

# The hurt business - The harsh realities of high-performance sport

Dr James Morton and Claire-Marie Roberts examine the party-line that sport is "good for you".

Most sport and exercise scientists at some point in their career will find themselves engaged in the promotion of physical activity and sport as a universal remedy for many health problems. As there is a great deal of sport and exercise scientists who enter the field because of their love of sport, that message is likely to be one of genuine conviction. However, how often do we take time to consider the true relationship between sport and health? Whilst the evidence linking sport to a wide range of physical and psychological benefits is undeniable, do we ever take a step back and critically examine the party-line that sport is "good for you"?

At the high-performance end of the sporting continuum, the reality of being an elite athlete is not always a desirable one. There's the risk of excessive incidences of musculoskeletal injuries, the psychological impact of the relentless pursuit of success, a fear of failure, balancing sport with other life commitments, relationships with sporting organisations, sponsors, coaches and often a reduced social life due to intensive training. These are all important social-contextual factors that have the potential to take their toll on an athlete's well-being; carrying with it potentially negative outcomes such as psychological concerns that may include anxiety and depression. So to what degree does your training as a sport and exercise scientist prepare you for the harsh realities of high-performance sport? Two practitioners share their experiences below.

## Applied physiology in high-performance sport

As sports physiologists, our goal is to practically apply findings from hypothesis-driven research to devise real world interventions that will lead to improved performance. In principle, this approach should of course be a relatively straightforward process. In practice, however, I have quickly learned that there are many cultural, organisational, financial and political factors that occur in the day-to-day context of elite sport that greatly affect what we do. Indeed, unlike the controlled laboratory environment, the real world is complex, dynamic, unpredictable and full of emotion, none of which can be interpreted by any two-way ANOVA.

From the outside, sport is often viewed as glamorous and many athletes are perceived as superstars that drive fast cars, live in big houses and earn phenomenal amounts of money. To the outsider therefore, it can be hard to understand how a top-class athlete could ever suffer from psychological concerns. However, as talking openly about conditions such as depression becomes more socially acceptable, more and more athletes are following suit and disclosing their experiences in contending with similar problems, often when they appear to be at the top of their game. In recent years, athletes such as Paul Gascoigne (football), Ricky Hatton (boxing), Victoria Pendleton (cycling) and Ronnie O'Sullivan (snooker) etc., have publicly disclosed their respective battles with conditions ranging from alcoholism, drug abuse, self-harm, gambling, marital problems and so on. Then, of course, there are the athletes (e.g., Dean Windass (football), Terry Newton (rugby league), Tasha Danvers (athletics)) who have openly shared their experiences of suicidal ideations. Ultimately, we are left with the question as to whether these individuals were pre-disposed to experiencing mental health problems or whether their sport was the primary driver for their development. Perhaps, the fame, the fortune, the pressure to consistently perform, the boredom of many hours of hotel rooms and the inability to cope with defeat, injury and retirement etc., have all been the catalyst in reaching that tipping point?

In my role as a physiologist and nutritionist, I have witnessed first-hand several incidents of the 'darker' side of sport. I have sat at the hospital bedside with professional boxers who have suffered end-of-career defeats, had consultations with professional footballers that have been in tears at the prospect of injury threatening their new contract and also experienced the psychological strain of achieving lean body composition in both endurance and weight making sports (Morton, 2013). In these situations, I have often struggled to know how to support the athlete immediately (what do you do at that specific moment?) as well what to say and do in the days and weeks that follow these critical incidents. As an undergraduate student, no one told me that sport would be this way; therefore nobody prepared me for it. Presently, I am not trained in any form of counselling skills that may at least help to create the appropriate climate and responses at these critical times. In those moments of athlete despair, I have simply had to rely on my gut instinct and my own personal approach to practice to guide the way I deal with each unique event.

As physiologists, I am (of course) not stating that we should be able to counsel an athlete through any experiences of psychological concern. We should leave this for the experts. At the very least, however, we must be aware that sport can sometimes lead to the onset of these issues and the associated moments of crisis. In such situations, we should be prepared by having a suitable strategy to deal with the immediate incident and ultimately, refer where appropriate. Indeed, although it is the sport psychologist who would be the most suitably trained practitioner to deal with these circumstances, it can often be the physiologist (or coach etc.) that the athlete feels initially comfortable to open up to. So how do we ensure that we are doing what's right for the athlete?

## Applied sport psychology in high-performance sport

James' reflections on his applied experiences reinforce the fact that the high-pressure, competitive environment of high-performance sport has the potential to generate the precursors or triggers of psychological concerns in some athletes. Although research would suggest a different picture, taking the view that those engaging regularly in physical activity report a smaller range and frequency of psychological concerns than the general population (Brewer & Petrie, 2002). However, to support James' account, my applied experiences also suggest the reverse. I often find that consultations primarily described as performance-related often evolve into discussions of a clinical nature over the course of the session.

James posed the valid question regarding the aetiology of psychological concerns in athletes, the answer to which could be explained in two ways: Athletes may have chosen sport as a means of coping with existing psychological concerns, or they may be cases in which an individual's condition is brought on, advanced or exacerbated by their involvement in sport. To illustrate the second point further, I have consulted with athletes from both 'lean' and weight-class sports showing signs of both clinical and sub-clinical levels of disordered eating; a likely contributor of which was the pressure to 'make weight', the increase in scrutiny of body composition measurements or indeed the manner in which these measurements were taken (in public). Furthermore, I have worked with male athletes who present symptoms of muscle dysmorphia originating from (they explained) a combination of perceived performance pressures and the belief that they had to look muscular in order to be identified with their sport.

Then there are the athletes that use alcohol, stimulants and/or gambling as a way of coping with periods of adversity such as injury or perhaps retirement from their sport. These are common problems, unsurprisingly underreported in a highly competitive community that promotes mental toughness and discourages any signs of perceived weakness.

In each of aforementioned instances, I have found that approaching interaction or communication in a non-judgmental fashion and with the utmost confidentiality and discretion is a helpful start. I have then suggested to the athlete that I'd like to refer them to a suitably qualified professional whilst committing to ensure that they are consulted with at every stage of the subsequent process. Having said that, this suggestion that has not always been met with acceptance. Whether or not the affected individuals seek assistance is dependent on a number of factors including: denial, fear of others' perceptions (due to the stigma associated), concerns over confidentiality, and not knowing who or where to go to get help.

James mentions in his account that in many instances athletes who have good relationships with support staff may feel comfortable confiding in them, yet when these are physiologists, nutritionists, strength and conditioning coaches, etc. there is no guarantee that these individuals would have the correct skills or training, or even have the confidence to know immediately how to handle such issues. Even sport psychologists would need to be aware of issues presented by the athlete fall that outside their professional competency, when to refer the individual and to whom. So if our training doesn't adequately prepare us to be able to deal with these situations, how do we demonstrate that the welfare of our clients is paramount?

It is clear that as sport and exercise scientists we should not discount the possibility that we may encounter athletes experiencing psychological concerns during the course of our practice. It is of paramount importance, that when and if we find ourselves in these situations, we are as best equipped as we can be to deal with them. If we know that athletes seek vital assistance from those professionals with whom they have the best relationship, would it not be sensible to consider making appropriate training (e.g., counselling skills) available to all sport and exercise scientists regardless of discipline? We suggest that raising awareness of psychological concerns associated with or driven by the unique characteristics of a high-performance sporting environment, the identification of specific behaviours that may point to an underlying problem and structured referral systems to assist the athlete in obtaining competent advice from an appropriate professional is something that requires further consideration in the context of the training or accreditation of all sport and exercise scientists. ■



**Dr James Morton**

Dr James Morton is a Senior Lecturer in Exercise Metabolism, Liverpool John Moores University and a BASES accredited sport and exercise scientist.



**Claire-Marie Roberts**

Claire-Marie Roberts is a Lecturer in Sport and Exercise Psychology at the University of Worcester and a BASES probationary sport and exercise scientist.

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