SPORT, MENTAL ILLNESS, AND SOCIOLOGY

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EDITED BY

MICHAEL ATKINSON
University of Toronto, Canada

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ABOUT THE CONTRIBUTORS

Michael Atkinson is Professor of Physical Cultural Studies in the Faculty of Kinesiology and Physical Education at the University of Toronto, Canada. His research and teaching interests focus on the social experience of suffering and pain, the phenomenology of anxiety and depression, existentialism, and ethnographic research methods.

David Carless' professional background spans the performing arts, education, and psychology − all of which inform the interdisciplinary social research he is immersed in as a Professor of Narrative Psychology at Leeds Beckett University, UK. Arts-based collaborations with Kitrina Douglas incorporate songwriting, storytelling, filmmaking, and live performance to create social research that strives to be meaningful, relevant, and accessible beyond academia.

Melissa Day is a Reader in Qualitative Sport Psychology at the University of Chichester, UK. Her areas of interest include athletic injury, trauma, post-traumatic growth, and disability. Her work uses qualitative methodologies and, in particular, narrative methods. She is on the Editorial Board for the journal *Qualitative Research in Sport, Exercise and Health* and has been chair and regular member on the committee for the International Conference for Qualitative Research in Sport and Exercise.

Kitrina Douglas is Director of the Boomerang-Project.org.uk an arts-based network for public engagement and performance of social science. She produces (with David Carless) the YouTube series "Qualitative Conversations" (see https://www.youtube.com/channel/UCkWCTy8bNOY6JlvX_yg-Uig). Together they have written two academic books, produced CD's, toured ethno-dramas in the United Kingdom, United States, and New Zealand and their research films have been watched in 52 countries. Kitrina has led research for organizations including the Department of Health, UK Sport, Women's Sport and Fitness Foundation, Addiction Recovery Agency, and NHS Trusts. She is affiliated to Leeds Beckett University, UK, where she was recently named Researcher of the Year.

Kass Gibson is Senior Lecturer in Sport Coaching and Physical Education at the University of St Mark and St John, UK. Kass has taught in schools, colleges, and universities in New Zealand, Japan, Canada, and the United Kingdom. At the University of St Mark and St John, he teaches research methods, social theory, and pedagogy on Physical Education, Sports Science, Coaching, and Public Health degree programs.

Paul Gorczynski is Senior Lecturer in the Department of Sport and Exercise Science at the University of Portsmouth, UK. His research explores individual and environmental interventions to prevent and manage chronic diseases. Specifically, his work examines community-based research projects that work with individuals with disabilities to explore different strategies to enhance diet, increase levels of physical activity, and improve access to health information and services.

Ruth Jeanes is Associate Professor in the Faculty of Education, Monash University, Australia. Ruth is a social scientist whose research interests focus on the use of sport and recreation as a community development resource, particularly to address social exclusion among acutely marginalized groups. She has critically examined the use of sport in addressing homelessness, unemployment, and mental illness.

Shannon L. Jette is Associate Professor in the Department of Kinesiology at the University of Maryland, USA. Her research focuses on social, cultural, and historical aspects of knowledge production in the disciplines of kinesiology, medicine, and public health. She has published in such journals as *Sociology of Health & Illness* and *Health, Risk & Society*.

Dr Jonathan Magee is an Independent Researcher whose interests focus on sport and social exclusion. His recent work has focused on the role of sport in addressing homelessness and the experiences of families within children with disabilities in leisure and sport settings.

Julie M. Maier is Postdoctoral Fellow in the Department of Health, Human Performance, and Recreation at the University of Arkansas, USA. Combining her background in social work and kinesiology, her research centers on understanding women's and gender and sexual minorities' embodied experiences (e.g., mental health, sexual health, and physical activity) and threats to their well-being (e.g., stigma, obstructions to care).

Catherine Palmer is Professor of Sociology and Head of the School of Social Sciences at the University of Tasmania, Australia. Catherine's research marries empirical and theoretical insight across a range of topics including sport and alcohol, social inequalities and sport, sport for development and peace, risk and lifestyle sport, as well as major sporting events such as the Tour de France.

Anthony Papathomas, PhD, is Senior Lecturer in Sport and Exercise Psychology within Loughborough University's School of Sport, Exercise and Health Sciences. He is also Mental Health and Wellbeing Lead for the British Association of Sport and Exercise Sciences. His research addresses mental health issues across a variety of sport and exercise contexts with a focus on athlete eating disorders. Anthony maintains a contrarian approach in his eating disorders in sport research, preferring qualitative perspectives that emphasize personal meanings to traditional medicalized approaches.

Elizabeth C. J. Pike is Professor and Head of Sport, Health and Exercise at the University of Hertfordshire, UK. She has published more than 50 research papers/books, delivered invited keynote presentations at international conferences on six continents, written numerous commissioned monitoring and evaluation reports for sport organizations, and served in an advisory capacity for various sport policy and practitioner bodies.

Andy Smith is Professor of Sport and Physical Activity at Edge Hill University, UK, where he is also Programme Leader for the MSc Sport, Physical Activity and Mental Health course. Andy's research interests center on the sociology of sport, physical activity and health, with particular reference to mental health.

Kristina Smith is PhD candidate of Physical Cultural Studies in the Faculty of Kinesiology and Physical Education at the University of Toronto, Canada, and is completing a collaborative degree with the Joint Centre for Bioethics. Kristina's research focus pertains to the dimensions of human pain, suffering, illness, bioethics, and narrative ethnography. Her doctoral work focuses on the analysis of narratives in palliative care settings involving child organ donors.

Ramón Spaaij is Professor in the Institute for Health and Sport at Victoria University, Australia. He also holds a Special Chair of Sociology of Sport at the University of Amsterdam, The Netherlands. He has two established fields of research that address these questions: the sociology of sport and the sociology of terrorism. The bulk of his current research focuses on socio cultural aspects and impacts of sport, with a particular focus on the intersections of diversity, social cohesion, and sport. Additionally, Ramón conducts internationally recognized research on violent extremism and "lone wolf" terrorism.

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INTRODUCTION: MENTAL ILLNESS IN SPORT: SOCIOLOGICAL LEGACIES, ABSENCES, AND CONTROVERSIES

Michael Atkinson

TIME FOR A CONFESSION

I rarely read book introductions. In most cases, an Editor or a collection of Editors do their best to summarize and connect disparate book chapters in their Introduction, and in the process illustrate how novel the lines of thinking presented in the work truly are for readers. By and large, book introductions are terribly pedantic. Reading an Editor's summary of a chapter at the forefront of a book is like watching the trailer for a movie only moments before the actual movie commences. Let the movie speak for itself, please do not ruin it for me. In this introduction, I spend little time trying to cleverly paraphrase, but yet ultimately perverting, the authors' chapters in this book. Instead, space and time is devoted to establishing the sociological project underpinning the book, why I think the book is needed, and where to go from here.

In the middle of 2015, I meet a youth soccer coach in Southern Ontario through a mutual friend. She is a coach, at the time, of an under-16 competitive girls team in an area near my home. My friend Andre introduces me to her at a local soccer tournament, having told her about my research interests in youth sport, violence, abuse, depression, and suicide. Andre says to me, "Michael, this is Karen. I was telling her a bit about your research and she wants to ask you a couple of questions." He deftly slips away into a small crowd gathered around the tournament registration desk. I know where this is going almost immediately. "Michael, I was wondering if […]" she begins and I interject "Karen, is one of the girls on your team suffering from depression?" She smiles to indicate

respect for my frankness, nods, and whispers, "I'm actually worried about her taking her own life." I have heard this story, and questions surrounding this (far too common) narrative, about two dozen times in the previous year. Coaches I meet in the region have many questions about what to do with athletes they feel have mental health issues ranging from anxiety, to disordered eating and body image issues, to depression, to suicide ideation. Each time they ask, I reply,

> You realize, I am not a psychologist or a psychiatrist, right? There's not much I can really help you with except directing you to resources (counsellors) in the community.

No one outside of the university really, I mean really, understands that a sociologist and psychologist are different areas of intellectual expertise. I chat with Karen a bit more about the case, and point her in the direction of a counsellor in the area who works with teen athletes who suffer from depression and suicide ideation. For whatever reason, this case, and it is not spectacular by any means, sticks out to me. I have to do something more than pass the buck and send people here or there for help. What can I do?

Aside from my own research on the subject, I can collect chapters from sociologists, social psychologists, and cultural psychologists to collate and showcase what we have produced to date regarding mental health issues in sport. I can ask authors to write chapters in such a way, but in their own ways, to illustrate the pervasiveness, diversity, experience, importance, significance, meaning, mediation, and rootedness of mental health issues in sport and physical culture. I can try to provide not only a resource book for anyone seeking to better understand the social and cultural complexity of being mentally unwell or "different" in sport, but also cobble together a text that highlights what is, and what is not, being done well to help people suffering from mental illness. I can ask the authors to venture beyond individualizing and atomizing the phenomenon of mental illness (and its treatment), and request we collectively explore the ways in which mental illness struggles are produced by, within, and through social structures and associated cultures supporting them. The mandate of this edited collection, I imagine, would be to press for a larger conversation regarding how mental health issues, as Durkheim (1897) instructed over one hundred years ago, are not only observable as patterns across clusters of minds in society, they are produced in relation to the unfolding of societies over time.

SOCIOLOGICAL LEGACIES: REMEMBER THE NUTS, SLUTS, AND PERVERTS

Andrew Liazos (1972) pens one of the most poignant and scathing critiques on the "sociology of deviance" field; at the time, the only real home for sociological analyses of mental illness in society. Liazos admonishes the tendency to lump people on the fringes of mainstream society into a wide conceptual category of people − the non-normative deviant. Even in the process of humanizing the so-called deviant in society through critically reflective (often ethnographic) research on the relationship between social structure, arbitrary cultural norms, and socially constructed (lived) identities, Liazos (1972) argues the very use of

the term "deviance" ironically reproduces people's marginalized status in a complex cultural hierarchy of actors. The mentally ill person, as a social deviant, may be empathized with but certainly not viewed as a social category of person positioned unfairly within a broader web of history, politics, and power. Liazos (1972) ultimately argues that by studying and positioning people with mental illness as isolated "deviant" subcultures they are further departed, analytically, from being regarded as a typical category of people.

As an undergraduate student at the University of Waterloo who wrote a senior thesis on political party and election sabotage on university campuses, as a Master's student who conducted ethnographic research on ticket scalping, and as a Doctoral student who spent three years hanging around in tattoo studios, all of my degree-pursuing research fell squarely into the sociology of deviance (and crime). At one early point in my training, I remember reading Durkheim's (1897) *Suicide: A Study in Sociology*. I cannot claim ownership over sociological revelations in my undergraduate training, but I do quite vividly recall asking why Durkheim's seminal treatise did not figure more prominently into my courses on deviance. Durkheim's (1897) classic could be loosely categorized as a structural study of mental illness genesis and experience in society, as it sought to account for diffuse social relationships and their supporting structures as social facts unto themselves which are, in a sense, revealed through investigations of relational acts like suicide.

More precisely, in *Suicide* (1897) Durkheim claimed to detect in the statistics on suicide an entire series of relational patterns between people who were more or less bonded to others through interaction (friendships, marriage), culture (religion), and structure (work, the economy), and it was these patterns in suicide rates (i.e., people who died by suicide had low bonds or lost most of them, employment loss, financial despair, and particular religious beliefs) for which he proffered a sociological explanation (Durkheim, 1897). Necessarily, he was thereby led to propose the conceptualization of a socially produced "insanity" leading to suicide, what Merton (1938) would later incorporate into his strain theory, and its possible relationship to suicide. Durkheim (1897) broke free of the analytic tendency to view the mentally unstable or ill person as an individual, while rooting a highly individual act in the form and content of one's (strong, loose, or veritably nonexistent) interdependence with others. Durkheim (1897) claimed to have shown that while personal (biological, emotional, and psychological) predispositions might "push" an individual toward suicide, exigent social factors chiefly explain the rate at which people killed themselves. Indeed, to the extent that sociopsychological states led vulnerable people to commit suicide, those states were themselves the product of sociological factors – in modern societies, most commonly the condition Durkheim (1897) labeled "anomie" or the failure of the social order to acknowledge and adequately align the beliefs and values of its members.

The Chicago School of Sociology, in many ways the parent(s) of the sociology of deviance, developed an early research interest in mental illness. Viewing patterns of mental illness (or, "psychoses" in the popular vernacular of the time) and other socially "pathological" conditions including alcoholism, drug use,

homelessness, delinquency, prostitution, and suicide as products of social disorganization, the vast corpus of urban-based research at Chicago (using a mix of survey-based and ethnographic research) underlined how social conditions of structural instability and disarray are mapped into individual and collective psychologies (see Bulmer, 1984). No single figure emerging from Chicago would have as great an impact on the sociology of mental illness, of course, as Erving Goffman. Goffman's sociology focused on the ways by which mental illness is both a socially constructed and labeled phenomenon as much as it is institutionally punished for sufferers. Though trained at the University of Chicago, Goffman's research for *Asylums* (1961) was undertaken while he was on staff at the NIHM Laboratory of Socio-Environmental Studies, and included a year of fieldwork at St Elizabeth's Mental Hospital in Washington, DC. In partial contrast to the Chicago School's symbolic interactionist (Blumer, 1969; Mead, 1934) emphasis on the fluidity of social interaction, Goffman's account of asylums as "total institutions" is a grounded portrait of structural determinism influenced by Durkheim. "Mental hospitals," to Goffman, resembled prisons and concentration camps, as well as monasteries, nunneries, and boarding schools. Life in such places is a product of their structural features, and their defects are not removable by any conceivable sets of reforms. Instead, life in a mental hospital tends inexorably to damage, to dehumanize, and to destroy patients rather than help them recover or simply manage their conditions. Two of the most chilling and sobering illustrations of the total yet faulty power of mental asylums borne from Goffman's thinking would be Scheff's (1966) assault on psychiatry and Rosenhan's (1973) description of the dehumanizing nature of life inside asylums for people diagnosed with schizophrenia. But it would be Foucault (1975) who would perhaps add the final bookend to the critical line of research on how people living with mental illness suffer from institutionalization, through the publishing of his *Madness and Civilization*.

Yet, Goffman (1959, 1963) is more routinely cited by mental illness researchers for his critical work regarding how social stigma functions socially and are carefully managed in the ebbs and flows of daily life. Here, Goffman draws on, and extends, several streams of sociological thought ranging from Durkheim, Mead, Blumer Tannenbaum, Lemert, and others in the labeling theoretical tradition. Stated simply, the person with a mental illness is positioned socially as one living with a culturally undesirable status and treated as such. Emphasis in this vein is less on the power of social institutions to control and determine the realities of/for people living with mental illnesses, and more on culture's power (as read through situated interactions between cultural agents) to reach inside individuals to "spoil" their identities. In his landmark *Stigma: Notes on the Management of Spoiled Identity* (1963), Goffman, almost single-handedly, changes the discourse about mental illness along these lines. Mental illness is not an inherent condition owned by an individual in isolation from others, it is a cultural phenomenon as well in the sense that "being" mental ill (and its associated limited roles and marginalized statuses) is a matter of collective cultural reaction, definition, and production.

Closely aligned, both temporally and conceptually, with Chicago School (and Chicago school inspired) work on mental illness is the more general existentialist *oeuvre* in Europe led by Heidegger, Sartre, de Beauvoir, Merleau-Ponty, and Camus. While rarely connected to mid-century canonical sociological work on the study of mental illness, many of the core themes and emphases in existentialist thought reveal striking similarities. Heidegger's (1927), Sartre's (1943), and Merleau-Ponty's (1948) insistence on the lack of an inherent essential nature of the human being (i.e., as a rejection of biological determinism), de Beauvoir's (1949) and Sartre's (1943) articulation of social "facticity" and how it shapes one's agency and reality, Camus' (1942) crushing description of the absurdity of labels and culturally given meanings, the broad emphasis in existentialism of anxiety, grief, despair, the loss of hope, angst, and in the end personal authenticity, are all centrally related to American sociological work on mental illness. Existentialism would not only seek to explain how the meaning of mental illness is given to people and pejoratively labeled by outsiders, but also, and more centrally, how psychological conditions and states (classified by some as mental disorders) are phenomena produced within and by alienating, isolating, and dehumanizing social conditions (see Aho, 2014).

Contemporary studies of mental illness and related disorders range from analyses of the phenomenological study of mental illness, to their epidemiological distribution across populations, to stigma management, to institutional policy, to the complicated relationship between mental illness and the sociological "holy trinity" (class, race, gender) and now age, religion and sexual orientation, to patient experiences in care, to public/community understandings of mental illness, to geographical and residential impacts, and to mental illness and the law (see Cockeram, 2017). At a time in which pockets of the globe are fully opening public discussion about what mental illness is, what it is not, and just how pervasive a range of mental illnesses are across societies, the time is right to push sociological accounts of mental illness into new conceptual zones.

THE SOCIOLOGY OF SPORT AND PHYSICAL CULTURE: EMPTINESS AND PROMISES

Given all of the above, there is immense sociological space into which contemporary analyses of the interplay between sport and mental health may be poured. The sociology of sport and physical culture does not, by any means, have a rich tradition in the study of mental illness (Roderick, Smith, & Potrac, 2017). Long viewed as the purview of sport psychologists, mental illness issues remain relatively under-explored until quite recently. Roderick's (2014) thoughtful account of the psychological toll of existing outside of athlete cultures through retirement and beyond equally demonstrates the impact of (sport) socialization processes on the psyche. Coyle, Gorczynski, and Gibson (2017) study of mental health literary among divers, and Sherry and O'May's (2013) evaluation of the role of sport participation on mental well-being for homeless people, equally represent the diversification of research on mental illness from sociological standpoints. Related but somewhat resistant to the (North

American) trends of simplistically viewing sport, exercise, and physical activity participation as a veritable "cure-all" for mental illnesses − as widely promoted by the Exercise as Medicine (EaM) movement − and as a means of fostering personal development/recovery from the emotional and psychological effects of HIV/AIDS, war-related trauma and genocide, poverty and other social ills, and ground-level accounts of mental illness in sport largely attempt to make sense out of the complicated relationship between sport participation and mental illness experiences.

The chapters in this book well represent the empirical and theoretical tones, transitions, and trajectories of research on mental illness in sport. I have deliberately chosen to be inclusive rather than exclusive with respect to what constitutes mental illness. Chapters differentially focus on the standard fare (e.g., depression, anxiety, suicide, and addiction) while others push boundaries conceptually and methodologically by considering a broader spectrum of issues pertaining to mental illness in sport. Further still, chapters toward the end of the manuscript grapple with the oft contested assertion that sport can be an effective elixir to manage mental illness. In Chapter 1, Elizabeth Pike reviews perhaps the most salient concept in both mental health research in sport, and popular cultural discourses about mental illness in society, stigma. Pike provides a full dissection of Goffman's version of the concept, arguing for a return to the depth of Goffman's thoughts on stigma as a means of improving our collective understanding of how stigma functionally operates in the practice of everyday sporting life.

In Chapter 2, Kristina Smith addresses a well-worn concept in the sociology of sport, pain, but from a radically integrative perspective. Smith's chapter on "total pain" seeks to expand sociological thinking on what physical, psychological, emotional, and social pain does to athletes. This model demonstrates how struggles in athletes' minds are layered by body sensations, social relationships, feeling states, cultural expectations, and existential anxieties. In Chapter 3, Maier and Jette advance notions of intersectionality and the complexity of how gendered identities play a role in the experience of obsessive-compulsive disorder (OCD) and eating disorders in the physical activity realm. Long overdue in research on mental illness in sport, the authors ground their analysis in feminist sensibilities and illustrate how utilizing sport as a treatment for OCD must be approached cautiously and radically contextually. Melissa Day examines the paradox of sport as a producer and potential manager of athlete trauma in Chapter 4. Day's insightful analysis draws attention to how particular narrations of the experience of trauma by athletes is carefully scripted and privileged in sports cultures. In this context, trauma is at times denied as relevant in sports cultures, but also strangely valorized as an identity-affirming experience within social worlds that exalt mental toughness, individual resilience, personal recovery, and, ultimately, competitive prowess.

In Chapter 5, Andy Smith addresses one of the most publicly mediated issues in sport relating to mental illness, athlete depression, and suicide. Smith's world-leading research on athlete depressions exposes the ubiquity of depression across sports cultures and the relative lack of institutional resources available for

athletes seriously contemplating suicide. Smith's chapter that blends case studies with figurational sociology pushes for an understanding of elite athletes as workers with rights to mental health and wellness support. Anthony Papathomas digs empirically deep into the normative performative expectations in sport cultures to revisit the too common practice of restricted eating in Chapter 6. Papathomas teaches how the pathological can become normative in situated sport cultures, but never fully reconciled as totally manageable by athletes. Disordered eating, viewed as highly ordered eating and a symbol of subcultural commitment and mental toughness by certain athletes, is a perilous practice swept under the rug of elite sport culture. If disordered eating, as Papathomas illustrates, is largely (but not exclusively) a young girls' and women's problem in sport culture, Catherine Palmer's work in Chapter 7 discusses the disproportionately male problem of drug addiction and alcoholism in sport cultures. Palmer lobbies for a deconstruction of masculinity codes that underpin drinking and drug abuse practices by athletes, and a greater social need for within and outside of sport programing to help support athletes battling with addiction.

The extent to which hidden disabilities and mental illnesses are experienced silently is the subject of my own chapter. In Chapter 8, Michael Atkinson (i.e., me) discusses a range of issues associated with the management of mental conditions not readily apparent to audiences but nonetheless stigmatized in sport cultures, through the case study of people who remain committed to trail running as persons living with epilepsy. The chapter presents how a group of runners simultaneously reject and embrace a relatively mainstream sport as a means of pursuing existential authenticity through "risky" embodiment. In Chapter 9, Kass Gibson and Paul Gorczynski pull back the microscope lens from the practice of everyday life, to examine how diffuse representations of mental illness color public perceptions of the person living with a mental difference. Drawing on Parsonian notions of the sick role and Guy de Bord's philosophy of the spectacle, Gibson and Gorczynski present a convincing case for what they call a "critical interrogation of mental health and the image."

In Chapter 10, Ruth Jeanes, Ramon Spaaij, and Jonathan Magee underscore the importance of stigma-free sport zones for people trying to recover from depression. Drawing on four case studies involving football-(soccer) based treatment programs in the United Kingdom, the authors reveal how sport, when "done right," can aid significantly in the acute treatment of mental illness. While many researchers call for mental illness stigma reduction in the sporting realm, these researchers document how small-scale sport programing can work to create safe social spaces for people to heal without prejudice. In Chapter 11, the book's final chapter, David Carless and Kristina Douglas outline several methodological pitfalls, promises, and futures regarding research methods in the study of mental illness in sport. Aside from the keen insight the authors provide on the practicalities of actually conducting research with people who are struggling, the accessible and reflexive manner by which the chapter is written makes it a standout not only in this edited volume, but within the entire corpus of literature on mental illness in sport.

In closing, I think about my (now) friend Karen, the coach struggling with what to do for a player on her team with a mental illness. I wonder if offering this book to her for her reading would offer any substantial help. I think so. While dense, typically academic, disparate in its contents, and specifically sociological, the chapters of this book are also myth-destroying, honest, passionate, and moving. I am proud of what the authors offer readers through this volume, and hope its contents will inspire new generational interest in excavating an issue that is hiding in the proverbial light.

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