression is a common yet extremely personal experience, it lends itself nicely to phenomenological exploration.

Farmer (2002) explored adolescents' experiences of depression. Farmer explained that the majority of adolescents struggling with depression are misdiagnosed and undertreated, which is troubling given the risk of suicide for this population. Five depressed adolescents aged 13 to 17 were recruited through an outpatient mental health facility and interviewed with the aim of providing a better description of the experience of depression as an adolescent. The participants were prompted to tell the researcher "as fully as you can what it is like for you to be depressed" (Farmer, 2002, p. 571). The interviews were open-ended, and the transcripts were analyzed using phenomenological procedures. Eight theme categories were identified: dispirited weariness, emotional homelessness—sense of aloneness, emotional homelessness—no safety where expected, unrelenting anger, parental break-ups—caught in the middle, continuum of escape from pain, friendship—roles and reactions, and gaining a sense of getting well (Farmer, 2002). Farmer concluded that essential structures of the experience of being depressed as an adolescent are anger and fatigue. He suggested that these findings should be used to create greater awareness among those working with adolescents with anger and fatigue-related symptoms of depression.

Spillman (2006) conducted existential phenomenological research exploring

men's experiences of depression. Participants included 10 men recruited from a local community mental health center and ranging in age from 30 to 61. The participants had all been diagnosed as having depression and were currently receiving psychotherapy. Open-ended interviews were conducted with each participant, and the interviews were transcribed and analyzed using phenomenological methods (Spillman, 2006). Spillman reported that the experiences of depression for these 10 men were grounded in the theme of feeling out of control. This ground provided a context for the themes that followed and represented the participants' feelings of unpredictability and powerlessness with regard to their depression.

Spillman (2006) identified five major themes: describing, symptoms, recognizing, course, and reactions. These themes represented how participants struggled with articulating their experiences of depression (describing), what symptoms they associated with their experiences (symptoms), how and when they became aware of their depression (recognizing), the evolution of their depression experiences (course), and how they responded to living with depression (reactions). Spillman suggested that further research grounded in existential phenomenology is needed in order to continue to better understand from a first-person perspective how depression is experienced.

The lack of qualitative research exploring women's experiences of depression leaves researchers and practitioners "wandering in the dark" (Schreiber, 2001, p. 86). In order to address this dearth of knowledge, Schreiber conducted three grounded theory studies using participant observation and over 70 interviews with a diverse group of women ranging in age from 18 to 69. The women in Schreiber's study discussed having

an internal dialogue with themselves in regard to their depression. Common themes in the internal dialogue were oppression and marginalization, the role of violence, the role of learning, and hope of recovery (Schreiber, 2001).

Existential phenomenological studies grounded in feminist theories have explored lesbian women's experiences of depression (Barnard, 2004), African-American women's experiences of depression (Beauboeuf-LaFontant, 2007), and women's experiences of recovery from depression (LaFrance & Stoppard, 2006). Instead of relying solely on medical or psychological explanations of depression, which focus on hormonal or cognitive gender differences, feminist theories recognize the importance of social and political influences (LaFrance & Stoppard, 2006). These approaches offer a fuller understanding of the complex experience of depression for women.

Additional research on women's experiences of depression is needed, and LaFrance and Stoppard (2006) suggest the further utilization of culturally sensitive research methods. Gaining a greater understanding of the full context of women's experiences of depression can lead to improved awareness and treatment for this at-risk population.

The Experience of Depression in Sport

While a large body of psychological research has focused on quantifiable aspects of depression, the experience of depression in collegiate athletes has been widely neglected (Mentink, 2001). What sport psychology research has been done has centered on depressive episodes in response to injury or retirement from sport. Therefore, there is a clear need for more sport psychology research in this area, particularly due to the fact

that collegiate athletes have been found to be reluctant to seek help for mental health issues (Andersen et al., 1994; Watson, 2005). This can place these athletes in serious danger since suicidal thoughts or attempts are a risk with any depressed individual (ACHA, 2008; NIMH, 2009a).

In response to this call for more research on depression in collegiate athletes, Mentink (2001) performed qualitative case study research in order to better understand their experiences. In particular, Mentink was interested in how the athletes used the resources available to them to cope with the depression they faced. Three former collegiate athletes were interviewed: a female cross country runner, a male basketball player, and a male football player. Mentink employed semi-structured interviews in addition to two surveys used to assess depressive symptoms. Additionally, Mentink interviewed either a parent or coach of each of the athletes in order to better understand how those close to them perceived the athlete's experience of depression.

Mentink (2001) identified nine thematic categories: performance, understanding, communication, association, assistance, symptoms, treatment, façade, and advice. Mentink suggested that there was a disconnect between the experiences of depression in collegiate athletes and what their coach or parent perceived. In addition, the athletes in Mentink's study were reluctant to come forward with their mental health struggles, demonstrating a clear need for a better understanding of the symptoms of depression in this population.

Leno (2007) conducted further research on the experiences of depression among athletes with an existential phenomenological investigation of African American male

athletes' experiences of depression. Leno explained that African American male athletes may be exposed to a greater number of stressors than other athletes while at the same time existing in a domain characterized by the perception of athletes as strong and seemingly invincible. This incongruence may place these athletes at an increased risk of mental health issues such as depression.

Ten collegiate and professional basketball and football players were interviewed using open-ended questions, allowing the athletes to tell the stories of their experiences of depression in their own words. Leno (2007) was especially interested in hearing how the athletes coped with challenges to their mental health as well as how sociocultural factors such as racism, socioeconomic status, their family, and their intimate relationships affected their experiences of depression.

Leno (2007) conducted open-ended interviews designed to shed light on African American male athletes' experiences of depression. The interviews were transcribed and analyzed using phenomenological methods. Data analysis revealed 10 textural themes: injury; athleticism as an opportunity for leadership; shallow appreciation from media, coaches, and fans; mistrust; love for the game; depression and loss of the hurrah; ego gratification; wealth; resiliency and staying connected to the game; and race/ expectations of being a Black athlete. In addition to the textural themes, Leno identified three structural themes that represent how the participants came to feel depressed: expectations from self, expectations from others, and effects of personal perception on the change process.

Similar to the findings by Mentink (2001) that an athletes' experiences of depression may not be accurately perceived by parents and coaches, Leno (2007) suggested that the experiences of an African American athlete may differ significantly from the perceptions of the athlete held by coaches, fans, and the media. Leno suggested that in addition to increased awareness of the experience of depression in sport, improved treatment options are much needed. Furthermore, more qualitative research is necessary in order to increase knowledge and debunk misconceptions and stereotypes regarding depression. Clearly, there is a significant need for more research in this area, particularly grounded in methods such as existential phenomenology, which can provide rich and detailed first-hand accounts of the experience of depression.

Chapter Summary

In this chapter, depression was introduced and its prevalence and associated issues in collegiate sport were discussed. Existential phenomenology was introduced, and the contributions of these methods to the fields of sport and depression studies were discussed. Special attention was paid to existential phenomenological research regarding the experience of depression in sport.

It can be concluded that there is a significant lack of current existential phenomenological research combining the fields of depression and sport, particularly focusing on the experiences of female collegiate athletes. For that reason, the current study phenomenologically explored the experiences of depression in female collegiate athletes. This research adds to the fields of phenomenological sport studies as well as the field of depression research.

CHAPTER 3: METHODS

The purpose of this study was to phenomenologically explore the lived experiences of depression in female collegiate athletes. The methods used to conduct this study will be outlined in this chapter. Existential phenomenological research methods were selected for this study because of the focus on the complex and uniquely personal experience of depression. These methods allow for the in-depth investigation of first-person experience and the subjective definition of what is meaningful within those experiences. The melding of the philosophical underpinnings of existentialism and phenomenology—namely, the interest in human experience as it exists in the world—with qualitative research methods allows for a richness of results and a depth of understanding greater than what could be obtained through other modes of inquiry. The following sections will detail the criteria used to select participants, the procedures by which interview data were gathered, the methods used to analyze and interpret the data, and the steps taken to establish academic rigor.

Participants

The purpose of phenomenological research is to describe the fundamental structure of an experience, not the statistical characteristics of the individuals in the group under study. Therefore, participants are not chosen randomly in order to achieve statistical generalization, but are instead purposefully selected due to their experience with a given phenomenon (Czech et al., 2004; Dale, 1996). Ideally, these participants are able to richly describe their experiences, providing varying accounts of a particular phenomenon that when taken as a whole will create an understanding of the lived

experience under investigation (Polkinghorne, 1989).

Upon IRB approval, participant recruitment was conducted. Criteria for inclusion in the current study were (a) being a current or former female collegiate athlete, and (b) self-identifying as having experienced depression (Leno, 2007; Mentink, 2001). No other delimitations (such as race, ethnicity, socioeconomic status, or scholarship status) were placed on participant selection for two reasons. First, this inclusion helped to ensure that enough participants could be located to take part in the study. Second, this inclusion also allowed for variation in experiences, which is an important component of phenomenological research (Dale, 2000; Polkinghorne, 1989). Ten current and former female collegiate athletes participated in the study. This sample size is consistent with previous phenomenological research (Appleby & Fisher, 2009; Czech et al., 2004; Dale, 2000; English, 2002; Garland, 2005; Johnson, 1998; Lawrence, 2005; Leno, 2007; Spillman, 2006; Willig, 2008).

Participants were recruited through San Francisco Bay Area Division I collegiate athletic programs. Initial contact was made with coaches in order to request time for the researcher to introduce herself and present the study to teams during their practices (see Appendix A). Five presentations were conducted. Because of the sensitive nature of the study, it was not expected that participants would volunteer at the time of the presentation. Therefore, contact information was distributed at the end of the presentation so the athletes could respond privately. In addition, team email lists were obtained from the coaches and follow-up emails were sent to the athletes (see Appendix B). The emails were meant to encourage participation and to reiterate that participation

would be anonymous; coaches were not told who agreed to participate. This method of recruitment produced seven interviews.

It was anticipated that snowball sampling, in which a participant in the study subsequently refers other potential participants, would also be an effective mode of recruitment, yet that turned out not to be the case. Instead, but similarly, potential participants were referred to the researcher by friends and colleagues aware of the research and the inclusion criteria. Three interviews resulted from these personal referrals.

Participants ranged in age from 18 to 27 years. Two participants were former athletes and eight were current athletes: first-year (2), second-year (2), third-year (1), fourth-year (2), and fifth-year (1). Participants included athletes from five sports: water polo (4), swimming (3), basketball (1), lacrosse (1), and gymnastics (1). Brief introductions to the participants will be given at the beginning of Chapter 4.

Interview Strategy

Phenomenological interviews differ from other types of research interviews in fundamental ways. While the goal of some interview-based research is to present the same questions in the same order to produce as much control as possible, phenomenological interviews are instead open-ended, unstructured, and designed to create a conversation or discourse investigating the experience of interest (Czech et al., 2004; Johnson, 1998; Leno, 2007; Polkinghorne, 1989). The role of the researcher is to encourage self-reflection by the participant and to seek clarification when necessary (Czech et al., 2004; Johnson, 1998; Polkinghorne, 1989). The goal of the

phenomenological interview is to illuminate the central themes of the lived experience under investigation.

The interview strategy for the current study consisted of three steps. The first step was a bracketing interview. Next, a pilot interview was conducted. Finally, participant interviews were conducted. These steps are detailed in the following sections.

Bracketing Interview

An important component of the interview process is the bracketing, or suspension, of a priori assumptions (Dale, 1996). The bracketing process allows for a greater understanding of preconceived notions regarding the current topic of study and may also raise areas of interest to explore during participant interviews (Dale, 1996; Garland, 2005; Polkinghorne, 1989). While it is impossible to completely discard researcher assumptions, the awareness of those assumptions gained through the bracketing interview allows for a potential minimization of bias (Allen-Collinson, 2009; Dale, 1996; Krane, Andersen, & Streaan, 1997). To assist with this self-reflective process, I was interviewed regarding my experiences with this topic by an expert qualitative researcher not involved in the research process. The interview was recorded using a digital audio recorder, transcribed, and analyzed to assess particular themes of researcher bias. While I do not share the experience of depression as a collegiate athlete, the bracketing process allowed me to examine my thoughts on the topic, and to reflect on my own experiences with depression and as a high school athlete.

The bracketing interview served two important purposes. First, it helped to establish academic rigor by allowing for any existing biases to be accounted for

appropriately. Second, the bracketing process allowed for a greater understanding of how the participant may feel as they are being interviewed. Although the bracketing interview is of vast importance at the beginning of the research process, the process of bracketing one's presuppositions should be an ongoing process throughout the qualitative research process (Dale, 1996).

Pilot Interview

A pilot interview was conducted prior to the participant interviews with an athlete who met the criteria necessary for the current study and was sufficiently familiar with qualitative research methods. The interview was an opportunity for the researcher to practice appropriate phenomenological interview techniques (Dale, 1996). The pilot interview also raised additional dimensions of interest that were not identified during the self-reflective bracketing interview (Polkinghorne, 1989), and the interviewee gave feedback regarding the interview.

Participant Interviews

The phenomenological interview is the main mode of inquiry in existential phenomenological research and characterizes this stage of the research process. The first step in the interview is establishing rapport between the participant and the researcher. It is important that the participant feels comfortable with and trusts the researcher (Dale, 1996), especially when discussing personal and sensitive issues such as depression. It was expected that establishing rapport would be facilitated by the demographic similarity between the participants and the researcher, also a college-aged female. It was also expected that the introduction of the researcher to potential participants during the

recruitment presentations would help to create familiarity. Finally, the researcher made sure to be friendly, warm, empathetic, and an attentive listener during the interviews in order to help the participant feel at ease.

Phenomenological interviews are non-standardized in structure and similar to naturalistic research in that they allow the researcher to learn more about an individual's personal experiences without having a predetermined set of questions (Dale, 1996). In accordance with prior phenomenological research, the participant interviews started with an open-ended prompt designed to guide the direction of the interview: "Tell me about your experience of depression during your time as an athlete." If the participant found it difficult to know where to begin, they were asked to first describe their sport background. This approach often helped the participants feel comfortable before delving into subjects that were quite personal and perhaps more difficult to articulate. Follow-up questions were asked based on how the participant responded and sought to clarify the participant's responses, such as "Could you tell me more about that?" or "What was that like for you?"

The format of the interview was circular instead of linear, resembling a natural conversation, and the dialogue was set primarily by the participant (Dale, 1996; Polkinghorne, 1989). Participants were encouraged to speak freely and cover the topics they believed were relevant in whatever order they chose. The role of the researcher was to listen and support the participants as they narrated their experiences, encouraging them to describe their experiences as fully as possible and reflect upon those experiences (Czech et al., 2004; Johnson, 1998; Polkinghorne, 1989). The strength of the phenomenological interview method is that it allows the participant, not the researcher, to

be the expert on the subject (Dale, 2000). This is paramount in phenomenological interviewing because it is only the participant who has the ability to describe the phenomenon, as they are the one who has lived it.

Participant interviews were arranged at times convenient for the participants. Nine interviews were conducted in person; seven in the qualitative research laboratory on the San José State University campus, and two at alternative locations deemed suitable for the participant. One interview was conducted via web-cam over the Internet using the online phone service Skype.

Each participant was fully informed about the focus of the study and signed an Informed Consent Form at the time of the interview (see Appendix C). The interviews lasted as long as the participants needed in order to cover the topics they felt were relevant, and ranged from 30 to 90 minutes. The interviews were recorded using a digital audio recorder.

Each interview was transcribed verbatim and all names and other identifying information were changed or removed in order to protect the participants' privacy. Transcripts were returned to the participants in order to be checked for errors, omissions, or corrections. Seven participants responded with no changes, two participants did not respond, and one participant responded with the request that a small section be removed for identification purposes, which was granted.

Thematic Analysis

The goal of phenomenological research is to understand a particular experience by obtaining information from individuals who have lived the experience and then

illuminating the central themes and fundamental structure of the experience through analysis. Various terms have been used for the phenomenological analysis process, including epoché, reduction, explication, and thematization (Allen-Collinson, 2009; Polkinghorne, 1989). Essentially, the goal is to identify common themes in the descriptions given by the participants in order to arrive at an overall structure of the phenomenon under study (Appleby & Fisher, 2009; Czech et al., 2004; English, 2002; Garland, 2005; Johnson, 1998; Leno, 2007; Polkinghorne, 1989).

Interview transcripts were read multiple times in order to get a sense of each individual's experiences (Dale, 2000; Garland, 2005). It is important in qualitative research to study the individual's whole experience through an understanding of their thoughts, feelings, and perceptions (Cote, Salmela, Baria, & Russell, 1993).

Data analysis involved the creation of multiple levels of data themes. First, meaning units were identified in the transcripts by locating key words or phrases (Garland, 2005; Gratton & Jones, 2004). Cote et al. (1993) referred to this step as creating tags. Next, the meaning units were grouped based on similarities into themes (Cote et al., 1993; Czech et al., 2004; Dale, 1996; Gratton & Jones, 2004). The themes were then merged again into general categories. This final level of analysis represents the fundamental structure of the data (Dale, 1996; Gratton & Jones, 2004).

The hermeneutic circle was employed during the process of thematic analysis. This procedure involves the continuous interpretation of one piece of data, or interview transcript, in relation to the whole of the data (Dale, 1996; Pollio et al., 1997). There are two ways this was achieved in the current study. First, idiographic interpretation was

used. In this approach, each interview is treated as a case study, and meaning units identified within that interview are related to the whole of the interview in order to thematically describe that individual's unique experience. This is an important process because it allows the researcher to understand the individual differences between interviews. Second, nomothetic interpretation was employed. This process involves the relation of each interview to all the others. By continually going back over earlier interviews in relation to later ones, and vice versa, the researcher is able to recognize how each one resembles others, and eventually arrive at themes and general categories that are representative of the data (Dale, 1996; Pollio et al., 1997).

Establishing Academic Rigor

While it has been argued that traditional evaluation criteria such as validity and reliability are inappropriate for qualitative research, their importance in establishing academic rigor is still relevant (Dale, 2000; Sparkes, 1998). When conducting any scientific research, validity is always of the utmost concern, and is often the essential basis on which the study is judged (Dale, 2000). However, the role of validity in phenomenological research has been the subject of some debate. Traditionally, validity refers to being trustworthy based on being "well-grounded and well-supported" (Polkinghorne, 1989, p. 57). With phenomenological research, however, it can be argued that the trustworthiness of a study is not based in the validity of its instruments but in the soundness and persuasiveness of its arguments (Polkinghorne, 1989). Validity in phenomenological research can therefore be assessed by whether the phenomenon has

been accurately portrayed and described such that the reader agrees with the conclusions of the researcher (Polkinghorne, 1989).

Reliability in the traditional sense is not of concern in qualitative research because generalizing findings to a larger population is not the goal (Sparkes, 1998). Nevertheless, the usefulness of phenomenological research is its ability to clarify the understanding of a particular experience (Polkinghorne, 1989). Furthermore, the results of the current study may speak to the experiences of similar populations—in this case, other female collegiate athletes struggling with depression. It is hoped that the themes identified in this research will produce greater sensitivity to the experiences of collegiate athletes struggling with depression and contribute to increased awareness and improved treatment.

In the interest of establishing academic rigor in the current study, a number of tools were used. These are detailed below, in addition to the aforementioned bracketing and pilot interviews.

First, a reflexive journal was kept as the main inquiry audit (see Appendix D). In the journal, information regarding decisions made in relation to methods used and the reasons for those decisions were recorded. The journal also served as a means of clarifying and refining the researcher's thoughts through the stages of interviewing, coding, analysis, and writing. According to Dale (1996), a log of this kind is a helpful tool and represents a chronology of the researcher's thoughts, reasoning, and actions throughout the research process, as well as allowing a space for reflection. Cote et al. (1993) further stated the importance of this step by stressing how essential it is for the researcher to detail the steps of the research process.

Second, a peer review was conducted. A skilled researcher not involved in the research process reviewed the transcripts and data analysis to assess the credibility of the current study. During the data analysis process, several peer review sessions were held with the peer reviewer, during which negative cases were presented as challenges to the ongoing data analysis process.

Third, the language used in reporting the participants' experiences employed first-person descriptions through the use of direct quotes. This step helps to establish rigor by allowing the reader to see the same things in the research findings as the researcher did, whether they agree with them or not (Dale, 1996; Krane et al., 1997). To achieve this end, it is the researcher's responsibility to provide an appropriate description of the research findings. In the current study, every effort has been made to present each participant's experience from her own perspective.

Additionally, thick description has been employed when reporting the experiences of the participants. The language used is rich in detail so that the experiences of the participants can be effectively conveyed to the reader (Stean, 1998). Phenomenological research aims to provide evocative descriptions so that the reader will feel and understand the participants' experiences (Allen-Collinson, 2009). As with qualitative research in general, it is important to report phenomenological research findings in this way to allow the reader to assess whether the results are of high quality (Sparkes, 1998).

Finally, member checking was performed, in which the interview transcripts were returned to the respective participants in an effort to allow the participants to check for accuracy (Appleby & Fisher, 2009; Dale, 1996). The participants were asked to confirm

that the transcripts accurately reflect their experiences. The completed study was also returned to the participants, allowing them to give feedback to the researcher regarding whether the final analysis fit with their individual experiences. According to Dale (1996), this step is vital to the research process because without it the rigor of the study is questionable and the researcher can only hope they were able to capture the true essence of the participants' experiences. Member checking can also be beneficial and potentially empowering to the participants by allowing them the opportunity to read over and reflect further on their own experiences (Polkinghorne, 1989).

Chapter Summary

Ten female current and former collegiate athletes were interviewed regarding their experiences of being depressed. Participants were recruited through personal contacts and team presentations at San Francisco Bay Area Division I collegiate athletic programs. The research process began with a bracketing interview, followed by a pilot interview prior to the start of participant interviews. The interviews were digitally recorded, transcribed, and analyzed for meaning units. The meaning units were categorized into themes and general categories were created. Various steps were performed in order to establish academic rigor, including bracketing and pilot interviews, reflexive journal, peer review, the use of quotes and thick description, and member checking.

CHAPTER 4: RESULTS AND DISCUSSION

This study explored the lived experiences of depression among female collegiate athletes. This chapter will present and discuss results from the 10 unstructured interviews. Participant profiles are provided below and highlight the unique circumstances faced by each of the participants. Participants each pointed to one or more significant events that contributed to their experience of depression. These events are included in the profiles in order to provide background for the discussion of the results.

Participant Profiles

Alisha

A fifth-year basketball player, Alisha had suffered two major injuries, each of which required extensive rehabilitation and prevented her from playing basketball for a long period of time. Meanwhile, a string of difficult coaching staffs had all but forced her to transfer schools in order to continue playing. At the time of the interview, she was struggling with eligibility issues at the new school and feeling out of control of her basketball fate. However, she was succeeding in school, which she noted was her top priority, and using her experiences to help younger athletes going through similar injury rehabilitations.

Dee

Dee, a third-year swimmer, recounted a prolonged period in her swimming career in which she was not seeing any improvement in her performance despite a strong commitment to training. Struggling with the demands of collegiate athletics while feeling frustrated, disappointed, and unmotivated by her performance had left her

wondering if she should continue to swim at all. Yet, she recalled finding strength in her enjoyment of swimming and from her strong relationships with teammates and coaches.

Emily

A former lacrosse player, Emily had spent half of her collegiate career with a harsh and unsupportive coach who had left her feeling frustrated with her role on the team and questioning her ability as a player. Emily also struggled with homesickness and described going through difficult periods of mood instability and self-doubt. Later, when she had a more constructive coach who fostered interpersonal relationships, Emily found her way back to an enjoyable lacrosse career. Moving on from sport after graduation proved to be a difficult time for Emily as well, but at the time of the interview was happily working as a coach.

Erin

A first-year gymnast, Erin was transitioning to collegiate athletics at the time of her interview. She had recently come out of a long depression over the end of a romantic relationship, a time she described as being characterized by much sadness and social isolation. She was excited about participating in collegiate gymnastics and described how gymnastics had helped her through her difficult times.

Heather

Heather is a former water polo player who during her collegiate career had struggled with multiple injuries, strained relationships with teammates, and feelings of being trapped and overwhelmed by sport. She described self-inflicted social isolation and drug use during her struggle with depression. At the time of the interview, she had

graduated and moved on from her time as a collegiate athlete and was enjoying working as a coach.

Heidi

A fourth-year swimmer, Heidi had struggled with a reoccurring injury and contentious relationships with her coach and former teammates. Her ability to participate in swimming had been severely limited multiple times due to the injury and punishment from her coach in response to behavioral issues. Though she had difficulty accepting and adjusting to her absences from swimming, she found ways to get through the tough times and return to enjoy success in collegiate swimming.

Jodi

As a fourth-year water polo player, Jodi discussed fears and concerns about life after collegiate sport. She very much enjoyed her time as an athlete and struggled to imagine what she would do outside of sport. She worried she would lose touch with teammates, whom she regarded as friends and family. Yet, she was committed to not letting her concerns about the future prevent her from enjoying her senior year, and had ideas of how to pursue post-collegiate water polo opportunities.

Katy

Katy, a second-year water polo player, recounted having struggled with frustration and disappointment regarding her sport performance. She also explained that she was highly self-critical of her own performance. Katy expressed indecision about whether to give up water polo because of her frustration and declining enjoyment of sport, but always found reasons to keep going.

Maddy

A first-year swimmer, Maddy was navigating her transition into college and collegiate athletics. Though she was happy for the opportunity to swim at a high level, she struggled with the time commitment. She felt very homesick, which compounded the concerns she had about the obligations of sport, since it greatly limited her opportunities to go home. At the time of her interview, she was starting to enjoy her new teammates and was looking forward to the opportunity to improve her swimming.

Renee

A second-year water polo player, Renee had experienced a difficult end to a romantic relationship and suffered an episode of depression in its wake. She remembered finding it difficult to keep up with sport and school, and let her work slip in both. She socially isolated herself from teammates and recounted how she was very self-critical during that period. Renee discussed how coming out of her episode of depression motivated her to encourage others to seek help when in need.

Introduction to Results

Although each participant's experience was unique, and the life events that triggered their experiences of depression were quite varied, similarities in their experiences of depression were still found. Analysis of the 10 interview transcripts revealed one ground, the role of sport, and four general categories that embodied the participants' experiences of depression: weariness, self-doubt, out of control, and nowhere to go. The remainder of this chapter will detail these thematic categories, supported by direct quotes from participants and connections to relevant research where

appropriate. Table 1 briefly depicts the categories and their themes (see Appendix E for the complete thematic analysis).

Table 1

Thematic Categories

Ground	Themes
The role of sport	“I enjoy sport” “It takes up so much time” “It’s part of my identity” “It’s an out for me”
General category	Themes
Weariness	“I was sad all the time” “I had nobody” “I was overwhelmed”
Self-Doubt	“What’s wrong with me?” “I was hard on myself”
Out of control	“Sport was taken from me” “It made me angry” “I’ve tried and tried...”
Nowhere to go	“Why am I doing this?” “I tried to get away” “I couldn’t give up” “This is all I have”

The Role of Sport

As Pollio et al. (1997) discussed, objects of experience always exist in relation to the total situation. Stated another way, no one aspect of human experience exists without connection to the experience as a whole. Therefore, when discussing a specific aspect of first-person experience (figure), it must be considered as it relates to the whole of the

experience (ground). This relationship is referred to as the “figure/ground structure of experience,” in which the ground serves as a backdrop for understanding figural themes, providing them with necessary context (Pollio et al., 1997, p. 13).

The ground appears less clear and less delineated than the figural themes. When looking at a specific figure, it is difficult to make out the ground, though it is ubiquitous in its role as the backdrop from which the figures emerge. The role of sport is the ground in the current study and represents the psychological, emotional, temporal, and physical commitment the athletes have made to sport as a major part of their lives.

The participants discussed different aspects of the role of sport in their lives. One salient aspect was an enjoyment of sport. As Dee explained, “I enjoy swimming. I enjoy racing. I enjoy being with my teammates, and that’s really what keeps me together.” Richardson’s (2009) study of female athletes’ retirement from water polo also discussed a theme of love of the game. Participants in that study explained their enjoyment of the competition, aggression, and time in the sun and water. In Leno’s (2007) study of the experience of depression in African American male athletes, love for the game also emerged as a theme. Athletes in that study discussed how the deep connection they had to sport, and the excitement they felt when playing sport, were more meaningful to them than anything else, including the compensation they received as professional athletes.

Being an athlete had become, over the years, a major part of the participants’ identity. Jodi commented, “Maybe it’s just that it’s always been my thing. I’ve always been an athlete, and I’ve always felt really great about working really hard.” Heidi discussed her relationship to sport:

I guess [sport] being part of my identity has overall been a good thing. I mean, obviously I love the sport, I've taken it all the way through college; it's taken me all the way through college [laughs]. And it is my life; swimming is my life. I coach. I'm always around the water.... To me, there are not too many negative aspects of it. It's something I enjoy. I love being an athlete.

Many participants discussed the significant time commitment required to be a collegiate athlete. As Dee explained, there were often sacrifices that needed to be made in order to play sport, which were challenging:

You devote a lot of time to it, and it's just like, "What am I willing to sacrifice?" And I knew that because I've done it for so long, I knew that I sacrificed a lot.... It's very tough, because you devote so much time, and it takes a toll. Like I know during my freshman year it was kind of a shock, like, "Oh my god, I'm going to be doing this for the rest of my life." Because it takes up so much, and because I know friends who don't do it, when they're like, "Hey, you want to hang out?" and I'm like, "I can't, I have practice," or whatever. And it takes a toll.

Heidi discussed how committing so much time to her sport was both positive and negative: "It's a love/hate situation now with my sport. It's taken up all of my life, and I loved it; I've had so many great experiences. But yeah, it's very time-consuming." For Katy, the time commitment to sport left her wondering what to do when she had time to herself:

When you play a sport at such a high level, it's like all you do. So all I basically do is I go to school, I sleep, I eat, and I play water polo.... Since you do it so much in the year, without it is like an emptiness... you don't know what to do with all that time.

Jodi also noted that the role of sport in her life was very large:

When I go to sleep at night I'm thinking about how I'm going to be in the pool in the morning, and when I get up I'm thinking about how I'm going to be in the pool in five minutes. Even when I'm in class, I'm thinking about how practice went, and I'm always thinking about how I can get better.

Sport was seen as an escape from negative events in the participants' lives. They explained that sport helped them to feel relaxed and happy when they were otherwise stressed or upset, often referring to sport as an "outlet." In the following passage, Alisha explained how basketball helped her feel better when she was angry or upset:

As far as it being an outlet, for example... when I was younger, if my brothers and sisters were arguing, or my mom was arguing with my dad, or I got in trouble with my mom over something little that I thought was stupid... I'd just grab the basketball and go outside and start shooting. And it was like I could just forget about it in that moment. It was like my coping mechanism. And I know maybe it sounds stupid, but some people eat when they're depressed; I play basketball. That's just how I've always dealt with it. It just makes me forget about everything; I can just zone out and then when I come back I'm perfectly fine.

Erin also used sport as a tool to deal with feeling stressed or upset:

In terms of stress and things, it's an out for me; it's very helpful.... Going to practice was an out and I got to let all my feelings go, and just focus and forget about everything else and just focus on my gymnastics.

It makes sense, of course, that an athlete would feel comforted and reassured by playing their sport. As Renee explained, that familiarity could help an athlete relax and feel better if she is struggling with emotional problems: "You kind of need that connection. Like a runner would go run if they're upset, and a swimmer should go swim. It's like finding that place where you feel comfortable and just letting go."

Sport, and occupying the role of an athlete, is demanding, fulfilling, identifying, stressful, enjoyable, and more. Sport contributed greatly to the participants' views of themselves, their social relationships, their college lives, and their futures. Sport also provided an emotional outlet that these participants relied on heavily during times of stress.

The influence of sport in the lives of the participants was extensive, and times in which they struggled with depression were no different. In fact, sport often took on a new and complex role as the source of, or salvation from, depression. Sometimes, it was perceived as both. The following sections detail the difficult experience of depression for these participants. Each aspect of their experience was influenced heavily by the role of sport in their lives.

Weariness

The emotions participants felt during their experiences of depression were very personal and sensitive topics during the interviews. Navigating emotional topics was a challenge during the interviews and every effort was made to be sensitive yet thorough while probing for more information. The memories were sometimes painful to recollect, and some participants became emotional during the interview. Others, however, were able to discuss their experiences in a matter-of-fact manner. The feelings of sadness, loneliness, and mental and emotional exhaustion described by the participants were combined in this general category. A theme of dispirited weariness was identified by Farmer (2002) in a study of adolescents' experiences of depression and comprised feelings of fatigue, sadness, anxiety, and a lack of motivation. The melancholy, loneliness, and exhaustion described in this section are similar to Farmer's results and permeated many areas of participants' lives.

“I Was Sad All The Time”

Many of the participants discussed feeling sad, upset, or unhappy during their experience of depression. Sadness is typically the primary symptom reported by

individuals experiencing depression (Spillman, 2006). As Erin described in the following quote, she remembered the sadness as being pervasive:

I was sad all the time. And I don't know; it was just kind of routine. I'd get up and go to school, but I wouldn't really talk much. And when I got home, I'd just listen to sad music.

Three participants remembered their desire to do not much more than stay in bed and sleep when they were depressed, and seven participants discussed crying as part of their experience. Crying was also a salient symptom in research by Farmer (2002) on the depression experiences of adolescents. An example of this experience is provided here by Emily: "I remember a couple times going out, and it would be 1:00 a.m. and I'd just start crying, you know. Like out at a party with my friends, and I'd just go to the bathroom and start crying."

Crying and being upset to the point of "breaking down" was an experience described by two of the participants in this study. As Emily recalled, "I was like water works for 3 hours, I couldn't even get a word out. It was just a complete breakdown; crying, lots of tears." Alisha also recounted having the experience of breaking down when she received bad news regarding an injury:

I kind of knew but I was kind of in denial, I guess you could say, until I got the MRI results. So I read my results and I just held it in. And my friend had drove me there, so I'm sitting there in the passenger seat of my car outside my teammate's house, and they walk in but I say, you know, "Just give me a second; I'll be in there." As soon as she got out of the car I broke *down*, like, "This is not happening to me, what is going on".... I was like, sick.

Research by Pollio et al. (1997) on the experience of "falling apart" uncovered a theme of crying/pain amongst the descriptions given by participants. They described crying and physical symptoms such as rapid heartbeat, nausea, cramps, and dry mouth.

In the current study, pervasive and sometimes overwhelming feelings of sadness were ongoing during participants' experiences of depression.

“I Had Nobody”

Loneliness and depression are closely intertwined and frequently linked human experiences (Pollio et al., 1997). Five participants recalled struggling with feelings of loneliness and homesickness. For some of them, it was due to being away from family and friends for the first time. Due to the obligations of being a collegiate athlete, participants often found that they were unable to travel home at times when their non-athlete friends could. These restrictions exacerbated their feelings of loneliness. Emily described her experience:

I don't think I ever knew it would be so hard to be so far from my friends and family. Not even that they were far, but that they were so far that I couldn't even drive six hours or so to see them, which I would have done. But I couldn't. I had nobody. It was a really isolating feeling.

Other participants explained feeling lonely because an event had caused their teammates to exclude them. Heather described this experience: “It was like the minute I got hurt I felt like I wasn't in the crowd. It felt like I wasn't in the social circle of the team.” Feeling unwelcome caused Heather to further distance herself from her teammates at a time when she was already struggling with an injury and feelings of depression. For Heidi, a conflict with teammates led to feelings of ostracism and loneliness when they excluded her from the team:

They were like, “You messed up; we don't want you here.” And it was really hard, because this was like my family; these were like my older sisters. So that was very, very depressing. I went through a big stage of depression at that point.

Interpersonal struggles put young adults at a high risk of psychological distress (Jackson & Finney, 2002), and low levels of social-connectedness are a predictor of depression among college students (Armstrong & Oomen-Early, 2009). The large role of sport in the participants' lives severely restricted their ability to socialize with friends and family outside of sport, contributing to feelings of loneliness and homesickness. Furthermore, if their social circle was limited to their teammates but then there was discord among that group, the participants found themselves with few opportunities for social connection and support.

“I Was Overwhelmed”

Sport placed many demands on their time, as discussed in the ground, which led some participants to feel overwhelmed and exhausted. Alisha described how dealing with many things at once pushed her nearly to the breaking point:

Dealing with the injury, dealing with not knowing if I've proven enough in those four games [to stay on the team], possibly losing how I pay for school—my parents can't pay for it.... The thought of losing my scholarship; thinking about figuring out how to take out loans if I need to.... All those emotions are going through my head, and then we have a rough season again.

Alisha's quote also illustrates the domino effect that can take place after an event such as an injury. She was overwhelmed with worry over potentially losing her place on the team, thereby losing her scholarship and her ability to go to school. For many student-athletes, these potential outcomes are a constant source of concern and can contribute to psychological distress. In fact, the accumulation of many stressful life events is related to poor psychological adjustment and an increased risk of depression (Jackson & Finney, 2002).

Juggling many obligations or worries while also struggling with depression can lead to a feeling of being unable to deal with it all. Heather recalled how she felt overwhelmed and less capable during her experience of depression:

When I feel overwhelmed, it's like emotionally overwhelmed. If something's bad, I think it's 10 times worse than it is, and then I just get really sad about it. Normally I'd be like, "Oh, that sucks." But [instead] it was like, "Oh my god, the world's going to end. I can't deal with this."

Heather's depression led her to overestimate the size of the problems she faced while also underestimating her ability to meet them. She also discussed how being overwhelmed led her to feel depleted and mentally drained:

It was so hard. It took all my mental energy to be positive through my injury. Pull myself through, start playing, be cool with my teammates, and then [getting injured] again, and rehabbing through that. My brain was just tired.... I just felt like I had tapped out my mental bank.

Heather referred to this feeling as "mentally weak" at a later point in her interview. Emily described a similar feeling of depletion: "It's just so draining. Like this constant feeling of not being good enough, it's so draining." Farmer (2002) and Spillman (2006) also reported participant descriptions of feeling physically drained and weak from their experiences of depression.

Self-Doubt

This general category discusses participants' experiences with questioning and criticizing themselves and their athletic abilities during their struggles with depression and other challenges. Participants began to doubt themselves and were highly self-critical. This resulted in feelings of unease and insecurity in an area where they had typically found great strength and confidence.

“What’s Wrong With Me?”

Many participants discussed doubting themselves when faced with poor performance or a lack of expected improvement. “Depression makes you super doubt yourself,” Heather explained. She remembered feeling as though the experiences of injury and depression had caused her to lose confidence. Dee struggled with self-doubt during a plateau in her performance when she was training but not improving. “What’s wrong with me?” Dee remembered asking herself. “If my competitors are doing better than me and they’ve been swimming just as long as me, then what is wrong with me?” Self-doubt about her athletic abilities caused Dee to question other aspects of her life as well: “I think the hardest part about when I was plateauing, the most confusing part was, ‘Ok, if I’m not good at this, then what am I good at?’”

Sport had long seemed like solid ground for the participants. Consequently, being faced with new questions about their performance or their place within sport caused them significant distress. Emily discussed her experiences with self-doubt:

You really start to question your place, like in the lacrosse world. Well, maybe not lacrosse world, but the team, and where you see yourself fitting in, and are you ever going to contribute? You definitely question all the things that used to be rock solid foundation.

Katy also experienced difficulties with her sport performance. In the following passage, she discussed how she was constantly questioning what was wrong and why she could not seem to find the solution:

During the season... I just can’t shoot, and I can’t score, and this isn’t working and that isn’t working. I was getting called for things and kicked out, and I’d get into a rut, sort of, for like 3 weeks at a time. It was like nothing I did worked... [Researcher: Can you tell me more about getting “in a rut?” Can you explain what that’s like?] It’s like knowing that you can do it, but it’s not working. It’s

not like I'm too slow; I'm a fast swimmer. It's not like I'm not athletic; I'm really athletic. It's not that I'm not smart; I'm a smart kid. It's just that it's not working. I know what I'm supposed to do, [but] it's just not working. I know the ball has to go in that part of the net, I know I need to shoot, I know how to shoot, I know how to catch a ball and shoot. I know all these things, but it just doesn't work.

It was as if Katy could see that she had all the puzzle pieces she needed right in front of her, yet they would not fit together and she doubted her ability to get them back into place. Relating back to the ground of the role of sport, we can see how feelings of self-doubt in regard to sport performance can lead to feelings of personal shortcoming, since identity was so strongly influenced by being an athlete.

“I Was Hard on Myself”

Leno (2007) found that athletes struggling with depression placed a great deal of pressure on themselves and felt as though there was no room for mistake or injury. In the current study, the participants also described feelings of perfectionism and heightened self-criticism when they believed they fell short of their goals. In the following passage, Katy described her high expectations for her own performance:

I'm really hard on myself. When my boyfriend comes home from a soccer game, he'll be like, "Oh my god, I did *so* good." And I'm like, "What was the score?" and he's like, "Oh, we lost 5-1, but I played amazing." I'm just like, "How do you do that?" My team can win and I can score a goal, and I'll still be like, "I can't play water polo."

Even though Katy performed well in a loss, she still felt she had failed to do as well as she should have and imposed harsh judgments on her performance. Depression also led Renee to be overly self-critical of her performance. She explained that this caused her to over think well-learned, automatic sport skills, and resulted in a decline in performance:

We'd be doing shooting drills, and I'd be missing shots, taking bad shots, bad form, and I'd be trying to fix it but it just wasn't happening. Then I remember we were taking a break and I just shot the ball, not even thinking, and it went in. It was a really nice shot and I was like, "Oh my gosh, why can't I shoot like this all the time?".... So what did I do differently? It was because I didn't over think it. And I think that when you're depressed like that, you are very self-critical. When I was just relaxing, just thinking I'd shoot the ball because it was sitting there, that's when it was right.

Dee described feelings of worthlessness during her struggle with a plateau in performance: "I didn't really feel like I was worth anything anymore. I didn't feel like my hard work did anything for me." Criticizing their own performance and abilities also led participants to feel as though they had failed to reach expectations they had set for themselves. "You almost feel like a part of you is a failure, a little bit," Emily admitted. These quotes illustrate how sport played an influential role in shaping participants' views of themselves and their lives, and contributed to disproportionate criticism of themselves when their athletic progress didn't go according to plan.

Sport had always been a source of confidence and enjoyment, but when faced with unexpected plateaus or periods of poor performance, the participants suddenly felt self-doubt creeping in. Questions regarding their athletic abilities were exacerbated by perfectionism and harsh criticism of their performance, spiraling until their sport foundation had been truly shaken.

Out of Control

Feeling out of control was a very common experience for the participants. It took many forms and appeared in narratives about being unwillingly restricted from sport participation, reacting in anger towards themselves and others, and feeling helpless to regain control of their athletic fate. In their research on the experience of falling apart,

Pollio et al. (1997) also described a theme of being out of control. Participants in that study described feeling a lack of control over their lives, behavior, and emotions. The participants in the study by Pollio et al. also described feeling vulnerable or helpless, feelings echoed by participants in the current study as well. Feeling out of control was identified as the ground in men's experiences of depression, as explored by Spillman (2006). The participants in that study described depression as unpredictable, and they felt powerless to control it.

“Sport Was Taken From Me”

Sport participation was restricted for a number of participants because of injury, rehabilitation, physical pain, or discipline for academic or extracurricular issues. This left participants feeling as if they had lost an important aspect of their lives and they lacked the control to get it back. They felt as if external and uncontrollable sources had taken sport away from them, and they had no say in the decision.

A salient aspect of this theme was the experience of somebody else telling them they could not participate. “When they said I couldn't even go [play], I was like, ‘Oh my goodness, this is my life, and they're taking it away,’” Heidi explained. Alisha echoed feelings of her life being controlled by outside sources when she was struggling with school officials over her athletic eligibility: “I mean, this is my life. I even told them that; I was like, ‘This is my *life*.’”

When an event is seen as undesirable, uncontrollable, and unpredictable, such as an injury, it contributes greatly to psychological distress (Jackson & Finney, 2002) and a feeling of being out of control, as was the case for three participants. Additionally, if re-

injury occurs, it can have a devastating effect on the athlete's emotions, especially when taken in context with other stressors in their lives. Alisha recounted her experience of being continually kept out of sport due to injury:

So I'm dealing with losing my scholarship, [then] another ACL tear, and I knew when it happened exactly what it was.... I took that one harder emotionally than I did the first one because... I'd been out the year before, I was back to being ready to play, I had all these emotions going on, and [then] the other [ACL] goes out. It was like, "Wow, is this really happening to me?"

Injuries, especially career-ending injuries, have been found to lead to feelings of identity loss and depression for athletes, as discussed by Leno (2007) and others. When Heather was restricted from playing water polo due to an injury, she felt as though she was blocked from the one thing that would ease her depression:

I just needed to get back to water polo for my sanity. That's what I felt would solve everything.... I felt like I could go back to water polo and it would all be erased and I would be happy and cool again.

As Heather continued, the power of sport in her life is apparent:

Sport is almost like a drug, you know. I almost needed it to be happy, and I needed it to be myself. Once it was taken away from me, it was really hard for my head and my body to deal with it.

It is clear in Heather's quote how feeling as though sport was taken away by outside sources caused significant distress. Sport was an enjoyable and important activity in the participants' lives, as discussed previously in the section on the ground. When imposed restrictions kept them away from sport and they had no control over returning to it, participants felt angry at their predicament and at the sources they felt had put them there.

“It Made Me Angry”

Farmer (2002) and Spillman (2006) both found in their studies of the experience of depression that anger was a significant aspect of the participants’ experiences. In Farmer’s study, adolescents with depression described feelings of anger the most frequently and used the anger as a barometer for how they were handling their depression. According to Jackson and Finney (2002), young adults often respond to stressful life events with anger.

In the current study, a number of participants described feeling angry as a major part of their experiences. As with Farmer (2002), the participants described anger at a number of different subjects. Often the subject of their anger was something over which they had no control. Their angry reactions may have represented attempts to regain some form of control over their situation. For example, when Heidi was restricted from swimming for disciplinary reasons, she reacted angrily toward her coach and teammates and re-evaluated her commitment to the team:

I was just very bitter; I didn’t want to swim for the coach anymore.... I just didn’t want to see [my teammates]. I was like, “I don’t want to swim for them; they’re not my captains.” I was just very angry.

Heidi’s reaction, while not necessarily adaptive, perhaps made her feel as if she had more control by reframing the situation around her own emotions rather than the actions of others.

Renee described feeling angry when she was reprimanded for not giving enough effort in practice, something she attributed to the effects of depression and had not realized she needed to rein back in:

It made me angry, especially when the coaches were like, “You don’t try hard enough.” I was like, “Oh my gosh, everything else [in my life] is going wrong and now the one thing that I love they tell me I’m not doing good, what the heck!?” It just makes you angry.

Anger was not just limited to just one aspect of Renee’s experience. She also discussed feeling angry at herself for having been depressed over a romantic relationship, something she later saw as trivial and felt she should have been able to control:

When I look back at it, it pisses me off that I let that happen. That something was able to take me over, and just something so small and so stupid. Especially because everyone goes through that kind of stuff.

Anger towards themselves, others, or the situation was an experience described by many participants. These reactions may have been attempts to regain some control over an otherwise uncontrollable situation. If their attempts at controlling the situation were unsuccessful, however, the participants then felt powerless and helpless, and eventually had to face the futility of their actions.

“I’ve Tried and Tried...”

This section describes participants’ feelings of helplessness when attempts to regain control of their situation were continually unsuccessful. Alisha struggled with an accumulation of negative and unpredictable setbacks—multiple injuries, conflict with coaches, and disagreement over her eligibility—that left her feeling out of control of her situation. In the following passage she discussed feeling powerless to clear up the eligibility disagreement:

I don’t know what to do anymore. It’s out of my hands really, as far as I see it. [Researcher: What’s that like, to feel like it’s out of your hands?] Yeah, it’s out of my control, and it is very frustrating. I mean, I’ve done everything I can do about it, and I’ve tried and tried and tried.... I’m like getting emotional talking about it, it’s just so wrong. It is *wrong*.... I just don’t understand.

Alisha felt helpless and out of control because she had exhausted the options she saw available to her and had seen no results.

Heidi struggled for a long period of time with a recurrent injury, which she tried repeatedly to control by ignoring it and simply wishing it away. Yet, she found that the injury persisted and her efforts to deny its existence were in vain. In the following passage, Heidi explains how she grappled with accepting the injury and her lack of control over its likely permanent effects:

Am I ever going to be as fast as I was? I think that's a really difficult thing for an athlete to come to terms with, when you get injured and you know you're not going to be as good as you were before. Ok, you have to come to terms with that... [Researcher: Can you explain a little more what you mean by "come to terms," what that's like exactly?] I mean, for me, coming to terms would be realizing that my shoulder is hurt. Because for an athlete, you never want to say you can't do it, that you can't swim as fast. So it's really realizing that this is an injury, and I can damage my body if I continue to push myself. So it's like you want to pretend that it's not there, it doesn't hurt, everything's ok, but you have to realize that it is a problem and you do have to deal with it. It's like coming face to face with it. That's why overuse injuries suck so much because it's like you just want to say it's not there; you just want to hide it. And I know that's why I have this injury, because I kept saying, "No it's not there, no I'll be fine, it's just today," and just kept pushing through, but then got to the point where my shoulder couldn't take it anymore. So you have to come a point where you realize that you will hurt yourself and you won't be able to swim or compete to your full potential because of your body.

Mentink (2001) reported in his case study of athletes' experiences of depression that the athletes often pretended everything was fine and attempted to hide their depression. Heidi's experience with a recurrent overuse injury was similar, in that she attempted to hide its severity from herself and her coach. Though her efforts to control the injury itself were unsuccessful, she regained control in the end by adjusting her training regimen to value her long-term health over short-term athletic success.

The experience of being out of control represented participants' struggles with being restricted by outside sources from playing sport, their angry reactions to themselves and others, and the feelings of powerlessness and helplessness they felt when their attempts at control were unsuccessful. Another way participants attempted to regain control in the face of depression and other sport-related challenges was to re-evaluate their commitment to sport entirely.

Nowhere to Go

For many participants, their depression and frustration with sport led them to consider quitting sport in order to alleviate their pain. Yet, they expressed being unwilling to give up sport because it was such a big part of their lives and identity, and had always been an emotional outlet during times of stress. For some, sport was seen as all they had going for them and struggled to imagine what they would do instead of sport. Thus, they had nowhere to go. Even though sport created problems, they could not imagine their lives without it. This section will discuss how participants balanced these conflicting thoughts and desires regarding their athletic future.

“Why Am I Doing This?”

“I feel like every day I considered quitting. Every day,” said Emily. Five participants discussed wanting to quit sport as a way out of their struggle with depression. Dee remembered often coming close to giving up swimming completely:

There were a lot of times when practice starts at 6:30 [a.m.], when I'd wake up and be like, “Why am I doing this? There's no reason I should be doing this.” So when I'm walking to practice I'd be like, “Ok, I'm going to tell the coach that I'm going to quit. I can't do this anymore. It's insane; I'm going to quit.”

While vacillating over the idea of quitting sport, participants often asked themselves, somewhat rhetorically, what their reasons were for continuing to play. They wondered what the point of getting up early for practice was when they were not seeing any improvement in their performance, as Dee described in the last passage. They wondered if injury rehabilitation was worth the pain and effort it required. They wondered why they were continuing to play when they were no longer enjoying it, as Katy described in the following passage:

I'd be like, "I'm quitting; I'm not doing this anymore"... But of course the next year I'd go back. It happened every year; every week I was like, "I'm *not* doing this." It was never that I didn't go to practice, but it was like, "Why am I doing this? I'm not having any fun, I'm not getting any better, and I'm not even that good, where am I going to go?"

Jodi raised a similar question in her interview. She wondered why she should continue to play water polo if there was not a clear next step: "Thinking about [graduation]... I was just coming to the brink of feeling like, what's the point? It's not going to get me anywhere when I'm done."

No longer finding enjoyment in previously enjoyed activities, or meaning in previously valued activities, are hallmark signs of depression. Heather felt a waning enjoyment of sport as she neared the end of college, yet was unable to move on to the next phase of her life:

At that point, I felt trapped with water polo. [Researcher: So what was that feeling like, being trapped?] I just realized that, you know, I did what I wanted to do with water polo; I was done. Yeah, I liked playing, I liked to train, but I just didn't want to do it anymore. And I wasn't sad about it, I was just sad that I would go to practice and I would have feelings that I didn't want to be there, and I'd never really experienced that before. I didn't want to be at practice at six in the morning... it was like, "I have a big paper to write; I just want to sleep; I don't want to do this; I want to go out to the bars with my friends," you know, but I

couldn't. All my other friends who were done playing had lives, and I still couldn't. I felt like I didn't have a life, like I was being restricted. I felt like at that time water polo was inhibiting my growth as a person. So that's where I felt like I didn't have the agency to be able to say, "You know what, I don't want to go to practice." I didn't have a choice; I had to be there.

If quitting sport completely was not seen as a viable option, participants described efforts to try to gain distance from the issue they saw as the source of their unhappiness.

"I Tried to Get Away"

The desire to distance themselves from the difficult situation they faced—an injury, tense team dynamics, frustration over sport performance, or simply the experience of depression itself—played out in several ways. Participants attempted to physically distance themselves, or create mental distance by bottling up their emotions, not thinking about the problem, or taking drugs.

Keeping to themselves and bottling up their emotions were ways in which participants described mentally distancing themselves when they were experiencing depression. Jodi's strategy when she was struggling with the upcoming end to her collegiate sport career was to not think about the end at all, and instead try to focus on enjoying her last year: "I really have to consciously try to not think about what I'm going to do when it's over, because I don't want to ruin this year."

For Heather, taking drugs was a way to accomplish the same goal of not thinking about her problems. While she was struggling with depression and injury, "I started smoking a lot of weed," she said. "Part of it was I enjoyed it, but at that point in time, it was definitely a crutch for me, because I didn't really have to think about anything." As

discussed by Miller et al. (2002), using drugs and alcohol may represent attempts by collegiate athletes to self-medicate mental health issues.

Creating physical distance between themselves and their teammates or friends was another way participants described trying to get away from their problems. Spillman (2006) found that participants disengaged and distanced themselves from others, making them more isolated during their depression. Heather recalled how she distanced herself from teammates and friends because she felt embarrassed about her drug use as well as her physical appearance while she was recovering from her injury:

I could have gone out, but it was almost like I was embarrassed. I was embarrassed of [the drugs] I was doing, even though I had no intention of changing it, but I was also embarrassed to go out with this huge leg brace, crutches. It's hard for me to get in and out of a car, you know, I didn't want to go to a party [because] I'm just going to stand in a corner, and then in a while I'll need to sit because my leg hurts. It was very hard.

Depression led some participants to give little effort in sport. Maddy described skipping practice in order to avoid the source of her frustration, her poor performance, while also providing herself with a built-in excuse:

I was just feeling like I'd rather hang out with friends than even have to deal with being upset about my times. In some ways, in addition to my ankle injury, I think I wanted to be like, "Oh, I'm not even trying, I'm not even going to practice," and use that as an excuse.

Renee also described giving little effort while she was struggling with depression:

When I was depressed, I was just cruising. If I didn't make the set, then it's like, "Oh well, I'll just sit this one out and catch up with everyone next one." It was like I was giving up more.

Part of the reason participants tried to distance themselves from their problems was that they felt they could not effectively manage them. Therefore, they did not even

try. Heather discussed feeling an inability to handle everyday tasks: “Normally, when I’ve been busy, it’s like, ‘I can do this, prioritize, do your thing.’ But now it’s like, ‘I don’t know what the fuck to do; I don’t even know where to begin.’”

Participants felt they could avoid pain and frustration by using the strategies discussed in this section to sidestep the problems they faced. Temporary and noncommittal forms of distance from sport were desirable because they could experience independence without having to give up sport completely, something they felt they could never do.

“I Couldn’t Give Up”

Despite struggling with depression and other significant issues that were affecting their enjoyment of sport, participants described feeling as though they could not give up on their commitment to sport. An allegiance to teammates was one reason given for continuing to play. “I think the biggest thing for me was I could never leave my teammates. I could never forgive myself if I quit,” Emily said.

Another reason participants gave for being unwilling to quit was how much they had already committed to their athletics. Dee discussed why she rejected the thought of giving up on swimming after a long period of frustration over her performance:

Swimming was such a big part of me; I couldn’t just let it go.... I did not want to lose what I already had. Because it was such a big part of my life, I didn’t want to lose all of it.

Dee went on to explain:

It’s just hard to give up something like that.... I didn’t want to regret it, and I knew that if I stopped, I wouldn’t know my full potential. I’ve always gone through things; I’ve always finished things.... I’ve gone through a lot where if I

don't finish it, I tend to regret it. So I definitely didn't want to grow up thinking, "I wish I did this," or whatever. I just want to lay it all on the table.

A conviction that they "finish things" or "get through things" was mentioned by a number of participants as a reason they would not give up on sport despite struggles they were facing. As Katy explained, "I always finish things. So if I started the season, I'm going to finish. I'm not going to quit halfway through."

For most of the participants, sport had been an influential component of their lives for many years. They were strongly committed to sport and occupying the role of an athlete. Compounding that commitment was the belief that sport was the best thing they had going.

"This Is All I Have"

Sport was a major component of the participants' lives, but for some participants, it was everything: "I basically attribute water polo to everything good in my life," said Jodi. Struggling with sport, as many of the participants were, left them in an uncomfortable predicament. Katy explained this difficult situation:

If you hate water polo, then you're like, "Well, my life's over. What am I going to do? This is all I have. If I quit water polo, I don't have my scholarship. If I quit water polo, what else am I going to do?".... It's just all you have.... It's kind of like if someone died, or you are thinking about if you lost someone. "What would I do if my mom died?" Except it's a sport.

Katy's quote articulated the worries a number of participants had when considering the ramifications of no longer having sport in their lives. They expressed concern over having to find new activities to engage in if sport no longer consumed so much of their time. They discussed having to re-evaluate their identities if they were no

longer collegiate athletes. The following passage from Heidi explained this thought process, and reflected not knowing who she would be if no longer an athlete:

It's like you lose a part of your identity. You would be like, "Oh, I'm a swimmer! I swim here!" It's like you lose a huge part of your life. It is a defining... it's really funny, it's like how we describe our athletes: "Krista the volleyball player," or "So and so the water polo player," and "I'm Heidi the swimmer." But then it becomes "I'm Heidi, the not-swimmer."

The connection to the ground, the role of sport, is strong here because participants clearly had difficulty imagining what they would do, who they would be, and what their lives would be like without sport. Therefore, no matter the struggles they faced, giving up sport was not an option. Of course, as collegiate athletes, they will soon reach the end of their collegiate athletic career, whether they are ready for it or not. For many participants, this realization was uncomfortable, worrisome, and saddening. In Jodi's interview, she discussed the dread she felt about her upcoming retirement from sport:

I went through a pretty severe depression, just thinking about... life after sports, you know. And it took a while for me to realize that it's not like my life is going to be over, but it still really makes me scared.

As Jodi went on to discuss more about her fears for her future without sport, the ground of the role of sport began to appear as a significant factor in shaping these concerns: "I just don't feel like I have any strengths aside from being an athlete. Or nothing that I can really capitalize on the way I've been able to with water polo." Commitment to sport as a major component of Jodi's life and a major source of her identity is clear in the last quote, and again here: "And I almost feel like it's my fault, you know, because I've put my whole self into it."

In Richardson's (2009) study on the retirement of highly identified female college athletes, the anticipation of retirement caused a great deal of fear and anxiety for the participants. As with some participants in the current study, they were concerned with renegotiating the role of sport in their lives and their identification as an athlete, and these concerns caused significant emotional disturbance. In this study, participants also discussed fear of losing touch with their teammates and having a difficult time making new friends when they graduate and could no longer be a part of their team.

The experience of having nowhere to go represents the way participants were trapped between the positive and negative aspects of sport. Though they struggled with depression due to plateaus in sport performance, significant injuries, declining enjoyment in sport, tense team dynamics and other issues, they were so committed to sport and highly identified as athletes that leaving sport behind was never truly an option. Instead, the participants often hedged by finding temporary ways to create distance from sport in order to try to ameliorate their depression. For some participants, merely imagining their lives without sport easily overshadowed the challenges they faced within sport. Even though they knew it would eventually come to an end, they clung to sport for as long as they could in fear that it was all they really had.

Chapter Summary

In this chapter, results from the thematic analysis of interview data were discussed. One ground and four general categories were drawn from the 10 phenomenological interviews conducted for the current study. The ground, the role of sport, discussed the participants' enjoyment of and commitment to sport, their

identification with the role of an athlete, and their use of sport as an emotional outlet during times of stress. This ground provides context for the understanding of the four general categories: weariness, self-doubt, out of control, and nowhere to go. These general categories were discussed in detail in this chapter, supported by connections to relevant current research and further illustrated by direct quotes from participants.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

The purpose of the current study was to explore the lived experiences of depression among female collegiate athletes. Unstructured phenomenological interviews were conducted with 10 current and former athletes. The interviews were transcribed and analyzed for themes. Thematic analysis revealed one ground, the role of sport, and four general categories: weariness, self-doubt, out of control, and nowhere to go. This chapter will discuss conclusions drawn from these general categories and provide recommendations based on this research for athletes, coaches, and parents, as well as for future research. It is hoped that through sharing their experiences, the participants in this study have helped illuminate a common but all too often ignored mental and emotional health struggle. It is my sincere hope that these first-hand accounts of the experience of depression can help others to understand, empathize, and support those in need.

Conclusions

Whether the participant had experienced depression for sport or non-sport reasons was not delimited in the current study. In fact, it was not required that participants give a reason at all for their experience of depression; yet each did so, as discussed in the Participant Profiles in Chapter 4. The sources of their depression were varied, and it is interesting to note that despite that fact, their experiences still shared many similarities. These similarities in experience were the focus of the results, but it is important to note that each participant's experience consisted of a unique blend of the general categories. For each individual, that is, certain general categories may have been more or less salient

than others, reflecting their own personal experience. Nevertheless, the results identified represent essential themes in the experiences described by the participants.

The language used by participants to describe their experiences of depression is worthy of note. Language is important in phenomenological research because it enables the expression of experience, yet it may also serve as a limitation (Allen-Collinson, 2009; Willig, 2008). Participants may rely on certain words or phrases that they feel comfortable with while shying away from other descriptions, or have a difficult time locating the words to describe their experiences, as reported by Spillman (2006). In the current study, participants at times struggled with the same problem. Perhaps due to the term *depression* being loaded with negative associations, as discussed previously by Mentink (2001) and others, the participants in the current study often found more casual descriptors. For example, they often said they had felt *down*, or used the terms *hard*, *tough*, or *shitty* to describe their experiences. Renee summed up her episode of depression quite simply: “Last year really sucked.”

Interestingly, gender did not play a large role in the current study. Participants rarely mentioned it as an important aspect of their experience. Likewise, the results that emerged were similar to previous phenomenological studies of depression conducted with male participants (Leno, 2007; Spillman, 2006) or both male and female participants (Farmer, 2002; Mentink, 2001). The reason for these similarities cannot be determined without further research, but may be reflective of participants' age or athletic status more so than gender.

However, it is possible that the role of gender was present in the sources cited as contributing to the participants' depression: interpersonal relationships, perfectionism and self-criticism, or the lack of viable post-collegiate sport options, for example. These precipitating events, and the degree to which they may or may not have been gendered, were unexplored by the participants and by the researcher, as the focus of the current study was on the experience of depression itself, not its causes. Further exploration of these issues will need to be left to future research.

Participants described a variety of ways depression had affected their lives. Spillman (2006) discussed how depression can be pervasive, affecting multiple areas of life in significant ways. Participants in this study described a similar experience, highlighting depression's negative impact weight gain or loss, changes in eating habits, changes in sleeping patterns, and mood swings. These are all commonly reported symptoms of depression.

The experience of depression is difficult and unpleasant, so the participants took great care to find reasons for the struggles they had faced. In the following passage, Alisha described searching for an explanation that would make her experience worthwhile:

After my second [injury] I was like, ok, there's a reason for it. I'm at where I'm supposed to be right now, and that's where I'm at mentally. I just feel like there's something bigger out there for me.... I don't know what it is yet.... Even though I can't see it—I don't even know if it's true yet—but I am convinced that I have not gone through everything I have gone through for absolutely nothing. There's something at the end of this dark, *long*, depressing tunnel. And that's helping me get by. I guess you could say that right now I've convinced myself mentally that everything is going to be all right.

Many participants described finding positive lessons to learn and use to move forward in life, and discussed feeling as though they had grown as a result of their experiences. They also felt that they had gained resiliency and explained that their experiences had helped them to feel as if they were ready to move on from sport when the time came. Leno (2007) also found that the experiences of depression had helped participants gain resiliency, and to recognize that there is life after being an athlete.

In his book, *Against Depression*, Kramer (2005) argues that depression is commonly glamorized such that it is seen as valuable and necessary for personal growth or creative genius. A good example of this concept is the troubled artist we typically see in literature or cinema. Even in the world of sport, where depression has been consistently shown to be perceived as a weakness and hidden by those afflicted, we can see traces of this glamour, as illustrated by participants' discussion of finding valuable lessons in their experience.

For the young athlete struggling with episodic depression, those beliefs may not be entirely mistaken or detrimental. Individuals in their twenties and thirties typically have a good prognosis for recovery from depression, and the precipitating events that most likely contributed to their depression can be worked through with psychotherapy (Kramer, 2005). Finding positive lessons in otherwise negative situations that may represent just a small chapter in their lives seems perfectly acceptable, even adaptive.

On the other hand, without thoughtful and effective support from others these individuals may find themselves slipping into a cycle of recurring depressive episodes with more and more ambiguous roots. Heather explained her concerns about whether

depression would return to challenge her in the future:

It makes me nervous that I experienced depression because I think I'm always going to tap back into that somehow. When I get busy and I get really tired, I tend to slide down that slope. So I remember, I try to self-talk and tell myself to be positive and it will change: "Don't go there, don't go there." But it's hard.

Here it is clear that defending depression as valuable instead of acknowledging a serious mental health struggle can be extremely harmful. Depression can be a lifelong battle with profound and pervasive repercussions. Receiving care and support early is of vital importance.

It can be difficult to determine if and when to intervene and suggest help for a struggling athlete. However, it is extremely important that support is provided in a way that reaches the athlete and helps to prevent a cycle of recurring depressive episodes from taking hold. Although it is not possible to make generalizations based on phenomenological research, the findings from this study may aid in increasing awareness and may be applicable in specific settings. Continuing to learn more about the experiences of athletes struggling with depression from a first-hand perspective may be the most effective way to design sensitive and effective support systems.

Practical Implications and Recommendations

As discussed previously, the goal of existential phenomenological research is to better understand the phenomenon under study and the first-person experiences of the participants. Generalizations and recommendations to a broader population are therefore not possible, yet it is still feasible that this research may have practical use in contributing to greater awareness of the experiences of depression among female collegiate athletes. Listening to the experiences of the athletes who participated in this study may provide

future athletes with insight into their own lives, and coaches and families may benefit by being in a better position to recognize, understand, and care for an athlete struggling with depression.

Practical implications and recommendations gleaned from this study are therefore informal, yet still important, particularly because much of the advice is given directly from the participants. These recommendations are supplemented in this section by interpretations and insights made by the researcher. The focus of the recommendations is primarily on how to better support athletes struggling with depression. The reason for this focus is that participants expressed often receiving either too little support or ineffective support from others.

Unfortunately, attempts at support were sometimes ineffective because the athlete was not yet ready to accept help. Renee recalled rejecting support because of the hold depression had on her: “I had support but I didn’t take advantage of it, if that makes sense. I mean, everyone goes through things; people would have understood. But it was just like, ‘Oh, poor pitiful me.’”

Support was also rejected if it was perceived to be shallow or unrealistic. For instance, Alisha recalled a time during her rehabilitation process when she felt that others’ attempts at encouragement were unhelpful because they didn’t understand the true scope of her pain:

I can’t really relate to what they’re saying; they don’t really know. They say like, “Push through it,” and it’s like, “You don’t know what this feels like! This is painful! I’m going to push through it, but I just want you to know that it’s not as easy as you’re making it seem.”

It was vital to the participants that they felt those providing them support truly cared and understood what they were going through. A number of participants stressed the importance of relating to others who were struggling with similar challenges. For Alisha, it would have been helpful to have an experienced guide during her journey of injury and rehabilitation:

I guess it would have helped though if I had had somebody who had walked the road, so I would have known what to expect. I was just dealing with it on my own, and not really knowing how to do that; not knowing what I was really going to have to go through.

Mentink (2001) reported that athletes felt better knowing that they were not the only ones struggling with depression. According to the participants in this study, effective and empathetic support from others who are experiencing the same struggles, or have in the past, would have been invaluable.

Recommendations for Athletes

Watson (2005) and others have shown that collegiate athletes are unlikely to seek help for mental and emotional health struggles. However, seeking help is the first step in recovery, and therefore it is of vital importance that the stigma surrounding help-seeking begin to be lifted so that athletes can feel comfortable getting the help they need. This research may be a small step towards that end by providing real-life examples of athletes who have reached out to others. In the following passage, Dee recalled how she transitioned from refusing to seek help, to being ready for it, to then providing help to others:

If you look towards help, it does a lot. I know for me... it was hard for me to look for help. It was extremely hard because I've always done things by myself; I've always been very independent with what I do. I've never had to like cry for help

because I didn't feel like I needed it. And it was kind of being in denial... I was very stubborn. But after a while I was like, "I can't do this by myself. I need help." And that's something that helped me. So [now] when my friends are depressed, I ask if they need help. And if they're like, "No," then I'm like, "No, you don't understand; you need help." I know exactly what they're going through.

Helping others was mentioned by a number of participants as a way they could create a positive outcome from the difficult and challenging experiences they had gone through. In previous studies such as Leno (2007) and Mentink (2001), participants have used their experiences of depression to give advice and offer help to other athletes. In the following passage, Alisha described how using her own experience to help others who were struggling with similar challenges was beneficial to both parties:

I am kind of seeing, here and there, maybe what my purpose is. Even though it's been a tough experience, I mean, I wouldn't take it away. And now it's helping them, even just being an ear for them, someone who actually knows what it's like to go through [an injury]. And it helps me too; to help them cope with it is actually also helping me to cope with it.

For athletes currently struggling with mental or emotional health issues, it is important to keep in mind that you are not alone. Many others have faced similar challenges. For those who have come through a difficult period, you can be a strong source of support for others by sharing your experience and your guidance.

Recommendations for Coaches

The coach's role in providing support to athletes struggling with depression can be difficult to navigate. Coaches were sources of support for five participants, but other participants reported not turning to their coach or feeling unsupported by them. Mentink (2001) found that athletes often did not want to approach their coach about their struggles

with depression out of fear of rejection or retribution (removal from team, reduced playing time, etc.).

Emily discussed how she had struggled as an athlete with an unsupportive and uncaring coach. Her experience was similar to athletes' experiences of being abandoned or disrupted by their coach, as reported by Johnson (1998). When working as a coach, however, Emily found ways to relate to her athletes when they were struggling with their performance or feelings of homesickness. Often, she explained, the athletes did not believe her at first, but Emily shared her own experiences with them so that they felt more comfortable. Coaches could help their athletes feel better supported by being available to them to talk about personal issues and relating to them through common experiences.

Another important role of the coach is managing team dynamics. Teammates were often cited as sources of support. As Renee explained, available support is a major benefit of being on a team: "The girls are there for you, you know. The team is there for you, and it's a team for that reason." Research by Armstrong and Oomen-Early (2009) reported that collegiate athletes had higher levels of social-connectedness than non-athletes due to the team network available to them, which may protect them from depression and other psychological distress. Despite that, tense team dynamics or interpersonal struggles between teammates can undermine this support system. Coaches should be especially interested in maintaining positive team atmospheres that are inclusive and accepting of its members. Alienation from the team could be particularly damaging to an athlete struggling with depression.

It is also extremely important for coaches to be familiar with the symptoms of depression and the ways in which athletes may express how they are feeling. This study provided some real-life examples, but of course each instance will be different. It is challenging to approach athletes about personal issues such as concerns about depression, but it can be extremely important for their health and their future.

Finally, guiding athletes through injury or rehabilitation, and negotiating the transition out of sport upon graduation is an important role for the coach. Participants in the current study felt that their coaches did not do much, if anything, to support them through these times. There should be ongoing support for injured athletes so that they do not feel abandoned, and discussions of life after college sport to aid in the transition of graduating athletes. College athletic departments could organize support groups for injured or retiring athletes with the guidance of qualified sport psychologists.

Recommendations for Families

Families of athletes should also be familiar with the symptoms of depression and willing to intervene when concerned for the athlete's well-being. Families were cited most often as the primary source of support for the participants. Friends outside of sport also provided support for some participants, yet others mentioned feeling they lacked the support from friends that they had expected to receive. This is consistent with Farmer's (2002) study in which friends were a variable and tenuous source of support for adolescents struggling with depression. Given the insecurity of support from friends, athletes may depend most heavily on family in times of need.

The role of the family in providing support cannot be understated. Athletes who are new to college and collegiate sport may be overwhelmed, homesick, and in need of loving support from their families. Athletes who are struggling with an injury or retirement from sport may need their family to remind them that there is more to life than sport. The possible situations are endless, but the role of the family is the same: Listening and providing support is crucial in helping the athlete to maintain positive mental and emotional health.

Recommendations for Future Research

The current study was delimited to individuals who self-reported experiences of depression. It was not required that participants had received a diagnosis of depression or been in counseling, as some previous studies, such as Spillman (2006), have required. While the current study was delimited only to self-reports to allow for more participants to be eligible and for a large variation in experiences, future studies may be interested in adding the diagnostic delimitation. It is not possible to predict how results would differ, but investigating the depression experiences of a clinical population could provide an interesting comparison to the results of the current study.

It may also be potentially beneficial to utilize quantitative measures used in previous studies of depression in collegiate athletes, such as the Rand Mental Health Inventory (RMHI-5) or the Center for Epidemiological Studies Depression Scale (CESD). Even though it would not conform to strict existential-phenomenological research methods, using a mixed-methods design with quantitative methods could provide additional depth to the results. Relying solely on interview-based research

methods may be a potential limitation, as participants may feel uncomfortable discussing all aspects of their experiences. Allowing participants to provide some information regarding their experiences through methods that are not face-to-face may reveal additional information.

Another recommendation for future studies is to include multiple interviews over time. Richardson (2009) employed this method in her investigation of female water polo players' retirement from sport. This approach may allow for additional information to come to light as participants have an opportunity to reflect upon or add to prior interviews.

Finally, future studies may wish to include interviews with family members or coaches that are familiar with the athlete participating in the study, as with Mentink (2001). This approach allows for the insight of those closest to the athlete to be included, shedding light on how much they were aware of the athlete's struggle with depression. As with other suggestions for future studies, this approach may allow for a greater depth of understanding of the experiences of depression under study.

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APPENDIX A: SAMPLE EMAIL SENT TO COACHES

Hello Coach Smith,

My name is Alyson Jones, and I am a Kinesiology graduate student at San José State University. I am currently conducting research on the experiences of depression among female college athletes, and I am looking for athletes to take part in the study.

Though depression is a sensitive topic, I believe that this research is important and can be beneficial to athletes as well as coaches who want to help their athletes be happy, healthy, and perform at their best.

It would be wonderful if I could introduce myself to your team and encourage their participation in the study. Perhaps a few minutes before practice, or whenever you think would work best. Please let me know what would be most convenient for you and your team. If you have any questions about the study, please let me know. Thank you for your time and consideration. I look forward to hearing from you.

Sincerely,

Alyson Jones

M.A. candidate: Kinesiology

San José State University

APPENDIX B: SAMPLE EMAIL SENT TO ATHLETES

Hello!

I wanted to follow up with you about the sports psychology research study I spoke to your team about recently. As I mentioned, I am currently conducting interviews with athletes about their experiences of depression.

Please let me know if you are interested in participating in this study. We could meet at a location that is private and comfortable for you, and at any time that is convenient. The entire process will be completely confidential and anonymous; no one will know if you decide to take part in the study or not.

Thank you very much for your time and consideration. Please let me know if you have any questions, or if you or someone you know would like to be a part of this study on women's sport experiences.

Sincerely,

Alyson Jones

M.A. candidate: Kinesiology

San José State University

APPENDIX C: INFORMED CONSENT FORM

Agreement to Participate in Research

Responsible Researcher: Alyson Jones, M.A Candidate,

Department of Kinesiology, San José State University

Title of Protocol: A.

1. You have been asked to participate in a research study investigating the experiences of depression among female collegiate athletes.
2. You will be asked to respond to several interview questions during an unstructured interview session. The interview will be audio taped and arranged at my convenience.
3. There are no anticipated risks associated with participation in this study.
4. While there are no expected benefits associated with participation in this study, you may gain new understanding of your experiences.
5. Although the results of this study may be published, no information that could identify you will be included. You will be referred to only by a code name.
6. There will be no compensation for participation in this study.
7. Questions about this research may be addressed to the researcher, Alyson Jones at (831) 345-8160 or Dr. Ted M. Butryn, Thesis Chair at (408) 924-3068. Complaints about the research may be presented to Dr. Shirley Reekie, Chair of the Department of Kinesiology, at (408) 924-3020. Questions about research subjects' rights, or research-related injury may be presented to Pamela Stacks, Ph.D., Associate Vice President of Graduate Studies and Research, at (408) 924-2427.

(continued)

8. No service of any kind, to which you are otherwise entitled, will be lost or jeopardized if you choose to not participate in the study.

9. Your consent is being given voluntarily. You may refuse to participate in the entire study or in any part of the study. You have the right to not answer questions you do not wish to answer. If you decide to participate in the study, you are free to withdraw at any time without any negative effect on your relations with San José State University or with any other participating institutions or agencies.

“I, _____, have read the above statements, and by signing and dating my name above the researcher’s name and date, I am giving my consent for the researcher to use my information for the benefit of the study.”

Participant’s Signature

Date

Researcher’s Signature

Date

* The signature of a subject on this document indicates agreement to participate in the study.

* The signature of a researcher on this document indicates agreement to include the above named subject in the research and attestation that the subject has been fully informed of his or her rights.

Please indicate below if you wish to receive a summary of the findings of this research, which will be available around August 2010. Yes ___ No ___

Address _____

APPENDIX D: SAMPLE ENTRY FROM REFLEXIVE JOURNAL

10/14/09

I am beginning the coding and analysis process. I have gone through interview #1 and #2, highlighting on the hard copy “significant statements” about their experiences. Not all of them I am sure are related to their experiences of depression per se, but if it seemed important, I highlighted it. Next, I “tagged” the statement with a word or short phrase that sums up what they were talking about, such as “feeling homesick” or “self-doubt.” Some statements got just one tag; others got a few, if they were talking about multiple important elements. For each one, I created a Word document with the tag as the title, and cut and pasted all the statements that received that tag (from each interview). Some tags have just one or two statements; others have quite a few. Each statement has the name, page number and line numbers following it, so that it can be found easily in the original transcript.

Again, I’m not completely sure each of the tags is completely relevant to the topic at hand; but since they seemed important to the participant, I included them for now. There are also a number of tags that may in fact be the same thing, such as “in a rut,” “in a funk,” and “plateau.” Other statements are talking about different things, so they are tagged separately, but clearly are related. I suppose I will combine those into clusters when I create themes.

As I continue to code interview transcripts, I will continue to create new tags and corresponding Word documents for each one. I hope as I go on, I create less and less new tags and instead can sort the significant statements into existing ones. However, as I

mentioned previously, I can see already that different participants have been using different terms for what is maybe the same experience, so at this point I am creating a new tag, but perhaps that is redundant and they will be combined later.

APPENDIX E: THEMATIC ANALYSIS OF GENERAL CATEGORIES

General category	Theme	Meaning unit
Weariness	“I was sad all the time”	Feeling sad (5) Crying (7) Bed/ sleep (3) Breaking down (2)
	“I had nobody”	Feeling lonely (2) Feeling homesick (4) Excluded by teammates (3) Feeling unwelcome (1)
	“I was overwhelmed”	Dealing with a lot (2) Feeling overwhelmed (1) Feeling drained (1) Feeling mentally weak (1)
Self-Doubt	“What’s wrong with me?”	Self-Doubt (4) What’s wrong with me? (2) Question yourself (2) Can I do this? (2) Why am I not improving? (2) Second guessing (1) In a rut (1) In a funk (1) Plateau (1) Not in the groove (1)
	“I was hard on myself”	Hard on myself (2) Get down on yourself (2) Self-Criticism (1) Feeling worthless (1) Feeling disappointed (1) High expectations not met (1) Feel like a failure (1)
Out of control	“Sport was taken from me”	Someone else says “no” (3) Injury (3) Physical pain (3) Rehab (2)

Note. Numbers in parentheses represent the number of participants coded as referring to each meaning unit.

(continued)

General category	Theme	Meaning unit
Out of control	“It made me angry”	Feeling angry (2) Feeling insulted (2) Feeling betrayed (1) Not fair (1)
	“I’ve tried and tried...”	I don’t know what to do (3) Why is this happening? (2) Out of my hands/ control (1) I don’t understand (1) Come to terms (1)
Nowhere to go	“Why am I doing this?”	Why am I doing this? (6) I don’t want to do this (6) Wanted to quit (5) Feeling trapped (1) Feeling torn (1)
	“I tried to get away”	Distance/ seclusion (5) Get away from it (3) Don’t think about it (2) Bottle it up (2) Keep to myself (2) Making excuses (2) Not trying (1) Drugs (1)
	“I couldn’t give up”	Embarrassment/ hiding (1) I couldn’t give up (6) I get through things (6) Push through (2)
	“This is all I have”	Scared to end sport (5) What to do without sport (4)

Note. Numbers in parentheses represent the number of participants coded as referring to each meaning unit.