Football Narratives: Recovery and Mental Health

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Abstract

Much has been written about the importance of physical activity on psychological wellbeing (Carless, 2008; Carless & Douglas, 2008; Carless and Douglas, 2010) however, little research has been published which explores the impact of participating in a competitive team sport such as football on mental health, well-being and recovery. This paper explores the stories of people who experience mental health difficulties who also compete in a mental health and well-being football league. Interviews were conducted with seven men between the ages of 25-63 each of whom were participating in a mental health and wellbeing football league. The interviews were subject to a narrative analysis. One major narrative theme and seven narrative subthemes were extrapolated. The major narrative was that participants rediscovered their sense of identity through their participation in the league. Participating in competition led to a greater sense of wellbeing amongst members. Within this major theme two subthemes emerged, which were connected to previous sporting histories and a sense of personal growth through connection and community. The narratives include stories describing processes, opportunities and outcomes through participation in the league occasionally connected to recovery. The football league and associated training can enable people to tell stories about themselves which develop and maintain a positive sense of self and identity within a united football community.

Keywords

Sport; depression; psychosis; football; competition; recovery

Introduction

Psychological ill health is the single largest cause of disability in the United Kingdom (Department of Health [DOH], 2011) with at least one in four people experiencing a mental health problem at some point in their life and one in six adults having a mental health problem at any one time (McManus, Meltzer, Brugha, Bebbington & Jenkins, 2009). This trend is expected to continue with the World Health organisation predicting that depression will be the second leading cause of disability by 2020 (World Health Organisation [WHO], 2001).

The UK government has set out a strategy that aims to improve the mental health and well-being of individuals in society (DOH, 2011). The strategy defines mental health as “the emotional and spiritual resilience which enables us to enjoy life and to survive pain, disappointment and sadness. Mental health and well-being is defined as “a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment” (DOH, 2011, p 90).

There are links between mental health, well-being and sport and exercise (e.g. Beebe, Tian, Morris, Goodwin, Allen, & Kulda, 2005; Biddle, Fox & Boutcher, 2000; Carless, 2008; Carless & Douglas, 2008a, 2008b, 2010; Ellis, Crone, Davey & Grogan, 2007; Faulkner &
Biddle, 1999; Faulkner & Taylor, 2005). Exercise can be a powerful intervention for treating depression and could be offered as treatment alongside more traditional psychotherapeutic or pharmacological approaches (Stathopoulou, Powers, Berry, Smits, and Otto, 2006).

Holley, Crone, Tyson and Lovell (2010) reviewed the influence of physical activity on the psychological well-being of people diagnosed with schizophrenia concluding that overall, physical activity has a beneficial effect. Exercise has been found to alleviate symptoms of psychosis (Beebe et al., 2005; Faulkner & Biddle, 1999) and provides interactive social support (Carless & Douglas, 2008b), helping people to recover from psychological distress through reclaiming identities that had been lost through mental illness (Carless 2008; Carless & Douglas, 2008a, 2010). Carless & Douglas (2008a) also found that through sport and exercise groups men accessed stories that reinforce a positive sense of self, aiding recovery from mental illness.

A positive relationship between participation in sport and exercise and mental health has been recognised for people experiencing depression (Stathopoulou, et al, 2006), psychosis and schizophrenia (Beebe et al., 2005; Ellis et al 2007; Faulkner & Biddle, 1999; Holley et al, 2010). Participating in sport and exercise can support social relationships (Carless & Douglas, 2008b) and help people to reconnect with a valued sense of identity, which is important for recovery from mental health problems (Carless 2008; Carless & Douglas, 2008a). Taking part in sport and exercise gives people suffering from mental illness the opportunity to tell stories about their achievements, relationships and activities, which helps to construct a positive sense of self differing from dominant mental health narratives (Carless and Douglas, 2008a).

**Football and Mental Health**

Statutory, community and voluntary organisations have recognised that football can successfully improve social inclusion, mental and physical health (Pringle, 2009). Organised by service users and mental health workers, community mental health football groups have been strengthened by support from charities (e.g. Time to Change, 2011) and professional football clubs. Whilst the research into such initiatives is limited both in number and methodological rigour, it does show that participating in football can lead to psychological benefits such as increased confidence, coping skills and reduced mental health symptoms (Darongkamas, Scott & Taylor, 2011; Dyer & Mills, 2011; Hynes, 2008, 2010; McElroy, Evans & Pringle, 2008; McGale, McArdle & Gaffney, 2011; O’Kane & McKenna, 2002; Oldknow & Grant, 2008), admission to psychiatric hospital (Dyer & Mills, 2011; Hynes, 2010; McElroy et al., 2008), improves physical health, weight loss, increased fitness and energy levels (Dyer & Mills, 2011; McElroy et al., 2008;)

There are social benefits to participating in football which includes feeling less socially isolated, having more supportive friendships and feeling connected with the wider community through education, vocation and using community facilities (Darongkamas, Scott & Taylor, 2011; Dyer & Mills, 2011; Hynes, 2008, 2010; McElroy et al., 2008; Oldknow & Grant, 2008). Football can also provide meaningful activity to people and reconnect them to a valued identity (Carless & Douglas, 2008c), which can be lost at times of psychological distress. Football can create a safe place for meaningful social interaction and is an avenue for men to engage with community mental health services (Carter-Morris & Faulkner, 2003; McArdle et al, 2011; Pringle & Sayers, 2004).

**The Mental Health and Well-being Football League**

The Mental Health and Well-being Football League (which will be referred to as ‘the league’ from this point onward) are based in the North West of England. It is run by a service user led, not for profit organisation and comprises a first and second division having the potential
for teams to be promoted and relegated within it. At the end of each season, the winners and runners up (participants who finish in second place) receive trophies and medals. Ten six-a-side football teams representing local mental health teams and initiatives make up each division, playing for nine months of the year. The team players experience a range of mild to severe mental health difficulties including schizophrenia, bipolar disorder and depression.

Recovery

The league aims to widen the social opportunities for those who participate, facilitating an improvement in their mental and physical health and recovery. “Mental illness is just one aspect of an otherwise whole person” (Roe & Davidson, 2007, p.462) and recovery goes beyond more than just the removal of mental illness symptoms (Repper & Perkins, 2003). Whilst remaining ill defined, recovery seems to consist of discovering a positive sense of self, social identity, values, skills, roles and life goals (Anthony, 1993; Carless & Douglas, 2010; Davidson, 2003; Repper & Perkins, 2003) all of which makes life meaningful to us.

Repper & Perkins (2003) propose a three way model that professionals can use to help people to find meaning in their lives and to facilitate recovery. The first is to facilitate personal adaptation by helping people to find ways to cope by building skills and self-belief. Secondly, through focussing on personal narratives they can create hope-inspiring relationships by having confidence in people’s abilities and using stories to help people learn from setbacks in their recovery journey. Finally, they can promote access and inclusion by helping people to access roles, activities, relationships and material resources for recovery.

Narrative and Identity

Good mental health and recovery from distress seems to be inextricably linked to a person’s ability to create a coherent life story out of these events and ‘make sense’ of their lived experience (Baldwin, 2000; Crossley, 2000; McLeod, 1997) and a coherent life story has the potential to bring a stable sense of self and identity (Bruner, 2002, McLeod, 1997). This can be difficult for some as “prolblems with thought processes, communication, social withdrawal, and or inactivity can together conspire to deny a person with serious mental illness the opportunity to both create and share stories of his or her life” (Carless & Douglas, 2008, p.579). In this sense, narratives can be a resource which is dependent upon the community and culture in which someone lives (Rappaport, 1995).

Self and identity is not a static or permanent entity, but is constructed in the present, through the stories that we tell about ourselves and others. If the recovery experience is personal, unique and complex, the methods used to investigate it should be built on a theory that attempts to understand people within the context of society and culture (Carless, 2008). If recovery occurs beyond the context of mental health services it is important to understand how people describe their recovery beyond mental health services. It is essential to understand the importance of social cohesion, through community participation, to people in re-building their lives. The stories people tell about their integration into community activities, such as sports and football clubs, are essential if clinicians and to really understand what influences the recovery process.

Community and cultural narratives shape our personal stories and can empower and impede us and there is little doubt that wider cultural narratives about mental illness can restrict the development of alternative stories (Carless & Douglas, 2008; Crossley, 2000). ‘Illness’ can become the most prominent aspect of a person’s identity and treatment options and recovery expectations can become limited within this dominant medical narrative (Frank, 1997; Repper & Perkins, 2003).
Whilst psychological therapies can help people to access alternative narratives which include positive self-descriptions and in narrative therapies (e.g. White, 2008) the person can re-author their story to construct a less problem focused sense of self. However, this re-authoring has greater power if it is established within the wider community, and has contextual significance.

Aims of the Study

This study was designed to listen to the stories of the players in the league and develop a qualitative narrative account of their experiences. The main aim was to understand these experiences in relation to recovery and well-being. Peoples’ accounts of playing competitive football in an organised league may reflect some of the key aspects of the recovery process. Interviews with people in a mental health football league will highlight how and whether peoples’ stories have changed through participation in the league.

Method

Participants and Recruitment

All seven participants aged between 25-63 were members of a local mental health football league. The interviews were conducted in a local community centre. The participants were players within the team.

Data Collection

Ethical approval was obtained from the University Ethics committee. Data was collected and analysed using Narrative Orientated Inquiry (NOI) based on Hiles and Čermák’s (2008) model. Each participant took part in a semi-structured, one-to-one interview lasting between 35 – 80 minutes. An ‘episodic interview’, was conducted, the interviewer introduced a number of topics relevant to being a player in the mental health football league (Murray, 2003). The interviews were developed collaboratively with a sports psychologist and a clinical psychologist, inviting people to talk about specific aspects of their participation in the league. They interviews were recorded and transcribed for analysis.

Data Analysis

In this study the research interest was in the content of the stories. A story analyst approach (Smith & Sparkes, 2009) based on the content-categorical perspective (Lieblich et al., 1998) was taken to the analysis of the data and interpretation of the findings. A number of stages that integrated a range of recommendations from narrative inquiry (Hiles & Čermák, 2008; Lieblich et al., 1998) were followed to facilitate the analysis. Figure 1 presents an overview of the stages that were followed to collect and analyse the data.

Stages of Analysis

1. Persistent engagement: Each transcript was read and recordings listened to a number of times. Throughout the analysis, the researcher continually returned to the research question. Irrelevant data was categorised as such and kept in the interview dataset for contextual reference.
2. Creating a working transcript: Treating each interview individually, the dataset was segmented into relevant stories ranging from one line to several depending on the subject matter.

3. Open coding: The segments were reviewed constantly and comparisons made within each interview. As patterns emerged a theme was assigned and text highlighted. An analysis document recorded segments, relevant line numbers, themes, sub themes and illustrative text or story summaries.

4. Focused/pattern coding: Themes were collapsed to create higher level themes until each data set contained six or seven main themes. Reference to notes and the original dataset ensured that the context of the data was not lost through over categorisation. Exceptions and contradictions were noted.

5. Creating a narrative map: Higher-level themes and subthemes were then temporally ordered on to a diagrammatic narrative map for each interview. The aim of this stage was to gain a holistic view of the story and identify themes across the whole dataset. Subthemes were refined and joined together as higher order patterns emerged.

6. Tools used: At this stage each dataset had a working transcript, an analysis document and a narrative map. Each document and map was modified and improved on as the process unfolded.

7. Merging the maps: Noticing similarities and differences in theme patterns across datasets provided the opportunity to create global themes that were relevant across the interviews. A global narrative map was created to bring the themes together.

8. Linking the themes, building the final map: A final narrative map was created using these themes to show how these categories interacted.

9. Selecting the quotations: this final stage of analysis involved referring back to the analysis document to identify the location of the relevant highlighted segments. Choice of quotation was driven by the analyst’s knowledge of the datasets. This allowed thematic and contextual cross-referencing.

10. Validity was sought through a critical friend to reflect on the process and discuss emerging themes. The overall narrative map was discussed with a facilitator of the league and people who run teams in the league.

11. Transparency: The data analysis and findings have been explained and presented as clearly as possible within the restriction of the word count.
Table 1: The major theme and subthemes themes identified.

<table>
<thead>
<tr>
<th>Major theme</th>
<th>Subthemes</th>
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<tr>
<td>Changing identities:</td>
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<td>Recovery</td>
<td>i.  Sporting History</td>
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<td></td>
<td>ii. Problem Stories</td>
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<td>iii. Getting involved</td>
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<td>iv. Community-unity</td>
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<td>v.  Personal benefits</td>
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<td>vi. Connection</td>
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<td>vii. Staying involved</td>
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**Researcher Reflexivity**

The researcher was a member of the league as a support worker for two years; He had also played against team members in league matches, and as such he has a particular interest in seeing how football might help peoples’ recovery from mental illness.

**Results and Discussion**

One major theme and seven sub-themes emerged. The major theme or plot within the story is one of improvement in wellbeing and identity through football. This plot overarches seven subthemes.

**Improvement in well-being and identity through football**

Every player said that their well-being and sense of self had improved by being involved in the league. A narrative map (figure 2) was developed during analysis to summarise the stories. The major theme is constructed out of a combination of the events and processes within the subthemes.

The league has enabled participants to recognise that Football is their game, and is part of their sense of community and wellbeing. The themes relate to each reciprocally. The players’ talk of the personal benefits they have gained through football, and the process of feeling these benefits are influenced by a sense of belonging community-unity or through connection stories. These interrelating narratives maintain a coherent present story that constructs identity in a positive way. Holding positive appraisals of their identity through the opportunities participation makes available provides a reason for staying involved in the team.

The connection to previous sporting histories shows that being involved in the team creates a connection from now to a past sporting identity or passion about football. For some this brought a sense of coherency to their life stories and connected them to a time when their lives were not dominated by illness.

**Sporting Histories and Problem Stories**

The two subthemes, sporting history and problem stories represent the stories told about how and why they got involved with the football group and the league. They anchor each player’s story from the start. All seven players described a passion for football which was disrupted by the onset of mental health problems. These problems often led to social withdrawal, paranoid thinking and mental distress, but this love of football motivated them to become involved in the league.

Rob had played for a professional football team as a teenager and had become a football referee until marriage. He then became mentally and physically unwell through a series of events and illnesses and said:

"I was stressed out at home and just paranoid about going out".
**Figure 2.** A narrative map showing how the subthemes interact to construct the major theme of Changing Identities – Football is the game.
In contrast, Barry, who was involved in playing and coaching football before his difficulties, said:

"I was stuck indoors for about five years. Four or five years like... I wouldn't go out anywhere, my mum delivered food for me twice and week and I just stayed in and got gradually worse and worse and worse”.

Eddie had attended a football school of excellence and represented his local side until problems, which isolated and distressed him emerged during adolescence and said:

"I was quite a bad teenager ... in and out of prison, and I started getting mental health problems at the time, but I didn’t know what it was so I kept it to myself... I found myself housebound for like nine months, I didn’t go out once and it just got worse”.

Getting Involved

A turn in the narrative occurs when the participants describe being given an opportunity to get back involved in football, usually through an invitation from a key character such as a mental health professional, friend, or manager.

Greg, whose symptoms of anxiety and depression had isolated him, says why he got involved:

“One of my main passions and interests years ago was playing football, so she said to me, "well we've got an initiative going on and you would like to join in" and I said "yeah” and attended the session. I've taken it from there really”.

Personal Benefits

Most of the players were able to describe stories about the personal benefits of being involved; they included improvements in psychological and physical health and well-being. Personal benefit stories included descriptions of physical health gains and players talked about being motivated to do more so that they could get fit and win games at the league:

"[For] so many years I was dead big. I was 19 ½ stone. So for [extra] exercise, I do running and I do swimming, I ride a bike. I’ve gone down to 16 stone!” (Rob)

Players said that the structure of the league helped to provide personal and shared ambition and the hope to work toward goals. These goals include getting into the ‘first team’, to play in a preferred position or to win the league and associated accolades. As Rob and Tom say:

"It [the league] gives you something to be aiming for, something at the end of it...It just helps if you know next month what you want to aim for, so you aim for it, for trophies”. (Rob)

"I call it... PMA – positive mental attitude”. (Tom)

All of the players talked about feeling more confident and motivated since joining the team. Tom draws upon a phrase that links motivation and confidence to competitive football:
"Motivation is part of the game isn’t it? Motivation and confidence is the most important thing and you build yourself up to get to that. Football is all about confidence”.

The league can also acts as an escape or distraction from current problems which can be beneficial when managing mental health symptoms (Beebe et al., 2005; Ellis et al., 2007; Faulkner & Biddle, 1999):

"You’re mentally prepared for the game and it just stops you thinking of... for those two hours, it’s just you and football”. (Eddie)

However, taking part in a competitive sport can also bring negative thoughts, such as anger and disappointment. Lee talks about the anger he felt after losing games.

"I’d punch walls because I was disappointed. I was thinking I had let the team down. There were a number of occasions that I wasn’t even going to play football again. Then I just had, I had the will to think “well, you know, I’ve got to get out of this [anger], I’ve got to get used to losing”.

Community-Unity

Personal benefits were shared with others by creating a sense of community-unity through social support, friendships and a shared understanding of one another’s difficulties. The players valued competition and the supportive reciprocal relationships that have formed. As the following quotation suggests, community-unity stories contained descriptions about gaining a sense of belonging:

"It’s like we are one big family”. (Lee)

The opportunity to share experiences, interaction and motivated participation, all three was evidence of both support and consideration for others. The team and competitive element intensifies these relationships because individual players unite around the team’s identity and values.

"You’re identified with playing with the team, because that’s your team, yeah, that holds it together”. (Rob)

Supportive relationships within the team were highly valued and protected and respecting different abilities cultivates a culture where everyone is celebrated. As Greg says:

"One lad, he’s got autism and he scored, he scored a goal! And he was totally elated after it. Everyone was. No one was having a go at him because he’s not as able as the other players. But yeah, it’s a good boost and everyone gets behind him and supports him”.

It seemed to be safe within the League to share experiences about problems with others who can understand. The friendships continue beyond formal football events as people meet up to socialise.

"It’s just safe and friends are talking to you when you’re there and sometimes friends help you when you’re there, they help you through things”. (Mike)
These relationships have restorative power rebuilding confidence after experiencing the effect of for example a disempowering medical narrative. Lee described being told by his GP that he has “chronic anxiety”.

"He (GP) was just negative. I said to a couple of the lads, ‘I’m not playing in the league’ and they said, ‘we need you, you’re our leader, we look up to you and you look up to us all. You’ll be deeply missed’ “. (Lee)

"It makes me happy that they’ve got faith in me and, you know, they can look up to me. Just because someone is knocking you, knocking my confidence, they’re giving me confidence and they’re giving me that feeling”. (Lee)

This story highlights the interactions between personal benefits and community-unity. Supportive relationships have given him the confidence to repair the setback he experienced when given an unwelcome diagnosis. Hope, inspiring relationships and having people believe in you are important for the recovery process (Ripper & Perkins, 2003). That Lee appeared to hold the role of a leader in the group and found support when he needed it demonstrates a clear example that these relationships exist in the context of playing for a team at the league.

The managers are also a key source of support. They were held in high regard as role models and inspirational figures in the players’ lives. One person said of one of the managers:

"It’s like he puts a wing over you”. (Lee)

These strong role models influenced the players to do the same, taking on roles in the team to actively encourage others to join and get involved.

**Connection**

The connection narrative includes stories about how people feel connected to society, identities and wider community resources. This relates to ‘promoting access and inclusion’ within recovery by helping a person to access roles, activities, relationships and the material resources for recovery (Ripper & Perkins, 2003) and connecting with wider communities within the definition of psychological well-being (DOH, 2011).

Participating in the league appeared to reduce social isolation for all the players. The league and training was important in this because it provided an opportunity to be involved in a social activity that required getting out of the house and attending a community location, which invariably meant meeting new people. The importance of this is stressed by Eddie:

"If you take the league away, then you take away the social integration”.

In another story, Barry told how he had isolated himself at home for four years before he joined the football team. For him connection was just about getting out of the house and feeling included in society. He talks about this isolation in a past tense and suggested that playing football has motivated him to leave the house.

“I had problems with going outside and you know just walking down the road feeling really anxious”.
The theme of social inclusion is also evidenced in other reports of football groups and leagues (e.g. Carter-Morris & Faulkner, 2003; Darongkamas et al., 2011; Dyer & Mills, 2011; McElroy et al., 2008) and other types of sports participation (Faulkner & Sparkes, 1999).

Other connection stories included taking up social or vocational activities in wider society. These included, being invited by a Premier league club to watch a match in an executive box, football coaching courses, finishing university and getting a job. All of the participants also talked of ‘going on holiday’ with the football team. The holiday was a trip to a European destination to take part in a European football competition. This provided an opportunity for meaningful experience and connection with people in other countries who share the same struggles. Other researchers have also reported a similar increase in the uptake of community, vocational and educational activities after joining football teams (Hynes, 2008, 2010; Oldknow & Grant, 2008).

Like many of the other participants, Barry also told a story of how playing in the league helped him to connect with his younger self and bring a sense of ‘normality’ to his life:

"I feel like I've achieved something you know after my illness, getting back to a bit of normality. When I put the kit on I feel, it reminds me of when I was younger."

By being reminded of his younger self, Barry is reconnecting with a previously held athletic identity (Carless, 2008), which brings positive feelings and memories. Assimilating this into his present identity brought a sense of coherency to his life story which is essential to the maintenance of positive mental health (Baldwin, 2005; McLeod, 1997) and to overcome the biographical disruption caused by mental health problems.

Carter-Morris and Faulkner (2003) also highlighted that playing football felt normalising for young men with mental distress. Other related research highlighted the positive impact it had on identity (Carless & Douglas, 2008b; Oldknow & Grant, 2008). In the next exchange Gregg says that playing in the league helps to connect people to a sense of self and acceptable identities.

"For a lot of people, [its] creating an identity... giving them a sense of self; creating an identity so that you don’t lose yourself."

Not losing himself was empowering for Gregg and he went on to say he was rebuilding an identity around ideas of strength and masculinity while also learning about emotions.

Positive identity formation and the development of a sense of self are important in the recovery process (Carless & Douglas, 2010; Roe & Davidson, 2007). Gregg suggests that the league actively facilitated his emotional awareness and anchored his own experience within a positive sense of self. This supports other research which suggests that sport and exercise can give men with serious mental illness the opportunity to re-story their lives away from a dominant illness narrative by accessing narrative resources and connect with previously held or new identities (Carless & Douglas, 2008a).

**Staying Involved**

After joining the team some have stayed involved and played regularly for a number of years. The players all made strong statements about how important staying involved was for their health and well-being, often with the use of metaphor:

"I would be in a hole without it"(Lee).

For many of the participants it was vital to their current well-being, often commenting that it was the only thing that kept them well:
"I’d go as far as saying that it’s probably the most important thing in my life at the moment. If I didn’t have football, I really, I just don’t think I’d be as well as I am now, or you know got as much out of life over the last 4 years as I have" (Eddie).

The recognition that being involved in the league was enjoyable and helpful was echoed by Barry:

"I love football and it’s helping me to get better".

An important aspect of staying involved is that it is a self-determined choice. There is no obligation to attend training and turn out for their team. They chose to stay involved because of the recognition that it meets some of their fundamental human needs and supports their recovery experiences as can be seen in the personal benefits, community-unity and connection narratives.

**Summary and Conclusions**

A major theme and seven narrative subthemes have been identified. The narrative map presents how the subthemes interact to enable a major theme – *improvement in well-being and personal identity* - which constructs the Self in the present through the telling of stories about experiencing personal benefits by belonging to a community and connecting to society and valued identity. The personal and social benefits identified in the stories of the player’s supports findings in existing mental health football literature and shares similarities with wider sport and exercise research. In addition it links with the narrative ideas discussed in the introduction.

If identity is constructed by the stories that people tell to themselves and to others about themselves (Bruner, 1986; McLeod, 1997) then the player’s initial stories about themselves before joining the football team were about having an interest in and love of football, which had been inaccessible to them once their mental health problems had emerged. At this point in their lives stories of isolation and restriction emerged. Participating in the league gave access to a community that nurtured and strengthened their stories of hope and ambition, whilst also offering players with opportunities that elicited physiological, psychological and social change. Involvement in the league provided players with a range of potential narratives which have the potential to reflect a positive appraisal of sense of self, relationships and well-being.

Permeating all of the stories was a sense of competition; this enables stories of adventure to flourish. Adventure stories are said to be an important resource for the construction of satisfying life stories (see Scheibe, 1986). The collective hope to win games and compete with other teams and stories of past successes embodied a sense of adventure within the narratives of personal benefits and community-unity narratives in particular.

**An Empowering Setting to Facilitate Recovery**

In addition to providing an opportunity to tell adventure stories, personal benefits, community-unity and connection narratives share similarities with the key themes of well-being (DOH, 2011) recovery (Anthony, 1993; Carless & Douglas, 2010; Davidson, 2003; Repper & Perkins, 2003). The league is an ‘empowering setting’ (Rappaport, 1995) which values and supports personal stories and collective narratives, which provides people with emotional and social support, and offer one another new ways to think and talk about themselves (Rappaport, 1995, p. 804).
Clinical Implications

This study supports other research that football based mental health interventions provide a place for men to talk about mental health (Carter-Morris & Faulkner, 2003; Pringle & Sayers, 2004). As such it is important that initiatives like these are supported and developed within local area health services to meet the growing mental health needs of the male population. It is a limitation that the focus was on one particular team in the North of England; other leagues may not have the same ethos or integration into the local community as this group. In addition, the narratives, or the stories that people tell about their experience, may not reflect the reality of their lives, there may have been a wish to say to the researcher that this group has worked for me.

Suicide in men is four times more common than any other group in society (Clare, 2000, Bazson & Lloyd, 2001) and young men are less likely to access help for mental health problems than most other groups (Biddle, Gunel, Sharp & Donovan, 2004; Russell, Gaffney, Bergin & Bedford, 2004). Football may well provide a context in which young men feel able to talk about their mental health, it may help to destigmatise their difficulties. As such it is essential that we hear these stories. Clinical psychologists are increasingly taking on the role of developing mental health services (BPS, 2007) and it is hoped that they can use this research to justify funding or resources for the inclusion of initiatives like the league within wider mental health service provision. Future research should investigate how these individuals construct their narratives over longer periods of time, especially with sustained involvement in these activities. A longitudinal study could follow a team or cohort over a longer period of time to provide insight into changes or processes that occur.

This research shows that playing for a community mental health football team in a league competition has a positive effect on the way that people involved in the teams talk about their identity. Competitive and unifying stories have been told. This shows that a football environment can be a powerful component in recovery from psychological distress. Using people’s personal interests to create supportive groups and communities can have personal and social benefits that facilitate positive narrative resources. In this case a key factor to involvement was a predisposing interest in football, for those without an interest in football this intervention is unlikely to affect change. However, there may be other interests or activities that can work in similar ways, and future studies should investigate the impact of these community initiatives on recovery from mental ill health.

By identifying alternative narratives that set people apart from dominant illness types (Frank, 1995; Kirkpatrick, 2008), this research is contributing to the reshaping of the medical narrative of mental health care and promotion. By focusing on narratives like the ones identified in this research, new and creative ideas that place importance on the development of a positive sense of self for mental health improvement may flourish, and new sport or activity based communities may form.

Acknowledgements

With thanks to the men from the football team who took part in this study. We hope we have done justice to your stories.
References


