

Why Athletes Resist Sport Psychology

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Most professional and elite amateur athletes will agree that their psychology has a large influence on their sports performance. Most will concede that they could benefit from the services of a sport psychologist. Despite this, the significant majority under utilize our services (Carmen. Zerman and Blaine, 1968; Brewer and Petrie, 1996.) It is well known by all who play sports that defeat often stems from the inability to manage anxiety, fear, anger or despair. In addition drug abuse, eating disorders and depression are common among athletes (Brewer and Petrie, 1996.) Narcissism and sociopathic personality disorders are often diagnosed in athletes (Anderson, Denson, Brewer & Van Raalte, 1994.) Coaches who are ill-equipped to handle such matters will attempt to provide a common sense approach to these complex problems and will frequently fail the athlete.

The question that emerges from this is as follows. If so many athletes need psychological support and are aware that they have this need why don't they seek treatment more often? Further if they do come to our office, why do more than 50% drop out within four sessions , well before they are ready ? In a word, why do they resist our services and what if anything can we do to change this situation? This is a concern that does not seem to be shared with others in the field. When asked to predict the future direction of the field Singer mentioned that practitioners of sport psychology will be focused on learning paradigms, youth sport , mental skill training, counseling and group dynamics (Singer, 1996). The fact of the matter is that if we do not investigate and resolve the question of why athletes are so reluctant to use our services, we will not have a field to study or to practice. Certainly the fields growth is delayed when clients and patients hesitate to attend sessions.

Resistance is a concept with a long history in psychoanalysis and almost no history at all in sport psychology (Lindner, Pillow and Reno, 1989.) Cognitive behaviorism has dominated sport psychology and cognitive behaviorists have paid little attention to this problem. They have circumvented this area by emphasizing that the length of treatment ought to be short term (Ellis, 1979.) Psychoanalysts have long recognized that resistance

is a crucial issue in therapy and have made it a cornerstone of treatment. Greenson defines resistance as comprising all the forces within the patient that oppose treatment (Greenson, 1967.) Despite suffering with symptoms like performance inhibition, anxiety, depression, eating disorders and drug addiction, athletes will only turn to sport psychology as a last resort. Epidemiological studies show that 10% to 15% of the population will suffer from these type of conditions at any given time and thus we can suggest that many athletes with these conditions are not in treatment and will never be in treatment. They suffer in silence. Freud suggested resistance to treatment stems from guilt, the need to suffer, secondary gain brought on by the symptoms, habit and repetition compulsions (Freud, 1926.) Kohut's work is especially relevant to athletes since he focused on narcissism, an affliction common in sports (Kohut, 1977.) He felt that narcissists are especially resistant because of their unwillingness to become dependent on anyone. Athletes have been shown to be aloof, aggressive, driven and independent, fitting into the profile of the narcissist (Russell, 1993.)

Ways of Resisting: Prior to reviewing a portion of our data let us briefly explain the most common methods athletes use to resist. Given the very common experience of anxiety and anger that athletes feel, how do they manage it on their own. We suggest that athletes use the following four methods to manage their uncontrolled affect.

Superstitious behavior: It is not unusual to observe or hear about athletes using ritualistic behavior. From the athletes perspective, these superstitions are necessary for them to perform well. The ritual will distract the athlete from increasing anxiety and provides them with a sense of control. These rituals are often accepted by players, coaches and fans but actually bring the performer only temporary and very minor relief.

Performance Enhancement Through Drug: A far more dangerous way to control affect during performance is through the use of chemicals. This growing epidemic in sports is another example of athletes avoiding professional support and instead attempting to manage emotions in a self-defeating manner. The use of blood doping and steroid use in the Olympics is a good example of the magnitude of this problem. The athlete who suffers from anxiety, depression, pain or fatigue will often turn to chemicals rather than a sport psychologist for help, even if this method is illegal and dangerous. (Wadler & Hainline, 1989.) Athletes claim drugs enhance performance but often they simply aid in alleviating anxiety .

Eating disorders: Many athletes starve themselves to achieve competitive weight (Bailey, 1998.) The uneducated athlete will ignore the necessity of food to get their bodies into quick shape. This problem is common in thoroughbred racing, figure skating, wrestling, boxing and gymnastics. Athletes in these sports have been shown to know very little about sport psychology.

Exercise bulimia: Another way that athletes try to manage anxiety, anger, shame or poor body image is through over training. The sad part of this problem is that they will often combine this method with steroid use or eating disorders which then escalates the potential dangers.

Let us now turn to a portion of our data to explore the reasons that athletes are so reluctant to use sport psychology rather than the dangerous methods just described.

Methods & Procedures

Subjects: Twenty subjects were approached randomly by the two authors. This occurred at the beach on Long Island, New York, at a street fair in Williston Park, New York and at Harbor Links Golf Course in Port Washington, Long Island, New York, U.S.A. Each subject was asked if they would fill out an eleven item questionnaire which should take about ten minutes. All subjects approached agreed. There were 17 males and 3 females in the group. There were 6 golfers, 6 runners, 4 swimmers, 1 tennis, 1 basketball player, 1 fitness expert, 1 football player. Twelve were recreational amateurs (less than 15 hours per week), six were elite amateurs, and two were professional athletes.

Inventory: The eleven item questionnaire contained questions that explored their familiarity with sport psychology, whether they had ever seen one, could they benefit from seeing one and why they had not seen one.

Procedure: Each volunteer was approached separately and the author would explain that the research inventory would only take a few minutes and to be as honest as possible. Confidentiality was guaranteed and no names were taken.

Results

Question one asked if they had ever been to a sport psychologist. Two of twenty or 10% had been to one. Question two asked why people go to one. Seven said to improve mental approach, six said to improve performance, three said for mental problems, two said sports is 50% mental. Question three asked if there was a stigma involved. Eighteen said no and two said yes. Five said no time, five said sports is not that important, two said the money, two said no opportunity, one said pregnancy and one said he was not crazy. Question four asked if cost was a concern and ten said yes, ten said no. Many added that if it would help they would not worry and if they were pros they would not worry about cost. When asked what one does in a sport psychology session six said 'talk about sports problems', four did not know, one said control the mind, one said help with stress and another said help visualize. When asked if they could benefit from seeing one sixteen said yes and four said no. When asked if psychology affects performance in their sport twenty said yes and zero said no.

Discussion and Conclusion

Only 10% of these subjects have been to a sport psychologist which is the same percentage as those with emotional problems in the U.S. 40% of these subjects were professionals or elite amateurs and 100% felt they would benefit from seeing one. This supports the suggestion that they resist our services. The self reports suggest that the conscious reason they do not welcome our services is the fear of lost time and money.

Many felt they did not take the games seriously enough to warrant investing in sport psychology. It should be noted however that most of these athletes were willing to invest a minimum of ten to fifteen hours per week in their sport and felt that they would benefit from seeing a sport psychologist. In America many athletes invest about three thousand dollars or more per year. So on the surface the questionnaire data does not make sense. They invest heavily in their sport. They admit that their sport is psychological and that they would benefit from our services. Yet only a small percentage avail themselves. So the resistance that is at play here is not of a conscious sort. The glaring finding that was not mentioned by these athletes or with the data is as follows. Not one athlete talked about their emotions. They mentioned mental training, focus, concentration, visualization and improved performance but no one mentioned any words that would describe their feeling state. It is difficult to understand how athletes who have obvious performance inhibitions, admit that a service is designed to help this and yet do not avail themselves of this service. Lindner et al have suggested that athletes fear the loss of face or social standing if it was discovered that they were seeing a sport psychologist. However our findings do not bear that out. Only 10% felt there was stigma involved. Although it is intuitively appealing to believe that athletes with 'macho' or narcissistic self images would not want to lose face by going to a psychologist. Our findings do not bear this out.

It is clear that these athletes defend against the use of a treatment that they admit would be helpful to their performance. In fact we originally felt this was out of a fear of humiliation or out of a fear of dependency as we mentioned in the introduction and as Linder et al suggested. But what we conclude here, based upon the overwhelming finding that nary a single word was ever uttered about feeling states, is that these athletes have an enormous fear of seeing, facing, recognizing or experiencing affect of any kind. In retrospect that should be no surprise. After all sports are about action and the discharge of emotion through movement rather than through words. Sitting on a chair or worse yet lying on a couch, being immobile and allowing things to come up from the unconscious may in fact be terrifying to them. If this is true it is only after the athlete is utterly despairing and his or her career in jeopardy that they will be willing to enter the psychologists office. And despite the field's best effort to disguise this fact the athlete is not fooled. We can talk all we want about performance enhancement and that sport psychology is not psychology or counseling, the athlete does not appear to buy this story. They know that the setting is a quiet one and a still one. There will be no running, throwing or jumping. They simply must sit still, let the feelings come up and put words to them words. It may be this is a far more daunting task than we originally felt. These athletes are masters of their bodies but not their emotions. We as sport psychologists are the masters of that playing field. At this point we live in two different worlds and it remains to be seen if we can help them bridge the gap by providing enough reassurance and safety for them. They may have more fear of us than 300 LB linebackers coming at them full speed. If we can manage to help them with this fear we may someday have a field that not only has much to offer the athlete but actually gets used by them as well.

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