

“You should see me on the inside”:

Researching the post-stroke mental health of a male professor of sport

Abstract

Variable, and therefore miserable condition of man! This minute I was well, and am ill, this minute. ... We study health, and we deliberate upon our meats, and drink, and air, and exercises, and we hew and we polish every stone that goes to that building; and so our health is a long and a regular work: but in a minute a cannon batters all, overthrows all, demolishes all: a sickness unprevented for all our diligence, unsuspected for all our curiosity; nay, underserved... . O miserable condition of man! (Donne, 1999 [1624], p. 3)

This research note offers an original contribution to methodological discussion *qua* mental health, and associated emotionality, within the workplace of sport academia. Our¹ focus is the post-stroke mental health of a male sociology of sport professor, and discussions are divided into two sections. The first section, which reiterates the title: ‘you should see me on the inside’, explores this statement in terms of researching the mental health of a work colleague. The second section, entitled ‘Sepp Blatter saved my life’, focuses on the tensions implicit to co-constructing knowledge of post-stroke mental health recovery.

Introduction

“Because the person I had been ... actually did die. The physical self survived, but, if you like, the intellectual and, using sociological terminology, the inner self perished.”

In this research note we offer a preliminary discussion of the particular and individual experiences of mental health post-stroke. Described at various times by different authorities as brain attack, brain bleed and brain insult, strokes are more prevalent than people might imagine: ‘In the UK, strokes are a major health problem. Every year, around 110,000 people have a stroke in England and it is the third largest cause of death, after heart disease and cancer’ (www.nhs.uk, 2015). As with any statistical account of incidence, the figures tell different stories. Robert McCrum² writes—in his latest commentary regarding his own stroke in 1995—that in the UK annually 50,000 people die of a stroke, 50,000

live with a disability post-stroke, and '50,000, the lucky third, will go on to lead fairly normal lives' (2015, ¶4).

The idea of 'normal' is open to interrogation and personal testimonies of post-stroke life document scales of emotionality vis-à-vis depression (cf. www.stroke.org; www.stroke.org.uk; Kouwenhoven *et al.*, 2011, 2012), linking this state of mental health to feelings of loss; specifically, a strongly perceived loss of the self. This sense of loss is unsurprising given the centrality of the activities of the brain to the formation of subjectivity, identity and being.

The brain has been described by McCrum (2015) as 'the scene of more crimes against wellbeing than any other part of the body' (¶1). He jokes that 'the brain is the only organ in the body to have named itself. It's a fact: our brains are us' (¶8). McCrum concludes that a stroke 'is like having an earthquake at the centre of your fragile self' (¶ 9). For him, the consequences amounted to, "... the individual in society' is peremptorily ripped from the fusebox of everyday life' (1998, p. 12).

Perhaps like many people, I spent little time thinking about the incidence and effects of a stroke. This changed on Monday 13th May 2013, when, along with other work colleagues, I was informed of John Sugden's³ hospitalization and his critical condition in intensive care. On his return to work, John and I talked about his post-stroke experiences of health and wellbeing, albeit often fleeting conversations surrounding the question: "How are you?" These workplace conversations occurred during lunch times, before and after meetings and research-related events. In the end, we decided an interview was worthwhile because it afforded the time to talk at length about his recovery, and "*the inner self, the spiritual self, the emotional self, if you want to call it that*". The interview took place on 29th October 2015.

Based on a number of informal workplace conversations and one formal interview, the aim of this research note is to offer an original contribution to discussions of methodology relating to mental health within the workplace of

sport academia. Our discussions concern the post-stroke recovery of a male professor who experienced a shift in his mental health.⁴

JC: You've recognized you've had bouts of depression?

JS: Yeah, definitely.

JC: Straight away after the stroke?

JS: No. Later. During the recovery. It's only during recovery that I realized the extent of what had happened to me. I realized what I'd lost [pause] and coming to terms with that. I'll probably never get that back. I think we spoke about it before; it's a kind of period of mourning because you've lost yourself.

The research note is divided into two sections. The first section, entitled 'you should see me on the inside', explores this statement in terms of researching the mental health of a work colleague. The phrase appears as a simple, open invitation to access an inner world of another's self. And yet, the 'inside' and the process of seeing the 'inside' are methodologically complicated. The second section, entitled 'Sepp Blatter saved my life', shows how co-constructing knowledge of post-stroke mental health recovery requires researcher reflexivity.

"You should see me on the inside"

"Quite often people come up to me and say 'Wow! you look great, you look fantastic' to which my stock response has become 'you should see me on the inside'. Because the visible self, what I look like. Yeah I look healthy. I am healthy. I am fit, probably fitter than most people physically for my age. But, intellectually, it's not, [pause] it's like spiritual; spiritually I'm not very well at all."

Before considering the methodological issues surrounding the statement 'you should see me on the inside', it is important to grasp the severity of a stroke. John recounts the time leading up to his stroke: "My brother had a stroke several months before and he didn't survive. It was the Sunday evening of the weekend I came back from Liverpool having been to my brother's memorial service when I suddenly felt a bit strange. Fortunately my wife Chris, spotted what were obviously the signs of a stroke and called the emergency services". He has a vague recollection "of somebody in green overalls in my bedroom". He continues by confirming that: "It wasn't until weeks later, probably a couple of weeks later,

I came round in a hospital bed.” He had to ask one of the nurses: “Can you tell me what I’m doing here?” For some time, he was unable to walk, which meant he “couldn’t get out of bed to go to the toilet, I had to be taken”.

When he left the confines of the hospital, he received physiotherapy and his physical recovery was relatively straightforward. With the support of a team of physiotherapists he set his first target, which was to walk 10 yards. Once this was achieved they asked him for his next target, which was to run. With their guidance he managed to run 10 yards in the cul-de-sac outside his house, and then 50 yards and 60 yards. Once he was able to “amble along quite comfortably for say a couple of hundreds yards”, he decided “to set a bigger target for myself”, “which people thought was absolutely insane, and, of course, it was”. Some six weeks after his stroke, John entered the Beachy Head marathon – an event held annually in October and renowned for its grueling course, which ascends and descends the Seven Sisters (a series of chalk cliffs in East Sussex, England) of the South Downs National Park. John had run in this marathon a number of times before.

He imagined that the completion of Beachy Head marathon would mark a breakthrough in his recovery: “When I finished it, even if I crawled over the finishing line, I anticipated saying to myself: “Okay, you’ve done that, you can do anything. It’s over, forget about the stroke””. He spent every morning during the summer months and into September and October running with his dog (Che) “for two, maybe three miles. Partly run, partly jog, and sometimes walk.” At the end of October, running with a male friend for safety and support, he finished the marathon, albeit in a time that was much slower than his previous performances. Regardless, he believes that it had “a tremendous effect on my physical recovery. It also, I think, helped me mentally”, but as John said: “not spiritually”. The running feat stimulated the revival of his physical and intellectual health, but not what he refers to as spiritual recovery. For him, this involves “the inner self, the emotional self”. Although he did feel a “hell-of-a-lot-better” both physically and intellectually, these interrelated feelings did not endure.

JC: It's easier for us to talk about physical health, a lot easier, we don't often talk about mental health, or emotional health, and you're in a situation where you have to think about it?

JS: Well, absolutely, I rediscovered something I knew already and it's helped me understand, it's helped me identify what my current problem is, which is probably a dark depression, and I call it the 'black dog'. ... because I don't like the word 'depression'.

JC: [Don't like] To say the word 'depression'?

JS: Yeah.

The figuration of the "black dog" is a recognised symbol of melancholy and depression. As metaphor, its currency is often attributed to Winston Churchill (UK Prime Minister 1940-1945 and 1951-55) who used it to describe the utter darkness of his feelings. Megan McKinlay (2005) traces the history and etymology of the phrase to Greek and Roman mythology ('melancholia' stems from *melaina*, the Greek word meaning 'black'), and through European folklore. Moreover, she identifies its strong association with depression to what she describes as the Johnson-Boswell-Thrale correspondence (1778-1783). Churchill was known to have read and cited, but not always acknowledged, Samuel Johnson (1709-1784). As a metonym of depression, McKinlay concludes that the figurative representation is compelling because:

... the Black Dog we know today is Churchill's, and it is against his own personal history that it takes on its contemporary dimensions, re-configuring depression as something from which one can separate oneself, something to be named, lived with, transcended. (2005, p. 15)

In this research, the phrase 'black dog' has meaning. However, John was careful when he acknowledged its value: "I'm not comparing myself to Churchill. But, people of a certain type, who are very outgoing and, erm, charismatic, if you want to call it that; everybody looks at them, they see the bright light, but deep down there's something else lurking." Despite John's reluctance to use the word 'depression', he appreciates current shifts in popular cultural lexicon – especially in men's professional sport, as well as the gendering of dialogues of depression.

JC: You know some men in football have been talking about depression, it's been discussed more fully; there's been a move towards talking about depression. Do you think it is useful, to have an open discussion?

JS: I think it is, yes. I think it's worth [pause]. Women, I think, are in a better place. Men, boys, unlike girls, you know, you'd never, back in the days of playing football, you'd never—in the dressing room with your mates—say, “you know what, I don't feel very well. I'm feeling depressed, can you help me”. Or, “let's go up to the bedroom and listen to some music”. Whereas I know, well I don't really know this, you know better than me, but in girls' culture, they're talking to each other about relevant emotional problems, which is much more acceptable in different settings; whereas with boys, and when boys become men, it was never acceptable.

JC: But, you, the men you spend time with are open to these discussions? [pause]

JS: Are they open to those discussions? [pause] I think the problem is, it's gotta come from [pause]. I prefer to protect them from those discussions. You know, people don't come to the Red Lion [pub] and say: “let's help John with his depression.” We want to talk about the footie or who is having an affair with whom in the village. I don't encourage them really to help me talk about depression. I'm very glad of the fact that they are there for me when I need anything, and I've got that social contact and a very strong support group around me, but I don't use it in any kind of strategic way.

Clearly, mental health, emotionality and feelings of depression are deeply personal, and, as such, can be hard to navigate and communicate (cf. McCrum, 1998). Within the contexts of sport, work and dominant gender relations in British culture, talking about depression is complicated and most likely troublesome for many people. Moreover, as Goffman (1963) identified, the stigma of depression is a profound and powerful social construct that operates to devalue mental health and people with depression. It is not only an issue of stigma and language (e.g., (dis)comfort with words such as ‘depression’ and ‘black dog’), but also the sensitive nature of the situation. During our informal conversations and the more formal interview, I found myself stumbling over how to pitch questions related to emotionality, and how to respond with integrity to John's open admissions of depression. I struggled, at times, despite my compassion for him as work colleague and friend. Post-stroke, although John looked well, I perceived him as vulnerable, and this shift in his workplace identity and personality required conscious negotiation, especially given our long-term previous interactions.

For a number of years, John and I had a frank and candid working relationship.

For instance, I would challenge behaviors and attitudes of traditional and dominant masculinity, especially within sport and academic workplace cultures. On reflection, our workplace setting was infused, predominantly, with familiar sporting characteristics of toughness and strength, albeit in relation to the cerebral and holding line during debate and discussion. Usually, our opinions and views were interrogated and framed by rational and logical explanation. We did talk about the messier personal and emotional, but these were uncommon intimate moments instigated by rare and traumatic personal experiences.

At this juncture, it is worth considering the collective, but highly individualistic nature of sport and academia. Together, we often measure and weigh up the performance and outputs of others, and ourselves (Sparkes, 2007). We balance the successes with losses and failures, and skirt round our own weaknesses. Such cultural practices—which can be highly insensitive to feelings—influence how work colleagues speak about depression (Jago, 2002). Set against this backdrop and against a long-term, robust professional relationship, responding to the simple invite: ‘you should see me on the inside’ is methodologically complicated.

Previous research concerned with revealing the inner, emotional world of the self (‘the inside’) tends to adopt methodological forms such as narrative, autoethnography and autobiography. These forms offer productive and generative means by which to view the particularities and contingencies of mental health. Research is conducted, interpreted and documented in ways that appear to suggest a relatively smooth exploration of emotionality and feelings of despair and/or misery.

For example, autoethnography offers the researcher a direct line to the metaphorical ‘inside’ of the research participant (cf. Smith, 1999; Stone, 2009). With this approach, the depth and detail of interpretation and representation of ‘findings’ of mental health carry an implicit ethics of consent. Analysis is often moving and powerful when it connects successfully individual experience and broader politics of compassion, humanity and justice. Autobiographies are similar in this regard; and they are verified as an important qualitative ‘analytical and pedagogical resource’ (Sparkes and Stewart, 2015) for sport scholars.

Narratives offer slightly different creations of representation. For example, the individuality of the 'inside' can be formed through the intertextuality of shared experiences (cf. Bruce, 1998). This merging is useful because a final, accessible multi-meaning narrative can be offered back to groups as a source of insight and assurance. Research participants' engagement with these narratives can serve to lessen feelings of isolation and despair (cf. Smith, 2013).

Given these available research approaches applicable to the qualitative study of mental health, substantive questions to ask—when the researcher is not the researched and when the researcher chooses not to use narrative—is: who is qualified to complete the research? Does being a long-term work colleague, friend and occasional confidant amount to some kind of qualification? Does a shared and similar experience of emotionality, namely feelings of depression and low affect, amount to authentication? Or, does having a learned grasp of counselling skills—such as unconditional positive regard, empathic understanding and congruence—legitimate qualification?⁵ These are fundamental methodological questions that apply more broadly to researching sports work, emotions and mental health. Seeing 'the inside', which means in this research, getting to know a work colleague's post-stroke feelings of depression is a complicated process; it requires researcher reflexivity.

"Sepp Blatter saved my life"

FIFA scandal keeps our sports academics busy

John Sugden, Professor of the Sociology of Sport, was inundated with media interviews earlier this week. This followed suspended FIFA President Sepp Blatter's suggestions that an agreement had been made for Russia to host the World Cup 2018 before the official vote took place.

On the day of his media marathon John took part in 6 interviews: 7.15am BBC West Midlands, 8am BBC Radio 5 Live, 9.05am BBC World Service, 11am BBC Radio Sussex, 12noon LBC radio, 12.30pm BBC South East Today TV.

Commenting on his press coverage John said: "At this rate, I'm going to need an agent."

(<http://blogs.brighton.ac.uk/sasm/2015/11/03/fifa-scandal-keeps-our-sports-academics-busy/> Posted 03 November 2015)

The timing of our interview for this research coincided with the unraveling of the FIFA fiasco. In 1998 and 2003, Sugden and Tomlinson published *FIFA and the Contest for World Football: Who Rules the People's Game?* and *Badfellas: FIFA Family at War*, respectively. Obviously, John and I spoke about FIFA. He said:

I feel it's been of benefit to me, to re-engage with the FIFA story, which is probably the biggest sport story in our generation. It forced me to re-train my brain when it was feeling pretty dull and the notion that Sepp Blatter saved my life is because these media interviews, most of them are live, they've forced me to re-open some of the tracks in my mind.

During the interview it was apparent that we were comfortable talking about physical and intellectual health post-stroke recovery. They were discussed as interconnected, for instance if John felt physically fit he also felt intellectually well. As such, getting a point of view of the physical and intellectual 'inside' seemed relatively straightforward compared with determining emotional health.

JC: So you've had to adjust, the physical and intellectual adjustments probably being easier?

JS: Yes.

JC: And the spiritual, and the kind of ...

JS: The emotional side of it?

JC: Yeah.

JS: That's probably been the most difficult.

JC: Can you talk about what's difficult about it? [pause]

JS: Erm [pause] It's not difficult to speak about, just trying to think of ways of phrasing it. [pause] It's because I'm not a very emotionally expressive person I guess, I never have been in that sense. I don't think I've been a cold person. ... if you see yourself, your core personality, as a sporty person, if that's taken away from you ... I think back to the days when I was still playing football. I think 'wow', I was doing that; I was playing competitive football up until weeks before I had my stroke; that was a huge part of my life that has disappeared with a lot of other things. I think of that kind of sporty self, the sporty self, if you like, is a strong self, it's a domineering self, and it's an in-control self.

Previously, I have argued for a move away from the sporty 'in-control self' when it comes to depression (Caudwell, 2014, 2015). Within this framing, and my personal experiences of living alongside feelings of low affect, registers of progression such as time and distance are jettisoned for the small pleasures of the ordinary and mundane. Listening to John talk about completing the Beachy

Head marathon and his 'media marathon' vis-à-vis Sepp Blatter's demise challenged my existing perspective. I was conscious of this juxtaposition during our interview, and, as a consequence, I doubted—unfairly—the significance of 'Sepp Blatter' to post-stroke mental health recovery. This doubting, based on the self-centric belief that 'Sepp Blatter' has no emotional value, highlights a serious tension in the research process. Such a tension requires researcher reflexivity as well as a return to the question of who is qualified to complete research on mental health and emotionality, specifically depression.

Within traditional models of researcher-researched, the co-creation of knowledge usually fits within ethical paradigms that might ignore or avoid researcher 'doubt'. Researcher-researched dynamics that involve work colleagues can be more complex and consequently demand greater researcher reflexivity. For John, his publicly mediated responses to the FIFA debacle meant he felt "a deep sense of personal vindication". He enjoyed being a part of the regional and national media coverage of the "downfall of FIFA and Blatter, and all the rest of them" because he believes, strongly, that Blatter and "the regime has been so corrupt, so corrupted and so criminal" and that it has "done a lot of damage."

Taking a more reflexive approach, the 'Sepp Blatter' event and the opportunity it gave John to publicly articulate his long-standing commitment to justice within global sport governance, contributed significantly to the restoration of his inner self. For John, this inner self does imbricate with the spiritual and emotional self, and in this way it helps alleviate feelings of depression. Importantly, his emotionality also entwines with physicality and the intellectual. John made this point at the end of the interview:

The two sides yin and yang, the physical recovery and the, well it's not even two, it's yin, yang and yung; the yung being the inner self, the spiritual self, the emotional self. You need a recovery plan for that just like you need a recovery plan for your intellectual self and also you need a recovery plan for your physical self. So those three things, they don't exist separately, they don't work if done separately in parallel. You've got to find a way of managing the relationship of those three paths to recovery.

When John talked about the day-to-day means of restoring his mental health I was less inclined to doubt the interventions. For example, when I asked if he could feel the 'black dog' creeping into his life, he replied that he did.

JC: How do you [pause] do you just sit with that [the feeling]?

JS: No, I don't. I have a perfect anecdote for it. This has been interesting because this year has been a particularly pleasant autumn. So when I feel the black dog coming on, I've got my dog, Che [golden retriever] and we go for a walk. We walk over the top of the Downs. I use my dog to get rid of the black dog and that has been very therapeutic for me.

My suggestion of sitting with feelings of depression indicates one strategy of coming to terms with depression, but not one John engages with. During the interview, I accepted this and listened to his story of dog walking without doubting its immediate positive impact. Clearly physical activity remains important to John's mental wellness. However, there was an indication that talking therapy might also be useful. After acknowledging his supportive network of family and friends, but not wanting to turn to them all the time, John mentioned that he had 'resisted going to counsel; group counsel, what they call circle time, that's never going to work for me'. On the contrary, he had considered 'a one-on-one professional counsellor'. He thought that as 'things progress or don't progress, I could really talk to somebody in-depth who understands what people like me go through in the stages of recovery'.⁶

Conclusion

In this research note there are a number of important points for consideration. At a basic level, the discussions provide a brief account of a sport academic and his post-stroke recovery. Albeit sketchy, this story is obviously interpreted and represented through the words of a female work colleague. I have not had a stroke, and until this incident I had no personal experience of post-stroke mental health. At this level of inquiry, the research note raises awareness of post-stroke emotionality and feelings of depression. We have highlighted aspects such as the gendered, competitive and pressurized nature of the sport academic workplace, and the difficulties as well as the opportunities inherent in researching the

mental health of a work colleague. Implicit to these discussions is how colleagues negotiate and communicate substantive shifts in health and wellbeing.

On another level, the research note raises important methodological concerns related to two aspects. First, how to respond (as researcher and as work colleague) to the invite 'you should see me on the inside', and second, the juxtaposition of what/who might promote positive post-stroke mental health within the workplace of sport academia.

Narrative, autoethnography and autobiography, in different ways, offer appropriate methodological means to explore the deeply personal emotionality of depression. Researching one person's post-stroke mental health through qualitative interviewing raises the primary question of who and/or what qualifies as a legitimate researcher and/or research. Following this dilemma is the issue of researcher doubt of restorative interventions.

Researcher doubt undermines key ethics, which are described in person-centred counselling as unconditional positive regard, empathic understanding and congruence. Doubting the restorative nature of the phrase "Sepp Blatter saved my life" demands researcher reflexivity in terms of methodology (ethics). Perhaps this particular researcher-researched collocation illustrates the compound and elusive nature of the self when we talk about mental health. If this is the case, responding—both as researcher and work colleague—to the invite 'you should see me on the inside' requires on-going critical analysis of methodologies, especially given the turn to researching sport, emotions and mental health.

References

Bruce, T. (1998) Postmodernism and the possibilities for writing "vital" sports texts. In G. Rail (Ed.), *Sport and postmodern times* (pp. 3–20). New York: State University of New York Press.

Caudwell, J. (2015) Running for Pleasures, in R. Pringle, R.E. Rinehart, and J. Caudwell (2015) *Sport and the Social Significance of Pleasure*. New York: Routledge

- Caudwell, J. (2015) 'Feeling blue': The ordinary pleasures of mundane motion. *Qualitative Research in Sport, Exercise and Health*, 7(3): 309-320
- Donne, J. (1999[1624]) *Devotions Upon Emergent Occasions and severall steps in my Sicknes*, New York: Vintage
- Goffman, E. (1963) *Stigma*. London: Penguin.
- Jago, B. (2002) Chronicling an academic depression. *Journal of contemporary ethnography*, 31(6): 729-757.
- Kouwenhoven, S.E., Kirkevold, M., Engedal K., and Kim H.S. (2012) 'Living a life in shades of grey': experiencing depressive symptoms in the acute phase after stroke. *Journal of Advanced Nursing*, 68(8): 1726-37
- Kouwenhoven, S.E., Kirkevold, M., Engedal K., Biong, S., and Kim H.S. (2011) The lived experience of stroke survivors with early depressive symptoms: A longitudinal perspective. *International Journal of Qualitative Studies on Health Well-being*. 6(4): 10.3402/qhw.v6i4.8491
- McCrum, R. (1998) *My Year Off: Rediscovering Life After a Stroke*. London: Picador
- McCrum, R. (2015) 'I survived a 'brain attack' 20 years ago. Now a revolution in care is under way', *The Guardian*, 8 February. Available at: <http://www.theguardian.com/science/2015/feb/08/robert-mccrum-lucky-survivor-stroke-treatment-revolution> (accessed 09 December 2015)
- McKinlay, M. (2005) "Churchill's Black Dog?: The History of the 'Black Dog' as a Metaphor for Depression". Available at: <http://www.blackdoginstitute.org.au/docs/McKinlay.pdf> (accessed 20 December 2015)
- Smith, B. (1999) The Abyss: Exploring Depression Through a Narrative of the Self, *Qualitative Inquiry*, 5(2): 264-279
- Smith, B. (2013) Sporting Spinal Cord Injuries, Social Relations, and Rehabilitation Narratives: An Ethnographic Creative Non-Fiction of Becoming Disabled Through Sport, *Sociology of Sport Journal*, 30(2): 132-152
- Sparkes, A. (2007). Embodiment, academics, and the audit culture: a story seeking consideration. *Qualitative Research*, 7(4): 521-550.
- Sparkes, A. and Stewart, C. (2015) Taking sporting autobiographies seriously as an analytical and pedagogical resource in sport, exercise and health, *Qualitative research in sport, exercise and health*, DOI:10.1080/2159676x.2015.1121915

Stone, B., (2009) Running man. *Qualitative research in sport and exercise*, 1 (1): 67–71.

Sugden, J. and Tomlinson, A. (1998) *FIFA and the Contest for World Football: Who Rules the People's Game?* London: Polity

Sugden, J. and Tomlinson, A. (2003) *Badfellas: FIFA Family at War*. Edinburgh: Mainstream

¹ This is a co-produced paper. However, discussions are written in the first person of one author (Jayne Caudwell) only.

² I read Robert McCrum's memoir (1998) because when I asked John if having information about a stroke was useful, this was his reply: "*It's both useful and depressing. There's a fantastic book I'd recommend; it's by a guy called Robert McCrum, it's called 'my year off'. Robert McCrum was a journalist and publisher and a contemporary of Andrew Marrs, because, of course, Andrew Marrs had a stroke. He [McCrum] writes about his stroke and his journey into recovery. It was incredibly illuminating because it taught me a lot about the stroke itself and also the process of recovery, but it's also very depressing because it scared me to death, because it really did illustrate how close I was to death. And actually, it made it quite clear that a total recovery was certainly not guaranteed. So, it was useful, but when I finished reading it, I was really depressed.*"

³ John Sugden is Professor of the Sociology of Sport at the University of Brighton, UK. When I started work at the University on 1st January 2004, my office was one door along the corridor from his. We worked together on various projects until I left the University on 31st October 2015.

⁴ I asked John if he had experienced depression before his stroke, he replied: "I had no sense of having been depressed before my stroke, other than sometimes, as to be expected, being occasionally gloomy in response to the buffeting of everyday life".

⁵ In 2012, I completed an accredited entry-level course in person-centred counselling.

⁶ During the review process for this paper, John emailed me the following: 'You may want to note that since our interview, in recognition of my increasing awareness of my post-stroke depression, I have undertaken a series of meetings with a CBT counselor, which I have found helpful'.