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Is Sport Psychology Failing the Athlete?

Tom Ferraro

New York City, United States

Introduction

When Robert Schinke asked me to discuss my work with professional golfers I was happy to say yes. You see, I think we are at a pivotal and transitional time in the field of sport psychology. I'll tell you why.

I recently finished reading a Golf Digest treatise on The Zone. Jaime Diaz interviewed a number of leading North American sport psychology consultants about how to find that mysterious place called The Zone. A few of the experts suggested to Diaz that all it takes to find the zone is to buy a heart rate monitor do some deep breathing or just decide to have 'fun' on the course. I'm surprised no one mentioned prayer. I was not in the mood to complain too much, however, since they were kind enough to include me in the article as well. I had written about the zone for Athletic Insight so I got to add my two cents.

About a month later I got to debate with a sport psychologist who previously worked with a professional baseball team. A magazine columnist had called us up to discuss the psychology behind a leading baseball player's hitting slump at the beginning of the season. I was amazed to listen as the other sport psychologist tried to persuade us that the athlete in question was unaffected by his hitless streak and that there was absolutely no psychology to it at all. The magazine wanted us to explore the possibility that the athlete was the new alpha male on his baseball team, and this may have been instilling some tension and unproductive rivalry on the team. The sport psychologist was so insistent that the slump was merely a statistical variation that the editor killed the piece just before deadline. More denial at work.

Later in the month I was out at Shinnecock Hills Golf Club working at the U. S. Open and ran into another leading sport psychology consultant. I was curious to see what his view was about the state of sport psychology today. He was happy to admit to me that

he was working with numerous members of the PGA and that he was well accepted. When I asked him why he thought he was so popular he said “Because I get them to win. That’s all acceptance is out here. I don’t care if you’re a swing coach or a mental coach, if you don’t get them to play better, you’re gone.” He laughed when he said that. A tell tale sign of anxiety. I then asked him about the future of sport psychology and he said “There’s more acceptance now. People realize it’s very down to earth and basic. It’s nothing weird or strange. It’s a mental discipline and everyone knows a lot of the game involves that.”

I think the aforementioned consultant’s comment’s about there being nothing ‘weird or strange’ is a revealing one and expresses the prevailing bias in sport psychology against anything that suggests neurosis. The field is so heavily biased in favour of seeing these professional athletes as paragons of mental fitness that to suggest otherwise almost feels like I’m breaking a taboo. Of course sport psychologists are not alone in their fears of the unconscious.

Just last week I was interviewed by a Las Vegas radio show and I had told them that not only was I working and publishing as a sport psychologist in Asia and America but I was also a board certified psychoanalyst. That’s all the clever producers had to hear. As they introduced me to their national audience they decided it would be a good idea to use Twilight Zone music in the background. How about that! That’s what we call using humour to quell anxiety.

So you are now getting the drift of my thesis in this piece. I am suggesting that sport psychology is trending toward extremely superficial work out of fear they may turn off or threaten the wary and cautious athlete. Let me explain.

Pick up any basic text in sport psychology (1,2,3) and you will find them filled with chapters entitled ‘Goal Setting’, ‘Imagery Training’, ‘Cognitive Strategies’, ‘Intensity Regulation’ and ‘Hypnosis.’ And if they should dare to suggest that athletes may suffer from some mild psychopathology they must first offer heavy qualifiers. Here is how Brewer and Petrie (4) start off their chapter on “Psychopathology in Sport and Exercise”: “At first glance, it may seem unusual to discuss psychopathology in association with sport and exercise. After all, there is evidence that ‘success in sport is inversely correlated with psychopathology.’ (Morgan, 1985, p. 71)” What they fail to realize is that patients are not coming to us because they are so thrilled with their success but because they are failing miserably for reasons that are mental more than physical.

Pick up any text in sport psychology and you will have a very hard time indeed finding any discussion at all about diagnosis or what are the actual dynamics inside the mind of athletes. Yes indeed they will offer some suppressive techniques on how to manage anxiety, anger or lack of focus. But there will rarely if ever be commentary on typical diagnosis of athletes and the necessary psychotherapy. It’s like everyone has decided to pretend that athletes have a lock on mental stability and just need a little pep talk and voila, all better.

The media adds to this misconception. When one happens to find the rare article about neurosis in sports it will be tongue in cheek and never more than about 1,000 words. Sports Illustrated ran a piece recently that demonstrated this attitude. Jeff Silverman interviewed and played with three psychiatrists at the Philadelphia Cricket Club and did a short piece on his day with them. They covered things like shame, inner conflict, rage reactions, low self-esteem and regression. Nice piece but all done with a comic edge and all within 1,100 words. This method of coverage of a serious problem suggests to the reader that it's all silly talk and oh well, it's just a game after all. Tell that to my patients.

What I am going to do is to review with you my current patient load for the summer of 2004 to give you a sense of exactly who comes to the office, just how much they are suffering and exactly what it takes to help them. At the outset let me tell you what they all had in common. These were all either professionals or nationally ranked amateurs who were in major slumps and who were no longer playing up to their former ability. Here is what they have in common:

1. Their games had become so chaotic that they were in crisis.
2. They had enough anxiety to stop a train.
3. Depression was evident.
4. They all had the expectation that I would be able to cure them in three sessions at most.
5. They were in my office reluctantly.
6. They wanted me to believe their problems were limited to the golf course and that they somehow magically were paragons of mental health when they put on their street shoes.

More specifically they looked as follows: (Symptoms and histories are changed to insure confidentiality. In addition data is presented in general enough way to further obscure identity). Patient one was a pro who came to me with complaints about choking in tournaments. He had a violent upbringing. Patient two had the yips while chipping, was born to a very wealthy Asian family and raised in boarding schools. Patient three had so much anxiety on the course he could no longer break 80. This was a former college champion. Patient four had sizable shame on the course due to poor play. He was about to quit golf. His upbringing was one of severe neglect. Patient five was a nationally ranked champion who was in a significant slump and was confused about his future. He had expected to be playing on the tour but was now anxious, depressed and injured. Patient number six was a well-known local player who had shoulder pain of questionable origin. His orthopaedic doctor suggested that his shoulder was fine and perhaps it was a psychological problem. Patient seven was a sullen and angry player who knew he had anger but didn't know what to do about it. Patient eight was a talented local pro who had a clear case of posttraumatic stress disorder, which had essentially destroyed her career. She was mugged and beaten in her early twenties and her golf game and her life was never the same. The PTSD had never been diagnosed or treated. Patient nine was a top ranked pro who had the yips and was tired of his belly putter. His upbringing suggested physical and psychological abuse. Patient ten was another pro who was chronically angry

both on and off the course. Patient eleven was an avid female amateur golfer, a club champion, who could no longer break 80 due to the yips. She had been ignored as a child by both parents.

After about the eleventh patient like this I finally had my 'aha' experience. It dawned on me that they were suffering with real neurotic problems, with general anxiety disorders and perhaps a form of personality disorder as well. The real shocker here is that they were in denial about all this and with fingers crossed were hoping I was going to give them some magical formula and all their problems would be solved. And please make it fast doc!

The Proper Diagnosis

It may be useful about now to give you a run down of symptoms of general anxiety disorder. One must report excessive anxiety or worry about two or more life circumstances. This may take the form of worry about athletic activities. They also need to have 6 of the following 18 symptoms to be diagnosed. In the motor area they could have trembling, twitching, muscle tension, restlessness, or fatigue. In the autonomic area they could have shortness of breath, heart palpitations, sweating or cold hands, dizziness, nausea, diarrhea or abdominal distress, hot flashes or chills, frequent urination or trouble swallowing. In the cognitive area one could have being on edge, startle response, difficulty concentrating, trouble falling or staying asleep, or irritability. If one bothers to take the time to go through the symptoms checklist as I do, one will be surprised at how many of your supposedly 'normal' athletes are actually suffering with diagnosable anxiety disorders. But please do not kid yourself into thinking that a little pep talk in the form of RET is going to do the trick here. Rest assured the patients have tried all that to no avail. They are still yipping and choking their way to failure.

Another very common disorder these golfers suffer with is obsessive-compulsive disorder. These are the perfectionist players who are preoccupied with details, are excessively devoted to work and practice and are indecisive and self-doubting. They are often overly scrupulous extremely ethical, have restricted affective expression similar to Todd Hamilton, the recent winner of the British Open.

Of course some players show signs of borderline personality disorder with a pattern of unstable interpersonal relations, are impulsive and self-destructive, are affectively unstable both on and off the golf course, and inappropriate anger, confused self-image and a fear of abandonment. This personality type is far more common than one would guess.

The Etiology of the Illness

Suffice it to say that both their history in competition and early childhood experiences was ample reason for them to wind up with anxiety. And golf is no place to have anxiety. Not if you have to putt on greens that are like linoleum. Due to the slow nature of the game, neurosis has a big impact on the golf course. It takes 1.7 seconds to

swing a golf club and one can have one thought every 250 milliseconds. That means you can have as many as 7 thoughts during the golf swing. Rest assured some of these thoughts are neurotic. Not only do these golfers suffer with childhood problems embedded in their unconscious but add to that the intense and often traumatic experiences of playing in front of thousands or millions of viewers. These are the reasons they all seem to break down in their early to mid twenties.

Let it be known that the field of sport psychology pretends that clients who are anxious enough to find a sport psychologist are simply healthy individuals who happen to be looking for a better golf swing. Just a little chat and perhaps a 20 minute pep talk will suffice! This could not be further from the truth. Golfers that slump their way to the office do so for very good reason.

I think this attitude of denial and minimization prevails because the most highly visible sport psychologists are working with successful tour players. These players by definition are high functioning, which suggests that they are among those lucky few who are not suffering with excessive anxiety or personality disorders. Their anxiety is slight enough to benefit from a little cognitive therapy or some anger control tips. But the vast numbers of athletes who do not make it to the tour are failing due to mental or emotional problems. And it will take more than a pep talk to cure them.

Sport psychology has its roots in university settings where psychologists had access to teams or players. They started doing some behavioural therapy with these players on the side. But it is surely the case that the college athlete is not the typical patient that we face in our private practice.

A Question of Denial

It seems to me that mental health professionals in sport psychology have unwittingly complied with the patient's resistance. They are in denial about the patient's very real problems and as a result they attempt to provide a weak and often ineffective treatment to the very real neurotic problems that invariably ruin an athlete's career. One highly touted second baseman comes to my mind, who all of a sudden, could not manage to throw the ball to first base. I really can't imagine what he was told by his sport psychologist. "Hey - ---, don't worry about it. No big deal, just try to relax." Gee thanks Doc!

Or how about one unnamed male golfer who recently was ranked number one golfer in the world, and now, can't make a cut. It doesn't take a genius to see that he may be troubled in some serious way and that maybe it would be a good idea to see a qualified professional.

Don't get me wrong. I'm not blaming these sport psychologists. When I got a look at the credentials of all the top sport psychologists I saw that many had MA or PhDs in education, applied psychology, marketing or neuropsychology. I am sure the concept of personality disorder, neurosis or the unconscious does feel strange and even laughable to them. But these concepts are not a laugh to all those athletes that are suffering with it.

And I am not impressed with the argument that clinical psychologists or psychoanalysts just don't know enough about behaviour therapy to help these athletes. I got my Ph.D. from a leading university before getting my psychoanalytic degree and this school was one of the birthplaces of behaviour therapy. I know all about behaviour modification and I know all about its limits.

The Proper Treatment

I would suggest that if sport psychology continues on the path it finds itself on today it will be in jeopardy of becoming a joke. Sooner or later every professional athlete meets up with a sport psychologist in either a team meeting or in a consultation. If they are introduced to this field by being given a little biofeedback or some mantra like 'don't worry, be happy' they will walk away and never come back.

So let's call a spade a spade. Athletes are just like you and me. They have their neurosis, their anxieties, their depression and their personality problems. I think it's high time we learn to respect these problems and give them the treatment they need and deserve. And this treatment will not consist of three quick sessions on how to breathe deeply, exhale and say something like "Excellent" to yourself when you get nervous.

So often what athletes do now is to turn to drugs or alcohol to calm their troubled mind. Athletes suffer with eating disorders on a wide scale basis. They have anxiety disorders that they keep secret. They have personality problems galore. I submit that rather deep breathing tips or street drugs, athletes ought to be offered some real diagnosis, real support, real therapy and real insight into what is causing them such grief. There may be a place for the suppressive behavioral techniques in sport psychology. And if so there is also surely a place for some real diagnosis and some real psychotherapy as well. Enough of this pep talk mentality. Let's stop being so afraid to offend patients and give them the treatment they deserve and so desperately need.

If and when we do this, we will be doing three things at once. We will be helping athletes to win more often. We will also be helping them to live fuller, richer and happier lives. And thirdly, we will be safeguarding the well being, the reputation and the future of sport psychology.

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