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**Table S1.** Scoping search of qualitative mental illness in sport literature

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Study | Method | Participant characteristics | Aims | Findings | Key words |
| Self-starvation and the performance narrative in competitive sport (Papathomas & Lavallee, 2013) | Narrative inquiry – life history interview | * F = 1 * Elite level basketball * Disordered eating | * To provide an alternative to medical understanding of disordered eating in sport through an emphasis on personal perspectives. | Struggle to align life to performance narrative/success. Self-starvation as a means to achieve due to academic achievements/sporting endeavours not fulfilling the achievement narrative | * Narrative * Eating disorder * Anorexia nervosa * Self-starvation * Sport |
| Athlete experiences of disordered eating in sport  (Papathomas & Lavallee, 2010) | Semi-structured interviews - IPA | * F = 4 * Elite ice-skating = 2, elite tri-athlete = 1, retired competitive distance runner = 1 * Disordered eating | * To qualitatively explore athletes’ experiences of disordered eating. | Themes: The struggle to disclose, social support needs, & identity challenges | * Disordered eating * Sport * Interpretivism * Athletic identity |
| Narrative identity and recovery from serious mental illness: A life history of a runner (Carless, 2008) | Narrative inquiry – life history interview | * M = 1 * Non-elite runner * Schizophrenia | * To explore the ways in which exercise contributed a sense of meaning, purpose, and identity to the life of one individual named Ben, a runner diagnosed with schizophrenia. | Mental illness disrupted athletic identity. Upon returning; Ben reclaimed athletic identity. Exercise can contribute to recovery by being a meaningful activity reinforcing identity and sense of self. | * Narrative * Schizophrenia * Recovery * Exercise * Physical activity * Mental health * Running |
| Football Narratives: Recovery and mental health (Brown, Combes & Ellis, 2015) | Story analyst approach/content-categorical perspective | * M = 7 * Non-elite/ recreational football league (service user led/ non-profit/ mental-health initiative) * ‘mild to severe’ schizophrenia, bipolar disorder, depression | * To understand experiences of players in relation to recovery and well-being. | The football league enables people to tell stories and develop a positive sense of self and identity. Sub themes: sporting history, problem stories, getting involved, community-unity, personal unity, personal benefits, connection, staying involved | * Sport * Depression * Psychosis * Football * Competition * Recovery |
| Narrative, identity and mental health: How men with serious mental illness re-story their lives through sport and exercise (Carless & Douglas, 2008) | Narrative inquiry and participant observations (ethnography) | * M = 11 * ‘sport and exercise participants’ * depression | * To explore the ways in which narrative, identity and mental health relate to one another within the context of sport exercise and serious mental illness * To explore the ways in which involvement in sport and exercise may play a part in allowing individuals to re-story their lives | Narrative types about participants talk of sport and exercise: a) an action narrative (“going places and doing stuff”; b) “an achievement narrative about accomplishment through effort/skill/courage; c) a relationship narrative of talking about shared experiences | * Mental health * Identity * Physical activity * Schizophrenia * Narrative * Therapy |
| Understanding female athlete disordered eating and recovery through narrative turning points in autobiographies (McGannon & McMahon, 2019) | Thematic analysis - autobiographies | * F = 2 * Elite swimmers * Disordered eating | * To extend understanding of elite swimming culture * To build upon autobiographical work in sport detailing women’s experiences and health related issues through studying two elite female swimmers disordered eating experiences in their autobiographies * What narrative resources were used to construct disordered eating meanings of struggle and recovery * What are the psychological implications of the turning points within narratives identified | Two cultural narratives:  1) Performance narrative (a. body related turning points; b. relationship turning points)  2) Struggle and personal growth narrative (a. emotional turning points; b. body acceptance turning points) | * Narrative analysis * Elite athletes * Eating disorders * Gender |
| University sport retirement and athlete mental health: a narrative analysis (Jewett, Kerr & Tamminen, 2019) | Narrative inquiry – life history interviews | * F = 1 * Retired semi-elite university athlete (sport not specified) * Depression and anxiety | * To explore the role of the sport context in an athlete’s experience with mental health challenges during retirement transition * To explore the potentially contextual influences on an athlete’s mental health * To generate knowledge to inform understanding of the potentially complex relationship between competitive sport participation and athlete mental health | Whilst sport at university developed self-confidence and a strong athletic identity, upon retirement and this community was removed and support networks vanish, it led to isolation and helplessness | * Athlete * Mental health * University sport * Elite sport * Retirement * Support resources * Transition |
| A life history analysis of a male athlete with an eating disorder (Papathomas & Lavallee, 2006) | Narrative inquiry – life history interviews | * M = 1 * County level/university football * Disordered eating | * To develop a better understanding of the processes involved when athletes demonstrate unhealthy eating behaviour * To develop an understanding of the meaning potential precipitants hold for athletes in terms of subjective relevance, influence, and interaction as this may inform inference of the causes of disordered eating in sport. | Weight based performance pressures from football lead to onset of bulimia. Even after performance pressure was no longer there, ED remained. Recovery occurred after he gave up football |  |
| “It’s recovery United for Me”: Promises and Pitfalls of football as part of mental health recovery (Magee, Spaaij & Jeanes (2015) | Semi-structured interviews – thematic analysis | * 20 (all male), 5 coaches, 3 project directors, 3 clinical psychs, 2 clinical nurses, 2 NHS directors * Mental illness not specified * 3 projects using football to engage individuals suffering from mental illness | * To explore the role of football in relation to three components of recovery: *engagement, stigma, and social isolation* | The projects increased client engagement, peer support, transformation of self-stigma. Positive perceptions - football outside of a clinical setting. However, the projects relied heavily on biomedical model of mental illness (narrow conceptualization of recovery and stigma). |  |
| The experiences of depression during the careers of elite male athletes (Doherty et al., 2016) | Semi-structured interviews – thematic analysis | * M = 8 * 7 different sports. Elite level. (sport not specified) * Depression | * To explore how elite male athletes experience depression during their sporting careers | 1) the emergence of depression, 2) manifestation of symptoms 3) adaptive and maladaptive processes of recovery. Findings demonstrate how culture of sport and how the athletes sense of self and their environment influenced how they experienced, expressed and responded to depression during their careers. | * Male * Depression * Elite sport culture * Identity * masculinity |
| Comparing elite male and female distance runner’s experiences of disordered eating through narrative analysis (Busanich et al., 2014) | Narrative and collective case-study approach | * M = 1, F = 1 * Elite distance running * Disordered eating | * To compare and contrast the disordered eating experiences of one male and one female * What personal and cultural narratives are drawn upon to construct meaning around food and running * To explore how gender permeates and impacts athletes disordered eating conceptions and experiences | A performance narrative was drawn upon by both (a story of single minded dedication to sport and exclusion of other areas of life). When identity was threatened, DE behaviours occurred. The performance narrative can be differentiated by gendered nuances around the body, food and running. Due to gendered meaning around DE and dominant gendered discourses that frame experiences/ | * Gender * Case study * Eating disorder * Distance running * Qualitative research |
| Expanding understandings of the body, food and exercise relationship in distance runners: A narrative approach (Busanich et al., 2012) | Thematic analysis | * M = 5, F = 4 * Recreational distance running * Disordered eating | * To explore what meanings exist surrounding the body food and exercise for male and female distance runners * To explore how male and female distance runners use stories to make sense of their body experiences in relation to food and exercise * To explore what the role of gender in the construction of male and female distance runners’ embodied experiences | 2 narratives: ‘just do it’ & ‘do it better’ to construct meanings around the body, food and exercise. Narratives shifted based on gendered narratives and cultural discourses | * Distance runners * Men * Women * Disordered eating * Social constructionism * Narrative |
| A qualitative analysis of factors related to eating disorder onset in female collegiate athletes and non-athletes (Arthur-Camselle, Sossin & Quatromoni, 2016) | Inductive content analysis | * F = 12 (athletes), 17 (non-athletes) * Collegiate level track and field and cross-country, basketball, soccer and tennis * Eating disorders (clinically diagnosed bulimia, anorexia, binge eating disorder) | * To identify factors that contributed to ED onset in a sample of elite competitive female athletes compared to same ages non athletes | Self-worth, peer issues and comorbid psychological disorders were common in both groups. Athletes reported sport-specific factors (performance pressure, team weigh ins, injuries). |  |
| Exploring disordered eating and embodiment in male distance runners through visual narrative methods (Busanich, McGannon & Schinke, 2016) | Visual thematic and dialogic/performance analysis | * M = 4 * Competitive distance runners * Disordered eating | * To explore the embodied and disordered eating experiences of male distance runners through visual narrative methods | Cultural images, messages and texts created their visual narratives. 2 emerging narratives: transformation narrative (being involved in sport and exercise formed their self-identity) and rollercoaster narrative (highs and lows i.e. performance success, and moments of body failing to perform. Performance narrative and gendered meanings around the body, food and exercise to frame experiences | * Narratives * Visual methods * Gender * Body * Food * Men * Distance running |
| Narrative constructions of anorexia and abuse: An athlete’s search for meaning in trauma (Papathomas & Lavallee, 2012) | Narrative inquiry – life history interviews | * F = 1 * National level tennis player * Eating disorder (anorexia) / sexual abuse | * To expand understandings of eating disorders in sport beyond traditional medical conceptions * To explore the experiential features of an eating disorder | Participant constructed fragile, contrasting narratives indicative of a fragmented uncertain understanding of her life. |  |
| The Dark Side of Top Level Sport An Autobiographic Study of Depressive Experiences in Elite Sport Performers (Newman, Howells & Fletcher, 2016) | Autobiographical analysis | * M = 9, F = 3 * 8 elite sports (Cycling, cricket, tennis, snooker, rugby union, soccer, cycling, swimming, boxing) * Depression | * To explore depressive experiences of top-level athletes and the relationship of such experiences with sport performance | Initially sport represented a form of escape from depressive symptoms (both external: bereavement; and internal: low self-esteem). However, in time the demands of the sport shift from being facilitative to debilitative which intensified depressive symptoms. | * Athletes * Depression * Health * Mental * Performance * Well-being |
| ‘Post-Olympic blues’- The diminution of celebrity in Olympic athletes (Howells & Lucassen, 2018) | IPA | * F = 4 * Elite endurance running, swimming, field athlete, track athlete * Depressive symptoms | * To explore the concept of the ‘post-Olympic blues’ through examining the antecedents of the negative affect experienced following Olympic participation * To articulate whether the post-Olympic blues is a ‘normal’ short-term phenomenon or whether it is more serious and enduring | Study demonstrated the negative impact that athletes celebritization had on their mental wellbeing. Negative emotions and behaviours experienced were interpreted to be a normal response to returning home following Olympics | * Depression * Depressive symptoms * Elite * Mental health * Olympic games |
| “We all go through it”: Media depictions of mental illness disclosures from star athletes DeMar DeRozan and Kevin Love (Parrott et al., 2019) | Content analysis of media news stories | * M = 2 * Basketball * Depression and anxiety | * To examine how news stories characterised disclosures of athletes to the masses * To examine the ways in which journalists present athletes as mental health models for pro-health attitudes and behaviour | Positive media responses to athletes mental illness experiences, which challenged stereotypes and stigma. Themes in stories: a) the experience of coming out, b) the positive reception of teammates/coaches/public; c) the need for an end to mental health stigma | * Mental * Athlete * News * Anxiety * Depression |
| Turning the corner: A comparison of Collegiate Athletes’ and Non-Athlete’ Turning Points in Eating Disorder Recover (Arthur-Cameselle & Curcio, 2018) | Inductive coding | * F = 12 (athletes), 17 (non-athletes) * Clinical eating disorder | * To identify turning points in eating disorder recovery in collegiate female athletes compared to non-athletes. | Themes to describe turning points to ED recovery: 1. Internal- autonomous shifts; (a) insight/self realization; b) diet/exercise changes)  2. Internal-acknowledging consequences (a) hit a low; b) sport performance; c) medical consequences  3. External-direct influences (a) others support; b) treatment; c) intervention; d) ED role model)  4. External-indirect influences (a) environment change; b) relationship change)  Athletes report sport performance, confrontation, support from others to be most frequent | * Anorexia * Bulimia * Motivation * Sport * Tipping point |
| ‘You shut up and go along with it’: An interpretative phenomenological study of former professional footballers’ experiences of addiction (Brownrigg et al., 2018) | IPA | * M = 1 * Professional footballer * Alcohol and gambling addiction | * To contribute to our understanding of such phenomena (addiction) in elite athletes by exploring in depth the experiences of a small sample of retired pro-footballers attending the SCC (addiction charity). | Culture; an unsupportive psychological environment combined with expectations of manliness resulted in a culture of silence. Lack of support from clubs left feelings of anxiety = lack of disclosure/loneliness/social withdrawal | * Professional football * Elite sports * Masculinity * Interpretative * Phenomeonology * Addiction |
| Exploring the unique challenges faced by female university athletes experiencing prolonged concussion symptoms (Andre-Morin, Caron & Bloom, 2017) | IPA | * F = 5 * University level * Concussion = (depression) | * To explore female university athletes’ experiences with protracted concussion symptoms, including the factors that impeded or facilitated their recovery.   *Mental illnesses per se were not the focus* | Unique challenges experienced from concussion i.e. emotional responses such as depressive symptoms/attempted suicide and reduced academic performances. Support from coaches, doctors, athletic therapists and parents facilitated recovery | * Collegiate athletes * Concussions * Qualitative research * Injury recovery * Social support |
| Female athlete experiences of seeking and receiving treatment for an eating disorder (Plateau et al., 2017) | Thematic analysis | * F = 13 * Sport not specified * Clinical eating disorders | * To explore how athletes experience seeking and engaging with treatment for an ED * To explore what challenges athletes face | Themes: challenges to treatment seeking, feeling out of place, and coping with exercise transitions.  Reports of low levels of eating literacy and lack of motivation to engage with therapy |  |
| A Tale of Two Runners: A case report of athletes’ experiences with eating disorders in college (Quatromoni, 2017) | Not specified | * M = 1, F = 1 * Elite runners * Clinical eating disorders | * To understand experiences of the eating disorders of 2 track athletes   (not explicitly stated) | Both achieved weight restoration, recovery from eating disorder and success in their sport. Differences apparent between genders: clinical presentation, predisposing features, onset of symptoms, entry points to treatment, interventions received = demonstrates how ED’s are presented and addressed in sport. | * Anorexia nervosa * Eating disorder, not otherwise specified (EDNOS) * Sports nutrition * Case report * Eating disorders |
| A qualitative analysis of female collegiate athletes’ eating disorder recovery experiences (Arthur-Cameselle & Quatromoni, 2014) | Conductive analysis | * F = 16 * Eating disorder | * To acquire comprehensive information about initiation and achievement of recovery by interviewing female collegiate athletes in recovery from eating disorders. * To characterize factors that initiated, assisted, and hindered recovery | Biggest turning point to initiate recovery: experiencing negative consequences from the ED. Other factors: making cognitive and behavioural changes, support, professional care. Hindering factors: lack of support, professional care complaints, spending  6time with other ED sufferers. Unique sporting factors i.e. unique sporting features (coaches/team norms) affect ED recovery. | * Anorexia * Bulimia * Binge eating disorder * Sport |
| Athletes’ body talk: The role of contextual body image in eating disorders as seen through the eyes of elite women athletes | Narrative inquiry- content analysis | * F = 6 * (Elite) Aesthetic: gymnast & dancer; Endurance: track and field & cycling; Weight-class: heavyweight and lightweight rowing & judo * Clinical eating disorder | * To investigate if and how body image, taken from a contextual perspective, contributes to the eating disorder history   *Too much focus on another aspect (body image) contributing to ED’s* | For judokas, ED stemmed from weight-class aspect for their sport; but for other athletes their negative body image had an impact. |  |
| Learning from Elite athletes’ experience of depression (Lebrun et al., 2018) | IPA | * F = 1, M = 3 * Depression, anxiety, OCD, ADHD | * To explore in depth the subjective experiences of elite athletes who suffered from a specific clinical MHI, namely depression. * To explore athletes perceptions of the prevalence and stigma surrounding MHIs in elite sport environments | Both sport and non-sporting triggers led to depression e.g. bullying, injuries, previous mental illness, miscarriage, performance decline.  Participants acknowledged stigma associated with mental illness in high-level sport | * Elite sport * Mental health issues * Symptoms * Genesis * Stigma |
| Male professional footballers’ experiences of mental health difficulties and help-seeking (Wood & Harrison, 2017) | IPA | * M = 7 * Professional football (soccer) * Mental illness not specified | * To expand the knowledge and understanding of male pro footballers’ experiences of mental health and help seeking * To educate, and support at-risk population   *Focus on help-seeking. Too specific?* | Survival in terms of mental illness difficulties in the football world but also the transition into the real world. Subordinate themes included: Male mental health, identity, injury, transition, emotional development.  Barriers to help-seeking: shame, stigma, fear and level of mental health literacy | * Professional football * Athletes * Mental health * Help seeking * Male mental health * IPA |
| The experience of gambling problems in British professional footballers: a preliminary qualitative study (Lim et al., 2016 | Thematic analysis | * M = 11 * Professional football * Addiction - Gambling | * To gain an insight into the experiences of professional footballers who have developed problems with their gambling behaviour. | Football related factors facilitated gambling problems (e.g. high salaries, spare time, gambling as shared leisure pursuit. Also, competitive and emotional challenges of football (e.g. loss of form, injury, contract release, mood).  Barriers to help-seeking: reluctance to disclose problems to peers/club staff  Facilitators to help-seeking: recommendations from players with similar experiences | * Problem gambling * Football * Mood regulation * Qualitative * Social norms * Theory of Planned Behaviour |
| Perceived vulnerabilities of female athletes to the development of disordered eating behaviours (Sterling & Kerr, 2011) |  | * F = 17 * Disordered eating | * To examine female athletes’ perceived vulnerabilities to the development of disordered eating | The sport’s emphasis on the body increased vulnerability for DE behaviours  Personal qualities: perfectionism, achievement motivation, self-absorption, competitiveness, self-control | * Sport * Disordered eating |
| Exploring the conceptualization and persistence of Disordered Eating in Retired Swimmers (Cooper & Winter, 2017) | IPA | * F = 6 * Disordered eating | * To explore the conceptualization of disordered eating in relation to swimming participation, how retirement affects eating patterns, and ways to mitigate disordered eating. | Themes: 1) pressure unique to swimming; 2) transition to eating pattern awareness; 3) maintaining ideal eating patterns in retirement | * Eating patterns * Interpretative phenomenological analysis * Sport retirement * Swimming |
| Aesthetic Sports as High-Risk Contexts for eating disorders – Young Elite dancers and gymnasts perspectives | Focus groups – content analysis | * F = 11, M = 11 * Disordered eating | * To understand the specifics of dance and gymnastics’ environments that make them high-risk contexts for the development of ED among female and male adolescents * To investigate (a) specific types of pressures and characteristics young Portuguese dancers and gymnasts found within their contexts; (b) the way teachers/coaches, peers/teammates, and parents sway their body image and weight attitudes and behaviours; (c) specific environmental characteristics that could protect young dancers and gymnasts from developing ED. | Risk factors referred to twice as much as protective  Dancers   * *FACTORS of influence*: Teachers, peers, system (i.e. culture), training, and schedules * *SOURCES of influence*: pressure for thinness, social support, pressure to pursue a dancing career   Gymnasts   * *FACTORS of influence*: Coaches, peers, training, and schedules * *SOURCES of influence*: pressure for thinness, parents | * Eating disorders * Ballet * Gymnastics * Adolescents * Focus group. |

**Table S2.** Search terms used in systematic search for meta-study.

|  |  |  |  |
| --- | --- | --- | --- |
| Database Searched | Number of Articles | Search Terms | Search Fields |
| PsycINFO (EBSCOhost) | 2703 | Search String 1: "mental illness" OR "mental health" OR depression OR anxiety OR "eating disorder\*" OR "disordered eating" OR addiction OR schizophrenia OR recovery OR anorexia OR bulimia Search String 2: sport\* OR athlet\* OR elite OR perform\* OR competiti\* Search String 3: qualitative OR narrative\* OR experience\* OR interpretivis\* OR "social constructionis\*" OR stories OR phenomonolog\* OR interview OR "focus group\*" OR "case study" OR perception\* OR ethnograph\* OR attitude\* | Title 'TI' Abstract 'AB' |
| PsycARTICLES (EBSCOhost) | 654 | Search String 1: "mental illness" OR "mental health" OR depression OR anxiety OR "eating disorder\*" OR "disordered eating" OR addiction OR schizophrenia OR recovery OR anorexia OR bulimia Search String 2: sport\* OR athlet\* OR elite OR perform\* OR competiti\* Search String 3: qualitative OR narrative\* OR experience\* OR interpretivis\* OR "social constructionis\*" OR stories OR phenomonolog\* OR interview OR "focus group\*" OR "case study" OR perception\* OR ethnograph\* OR attitude\* | Title 'TI' Abstract 'AB' |
| SPORTdiscus (EBSCOhost) | 3155 | Search String 1: "mental illness" OR "mental health" OR depression OR anxiety OR "eating disorder\*" OR "disordered eating" OR addiction OR schizophrenia OR recovery OR anorexia OR bulimia Search String 2: sport\* OR athlet\* OR elite OR perform\* OR competiti\* Search String 3: qualitative OR narrative\* OR experience\* OR interpretivis\* OR "social constructionis\*" OR stories OR phenomonolog\* OR interview OR "focus group\*" OR "case study" OR perception\* OR ethnograph\* OR attitude\* | Title 'TI' Abstract 'AB' |
| Medline (EBSCOhost) | 7,404 | Search String 1: "mental illness" OR "mental health" OR depression OR anxiety OR "eating disorder\*" OR "disordered eating" OR addiction OR schizophrenia OR recovery OR anorexia OR bulimia Search String 2: sport\* OR athlet\* OR elite OR perform\* OR competiti\* Search String 3: qualitative OR narrative\* OR experience\* OR interpretivis\* OR "social constructionis\*" OR stories OR phenomonolog\* OR interview OR "focus group\*" OR "case study" OR perception\* OR ethnograph\* OR attitude\* | Title 'TI' Abstract 'AB' |
| Scopus | 10,218 | Search String 1: "mental illness" OR "mental health" OR depression OR anxiety OR "eating disorder\*" OR "disordered eating" OR addiction OR schizophrenia OR recovery OR anorexia OR bulimia Search String 2: sport\* OR athlet\* OR elite OR perform\* OR competiti\* Search String 3: qualitative OR narrative\* OR experience\* OR interpretivis\* OR "social constructionis\*" OR stories OR phenomonolog\* OR interview OR "focus group\*" OR "case study" OR perception\* OR ethnograph\* OR attitude\* | Title Abstract  Keywords |
| TOTAL | 10,599  24,134 |  |  |

Records identified through database searching

(n = 24,134)

Additional records identified through other sources

(n = 7)

Records after records screened and duplicates removed

(n = 196)

Records excluded

(n = 155)

Full text articles assessed for eligibility

(n = 42)

Full text articles excluded, with reasons

(n = 12)

Studies included in meta-study

(n = 37)

**Identification**

**Screening**

**Eligibility**

**Included**

Figure 1. PRISMA flowchart of the search and retrieval strategy of articles

**Table S3.** Aims and results summary of included meta-study articles.

|  |  |  |
| --- | --- | --- |
| Author/ date of publication | Aim | Results summary |
| 1 Arthur-Cameselle et al. 2012 | To elicit advice from female collegiate athletes who achieved recovery from an eating disorder for coaches, parents, and other athletes with eating disorders. | Results describe 4 types of advice:   * Advice for coaches: increase in eating disorder education and awareness, emphasis on proper nutrition to athletes, emphasis on sport skill instead of body weight for sporting success, and avoidance of singling out athletes body weight or shape. * Advice for interactions with athletes who have eating disorders: confronting the athlete, provide emotional support, refer the athlete to professional care, and prohibit participation in sport. * Advice to parents: providing emotional support, encourage professional treatment, and increase eating disorder knowledge. * Advice to other athletes with eating disorders: keep hope for recovery, determine underlying causes and triggers for disorder, seek professional treatment; (d) reach out for emotional support, focus on recovery benefits, and put life and eating disorder into perspective. |
| 2 Arthur-Cameselle et al. 2018a | The aim of this study was to identify factors that influence efforts to achieve recovery in young women who have been treated for an ED, comparing athletes and non-athletes who were studied using the same procedures | Five higher-order categories identified:   1. Internal factors: Psychological supports (Cognitive emotional shifts- 40%; Self-determination- 11%); Physical concerns (Sport performance concerns- 32%; Physiological consequences- 13%); Behavioural changes (New coping mechanisms- 6%; Avoiding triggers- 6%). 2. Relationship factors: Close relationships (Others’ support/concern- 42%; Relationship consequences- 2%); Helpful modelling- 2%. 3. Treatment/ Education factors: Effective treatment- 21%; ED literature- 6%; Ultimatum/ intervention- 19%; ED support groups- 4% 4. Situational factors: Change in environment- 11%; Distracting environment- 2% 5. Others factors: Spirituality- 4%; Time/ maturation- 3% |
| 3 Arthur-Cameselle et al. 2018b | To identify turning points in eating disorder recovery in collegiate female athletes compared to non-athletes. | Four main themes identify eating disorder recovery turning points:   * Internal Turning Points: Autonomous Shifts - the role that their own autonomous, self-determined shifts played in initiating recovery. * Internal Turning Points: Acknowledging Negative Consequences - For almost all participants, acknowledging the negative consequences from their ED was a crucial turning point. Participants were not motivated to recover until they psychologically hit a low (e.g. depression, loneliness, or a sense of lost identity). * External Factors: Direct Social Influences - Participants’ interpersonal relationships and interactions with others often included direct discussions about ED symptoms. * External Factors: Indirect Influences - Some participants’ recovery was, in part, spurred by environmental changes such as moving out of their parents’ house or having a shared bathroom in college. |
| 4 Arthur-Cameselle et al. 2011 | To identify factors related to the onset of eating disorders in female athletes. | Authors identified two primary categories.   * Internal factors: negative mood, low self-esteem, perfectionism/ achievement, and desire for control. * External factors: negative influences on self-esteem, hurtful relationships, hurtful role models, and sport performance. |
| 5 Arthur-Cameselle et al. 2014a | To acquire information about initiation and achievement of eating disorder recovery in female collegiate athletes. | Athletes’ reported factors that influenced ED recovery:   * Factors that initiated recovery: a) Negative consequences of the disorder (69%); b) Confrontation/ intervention (63%); Desire for better life (50%); Improvement in mood (37%); opening up to others (38%); Change in environment (25%) * Factors that assisted recovery: Cognitive changes (100%); important relationships (100%); Professional care (94%); Behavioural changes (94%); Sport environment (81%); Others with eating disorders (56%); medication (38%); Spirituality (25%). * Factors that hindered recovery: Lack of support (81%); Professional care complaints (63%); Others with eating disorders (56%); Negative cognitions (50%); Relationship conflict (50%); Negative emotions (38%); Sport environment (25%); Societal pressure (25%); Body checking (13%). |
| 6 Arthur-Cameselle et al. 2017 | To identify factors that contributed to eating disorder onset in elite competitive female athletes compared to same-aged non-athletes. | Four main themes and sub-themes identify factors which led to eating disorder onset:   * Psychological factors including low self-worth, comorbid disorders, and perfectionism/ control. * Physical/ Behavioural factors including changes in weight, rigid eating, and injury/ illness. * Relationship factors including peer issues, family issues, and other relationship issues. * Environmental factors including sport environment, and cultural thin ideal. |
| 7 Arthur-Cameselle et al. 2014b | To identify factors that assist female athletes’ recovery from an eating disorder. | Authors identified three categories:   * Internal factors: desire to participate in sport, change in values/ beliefs, "fed up" with the disorder, using new coping mechanisms, and avoiding triggers. * Important others: support from others, professional treatment, university with others with eating disorders, confrontation/ intervention. * Environmental factors: change in environment, and not wanting others to find out. |
| 8 Brownrigg et al. 2018 | The aim was to contribute to our understanding of such phenomena in elite athletes by exploring in depth the experiences of a small sample of retired pro-footballers. | Three themes emerged from analysis:   * The culture of pro-football: a combination of a harsh, unsupportive psychological environment and expectations of manliness which resulted in a culture of silence. * Club relationships: highlighted how relationships within the culture of football was fraught with anxiety and distrust leaving the players feeling unable to disclose their problems * Loneliness and social isolation: describes how the lack of supportive relationships in their clubs resulted in loneliness and social withdrawal. |
| 9 Busanich et al. 2014 | To explore the narrative and gendered construction of disordered eating experiences in elite distance runners. | Findings demonstrate the gendered experiences of disordered eating. The female athlete’s narrative demonstrates the ‘taken-for-granted’ understanding of an eating disorder, whilst the male athlete’s narrative demonstrates the impact of labelling and the stigma surrounding an eating disorder, tied into masculinity norms. |
| 10 Busanich et al. 2016 | To explore the embodied and disordered eating experiences of male distance runners through the use of visual narrative methods. | Results show there are two emerging narratives: a transformative narrative and a rollercoaster narrative, which woven together with the performance narrative, help frame the runners embodied experiences. The narratives were gendered as male athletes spoke of their health and embodied experiences in masculinised terms.   * Transformation narrative: being involved in sport transformed their self-identity (a transformed body, or physical appearance, and a transformed relationship with food and exercise). Food and exercise used to control the flawed body. * The rollercoaster narrative: a story that is marked by highs and lows for the male athletes. The highs are tied to the body's physical functioning and appearance. The low points are due to failure (when the body fails to perform up to expectations or breaks down such as in times of injury or illness). |
| 11 Cooper et al. 2017 | To explore the conceptualization of disordered eating in relation to swimming participation, how retirement affects eating patterns, and ways to mitigate disordered eating. | Results highlight that elite swimming and subsequent retirement impacted the persistence of disordered eating. Authors identified three superordinate themes:   * Pressures unique to swimming: swimmers increased appetites; swimming as a social sport; fuelling the hydrodynamic body * Transition to eating pattern awareness: self-realization; taking time to find a new normal; nutrition education * Maintaining ideal eating patterns in retirement: internal component; external component. |
| 12 de Bruin et al., 2018 | The aim of the study was to investigate if and how body image, taken from a contextual perspective, contributes to the eating disorder history. | Contextual body image was an important factor for participants in the development of an eating disorder. Athletes from aesthetic and endurance sports, as well as rowers described negative body evaluations in the context of sport. However, for judokas their eating disorders did not stem from negative body evaluations, and instead from weight-classes. From the narrative analysis three different types of narratives were told:   * Recovery - a narrative told by athletes who fully recovered and performed even more successfully after. * Chaos - a narrative which does not consist of a clear story line from bad to good, from diagnosis and treatment to recovery, but the situation could best be characterized as rudderless. * Quest – a search for meaning after sporting career.   Findings also reveal a ‘I might have gotten it anyway’ narrative. |
| 13 de Grace et al. 2017 |  | The circumstances that appeared to activate the mechanisms leading to substance use were;  1) Familial history, stability, and illness- The predisposition to addiction was thought to be genetic or influenced by family.  2) Perceived acceptability of alcohol- Alcohol was deemed as acceptable in their homes.  3) School restrictions and social atmosphere; This describes how participants were exposed in their school and social atmosphere.  4) Sport culture, demands, and expectations- The demands and culture of the sport were perceived to contribute to substance abuse.  5) Termination of sport involvement- athletes became more vulnerable to substance abuse to fill the void created by the loss of sport. |
| 14 Doherty et al. 2016 | This study sought to explore how elite male athletes experience depression during their sporting careers. | Authors identified three broad categories that emerged during analysis:   * The emergence of depression * The manifestation of symptoms of depression * Adaptive and maladaptive processes of recovery. |
| 15 Jones, 2014 | To examine the experience of a former professional footballer who struggled with alcoholism. | Findings highlighted a number of traumatic experiences or life transitions throughout the athletes’ life which were intertwined with his alcoholism and career in football. |
| 16 Jones et al. 2005 | To explore the experiences of a former elite swimmer whose career was interrupted and finally terminated by disordered eating. | Results demonstrate the construction of the athlete’s eating disorder was impacted by a coach’s comments regarding her body and weight. This led to ongoing surveillance and disciplining of the self. A strong athletic identity led to a vulnerable sense of self, which, when disrupted, contributed to the development of an eating disorder. |
| 17 Kühnle, 2020 | To understand what kinds of stories do athletes with depression tell. | Two narratives were identified:   * Melodramatisationn of the past- this narrative revealed appealing memories of happy times. A picture-book career in sport is described but the depiction slowly transforms into extreme states of anger, grief, despair and the onset of a series of difficult life conditions and mental illness. * Futurisation of happiness- A narrative shift took place and previous narrative is reconstructed into a sequence of four steps: 1) suicide as an option; 2) distancing from the old self; 3) switching to the future; 4) appropriating new life contents. |
| 18 Lebrun et al. 2018 | To explore in depth the subjective experiences of elite athletes who suffered from depression, and perceptions of the prevalence and stigma surrounding MHIs in elite sport | The four themes identified mirrored questions asked to participants about their depression:   * Triggers (sport related and non-sport related). * Symptomatology. * Mental Health Issues within Sport Environments (prevalence essentially). * Perceived Stigma. |
| 19 Lim et al. 2017 | The study sought to gain an insight into the experiences of professional footballers who have developed problems with their gambling behaviour. | Results revealed 2 main themes, with reoccurring themes within those to describe how interviews experienced gambling addiction as professional footballers.   1. Development of gambling problems  * Gambing as a salient feature of professional football * Structural characteristics of professional football as an occupation that facilitates gambling * The emotional conflicts arising out of a career in professional football  1. Factors influencing help seeking  * Initial unwillingness/personal crises * Recommendations by peers with similar experiences/ supportive club management. |
| 20 McMahon et al., 2017 | To explore three female swimmers’ relationships with their male coaches and the body practices they were exposed to within Australian swimming. | The hierarchal male coach-female athlete relationship was problematic as it exposed females to specific body practices. The female maturing body (growing breasts, female body shape, menstruating) was deemed by swimming culture as unsuitable for performance, and therefore female swimmers were encouraged to transform bodies and behaviours towards that of the boys. |
| 21 McMahon et al., 2008 | To explore the author’s story of being an elite swimmer immersed in Australian swimming culture. | Three stories are provided.   * One story addresses the fear of regular weigh-ins and weight increases, and the ways this is unhelpfully addressed by those in power and how this can lead to disordered behaviour. * The second story focuses on skinfold measurement taking. * A third story shows how the pressure of meeting a physiologist can lead to self-induced vomiting.   The stories are interpreted through the following fundamental message: social practices and interactions within elite sport exert disciplinary power over athletes that leads them to disordered practices and symptoms of mental illness. Individuals conform but they are ultimately "powerless to these structural influences". |
| 22 McMahon et al., 2011 | To explore the author’s bodily experiences as an Australian elite swimmer in an autoethnographic framework. | The findings demonstrate how interactions with peers, her mother, coaches and physiologists led to self-regulatory practices (i.e. calories counting) to be adopted for the author during her swimming career in order to meet an ideal 'slim swimmers’ body'. The stories show how these practices had been normalised in elite swimming culture in Australia. Essentially authors summarise that disciplinary power led to disordered eating practices. |
| 23 McMahon et al, 2012 | To explore the ‘exposure and effect’ of culture, in particular bodily practices placed on three adolescent swimmers immersed in the Australian swimming culture. | Results showed the positions of power and authority in Australian swimming culture. The following themes were present in the findings:   * Technocracy - through implementation of practices, Australian swimming coaches and managers demonstrated technocentric ideologies as the ‘swimmer bodies’ were‘ viewed as an instrument and object for manipulation. * Disciplinary power- Coaches normalised the swimmer’s body for the sake of performance goals. * Self-surveillance- The gaze on swimmer’s bodies led athletes to seek out measures to conform to a lean swimmers body (i.e. purging). * Differential power- Cultural practices engaged in which were imposed by coaches in positions of power. * Slim to win- a lean swimmer’s body = a fast swimmer’s body). * Persistence of disordered eating into retirement- The swimmers all continued to experience disordered eating patterns even 10-30 years after their careers had finished. |
| 24 McMahon et al. 2013a | To address the impact of body pedagogies on swimmers’ lives, health and wellbeing (first, at the time when the participants were adolescent elite and sub-elite  swimmers, and second, some 10–30 years later) | The experiences of three swimmers suggest that body pedagogies focused on weight, shape, body fat and performance dominated Australian competitive swimming culture. Body pedagogies were also shown to have a long-term influence upon the participants’ feelings about their bodies. Findings also demonstrate examples of resistance to dominant ideas within this culture and normalised pedagogical practices. |
| 25 McMahon et al, 2013b | To explore practices associated with the notion of swimmers ‘living by fat numbers’ during swimmers competitive swimming careers as adolescents and post career as adult women | The experiences of three swimmers illustrate the behaviours that are expected and imposed on swimmers, as well as self-imposed behaviours connected to fat, weight and calories. The stories also show point to evidence of the durability of the discourses that dominated swimmers lives and bodies. These highlight how certain training and eating behaviours continue to permeate athlete lives even post-swimming careers. |
| 26 McGannon et al., 2020 | To extend understanding of  sport and addiction recovery by studying ultrarunning autobiographies  to learn more about the role of ultrarunning in addiction recovery capital pathways | Two narratives were identified as well as a sub-theme within each which highlight:   1. Chaos narrative- Addiction recovery stories were characterized by emotional and physical suffering, loss of control over their bodies and less of desire in life getting better.  * Addict-runner- running was intertwined with being an addict.  1. Quest narrative- perspectives and lessons are gained from having an addiction.  * Addict-runner to ultrarunning- becoming an ultrarunner was a process of athletes dissociating themselves from addiction. |
| 27 McGannon et al., 2019 | To extend understanding disordered eating in elite swimming culture and build upon auto biographical work in sport detailing women’s experiences and health related issues. | Two contrasting narratives were identified: performance narrative/struggle, and personal growth narrative/recovery. These framed key turning points for athletes.   * Performance narrative turning points- Disordered eating struggles were heightened through body related and relationship turning points within the constraints of an elite swimming culture. A performance narrative was perpetuated by male coaches, teammates and the media. * Personal growth narratives include both emotional and body acceptance turning points. Recovery was difficult within a culture of pursuit of an ideal body, but body acceptance turning points within a personal growth narrative along with social support facilitated this process |
| 28 Newman et al 2016 | To explore the depressive experiences of top level athletes and the relationship of such experiences with sport performance. | The analysis identified a complex interaction between depression and sport performance. 7 themes were identified:   * Life stressors - Athletes described depressive episodes and emotional difficulties in response to a range of stressors. * Escapism through sport – Sport as a form of escape from stressors and symptoms of depression. * Reliance upon success for self-worth- Success in sport provided positive but short-lived impact on athletes’ feelings of self-worth. * Emotional cost of failure- Failure had a negative psychological impact on athletes. * Impact of depression on performance- Performance negatively affected by depression. * To quit or not to quit- Athletes experienced inner conflict about involvement in the sport. * Challenging perceptions of athlete immunity to depression- Conflict about how they felt and how they thought they should feel. |
| 29 Papathomas et al., 2006 | To take the personal story of an athlete who experienced an eating disorder and place it in the context of relevant literature. | Findings highlighted key life transitions and the construction of a male athletes’ eating disorder throughout these transitions. The athlete’s narrative suggests achievement threats and weight-based performance pressures played a role in precipitating the onset of bulimia nervosa. When performance pressures were removed the eating disorder remained and evolved, suggesting that disordered eating is not primarily situational. Recovery coincided with the cessation of sport participation. |
| 30 Papathomas et al., 2010 | To qualitatively explore athletes’ experiences of disordered eating. | Findings reveal three themes:   * The struggle to disclose - Athletes perceived a stigma to mental illness which contradicted their identities as athletes. * Social support needs- Participants discussed the impact of receiving and not receiving social support. A lack of social support, a lack of understanding, fear of burdening others and parental support emerged as the sub-themes. * Identity challenges - identity challenges focus on athletes’ identities. Sub-themes included: the disordered self versus the athletic self (being mentally ill taking away from the sense of being an athlete); the struggle to withdraw (from sport); a continued struggle (with eating after sport); making sense of illness (finding meaning in experiences). |
| 31 Papathomas et al., 2012 | To address athletes’ experiences of eating disorders and sexual abuse. | Findings revealed Beth eventually linked her eating disorder experiences to her experiences of sexual abuse. Beth linked her self-starvation to the guilt and self-blame associated with her abuse experience i.e. parents would be less inclined to condemn Beth for her role in the relationship she had with her tennis coach if she was ill. Beth’s attempts at constructing an understanding of her eating disorder experiences were informed by the dominant medical narrative. The findings demonstrate that athletes can have eating disorders in sports that are not considered high risk. |
| 32 Papathomas et al., 2014 | To provide an alternative to medical understanding of disordered eating in sport through an emphasis on personal perspectives. | Narrative analysis identified several narratives constructed by the participant:   * The performance narrative - striving to meet expectations of others. * A quest for success in a performance-oriented world. * A quest for narrative realignment: striving to perform- The athlete attempted to realign her experience with the performance narrative of academia and the role of the performance narrative of sport in this process. * Understanding disordered eating: achieving 'self-starvation' - her narrative weaves a complex understanding of self-starvation that holds potential consequences for her experience. |
| 33 Papathomas et al. 2015 | To explore the experiences of an athlete with an eating disorder in conjunction with the experiences of her parents. | Findings show that an eating disorder is a psychologically challenging experience for the whole family and demonstrate that an athlete and her parents draw on dominant illness narratives to construct their experiences. The following narratives are identified throughout interviews:   * Family wreckage- The breakdown to family life that occurred when family members initially tried to make sense of the eating disorder. * Restitution – For every illness there is a cure. Having encountered narrative wreckage directly or indirectly, the family currently lived by a new story. * Problematising restitution - The impact restitution has on experience when the anticipated recovery does not occur. * Communication issues - A lack of communication between athlete and her parents had developed into a major issue * Approaching restitution? - There was agreement among the family that Kelly’s physical and mental health had improved across the course of the interviews. * A turn to quest - the quest is defined by the ill person’s belief that something is to be gained through the experience. |
| 34 Pereira Vargas & Winter, 2021 | To understand disordered eating experiences of female powerlifting athletes and build upon work detailing weight-focused sporting cultures | Four themes were identified to interpret disordered eating and weight cutting experiences:   * Fear of disclosing weight cutting concerns- a prevailing weight-cutting culture led to the engagement in disordered eating practices. Athletes feared disclosing concerns due to fears of judgment. * Eating like a powerlifter- the high energy demand of the sport and the period of weight cutting for competition normalised a cycle of binge-restrict. * Culture of regulation- (Self) regulatory practices were imposed by coaches and self-imposed calorie limits which led to extreme eating practices. * The female body vs. the powerlifter body- Athlete accounts revolved around the role of their bodies as required for powerlifting, contrasted to what is idealized in society. |
| 35 Plateau et al. 2017 | To understand how athletes experience seeking and engaging with treatment for an ED, and what challenges do they face. | Three main themes were identified to understand recovery experiences:   * Challenges to treatment seeking – Four sub-themes emerged as important in relation to seeking treatment: a lack of eating disorder literacy among athletes and coaches, difficulties in acceptance of the eating disorder; practical barriers to treatment seeking and the perceived availability of emotional support. * Feeling out of place – Four subthemes emerged to explain feeling out of place: beliefs of having an atypical eating disorder, difficulties in maintaining an athlete identity, the involvement of the coach in treatment, and a perceived lack of relevance of therapy leading to a lack of motivation to engage with therapy. * Coping with exercise transitions - Three subthemes emerged in relation to managing exercise throughout the treatment process: changes in exercise cognitions and behaviours, managing exercise restriction within the treatment context, and preparing for a return to sport. |
| 36 Sterling et al. 2012 | To examine female athletes’ perceived vulnerabilities to the development of disordered eating. | Both external (characteristics of the sport environment) and internal (characteristics of the individual) vulnerabilities were noted by participants for disordered eating development:   * External vulnerabilities included: emphasis on appearance; pressure/comments to lose weight; monitoring of weight/diet; media influences * Internal vulnerabilities included: self-absorption; achievement-orientation; perfectionism; hyper-competitiveness; need for control; pain as enjoyable |
| 37 Wood et al. 2017 | To expand upon the knowledge and understanding of male professional footballers’ experiences of mental health and help-seeking. | One superordinate theme: survival, related to survival in the professional football world. Six subordinate themes named after participant quotes centred around:   * Fighting for survival * Sense of self * Masking experience/struggle * Help-seeking * Losing love for football * Transition out of sport |

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