Routledge Handbook of Applied Sport Psychology

A Comprehensive Guide for Students and Practitioners

Second Edition

Edited by David Tod, Ken Hodge, and Vikki Krane

ROUTLEDGE HANDBOOK OF APPLIED SPORT PSYCHOLOGY

Applied sport psychology knowledge has advanced rapidly in recent years. Traditionally, literature focused primarily on a narrow range of topics associated with performance enhancement, giving rise to a model of helping labelled psychological skills training. Although the psychological skills training model has considerable value, the literature has broadened to address a greater diversity of athlete and team issues; a greater range of methods; and a greater recognition of the knowledge, skills, and attributes practitioners need to help clients.

The first edition of the *Routledge Handbook of Applied Sport Psychology* was seminal work, bringing together the full range of knowledge and skills sport psychology practitioners needed to help clients. The second edition continues that vision and draws on the full range of related disciplines, including sport and exercise psychology, clinical psychology, and counselling psychology. This comprehensive range of topics provides professionals what they need to build strong relationships with athletes and enhance clients' performance, mental health, well-being, happiness, and meaning in life.

This new volume is the guide to the theory and practice of applied sport psychology. Adopting a holistic definition of the role of the *sport psychology practitioner*, it introduces the most effective tools and skills that sport psychology practitioners need to help their clients and explains how effective counselling, assessment, and therapeutic models add necessary dimensions to professional practice. This book is divided into seven thematic sections, addressing:

- Counselling
- Assessment
- Theoretical and therapeutic models
- Psychosocial issues presenting in individual athletes
- Psychosocial issues presenting in teams
- Inclusion in sport psychology
- Mental skills interventions

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Routledge
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CONTENTS

Contents

Contents

Contents

Contents

FIGURES

TABLES

BOXES

PREFACE

As you flick through these pages, you might be asking yourself "why another edition of the *Routledge Handbook of Applied Sport Psychology*?" The editors of the 2010 first edition, Stephanie Hanrahan and Mark Andersen, along with the chapter authors, brought together a diverse range of topics showing the breadth of issues related to helping people in the sporting context. Their success led to the second edition. So why an updated version? Job done, right? Well, yes and no. Much of the material in the first edition is still relevant today. The applied sport psychology world, however, is a different place in 2023 than it was in 2010. Researchers have continued to hew away at the coalface of science, bringing us new nuggets and precious stones. Practitioners have taken these gemstones to new markets, and now help clients from an increased range of performance domains. Educators have responded to seismic changes in the landscapes, both inside and outside of the applied sport psychology continent. In adapting to these changes, people in the applied sport psychology community have modified and developed their knowledge and skills. Heraclitus's statement, "you cannot step into the same river twice," applies to applied sport psychology. Both the waters that flow along the riverbed, and the people wading in, are different in 2023 than in 2010.

When the three of us (David, Ken, and Vikki) met to discuss the second edition, we asked ourselves what content was needed to reflect the terrain of 2023. We wanted to continue in the vein of the first edition and illustrate the full spectrum of issues that psychologists, counsellors, and practitioners face when helping clients. In deciding how to shape the content, we drew on our diverse backgrounds and strengths, and in doing so, realized that together we brought an interdisciplinary stance to this book that reflects current trends in the discipline. For example, Vikki is a leading researcher in cultural sport psychology. Ken has a strong sport and exercise science background with extensive experience in assisting athletes in the international arena. David is a registered psychologist who has collaborated with performers from multiple domains, including sport, dance, music, acting, and business.

The new edition of this book retains the same original seven sections, but with substantial updating and the addition of new chapters on topics and issues that have become increasingly relevant in the past decade. Section I focuses on counselling, from forming to the ending of practitioner-client relationships and the many things in between. Although having a toolbox of methods is necessary, practitioners also need to develop rapport, establish mutual respect, and communicate clearly to help athletes, performers, and other clients improve their performances or their lives. The section contains new chapters focused on mental health, duty of care, and the characteristics of safe, ethical, humane, and effective practitioners.

Section II contains chapters on assessment, a step many practitioners consider necessary, but is often overlooked in sport psychology textbooks. Practitioners who assess their clients' current and preferred attributes or situations (and their own abilities to assist) enhance the likelihood their interventions will help. A range of assessment methods exists to help practitioners, including intake interviews, standardized inventories, projective tests, and observations. We add performance profiling to this list in the second edition.

Section III includes descriptions of the theoretical orientations or models of service delivery upon which practitioners can base their applied practice. Although practitioners recognize the benefits of integrative or eclectic approaches to helping clients (Tod & Lafferty, 2020), they first need to understand the existing models – they do not create new ways of helping *ex nihilo*. Borrowing Chater's (2018) words, "we hope to stumble towards better and better 'stories' – but we can only create new stories by starting with the stories we have" (p. 223). In other words, practitioners benefit from understanding the established models before branching out into new ways of working. The models from the first edition reappear in the second edition with updated information, along with a new chapter on brief and single-session therapy.

The material in Section IV plunges into helping athletes, coaches, and other clients with specific individual issues. These chapters contain guidelines for a range of issues that crop up in sport contexts revealing that separating performance issues from personal welfare is an artificial dichotomy. We hear practitioners state that they focus on enhancing performance and not personal issues. Practitioners do not help performances; they help people. Performance is personal and cannot be otherwise. Good, poor, and even mediocre performance affects people in personal ways and vice versa. In the second edition, we introduce two new chapters dealing with self-compassion and crisis management.

Athletes exist in a set of specific circumstances that always includes other people. For example, athletes compete against or alongside other participants. They train in teams, squads, or with others, even if competing in individual sports. Section V delves into issues presenting themselves primarily in groups. Although social and interpersonal factors influence the topics in Section IV, the resolution of the issues in Section V frequently involves a focus on the interactions among people, such as dealing with conflict management in team settings. We added a new chapter on leadership to this section.

Section VI celebrates inclusion in applied sport psychology. In this section, we address the variability in athletes' contexts and identities. The art of applied sport psychology involves knowing how to adapt services based on clients' circumstances. The transfer from one context to another is not always straightforward and can be challenging. What makes for suitable practice will vary if, for example, athletes are children, older adults, novices, professionals, or any other combination of characteristics. Also, welcoming and celebrating the wide range of athlete identities that exist, based on, for example, sexual orientation, disability, nationality, and ethnicity, make the sporting experience rich and rewarding. Recognizing diversity among those whom we help, and attuning ourselves to their needs and circumstances, will benefit the consulting relationship and performance outcomes. In Section VI, we have added a new chapter on working with performers from non-sporting domains.

Section VII focuses on mental skills and methods often associated with psychological skills training. They appear at the end of this book, but not because they are the least important aspect of applied sport psychology or are of lesser value. These skills and methods can help athletes and clients a great deal with their performance and other issues. Instead, we placed these topics at the end because they are often most effective after practitioners have addressed the material from earlier in this book. Optimal applied sport psychology occurs when practitioners (a) establish good relationships with clients (Section I); (b) employ suitable assessment methods (Section II); (c) understand the athletes' experiences, presenting issues, and circumstances (Sections IV and V); and (d) operate from a theoretical perspective (Section III) that suits their clients (Section VI). After reaching this point, practitioners sometimes find that they do not need to teach athletes the skills presented in Section VII (Murphy, 2021). Many times, after athletes

have expressed and explored their issues and circumstances, and have reviewed their existing strengths, limitations, and coping strategies, they find solutions themselves or stumble onto new viewpoints that give them comfort, without the need for practitioner-led interventions. In the second edition, we have included a chapter in self-regulation and have broadened the scope of the mental toughness chapter to focus on the psychological characteristics associated with peak performance.

We are grateful to have worked with the outstanding contributors who have provided their exper-tise, time, and energy to assist us in realizing the second edition of the handbook. They have helped us explore how the applied sport psychology terrain has changed over the past decade and reconfigure the handbook, so it continues to achieve the central ideas from the first edition: (a) to combine the knowledge from counselling, assessment, therapeutic orientations, and mental skills as they apply to the practice of applied sport psychology, and (b) to reveal the complexity of helping performers resolve their issues, tap their unused potential, and achieve their dreams.

References

Chater, N. (2018). *The mind is flat: The remarkable shallowness of the improvising brain*. Yale University Press.

Murphy, S. (2021). Afterword. In M. B. Andersen (Ed.), *Doing sport psychology: 21st anniversary edition with authors' reflections*. Kindle Direct. https://www.amazon.com/dp/B09L2JR9HH

Tod, D., & Lafferty, M. E. (2020). Developing an integrated approach. In D. Tod & M. Eubank (Eds.), *Applied sport, exercise, and performance psychology: Current approaches to helping clients* (pp. 165–180). Routledge.

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SECTION I

Counselling

1

THERAPEUTIC RELATIONSHIPS IN APPLIED SPORT PSYCHOLOGY

Guy C. D. Little, Mark B. Andersen, and Harriet D. Speed

One could argue that relationships in sport are the foundations upon which performance, satisfaction (or dissatisfaction) with participation, and happiness are built. If we consider the most obvious working relationship in sport, the coach-athlete dyad, then it becomes immediately apparent how the quality of that relationship underpins performance, happiness, effort, and a whole host of positive or negative results and outcomes. We know what happens when coaches are loving, caring, respectful, and genuinely concerned with the health and welfare of athletes in their charge (athletes usually thrive). We also know what happens when coach–athlete relationships are chaotic, manipulative, exploitive, and inconsistent (athletes fall into anxiety, acting out, depression, and victimization). Relationships fuel outcomes in both positive and negative ways. For a thorough discussion of conflict in coach-athlete relationships, see Wachsmuth et al. (2017).

We (the authors) are psychotherapists and we firmly believe that most of the issues in psychotherapy, and even sport psychology performance enhancement work with athletes, are almost always about love (see Andersen, 2009). For example, in working with athletes who only want to learn some mental skills for performance enhancement, we may teach those skills and then the athletes go on their ways. But why did the athlete want to learn mental skills to improve performance? We don't know, but the underlying reasons probably have something to do with love. For example, "I really want to perform better so I can feel good about myself (self-esteem, self-love)," or "I want to get better so my parents will love me because when I perform poorly, they withdraw love (seeking the parental contingent love reinforcement)," or "I love my coach, and I want to give her a gift that proves my love and dedication (good performance as an expression of love and devotion to another)." Freud supposedly said, "All giving is asking, and all asking is an asking for love." Whether or not he actually said or wrote that epigram, we don't really care because it sums up, for us, what therapeutic relationships are all about.

When athletes tell their stories (gift giving) to sport psychology practitioners, what are they asking? It may take some time to figure out their questions, but what they are probably asking are questions such as, "Can you really hear my story?" "Do you understand my story?" "Will you lovingly hold and care for my story?" or even "Now that you have heard my story, am I still worthy of love?"

When sport psychology professionals present athletes with the gifts of mental skills training, of unconditional positive regard, of loving care, of genuineness, and of an agenda that has only the health and happiness of the athlete as the goals, then what is the practitioner asking? Depending on the quality of the character of the sport psychology professional, the questions may be, "Will you admire my expertise

(narcissistic love)?" "Will we connect as human beings with mutual care and respect (by another name, 'love')?" "Will I be able to help you achieve what you so desire (mentor or parental love)?" "Will you come back in a few months' time and tell me that my gifts and I were helpful (giving as an asking for love)?" As Freud mentioned often, healing is achieved through love.

The Psychodynamics of Therapeutic Relationships

The importance of the therapeutic relationship in counseling and clinical psychology has long been recognized, first in clinical practice and theory and, more recently, in a wealth of psychotherapy outcome research (Norcross, 2011). Various theorists conceptualize the effective component of the therapeutic relationship in different ways. For example, psychodynamic theorists focus on transference as the vehicle for therapeutic change, whereas client–centered theorists suggest that it is the relationship conditions offered by the therapist (e.g., psychological contact/connection between practitioner and client, empathy, unconditional positive regard, and congruence) that provide the environment for change. Regardless of one's theoretical orientation, positive therapeutic relationships are consistently associated with positive outcomes (Norcross, 2011). If the relationship is strong, caring, and mutually respectful, then the likelihood of positive outcomes is increased.

Psychodynamically, the therapeutic relationship is a fundamental and necessary component of successful therapy because it provides the practitioner and client with mechanisms – transference and countertransference – to build a collaborative working alliance and explore and resolve the enduring influences of the client's past relationships, both positive and negative (see Chapter 21). Transference refers to the client's attachment to the practitioner based on unconscious redirection or projection onto the practitioner of qualities and emotional responses that stem from past relationships (real or fantasized) of the client. For example, children who had loving, caring, non-intrusive supportive parents are likely to transfer those positive responses and parental histories onto the practitioner resulting in a positive working alliance. However, children who experience physical or sexual abuse or neglect may, as compensation, develop rich fantasies about the "good mother" or "good father" they wish they had and positively transfer those wishful fantasies onto their practitioners. One sees this phenomenon frequently in sport. For example, an athlete, physically abused by a parent, meets a loving caring coach and falls in love. The coach becomes the good mum or dad the player fantasized about. Freud believed that the client's positive attachment to the therapist is essential for fostering a collaborative alliance or "pact" because it instills in the client a sense of security and the personal strength and confidence necessary to deal with unconscious obstacles and painful memories that impede the growth and healthy functioning of the client.

Andersen (2011), in a similar vein, suggested that the sport psychology practitioner, through the therapeutic relationship, provides the client with a model for healthy living. He stated:

> Ideally, in time, the psychologist becomes (we hope) a model for the athlete of self- and other-acceptance, a model for rational thought, and a model for how to be in the world. The psychologist has the ability to "hold" (not control) the athlete's anger, anxiety, and sadness and not become overwhelmed by them, even though the athlete may feel overwhelmed and discombobulated at times. …Athletes often take the qualities of the psychologist and make internal representations of how the psychologist acts, thinks, feels, and behaves. These internal representations act as guides for the athlete to change or alter his or her thinking, emotional reactions, and behaviours. When athletes say to their sport psychologists, "I was at the tournament and getting nervous, and then I heard your voice in my head…" we know that the internalization of the psychologist is on its merry and helpful way.

(p. 81)

Fostering the Therapeutic Relationship

In thinking about nurturing therapeutic relationships, we always come back to Rogers (1946), who stated (in the gendered writing of his time) that if a practitioner "can create a relationship permeated by warmth, understanding, safety from any type of attack, no matter how trivial, and basic acceptance of the person as he is, then the client will drop his natural defensiveness and use the situation" (p. 419). Rogers believed that all people have the internal resources required for personal growth, but need a warm and non-threatening environment to enable and nurture that growth. In the therapeutic relationship, he turned to interpersonal qualities of the practitioner, namely empathy, or experiencing clients' emotional states as if they were one's own, "but without ever losing the 'as if' quality" (Rogers, 1957/2007, p. 243), unconditional positive regard (being accepting and nonjudgmental of the client no matter what the presenting behaviors), and congruence (being non-defensive, genuine, and open) as providing three of the six necessary and sufficient conditions for releasing the client's inner healing processes. The relationship conditions offered by the therapist are, in themselves, the foundation for change as are the three primarily client conditions of making psychological contact (connections) with the therapist, perceiving the therapist's unconditional positive regard, and being in a state of incongruence (e.g., anxious, distressed, and vulnerable).

Hick and Bien (2008) suggested that one way to foster the relationship is for the therapist to be mindfully present (moment-to-moment, nonjudgmental awareness). We believe this stance to be similar to what Rogers was suggesting and has its roots in Freud's "evenly suspended attention" as the means to be physically and emotionally available to clients (Freud, 1912/1958; see also later chapters on mindfulness). In addition, Siegel, in his writings on the neuroscience of relationships (see Siegel, 2010), emphasizes the importance of intrapersonal mindful presence (as Hick & Bien [2008] described) as a prerequisite to effective interpersonal mindfulness in relationships. He suggested that mindful presence of one person could lead to attunement to another's internal emotional state (much like empathy), which, in turn, could lead to resonance (individuals feeling like their internal states have been accurately perceived by others; Siegel, 2010). In the following section, we discuss the neuroscience of therapeutic relationships and these interpersonal mindful conditions.

The Neuroscience of Therapeutic Relationships

When an athlete and a sport psychology practitioner interact for the first time, their experiences are shaped by many of the relationships that they have had in their pasts. Both the athlete and practitioner bring their relationship histories into the (physical or virtual) room. Their brains rapidly process data about each other and compare these data to past records, which leads to evaluations of each other as safe or unsafe. This evaluation process is often so quick (10–50 milliseconds from first hearing or seeing the other; Cozolino, 2017, Cozolino & Santos, 2014) that it can have occurred before any words have been exchanged, and it can often lead to athletes or sport psychology professionals either approaching or avoiding the connection before the meeting really has begun and before either of them are consciously aware their emotional responses. How does this happen? We'll go on a brief neuro-tour to find out.

Both the athlete's and the sport psychology practitioner's brains take in data from their senses: vision (of the other's body position, posture, facial expressions, appearance), audition (of the other's tone, accent, content of speech), olfactory (smell of the room, the other person), haptics (feel of the chairs, floor), taste, interoception (heart rate, breathing rate, organ sensations), proprioception (movement in time and space), and nociception (pain receptor sensation). These data then are integrated and processed at the relay center for sensory information in the brain, the thalamus (with the exception of olfactory information, which has a direct connection to the primary olfactory cortex). The thalamus then passes this information on to the fear and safety centers of the brain, the amygdalae. The amygdalae (one

in each hemisphere) continually encode and evaluate incoming stimuli as safe or unsafe, based on comparing the current incoming information with historical data and these structures store recorded high-fidelity data about safety and threat from past experiences to be referred to in the future. If the amygdalae interpret the incoming information as similar to previously supportive or soothing people or relationships, the brain sends signals to the body that one is in a safe place. The athlete, or practitioner, then is likely to experience a sense of security, ease, pleasantness, and curiosity. If the amygdalae interpret the incoming information as similar to previously threatening experiences (e.g., similar to relationships or encounters characterized by fear, shame, and sadness), then the amygdalae send signals to other brain areas that initiate a sequence of both neural and chemical processes that, on occasion, initiate the fight–flight response (see Little & Andersen [2017] for a more detailed overview of this process). Often, this response is subtle, rather than a full–on fight–flight experience, and can be experienced as a subtle sense of unease, something we have experienced in our work as psychotherapists when our amygdalae have effectively shouted "Watch Out!"

The athlete's and the sport psychology practitioner's awareness of their initial, unconscious, response to each other occurs at 500–600 milliseconds after they first heard or saw each other (Cozolino & Santos, 2014). This process is comparatively lengthier than the initial safe–unsafe evaluation because the sensory data pass through many synaptic connections in both the cerebral cortex and hippocampus to provide detailed evaluations regarding risk and threat, particularly by using the contextual information from memories stored in the hippocampus to compare current and past experiences.

The neuroscience of the initial interactions in the (potential) development of therapeutic relationships provides practitioners with some things to consider if they would like to build high-quality connections with their clients (see Siegel, 2010). Are the verbal and nonverbal behaviors they embody likely to elicit a safety response in an athlete? Sport psychology professionals cannot completely prevent being perceived as a (conscious or unconscious) threat by an athlete, but, in our experiences from training other sport psychology and health professionals, practitioners can do several things to assist in sending safety signals to clients (Little & Andersen, 2017). First, practitioners can work on building awareness of their own fear and safety perceptions through being mindfully present and reflective in their interactions with clients. Taking these experiences into supervision can be helpful and may lead practitioners to have their own therapy to work through past experiences of unsafe or unhelpful relationships. Second, practicing interpersonal mindfulness is likely to lead to athletes feeling safe in therapeutic encounters.

The Neuroscience of Interpersonal Mindfulness

We now summarize the neuroscience of three interpersonal mindful conditions: presence, attunement, and resonance, which have been detailed in other writings in sport psychology (Mannion & Andersen, 2015).

Presence

When sport psychology practitioners are mindfully present with an athlete, they pay attention to both the athlete's verbal and nonverbal behaviors and their own thoughts, feelings, body sensations, and behaviors (Mannion & Andersen, 2015). In a *present* state, they are likely to experience increased neural activation in both the left and medial prefrontal cortices. Activation in these brain areas is associated with approach rather than avoidance states, which allows the practitioner to move toward, rather than avoid, difficult experiences in interactions (Siegel, 2010). Iacoboni (2008) has suggested that mirror neuron networks in our brains – specialized systems of neurons, which function to recognize and imitate others' verbal and nonverbal behaviors or states – may lead to observers replicating the internal state

of those with whom they are interacting. Athletes may, through their mirror neuron networks, perceive whether their sport psychology professionals are present and engaged with them in their interactions and, consequently, engage or disengage with the practitioners.

Attunement

Sport psychology practitioners can feel a deep sense of connection and attunement with their own and their athletes' experiences when they are mindfully present in sessions. This experience of attunement to one's own and another's state is like empathy (Siegel, 2007, 2010) and requires professionals to be aware of their histories and biases and "how they may contribute to, or restrict, our cognitive, affective, behavioral, and interoceptive experiences, lest we confuse our issues with our clients' concerns" (Mannion & Andersen, 2015, p. 10).

Resonance

Athletes can experience resonance, or "feel felt," when practitioners are mindfully present and attuned to both their own and their clients' internal states. Siegel (2010) explained:

> In many ways we feel 'close' or 'heard' or 'seen' by another person when we can detect that he has attuned to us and has taken us inside of his own mind. When we ourselves register this attunement, either consciously or not, our own state can change… Beginning with a genuine sense of care and interest by the focus of the other's careful attention, resonance extends this positive interaction into a fuller dimension of the other being changed because of who we are … this is how two individuals become a 'we.'

> *(pp. 54–55)*

Consequently, athletes may feel a sense of safety (or some downregulation of stress or diminished fight-flight responses) when they perceive another (brain) has accurately identified their internal world. This process may lead to athletes internalizing the experience of a caring other, much like in secure attachment relationships (Mannion & Andersen, 2015).

Therapeutic Relationships in Applied Sport Psychology

The first journal article dedicated completely to the sport psychologist-athlete relationship appeared with Petitpas et al. (1999). The authors were trying to pull mainstream counseling psychology therapeutic relationship paradigms into sport psychology training and practice. They stated, "it may be time for a paradigm shift in sport psychology training models from an emphasis on skill-based instruction to greater awareness of self and the processes involved in the sport-psychologist-athlete interaction" (p. 347).

Since Petitpas et al. (1999), there have been numerous book chapters (often case studies) and journal articles that focus in whole, or in part, on the qualities of the relationships formed between sport psychology practitioners and the clients in their care (Andersen, 2007; Andersen & Speed, 2011). In the last decade, Tod and Andersen (2012) have provided a review of the literature on therapeutic relationships in sport psychology, and Sharp et al. (2015) and Tod et al. (2019) have explored (in qualitative studies) seasoned sport psychology practitioners' experiences and perspectives of therapeutic relationships. Andersen (2014), Little and Andersen (2017), Mannion and Andersen (2015), and Williams (2014) have published case examples of the neuroscience storytelling within athlete-psychologist relationships. These neuro-narratives, in the context of the working alliance, include storytelling of brain functions

of anxiety and stress that normalize, validate, and, in an acceptance-and-commitment-therapy way, help defuse athletes' experiences from their brain's functional processes. Little (2015, 2020) provided a case example of collaboration between a sport psychologist and physiotherapist and documented their attempts to assist each other in building and maintaining effective working alliances with injured athletes.

In the first edition of this chapter, the authors remarked that they thought a paradigm nudge, rather than a shift, toward a "greater awareness of self and the processes involved in the sport-psychologist-athlete interaction" (Petitpas et al., 1999, p. 347) had occurred in sport psychology training models, and that the "therapeutic relationship ball is rolling" within the sport psychology literature. Over a decade on, with more contributions of cases studies, the therapeutic relationship ball continues to roll steadily.

Training Sport Psychology Practitioners: Therapeutic Relationships in Supervision

There are several supervision models that can be used in applied sport psychology (see Van Raalte & Andersen, 2021). No matter what the model, we would hope that in the training and supervision of sport psychology professionals, there is a parallel process with the therapeutic relationship in the supervisee–client dyad that is being mirrored in, or running in parallel with, the supervisor–supervisee collaboration. The therapeutic alliance in supervision may be more difficult to establish than the one in practitioner–client relationships because of a different kind of power imbalance (cf. Chapters 3 and 10). In supervision, the supervisor has an evaluative role that may be perceived as threatening. As Batten and Santanello (2009) suggested:

> Trainees are likely to encounter difficult emotional experiences, such as shame related to making mistakes and anxiety related to concerns about providing effective therapy, routinely during the course of both supervision and clinical work. In an attempt to minimize the distress associated with these experiences, supervisees may avoid discussion about their shortcomings in supervision
>
> *(p. 149)*

If supervisors model unconditional positive regard, care, appreciation of their own frailties and the frailties of others, love, and genuineness, then the supervisory environment may become relatively threat-free for initially anxious supervisees (Barney & Andersen, 2014). If there is positive transference and countertransference between a supervisor and a supervisee, a therapeutic alliance is likely to form and the supervisee may begin to internalize the supervisor as a model of what it is to be a competent sport psychology practitioner and a loving and caring human being. As in therapy, so too in supervision, it is the therapeutic relationship that fuels change.

Barney and Andersen (2014) and Andersen et al. (2016), in their writings on mindful supervision, have detailed the process by which mindfulness can assist in developing self-knowledge and reflection that can be explored within the supervisor-supervisee (therapeutic) relationship. They stated:

> By paying attention to breath, body sensations, thoughts, emotions, hopes, desires, and other people, we begin to become *attuned* to ourselves. Such attunement lays a broad foundation to draw upon for self-reflection. Mindfulness of self then supplies a wealth of data to tap for supervision processes (assisted self-reflection).
>
> *(p. 149)*

Both supervisor and supervisee can use these processes to learn and develop in the supervisor-supervisee relationship adventure.

Problems in Professional Relationships

Sport psychology practitioners working relatively long-term with individual athletes and teams may experience schisms, ruptures, or breakdowns in those relationships (see Andersen, 2007, for a distressing story of an irreparable rupture). Such ruptures may occur for a variety of reasons. For example, a practitioner may be working with a team as a whole and with individual players one-on-one. At first, things are going well, and everyone is happy, but, as time goes by, a schism between the coach and the sport psychology professional begins to manifest. This schism may result from the insecurities of the coach who sees the athletes spending a lot of time with the practitioner. The athletes may be coming to the professional because they are uncomfortable talking to the coach, and a coach may see the developing relationships between athletes and the sport psychology practitioner as encroaching on their territories, especially if there are already coach–athlete disharmonies and communication problems. It can be a juggling act between keeping the coach onside, but at an arm's length because of confidentiality concerns (and being identified as "just another coach") and cultivating close therapeutic relationships with the athletes.

When the Working Alliance Becomes a Misalliance

The therapeutic relationship can devolve into a misalliance with the client for several reasons. One way is for the practitioner to become an ally in an athlete's struggles against a powerful other (e.g., parent, coach, and administrator). This misalliance is fueled by the two parties having a common enemy. In psychodynamic terms, it is like siblings bonding together against an abusive parent. It is almost always unhelpful and usually damaging for the client, and the practitioner falls into the trap of feeding client dissatisfaction.

Another type of misalliance is dependency fostering. We have seen some sport psychology professionals *over-serve* athletes, go to every home and away event, and become so ubiquitous in athletes' lives that their athletes feel lost without them. This sort of dependency fostering is manipulative and exploitative and probably fills some narcissistic needs of the practitioner at the cost of the athlete's autonomy and dignity. A cousin to dependency fostering is the sport psychology professional using the athlete to bask in reflected glory. We and our students call these (un)professionals (rather colorfully) "jock-sniffers." The reflected glory seekers probably have the same neediness and narcissism as those who foster dependency.

Probably, the most egregious form of a misalliance is when a sexual/romantic liaison develops between the sport psychology practitioner and the client. We know from past literature that such boundary violations are nearly always damaging to the client and to the practitioner. It is a profound betrayal of trust that may leave vulnerable individuals feeling exploited, depressed, and even suicidal (Little & Harwood, 2010).

All of us are flawed in some ways, and working with high-profile athletes can be glamorous and seductive. We need to be vigilant so that we can recognize when the therapeutic alliance is threatened by external or internal factors that pull us away from being helpful and into misalliances that may damage and collapse our professional relationships. We also need to have supportive brains (e.g., colleagues and supervisors) to assist us in exploring factors that might lead to, or have led to misalliances in the past, and to help us maintain high-quality therapeutic relationships with those in our care.

Conclusion

Sport psychology practitioners and athletes come to their encounters with each other with all their ontogenetic histories, including their attachment experiences. These longstanding patterns of relating,

connecting, and attaching to others can influence the quality of the therapeutic bond between practitioner and athlete, and, ultimately, treatment outcomes (for a history of attachment theory, see Bretherton, 1992). The client and practitioner and their attachment histories can interact much like two planets passing close to each other and changing their orbits. These cosmic entities might approach each other and fall into a comfortable circumgyration around a mutually shared point equidistant from each other (in astronomy terms, a barycenter): a positive therapeutic bond where they face and see each other clearly and have good, friendly boundaries. Or, they may fall into an elliptical orbit (an occasional close connection followed by a running away, in an anxious type of attachment with a lot of approach–avoidance behavior. They may crash into each other in a destructive re-enactment of previous negative attachment experiences (the sport psychology practitioner is perceived as the authoritarian, punitive parent). At worst, they may melt into each other in identification, shared pain, and boundary blurring (with a high potential for damaging ethical violations). If both parties have secure attachments, then a working alliance may be easier to form than if the athlete or sport psychology practitioner has an anxious-avoidant attachment (or disorganized attachment). If the sport psychology professional has secure attachment experiences and is interpersonally mindful, and the client has insecure attachments to abusive significant others, then the developing therapeutic relationship can help such an insecurely attached athlete have the experience of a loving, caring other, in a type of re-parenting, that can help heal and be the basis of a solid working alliance to help them explore their inner and outer worlds. See Box 1.1 for a summary of the key points from this chapter.

Box 1.1 Summary of Key Points about Therapeutic Relationships

- Therapeutic relationships lie at the heart of applied sport psychology service delivery, training, and supervision.
- Therapeutic relationships have been studied intensely in mainstream clinical and counseling psychology, but only relatively recently in applied sport psychology.
- Practitioner (Rogerian) qualities of unconditional positive regard, empathy, genuineness, and being nonjudgmental along with client connection to the practitioner and client perception of empathy and positive regard form the foundations upon which a therapeutic alliance can be built.
- The development and practice of interpersonal mindfulness (presence, attunement, and resonance) can assist practitioners and supervisors in developing therapeutic relationships in applied sport psychology service.
- Neuroscience offers explanations of how sport psychology practitioners can influence athletes' brains for better or for worse.
- Contra-therapeutic misalliances may occur because of practitioners' needs, and even psychopathology, negatively influencing the process of treatment.

References

Andersen, M. B. (2007). Collaborative relationships in injury rehabilitation: Two case examples. In D. Pargman (Ed.), *Psychological bases of sport injuries* (3rd ed., pp. 219–234). Fitness Information Technology.

Andersen, M. B. (2009). The "canon" of psychological skills training for enhancing performance. In K. F. Hays (Ed.), *Performance psychology in action: A casebook for working with athletes, performing artists, business leaders, and professionals in high-risk occupations* (pp. 11–34). American Psychological Association. https://psycnet.apa.org/doi/10.1037/11876-001

Andersen, M. B. (2011). Who's mental, who's tough, and who's both? Mutton constructs dressed up as lamb. In D. F. Gucciardi & S. Gordon (Eds.), *Mental toughness in sport: Developments in research and theory* (pp. 66–85). Routledge.

Andersen, M. B. (2014). Working with an anxious and psychologically abused athlete: A mindful, neuropsychotherapy approach. In P. J. Rossouw (Ed.), *Neuropsychotherapy: Theoretical underpinnings and clinical applications* (pp. 193–208). Mediros.

Andersen, M. B., Barney, S. T., & Waterson, A. K. (2016). Mindfully dynamic meta-supervision: The case of AW and M. In J. G. Cremades & L. S. Tashman (Eds.), *Global practices and training in applied sport, exercise, and performance psychology: A case study approach* (330–342). Taylor & Francis.

Andersen, M. B., & Speed, H. D. (2011). The practitioner and client as storytellers: Metaphors and folktales in applied sport psychology practice. In D. Gilbourne & M. B. Andersen (Eds.), *Critical essays in applied sport psychology* (pp. 87–104). Human Kinetics.Barney, S. T., & Andersen, M. B. (2014). Mindful supervision in sport and performance psychology: Building the quality of the supervisor-supervisee relationship. In Z. Knowles, D. Gilbourne, B. Copley, & L. Dugdill (Eds.), *Reflective practice in sport and exercise sciences: Contemporary issues* (pp. 147–159). Routledge.

Batten, S. V., & Santanello, A. P. (2009). A contextual behavioral approach to the role of emotion in psychotherapy supervision. *Training and Education in Professional Psychology*, *3*(3), 148–156. https://psycnet.apa.org/doi/10.1037/1931-3918.a0014801

Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental Psychology*, *28*(5), 759–775. https://doi.org/10.1037/0012-1649.28.5.759

Cozolino, L. (2017). *The neuroscience of human relationships: Healing the social brain* (3rd ed.). Norton.

Cozolino, L. J., & Santos, E. N. (2014). Why we need therapy—and why it works: A neuroscientific perspective. *Smith College Studies in Social Work*, *84*(2–3), 157–177. http://dx.doi.org/10.1080/00377317.2014.923630

Freud, S. (1958). Recommendations to physicians practicing psychoanalysis. In J. Stachey (Trans. & Ed.), *The standard edition of the complete psychological works of Sigmund Freud*, *Vol. 12* (pp. 111–120). Hogarth. (Original work published in 1912)

Hick, S. F., & Bien, T. (2008). *Mindfulness and the therapeutic relationship*. Guilford Press.

Iacoboni, M. (2008). *Mirroring people*. Farrar, Straus, & Giroux.

Little, G. C. D., & Andersen, M. B. (2017). Brainy conversations: Mindfully using the language of neuroscience in sport and exercise psychology service. In M. B. Andersen & S. Zizzi (Eds.), *Being mindful in sport and exercise psychology* (pp. 155–177). Fitness Information Technology.

Little, G. C. D. (2015). *Client-practitioner relationships in sport injury rehabilitation* [Unpublished doctoral dissertation]. Victoria University, Melbourne, Australia. Retrieved from http://vuir.vu.edu.au/29792/1/Guy%20Christopher%20David%20Little.pdf

Little, G. C. D. (2020). Brain-based interprofessional collaboration in injury rehabilitation. In A. Ivarsson & U. Johnson (Eds). *Psychological bases of sport injuries* (4th ed., pp. 205–222) Fitness Information Technology.

Little, G. C. D., & Harwood, C. (2010). Enhancing our understanding of the potential violation of sexual boundaries in sport psychology consultancy. *Journal of Clinical Sport Psychology*, *4*(4), 302–311. https://doi.org/10.1123/jcsp.4.4.302

Mannion, J., & Andersen, M. B. (2015). Mindfulness, therapeutic relationships, and neuroscience in applied exercise psychology. In M. B. Andersen & S. J. Hanrahan (Eds.), *Doing exercise psychology* (pp. 3–18). Human Kinetics.

Norcross, J. C. (Ed.). (2011). *Psychotherapy relationships that work: Evidence-based responsiveness* (2nd ed.). Oxford University Press.

Petitpas, A. J., Giges, B., & Danish, S. J. (1999). The sport-psychologist-athlete relationship: Implications for training. *The Sport Psychologist*, *13*(3), 344–357. https://doi.org/10.1123/tsp.13.3.344

Rogers, C. R. (1946). Significant aspects of client-centered therapy. *American Psychologist*, *1*(10), 415–422. https://psycnet.apa.org/doi/10.1037/h0060866

Rogers, C. R. (2007). The necessary and sufficient conditions of therapeutic personality change. *Psychotherapy: Theory, Research, Practice, Training*, *44*, 240–248. (Reprinted from *Journal of Consulting Psychology*, 1957, *21*, 95–103). https://psycnet.apa.org/doi/10.1037/0033-3204.44.3.240

Sharp, L., Hodge, K., & Danish, S. (2015). Ultimately it comes down to the relationship: Experienced consultants' views of effective sport psychology consulting. *The Sport Psychologist*, *29*(4), 358–370. https://doi.org/10.1123/tsp.2014-0130

Siegel, D. J. (2007). *The mindful brain: Reflection and attunement in the cultivation of well-being*. Norton.

Siegel, D. J. (2010). *The mindful therapist: A clinician's guide to mindsight and neural integration*. Norton.

Tod, D., & Andersen, M. B. (2012). Practitioner–client relationships in applied sport psychology practice. In S. D. Mellalieu & S. Hanton (Eds.), *Professional practice in sport psychology: A review* (pp. 273–306). Routledge.

Tod, D., Hardy, J., Lavallee, D., Eubank, M. R., & Ronkainen, N. J. (2019). Practitioners' narratives regarding active ingredients in service delivery: Collaboration-based problem solving. *Psychology of Sport and Exercise*, *43*, 350–358. https://doi.org/10.1016/j.psychsport.2019.04.009

Van Raalte, J. L., & Andersen, M. B. (2021). Supervision I: From models to doing. In M. B. Andersen (Ed.), *Doing sport psychology: 21st anniversary edition with original authors' reflections* [eBook]. Amazon: Kindle Direct Publishing. https://www.amazon.com/dp/B09L2JR9HH

Wachsmuth, S., Jowett, S., & Harwood, C. (2017). Conflict among athletes and their coaches: What is the theory and research so far? *International Review of Sport and Exercise Psychology*, *10*(1), 84–107. https://doi.org/10.1080/1750984X.2016.1184698

Williams, D. E. (2014). Going slow before you can go fast: A journey into performance anxiety through the lens of psychodynamics and neuroscience. In P. J. Rossouw (Ed.), *Neuropsychotherapy: Theoretical underpinnings and clinical applications* (pp. 209–234). Mediros.

2

ATTENDING AND LISTENING

Shane Murphy and Annemarie I. Murphy

Listening and attending skills are discussed infrequently in sport psychology. Although the foundation of training for all mental health practitioners is the process of becoming a good listener, very few texts discuss the basic building blocks of counseling for practitioners of sport psychology (hereafter referred to as "practitioners"), with the first edition of this text being an exception (see also Chapter 1). Such counseling skills are not easy to develop, and research indicates that merely accumulating more years of experience does not predict therapeutic expertise and client outcomes (Goldberg et al., 2016). Skills for high-performance interventions have been studied extensively in sport psychology research (Filho & Basevitch, 2021), while limited attention has been paid to processes involved in becoming an effective counselor. Nevertheless, experts in sport psychology attest to the high degree of importance they attach to these basic counseling skills when working with athletes:

> The ability to listen is absolutely key… Listening, awareness, and the ability to focus would be important not just to the athlete but also the consultant. Being able to zero in on what the athlete is actually experiencing in this moment. If the consultant is distracted by his or her own inner experience, it is important to be aware of that, set it aside, and come back to the athlete.
>
> *Burt Giges (2021, p. 71)*

The Building Blocks of Effective Listening

The Microskills of Counseling

Research on the characteristics of effective practitioners supports the assertion of Giges – effective relationship-building skills, such as being "easy for athletes to relate to," "trustworthy," and "flexible – ready to collaborate/cooperate," correlate highly with athletes' ratings of a sport psychologist's effectiveness (Gould et al., 1991). "[E]effective consultants acknowledge that athletes are experts in their sports, invite them to share their knowledge and experience, and take time to learn about the sport from the athletes' perspectives" (Tod & Andersen, 2005, p. 310). The two essential components of any effective relationship are hearing and being heard. While there is extensive research in sport psychology on the factors that promote being an effective communicator (Hardy et al., 2005), there has been little work done on the factors involved in effective listening in sports settings. This chapter addresses the latter.

13

Being a "good listener" sounds straightforward, but research has demonstrated that effective listening requires coordinated application of several skills (Ivey & Daniels, 2016), and some of these can be challenging for practitioners, who often work in sports settings far removed from the traditional therapist's office. Applied research on development and application of effective relationship–building skills such as listening has occurred within the microskills approach to counseling, originally developed at Colorado State University in the late 1960s. As elaborated over the years, especially by Allen Ivey (Ivey et al., 2010), the microskills model identifies a hierarchy of skills, beginning with basic building blocks such as attending behavior and active listening, ethics, competence, and wellness, and culminating in the ability to integrate skills from theories of psychology into a personal counseling style. This approach has been influential in the training of counselors, psychologists, social workers, psychiatrists, and others in the helping professions (Egan, 2007a). In this section, we focus on applying in sports settings the basic skills identified in this microskills research.

- *Attending behavior.* The initial moments of the first interview are spent listening to athletes about their concerns. While many novice counselors try to solve the issue immediately, it is vital to remember that these problems developed over time and take time to understand. The first part of the initial session is about developing rapport and connection with the client, a process which continues throughout counseling. As Carl Rogers first emphasized, a critical quality of a genuine relationship is immersing oneself in the immediacy of the moment, which means paying full attention to the client (Rogers, 1961). Critical behavioral components of attending have been found to be eye contact, positive vocal qualities and questions, verbal following, and attentive body language (Ivey et al., 2010). How these are manifested in an effective counseling relationship differs according to culture and individual history. In predominantly Western cultures, body language that suggests full attention includes facing the client squarely, leaning slightly forward, open body posture, expressing appropriate emotions via facial expressions, and using encouraging gestures. Some of these aspects differ by culture. For example, "direct eye contact among many traditional peoples can be seen as intrusive, and in some cases an invitation to fight" (Ivey & Daniels, 2016, p.102). Attending involves focusing on the athlete-client and what they may be saying or feeling, and not getting caught up in problem solving. An important aspect of attending is being attuned to the athlete's own nonverbal behavior.
- *Questions.* This original research on attending lead next to a focus on what was termed the "basic listening sequence" (Moreland et al., 1973), which begins with questions. With attending as the foundation, questioning brings out the client's story. Having athletes tell their stories is important for developing interventions and building positive relationships. In the early stages of interviews, a few well-placed and open-ended questions will show that the counselor is listening and understanding the importance of the stories the athlete is telling. A mistake to avoid is being side-tracked with unimportant elements of the narrative; counselors can ask some of these questions later. Asking athletes to explain aspects of their sports experience which are unfamiliar to the practitioner also helps establish the athlete as the "expert" early in the relationship.
- *Paraphrasing.* Paraphrasing is restating what the athlete has said using other words. Paraphrasing shortens and clarifies interviewee statements. The paraphrase needs to preserve the meaning of the story but indicate that the counselor has been able to identify the main sources of concern. With all microskills, nonverbal behavior reinforces the verbal content of the counselor. For example, exhibiting encouraging nonverbal communication such as positive facial expressions and looks of concern helps consolidate the paraphrased message.
- *Reflecting feelings.* Another basic listening skill is the reflection of the athlete's feelings. A reflection of feeling occurs when, while paraphrasing a statement, the practitioner includes an explicit identification of the athlete's feelings (Egan, 2007b). Reflection can be a questioning way to find out if the counselor has accurately identified the athlete's emotional experience.

When encountering intense feelings, responses such as "Don't be upset," "You should not worry about that," or "It will be OK" can appear to the client as if the counselor is making light of their experiences and should be avoided. Inaccurate reflections sometimes occur, which can be followed with statements such as "It seems I have not quite grasped what is going on for you," and then asking the athlete to explain more about how they feel.

- *Reflecting meaning.* The basic listening skill of reflection of meaning occurs when the practitioner seeks further understanding of the story the athlete is trying to tell them. The counselor asks the athlete to elaborate and clarify aspects of the story that appear to be "missing" to the counselor. Reflection of meaning should be tentative. If the counselor is wrong, this mistake gives an athlete the opportunity to "set the record straight," which will assist them in understanding their own experiences. This approach also helps athletes see that the practitioner is following the athlete's story and experience.
- *Summarizing.* The final basic skill of active listening, summarizing, helps with both attending and the next stage of counseling, which is setting goals and developing an intervention. These topics are covered in later chapters. In summarizing, practitioners paraphrase both the information and the emotional content the athlete shared, restating them as accurately as possible. Summarizing takes longer than simple paraphrasing and moves the counseling forward toward action. Summarization brings together several statements or perhaps an entire segment, or even the content and feeling of a total session, and helps to provide clarity, especially with complex issues (Ivey et al., 2010).

Creating an Effective Environment

An effective counseling relationship requires making the client feel comfortable, so that they feel safe discussing the issues that concern them. Even if an athlete approaches a practitioner for help, they may be reluctant to talk about emotional and upsetting issues. Any problems with sport performance can be distressing for athletes because self-confidence and self-image may be directly derived from past performances. Creating the right physical environment so that an athlete feels heard and understood is an important aspect of effective listening. Several considerations are important for practitioners.

- *Non-traditional settings.* In a traditional counseling model, the client approaches a counselor directly to talk about some important issues that have been of concern. The counselor has usually prepared for the interview and may have some knowledge of the presenting issues. Office visits ensure confidentiality and a calm listening environment. This mode of interaction may be less frequent in sport psychology than in other counseling practices. As experienced practitioners know, a non-traditional model is common in sports settings and valuable time with an athlete may occur on the side of a pool, at a gym during practice, on a chair lift, or after a workout. Diligent use of the microskills discussed above is even more important in all such situations, as the lack of an office environment can be distracting. However, the sport psychology model of delivering services at the point of performance (Andersen, 2021) has many advantages, including strengthening the practitioner–athlete collaborative relationship, enhancing application of interventions to actual performance, and providing the practitioner with invaluable information regarding athlete behavior in practice and competition (as opposed to listening to accounts of past events).
  Nevertheless, the practitioner must be cognizant of challenges which can impair the counseling relationship in such situations. A few examples may suffice to illustrate the complexity of the working environment: an athlete may feel uncomfortable to be seen with their sport psychology consultant in front of teammates or worry about being overheard; an athlete may not wish a coach to know that they are seeing the practitioner in certain situations; and public encounters can be seen by others, including the media, and in an age of social media, the ramifications must be considered. Professional

ethical guidelines, such as the American Psychological Association's Ethical Principles (APA, 2017), provide some guidance to practitioners in such situations, but ethics codes do not provide answers to specific vexing questions. Fortunately, much attention has been paid to these issues in the sport psychology literature (Hankes, 2012). With forethought, preparation, and open communication with athlete-clients, most problems can be avoided before they become an impediment to counseling.

- *Culturally aware listening.* Attending behavior should convey respect for the client and an appreciation of any differences between counselor and client. Practitioners should listen carefully to all their clients and make no assumptions about them (see also Chapter 53). All listeners bring their own listening filters to the helping relationship; filters influenced by one's gender, ethnicity, religion, culture, and so on. Being aware of one's own filters is essential for successful listening, but so is learning that athletes are not defined by labels and must be respected for their individuality. A cultural factor unique to sport psychology is the sport itself. No practitioner can be familiar with the unique environments of all sports, and each sport program develops a culture with its own unique histories, expectations, and traditions. Practitioners can enhance their cultural awareness with an athlete or team by developing a contextual understanding of the sports organization involved (Brown et al., 2005).

- *Listening skills in a virtual environment.* Although the frequent travel demands on high-level athletes would seem to make telecounseling a natural fit within sport psychology, as recently as 2018, researchers found low usage of technology such as videoconferencing, email, and cell phones among sport psychology professionals (Bird & Harris, 2019). The global pandemic of 2020–2023 has changed this landscape and now virtual meetings are often the norm rather than the exception. Video and digital tools are now accessible to most and the stay-at-home protocols and limited travel opportunities during the pandemic have facilitated the widespread adoption of "telepsychology," defined by the American Psychological Association as the provision of psychological services using telecommunication technologies (Joint Task Force, 2013). While convenient, telepsychology poses a new set of challenges for effective attending and listening.

Telehealth, the use of online and digital mental health tools to deliver one-on-one therapy, group therapy, or health care education, has been studied for approximately two decades, and research on mental health outcomes utilizing telehealth has indicated that not only can it be as effective as face-to-face counseling, but often the retention rate is higher (Bashshur et al., 2016). However, the skills needed for traditional in-person counseling do not always translate into the skills needed for telehealth (Henry et al., 2018). Important considerations for establishing an effective counseling relationship via telehealth include helping the client set up the session; educating the client in the differences between telehealth and office visits; and recognizing the different nonverbal tasks involved in virtual interactions (do I stare at the camera, can I look down to take notes, where do my eyes focus?). Ethical practice suggests that the skills needed for the delivery of services via telehealth will require additional training for practitioners (Watson et al., 2020), including mastering legal guidelines for telehealth usage and technological accessibility issues. Research on the counselor skills needed for effective communication in telehealth is in its infancy and this should be a priority area for sport psychology research.

Theory-Guided Listening

In Section III of this book, a variety of theoretical models within sport psychology are discussed, including cognitive-behavioral, person-centered, psychodynamic, and family systems approaches. Effective practitioners are guided by their theoretical frameworks throughout the working relationship with the athlete-client (Watson et al., 2017). Researchers who asked athletes to describe the characteristics of effective and ineffective practitioners found that the atheoretical application of "psychological skills training," described as a "canned" approach to sport psychology, was one of the main markers of consultants

perceived as ineffective (Gould et al., 1991). A theoretical orientation provides direction for the coun-selor by highlighting certain issues, concepts, and situations that deserve attention. The counselor will be listening for these key concepts and will attend to them when they occur. The theoretical orientation of the counselor also provides an explanation for what is happening in the relationship with the athlete. It predicts that certain interventions will be effective in certain situations and helps guide the counselor in choosing strategies. Here, we will briefly highlight how four such theoretical approaches influence the work of attending and listening within the practitioner–athlete counseling relationship.

Behavioral Theory

In one sense, the behavioral theories of B. F. Skinner (1971) could be said to underlie all attempts to influence the dialogue between counselor and client. The counseling relationship is one of shared work, a collaboration between practitioner and athlete, but whatever the practitioner chooses to attend to will have a great influence on the direction of subsequent discourse. Behaviorists consider the mere act of attention to be a powerful reinforcer. For example, consider the following hypothetical conversation between a sport psychology practitioner and an athlete.

ATHLETE: I'm still upset about the last match I suppose, and I'm not looking forward to the tourna-ment this weekend. I haven't been sleeping well this week; I keep thinking about how the last match ended. I think I wanted coach to get upset and yell at me; maybe I need that. I'm worried this is going to be a pattern, a habit or something. My parents have noticed, they're bugging me to talk to you about it.

PRACTITIONER: I'm hearing that you're still upset about last week and you're worried about this weekend. Can you tell me more about what you fear might happen?

Even the briefest counseling situations give rise to a host of information, and one of the main responsi-bilities of the practitioner is to help focus the dialogue to move the process forward. In this interaction, the practitioner uses the microskill of paraphrasing to establish empathy, and this tactic reinforces the athlete for disclosing feelings. By attending to the athlete's worry, the practitioner subtly reinforces the discussion of this issue. Several other issues such as the athlete's negative self-talk, the inability to let go of a defeat, and the relationship with coach and parents are also worthy of attention. The act of attending directs the discussion toward some topics at the expense of others. A skilled counselor will keep track of the issues raised but not discussed and may wish to come back to them at a later point in the interview.

The behavioral framework is a natural fit for a practitioner due to the strong focus on behavior change, which is a primary goal for athletes striving to improve. Behavioral theory suggests that prac-titioners pay special attention to the environmental and social factors that shape and maintain athlete behaviors (contingencies of reinforcement), especially those that athletes wish to change.

Cognitive Theory

As formulated by theorists such as Beck (1976) and Ellis (1973), cognitive theories propose that be-havior change occurs when cognitions change, reversing the half-century trend of minimizing the importance of cognitions initiated by the behavioral movement. Practitioners using a cognitive therapy approach listen carefully to the thoughts and emotions expressed by athletes, paying special attention to cognitions that seem to trigger strong feelings and seeking to identify irrational thoughts that lead to ineffective learning, maladaptive emotions, and poor performance.

One of the challenges for the counselor in identifying negative thinking is that some cognitions are believed to be automatic (Beck, 1976), that is, they occur frequently, have strong emotional connotations

(e.g., "I can't beat this guy," "my coach is disappointed in me"), but are not recognized as such by the athlete because they have become routine. Not only must the practitioner use expert listening skills, but athletes must also learn to recognize, or listen to, their own self-talk (see Chapter 59), with the goal of identifying ineffective cognitions and changing them.

Many psychologists, and sport psychology practitioners, today identify themselves as cognitive-behavioral in orientation (Murphy et al., 1995), merging the cognitive and behavioral approaches into a system that emphasizes client behavior change via both reinforcement strategies and the facilitation of changes in thoughts and feelings. This model is a good fit for sport psychology because it places a strong responsibility on the client-athlete to make behavioral changes and to be accountable for practicing new behaviors and implementing agreed-upon goals. The counseling relationship becomes an alliance between practitioner and athlete to identify goals and initiate desired changes.

The Transtheoretical Stages of Change Model

Prochaska and colleagues developed the transtheoretical model of change to clearly explain the change process as it occurs within most therapeutic relationships, irrespective of theoretical orientation (Prochaska, 2020). Identification of the stages of change themselves was an important contribution to the helping literature, but the critical insight provided by the transtheoretical model is that clients' behaviors and willingness to change will reflect the stages they are in – pre-contemplation, contemplation, preparation, action, or maintenance. This model is relevant for applied sport psychology because athletes are often spread widely across the stages of change spectrum. Some are ready to begin behavioral change (i.e., they are in the preparation stage), but many have only vaguely thought about applying a mental skills approach to their sport, perhaps through conversations with a teammate or because a practitioner has been assigned to their team, program, or school. The challenge for the practitioner with the latter athletes is to help them move forward in the change process. Practitioners face two critical listening tasks early in the helping relationship when utilizing this guiding model. First, counselors must identify the stage of change occupied by the athletes. Second, to assist athletes in moving toward desired changes, listening to their rationales for change is essential. Helping athletes identify pros and cons of change is an effective way of helping them move toward the next stage. The final approach discussed was developed for just this purpose and has several tools to help the counselor understand the client's readiness to change.

Motivational Interviewing

Motivational interviewing (MI; Miller & Rollnick, 2013) is an evidence-based approach to counseling which deals effectively with ambivalence during the change process. It is built upon the framework of Self-Determination Theory (Ryan & Deci, 2000), which posits that the basic psychological needs for people are autonomy, competence, and relatedness. We are most effective and happy when these needs are met, and MI helps individuals achieve their goals in these three areas. MI is at heart a conversation between two people in which the counselor listens for and reinforces change talk from the client. The microskills approach to counseling is a natural fit with MI, since many MI strategies such as OARS (use open-ended questions, affirmations, reflecting listening, summarizing listening) are microskill-based. MI has been utilized in working with athletes and coaches (Rollnick et al., 2020). Athletes are naturally goal-directed individuals, but implementing change is not easy, and MI strategies such as the Readiness Ruler and the Decisional Balance matrix help both counselor and client identify stage of change readiness and the pros and cons of change implementation, to help resolve the natural ambivalence (expressed as "sustain talk") that often interferes with change. Practitioners using MI eschew directed change, believing that motivation is elicited from the athlete and requires the athlete to articulate and resolve their ambivalence. Once a sufficient level of motivation is present, the practitioner and client

collaboratively develop a plan for change. MI is a well-researched (Hettema et al., 2005) and clearly described approach which can help novice and experienced therapists alike build a collaborative relationship with their clients that allows for the examination of ambivalence toward change in the context of the client's intrinsic motives and values.

Skill Development in Attending and Listening

Listening and attending are skills to be learned and practiced. Becoming an effective listener is a lifelong process. Here are some general suggestions to develop the skills outlined in this chapter:

1   Become aware of your own verbal and nonverbal communication styles. It is important to have accurate awareness of your own tendencies. To gain such awareness, you can obtain feedback from colleagues and other professionals. Recording a sample session from your own practice (with the client's permission) and subsequently reviewing what you said and how you said it is an excellent learning tool. Analyze your own listening and attending microskills. Another way to engage in critical self-reflection is to practice with a colleague or a friend and ask for specific feedback. A great resource is found in Ivey et al. (2010). Their format is useful for analyzing a counseling interview in a systematic and objective fashion.

2   Obtain continuing education training not only at sport psychology seminars but through a variety of professional development activities and workshops that may introduce you to different orientations and approaches. Choose seminars that will challenge your counseling attitudes and add to your repertoire of skills.

3   Find a mentor, supervisor, or other individual who can be relatively objective about your work. When starting your journey as a counselor, it is important to obtain consistent feedback on your skills. Even the most experienced counselors benefit from opportunities to discuss situations that are complex and challenging. Sport psychology is rarely as simple and straightforward as it might seem from the reading of an introductory textbook.

4   Collaborate with athlete-clients on improving the working alliance of the relationship. Athletes themselves can provide excellent feedback for the sport psychologist, identifying concrete targets for improvement. Naturally, this requires a strong collaborative approach. The "[working alliance] is best when the therapist and client agree about what they are trying to accomplish, have a strong emotional bond, and are collaborating to accomplish the goals they have set together" (Miller & Moyers, 2021, p. 139).

Conclusion

Sport psychology has a strong research tradition of examining a variety of psychological strategies that are commonly employed to change performance (Hays, 2009). The psychological skills training approach of practitioners must rest on a firm foundation of excellent communication and relationship-building skills, of which listening and attending are the most basic. This chapter described the microskills approach to developing effective communication skills, suggesting ways to strengthen and improve these skills in sport psychology practice, and offering examples of focused listening for athletes driven by specific theories of change. Good communication skills are a necessary foundation for effective counseling (Watson et al., 2017), but these skills are just the first step in becoming an effective practitioner. "Communication skills are essential for building the helping partnership and for helping clients move through the stages and steps of the helping model. But they are the essential tools for making the model work and not the model itself" (Egan, 2007b, p. 45). See Box 2.1 for a summary of the key points from this chapter.

Box 2.1 Summary of Key Points about Attending and Listening

- Expert practitioners place a high priority on excellent listening as an essential foundation for the effective practice of sport psychology.
- The *microskills* approach suggests that specific behaviors form the foundation of effective communication and relationship-building in all counseling relationships.
- Attending behavior includes the critical aspects of eye contact, positive vocal qualities, questions, verbal following, and attentive body language.
- Listening skills include questions, paraphrasing, reflection of feelings, reflection of meaning, and summarizing.
- Creating an effective environment for relationship-building with athletes often takes place in a non-traditional counseling setting, and the sport psychology practitioner must give extra thought and preparation to ensuring the safety and dignity of the athlete.
- Effective practitioners listen carefully to all their clients have to say, seeking to understand and respect their culture, and making no assumptions.
- Delivery of sport psychology services via telehealth platforms appears to be an appropriate and effective choice but will require additional training and preparation for practitioners.
- The practitioner's theoretical orientation to counseling, performance, and mental health will determine the issues that are attended to and discussed.
- A *behavioral* model focuses the practitioner's attention on stories that reveal the contingencies of reinforcement and punishment in the athlete's life.
- A *cognitive therapy* approach focuses attention on the thoughts and emotions expressed by athletes, seeking to identify irrational and self-defeating thoughts that lead to poor performance and/or mental health.
- The *transtheoretical model* focuses attention on identifying the athlete's stage of change and choosing appropriate strategies to move the athlete toward desired change.
- *Motivational interviewing* is at heart a conversation between two people in which the practitioner listens for and reinforces change talk from the athlete.
- Analyze your own listening and attending microskills, using recordings of actual client sessions if possible, or conducting practice interviews with colleagues.
- Obtain continuing education training at sport psychology seminars and at professional workshops.
- Develop a mentee or supervised relationship with a skilled practitioner who can provide you with feedback and guide your development as an expert listener.

References

American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct*. The American Psychological Association.

Andersen, M. B. (2021). *Doing sport psychology: 21st anniversary edition with original authors' reflections*. Kindle Direct. https://www.amazon.com/dp/B09L2JR9HH

Bashshur, R. L., Shannon, G. W., Bashshur, N., & Yellowlees, P. M. (2016). The empirical evidence for telemedicine interventions in mental disorders. *Telemedicine Journal and e-Health: The Official Journal of the American Telemedicine Association*, *22*(2), 87–113. https://doi.org/10.1089/tmj.2015.0206

Beck, A. (1976). *Cognitive therapy and the emotional disorders*. International Universities Press.

Bird, M., & Harris, B. S. (2019). The ethical use of technology for clinical and performance enhancement services: Prevalence and perceptions among Association for Applied Sport Psychology certified consultants. *Journal of Clinical Sport Psychology*, *13*(1), 56–71. https://doi.org/10.1123/jcsp.2017-0034

Brown, C. H., Gould, D., & Foster, S. (2005). A framework for developing contextual intelligence (CI). *The Sport Psychologist*, *19*(1), 51–62. https://doi.org/10.1123/tsp.19.1.51

Egan, G. (2007a). *The skilled helper: A problem-management and opportunity-development approach to helping* (8th ed.). Thomson.

Egan, G. (2007b). *Skilled helping around the world* for *Egan's the skilled helper* (8th ed.). Thomson.

Ellis, A. (1973). *Humanistic psychotherapy: The rational-emotive approach.* McGraw-Hill.

Filho, E., & Basevitch, I. (Eds.). (2021). *Sport, exercise and performance psychology: Research directions to advance the field.* Oxford University Press.

Giges, B. (2021). Reflections on Giges, B. Removing psychological barriers: Clearing the way. In M. B. Andersen (Ed.), *Doing sport psychology: 21st anniversary edition with original authors' reflections.* Kindle Direct. https://www.amazon.com/dp/B09L2JR9HH

Goldberg, S. B., Rousmaniere, T., Miller, S. D., Whipple, J., Nielsen, S. L., Hoyt, W. T., & Wampold, B. E. (2016). Do psychotherapists improve with time and experience? A longitudinal analysis of outcomes in a clinical setting. *Journal of Counseling Psychology*, *63*(1), 1–11. https://doi.org/10.1037/cou0000131

Gould, D., Tammen, V., Murphy, S., & May, J. (1991). An evaluation of U. S. Olympic sport psychology consultant effectiveness. *The Sport Psychologist*, *5*(2), 111–127. https://doi.org/10.1123/tsp.5.2.111

Hankes, D. M. (2012). Sport and performance psychology: Ethical issues. In S. M. Murphy (Ed.), *The Oxford handbook of sport and performance psychology* (pp. 46–61). Oxford University Press.

Hardy, C. J., Nurke, K. L., & Crace, R. K. (2005). Coaching: An effective communication system. In S. M. Murphy (Ed.), *The sport psych handbook: A complete guide to today's best mental training techniques* (pp. 191–212). Human Kinetics.

Hays, K. F. (Ed.). (2009), *Performance psychology in action: Casebook for working with athletes, performing artists, business leaders, and professionals in high-risk occupations.* American Psychological Association.

Henry, B. W., Ames, L. J., Block, D. E., & Vozenilek, J. A. (2018). Experienced practitioners' views on interpersonal skills in telehealth delivery. *Internet Journal of Allied Health Sciences and Practice*, *16*(2), Article e2. https://doi.org/10.46743/1540-580X/2018.1745

Hettema, J., Steele, J., & Miller, W. R. (2005). Motivational interviewing. *Annual Review of Clinical Psychology*, *1*, 91–111. https://doi.org/10.1146/annurev.clinpsy.1.102803.143833

Ivey, A. E., & Daniels, T. (2016). Systematic interviewing microskills and neuroscience: Developing bridges between the fields of communication and counseling psychology. *International Journal of Listening*, *30*(3), 99–119. https://doi.org/10.1080/10904018.2016.1173815

Ivey, A., Ivey, M. B., & Zalaquett, C. P. (2010). *Intentional interviewing and counseling: Facilitating client development in a multicultural society* (7th ed.). Brooks/Cole.

Joint Task Force for the Development of Telepsychology Guidelines for Psychologists. (2013). Guidelines for the practice of telepsychology. *American Psychologist*, *68*(9), 791–800. https://psycnet.apa.org/doi/10.1037/a0035001

Miller, W. R., & Moyers, T. B. (2021). *Effective psychotherapists: Clinical skills that improve client outcomes.* Guilford Press.

Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people to change* (3rd ed.). Guilford Press.

Moreland, J. R., Ivey, A. E., & Phillips, J. S. (1973). An evaluation of microcounseling as an interviewer training tool. *Journal of Consulting and Clinical Psychology*, *41*(2), 294–300. https://doi.org/10.1037/h0035136

Murphy, S. M., Perna, F., Neyer, M., Ogilvie, B., & Murphy, A. (1995). Consultation with sports organizations: A cognitive-behavioral model. In S. M. Murphy (Ed.), *Sport psychology interventions* (pp. 235–252). Human Kinetics.

Prochaska, J. O. (2020). Transtheoretical model of behavior change. In M. D. Gellman & J. R. Turner (Eds.), *Encyclopedia of behavioral medicine.* Springer. https://doi.org/10.1007/978-3-030-39903-0_70

Rogers, C. (1961). *On becoming a person.* Houghton Mifflin.

Rollnick, S., Fader, J., Breckon, J., & Moyers, T. B. (2020). *Coaching athletes to be their best: Motivational interviewing in sports.* Guilford Publications.

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, *55*(1), 68–78. https://psycnet.apa.org/doi/10.1037/0003-066X.55.1.68

Skinner, B. F. (1971). *Beyond freedom and dignity.* Vintage.

Tod, D., & Andersen, M. (2005). Success in sport psych: Effective sport psychologists. In S. M. Murphy (Ed.), *The sport psych handbook: A complete guide to today's best mental training techniques* (pp. 305–314). Human Kinetics.

Watson, J. C., Harris, B. S., & Baillie, P. (2020). Ethical issues impacting the profession of sport psychology. In G. Tenenbaum & R. C. Eklund (Eds.), *Handbook of sport psychology* (4th ed., pp. 751–772). Wiley. https://doi.org/10.1002/9781119568124.ch36

Watson, J., Hilliard, R., & Way, W. (2017). Counseling and communication skills in sport and performance psychology. In O. Braddick (Ed.), *Oxford research encyclopedia of psychology.* https://doi.org/10.1093/acrefore/9780190236557.013.140

3

TRAINING AND PROFESSIONAL DEVELOPMENT

David Tod and Hayley McEwan

Applied sport psychology practitioners have moved from a traditional focus on performance enhancement and excellence to recognizing the importance of health and well-being (Sly et al., 2020). One challenge faced by practitioners is providing evidence of how applied sport psychology helps coaches, athletes, and exercise participants (Tod & Van Raalte, 2020). One avenue to understand applied sport psychology has been for researchers to focus on evaluating the typical interventions (e.g., goal setting and imagery). More recently, researchers have turned their attention to the person delivering applied sport psychology services (i.e., the practitioner). These investigations include identifying practitioners' attributes (see Chapter 9) and how they develop expertise, in recognition that they are central to effective practice (Tod et al., 2019).

Adequate training involves more than learning about the typical interventions used in the profession. Sport psychology practitioners also need to learn how they influence service delivery outcomes and the role of the relationships they form with clients (McEwan et al., 2019), features recognized in other applied psychology disciplines (Norcross, 2011). Findings from research on practitioner training and development parallel results from counseling psychology investigations (McEwan et al., 2019). Counseling psychology literature can guide educators' and supervisors' attempts to mentor trainees in applied sport psychology. In this chapter, we explain trends in professional training and development and suggest ways that educators, supervisors, trainees, and practitioners may optimize growth. Given the parallels between the sport and counseling psychology literature on practitioner development, this chapter may also help individuals from other disciplines wishing to reconfigure their skills to collaborate with athletes (e.g., counselors and psychotherapists).

Trends in Practitioner Development

When trainees first begin helping clients, they typically adopt problem-solving perspectives and attempt to provide solutions to athletes' issues (McEwan et al., 2019; Tod et al., 2011). Along with their problem-solving stances, trainees often act in rigid ways, trying to adapt athletes' issues to fit the interventions the trainees have at their disposal. For example, trainees may use goal setting or imagery in ways they have learned from respected mentors without considering clients' specific needs. With experience, sport psychology practitioners act as facilitators rather than problem solvers and adapt interventions to suit athletes' specific needs (Fogaca et al., 2018). For example, rather than tell athletes

to write goals in a journal, practitioners may explore other ways to do goal setting, such as creating pictorial montages if clients believe it will be helpful.

Trainees sometimes have difficulty listening to athletes, conducting effective assessments, and adapting interventions to clients' situations because they get distracted during sessions by their own needs and cognitive activity (Tod et al., 2011). For example, trainees' tendencies to offer solutions typically result from their need to show that they are competent and to justify their involvement with athletes (Andersen, 2000). As another example, in addition to listening to athletes, trainees are normally coaching themselves through sessions and recalling advice from supervisors, educators, and the literature. To illustrate, one trainee said that they did not just have the voice of Homer Simpson in their head, referring to their own self-dialogue, but they had to contend with the voices of the entire Simpson family (e.g., Marge, Lisa, Bart, and Grampa). As the trainee gained a sense of competence, the level of internal Simpson family domestic chaos reduced, and they were better able to listen to athletes.

The high levels of cognitive activity may reflect trainees' anxieties and self-doubts about their competence to help clients (Fogaca et al., 2018). Although excited to be helping people, trainees are aware that they have limited knowledge and untested skills. They also may fear being stripped naked professionally in front of athletes and supervisors and being exposed as frauds. With client experience, anxiety levels reduce as practitioners realize that they can help athletes. They might also reinterpret anxiety as a sign they care about helping people and they want to improve their competencies. Mature sport psychology practitioners, however, are not immune to anxiety and may experience self-doubts when working in novel situations or helping client groups with whom they have not previously interacted (McEwan et al., 2019).

The shift from problem-solving to facilitating client change is usually paired with (a) an increased understanding of how the sport psychology practitioner-client relationship shapes consultancy; (b) a decreased sense of self, and an improved understanding of the client as the primary change agent; and (c) a greater empathy for the ways people's needs and personalities influence service delivery (McEwan et al., 2019). Trainees often develop their interpersonal skills and realign the balance of power to allow athletes greater control over relationships (Tod et al., 2011). Trainees may also reflect on ways they can examine and draw on their issues and needs to inform client interactions or ensure that they do not hinder athlete progress. For example, sport psychology practitioners may draw on their experiences with homonegativism to help understand gay male athletes' difficulties functioning in inimical environments.

Sport psychology practitioners' recognition of the role they play when helping clients reflects the individuation process. Specifically, practitioners select methods and theoretical orientations that resonate with their personalities and improve the fit between themselves and the settings in which they work, or hope to work (Fogaca et al., 2020; McEwan et al., 2019). For example, individuals who like to adopt a scientific and rational approach to problems and believe that the cognitive model readily explains human functioning may base their helping endeavors on cognitive-behavioral therapy principles. Individuation often involves experimenting, and over time practitioners may try on for size the mantles of various schools of thought as they search for the one(s) that fits comfortably (Haluch et al., 2022; McEwan et al., 2019).

Initially, trainees have limited internal cognitive and behavioral maps to guide service delivery and they seek information from external sources (Smith et al., 2019). When seeking external help, trainee practitioners prize those sources of information providing models or knowledge about how to work with clients (Tod et al., 2007). A highly valued source includes participating in or observing real or simulated (e.g., role plays) client relationships. Another source involves discussing service delivery with supervisors or colleagues. Although trainees and sport psychology practitioners do find theory and research helpful, the professional literature dealing with service delivery processes is typically deemed more useful (Tod et al., 2007). Examples include books and articles describing how to interact with

clients or use interventions, and those that include examples of service delivery in action (Fogaca et al., 2018; Tod et al., 2011). As they become accustomed to helping clients, practitioners' reliance on external knowledge sources decreases, and they draw on their accumulated experiences.

Optimizing Professional Growth

Typically, sport psychology practitioners begin their careers sticking closely to recipes of action they learn from their mentors. As individuals accumulate service delivery experience, they explore different ways of operating and they develop consulting styles reflecting their personalities and theoretical orientations (Haluch et al., 2022; McEwan et al., 2019). The growing body of research on how practitioners grow, change, and master their abilities to help clients can assist educators, supervisors, and trainees to find ways to facilitate professional development. Based on the existing research in sport and counseling psychology, we offer the following suggestions readers can reflect on when thinking about professional development.

Supervised Experience

In this chapter, we restrict the term *supervision* to occasions where an experienced supervisor formally guides a trainee, as opposed to *peer consultation* which involves informal interactions among colleagues (Milne & Watkins Jr, 2014; see Chapter 9). Practitioners rate client interactions and supervision as the most potent influences on professional development and educators argue that formal supervised experience is an important pillar of effective training programs (Tod et al., 2007). Through supervised experience, trainees can explore their craft and develop their skills in a safe (one would hope) environment under the guidance of a caring supervisor. Beginning sport psychology practitioners can also learn to cope with the messiness of real-world service delivery, and they can deal with the ethical, intrapersonal, interpersonal, political, and logistical issues that crop up when operating in the helping professions (Fogaca et al., 2018). Supervision can also help practitioners from other fields of psychology to receive assistance from an experienced applied sport psychology consultant when they expand their work to embrace athlete-clients.

Just as sport psychology practitioners believe that the working alliance or relationship is one (if not the central) cornerstone of psychotherapy, counseling, and applied sport psychology (Tod et al., 2019), some researchers have suggested that the practitioner-supervisor working alliance is a (or *the*) foundation of effective supervision (Ladany et al., 2013). Bordin's (1983) framework provides one of the most cogent descriptions of supervisory working alliances and can guide supervisors and supervisees as they embark on what can be, at times, a turbulent, yet rewarding, partnership from which both participants benefit. For Bordin (1983), supervisory working alliances refer to relationships in which participants collaborate to achieve the desired objectives of supervision and consist of (a) mutually agreed goals, (b) shared understandings of the tasks each party will undertake, and (c) interpersonal bonds between partners.

- *Mutually agreed goals.* Bordin (1983) included eight broad goals in his framework that help supervisors and supervisees identify specific aims relevant to their needs and situations. Bordin's goals included helping supervisees to:
  - Master specific skills. Examples in applied sport psychology might include learning to establish relationships with athletes and implement psychological interventions (e.g., goal setting, imagery, self-talk, and relaxation training) in effective ways.
  - Expand their understanding of clients' concerns, including difficulties elite athletes face such as short playing careers and loss of privacy.

- Increase their awareness of service delivery processes, with examples including transference/countertransference and the role of practitioner self-disclosure.
- Raise their self-knowledge about how their tendencies, values, needs, cultural backgrounds, and histories influence interactions with athletes and outcomes.
- Deal with personal obstacles hindering development, such as low emotional health, cognitive biases, and maladaptive perfectionism.
- Deepen their appreciation of theory, including how it guides professional decision making, enhances empathy, and points to suitable interventions.
- Maintain professional standards, such as learning how to adhere to principles listed in professional codes of conduct and undertake ethical decision making.
- Engage in both formal and informal research and operate as a scientist-practitioner.

Although trainees find value in clear supervision goals, it is useful to consider goal specificity and permanence (Rønnestad & Skovholt, 1993). Specificity refers to the balance between making goals general enough to be meaningful and specific enough to be measurable. Permanence refers to striking a balance between rigid devotion to outdated targets and changing goals too frequently. There is a great deal of literature on goal setting to help guide supervisors in setting supervision goals, and with experience they will learn how to tailor objectives to meet trainees' needs.

- *Mutually agreed tasks.* According to Bordin (1983), the achievement of supervision goals is influenced by the negotiated tasks and the interpersonal bonds among the parties. Examples of tasks that supervisees are responsible for include being open, accepting feedback, and presenting service delivery reports for discussion. Tasks within the supervisor's realm include providing feedback, suggesting alternative viewpoints on athlete issues, and directing supervisees' attention to relevant phenomena such as their feelings during service delivery. Two characteristics of effective supervisors are their ability to negotiate relevant specific goals and tailor supervision tasks to suit supervisees' developmental needs.
- *Interpersonal bond.* The strength of the interpersonal bond reflects the degree to which the parties involved care for, prize, respect, and trust each other. One issue influencing the interpersonal bond in supervision is the evaluative component. Supervisors are gatekeepers tasked with the responsibility of protecting the public and profession. Sport psychology practitioners' intimate intrapersonal factors surface and influence service delivery, and they may approach and receive supervisors' feedback with trepidation. Strong interpersonal bonds help buttress potentially sensitive feedback and avoid trainees becoming overly defensive or hurt. Supervisors build interpersonal bonds by establishing common goals, meeting trainees regularly, being open and genuine, taking an interest in the supervisee's personal welfare, acknowledging their own fallibility, and being friendly.

Supervisor-supervisee relationships provide a structure within which parties can deal with issues and problems that arise in service delivery. Supervision, however, can quickly become a messy interpersonal minefield because trainees and supervisors bring their strengths, frailties, desires, and needs, of which they may or may not be aware, to the relationship. Reading suitable literature can help people recognize and deal with problems and issues. For example, Andersen et al.'s (2005) case study showed how the supervisor and supervisee handled the difficulties that arise if trainees and athletes start having romantic feelings towards each other.

Contracts are another vehicle by which people can address the potential messiness of supervision. The degree of formality and structure of contracts varies across supervisors in applied sport psychology. The trend, however, toward accountability in higher education and the workplace is leading to contractual processes becoming more explicit and documented. In the absence of accountability and legal pressures, additional benefits arise when individuals review their rights and obligations in supervision.

For example, people can identify problems before they become visible and discuss workable solutions. A contract provides a basis for decision making and a way to resolve conflicts if either party feels aggrieved.

Areas to consider when establishing supervision contracts include (a) students' developmental needs; (b) supervisors' competencies; (c) goals, methods, and focus; and (d) the opportunities provided by the work setting (Rønnestad & Skovholt, 1993). In some situations, such as when supervisees work in the same organizations as supervisors, addressing each of the areas may be straightforward. There are indications, however, that some applied sport psychology supervisors may not have much service delivery experience, may not have much training in how to foster students' development, and may not work in the same organization as supervisees (McEwan & Tod, 2015). In these less–than–ideal situations, contracts help clarify people's rights and obligations because opportunities for conflict and unhappiness are greater than when supervisors are active practitioners, have training and experience in mentoring others, and operate in the same workplaces as supervisees. Professional organizations, such as the British Psychological Society, provide supervision contract templates that supervision dyads can use and adapt for their purposes (https://www.bps.org.uk).

Knowledge about trainees' development needs informs effective supervision. There are various theories through which to view and address supervisees' development needs, and supervisors may change their approaches as supervision progresses. Van Raalte and Andersen (2000), for example, suggested that beginning trainees may find behavioral models helpful because the focus is on skill development and supervisors give direct advice. Phenomenological and psychodynamic approaches may be suitable for advanced students because supervisors encourage trainees to examine how their needs and histories influence service delivery relationships and outcomes (Van Raalte & Andersen, 2000). A brief conversation about the models supervisors adopt may help trainees understand why their mentors act and react in particular ways. More broadly, student practitioners will benefit from experiencing multiple supervisors (although not for the same client at the same time). Receiving supervision from a range of practitioners exposes trainees to different perspectives and modes of service delivery (Sly et al., 2020). Supervision from a variety of people may help trainees develop flexibility in their client interactions.

Supervisors with limited service delivery experience, little supervision training, and who work away from the locations where trainees are gaining experience, benefit from reflecting on their competencies to help them identify ways they can enhance their knowledge and skills to ensure goals are achieved (Tod et al., 2007). Sometimes, it may be prudent for individuals to turn down requests to supervise. In other instances, after beginning a supervision relationship, supervisors may realize that they are not able to help trainees with issues that have arisen in service delivery. The ethical response is to refer trainees to other supervisors (Ladany et al., 2013).

Educators and practitioners who seek supervision training can find that as the quality of their supervisory working alliances improves, their trainees are better prepared for their careers. Meta–supervision is one way that individuals may develop their abilities to guide others, and occurs when individuals receive supervision for their supervision of others (Barney & Andersen, 2014). Meta-supervision has been overlooked as an element of training in applied sport psychology, although a few case studies illustrate the relationship (Andersen et al., 2016). The benefits of meta-supervision include the service itself acting as a quality control mechanism, in which experienced supervisors support beginner supervisors through the dynamic processes influencing effective practice (Sly et al., 2020).

Supervision methods may be conceptualized from different viewpoints, such as procedures (e.g., written reports), interventions, (e.g., modeling), and more pervasive issues (e.g., the use of the supervisory relationship as the vehicle of change; Rønnestad & Skovholt, 1993). Another level, but not mentioned by Rønnestad and Skovholt, includes practical and organizational components, such as payment, supervisor availability, legal constraints, grievance procedures, and referral processes (see Andersen et al., 2000 for an example of how some of these issues can be negotiated).

Supervision focus refers to the objects, people, and events of primary attention in supervision (Rønnestad & Skovholt, 1993). The principal areas of focus in supervision include clients, trainees, and therapeutic relationships. The areas of focus in supervision vary according to factors such as supervisors' theoretical orientations and trainees' developmental needs. Detailing the areas of focus may help avoid misunderstanding and frustration. For example, a misunderstanding may arise if supervisors focus on the supervisory working alliance, as a parallel process for the therapeutic alliance (Tracey et al., 2012), when trainees expect the primary attention to be given to their mastery of specific interventions.

One of Bordin's (1983) supervision goals was helping trainees overcome personal obstacles to learning, and this goal may blur the boundaries between supervision and personal counseling. Supervision is the suitable place where trainees can examine how personal issues influence service delivery processes and outcomes, such as how their past experiences with drugs may cause them to react if athletes admit to steroid use. The roots and treatment of trainees' personal issues, however, are topics for personal therapy and not supervision, as discussed next.

Undertaking Counseling for Personal Issues

Practitioners report gaining tremendous personal and service delivery benefits from receiving personal counseling (McEwan et al., 2019). One benefit, for example, is an increase in self-awareness, in addition to resolving personal issues. Increased awareness allows practitioners to be cognizant of their reactions and behaviors and explore how they might influence service delivery. The opportunity to sit in the client's chair helps practitioners gain insights into how athletes might experience service delivery. Undertaking personal counseling also helps trainees develop confidence and manage their anxieties because observing a practitioner in action may help them to develop a cognitive map of service delivery.

Reflective Practice

Reflective practice is a central pillar to optimal professional growth (McEwan et al., 2019) because the cognitive processing of experience may stimulate changes in the ways practitioners understand their craft and behave (see also Chapter 9). Wadsworth et al. (2021) found that applied practitioners at different stages of development differed in both the content and process of reflective practice. For example, experienced practitioners found it beneficial to engage in critical reflection by situating their experiences within their social and cultural contexts. Trainees focused on the mechanics of service delivery and their competence.

Although self-reflection can help practitioners develop new service delivery insights and practices, they can find it uncomfortable when they need to admit to limitations and mistakes. Also, practitioners' blind spots and finite worldviews can limit the benefits gained from reflective practice. To assist with their reflections, practitioners can read the reflective accounts other consultants have published (Wadsworth et al., 2021). Practitioners can also draw on models of reflection and learning to help structure their reflections. For example, Driscoll's (2007) cycle contains three questions to help practitioners reflect on and learn from their experiences: What? So what? Now what? The model contains the essential elements of most reflective cycles: (a) a description of the experience, (b) an interpretation of the experience, and (c) consideration for future behavior. Reflection can allow individuals to better understand themselves within their context and provides applied practitioners with opportunities to generate practice-based knowledge (Wadsworth et al., 2021).

Reflective practice need not be a solitary experience and including others enhances its value. For example, practitioners can establish ongoing relationships with peers in which they discuss service delivery experiences together (Sharp et al., 2021). Shared reflection underpins effective supervision. Supervisors may also draw on the reflective practice literature to consider their own supervisory practices and help

trainees engage in self-investigation (Wadsworth et al., 2021). Also, applied sport psychology practitioners can learn a great deal about the human condition and service delivery from reflecting on a range of experiences, not only athlete interactions (Tod et al., 2011). For example, practitioners who reflect on traumatic events they have experienced (e.g., divorce) may find that their levels of tolerance, empathy, and acceptance for difficult clients increase.

Developing Strong Professional Networks

Interactions with colleagues contribute much to practitioners' professional development (McEwan et al., 2019). Practitioners who learn how colleagues operate and who expose their practice styles to peer review may find ways to improve service delivery or reassure themselves that they are already acting ethically, safely, and effectively. Supervisors, for example, report learning much form their supervisees (Tod et al., 2011). Professional networks might include clinical and counseling psychologists, psychotherapists, psychiatrists, social workers, pastoral care providers, religious leaders, sport and exercise scientists, coaches, marriage and family therapists, career counselors, substance abuse counselors, sport administrators, sports medicine specialists, or physical therapists. Interacting with a wide range of professionals provides practitioners with alternative perspectives on service delivery and greater insights into the various issues with which athletes grapple. Practitioners could engage in peer consultation with any of these individuals, although they need to observe client confidentiality, just as they would when talking to other sport psychology professionals. Having a wide range of contacts also helps ensure that practitioners will be able to find helpful professionals for referral and supervision purposes.

Psychologists and counselors have also reported that supervising others leads to professional growth because it stimulates self-reflection on one's knowledge and skills (McEwan et al., 2019). Through helping trainees, for example, experienced practitioners might uncover blind spots about how they influence athlete interactions. Practitioners can build networks by attending and presenting at professional organizations' conferences and meetings. Establishing informal but regular contact with groups of peers, or individuals, are other ways to network. Collegial interaction includes both face-to-face and virtual interactions (e.g., email, discussion boards, and blogs).

Conclusion

The strategies for optimizing professional growth in sport psychology echo similar ideas about the path to expertise across many life domains, including counseling or psychotherapy, medicine, business, performing arts, and the military (Rousmaniere et al., 2017). More specifically, the strategies above point to the value of deliberate practice (Ericsson & Harwell, 2019). During deliberate practice, practitioners work mindfully toward specific goals that often reflect their limitations or weaknesses, while also gaining guidance from a mentor or supervisor who can provide informative feedback. The content presented in the current chapter may help trainees and practitioners strive toward specific goals and seek the feedback and guided practice that will allow them to develop their service delivery skills to better meet their clients' needs. See Box 3.1 for a summary of the key points from this chapter.

Box 3.1 Summary of Key Points about Practitioner Training and Development

- Develop patience, realizing that it takes time to master the service delivery process.
- Accept that anxiety is a typical experience when first engaging in service delivery and when working in novel situations.

- Avoid being overly self-critical and acknowledge areas in which you have developed.
- Remember nearly everybody experiences similar emotions and developmental themes.
- Engage in reflection by reading practitioners' published accounts and ask yourself critical questions such as "how would I reflect on this experience?"
- Work mindfully toward specific goals by writing a journal to record your progress.
- Receive regular supervision from a range of individuals (but not for the same client at the same time).
- Establish a clear and explicit contract at the start of supervision.
- Develop conflict resolution and management skills to help deal with tricky situations in service delivery and supervision.
- Engage in supervision training, and when suitable be open to supervising others.
- Read professional literature to stay up-to-date about what works in service delivery.
- Engage in self-analysis through personal therapy.
- Develop relationships with professionals from range of disciplines.
- Join and become involved in professional organizations.

References

Andersen, M. B. (2000). Beginnings: Intakes and the initiation of relationships. In M. B. Andersen (Ed.), *Doing sport psychology* (21st Anniversary ed.). Kindle Direct, Amazon.

Andersen, M. B. (2005). Touching taboos: Sex and the sport psychologist. In M. B. Andersen (Ed.), *Sport psychology in practice* (pp. 171–191). Human Kinetics.

Andersen, M. B., Barney, S. T., & Waterson, A. K. (2016). Mindfully dynamic meta-supervision: The case of AW and M. In J. G. Cremades & L. S. Tashman (Eds.), *Global practices and training in applied sport, exercise, and performance psychology: A case study approach* (pp. 330–342). Routledge.

Andersen, M. B., Van Raalte, J. L., & Harris, G. (2000). Supervision II: A case study. In M. B. Andersen (Ed.), *Doing sport psychology* (pp. 167–179). Human Kinetics.

Barney, S. T., & Andersen, M. B. (2014). Meta-supervision: Training practitioners to help others on their paths. In J. G. Cremades & L. S. Tashman (Eds.), *Becoming a sport, exercise, and performance psychology professional* (pp. 367–374). Psychology Press.

Bordin, E. S. (1983). A working alliance based model of supervision. *The Counseling Psychologist*, *11*(1), 35–42. https://doi.org/10.1177/0011000083111007

Driscoll, J. (2007). Supported reflective learning: The essence of clinical supervision? In J. Driscoll (Ed.), *Practising clinical supervision: A reflective approach for healthcare professionals* (2nd ed., pp. 27–50). Bailliere Tindall.

Ericsson, K. A., & Harwell, K. W. (2019). Deliberate practice and proposed limits on the effects of practice on the acquisition of expert performance: Why the original definition matters and recommendations for future research. *Frontiers in Psychology*, *10*, Article e2396. https://doi.org/https://doi.org/10.3389/fpsyg.2019.02396

Fogaca, J. L., Watson, J. C., & Zizzi, S. J. (2020). The journey of service delivery competence in applied sport psychology: The arc of development for new professionals. *Journal of Clinical Sport Psychology*, *14*(2), 109–126. https://doi.org/10.1123/jcsp.2019-0010

Fogaca, J. L., Zizzi, S. J., & Andersen, M. B. (2018). Walking multiple paths of supervision in American sport psychology: A qualitative tale of novice supervisees' development. *The Sport Psychologist*, *32*(2), 156–165. https://doi.org/10.1123/tsp.2017-0048

Haluch, P., Radcliffe, J., & Rowley, C. (2022). The quest for professional self-understanding: Sense making and the interpersonal nature of applied sport psychology practice. *Journal of Applied Sport Psychology*, Advanced online publication. https://doi.org/10.1080/10413200.2021.1914772

Ladany, N., Mori, Y., & Mehr, K. E. (2013). Effective and ineffective supervision. *The Counseling Psychologist*, *41*(1), 28–47. https://doi.org/10.1177/0011000012442648

McEwan, H. E., & Tod, D. (2015). Learning experiences contributing to service-delivery competence in applied psychologists: Lessons for sport psychologists. *Journal of Applied Sport Psychology*, *27*(1), 79–93. https://doi.org/10.1080/10413200.2014.952460

McEwan, H. E., Tod, D., & Eubank, M. (2019). The rocky road to individuation: Sport psychologists' perspectives on professional development. *Psychology of Sport and Exercise*, *45*, Article e101542. https://doi.org/10.1016/j.psychsport.2019.101542

Milne, D., & Watkins Jr, C. E. (2014). Defining and understanding clinical supervision: A functional approach. In C. E. Watkins Jr & D. Milne (Eds.), *Wiley international handbook of clinical supervision* (pp. 3–19). Wiley.

Norcross, J. C. (2011). *Psychotherapy relationships that work: Evidence-based responsiveness* (2nd ed.). Oxford University Press.

Rønnestad, M. H., & Skovholt, T. M. (1993). Supervision of beginning and advanced graduate students of counseling and psychotherapy. *Journal of Counseling & Development*, *71*(4), 396–405. https://doi.org/10.1002/j.1556-6676.1993.tb02655.x

Rousmaniere, T., Goodyear, R. K., Miller, S. D., & Wampold, B. E. (2017). *The cycle of excellence: Using deliberate practice to improve supervision and training.* Wiley.

Sharp, L.-A., Hodge, K., & Danish, S. (2021). "I wouldn't want to operate without It": The ethical challenges faced by experienced sport psychology consultant's and their engagement with supervision. *Journal of Applied Sport Psychology*, *33*(3), 259–279. https://doi.org/10.1080/10413200.2019.1646838

Sly, D., Mellalieu, S. D., & Wagstaff, C. R. (2020). "It's psychology Jim, but not as we know it!": The changing face of applied sport psychology. *Sport, Exercise, and Performance Psychology*, *9*(1), 87–101. https://doi.org/10.1037/spy0000163

Smith, M., McEwan, H. E., Tod, D., & Martindale, A. (2019). UK trainee sport and exercise psychologists' perspectives on developing professional judgment and decision-making expertise during training. *The Sport Psychologist*, *33*(4), 334–343. https://doi.org/10.1123/tsp.2018-0112

Tod, D., Andersen, M. B., & Marchant, D. B. (2011). Six years up: Applied sport psychologists surviving (and thriving) after graduation. *Journal of Applied Sport Psychology*, *23*(1), 93–109. https://doi.org/10.1080/10413200.2010.534543

Tod, D., Hardy, J., Lavallee, D., Eubank, M., & Ronkainen, N. (2019). Practitioners' narratives regarding active ingredients in service delivery: Collaboration-based problem solving. *Psychology of Sport and Exercise*, *43*, 350–358. https://doi.org/10.1016/j.psychsport.2019.04.009

Tod, D., Marchant, D., & Andersen, M. B. (2007). Learning experiences contributing to service–delivery competence. *The Sport Psychologist*, *21*(3), 317–334. https://doi.org/10.1123/tsp.21.3.317

Tod, D., & Van Raalte, J. (2020). Evidence–based practice. In D. Tod & M. Eubank (Eds.), *Applied sport, exercise, and performance psychology*: Current approaches to helping clients (pp. 197–214). Routledge.

Tracey, T. J. G., Bludworth, J., & Glidden-Tracey, C. E. (2012). Are there parallel processes in psychotherapy supervision? An empirical examination. *Psychotherapy*, *49*(3), 330–343. https://doi.org/10.1037/a0026246

Van Raalte, J. L., & Andersen, M. B. (2000). Supervision I: From models to doing. In M. B. Andersen (Ed.), *Doing sport psychology* (pp. 153–165). Human Kinetics.

Wadsworth, N., McEwan, H., Lafferty, M. E., Eubank, M., & Tod, D. (2021). A systematic review exploring the reflective accounts of applied sport psychology practitioners. *International Review of Sport and Exercise Psychology*. Advance online publication. https://doi.org/10.1080/1750984X.2021.1975304

4

CHALLENGING AND CONFRONTING

Sam J. Zizzi and Jessica Peacock

From the first three chapters of this handbook, the importance of building a strong relationship with each client should be evident. Many things can be accomplished with clients once this foundation is built, such as taking the risk of challenging or confronting them on critical issues. Therapists commonly serve as "agents of change" – so let's explore how we can become highly skilled facilitators of clients' behavior change processes by looking at our own self-awareness.

Looking Inward: The Therapist's Perspective

Understanding the Purpose of Challenging and Confronting Clients in Therapy

The primary purpose of challenging or confronting clients' key issues is because one believes that it will help them reach their therapeutic goals. The desired outcome, at least from the therapist's perspective, is to keep the issue in the present moment so that it cannot be ignored (Hanna, 2002). Research has suggested that keeping clients focused in the present (i.e., how the client's problem is being experienced right now) is a more effective method of facilitating working alliances compared to focusing on past experiences (Kivlighan & Schmitz, 1992). The process of confrontation, however, may lead to considerable distress on the part of clients because it is usually more comfortable to ignore (or deny) difficult or recurring issues.

The term *confrontation* may lead to images of the therapist in an adversarial role battling with the client and arguing for change. Most research on behavior change in therapy, however, suggests quite the opposite. Based on qualitative and quantitative studies of successful behavior change experiences, clients most often describe their therapists as warm and supportive (Hanna & Ritchie, 1995). Highly compassionate practitioners define compassion as being fully present with clients and helping clients take action to change (Vivino, Thompson, Hill, & Lanady, 2009).

Some clients may not be ready or motivated to change, and this lack of readiness may be the first target for confrontation in therapy. One model that can be helpful in analyzing a client's readiness to change is the transtheoretical model (TTM; Prochaska, Norcross, & DiClemente, 1994). The stages within this model, and the corresponding processes of change, can be used as guidelines to plan confrontations to help move clients toward change. For example, if one wanted to confront an individual in denial about changing a behavior, consciousness raising through increased education about the benefits or consequences of change might assist the client in thinking more about change:

DR. PSI: Lee, we've been working together for quite some time now, and I don't think I've ever seen you take a day off. I know you want to make it to the championships this year, but I'm worried that your training might be putting your health at risk. Have you noticed any negative effects over the last few weeks?

LEE: Well, not really. I mean, I am pretty tired, but I make do.

DR. PSI: Making do doesn't sound like the best way to be going through life. What might be some benefits of taking a day off and getting more rest?

Stage-matched processes of change can be incorporated at any point in the behavior change process, so we encourage practitioners to explore this work further (Prochaska et al., 1994). Many theorists and practitioners espouse the basic concept of "meeting clients where they are," and using the TTM is only one frame of reference for helping clients achieve their therapeutic goals.

One of the key purposes of looking inward is to remind ourselves why we are sitting in our offices, in locker rooms, or on the practice fields (e.g., to help our clients), and that there may come a moment when we will need to confront or challenge our clients to help them achieve their goals. Cormier and Cormier (1979) recommended that prior to implementing any helping strategy, therapists weigh their own characteristics and preferences as well as the client's along with any salient environmental factors. One way to begin this process is to explore how our personalities may interact with each client and the circumstances in which they are living.

How Might Personal Factors Affect Our Approaches to Confrontation?

In our roles as sport psychology practitioners, we serve as facilitators of attitude and behavior change for our clients. Three important factors that will greatly affect *how* we facilitate change are our personalities, therapeutic styles (e.g., models of therapy we use), and our multicultural identity.

Are we aware of our own dominant personality traits and how they interact with traits in others, and in particular our clients? For example, a psychologist might be a highly conscientious, goal-oriented type of professional who gets frustrated with disorganized, unmotivated clients. Another could be a highly agreeable helper who is uncomfortable with conflict and distress. We bring any dominant personality traits with us into nearly every situation, including our roles as practitioners. Typically, these dominant traits include functional strengths and Achilles heel-like weaknesses that we will want to be aware of in our roles as sport psychology professionals (not to mention our personal relationships!). Self-awareness of these characteristics is part of being an effective therapist and will certainly help us understand how we may cognitively and emotionally react to the process of challenging our clients.

One useful exercise we recommend for supervision sessions is for students to discuss their personality characteristics with their supervisors, using a 1–10 scale for each bi-polar characteristic. For example, characteristics within the five-factor personality model (McCrae & Costa, 2008) include (a) open to experience–closed, (b) conscientious–disorderly, (c) extraverted–introverted, (d) agreeable–disagreeable, and (e) neurotic–calm. These five global traits don't really do justice to the complexities of our personalities, but they may help us think about core characteristics in ourselves and our clients. The factors in this model can have a strong influence on how we approach and react to specific types of clients or clinical situations.

The purpose of this discussion with a supervisor (or colleague) would be to identify one or two dominant characteristics and then brainstorm on types of clients or specific scenarios that match, and do not match, well with the therapist's personality. The point of the discussion is not to change dominant traits but to increase awareness of how these traits influence client interactions, the development of the therapeutic alliance, and the propensity for conflict. We believe, as Corey (2017) has articulated, that "you are your own very best technique" (p. 4), so it follows that we should spend considerable time studying this critical technique (ourselves) and understanding our own personalities, interpersonal skills, and

therapeutic styles. Supervision is a logical place to facilitate this process because it helps sometimes to get an external view and keep ourselves accountable and honest.

How Might Therapeutic Style Affect Approaches to Confrontation?

Some approaches to counseling, such as some cognitive-behavioral models, include direct confrontation as a key component of effective counseling. Rational-emotive behavior therapy, for example, includes confrontation as a critical therapist skill along with genuineness, empathy, and concreteness (Walen, DiGiuseppe, & Dryden, 1992). This didactic approach to cognitive-behavioral therapy emphasizes directly challenging clients' dysfunctional thoughts.

Nearly all major models of therapy outline different techniques for managing conflict within clients (Bakes, 2012; Corey, 2017). Some approaches focus on exploring repressed conflicts (psychodynamic), making choices, and understanding purposeful behavior (e.g., Adlerian, existential, transactional analysis, and reality therapy), or revisiting denied or repressed emotional experiences (e.g., Gestalt and person-centered therapy). Regardless of the approach or technique adopted, sport psychology professionals will need to build rapport and find positive ways to challenge and confront clients if they hope to be effective practitioners.

Ultimately, after building self-awareness of our own therapeutic foundations stemming from personal tendencies and professional training, we might ask these two questions before making a plan for confrontation:

1   How do I rate the quality of my client-therapist relationship?
2   Have I earned the right to confront this client?

By reflecting on these two questions, or discussing them in supervision, we will be able to understand if we are ready to build a specific plan for confrontation or if we need to re-invest time in our next client session to build a stronger working alliance so we can choose the right moment for confrontation later on in the therapeutic process.

How Might Your Cultural Identity Affect Your Propensity for Confrontation?

The last factor to consider regarding your own capacity and willingness to use confrontation in therapy is your own cultural identity. Sport psychology professionals are encouraged to consider the intersection of any elements of your own diverse cultural identity that either promotes or discourages your propensity for confrontation. Recent survey research in applied sport psychology reveals that many practitioners may lack both awareness of the influence of their cultural identity on their work and experiences with diverse client populations (Lee et al., 2020). If practitioners can develop insight into the role of these cultural factors on the therapeutic alliance, their overall cultural competence may be expanded. For example, there may be gender dynamics that emerge in the session that are rooted in roles traditionally held within a specific culture. Additionally, there could be a unique interaction between the client's and therapist's cultural identities that affects the therapeutic alliance, and subsequently, the likelihood of success for an attempted confrontation.

Looking Outward: The Client's Perspective

Much of the literature on challenging therapy situations or confrontation focuses on specific client populations including those in prison, or clients with drug or alcohol problems (Miller & Rollnick, 2002). In many cases, clients are "non-volunteers," and the context of therapy requires a strategy to help these

clients achieve major outcomes in key life domains (e.g., work, relationships, and jail time). Although some athletes struggle with similar concerns, many sport psychology clients don't fit this profile because we have the luxury of working with fairly motivated individuals. There can be circumstances, however, when athletes are mandated by coaches or administrators to see a sport psychology professional (e.g., alcohol or drug violation and team suspension).

Applied sport psychology provides a different therapeutic context for understanding behavior change and confrontation because the "need" to change may not be as critical compared to other client populations. As an example, a tennis player may seek sport psychology services to reduce their performance anxiety so they can serve better and play more freely in performance situations. If the player does not manage to change their approach in the next few weeks, it is unlikely that they will experience significant consequences outside of sport. The good news is that because many sport psychology clients voluntarily seek help, they have implicitly recognized the need for change, and they may possess stronger coping skills and support than many mental health clients. The bad news is that because the client is functioning relatively well in sport and other areas of life, they may be ambivalent toward putting significant effort into achieving a perceived small change.

Evaluating the Client's Perspective on, and Capability for, Change

Motivational interviewing (MI) is an approach to counseling centered on preparing people for change by helping them resolve ambivalence and low motivation (Miller & Rollnick, 2002). There is plenty of MI-related literature on working with difficult clients, but it is less clear how applicable this work is to sport psychology interventions, particularly for those who are oriented toward performance. Recent research indicates that some aspects of MI appear to be currently utilized within sport psychology consulting (Mack et al., 2017). These authors assert that MI is an effective therapeutic tool that can be used both to develop the athlete–practitioner relationship and as a framework for delivering sport psychology interventions (Mack et al., 2019; Mack et al., 2021).

Unless sessions are mandated by a coach for some violation of team rules, sport psychology practitioners may not encounter many difficult or super resistant clients. There are many circumstances, however, where we may encounter athletes who are ambivalent or unmotivated toward change, so the key principles of MI can still apply to sport psychology work. Here are a few examples:

- A basketball player complains about their coach's and teammates' behaviors toward them, but doesn't follow through on strategies to manage emotional reactions (i.e., they like to complain and do not accept responsibility for their role in the interpersonal conflicts).
- A cricket bowler continues to show up for psychological skills training sessions, but does not complete homework assignments week after week (i.e., they don't appear to want to put in extra effort to develop self-talk and imagery skills to improve performance).
- A coach refers a track athlete because of a bad attitude problem. The athlete shows up for sessions, talks a good talk about making attitude and behavior changes related to improved work ethic at practice, but discrete observation during recent practices and competitions reveals on-going negative attitudes and behaviors (i.e., discrepancy between session and external behavior).

MI theorists suggest that ambivalence can be expressed in two key sentiments, "I want to, but I don't know how" or "I want to, but I'm afraid of failing again" (Miller & Rollnick, 2002, p. 12). Successful athletes are often tuned into a training-performance cycle that includes investing significant amounts of effort to achieve a stated goal (e.g., improved personal performance and individual or team outcomes). They may evaluate sport psychology interventions skeptically and could be unsure if mental training will be worth the effort for a potential change in one of these outcomes. In fact, research has shown

that more than one-third of sampled athletes are considered to be in precontemplation regarding utilizing psychological skills training (Massey, Gnacinski, & Meyer, 2015), which further supports the importance of assessing for readiness for change within applied sport psychology consultations (Mack et al, 2017; Minkler et al., 2022). To help explore the potential for change in each client and how to challenge the client to pursue a different path, the "ready, willing, and able" model is useful as a guide (Miller & Rollnick, 2002).

Question 1: Is your client ready to change?

One factor to consider is whether the client feels that the potential behavior change is important enough at this specific moment in time to invest the necessary effort. If the client is ready for change, then think clearly about whether they have the motivation and skills to navigate the path ahead.

Question 2: Is the client willing to change?

Typically, athletes don't lack willpower or motivation to achieve their goals, but in some cases their understanding of how to go about correcting long-term problems or repeated failures may be limited and lead to low motivation. One of the key issues involves understanding if clients are willing to experience additional failures along the way for the potential of increasing the consistency or level of performance in the future.

Question 3: Is the client able to change?

Elite athletes are often creatures of habit. They manage their food intake, sleep, hydration, training, and recovery often with military precision so they can achieve predictable and consistent levels of performance. Taking on the challenge of changing most, or part, of this routine may result in significant distress and frustration. So, does the client have the coping skills to overcome the negative mood commonly experienced during change? If not, time may be needed to help them build up critical coping skills to manage the stress response likely to be experienced.

It is also important to consider how previous negative events may be contributing to the coping mechanisms clients use that keep them stuck in recurring unhelpful behaviors warranting confrontation. An approach in behavioral health known as "trauma-informed care" (Center for Substance Abuse Treatment, 2014) has recently gained attention, and applied sport psychology practitioners may benefit from a greater understanding of trauma-informed care, particularly before confronting a client in regard to their behavior.

There are three key elements to a trauma-informed approach: (1) realizing the prevalence of trauma; (2) recognizing how trauma affects all individuals; and (3) responding by putting trauma-informed knowledge into practice. Experiencing trauma is not uncommon, and in fact a majority of adults report at least one significant trauma in their lifetime (Benjet et al., 2016). Sport is not an institution exempt from traumatic experiences either, with the IOC publishing a Consensus Statement in 2016 (Mountjoy et al., 2016) acknowledging that abusive sport cultures can produce a host of difficulties for athletes. While referral for trauma-specific treatment might be necessary depending on the presenting issue, all practitioners can consider both how confrontation might be received by a client who has experienced trauma, and if deemed appropriate, how it should best be conducted to minimize additional harm.

The Game Plan for Confrontation

Timing

We should allow plenty of time within a session for confrontation, because we may need to attend to clients' feelings before they leave our presence. For example, some clients may bring up a sensitive issue

toward the end of a session to present material that is "therapy-worthy" without actually leaving adequate time to discuss it. Although it is important to confront clients who repeat this pattern, it is rarely a good idea to broach the topic with only a few minutes left in a session. Instead, consider approaching the client at the start of the next meeting so that there is ample time to discuss both the issue at hand and the client's motivation for avoiding "doing the work."

Direct or Indirect?

When formulating game plans, consultants should consider whether a direct or indirect approach is best for confrontation. The approach that one decides to take will ultimately depend on a combination of factors, including personal therapeutic style, the client, and the specific scenario. It is important to have a clear sense of the clients' worlds and to be able to anticipate how they will react to particular challenges. It might be helpful to think of planning for confrontation as an imagined chess match, thinking several steps ahead before acting. If I say "x," how might the client respond? If the client reacts with "y," what would I do next? Thinking about the "what ifs" might help determine which approach will work best for the client in that situation; as well, this thinking ahead can allay anxiety and ready the therapist for the various reactions the client might exhibit. It is useful to imagine both positive and negative outcomes to be optimally prepared.

If one is not comfortable openly challenging a client, or if the client exhibits characteristics such as anxiousness or defensiveness, an indirect approach may work best. Indirect approaches that include the use of humor (Pack et al., 2019) can be effective. Identifying discrepancies in behavior and other techniques found in MI (Miller & Rollnick, 2002) also align well with this approach. The following is an example of a confrontation using an indirect approach with a client:

Amy was referred to Dr. Psi by her swimming coach because her competitive times have continually increased throughout the season, and she seems totally unmotivated. Amy has been to see Dr. Psi twice already and has expressed a desire to "do whatever it takes" to get back to her previous levels of performance. Nevertheless, Amy has agreed during both previous sessions to complete a practice journal for homework but arrives for the third session without having completed the log.

DR. PSI: So Amy, do you have the journal that we agreed you would complete for this week?
AMY: No Doc, I'm sorry I don't have it.
DR. PSI: Well, I was never a big fan of homework assignments either, so I can appreciate where you're coming from (stated in a humorous tone). However, you've said a number of times to me already that you want to do everything that you can to get back to your previous performance, so I can't figure out why else you would agree to keep the journal and then not follow through on it (identifying discrepancies).
AMY: I know Doc, and I really do want to improve, I do!
DR. PSI: Okay, so what's going on? Help me understand why you haven't completed something that could help us get you back to those faster swimming times; what's holding you back from keeping the practice journal? (Clarify motivation and identify barriers).

In this scenario, the counselor challenged the client about discrepancies between their words and actions but did so indirectly by refocusing attention on the counselor's empathy for the client and their situation. The end goal to confront Amy about not completing a homework assignment was attained without provoking defensiveness or placing blame on the client.

At times, a direct approach to challenging a client may be more helpful than an indirect one. Being direct with a client does not mean being combative or attacking. Instead, it is helpful to think of direct confrontation as an invitation to clients to examine their own behaviors, thoughts, and attitudes, with

the intention of cooperation toward behavior change. In addition, confrontation does not necessarily have to emphasize negatives, but can instead be reframed in such a way as to challenge clients to stop blocking their strengths and to live to their potential. When the working alliance is strong, or the client has the perceived skills to handle open confrontation, then a directive stance may be useful. An assessment of the level and severity of the issue that needs confrontation may also help dictate whether a direct or indirect approach is warranted. When the consequences of an issue are high, such as if a client is abusing substances or self-harming, then a direct approach may be warranted. Strategies that are often helpful in direct confrontation include the use of visual aids, asking for evidence, and various Gestalt techniques (Hanna, 2002). The following is an example of a direct approach to confrontation:

Troy has been seeing Dr. Chi for several weeks regarding his anger management and mood issues. Troy reports experiencing conflicts with his girlfriend, his teammates, his coach, and several friends that are causing him stress. Troy, however, refuses to take any responsibility for his own actions or role in the problems that he is having, instead placing all blame on external factors.

TROY: None of them ever call or text me back. I'm always the one who has to make plans or get in touch. If I don't do it, I won't hear from them. It's so unfair.

DR. CHI: Well Troy, can you think of any reasons why your friends might not call or text you? (Trying to hint at several recent arguments Troy has started with the same friends.)

TROY: No. Because they aren't really my friends. My teammates are the same way. I'm always the one doing all the work, and they just act like they do as much as me. Then when I try to help them or tell them how to do something, they get all mad! That's why when I get home, I'm in a bad mood. Then instead of making me feel better, my girlfriend will pick a fight!

DR. CHI: Troy, I want to stop you right there. I want you to take a look at something for me, ok? (Goes to a whiteboard). Over the last couple of weeks, I've listened to you talk about how much drama and conflict you have to put up with, and how it's coming from all different fronts (draws "what if" Figure 4.1). But what I'm not hearing from you is your role in all this. Look at all those parts of your life. There's conflict in each area (draws harsh lines in each bubble to represent conflict; Figure 4.2). Now tell me, the conflict experienced by your teammates, your friends, your girlfriend. What do they all have in common in this scenario?

TROY: Me.

DR. CHI: That's right, you're the thing that all those pieces have in common (draws Figure 4.3). You and conflict. I know you want to mend these relationships, and I think we can make them better.
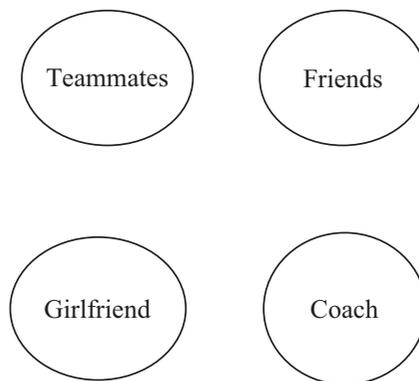
Figure 4.1 Areas of Conflict for Troy
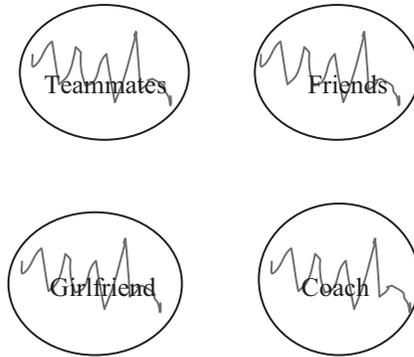
Figure 4.2   What Do These Conflicts Have in Common?
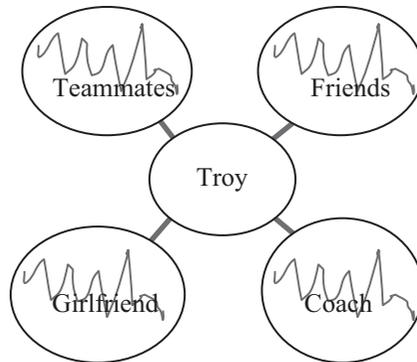
Figure 4.3   These Conflicts Have Troy in Common

But you have to be willing to look a little more at yourself and what you can change, and less at the people around you. You can't control what your friends or your girlfriend say or do, but you can control your reactions to them. It might be hard, but I know you have what it takes to improve yourself. What are your thoughts Troy?

In this scenario, the counselor confronted Troy directly about his external blame and used diagrams to help illustrate that it was time for Troy to take responsibility for his own actions. Although the counselor was direct in his challenge to Troy, he was respectful, encouraging, and, above all, compassionate. By pushing or placing demands on clients, you are showing them that you care, and that you believe that they can change.

Conclusions

Ultimately, as sport psychology practitioners, our job is to work ourselves out of a job. One of the ways to ensure this outcome occurs is to help clients confront persistent barriers to achieving their therapeutic goals. If we have confronted our clients effectively and helped plan a successful course of change, the clients will have gained the autonomy, competence, and motivation necessary to maintain these changes on their own, and we will no longer be needed. That's a good result. See Box 4.1 for a summary of the key points from this chapter.

Box 4.1 Summary of Key Points about Challenging and Confronting Clients

- Effective confrontation is a compassionate act meant to help clients grow – when done well, it is not bullying or attacking a client and may actually improve the therapeutic alliance.
- Take time to understand how your core personal characteristics affect your approach to confronting clients.
- Ask yourself, "Have I established a foundation of trust and rapport from which I can build?"
- Think carefully about each specific client, and the potential consequences of confrontation. Planning will help you prepare for possible negative and positive client reactions.
- List some of the steps the clients will need to take, and help them identify support that will assist them in moving through the processes of change.

References

Bakes, A. S. (2012). Helpful strategies for teaching effective confrontation skills. *Ideas and Research You Can Use: VISTAS*, *1*, 1–6.

Benjet, C., Bromet, E., Karam, E. G., Kessler, R. C., McLaughlin, K. A., Ruscio, A. M., Shahly, V., Stein, D. J., Petukhova, M., Hill, E., Alonso, J., Atwoli, L., Bunting, B., Bruffaerts, R., Caldas-de-Almeida, J. M., de Girolamo, G., Florescu, S., Gureje, O., Huang, Y., Lepine, J. P. et al. (2016). The epidemiology of traumatic event exposure worldwide: Results from the World Mental Health Survey Consortium. *Psychological Medicine*, *46*(2), 327–343. https://psycnet.apa.org/doi/10.1017/S0033291715001981

Center for Substance Abuse Treatment (US). (2014). *Trauma-informed care in behavioral health services*. Substance Abuse and Mental Health Services Administration (US).

Corey, G. (2017). *Theory and practice of counseling and psychotherapy, enhanced* (10th ed.). Cengage Learning, Inc.

Cormier, W., & Cormier, S. (1979). *Interviewing strategies for helpers: A guide to assessment, treatment, and evaluation*. Brooks/Cole.

Hanna, F. J. (2002). *Therapy with difficult clients: Using the precursors model to awaken change*. American Psychological Association

Hanna, F. J., & Ritchie, M. H. (1995). Seeking the active ingredients of psychotherapeutic change: Within and outside of the context of therapy. *Professional Psychology: Research and Practice*, *26*(2), 176–183. https://psycnet.apa.org/doi/10.1037/0735-7028.26.2.176

Kivlighan, D. M., & Schmitz, P. J. (1992). Counselor technical activity in cases with improving working alliances and continuing-poor working alliances. *Journal of Counseling Psychology*, *39*(1), 32–38. https://psycnet.apa.org/doi/10.1037/0022-0167.39.1.32

Lee, S. M., Quartiroli, A., Baumann, D., Harris, B. S., Watson, J. C., & Schinke, R. J. (2020). Cultural competence in applied sport psychology: A survey of students and professionals. *International Journal of Sport Psychology*, *51*, 320–341. https://psycnet.apa.org/doi/10.7352/IJSP.2020.51.

Mack, R., Breckon, J., Butt, J., & Maynard, I. (2017). Exploring the understanding and application of motivational interviewing in applied sport psychology. *The Sport Psychologist*, *31*(4), 396–409. https://doi.org/10.1123/tsp.2016-0125

Mack, R., Breckon, J., Butt, J., & Maynard, I. (2021). Practitioners' use of motivational interviewing in sport: A qualitative enquiry. *The Sport Psychologist*, *35*(1), 72–82. https://doi.org/10.1123/tsp.2019-0155

Mack, R., Breckon, J., O'Halloran, P., & Butt, J. (2019). Enhancing athlete engagement in sport psychology interventions using motivational interviewing: A case study. *The Sport Psychologist*, *33*(2), 159–168. https://doi.org/10.1123/tsp.2018-0053

Massey, W. V., Gnacinski, S. L., & Meyer, B. B. (2015). Psychological skills training in NCAA Division I athletics: Are athletes ready for change? *Journal of Clinical Sport Psychology*, *9*(4), 317–334. http://doi.org/10.1123/jcsp.2014-0042.

McCrae, R., & Costa, P. (2008). Empirical and theoretical status of the five-factor model of personality traits. In G. Boyle, G. Matthews, & D. Saklofske (Eds.), *The SAGE handbook of personality theory and assessment*, *Vol 1: Personality theories and models* (pp. 273–294). Sage.

Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change*. Guilford Press.

Minkler, T. O., Zizzi, S., Costalupes, B., & Follmer. D. J. (2022). A mixed-method study of athletes' experiences with mindfulness across stages of readiness. *Journal of Clinical Sport Psychology.* Advance online publication. https://doi.org/10.1123/jcsp.2021-0089

Mountjoy, M., Brackenridge, C., Arrington, M., Blauwet, C., Carska-Sheppard, A., Fasting, K., Kirby, S., Leahy, T., Marks, S., Martin, K., Starr, K., Tiivas, A., & Budgett, R. (2016). International Olympic committee consensus statement: Harassment and abuse (non-accidental violence) in sport. *British Journal of Sports Medicine*, *50*, 1019–1029. https://doi.org/10.1136/bjsports-2016-096121.

Pack, S. Hemmings, B., Winter, S., & Arvinen-Barrow, M. (2019). A preliminary investigation into the use of humor in sport psychology practice. *Journal of Applied Sport Psychology*, *31*(4), 494–502. https://doi.org/10.1080/10413200.2018.1514428

Prochaska, J. O., Norcross, J. C., & DiClemente, C. C. (1994). *Changing for good*. Quill.

Vivino, B. L., Thompson, B. J., Hill, C. E., & Ladany, N. (2009). Compassion in psychotherapy: The perspective of therapists nominated as compassionate. *Psychotherapy Research*, *19*(2), 157–171. https://doi.org/10.1080/10503300802430681

Walen, S. R., DiGiuseppe, R., & Dryden, W. (1992). *A practitioner's guide to rational-emotive therapy*. Oxford University Press.

5

CASE NOTES

Richard Sille

Case notes are an integral and important part of practice for sport and exercise psychology consultants. Case notes can be defined as textual records of encounters between consultants and their clients (Swartz, 2006). They document a client's situation and progress, and they record the consultant's decision-making process. Research in healthcare situations shows that record-keeping practices have an impact on service delivery such that poor case notes can result in poor decision-making and suboptimal outcomes (Cumming et al., 2007). Writing case notes is a key skill for consultants to develop.

As licensed healthcare professionals in the UK, sport and exercise psychology consultants are required to keep accurate and secure records of their work (British Psychological Society [BPS], 2013; Health and Care Professions Council [HCPC], 2016). Yet, the benefits of case notes go beyond meeting legal and professional obligations for record keeping. The purpose of this chapter is to summarize the rationale for keeping case notes, the general characteristics of case notes, discuss some 'dos and don'ts' of record keeping, and give an example of a standardized format for note taking. I discuss the benefits of case notes for the therapeutic relationship, the consultant's professional development, and highlight the challenges note taking presents when working in different contexts. I also share and critique a case note example from applied practice. This chapter concludes with key take home messages and questions for consultants to reflect on to consider their current note taking practices. Although I write as a consultant working in the UK, the principles of good practice apply in any context where applied sport psychology occurs.

Case Notes Serve Multiple Purposes

There are several practical, professional, and legal reasons for consultants to make case notes. Case notes provide a record of the client's interaction with your service, and in writing them it is important to be mindful that they might be read by others (whether the clients themselves or by legal practitioners/courts). Consultants should always write case notes as though this will happen, not that it might happen. It is the consultant's responsibility to be aware of any relevant professional body, agency, and government requirements in their jurisdiction.

Professional Accountability

Case notes provide professional accountability by demonstrating evidence of the services and support provided to clients and how the consultant has formulated and managed the case. The BPS Practice

Guidelines (2017) state that records made, kept, or accessed by consultants should be systematic and appropriately detailed, in clear language/format, accurate, up to date, and relevant to professional work and to the purpose for which they were collected.

Case notes also document the consultant's decision-making process. This is particularly relevant when considering ethical dilemmas. The BPS Code of Ethics and Conduct (2018a) contains the professional standards that members of the Society should uphold. The aim of the Code is to provide a framework for guiding decision-making. Consultants should consider it a good practice to record their decision-making processes when confronted with a challenging ethical issue so that it is available for future reference if the decision is revisited (BPS, 2018a).

Sport and exercise psychology consultants have a common-law duty to preserve professional confidence (The UK Caldicott Guardian Council, 2022). Confidentiality may seem a straightforward principle but translating principle into practice can be problematic. The duty of confidentiality goes beyond undertaking not to divulge confidential information. It includes a responsibility to make sure that handwritten and electronic client information (including case notes) is kept secure. In the UK, HCPC's (2016) legal and professional standards oblige consultants to keep records secure by protecting them from loss, damage, or inappropriate access. Confidential case notes should be secure to prevent other people having casual access to them. Handwritten case notes are still common and pose a significant data privacy risk so you must store them in a secure manner.

Data privacy concerns exist wherever identifiable personal information or other sensitive information (in digital form or otherwise) is collected, stored, used, and destroyed or deleted. This includes case notes kept by sport and exercise psychology consultants. Now more than ever, electronic case notes are used in preference to more traditional handwritten notes. Legislation will vary, depending on where in the world you operate from. In the UK, the legislation relevant to decisions around storing, sharing, and facilitating access to electronic case notes and the use of record data includes:

- the UK Data Protection Act 2018, including the EU General Data Protection Regulation (GDPR),
- the Freedom of Information Act, and
- the Mental Capacity Act.

Consultants ought to be aware of their responsibilities under GDPR (and other legislation). All identifiable personal data held about a client in an electronic record, email, or other document is subject to these regulations, even if using a pseudonym. This includes case notes held on an electronic record system, emails relating to a service user, supervision notes (even if on paper), process notes, photographs, and social networking exchanges (BPS, 2019). A safe option for storing case notes and associated information is to keep them in password-protected, encrypted storage systems that meet data protection legislation in your jurisdiction. It is prudent to access these files using secure devices over a secure network.

Statutory Responsibility

In the UK, the production of case notes is a legal requirement and part of a sport and exercise psychology consultant's professional duty. A case note is a legal document containing confidential client information. Case notes can be seized by courts in certain circumstances, for example, as part of a negligence claim or requested for insurance purposes. A lack of clear documentation can make defense of negligence claims very difficult. Consultants have begun to appreciate the relevance of case notes for risk management purposes, particularly as an instrument to protect clients and to protect themselves in the event of an ethics complaint or lawsuit. Consultants will find that clear and detailed case notes are vital for defending a complaint or negligence claim, given the insight that they provide into the

professional judgment the consultant exercised at the time. Case notes are also important in providing a factual base necessary to produce legal reports. In the UK, clients have the legal right to access their case notes, from licensed or unlicensed consultants (BPS, 2019). Consultants need to be aware of their responsibilities under GDPR where all personally identifiable data held about a client in a record, email, or document is subject to these regulations (BPS, 2019). As the client is the owner of their health record, they are responsible for any consequences regarding requests for sharing their own health record with third parties.

Client History

Case notes help to create a detailed picture of the client's history so consultants can continue to provide appropriate support/care. A client history detailing their sporting background/goals and describing the specific psychological needs that constitute the target of the intervention is vital. A detailed client history can also assist with intervention planning and progress review by providing a record of interactions with the client. Documenting these details is part of effective client care. Clear and accurate documentation will assist consultants whenever they need to refer to a client's history.

A detailed client history within a case note can also help with continuity of care, depending on the circumstances in which you work. For example, if working in an organization with other sport and exercise psychology consultants, when you are away on leave, someone else might work with that client. In such circumstances, you can be satisfied to know that another consultant is taking good care of the client because they can refer to the client history in the case notes. Ethical issues such as confidentiality and informed consent should be considered by the consultant in such circumstances.

Referral

Depending on the consultant's approach to practice, clinical issues may be more or less likely to reveal themselves. For example, existential counseling aims to help athletes make conscious decisions and to accept responsibility for their career, life, and relationships (Nesti, 2004). As such, everything making up the identity of the sport performer is on the table for discussion (Nesti, 2004). This type of approach may lead the consultant to stumble upon clinical issues. The consultant should be self-aware enough to recognize their practice limits and when referral to a clinical specialist is required (see Chapter 25). Case notes, therefore, become important in helping the consultant to make appropriate referrals to other agencies, ensuring a smooth handover, and continuity of care. Documenting the reasons for suggesting referral, the interaction, athletes' responses, and outcomes, as part of the consultant's case notes, will form a foundation for future planning and decision-making (Roberts et al., 2016).

Practical Benefits of Writing Case Notes

Case Formulation

In Keegan's (2016) applied sport psychology service delivery model, case formulation forms the bridge between 'needs analysis' and 'choosing an intervention.' Case formulation involves synthesizing the needs analysis into a working model to inform later decision-making. For experienced consultants, this is often a stop and pause moment where well-written case notes come into their own. Case notes written at a session-by-session level, in a chronological order, form an easy-to-follow timeline. This timeline helps consultants to look at the big picture as well as the details. This diligent process of writing case notes allows for a considered case formulation and a better choice of intervention.

Recall of Meaningful Details

During service delivery, clients will tell stories, discuss sporting events, share personal details, and sometimes use analogy or metaphor to describe experiences. When working with many clients, consultants may find it difficult to remember all pertinent details about each case. Case notes, therefore, become critical as an *aide memoire*. It is helpful for consultants to read through previous case notes before service delivery, to jog their memory about specific details, for example, the name of the client's partner. A consultant could ask, 'how are you and your partner settling into your new house?' Or they could ask, 'how are you and Robin settling into your new house?' Recalling and using details such as the name of a person's partner may, at first, appear extraneous. Yet, where someone or something holds meaning for the client, using their name, or recalling specific details, can be invaluable in rapport building and developing the therapeutic relationship (see Chapter 1). An effective working alliance, between client and consultant, is predicated on early rapport building and is a critical factor in successfully working toward mutual goals (Sherman & Poczwardowski, 2000).

It can also be useful to record clients' use of metaphor and analogy to describe situations or experiences. For example, an injured athlete might describe being 'back at the bottom of the mountain again.' Or an athlete struggling to develop a strong coach–athlete relationship might describe attempts to confront the coach as 'trying to grasp a slippery eel.' Consultants can capture these turns of phrase in the case notes using inverted commas and explore in more depth later, if appropriate. It is important to consider what the storyteller is trying to convey through metaphor. Working with the metaphor rather than paraphrasing often pays dividends. If the metaphor is not captured in the case notes, the consultant loses this opportunity.

Consultancy Reports

Many consultants find writing reports for their clients to be beneficial for the therapeutic relationship and for improving outcomes (Nesti, 2004). These consultancy reports often consist of regular session reports together with recommendations presented on completion of a piece of work. Your case notes will form the basis of your consultancy reports, so it is important that they capture all relevant and appropriate details. A report that omits key elements of your discussions with the client will prevent it from being as effective as it might be.

Reflection and Personal Development

Experiential learning encourages sport and exercise psychology consultants to examine their professional decision-making (McEwan & Tod, 2015). Reflective practice is an approach that can help consultants explore those decisions and experiences to increase self-knowledge and improve practice (Anderson et al., 2004). Reflective practice is a key ingredient for achieving greater self-awareness, clinical wisdom, professional expertise, enhanced client care, and ethical reasoning (Lavender, 2003). Reflection is also regarded as an essential attribute for professional competency by the American Psychological Association (2007) and the BPS (2018b).

Case notes are written records of cases. Case notes are vital in helping you reflect on your applied practice. By reviewing case notes, consultants can evaluate and reflect on their actions. A dual-staged reflection process, perhaps with a peer/supervisor (see Chapters 3 and 9), whereby written reflections are recorded on the day and then revisited after a few days with delayed reflection, can also be useful (Riley-Doucet & Wilson, 1997). A multi-staged reflection process allows the consultant to document raw and more considered thoughts and feelings as they review experiences multiple times. However, this is predicated on the quality of the case notes. Well-written case notes, therefore, play an important

role in reflective practice, an important activity for consultants to engage in for personal and professional development (see Chapters 3 and 9).

Challenges of Writing Case Notes

Recording service delivery presents several distinct challenges.

Lack of Specific Training

Trainee sport and exercise psychology consultants are rarely given training in how to take case notes or what to include. In the UK, the BPS Qualification in Sport and Exercise Psychology (Stage 2) aims to provide a framework for training which ensures that successful candidates have gained the underpinning knowledge and the core competencies required for applied practice (BPS, 2018b). Case notes would appear to sit under the broad learning outcome, 'establish, maintain and develop systems for legal, ethical and professional standards in applied psychology' (BPS, 2018b). Yet, in the 48-page Candidate Handbook, there is no specific guidance on what should be included in case notes. Indeed, case notes are not referred to at all. As such, there may be a quality control issue stemming from individual interpretations on what constitutes best practice for case notes.

Without specific guidance, how do we know if what we are doing is satisfactory? Although a vital element of our work, the practicalities of writing case notes are not always given enough weight in training qualifications. As such, we may not know whether our case notes meet legal and professional requirements until they are tested in court. It is recommended that consultants instigate a process of peer review/supervision (see Chapters 3 and 9), to facilitate reflection around all areas of practice, including case notes. Part of this peer review/supervision could include taking proactive steps to develop a case notes pro forma designed to minimize risk and reflect best practice.

When to Take Notes

Should you take notes during your session with the client or wait until afterward to make notes? This is a common dilemma for trainee sport and exercise psychology consultants. As with other case note quandaries, there is little guidance from professional bodies. HCPC (2016) suggests that records should be completed as soon as possible after providing care, treatment, or other services. If a consultant takes notes during the session, they may miss important details because they are not engaged in active listening. Conversely, if the consultant does not take any notes during the session, choosing to remain an active listener, they may worry about forgetting important details when writing case notes later. Neophyte consultants progress through a process of individuation and will learn what works best for them. There is no right or wrong answer. Practice and experience will determine the best method for you.

Time-Consuming and Onerous Nature of Writing Case Notes

Writing case notes can be a time-consuming and onerous process. In some cases, a consultant may spend as much time writing up case notes as they do with the client. This can lead to consultants viewing case notes as an administrative task and slipping down the list of priorities in favor of more exciting and energizing aspects of the role. If service delivery is not written up quickly, key aspects of the encounter may be forgotten or confused, resulting in inaccurate case notes. Consultants would benefit from considering case notes as an active and important part of the service delivery process, giving them due priority, and recording them on time.

Difficulties of Writing Case Notes in a Team Environment

Many sport and exercise psychology consultants will be familiar with the more routine one-to-one encounters we have with clients in private practice. What about the consultant who operates in a team environment? When working in a team environment, the consultant might be subject to organizational constraints, such as working as part of a multi-disciplinary team. In these scenarios, case notes are often designated as shared records. The function of shared records is to facilitate communication among staff and to ensure coherent supportive service delivery. Other professionals involved with the clients will, therefore, have access to such records. Shared records provide the consultant with an additional complication as this deviates from the closed confidentiality detailed in the BPS (2018a) code of conduct. These records may be shared among organizations/agencies to facilitate care and/or to safeguard the client or others, including the public. In some contexts, clients have the right to object to their data being disclosed to a third party, even someone who might provide essential healthcare. Consultants should be aware of local codes and policies. When working in an environment with an open confidentiality policy, it is important that case notes are carefully recorded so information the client has explicitly asked to remain confidential is not disclosed to others. The consultant should explain the scenario to the client at the onset of engagement with them.

Another difficulty often experienced in team environments is when consultants are pitch side or courtside during training. Over the course of a training session, the consultant could interact with any number of players and coaches. Capturing relevant and appropriate information from these conversations presents a significant challenge. Should the consultant wait until after training to write up the notes and risk forgetting key information or confusing the information provided by two individuals? Or should they make brief notes in a journal or on a phone as they go and risk missing key observations, behaviors, and interactions? Again, practice and experience will determine the best method for you.

Capturing Correspondence Outside of Sessions

Given the technological age we now live in, there are myriad communication channels by which clients might contact us. For one-to-one service delivery, we often meet face-to-face or via established videoconferencing software such as Microsoft Teams, Google Meet, or Zoom. In such cases, the writing of case notes is generally straightforward and process-driven. How should we integrate email correspondence or direct messages over platforms such as WhatsApp, Twitter, or Facebook Messenger? Younger athletes, those from Generation Z, are technology-savvy and might prefer to communicate over a channel the consultant is less familiar with (Gould et al., 2020). In such cases, it is important to have a consistent process for capturing relevant and appropriate information shared via these means while maintaining ethical standards. For the consultant working in a team environment, they may have ad-hoc conversations with players and coaches over lunch or elsewhere in the team facility. Brief notes of these conversations, together with pertinent observations, should be recorded.

Content and Methodology

Content

Consultants must keep full, clear, and accurate records for everyone they care for, treat, or provide other services to (HCPC, 2016). Most case notes contain similar general information, which might include:

- The personal details of the client
- Type of contact/location/context

- Family history/sporting background
- Details of issues and major themes discussed
- Action plan (including who is responsible for each action)
- Arrangements for the next meeting

Noting the context of the service delivery is useful. For example, the client may have arranged the meeting to debrief a recent competition, or the coach may have arranged the meeting with no further details forthcoming. The main part of the case note should capture the issues or major themes discussed. The note might also include observations and performance metrics. A case note does not have to address every aspect or issue in the selected case, but it should address all significant areas.

What Information to Omit

Case notes should include information relevant and appropriate to service delivery. Unnecessary material should be excluded. This makes note taking quicker and will help you locate pertinent information more efficiently. Ask yourself why you're writing the case note, who will read it, and how the information recorded might be used. This process can help consultants be judicious in determining what to include and what to omit from the case note.

It is also important to be mindful of your own perceptions and biases. For example, a case note should not describe a client as surly or rude. Rather, it might be more accurate to note, 'client avoided eye contact and looked down much of the time. Responded to open ended questions with shrugs, silences, or one- or two-word answers.' A client's appearance or outfit should only be noted if it is relevant to your ongoing work. For example, noting a client's 'provocative' dress is a subjective judgment that provides little value. For a client with a history of depression, however, a note indicating their clothing was dirty or they looked disheveled may be relevant. It is best to avoid using dismissive, emotional, or judgmental language. As with most writing, limiting the use of adverbs can help in this regard. Before using an adverb, ask yourself if you can use a better description of facts than implying with an adverb. For example, when noting a client was 'playing poorly,' describe their actions. What did the client do? By using the adverb 'poorly,' it infers opinion and does not describe what happened.

A Brief Overview of the SOAP Method

There is no set method for structuring case notes. Even so, some possible formats have been developed to help healthcare workers document their encounters with clients in a structured and organized way. The SOAP note is a common method of documentation in a variety of healthcare settings (Podder et al., 2021). SOAP is an acronym for:

- *Subjective* – what the client says about the issue/circumstances.
- *Objective* – consultant's observations and/or measurable data.
- *Assessment* – synthesis of subjective and objective evidence.
- *Plan* – how will you formulate service delivery to reach the goals or objectives.

A comprehensive SOAP note should consider all subjective and objective information, then assess it to create a client-specific assessment and plan.

A major advantage of the SOAP note format is its widespread adoption, leading to familiarity with the concept within the field of healthcare (Quinn & Gordon, 2015). It also emphasizes clear and organized documentation of information, promoting a natural progression from the collection of relevant

data, to the assessment, and to the plan on how to proceed. The more succinct yet thorough a SOAP note is, the easier it is for consultants to follow.

While the SOAP model has served healthcare practitioners well for many years, its limitations are well known. One important weakness of the SOAP model is the inability to integrate a temporal dimension (Lenert, 2016). In many healthcare situations, evidence changes over time, requiring consultants to reconsider their assessments. Extensions to the SOAP model have been proposed to address its temporal deficiency. For example, the SOAPE model adds 'Evaluation' and, as such, provides an explicit reminder to assess and amend the plan, as necessary. The structure of the SOAPE note mirrors the consulting process in Keegan's (2016) model of sport psychology service delivery: needs analysis, case formulation, intervention planning, monitoring, and evaluation.

Example Case Note

Below is an example of a case note, using the SOAP format. The case note is based on a fictitious encounter. I have annotated the case note to draw your attention to some of the more pertinent aspects.

Client code: J46D[#1], **Age**: 28, **Sport/discipline**: Athletics/high jump
Date: 08/09/22, **Time:** 17:00–17:40, **Location:** Online (Zoom)[#2]
Context: Regular quarterly debrief
Subjective: Client reported having a 'good' season after a year off due to injury. Client reported having a more stable set up now, 'content with life.' He is working part-time, buying a house with his partner (Emma), and has a 12-week-old Labrador puppy (Rocky)[#3]. He reported having a 'great support team' around him and being far less reliant now on his parents. Client reported having 'other stuff' in my life now which has made sport enjoyable again and given me clearer judgment about what training methods work best for me.' He reported a change in training environment (now being 'off the grid' as opposed to 'in the goldfish bowl'[#4]) as beneficial, helping him to get 'almost back to my best.' Client asked for help around performance mindset before next season.
Objective: Thoughtful and considered in his responses. Smiled and joked a lot[#5]. Gave examples of increased self-knowledge, resulting from learning from experience. His performances in this season are topped only by his 2019 season – 3rd and 4th highest jumps to date came this season – 2 cm off personal best[#6].
Assessment: Client appears settled and happy, confident, and excited. Performance levels are back close to his personal best. There appears to have been significant personal growth over the last 18 months – more balance in his life and taking more personal responsibility. Appears happier away from the constant scrutiny of the previous high-performance center and recent objective performance data corroborates client's subjective feedback.
Plan: Client has learnt from experience what works for him and what doesn't. He is back working with a strength and conditioning coach he trusts and a technical coach he trusts. No current cause for concern. Agreed to reconvene in 8 weeks' time to discuss progress and performance mindset.
Actions:[#7] J46D to email later this week to arrange a convenient time for the next meeting.

[#1]Client code is used rather than a name. A code (or pseudonym) masks data by replacing identifying information with artificial identifiers.

[#2]Session details are recorded as a matter of course.

[#3]Meaningful personal details recoded. To avoid identifying individuals, just a first name (or initials) should be noted.

[#4]The client uses metaphor to contrast his current low-key training environment ('off the grid') with his previous training environment at a high-performance center ('goldfish bowl'), suggesting that he values privacy and anonymity.

[#5]Use of the adverb 'a lot' does not provide clear description of the client's behavior. It might be more accurate to note, 'client smiled and joked more than on previous occasions,' corroborating his self-report of being 'content with life' at the moment.

[#6]Objective performance data recorded.

[#7]Any actions from the meeting should be recorded. In this instance, it might be useful to set up a calendar reminder of the action.

Conclusion

Case notes document a client's situation and progress, as well as recording the consultant's decision-making process. Case notes are an active and important part of the service delivery process. Consultants should give case notes due priority and write them up without delay. In the UK, HCPC's (2016) legal and professional standards oblige consultants to (a) keep full, clear, and accurate records for everyone they care for, treat, or provide other services to, (b) complete all records as soon as possible after providing care, treatment, or other services, and (c) keep records secure by protecting them from loss, damage, or inappropriate access. Writing case notes is a key skill for sport and exercise psychology consultants to develop. Although there is no set format for producing case notes, formats developed for healthcare workers may be helpful. The SOAP note is one such method. See Box 5.1 for a summary of the key points from this chapter.

Box 5.1 Summary of Key Points about Case Notes

- Case notes serve a multitude of legal, ethical, and practical purposes. They should meet minimum standards set by professional bodies and comply with relevant legislation.
- Writing case notes presents a number of challenges to the consultant such as when to write them, what to include, and how to integrate non-traditional forms of communication.
- Peer supervision and reflection can help consultants monitor and evaluate the quality of their case notes.
- There is no set format for producing case notes. Methods of structuring case notes, such as SOAP, may be beneficial for neophyte consultants.
- Questions to reflect on:
  - What are the legal and professional requirements for case notes and healthcare records in your particular jurisdiction?
  - Do your case notes comply with those obligations?
  - How are you monitoring and evaluating the quality of your case notes to ensure that they meet legal and professional requirements?
  - What model, if any, do you use to structure your case notes?
  - How could you improve your process for taking case notes?

References

American Psychological Association (2007). Record keeping guidelines. *American Psychologist*, *62*(9), 993–1004. https://doi.apa.org/doi/10.1037/0003–066X.62.9.993

Anderson, A. G., Knowles, Z., & Gilbourne, D. (2004). Reflective practice for sport psychologists: Concepts, models, practical implications, and thoughts on dissemination. *The Sport Psychologist*, *18*(2), 188–203. https://doi.org/10.1123/tsp.18.2.188

British Psychological Society (2013). *Electronic records guidance*. BPS.

British Psychological Society. (2017). *Practice guidelines*. BPS.

British Psychological Society. (2018a). *Code of ethics and conduct*. BPS.

British Psychological Society. (2018b). *Qualification in sport and exercise psychology (Stage 2): Candidate handbook*. BPS.

British Psychological Society. (2019). *Electronic records guidance*. BPS.

Cumming, S., Fitzpatrick, E., McAuliffe, D., McKain, S., Martin, C., & Tonge, A. (2007). Raising the Titanic: Rescuing social work documentation from the sea of ethical risk. *Australian Social Work*, *60*(2), 239–257. https://doi.org/10.1080/03124070701323857

Gould, D., Nalepa, J., & Mignano, M. (2020). Coaching generation Z athletes. *Journal of Applied Sport Psychology*, *32*(1), 104–120. https://doi.org/10.1080/10413200.2019.1581856

Health and Care Professions Council. (2016). *Standards of conduct, performance, and ethics*. Retrieved from https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/

Keegan, R. (2016). *Being a sport psychologist*. Palgrave.

Lavender, T. (2003). Redressing the balance. The place, history, and future of reflective practice in clinical training. *Clinical Psychology*, *27*, 11–15.

Lenert, L. A. (2016). Toward medical documentation that enhances situational awareness learning. *AMIA Annual Symposium Proceedings*, *2016*, 763–771.

McEwan, H. E., & Tod, D. (2015). Learning experiences contributing to service-delivery competence in applied psychologists: Lessons for sport psychologists. *Journal of Applied Sport Psychology*, *27*(1), 79–93. https://doi.org/10.1080/10413200.2014.952460

Nesti, M. S. (2004). *Existential psychology and sport*. Routledge.

Podder, V., Lew, V., & Ghassemzadeh, S. (2021). *SOAP notes*. Statspearl Publishing. https://www.statpearls.com/ArticleLibrary/viewarticle/29182

Quinn, L., & Gordon, J. (2015). *Documentation for rehabilitation: A guide to clinical decision making in physical therapy* (3rd ed.). Saunders.

Riley-Doucet, C., & Wilson, S. (1997). A three-step method of self-reflection using reflective journal writing. *Journal of Advanced Nursing*, *25*(5), 964–968. https://doi.org/10.1046/j.1365-2648.1997.1997025964.x

Roberts, C. M., Faull, A. L., & Tod, D. (2016). Blurred lines: Performance enhancement, common mental disorders, and referral in the UK athletic population. *Frontiers in Psychology*, 7, 1067. https://doi.org/10.3389/fpsyg.2016.01067/full

Sherman, C. P., & Poczwardowski, A. (2000). Relax!... it ain't easy (or is it?). In M. B. Andersen (Ed.), *Doing sport psychology* (pp. 47–60). Human Kinetics.

Swartz, S. (2006). The third voice: Writing case-notes. *Feminism & Psychology*, *16*(4), 427–444. https://doi.org/10.1177%2F0959353506068750

The UK Caldicott Guardian Council (2022). *The common law duty of confidentiality*. https://www.ukcgc.uk/duty-of-confidentiality

6

ETHICS IN SPORT AND PERFORMANCE PSYCHOLOGY

Tim Herzog and Michael Zito

Sport and performance psychology is a multidisciplinary field, diverse in delivery and with regard to practitioners' backgrounds. The field includes mental health, performance consultation/coaching, and academia. For simplicity, the words "sport psychology" will be used in this chapter as a global term to describe the above-mentioned sub-disciplines, recognizing that the use of the term "psychology and psychologist" is a legally restricted term in some jurisdictions.

Codes of ethics that govern the field are also varied (i.e., some combination of International Society for Sport Psychology (ISSP), Association for Applied Sport Psychology (AASP), American Psychological Association (APA), American Counseling Association (ACA), and/or others). Ethics overlap with laws which vary depending on the state, territory, or country where the practitioner is licensed or registered (if they are licensed/registered). Common wisdom dictates that practitioners must abide by the most stringent ethical standards (or laws). This chapter will highlight some key commonalities across different codes, as they apply to practitioners. Core issues to sport psychology include (1) competence and representation; (2) beneficence vs. nonmaleficence; (3) multiple relationships and boundaries; (4) assessment; (5) informed consent and confidentiality; (6) technology, documentation, and risk management; (7) decision-making models; (8) self-care; and (9) diversity and cultural competency.

Recently, ISSP made clear a globally recognized need for ethical behavior (Quartiroli et al., 2020). AASP, with members in 55 countries, has also been placing greater emphasis on the enforcement of ethical behavior, by developing six levels of sanctions that may now be imposed based on findings and recommendations of the Ethics Committee. These include (1) cease and desist letter, (2) reprimand, (3) censure, (4) suspension, (5) revocation, and/or (6) withholding of membership. Showing endorsement for AASP's sanction development, the United States Olympic and Paralympic Committee announced that they would change one of their requirements for listing on the Sport Psychology Registry from membership (and Code of Ethics adherence) with APA or ACA, to AASP membership and Ethics Code adherence (AASP, 2018).

Competence and Representation

Competence is paramount to doing good work but is taking a few courses or even achieving a degree enough to be competent to provide services? Consider common models of competence. Medical doctors, nurses, mental health professionals (psychologists, counselors, etc.), and Certified Mental Performance Consultants (CMPCs) are required to complete comprehensive coursework, pass certification

or license exams, and have mentored or supervised applied work to meet the regulations of a state regulatory board or certifying body. Mentored or supervised work provides competency evaluation, corrective feedback, and applied ethical decision-making opportunities. Codes of ethics move beyond aspiration and contain enforceable standards that delineate competency considerations. For instance, the AASP (2011) Ethics Code acknowledges that:

> AASP members represent diverse academic and professional backgrounds. These different training histories provide different competencies. Those trained in clinical and counseling psychology must be aware of potential limitations in their sport science competencies. AASP members trained in the sport sciences must be aware of their limitations in clinical and counseling psychology (Standards, Competence (a)).

ISSP's (Quartiroli et al., 2020) standards expand on the importance of competence, stating that practitioners "must only provide services and accept employment within the boundaries of their competence based on education, training, experience, state and national professional credentials" (p.17, Standard 12(a)).

Formal certifications (e.g., AASP's CMPC) and guidelines for proficiency (e.g., APA's Sport Psychology Proficiency) make competence concrete (AASP, n.d-a; APA Division 47, n.d.), but certifications and guidelines don't illustrate the nuanced decision-making that professionals make in real-time with clients. For example, licensed mental health professionals do not advise clients on biomechanics (unless they have this training), and mental performance consultants do not diagnose or treat depression (unless they have this training and licensure). There are many areas of practice that professionals from different domains might abstain from, depending on training, credentials, and licensure. Some clinical domains might be off-limits to licensed practitioners because nobody is qualified to treat everything (e.g., specialized areas such as eating disorders and family issues; Selby, 2019; Zito, 2020). Some strategies may facilitate working within the outskirts of one's competence, such as (a) regular meetings with a mentor, one's own therapist, trusted expert colleagues or consultation groups (e.g., peer consultation, see Chapter 9); (b) being ready with a list of other professionals to refer to; and (c) engaging in continuing education, and can all help practitioners avoid blind spots and optimize coordinated treatment.

Sound ethical decision-making is easier when practitioners are clear with themselves and their clients about their role(s). More than one role/service might be needed for the same individual at different points in time, or simultaneously. In sport psychology contexts, roles can be conceptualized as (1) mental performance leading to psychotherapy, (2) psychotherapy evolving into mental performance, (3) mental performance while another practitioner does psychotherapy, and (4) mental performance and psychotherapy with the same consultant (Herzog & Hays, 2012). Some work might be better suited for a licensed mental health care provider (e.g., an injured athlete with an adjustment disorder or symptoms of depression that are clinical or subclinical). Obtaining a thorough client history, and screening for mental health in the process, will help determine the appropriate needs of the client (i.e., performance enhancement, mental health intervention, or both).

There is no one "right career route," but aspiring practitioners are advised to chart their professional path with intentionality, and established professionals are encouraged to recognize that it is never too late to expand their expertise and credentials. Mental performance consultants without a mental health licensure have a narrower focus on performance. Licensure requirements and associated professional foci vary somewhat internationally. It is important that a practitioner understands different areas of competency (e.g., counseling skills), which may vary across the state, territory, or country where they are working, thereby staying within boundaries of their own competence and referring out when necessary (see Chapter 25).

Beneficence vs. Nonmaleficence

While worded slightly differently in other codes of ethics, APA and ACA use the terms "beneficence" and "nonmaleficence" among their guiding principles. Beneficence and nonmaleficence refer to striving to benefit those with whom practitioners work and taking care to do no harm. APA refers to this in the context of those with whom we work, whereas ACA expands discussion of beneficence to also promote health and well-being of society. Expanding the scope of where sport psychology practitioners can do good seems paramount, given the current zeitgeist, considering social justice efforts incorporated into sport (Brutus & Harris, 2022), the Black Lives Matter movement (AASP, n.d.–a), and increasing recognition of athletes' mental health needs (Purcell, et al., 2019). Whether addressing the larger population or focusing efforts on individuals, aiming to do good and working to avoid harm are crucial to practitioners' ethical functioning. Yet, determining the right balance of beneficence vs. nonmaleficence can feel fraught, given that beneficence can come with associated risks (e.g., working outside an office and openly interacting with clients, thereby reducing the level of confidentiality). Best practices for mental performance coaching can sometimes feel contradictory to best practices for psychotherapy (Brown & Cogan, 2006; Herzog & Hays, 2012).

Following the highest enforceable standards (legal or ethical) helps minimize risks. In accepting some risks, positive and virtue ethics can help practitioners to prioritize beneficence. According to Aoyagi and Portenga (2010, p.253), "Positive ethics focus on practitioners' reaching their fullest potential rather than avoiding risk," and "virtue ethics emphasize the character of the professional rather than situational variables." When not simply used as a rationalization for laissez-faire unreflective behavior, positive and virtue ethics can be instrumental to success in sport and performance psychology contexts. For instance, there is sometimes no avoiding multiple relationships or blurred boundaries (see later section). At the same time, practitioners should venture into these relationships judiciously, working to avoid situations that could cause harm (e.g., asking "can I refer this client to another practitioner?"), while not playing it so safe that the recipients of services are harmed in the process (e.g., reflecting "other avenues for providers have been explored and there is truly nobody else available"). One reason why a multiple relationship *may* be in line with a client's best interests is that the practitioner might gain enhanced contextual understanding of the client's world.

Contextual intelligence is a matter of knowing the culture and context of a performer's distinct training and performance setting. Brown (2002) indicated that practitioners can do their homework, by reading "everything you can about that particular [sport] culture, giving special attention to constructs and concepts" (Learning the Language, para. 4). But book learning can have its limits and hearing only the client's perspective does not allow for a deeper and nuanced understanding that sometimes comes from observing a team's unique culture and patterns of interaction. Brown also highlights the importance of attending to power dynamics, while being immersed, noting how efforts with an athlete can be more fruitful if the coach buys in and may also depend on funding if the oversight organization (e.g., national governing body) buys in. Being free of rigid boundaries can facilitate this kind of learning, but one should tread carefully to avoid ethical violations such as confidentiality breaches (see later section), with coaches or others (Brown & Cogan, 2006). According to a psychologist/lawyer with extensive licensing board expertise, positive ethics and virtue-based perspectives may or may not influence licensing boards' evaluations, highlighting the importance of documenting associated behaviors and considerations (Wulach, Personal communication, September 5, 2021).

Multiple Relationships and Boundaries

With beneficence in mind, practitioners commonly enter unique work situations, requiring reflection and strategic navigation of multiple-role relationships (Andersen et al., 2001). Multiple relationships

occur when one is in a professional role and simultaneously in another (e.g., social) role (APA, 2017). This could also include serving as a professor and a team consultant at a university for an athlete. Multiple relationships and boundary conflicts can occur in multidisciplinary support teams and need to be navigated carefully. Beneficence and nonmaleficence in sport psychology are achieved by proactively considering all potential pitfalls, and by considering what is truly in the best interests of the client or the team (Brutus, 2021).

Careful decision-making can help practitioners make wise decisions in the best interests of the client, even when a code of ethics might not have standards that explicitly address a nuanced situation. APA's multiple relationship standard does not suggest that *all* multiple relationships are "wrong." In fact, the standard delineates when multiple relationships *may (or may not be)* reasonable to move forward with. According to the code, multiple relationships should be avoided if they could possibly impair objectivity, or risk exploitation due to power imbalances (APA, 2017). The standard acknowledges that not all circumstances can be anticipated in advance, and so one should take reasonable steps to resolve harmful multiple relationships once they arise, with maximal compliance to the code of ethics.

Problematic multiple relationship problems may be unintended, but lack of intention does not negate responsibility; one is still accountable for actions or inactions. The ethical sport psychology practitioner is sensitive to potential harmful effects of social or non-professional contacts, given that these interactions could affect objectivity, the perceived quality of the practitioner and/or the intervention, and cause harm to or otherwise exploit the client (AASP, 2011; ACA, 2014; APA, 2017). ACA also delineates that counselors should obtain informed consent when switching between roles (see later section); this concept seems especially relevant to the field of sport psychology, where services may often shift back and forth between psychotherapy and mental performance coaching (Herzog & Hays, 2012), though the distinction may be less significant than switching between evaluative roles (e.g., professor) to supportive roles (e.g., therapist or consultant).

Noted in all codes of ethics, sometimes in different places, are different versions of what would seem like common sense: *don't have sex with your client*. Psychologists cannot engage in sexual intimacies with a former client until two years have passed from the termination of services (Dieffenbach & Tebbe, 2007). According to Handelsman (2012), "The 2-year rule is APA's way of acknowledging that life holds few absolutes; many continua need to be considered" (para. 4); however, practitioners should be cautioned that the rule is truly a minimum and that the exact nature of the relationship must be considered. One recent study suggests that about half of sport psychology practitioners experience sexual attraction to some of their clients (Palmateer & Petrie, 2021). Feelings of attraction may often be unavoidable but with suitable management lead to no harm. Acknowledging the phenomenon can contribute to optimal training efforts, and a norm of professionals seeking supervision and peer consultation to maintain objectivity and boundaries.

Assessment

Practitioners must have proper qualifications and training to conduct formal evaluations, particularly intelligence or personality assessments (Mintz & Zito, 2018). Multi-method data gathering is foundational to assessment, promoting optimal validity and reliability (see Chapters 11–15). The practitioner should know standardized procedures, reliability and validity, the normative sample, and practical matters such as duration, cost, risks, and benefits, plus whether or not third parties will have access to the data. In interpretation, practitioners should convey strengths and weaknesses of assessment method(s), making scientifically sound interpretations, and clearly explain results (and limitations) to clients. As Etzel et al. (2014) stated, practitioners must "be acutely aware of the many ethical and legal issues associated with the development and use of assessment devices (questionnaires, inventories, interviews)"

(p. 190). Just as with therapy and consultation, it is often advisable to approach ethical quandaries via peer consultation, mentorship, or supervision (see Chapters 3 and 9).

Informed Consent and Confidentiality

Commencing treatment or consultation, and as shifts occur while working with a client, it is important for there to be adequate informed consent; the client should understand/agree to what they're signing up for at the front end, and as changes occur. Consent includes informing clients early in the relationship of the type and course of services, fees, involvement of third parties, and limits of confidentiality, and providing the opportunity to ask questions (APA, 2017; Pope & Vasquez, 2016). While there are ethical standards specifically delineating informed consent, this document/verbalization process still needs to properly incorporate other ethical standards. For example, if outlined payment arrangements include being paid a share of a client's prize money or trading services for testimonials, the arrangement would be unethical even though there would be an explicit advance arrangement (AASP, 2011; Quartiroli et al., 2020). With children, consent should be obtained by an adult legally authorized to give permission for services unless the legal age of consent in a state, country, or province allows for it. Minimum age of mental health consent is established in only 18% of countries, and ranges in both the United States and internationally, between ages 12 and 18 years (McNary, 2014; Noroozi, et al., 2018). When children are unable to give legal consent, they can be given opportunities for "assent," such that they express an understanding of what permissions are being granted (Corey et al., 2012). Practitioners should work to build trust simultaneously with parent(s) and child by being transparent with both parties about limits of confidentiality, how rules might be altered for a child, and under what circumstances.

It is universally understood that a major part of the therapist's or consultant's role is to be a trusted confidant. It is essential that clients know that material discussed is confidential (Sharp et al., 2015) and know any exceptions in advance. Informed consent should be regarded as an ongoing process, with reminders when possible and relevant along the way. A typical initial conversation reiterates from the paperwork that exceptions to confidentiality include (1) when a client is suicidal, (2) when a client plans to hurt an identifiable person (i.e., Tarasoff decision; Bloom & Rogers, 1988), and (3) when vulnerable populations (minors, elderly, and disabled people) have suffered abuse or neglect. While the APA, ACA, and ISSP codes of ethics explicitly require informed consent for recording images and/or audio, the AASP Ethics Code does not address this specifically. The rationale for its absence is unclear and may change in future revisions; perhaps its absence was because athletes and other kinds of performers are commonly recorded during training, competition, and performance. The APA (2017) Code of Ethics has addressed this for research contexts, such that informed consent for recordings is not needed for research, when data collection is "limited to naturalistic observations in public places and recordings are not used in a manner that could cause personal identification or harm" (Section 8.03). Nonetheless, recording clients in the context of either psychotherapy or consultation means that sensitive material will likely be obtained, and informed consent should be top priority, including clarity regarding threats to confidentiality. According to the APA (2017), if services include telehealth or virtual services, then legal issues, ethical standards, telecommunication technologies, and client needs should be considered. Specifically, confidentiality, security, and risk of telecommunications should be explained, including any use of social media.

Technology, Documentation, and Risk Management

To their credit, AASP (2011) has taken steps to address the ever-changing landscape of technology with members' professional and scientific work. The AASP Code contains a standard that delineates

integration of technology, summarized as follows: (1) competency and minimizing risk is necessary, (2) informed consent to technology and telecommunication means understanding the risks, (3) types and parameters of technology should be clear, (4) client's identity will be verified (e.g., care should be taken in texting an unknown number), (5) privacy and confidentiality should be attended to (note: in the United States, licensed practitioners already have to attend to the Health Insurance Portability and Accountability Act, which presents a high legal standard), (6) signed waivers are encouraged when using computer technology, (7) problems and potential harm are dealt with immediately, (8) laws are observed, and (9) new technology may require new empirical validation. Considering confidentiality, informed consent, and the ever-changing landscape of technology, there is seldom no risk, but practitioners are encouraged to engage in good risk management.

Wisely, people in the field sometimes say, "document, document, document!" In maintaining thorough documentation, there is also the risk of putting too much detail into a record, such that material could somehow be misused or misinterpreted in the wrong context (see Chapter 5). Thus, a common practice is to maintain both "progress notes" (part of the legal record) and separate process notes (one's musings and impressions). If/when something goes wrong, it is difficult to prove that one did take appropriate action, if that action has not been documented. In the words of Harris (2018), a licensed psychologist and attorney associated with "the Trust" (Insurance company affiliated with APA), "Document like 9th grade algebra" (Panel 14, Advice on record keeping) and illustrate your decision-making process. Harris states that in high-risk situations, one should (1) document the rationale behind actions; (2) identify strategies that were considered, rejected, and why they were rejected; (3) indicate how conflicts between potential risks and benefits were resolved; (4) label specific ethical and legal principles involved in decision-making; and (5) summarize consultations and why any recommendations were rejected.

Working in mental health (or at the other end of the spectrum, with mental performance), consultants are encouraged to be conscious of suicidal risk. Unlicensed mental performance consultants may falsely believe that because they are not mental health practitioners, they are committing a transgression by probing into possible suicidal ideation, but the reality is that (1) they may (falsely) be regarded as a mental health practitioner; and (2) they may be the first contact in an emerging situation because they are trusted with mental/emotional material and therefore, should be aware of common warning signs and risk factors. Specifically, responsible practitioners screen for suicidal ideation, current or past concrete plans, history of attempts, degree of harmful intention, recent emotional losses, suicidal notes, hopelessness, and/or absence of future plans (Jobes, 2016). Difficulty in social relationships is a stronger predictor of suicide in athletes than with non-athlete peers (Anchuri et al., 2020). Presence of any risk factors may be a reason for concern and may suggest referral for suicide risk evaluation. Practitioners not clinically trained should try to know in advance who to refer to in their region (see Chapter 25). With development of a network and resources before a crisis, consultants can provide a seamless, warm hand-off to other professionals (e.g., a clinician, a suicide crisis hotline, a hospital, or emergency personnel). While ultimately an assessment should occur via a mental health provider, a consultant can provide a valuable service by conducting initial informal assessments, and by partnering with the client toward goals of staying safe. Practitioners need to realize that talking about suicide will not "inspire" a client to commit suicide (Jobes, 2016). When investigating suicidal ideation, it is important to destigmatize one's experience or thoughts, often by normalizing the experience, while simultaneously treating the matter with serious concern.

Decision-Making Models

Ethics can't be a cut and dry formula. Codes of ethics vary across associations, in aim and specificity. Practitioners should be aware of codes associated with all their organizational affiliations. Most codes

of ethics consider preambles and general principles as aspirational. Standards are the enforceable code of conduct to which members will be held accountable. AASP's Ethics Code is more vague/open than APA's in some areas and more contextually specific in others (e.g., competence). Some codes may have altogether different standards. AASP (n.d.–b) proposed an ethical decision-making tree. First, consult laws in one's jurisdiction about use of terms, description of services, and professional conduct. If not legal, avoid the situation. Second, if the action appears legal, consult applicable codes of ethics (perhaps from more than one association). If not supported by the code(s), avoid the situation. Third, if supported by the code, consider whether one's actions reflect the values of one's organization(s) and the effect one's actions could have on association members and/or consumers. Along the way, one should consult peers fluent in ethical decision-making and/or one's association ethics committee. Additionally, Pope and Vasquez (2016) caution to be clear who the client is and who may be affected by the practitioner's decisions, cognizant of personal and professional biases influencing decision-making. Ultimately, practitioners should evaluate the results of the decision, and upon reflection, make changes for future decision-making. Pope and Vasquez also suggest that practitioners clearly identify the dilemma, assess their competence and fit for the situation, review relevant ethics standards, consider the pros and cons of actions, and take full responsibility for decision-making. Documenting one's decision-making process is prudent.

Self-Care

One can be a brilliant decision-maker, but still make poor decisions, if self-care isn't prioritized. Ethics guru, Ofer Zur (n.d.), wrote, "As we are the main tool of our trade, we need to stay sharp, sensitive, in-tune, and responsive" (How To Prevent Burnout (D1)). Thankfully, stigma for psychotherapy currently appears to be fading for members of the general population and for athletes (Hilliard et al., 2020). It seems the fact that several of the most elite athletes in the world have been outspoken about the importance of addressing mental health has contributed to this: Michael Phelps, Simone Biles, Naomi Osaka, and members of the New Zealand All Blacks rugby team, just to name a few (North, 2021; Porter, 2020). One would certainly hope that if stigma is fading for the athletes with whom we work, then it is also fading for us as providers. If not from a place of self-compassion, it seems important for practitioners to regularly engage in self-care and address their own mental health needs for the sake of optimizing their professional performance and doing well by their clients (see Chapter 9).

Diversity and Cultural Competency

Arguably, diversity should have always been an emphasis in sport psychology. Moving beyond basic attempts to avoid biased language and to be mindful of intersectionality, APA (2021) recently published a public apology, in which they laid out context for a long history of racism embedded into their practices, and action plans aimed toward remedy. The AASP Ethics Code addresses diversity and the Ethics Committee is currently engaged in discussions regarding how to take formal steps toward improved commitment to aspects of diversity. In 2016, AASP published a position statement, in which the organization indicated that members are expected to (1) exhibit attitudes of dignity and respect; (2) avoid discrimination (openly or subtly); (3) do not make or tolerate disparaging remarks; (4) promote diversity in research and exercise caution with cross-cultural generalization; (5) encourage diversity in organizational membership and leadership; (6) commit to pursuing lifelong continuing education in multicultural competence; and (7) demonstrate commitment to equity and multicultural representation in presentations, publications, and other professional activities (AASP, 2016). It is easy for this form of discussion to remain aspirational, but truly seeking equity is good for everyone because it fosters feelings of safety and opportunities to work together (Adhakari, 2017). Dedicated to the development and

professionalization of the field of sport psychology from a global perspective, ISSP states within its Code of Ethics that practitioners should "recognize the existence of power dynamics and promote equity for all people and groups for the purpose of ending oppression and injustice affecting clients, colleagues and social and institutional systems" (Quartiroli et al., 2020, p. 5, Principle #3: Social Justice and Responsibility, (e)). Taking concrete action toward promoting diversity seems increasingly recognized as a fundamental part of ethical practice (see Chapter 53).

Conclusion

Ethical behavior is the cornerstone of sport and performance psychology, promoting trust and confidence among clients. It behooves practitioners to deliberate on how to achieve competence, to meet minimum standards, excel as their careers progress, and represent themselves accurately and confidently. Aiming to do good is a prerequisite for therapists or performance consultants, but professionals must proactively contemplate potential pitfalls. Cultural competency, clear communication, informed consent, and confidentiality all contribute to trust. Even for practitioners dealing solely with performance, there is a responsibility associated with mental/emotional work; all practitioners can help with clients' well-being and safety, and with appropriate referrals. Finally, practitioners are advised to use this chapter as one resource, recognizing that ethical behavior must be guided in multiple ways, through contemplation, continuing education, referring to code of ethics(s) and laws, and through consultation. See Box 6.1 for a summary of the key points from this chapter.

Box 6.1 Summary of Key Points about Ethics in Sport Psychology

- Aspiring and established practitioners alike can carefully contemplate strategies for achieving and expanding competence, always representing themselves accurately along the way. Cultural competency should be embedded into all training.
- Given frequent on-site interactions and boundaries that may sometimes be blurred in the best interest of the client, it is imperative for practitioners to also be proactive in shaping those boundaries.
- Clear communication and informed consent are key to good work in sport psychology; clients must understand when they are engaging in assessment, therapy, or consultation, the associated risks and benefits, and express consent when they are beginning or changing services.
- Practitioners must remain informed on best practices, and whether storing notes digitally or with paper, document the work they do with clients.
- Even with consultants dealing solely with performance, clients may express adverse psychological and emotional states during their sessions; performance consultants are well positioned to conduct initial exploration of mental health concerns, especially suicidality and risk factors, and to refer appropriately.
- Regularly consulting with other professionals should be an ongoing part of any practitioner's practice.

References

Adhakari, S. (2017). *Equity vs equality: 20 Differences*. https://www.publichealthnotes.com/equity-vs-equality/
American Counseling Association. (2014). *2014 ACA code of ethics*. https://www.counseling.org/docs/default-source/default-document-library/2014-code-of-ethics-finaladdress.pdf
American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct* (2002, amended effective June 1, 2010, and January 1, 2017). https://www.apa.org/ethics/code

American Psychological Association. (2021, October). *Apology to people of color for APA's role in promoting, perpetu-ating, and failing to challenge racism, racial discrimination, and human hierarchy in U.S.* APA. https://www.apa.org/about/policy/resolution-racism-apology.pdf

American Psychological Association Division 47 (n.d.). *APA sport psychology proficiency.* Retrieved January 12, 2022, from https://www.apadivisions.org/division-47/about/sport-proficiency

Anchuri, K., Davoren, A. K., Shanahan, A., Torres, M., & Wilcox, H. C. (2020). Nonsuicidal self-injury, suicidal ideation, and suicide attempt among collegiate athletes: Findings from the National College Health Assess-ment. *Journal of American College Health*, *68*(8), 815–823, https://doi.org/10.1080/07448481.2019.1616743

Andersen, M. B., Van Raalte, J. L., & Brewer, B. W. (2001). Sport psychology service delivery: Staying eth-ical while keeping loose. *Professional Psychology: Research and Practice*, *32*(1), 12–18. https://psycnet.apa.org/doi/10.1037/0735-7028.32.1.12

Aoyagi, M. W., & Portenga, S. T. (2010). The role of positive ethics and virtues in the context of sport and per-formance psychology service delivery. *Professional Psychology: Research & Practice*, *41*(3), 253–259. https://doi.org/10.1037/a0019483

Association for Applied Sport Psychology. (2011). *Ethics code: Ethical principles and standards*. https://appliedsportpsych.org/about-the-association-for-applied-sport-psychology/ethics/ethics-code/

Association for Applied Sport Psychology. (2016). *Position statement on human diversity*. https://appliedsportpsych.org/diversity-and-inclusion/aasp-position-statement-on-human-diversity/

Association for Applied Sport Psychology. (2018, January 3). USOC amends sport psychology registry requirements. AASP website. https://appliedsportpsych.org/about-the-association-for-applied-sport-psychology/news/usoc-amends-sport-psychology-registry-requirements/

Association for Applied Sport Psychology (n.d.-a). *Black lives matter: AASP's statement & resources related to recent racial-ized events*. Retrieved January 22, 2022, from https://appliedsportpsych.org/resources/black-lives-matter-aasps-statement-resources-related-to-recent-racialized-events/

Association for Applied Sport Psychology (n.d.-b). *Basic decision making tree for AASP members*. https://appliedsportpsych.org/site/assets/files/1035/basic_ethics_decision_tree_for_aasp_members.pdf

Bloom, J. D., & Rogers, J. L. (1988). The duty to protect others from your patients --Tarasoff spreads to the North-west. *The Western Journal of Medicine*, *148*(2), 231–234.

Brown, C. (2002). Contextual intelligence: The key to successful consulting. https://headInThegame.net/resources/library/contextual-intelligence-ci-the-key-to-successful-consulting/

Brown, J. L., & Cogan, K. D. (2006). Ethical clinical practice and sport psychology: When two worlds collide. *Ethics & Behavior*, *16*(1), 15–23. https://doi.org/10.1207/s15327019eb1601_3

Brutus, A. (2021, October 8). *Be water: The ripple effects of unethical practices*. Ethics keynote webinar. Association for Applied Sport Psychology Annual Conference.

Brutus, A., & Harris, B. (2022, January 22). Advocacy for athletes. Webinar Discussion. Association for Applied Sport Psychology: Mental Health Special Interest Group 2022 Symposium.

Corey, G., Corey, M., & Callanan, P. (2012). *Issues and ethics in the helping professions* (8th ed.). Brooks Cole

Dieffenbach, K., & Tebbe, C. (2007). *AASP ethics committee report comparing the APA and AASP ethics codes*. Asso-ciation for Applied Sport Psychology website https://appliedsportpsych.org/site/assets/documents/APA-AASPethicscodes.pdf

Etzel, E. F., Yura, M., Perna, F., & Vosloo, J. (2014). Ethics in assessment and testing in sport and exercise psychol-ogy. In E. F. Etzel & J. C. Watson (Eds.), *Ethical issues in sport exercise, and performance psychology* (pp. 189–204): Fitness Information Technology.

Handelsman, M. (2012). Sex with former therapy clients: The 2-year rule. *Psi Chi, the International Honor Society in Psychology* (16), 4 https://www.psichi.org/page/164EyeSum12dHandelsm#.YTglZY5KiUk

Harris, E. (2018, November 15). *Record keeping and risk management*. National Register of Health Service Psychol-ogists Webinar. https://ce.nationalregister.org/wp-content/uploads/2018/11/Records-Keeping-Webinar.pdf

Herzog, T., & Hays, K. F. (2012). Therapist or mental skills coach? How to decide. *The Sport Psychologist*, *26*(4), 486–499. https://doi.org/10.1123/tsp.26.4.486

Hilliard, R. C., Watson, J. C., & Zizzi, S. J. (2020). Stigma, attitudes, and intentions to seek mental health ser-vices in college student-athletes, *Journal of American College Health*, *70*(5), 1476–1485. https://doi.org/10.1080/07448481.2020.1806851

Jobes, D. A. (2016). *Managing suicidal risk: A collaborative approach* (2n ed.). Guilford.

McNary, A. (2014). Consent to treatment of minors. *Innovations in Clinical Neuroscience*, *11*(3–4), 43–45. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4008301/

Mintz, M., & Zito, M. (2018). Ethical considerations in sport psychology assessment. In J. Taylor (Ed.), *Assessment in sport psychology consulting* (pp. 25–34). Routledge.

Noroozi, M., Singh, I., & Fazel, M. (2018). Evaluation of the minimum age for consent to mental health treatment with the minimum age of criminal responsibility in children and adolescents: a global comparison. *Evidence-Based Mental Health*, *21*(3), 82–86. http://dx.doi.org/10.1136/ebmental-2018-300032

North, A. (2021, July 30). *America's mental health moment is finally here: There's a mental health moment in America, and athletes are leading the way*. Vox. Retrieved from https://www.vox.com/22596341/simone-biles-withdrawal-osaka-olympics-mental-health

Palmateer, T. M., & Petrie, T. A. (2021). Sexual attractions, behaviors, and boundary crossings between sport psychology professionals and their athlete-clients: Prevalence, attitudes, and supervision, *Journal of Applied Sport Psychology*, *33*(5), 541–554, http://dx.doi.org/10.1080/10413200.2020.1728422

Pope, K., & Vasquez, M. (2016). *Ethics in psychotherapy and counseling: A practical guide* (5th ed.). Wiley.

Porter, J. (2020, June 18). *All Blacks tackling stigmas around mental health*. RNZ. Retrieved from https://www.rnz.co.nz/news/sport/419337/all-blacks-tackling-stigmas-around-mental-health

Purcell, R., Gwyther, K., & Rice, S. M. (2019). Mental health in elite athletes: Increased awareness requires an early intervention framework to respond to athlete needs. *Sports Medicine Open 5*(46), 1–8. https://doi.org/10.1186/s40798-019-0220-1

Selby, C. L. B. (2019). *The psychology of eating disorders*. Springer Publishing Company.

Sharp, L., Hodge, K., & Danish, S. (2015). Ultimately it comes down to the relationship: Experienced consultants' views of effective sport psychology consulting. *The Sport Psychologist*, *29*(4), 358–370. https://doi.org/10.1123/tsp.2014-0130

Quartiroli, A., Harris, B. S., Brückner, S., Chow, G. M., Connole, I. J., Cropley, B., Fogaça, J., Gonzalez, S. P., Guicciardi, M., Hau, A., Kao, S., Kavanagh, E. J., Keegan, R. J., Li, H. Y., Martin, G., Moyle, G. M., Noce, F., Peterson, K., Roy, J., … & Zito, M. (2020). The International Society of Sport Psychology Registry (ISSP-R) ethical code for sport psychology practice. *International Journal of Sport and Exercise Psychology*, *19*(6), 907–928. https://doi.org/10.1080/1612197x.2020.1789317

Zito, M. (2020). Family therapy approach. In D. Tod & M. Eubank (Eds.), *Sport, exercise, and performance psychology: Current approaches to helping clients* (pp. 101–112). Routledge.

Zur, O. (n.d.). *Taking care of the caretaker: How to avoid psychotherapists' burnout*. Retrieved February 4, 2022 from https://www.zurinstitute.com/burnout/

7
ENDING THE STORY

David A. Shearer

ALL GOOD THINGS MUST COME TO AN END

Origin, Chaucer (14th Century)

My own personal philosophy when consulting with athletes, coaches, and other staff in the performance environment is to make myself "redundant", by helping clients develop skills to become independent, self-determined, and resilient, capable of rising to every challenge. This means that any client relationship begins with the end in mind. However, ending the relationship is not quite as simple as closing a book at the end of a novel, and there are several factors worth thinking about in advance before you reach that endpoint. These include the context in which we practice, the many ways which relationships can end, how we end the relationship, special considerations about the clients themselves, and other professional and legal factors that you will need to consider once the support is finished (e.g., data protection). This chapter examines how the sport psychology consultant (SPC) can navigate the process of finishing or ending relationships with clients, and how you can prepare for this to happen.

Research Background

There is very little, if any, discussion of this topic in the sport psychology literature. Indeed, a previous version of this chapter is the only coverage I could find in sport psychology. However, there is some discussion in the counseling and psychotherapy literature. This literature examines factors such as the client's or counselor's experience in isolation, their experiences as a dyad, reasons for dropout, and coverage of the different reasons why and how the relationship might end (Wittenberg, 1999). I will draw on this literature throughout this chapter. However, this chapter is largely experiential and represents what I have learnt in these situations over the two decades of my career. To that end, what is presented here is not meant to be definitive. Instead, it is advice based on my own knowledge, experience, and insight from the available research.

Setting the Scene

Ending the relationship with clients begins in the very first meeting, whereby discussions on this topic form an integral part of the initial consultation. Just as you might discuss boundaries of confidentiality and competence, it is advisable to also cover expectations for delivery and outcomes and include what

the endpoint might look like. The SPC might outline that sport psychology is not an infinite process and that the ultimate aim will be for the client to independently deal with whatever issues they experience. This discussion will, however, depend on the context of the environment you consult in.

The Manner in Which We Work

SPCs practice in a variety of different ways. Some of you reading this chapter will primarily work with one individual, team/squad, or organization, while others will work across many sports, individuals, and teams. These diverse work patterns impact how the relationship may end. This section looks specifically at distinctive practice models and how this affects the ending of support.

Independent Private Consultant

A SPC working as an independent consultant, by necessity, works across a range of different sports. They might consult with individuals, teams, and organizations, but will most likely do this on an hourly/day rate. When working in this manner, some clients may request an extensive pre-scheduled program of support, some will want regular ad-hoc support, and others will come once and never be seen again. For each, the way in which the support ends will likely be different and therefore, when working with such diverse client-bases, it is advisable to have a different, well-versed, explanation for each client regarding the expectations for ending their support. In my experience, once the outcome goals have been reached, it is not unusual for you to never see that client again. When this happens, hopefully you will have expected the client's exit as part of your original plans (i.e., they achieved their desired outcomes and said they didn't need another appointment). However, it is also quite common that once you start working with a client, you uncover other psychological challenges they face, in which case a new set of outcomes can be set.

Working for One Organization

Some SPCs work exclusively with one organization. Broadly speaking, in the UK, there are two types. The first are single-sport organizations, such as the governing body of a specific sport (e.g., Welsh Rugby Union) or teams (e.g., Liverpool Football Club). The second type is organizations that service multiple sports on a long-term basis (e.g., Welsh Institute of Sport).

With the first example, my own experiences suggest that you will fulfill two main functions: (1) general psychological skill development across the whole squad and support staff, and (2) dealing with athlete or coach specific performance/personal/lifestyle issues. Therefore, drawing the consultancy to a close with a specific athlete or coach is rarely permanent. Indeed, it is likely that you will be "*part of the furniture*" within the organization and feature heavily in the day-to-day support of the athletes and coaching staff overall. Therefore, even when you "complete" work with a specific athlete, you will probably continue to see them on an informal daily basis.

In the UK and many other countries, Olympic and Paralympic sport is funded by the Government and athletes are supported by sport science institutes (e.g., Welsh Institute of Sport and Australian Institute of Sport). SPCs working for these institutes often work with several sports, with long-term relationships established with each. While the SPC may not spend all their time with just one sport, the relationships developed are similar to our previous example, whereby the SPC works with clients on multiple occasions and over many years. One key difference, however, is that the allocation of an SPC to a sport is decided by the service manager for that institute, who acts as a gatekeeper for the number of days/hours support a sport requests. These decisions are often made on the basis of the budget a sport has for support and/or the priority of the sport to the institute's strategy (e.g., medal potential at Olympic Games).

Different Ways the Relationship Can End

Wittenberg (1999) outlines three different types of situations in which the relationship can end. First, endings can happen naturally following achievement of the initial therapeutic outcome, or the completion of a fixed number of sessions. This ending is preferred and the least likely to cause emotional distress to either the client or the SPC. Second, endings can happen as a function of an impasse or disruption. For example, the SPC may decide that they have done as much as they can for the client and either draw the sessions to an end or identify another psychologist who might be able to help (e.g., a clinical psychologist). Finally, the relationship can end as a function of external circumstances. A classic example of this in sport would be deselections from the team. While some organizations allow athletes to access support services for six months after notification of deselection (i.e., to support athlete well-being), this is not always the case. In situations like this, I offer pro-bono for at least one session to ensure I am satisfied with their emotional response to deselection. Similar premature endings can happen from the perspective of the SPC. For example, SPC might lose their jobs or be redeployed to other sports by their management. While there is almost always a transition process, it can still be upsetting for the client and the SPC.

Why Do Clients Sometimes Leave Unannounced?

There are situations, where the client leaves due to factors surrounding the relationship they have with the SPC. Roos and Werbart (2013) highlight three broad reasons. The first reflects the "*therapist characteristics and therapeutic activities*". Within this category, factors such as the SPC's experience, training, empathy, and emotional intelligence have all been listed as reasons why clients leave. Many countries have standardized training pathways to become an SPC, so in theory quality of knowledge should be stable across all SPC. However, in practice, this doesn't account for individual differences (e.g., motivation) and elements of the training process that may affect the final knowledge base or skill level of the SPC (e.g., quality of training supervision).

The second category reflects the "*therapeutic boundaries*" the client experiences, such as lack of availability and lack of treatment negotiation. Lack of availability is often frustrating for an athlete looking to resolve a psychological performance issue, especially if the athlete feels like the issue is holding them back. Therefore, if an athlete is not able to get support quickly, it is not surprising that they look elsewhere. Likewise, if there is no negotiation on the treatment pathway between the SPC and client, this will likely lead to a lack of autonomy on the part of the client, which will blunt their motivation to continue attending sessions (cf. self-determination theory; Deci & Ryan, 2017).

The third category reflects "*relationship and process factors*" such as the development of a therapeutic alliance, client dissatisfaction, and agreement on the core problems needing addressing. A strong therapeutic alliance is fundamental to the success of SPC support (Tod et al., 2019). This doesn't mean that both parties must agree on every level, more that their visions for treatment are aligned and they feel able to work closely together on the issues.

How to End?

Rabu et al. (2013) suggested a process for ending therapeutic relationships in counseling that consists of two parts. While this process was based on clients with clinical diagnoses, there are definite carry-overs into the sport psychology setting.

From the beginning, while the dyadic relationship cannot go on forever, when and how it ends is a negotiable process between the client and the SPC. Sometimes, a client may want to leave before the psychologist believes that they are ready, while in other situations the client may not want to leave

despite the intended outcomes having been achieved. There are several practical methods to prepare the clients (and the psychologist) for this. First, as mentioned before, an honest discussion of these expectations should be had during the initial intake consultation. If the client knows what to expect from the beginning, they can prepare themselves for the ending. Second, while evidence indicates that more, rather than less frequent psychotherapy results in steeper recovery curves (Erekson et al., 2015), I have found that a frequency of every other week is helpful to ensure that the client does not become reliant on the sessions (i.e., an emotional crutch). Further, it may also be sensible to book in, or plan "breaks" on a frequent basis whereby the client may have to wait a further week or two to be seen. The rationale for this is to provide the client with ample opportunity to practice the proposed interventions/ homework that form the basis of Cognitive Behavioral Therapy (CBT; which I use), and to get them used to the idea of being independently competent to cope with the stress or emotions they are experiencing. Indeed, when both client and psychologist are happy that the intended outcomes of the sessions are close, it might be preferable to begin tapering the sessions. This can be in terms of shorter sessions ("check-ins") or reduced frequency. Just as an endurance athlete tapers physically before competition, this analogue can be applied to ending of the therapeutic relationship. The caveat here, however, is that the tapering of sessions may need to be reviewed or adjusted if the client is undergoing significant difficulties during these fallow periods, as this might indicate that the client is not quite ready to go it alone.

The second part of Rabu et al.'s (2013) suggestion focuses on a process of dyadic emotional regulation. There are endless possible emotional reactions to ending the relationship from both the client and counselor's perspectives. For the client, the most common emotional reaction I have witnessed is a lack confidence or anxiety in their ability to negotiate the future without the SPC's help. When using a CBT approach, this issue is actively mitigated during each session and with the follow-up homework tasks clients are asked to do. These tasks are often geared toward independently implementing strategies learnt during the session. At the beginning of each session, I typically review the previous session's homework and pay particular attention to the client's confidence to independently implement the recommended strategies successfully. During early sessions, the clients are naturally either resistant to change or find it difficult to implement strategies outside of the sessions. However, the point of the sessions and the homework combined are to empower clients to function effectively through a process of testing and reflecting to consolidate their autonomy.

Clients and SPC can also experience feelings of loss, abandonment, and non-competence at the end of the relationship. During your career as an SPC, there will be numerous instances of clients not returning to sessions, where no explanation is given. The reasons for "no shows" can be many – from a simple lack of funds, to feeling "better", or not prioritizing their own self-care. From personal experience, unexplained endings can leave you questioning why they have not returned and wondering whether you did anything wrong. These feelings can serve as useful tools for self-reflection, but if you dwell on it for too long, it can cause emotional disturbance and feelings of a lack of competence. In these instances, I would recommend setting aside time for structured, purposeful, and helpful self-reflection (Cropley et al., 2012). Address issues that you can control, such as your therapeutic style, communication, and underpinning knowledge and then draw a line under the episode. It is also a great idea to get involved with professional development groups of other SPCs where you can discuss these issues or work with a supervisor to reflect on what has passed (see Chapter 9).

Athletes and coaches can also experience feelings of abandonment and non-competence at the end of the relationship. These feelings can be mostly avoided if the SPC proactively prepares the client for the end of the relationship. However, sometimes the SPC needs or is required to leave the relationship prematurely. A good example of this is situations where the SPC is working for a sport/governing body or professional organization where continuation of support is decided by the Sport Science Director or Team Manager. In these instances, reasons for change might be budgetary, contractual, or perhaps an intake of new staff. As a personal example, on several occasions in my career, I have been employed by an organization to cover the

existing SPC's maternity leave. While the existing SPC can plan for an exit like this in advance, it presents another example of where an athlete might feel a loss of support and abandonment. In my experience as the incoming SPC, this abandonment is all too real, and it can take longer to develop rapport with athletes who have grown used to one practitioner and who are then forced to change. This is most often due to the natural comparison of styles and interventions used when compared to the previous SPC.

A big part of ending the relationship is the communication of the fact that this "end" isn't completely final. It does not mean that the client should not or cannot come back in the future to discuss the same issue, or another completely unrelated issue. For instance, it is quite common for athletes to be doing well in coping with the issue by themselves, only to have an unexpected setback which throws them "off-balance". If they cannot resolve this by themselves, it makes perfect sense that they should return to you for help. Sometimes, this might only require one session to "steady the ship" and re-confirm strategies and the confidence needed to continue alone. This is all part of the pathway to autonomy. Equally in sport, it is quite common for athletes and coaches to experience new issues as a function of what is happening at that moment and are completely unrelated to the original issue you worked on. For example, at the time of writing, we are living amid the COVID-19 pandemic which has presented a multitude of completely unique challenges for athletes and coaches which go beyond anything they have ever prepared for (see Whitcomb-Khan et al., 2021). The key message, therefore, is while one problem may be resolved, the door is always open should the need arise.

For some athletes and coaches, the psychological issues they face can wander into clinical psychology territory. With experience, you would normally be aware of this before the end of the consulting period by asking questions that check for clinical symptoms that go beyond performance (e.g., how long has your mood been low for? What other situations do you feel anxious in? If you had to score your depression out of 10, what would it be?) or even asking clients to complete relevant psychometrics. In most instances, if you are not clinically trained, you should either have referred the client onto or be seeking supervision from a clinical psychologist (see Chapter 25). There are special considerations when ending the relationship with clients who are emotionally vulnerable or considered "at risk" (e.g., suffering with serious clinical mental illness). However, just as with non-vulnerable clients, most of the preparation for the ending should be factored into the early sessions. Therefore, as well as outlining how and when sessions will end, it is particularly important in these instances to establish early on who the clients' sources of external social support are, and if possible, try and engage with them directly so they are prepared for any potential issues after you have finished working with them. As with other clients it is important to reinforce that they can access you in the future if they relapse or feel abandoned. However, if you feel that the client is at risk of harm or is a danger to others, then the first call you should make is to the police. Situations like this always supersede previously agreed confidentiality boundaries, and it is essential ethical practice to ensure that safeguarding issues like this are dealt with correctly. You should discuss the exact boundaries and exclusions to confidentiality in your very first meeting. If the client is not high-risk, they might be better supported by their community mental health team (UK) or the equivalent in other countries. Ultimately, unless you have been trained as a clinical or counseling psychologist (or equivalent), it is unlikely that you are the best person to be helping the athlete/coach.

When to End?

Every situation, athlete, and coach is different (or any other client you encounter in sport settings). There will always be specific contextual factors that make the decision slightly different each time. However, classically the end will be dictated in one of two ways, both of which are agreed upon at the beginning of the first session. The first method is for a specific number of sessions agreed by both the client and the SPC. I do not follow this approach myself, simply because once in play, you may find that you need less time or more time to deal with the challenge an athlete is facing. I've found that athletes

are sometimes also demotivated or disillusioned by the thought of "x" number of sessions, as their desired outcomes can often seem too far off. I prefer the second method, whereby once the challenges the client faces are understood, goals are set which focus on this intended endpoint. Athletes seem to prefer this approach, and it probably reflects the fact that all other areas of their athletic development are goal-focused, so therefore they are familiar with the process and it is also more likely to be intrinsically motivating. It is of course possible to combine both methods, whereby a prescribed number of sessions are set, and goals are mapped onto these sessions.

After the End

Once a client has finished working with you, there are still several responsibilities incumbent on you as the practitioner. Most practicing psychologists globally, in all subject domains (e.g., sport and occupational), operate under a code of confidentiality. That is, unless your client has committed an illegal action, or is at risk of harming themselves or others, the information they disclose to you is confidential unless they give you express permission otherwise. Similarly, most professional bodies for psychology require you to keep records of client meetings, which is also essential for general good practice and reflection (see Chapter 5). If you keep records, after a client leaves, you will still hold personal data regarding that individual. In the UK, we are governed by the General Data Protection Regulation (GDPR) which strictly enforces how and what data any organization or individual can hold regarding another person; most countries have similar statutes. The most important part of GDPR for you is (a) being very clear with clients at the beginning of consulting what data you will hold regarding them and how long after they finish you will hold it for, and (b) ensuring you follow through with whatever promises you make to client in this regard.

If your records are anonymized, then GDPR is moot. However, it is hard to keep track of clients if you simply remove their names from records entirely. For this reason, it is good practice to use pseudonymization, whereby all names and personal details are removed from the record and replaced with a pseudonym. Then, a second separate record (on a different system/computer altogether if possible) is used to store the personal information. The pseudonym is then used as the key to connect the two documents. When the period you stated you would hold the data for expires, you simply remove/delete the files with the personal details. You can hold onto the case notes should you choose, as they should now be anonymous. Case notes are useful to hold onto from a professional development perspective.

Let's Not Be Friends

There are many types of possible dual relationships, and there is an established literature base on this topic (Afolabi, 2015). While many dual relationships are not forbidden, I personally avoid them where possible. However, the world is not black and white, and within sport psychology in particular, the closeness developed when supporting teams during and outside of training, and overseas and domestic competition, means that not all conversations and engagement will entail you being the SPC. Indeed, SPCs who try to maintain this distance often struggle to build rapport with the athletes, which can make them ineffectual and unapproachable. I recall one example when an SPC did not join their team for a celebratory dinner after winning a major medal at a competition, which badly affected the teams' perceptions of them. While I would rarely ever say a client was my friend, it is almost unavoidable that they become "acquaintances" with whom you will have social connection. If true friendships develop during active consultation periods, careful consideration should be given as to how to proceed to avoid conflicts of interest between being a friend and being an effective SPC.

A modern phenomenon encountered by sport psychologists is the request for "friendships" or "follows" via social media. Whether I accept these largely depends on how I use each social media

platform. For instance, I use Twitter for entirely professional reasons and therefore there is no harm in athletes following my profile. In contrast, my Facebook feed is far more personal and is very much centered around my family and close and trusted friends, and therefore personally I never accept requests from athletes or coaches. Likewise, I never make friendship requests to athletes.

At the end of consultations, the issue is however a little less clear, and it does depend on the context. For instance, if it is possible that a client might require my help in the future, then I avoid forming a friendship. However, if the athlete has retired from the sport, then there is little to prevent friendship/acquaintance if the athlete makes contact (e.g., invites you to a social engagement). That said, I have never instigated this, and I am always careful in the decisions I make. The level of friendship (close friend vs acquaintance) may then dictate what decisions I make in relation to my social media. If once a friendship has begun and the athlete restarts their career or requests your support again, then it is advisable to refer to another SPC.

Reviews and Debriefs

There is always so much to be learned after finishing work with a client. Although we may never encounter the exact same scenarios again, there is often cross-over between clients in terms of the problems they face. For example, having worked extensively in shooting sports, I know that many athletes often have rigid thinking regarding what constitutes a good or bad shot. Over the years, I have tried many methods to challenge these beliefs, some more successful than other, but by using reflection regularly after the consultations end, I have crafted and honed my most successful challenge approaches. To this end, in addition to session-by-session reflections, I implore you to engage in substantial reflection once clients have moved on.

As with reflections, a lot can be learned by debriefing with a supervisor or other SPC following the end of the support process. Debriefing is particularly useful if the end of the relationship has caused you personal emotional disruption, as it might be hard to rationalize this without help. A good supervisor should provide both support and challenge, in the same way that you support your client – in effect providing therapy for the therapist (see Chapters 3 and 9).

Measuring Impact

It has become increasingly important in elite and professional sport to demonstrate an impact of support services so that resources are allocated appropriately by managers, etc. Most other areas of sport science support can provide objective measures of impact with an athlete or coach. For example, a strength and conditioning coach can show that an athlete has got stronger or faster. However, it is not as easy to do this with sport psychology support, as often what we work on with athletes is confidential (e.g., performance anxiety). It is possible to collect and collate data throughout the process of supporting athletes to demonstrate your impact, but only if you have the athlete's permission to use their data in this way. To measure impact accurately, you need to record a baseline and then several other data points during the time course of the provided support. The measure(s) you use should reflect the agreed outcomes set at the beginning of the support process. Irrespective of whether you have a "manager" who needs this information for resource allocation, it is useful for you to know whether you are being effective.

Conclusion

The end of the therapeutic relationship can be a difficult time for both the SPC and their clients. We have seen in this chapter that the clearest path toward a positive experience is achieved by considering a multitude of factors. From the very beginning, the SPC should be preparing the client for the end by

ensuring they understand that support is time limited and ends once the outcome goals are achieved. How you end the support is dictated by your practicing context, but it is important to consider the individual needs of each client, not using a one-size-fits-all approach. Post end, it is important you tick all the legal and professional boxes and maintain confidentiality. Equally, maintain professional boundaries where appropriate and make sure you learn something from each experience. See Box 7.1 for a summary of the key points from this chapter.

Box 7.1 Summary of Key Points about Client–Practitioner Relationship Endings

- Begin the consultation process with the end in mind. Recognize that psychological support is not intended to be never-ending and prepare the client for the ending from the start.
- How the relationship ends depends on the environment in which you work. Adapt your practice to suit different contexts.
- Reasons for the ending are many and therefore the emotional response you or the client experience is often unique each time.
- Unannounced endings are not necessarily a reflection of anything you did wrong. It is however worth spending time to reflect on your role and actions after such endings.
- Aim to make clients independent by helping them achieve their goals set out at the beginning of the relationship.
- Maintain professional boundaries after relationships end. Consider social media requests with caution.

References

Afolabi, O. E. (2015). Dual relationships and boundary crossing: A critical issues in clinical psychology practice. *International Journal of Psychology and Counselling*, 7(2), 29–39. https://doi.org/10.5897/IJPC2014.0287

Cropley, B., Hanton, S., Miles, A., & Niven, A. (2012). The value of reflective practice in professional development: An applied sport psychology review. *Sport Science Review*, *19*(3–4), 179–208. https://doi.org/10.2478/v10237-011-0025-8

Deci, E., & Ryan, R. M. (2017). *Self-determination theory: Basic psychological needs in motivation, development, and wellness*. Guilford Press. https://doi.org/10.1521/978.14625/28806

Erekson, D. M., Lambert, M. J., & Eggett, D. L. (2015). The relationship between session frequency and psychotherapy outcome in a naturalistic setting. *Journal of Consulting and Clinical Psychology*, *83*(6), 1097–1107. https://doi.org/10.1037/a0039774

Råbu, M., Binder, P. E., & Haavind, H. (2013). Negotiating ending: A qualitative study of the process of ending psychotherapy. *European Journal of Psychotherapy and Counselling*, *15*(3), 274–295. https://doi.org/10.1080/13642537.2013.810962

Roos, J., & Werbart, A. (2013). Therapist and relationship factors influencing dropout from individual psychotherapy: A literature review. *Psychotherapy Research*, *23*(4), 394–418. https://doi.org/10.1080/10503307.2013.775528

Tod, D., Hardy, J., Lavallee, D., Eubank, M., & Ronkainen, N. (2019). Practitioners' narratives regarding active ingredients in service delivery: Collaboration-based problem solving. *Psychology of Sport and Exercise*, *43*, 350–358. https://doi.org/10.1016/J.PSYCHSPORT.2019.04.009

Whitcomb-Khan, G., Wadsworth, N., McGinty-Minister, K., Bicker, S., Swettenham, L., & Tod, D. (2021). Critical pause: Athletes' stories of lockdown during COVID-19. *The Sport Psychologist*, *35*(1), 43–54. https://doi.org/10.1123/TSP.2020-0106

Wittenberg, I. (1999). Ending therapy. *Journal of Child Psychotherapy*, *25*(3), 339–356. https://doi.org/10.1080/00754179908260300

8

MALTREATMENT AND MENTAL HEALTH

Erin Willson, Ellen MacPherson, and Gretchen Kerr

> I know a lot of athletes who produced great international results but are still seeking medical attention from the mental abuse they endured. Sporting results are not worth that kind of damage. This isn't about the pressures of competing at a high level, but mostly the mental abuse that can happen when people turn a blind eye.
>
> *(Canadian National Team athlete; Kerr et al., 2019b, p. 50)*

Maltreatment is an umbrella term used to refer to "volitional acts that result in or have the potential to result in physical injuries and/or psychological harm" (Crooks & Wolfe, 2007, p. 640). Fundamental to an understanding of maltreatment is the misuse of power, including acts of commission (e.g., psychological, physical, and sexual abuse) and acts of omission (e.g., neglect). Reports of amateur and professional athletes experiencing maltreatment have surfaced in numerous sports in the last decade. In the past three years alone (2020–2022), athletes from various countries and across various sports, have publicly reported concerns of abuse through traditional and/or social media (Gilmore, 2021; Longman & Brassil, 2021; Macur & Draper, 2021; Mayers, 2020). Concurrent with these reports, multi-sport prevalence studies have been conducted in Canada, the United States, Belgium, the Netherlands, Germany, and the United Kingdom (Ohlert et al., 2021; U.S. Center for SafeSport, 2021; Vertommen et al., 2016; Willson et al., 2022), revealing high rates of maltreatment across sports. Findings indicate that maltreatment experiences extend from grassroots to the elite and professional levels of sport and affect all ages of athletes. Across these prevalence studies is the finding that psychological abuse is consistently the most frequently reported form of harm.

Although maltreatment in sport is widely acknowledged, there is limited research to-date addressing the relationships between maltreatment experiences and athlete mental health, which is perplexing, given the burgeoning of scholarship on athlete mental health (Gulliver et al., 2015; Poucher et al., 2021; Tabet et al., 2021). Specifically, researchers have explored the prevalence of mental health challenges in athletes by conducting meta- and systematic analyses, studies specific to athletes in a single sport or country, and studies spanning different levels of sport (e.g., recreational and elite; Foskett & Longstaff, 2018; Gouttebarge et al., 2019; Gulliver et al., 2015; Junge & Feddermann-Demont, 2016; Kuettel et al., 2022; Poucher et al., 2021; Rice et al., 2016; Van Slingerland et al., 2018).

On the one hand, sport is often revered for protecting against mental illness (Jewett et al., 2014). On the other hand, several sport-specific characteristics increase athletes' vulnerability for mental health challenges, such as injuries (Gouttebarge & Kerkhoffs, 2017; Rice et al., 2016), retirement transitions

(Cosh et al., 2021; Esopenko et al., 2020; Jewett et al., 2019), and the prioritization of performance outcomes over health and well-being (Douglas & Carless, 2009).

The paucity of research exploring athlete maltreatment and mental health is also curious, given the well-documented findings of the effects of maltreatment on mental health in non-sport contexts. Child abuse research indicates that experiencing maltreatment of any kind may result in symptoms of depression, decreased self-esteem, body dissatisfaction, self-harming behaviors, eating disorders, and substance abuse (Afifi et al., 2017; Bucchianeri et al., 2014; Norman et al., 2012). Additional outcomes for specific forms of abuse include Post-Traumatic Stress Disorder (PTSD) and suicidal behavior (i.e., sexual abuse; Aydin et al., 2016; Bedi et al., 2011), decreased life satisfaction (i.e., psychological abuse; Groleau et al., 2012), and anxiety and suicidal tendencies (i.e., dating violence; Fedina et al., 2021).

The following section will draw connections between existing research related to athletes' experiences of maltreatment and mental health challenges. Particular focus will be on anxiety, depression, eating disorders, and self-harm/suicide ideation since these mental health concerns are commonly reported by athletes (Gouttebarge et al., 2019; Poucher et al., 2021).

Existing Research on Athletes' Maltreatment Experiences and Mental Health Challenges

Anxiety and Depression

Athletes have often reported experiencing anxiety, depression, and burnout during their careers (Gouttebarge et al., 2019; Gulliver et al., 2015; Poucher et al., 2021; Rice et al., 2016). For instance, a meta-analysis of 22 studies on athlete mental health found that 34% of current elite athletes experience depression and anxiety (Gouttebarge et al., 2019). Several factors may contribute to these disorders, including personal, social, and sport-specific factors (e.g., injury, overtraining, and competitive pressures; Rice et al., 2016) or controlling coaching styles characterized by coercion, threats, intimidation, insults, and excessive control (Ramis et al., 2017; Trigueros et al., 2019). Using a maltreatment lens, these controlling behaviors and styles may be examples of emotionally abusive coaching behaviors (Stirling & Kerr, 2008).

A recent study of maltreatment and mental health indicators found positive correlations between experiences of abuse of any form, decreased self-esteem, and increased symptoms of depression and PTSD (Parent et al., 2021). Kerr et al.'s (2020) qualitative study also demonstrated athletes' perceptions of the associations between abusive coaching behaviors and anxiety, depression, and burnout, with one athlete stating: "I was constantly in fear, fear that I was not good enough… or that I would be kicked off the team for one reason or another. That feeling spread through every aspect of my life" (p. 84). Similarly, a participant in Poucher et al.'s (2023) study on athlete mental health explained their experience of emotionally abusive coaching:

> If you do something wrong, they're [coaches] going to make you feel terrible and scream at you and yell at you and make you feel like an absolute worthless human. Having coaches like that really made it difficult to stay mentally healthy [p. 13].

Eating Disorders

Eating disorders are another frequently reported mental health challenge in sport and tend to be more prominent in athletes than the general population, particularly for women involved in aesthetic sports (Gulliver et al., 2015; Smolak et al., 2000; Sundgot-Borgen & Torstveit, 2004). Risk factors for eating

disorders in sport include controlling coaching styles, sociocultural pressures for thinness, performance anxiety, negative appraisals of performance, and negative comments about the body (Muscat & Long, 2008; Papathomas & Lavallee, 2014).

Recent research has shown potential connections between athletes' experiences of any form of maltreatment (physical, sexual, psychological harm, and neglect) and eating disorder ideation and behaviors (Kerr et al., 2019, 2020). Additionally, women in elite, aesthetic sports have reported experiences of body shaming, which can be considered a form of psychological maltreatment. Body shaming experiences included negative comments about the body, body monitoring (e.g., frequent weigh-ins and weight standards), prescribed restrictive diets, and excessive conditioning (Willson & Kerr, 2022). Athletes who experienced these behaviors reported obsessions about weight, losing weight, disordered eating behaviors (obsessions with food, dieting, excessive exercise), and/or clinical eating disorder diagnoses as outcomes of these experiences (Willson & Kerr, 2022). After experiencing body shaming from her coach at an international competition, one athlete reported: "I remember trying to make myself puke after dinner because I was so scared I ate too much. It was one of the first times I really felt like vomiting after dinner was a solution" (Willson et al., 2022, p. 1462).

Non-Suicidal Self-Injury and Suicide Ideation

Non-suicidal self-injury (NSSI) is considered intentional damage or harm to oneself without any intent for death, which can include cutting, burning, and scratching to the point of drawing blood (Nock, 2014). Most of the research on the connection between NSSI and maltreatment exists within the child abuse literature. Preliminary research in sport suggests that athletes may be at an enhanced risk for suicide attempts (Anchuri et al., 2020) and risk factors may include experiencing injuries or concussions, challenges with interpersonal relationships, extreme pressures to win, and sexual abuse, among others (Baum, 2013; Ferdinand Pennock et al., 2020; Rao et al., 2015). In a study examining the effects of emotional abuse, one National Team athlete described her suicide ideation: "And that's [when on the National Team] about the time I had really, really, hard ideas, like if I took my own life right now, like, who would notice, you know? It had gotten really bad" (Kerr et al., 2020, p. 84). McMahon and McGannon (2021) explored abuse in sport and self-harming behaviors and found that following abusive experiences, athletes engaged in high-risk and self-harming behaviors (e.g., eating disorders, drug and alcohol dependence, and risky sexual behaviors) as a method to exert control over their lives and cope with harms experienced.

Summary

There is a growing body of literature on the prevalence of mental health challenges in athletes, including anxiety/depression, eating disorders, and self-harming behaviors (Gouttebarge et al., 2019). Importantly, mental health challenges are influenced by contextual characteristics of sport (e.g., controlling coaching, pressure to win, and pressure for thinness) and thus do not occur in a vacuum. As expressed by the 2020 International Society of Sport Psychology consensus statement (Henriksen et al., 2020), "the environment can nourish or malnourish athlete mental health" (p. 557). The influences on athlete mental health and experiences of maltreatment, from individual to structural aspects, will be addressed in the next section.

The Systemic Nature of Maltreatment and Athlete Mental Health

Consistent with the position that the context of sport has significant influences on both the experiences of maltreatment and the quality of athletes' mental health, a systemic approach to understanding occurrence,

prevention and intervention is recommended. The occurrence of maltreatment in sport is influenced by societal views of sport, including the emphasis on winning-at-all-costs; financing of sport based upon performance outcomes; hiring/firing of coaches and sport leaders based on athlete performance; and the perceived roles of sport stakeholders such as administrators, coaches, sport science support staff, officials, and parents. The importance of adopting a systemic approach to understanding the occurrence, prevention, and intervention of maltreatment in sport has been highlighted by several authors (Kerr et al., 2019a; Kerr & Kerr, 2020). Using Bronfenbrenner's ecological-systems model (1999), dynamic and recursive influences must be considered at the individual, interpersonal, and community levels, as well as the overarching culture in which individuals and organizations exist. When applied to understanding maltreatment in sport, an ecological approach means that considerations must be given to (a) characteristics of the athlete and perpetrator of the maltreatment (microsystem); (b) relationships with and between coaches, parents, support staff, and administrators (mesosystem); (c) characteristics of the community such as required education, accessible reporting mechanisms, and self-regulation (exosystem); and (d) policies, funding, philosophical stance on priorities and values, and assumptions of sport as inherently good (macrosystem).

The importance of a systemic approach to understanding maltreatment and protecting athletes from harm has been highlighted in recent, highly publicized cases of athlete abuses. For example, Larry Nassar's abuses of hundreds of U.S. gymnasts over a period of many years (Kirby, 2018) or Barry Bennell's abuses of so many young footballers in the United Kingdom (Taylor, 2021) could have occurred only in a context in which adults in positions of power and authority knew of, or suspected, harms were occurring and either failed to act upon their responsibilities to care for the welfare of young people or attempted to act, but were met with resistance. As Simone Biles, a seven-time Olympic gymnastics medalist, and survivor of Nassar's abuses, said: "To be clear, I blame Larry Nassar and I also blame an entire system that enabled and perpetrated his abuse" (Williams, 2021). The criticality of a systemic perspective may be best highlighted by the words of Mitchell Garabedian, the lawyer for some of the victims of the Catholic Church and Nassar, who stated, "If it takes a village to raise a child, it also takes a village to abuse one" (Garabedian, 2015, para. 7).

A Caring Community to Prevent Maltreatment and Mental Health Challenges of Athletes

In recognition of the systemic nature of maltreatment and influences on mental health, we propose that an environment characterized by a caring approach would be helpful in protecting the welfare of athletes and promoting their holistic health and well-being. Newton et al. (2007) defined a caring climate as "the extent to which individuals perceive a particular setting to be interpersonally inviting, safe, supportive, and able to provide the experience of being valued and respected" (p. 70). In a caring climate, "caring" is behaviorally oriented and requires two connected constructs: engrossment and attention (i.e., the carer behaving in a manner that fully attends to another), as well as motivational displacement (i.e., the carer behaving in a manner that is empathic and prioritizes the other individual's needs; Noddings, 1992). Examples of relational behaviors of a caring climate include (a) treating others with respect and fairness, (b) listening and being responsive, (c) acceptance, (d) honoring personal interests, (e) showing concern, and (f) fostering development (Fry & Gano-Overway, 2010; Fu & Deshpande, 2014). As this description illustrates, caring extends well beyond the absence of maltreatment (McCullogh & Safai, 2021).

Researchers suggest that caring, high-quality relationships, and interactions among adults and those in their care are fundamental to achieving positive relational, academic, and general psychological outcomes (Eccles & Gootman, 2002; Newton et al., 2007). In school settings, researchers demonstrated that a caring climate contributed to positive educational experiences, including an increased affinity for school, enjoyment of class, and facilitation of others' learning (Battistich et al., 1997). Similarly, in the employment sector, creating a caring climate gleans benefits such as (a) employees' increased organizational

commitment (Fu & Deshpande, 2014); (b) self-reported productivity, quality, and engagement (Weziak–Bialowolska et al., 2020); (c) job performance (Fu & Deshpande, 2014); (d) lower role conflict and role ambiguity (Jaramillo et al., 2006); and (e) satisfaction with supervisors, coworkers and the work itself, and feeling valued and important to the organization (Goldman & Tabak, 2010; Meeusen et al., 2011). In sum, when individuals feel safe, respected, cared for, and nurtured, engagement, performance, and work quality are facilitated (Weziak–Bialowolska et al., 2020).

A caring climate has produced positive outcomes in sport similar to those in school and organizational settings. Research shows a climate of caring influences more positive attitudes and caring behaviors from athletes toward their coaches and teammates, increased enjoyment, and increased commitment of participants (Fry & Gano-Overway, 2010). These findings were supported by research demonstrating positive links between a caring climate and sport participants' social and psychological competencies, such as the ability to empathize, regulate emotions, and display prosocial behaviors (Gano-Overway et al., 2009). Researchers suggest that a sense of belongingness may be fostered that enhances athletes' affinity for those within their environment when a sport environment is perceived to be welcoming, encouraging, and respectful (Fry & Gano-Overway, 2010).

Taken together, it is evident that organized sport could benefit from being intentional in fostering a climate of caring. Specifically, we suggest that there may be a positive relationship between the implementation of a climate of caring and performance of athletes, wherein athletes best achieve optimal performance through a caring approach that prioritizes holistic development and well-being. After all, it can be argued that when individuals feel confident, supported, cared for and about, they perform to a higher standard. This approach to sport is bolstered by Fisher et al.'s (2019) proposed heuristic for caring coaching, which suggests that when athletes perceive care from their coach, their efforts may increase, and thus, performance outcomes are more likely to be achieved.

To assist organizations in developing and maintaining a climate of caring, we have suggested concrete examples in which sport practitioners (e.g., coaches, team personnel, and sport psychology consultants) may implement a climate of caring in practice throughout the season. The strategies in Table 8.1 are for a single sport organization (e.g., local club and regional and/or national sport organizations), but this caring approach should be adopted at all levels of the system, from funding partners, government, technical experts, sport psychology consultants, and other sport stakeholders. In fact, we suggest that only when a caring approach is reflected at every level can the benefits of this approach be fully realized.

Sport psychology consultants play a critical role in creating and maintaining a caring climate by modeling proactive behaviors that communicate to others that the environment is welcoming, supportive, open, and trustworthy. Sport psychology consultants also play instrumental roles in helping others in the sport environment contribute to a caring climate. Through their educational roles, sport psychology practitioners may raise awareness of the importance of a caring climate and its influences on the mental health of athletes and others in the sport environment. The IOC Consensus Statement on the Mental Health of Elite Athletes (Reardon et al., 2019) also highlights the importance of optimizing the environments in which athletes train and compete for addressing the mental health of athletes, including the roles of sport scientists such as the sport psychology consultant. An environment founded upon these characteristics may contribute to the prevention of experiences of maltreatment and thus mental health challenges and may help athletes feel safe and empowered to speak up when they are experiencing distress or mental health symptoms and disorders. In these circumstances, it is important for sport psychology consultants to recognize when athletes require intervention strategies beyond the scope of practice of a sport psychology consultant and assist athletes in seeking referrals to appropriate practitioners for specialized mental health support (e.g., psychologist). A caring climate involves acknowledging the limits of one's own expertise and proactively building a supportive community of practitioners that work collaboratively to foster the holistic health of athletes in their care.

Table 8.1 Examples of Actions to Build a Caring Sport Climate across a Season

Timing	Examples of Proactive Actions to Build a Caring Climate
Pre-season	• Educate all stakeholders (e.g., coaches, parents, and administrators) on key elements of caring climate • Educate stakeholders on mental health and well-being (e.g., proper terminology and tips for nurturing well-being) • Determine core values with corresponding roles, responsibilities, and behaviors • Develop shared goals (e.g., learn new skills and make friends) • Develop awareness and skills to respond effectively when values are not being enacted • Develop awareness and skills to respond effectively to disclosures by athletes about experiences of maltreatment or mental health challenges • Develop rapport with the individual and familiarize the individual with supports available to him/her (e.g., mental health supports)
Mid-season	• Set regular meetings to check-in and invite feedback from the athlete • Directly ask about the athlete's overall well-being • Encourage access to available resources (e.g., psychological support) • Revisit goals of the season and core values of the team, invite feedback from the athlete on progress and determine any changes required • Reiterate value of each individual to the team as a person first, athlete second
End-of-season	• Conduct final one-on-one meeting with each athlete • Directly ask athlete about overall well-being • Review and celebrate progress achieved • Encourage athletes to take a break and pursue other interests/hobbies
Daily actions	• See the individual as a person-first, athlete second • Be kind and communicate with respect, empathy, and trust • Celebrate when individuals are demonstrating core values of the team • Respond with empathy and kindness when corrective actions are needed • Celebrate successes (big/small, sport/non-sport related) • Encourage athletes to share goals with one another • Embrace activities that build team cohesion • Engage in appropriate touch to demonstrate care (e.g., high fives to celebrate success or learning, pat on shoulder when athlete is experiencing challenges)

Conclusion

Knowledge of athletes' experiences of maltreatment and mental health has proliferated recently, and yet, research on the connections between maltreatment experiences and mental health challenges in athletes is in its infancy. Given the well-documented impacts of maltreatment on the mental health of individuals outside of sport, it is intuitively appealing to draw inferences to athletes; however, there may be aspects of the sport context that differentiate the experiences of athletes from those of non-athletes. This area of research could benefit from further exploration to inform research and practice related to the prevention and intervention of both maltreatment and mental health challenges. From a prevention lens, we propose that a culture of caring would both prevent incidences of maltreatment and support the mental health of athletes. Further, the potential health and developmental benefits of sport are more likely to be realized in psychologically safe and supportive sport environments. See Box 8.1 for a summary of the key points from this chapter.

Box 8.1 Summary of Key Points about Maltreatment and Mental Health

- Positive correlations exist between athletes' experiences of maltreatment of any form (physical, sexual, psychological harm, and neglect), and decreased self-esteem, increased symptoms of depression, anxiety, burnout, eating disorder ideation and behaviors.
- A caring climate is proposed as a method of preventing maltreatment, advancing athletes' mental health, and enhancing athletic performance.
- Caring is behaviorally oriented and involves engrossment and attention (i.e., the carer fully attends to another), and motivational displacement (i.e., the carer is empathic and prioritizes the other individual's needs).
- When individuals feel safe, respected, and cared for, they are more likely to speak up when they experience distress or mental health symptoms and disorders.
- Sport psychology consultants contribute to a caring climate by modeling proactive behaviors that communicate to others that the environment is welcoming, supportive, open, and trustworthy.
- Sport psychology consultants may help others in the sport environment contribute to a caring climate through their educational roles.

References

Afifi, T. O., Sareen, J., Fortier, J., Taillieu, T., Turner, S., Cheung, K., & Henriksen, C. A. (2017). Child maltreatment and eating disorders among men and women in adulthood: Results from a nationally representative United States sample. *International Journal of Eating Disorders*, *50*(11), 1281–1296. https://doi.org/10.1002/eat.22783

Anchuri, K., Davoren, A. K., Shanahan, A., Torres, M., & Wilcox, H. C. (2020). Nonsuicidal self-injury, suicidal ideation, and suicide attempt among collegiate athletes: Findings from the National College Health Assessment. *Journal of American College Health*, *68*(8), 815–823. https://doi.org/10.1080/07448481.2019.1616743

Aydin, B., Akbas, S., Turla, A., & Dundar, C. (2016). Depression and post-traumatic stress disorder in child victims of sexual abuse: Perceived social support as a protection factor. *Nordic Journal of Psychiatry*, *70*(6), 418–423. https://doi.org/10.3109/08039488.2016.1143028

Battistich, V., Solomon, D., Watson, M., & Schaps, E. (1997). Caring school communities. *Educational Psychologist*, *32*(3), 137–151. https://doi.org/10.1207/s15326985ep3203_1

Baum, A. L. (2013). Suicide in athletes. In D. A. Baron, C. L. Reardon, & S. H. Baron (Eds.), *Clinical sports psychiatry: An international perspective* (pp. 79–88). Wiley.

Bedi, S., Nelson, E. C., Lynskey, M. T., Mc Cutcheon, V. V., Heath, A. C., Madden, P. A., & Martin, N. G. (2011). Risk for suicidal thoughts and behavior after childhood sexual abuse in women and men. *Suicide and Life-Threatening Behavior*, *41*(4), 406–415. https://doi.org/10.1111/j.1943-278X.2011.00040.x

Bronfenbrenner, U. (1999). Environments in developmental perspective: Theoretical and operational models. In S. L. Friedman & T. D. Wachs (Eds.), *Measuring environment across the life span: Emerging methods and concepts* (pp. 3–28). American Psychological Association. https://doi.org/10.1037/10317-001

Bucchianeri, M. M., Eisenberg, M. E., Wall, M. M., Piran, N., & Neumark-Sztainer, D. (2014). Multiple types of harassment: Associations with emotional well-being and unhealthy behaviors in adolescents. *Journal of Adolescent Health*, *54*(6), 724–729. https://doi.org/10.1016/j.jadohealth.2013.10.205

Cosh, S. M., McNeil, D. G., & Tully, P. J. (2021). Poor mental health outcomes in crisis transitions: An examination of retired athletes accounting of crisis transition experiences in a cultural context. *Qualitative Research in Sport*, *Exercise and Health*, *13*(4), 604–623. https://doi.org/10.1080/2159676X.2020.1765852

Crooks, C., & Wolfe, D. (2007). Child abuse and neglect. In E. J. Mash & R. A. Barkley (Eds.), *Assessmnet of childhood disorders* (4th ed., pp. 649–684). Gilford Press.

Douglas, K., & Carless, D. (2009). Abandoning the performance narrative: Two women's stories of transition from professional sport. *Journal of Applied Sport Psychology*, *21*(2), 213–230. https://doi.org/10.1080/10413200902795109

Eccles, J., & Gootman, J. (Eds.). (2002). *Community programs to promote youth development. Committee on Community-Levels Programs for Youth, Board on Children, Youth, and Families, Commission on Behavioural and Social Sciences and Education, National Research Council and Institute of Medicine.* National Academy Press.

Esopenko, C., Coury, J. R., Pieroth, E. M., Noble, J. M., Trofa, D. P., & Bottiglieri, T. S. (2020). The psychological burden of retirement from sport. *Current Sports Medicine Reports*, *19*(10), 430–437. https://doi.org/10.1249/JSR.0000000000000761

Fedina, L., Nam, B., Jun, H. J., Shah, R., Von Mach, T., Bright, C. L., & DeVylder, J. (2021). Moderating effects of resilience on depression, psychological distress, and suicidal ideation associated with interpersonal violence. *Journal of Interpersonal Violence*, *36*(3–4), NP1335–1358NP. https://doi.org/10.1177%2F0886260517746183

Ferdinand Pennock, K., McKenzie, B., McClemont Steacy, L., & Mainwaring, L. (2020). Under-reporting of sport-related concussions by adolescent athletes: A systematic review. *International Review of Sport and Exercise Psychology.* Advance online publication. https://doi.org/10.1080/1750984X.2020.1824243

Fisher, L., Larsen, L., Bejar, M, & Shigeno, T. (2019). A heuristic for the relationship between caring coaching and elite athlete performance. *International Journal of Sports Science & Coaching*, *14*(2), 126–137. https://doi.org/10.1177%2F1747954119827192

Foskett, R. L., & Longstaff, F. (2018). The mental health of elite athletes in the United Kingdom. *Journal of Science and Medicine in Sport*, *21*(8), 765–770. https://doi.org/10.1016/j.jsams.2017.11.016

Fry, M., & Gano-Overway, L. (2010). Exploring the contribution of the caring climate to the youth sport experience. *Journal of Applied Sport Psychology*, *22*(3), 294–304. https://doi.org/10.1080/10413201003776352

Fry, M., Kim, M., Gano-Overway, L., Guivernau, M., Newton, M., & Magyar, T. (2012). Youth perceptions of a caring climate, emotional regulation, and psychological well-being. *Sport, Exercise, and Performance Psychology*, *1*(1), 44–57. https://psycnet.apa.org/doi/10.1037/a0025454

Fu, W., & Deshpande, S. (2014). The impact of caring climate, job satisfaction, and organizational commitment on job performance of employees in a China's Insurance Company. *Journal of Business Ethics*, *124*, 339–349. https://doi.org/10.1007/s10551-013-1876-y

Gano-Overway, L., Newton, M., Magyar, T., Fry, M., Kim, M., & Guivernau, M. (2009). Influence of caring youth sport contexts on efficacy-related beliefs and social behaviors. *Developmental Psychology*, *45*, 329–340. https://psycnet.apa.org/doi/10.1037/a0014067

Garabedian, M. (2015). Ode to the Fourth Estate. https://www.wga.org/writers-room/features-columns/the-craft/2015/spotlight-tom-mccarthy

Gilmore, R. (2021, October, 28). Hockey's 'broken' culture reflected in Blackhawks' treatment of Kyle Beach. *Global News.* https://globalnews.ca/news/8331753/blackhawks-kyle-beach-abuse-investigation-nhl-culture/

Goldman, A., & Tabak, N. (2010). Perception of ethical climate and its relationship to nurses' demographic characteristics and job satisfaction. *Nursing Ethics*, *17*(2), 233–246. 10.1177/0969733009352048

Gouttebarge, V., & Kerkhoffs, G. M. (2017). A prospective cohort study on symptoms of common mental disorders among current and retired professional ice hockey players. *The Physician and Sports Medicine*, *45*(3), 252–258. https://doi.org/10.1080/00913847.2017.1338497

Gouttebarge, V., Castaldelli-Maia, J. M., Gorczynski, P., Hainline, B., Hitchcock, M. E., Kerkhoffs, G. M., Rice, S. M., & Reardon, C. L. (2019). Occurrence of mental health symptoms and disorders in current and former elite athletes: A systematic review and meta-analysis. *British Journal of Sports Medicine*, *53*(11), 700–706. http://dx.doi.org/10.1136/bjsports-2019-100671

Groleau, P., Steiger, H., Bruce, K., Israel, M., Sycz, L., Ouellette, A. S., & Badawi, G. (2012). Childhood emotional abuse and eating symptoms in bulimic disorders: An examination of possible mediating variables. *International Journal of Eating Disorders*, *45*(3), 326–332. https://doi.org/10.1002/eat.20939

Gulliver, A., Griffiths, K. M., Mackinnon, A., Batterham, P. J., & Stanimirovic, R. (2015). The mental health of Australian elite athletes. *Journal of Science and Medicine in Sport*, *18*(3), 255–261. https://doi.org/10.1016/j.jsams.2014.04.006

Henriksen, K., Schinke, R., Moesch, K., McCann, S., Parham, W. D., Larsen, C. H., & Terry, P. (2020). Consensus statement on improving the mental health of high-performance athletes. *International Journal of Sport and Exercise Psychology*, *18*(5), 553–560. https://doi.org/10.1080/1612197X.2019.1570473

Jaramillo, F., Mulki, J., & Solomon, P. (2006). The role of ethical climate on salesperson's role stress, job attitudes, turnover intention, and job performance. *Journal of Personal Selling & Sales Management*, *26*(3), 271–282. https://doi.org/10.2753/PSS0885-3134260302

Jewett, R., Kerr, G., & Tamminen, K. (2019). University sport retirement and athlete mental health: A narrative analysis. *Qualitative Research in Sport, Exercise and Health*, *11*(3), 416–433. https://doi.org/10.1080/2159676X.2018.1506497

Jewett, R., Sabiston, C. M., Brunet, J., O'Loughlin, E. K., Scarapicchia, T., & O'Loughlin, J. (2014). School sport participation during adolescence and mental health in early adulthood. *Journal of Adolescent Health*, *55*(5), 640–644. https://doi.org/10.1016/j.jadohealth.2014.04.018

Junge, A., & Feddermann-Demont, N. (2016). Prevalence of depression and anxiety in top-level male and female football players. *BMJ Open Sport & Exercise Medicine*, *2*, Article e87. http://dx.doi.org/10.1136/bmjsem-2015-000087

Kerr, G., Battaglia, A., & Stirling, A. (2019a). Maltreatment in youth sport: A systemic issue. *Kinesiology Review*, *8*(3), 237–243. https://doi.org/10.1123/kr.2019-0016

Kerr, G., Willson, E., & Stirling, A. (2019b). *Prevalence of maltreatment among Canadian National Team athletes*. https://athletescan.com/sites/default/files/images/prevalence_of_maltreatment_reporteng.pdf

Kerr, G., Willson, E., & Stirling, A. (2020). "It was the worst time in my life": The effects of emotionally abusive coaching on female Canadian national team athletes. *Women in Sport and Physical Activity Journal*, *28*(1), 81–89. https://doi.org/10.1123/wspaj.2019-0054

Kerr, R., & Kerr, G. (2020). Promoting athlete welfare: A proposal for an international surveillance system. *Sport Management Review*, *23*(1), 95–103. https://doi.org/10.1016/j.smr.2019.05.005

Kirby, J. (2018, May 16). *The sex abuse scandal surrounding USA Gymnastics team doctor Larry Nassar, explained: Michigan State University, where Nassar was employed, will pay out a $500 million settlement to more than 300 victims*. Vox. https://www.vox.com/identities/2018/1/19/16897722/sexual-abuse-usa-gymnastics-larry-nassar-explained

Kuettel, A., Durand-Bush, N., & Larsen, C. H. (2022). Mental health profiles of Danish youth soccer players: The Influence of gender and career development. *Journal of Clinical Sport Psychology*, *16*(3), 276–293. https://doi.org/10.1123/jcsp.2021-0035

Longman, J., & Brassil, G. (2021, March 11). Complaints of emotional abuse roil synchronized swimming. Coaches around the world in the sport, now known as artistic swimming, are facing accusations that they bullied, harassed and psychologically abused athletes. *The New York Times*. https://www.nytimes.com/2021/03/09/sports/olympics/synchronized-swimmers-abuse.html

Macur, J., & Draper, K. (2021, October 8). *'Devastated, Disgusted, but I'm Not Shocked'* The players in the National Women's Soccer League, tired of abuse and harassment, are speaking up and seizing power. But the way forward for the troubled league isn't clear. *The New York Times*. https://www.nytimes.com/2021/10/08/sports/soccer/womens-soccers-problem-with-men.html

Mayers, D (2020, September 23). *"We won't stop": Gymnasts around the world are organizing to end abuse*. VICE, https://www.vice.com/en/article/ep4377/we-wont-stop-gymnasts-around-the-world-are-organizing-to-end-abuse

McCullogh, E., & Safai, P. (2021). Athlete shaming and the ethics of care: Opposing forces in sport coaching. In M. Lange (Ed.), *Routledge handbook of athlete welfare* (pp. 43–54). Taylor & Francis.

McMahon, J., & McGannon, K. R. (2021). 'I hurt myself because it sometimes helps': former athletes' embodied emotion responses to abuse using self-injury. *Sport, Education and Society, 26*(2), 161. https://doi.org/10.1080/13573322.2019.1702940

Meeusen, V., Dam, K., Brown-Mahoney, C., Zundert, A., & Knape, H. (2011). Work climate related to job satisfaction among Dutch nurse anesthetists. *AANA Journal*, *79*(1), 63–70.

Muscat, A. C., & Long, B. C. (2008). Critical comments about body shape and weight: Disordered eating of female athletes and sport participants. *Journal of Applied Sport Psychology*, *20*(1), 1–24. https://doi.org/10.1080/10413200701784833

Newton, M., Fry, M., Waterson, D., Gano-Overway, L., Kim, M., Magyar, M., & Guivernau, M. (2007). Psychometric properties of the caring climate scale in a physical activity setting. *Revista de Psicologia del Deporte*, *16*(1), 67–84.

Nock, M. K. (Ed.). (2014). *The Oxford handbook of suicide and self-injury*. Oxford University Press.

Noddings, N. (1992). *The challenge to care in schools: An alternative approach to education*. Teachers College Press.

Norman, R. E., Byambaa, M., De, R., Butchart, A., Scott, J., & Vos, T. (2012). The long-term health consequences of child physical abuse, emotional abuse, and neglect: A systematic review and meta-analysis. *PLoS Medicine*, *9*(11), Article e1001349. https://doi.org/10.1371/journal.pmed.1001349

Papathomas, A., & Lavallee, D. (2014). Self-starvation and the performance narrative in competitive sport. *Psychology of Sport and Exercise*, *15*(6), 688–695. https://doi.org/10.1016/j.psychsport.2013.10.014

Parent, S., Vaillancourt-Morel, M. P., & Gillard, A. (2021). Interpersonal violence (IV) in sport and mental health outcomes in teenagers. *Journal of Sport and Social Issues*, *46*(4), 323–337. https://doi.org/10.1177%2F01937235211043652

Poucher, Z., Tamminen, K., & Kerr, G. (2023). Olympic and Paralympic athletes' perceptions of the Canadian sport environment and mental health, *Qualitative Research in Sport, Exercise and Health* DOI: 10.1080/2159676X.2023.2187443

Poucher, Z. A., Tamminen, K. A., Sabiston, C. M., Cairney, J., & Kerr, G. (2021). Prevalence of symptoms of common mental disorders among elite Canadian athletes. *Psychology of Sport and Exercise*, *57*, Article e102018. https://doi.org/10.1016/j.psychsport.2021.102018

Ramis, Y., Torregrosa, M., Viladrich, C., & Cruz, J. (2017). The effect of coaches' controlling style on the competitive anxiety of young athletes. *Frontiers in Psychology*, *8*, Article e572. https://doi.org/10.3389/fpsyg.2017.00572

Rao, A. L., Asif, I. M., Drezner, J. A., Toresdahl, B. G., & Harmon, K. G. (2015). Suicide in National Collegiate Athletic Association (NCAA) athletes: A 9-year analysis of the NCAA resolutions database. *Sports Health*, *7*(5), 452–457. https://doi.org/10.1177%2F1941738115587675

Reardon, C., et al. (2019). Mental health in elite athletes: International Olympic Committee consensus statement *British Journal of Sports Medicine*, *53*, 667–699. https://doi.org/10.1136/bjsports-2019-100715

Rice, S. M., Purcell, R., De Silva, S., Mawren, D., McGorry, P. D., & Parker, A. G. (2016). The mental health of elite athletes: A narrative systematic review. *Sports Medicine*, *46*(9), 1333–1353. https://doi.org/10.1007/s40279-016-0492-2

Smolak, L., Murnen, S. K., & Ruble, A. E. (2000). Female athletes and eating problems: A meta-analysis. *International Journal of Eating Disorders*, *27*(4), 371–380. https://doi.org/10.1002/(SICI)1098-108X(200005)27:4%3C371::AID-EAT1%3E3.0.CO;2-Y

Stirling, A. E., & Kerr, G. A. (2008). Defining and categorizing emotional abuse in sport. *European Journal of Sport Science*, *8*(4), 173–181. https://doi.org/10.1080/17461390802086281

Sundgot-Borgen, J., & Torstveit, M. K. (2004). Prevalence of eating disorders in elite athletes is higher than in the general population. *Clinical Journal of Sport Medicine*, *14*(1), 25–32.

Tabet, S. M., Lambie, G. W., & Golubovic, N. (2021). An investigation of college student-athletes' mental health stigma, help-seeking attitudes, depression, anxiety, and life stress scores using structural equation modeling. *Journal for the Study of Sports and Athletes in Education*, *15*(3), 245–267. https://doi.org/10.1080/19357397.2021.1924562

Taylor, D. (2021, October 21). Is Berry Bennell really going to give High Court evidence on Man City's behalf? *The Athletic*. https://theathletic.com/2900163/2021/10/22/is-barry-bennell-really-going-to-give-high-court-evidence-on-man-citys-behalf/

Trigueros, R., Aguilar-Parra, J. M., Álvarez, J. F., González-Bernal, J. J., & López-Liria, R. (2019). Emotion, psychological well-being and their influence on resilience: A study with semi-professional athletes. *International Journal of Environmental Research and Public Health*, *16*, Article e4192. https://doi.org/10.3390/ijerph16214192

U.S. Center for SafeSport (2021). 2020 athlete culture and climate survey. https://uscenterforsafesport.org/survey-results/.

Van Slingerland, K. J., Durand-Bush, N., & Rathwell, S. (2018). Levels and prevalence of mental health functioning in Canadian university student-athletes. *Canadian Journal of Higher Education/Revue canadienne d'enseignement supérieur*, *48*(2), 149–168. https://doi.org/10.7202/1057108ar

Vertommen, T., Schipper-van Veldhoven, N., Wouters, K., Kampen, J. K., Brackenridge, C. H., Rhind, D. J.,... & Van Den Eede, F. (2016). Interpersonal violence against children in sport in the Netherlands and Belgium. *Child Abuse & Neglect*, *51*, 223–236. https://doi.org/10.1016/j.chiabu.2015.10.006

Weziak-Bialowolska, D., Bialowolski, P., Leon, C., Koosed, T., & McNeely, E. (2020). Psychological climate for caring and work outcomes: A virtuous cycle. *International Journal of Environmental Research and Public Health*, *17*, Article e7035. https://doi.org/10.3390/ijerph17197035

Williams, J. (2021, September 21). Simone Biles tells Congress 'entire system' enabled Nassar abuse. *The Hill*. https://thehill.com/homenews/senate/572379-simone-biles-in-emotional-testimony-blames-entire-system-for-enabling-nassar

Willson, E., & Kerr, G. (2022). Body shaming as a form of emotional abuse in sport. *International Journal of Sport and Exercise Psychology*, *20*(5), 1452–1470. https://doi.org/10.1080/1612197X.2021.1979079

Willson, E., Kerr, G., Stirling, A., & Buono, S. (2022). Prevalence of maltreatment among Canadian National Team athletes. *Journal of Interpersonal Violence*, *37*(21–22), NP19857–NP19879

9

PRACTITIONER CHARACTERISTICS, PEER CONSULTATION, AND SELF-CARE

Lee-Ann Sharp and Ken Hodge

Professional practice within applied sport psychology provides the sport psychology consultant (SPC) with several unique challenges in comparison to the more traditional psychological practice settings of psychotherapy and counseling. SPCs are regularly called upon to travel for periods of time with athletes and teams, attend training sessions and competitions, and understand the performance demands faced by their clients, while also demonstrating their openness to work with individual athletes and coaches (Andersen et al., 2001; Haberl & Peterson, 2006; Sharp et al., 2014). In addition, the ever-expanding role of the SPC is impacted by the extensive range of practitioner roles, services, and competencies provided to athletes in frequently non-traditional consulting settings. Therefore, it is unsurprising that it has been argued that there is "no typical sport psychologist" (Etzel & Watson, 2006). Despite this, research has identified several characteristics that have been linked to the effectiveness of SPCs.

Personal Characteristics and Qualities of the SPC

In their pioneering investigations into athletes' evaluations of sport psychology support services, Partington and Orlick (1987) and Orlick and Partington (1987) identified a number of personal characteristics perceived to be essential for consulting effectiveness. The Canadian athletes involved within their investigations believed effective SPCs to be someone the athlete related to easily, fitted in with all individuals connected with the team, provided at least several hours of individual consulting sessions throughout the competitive year, and attended at least three competitions with the team (Partington & Orlick, 1987). Building on the work of Partington and Orlick (1987), substantial progress has been made in recent years in identifying the personal characteristics and qualities necessary for effective sport psychology consulting from the athlete's, team's, and coach's perspective (Fortin-Guichard et al., 2018; Lubker et al., 2008; Sharp et al., 2014). For example, Anderson et al. (2004) reported that elite British athletes regarded the following characteristics to be important for an effective SPC: personable, provides practical advice, good communicator, knowledgeable about sport psychology, knowledgeable about the athlete's sport, exhibits professional skills, and honest and trustworthy. Demonstrating strong interpersonal skills helps SPCs gain the stakeholders' trust, which is key to establishing professional credibility (Fortin-Guichard et al., 2018). In addition, elite athletes are reported to view the effective SPC as someone who should be friendly, but not a friend while also maintaining professional boundaries (Sharp & Hodge, 2014). They perceive an effective practitioner to be someone who used an

athlete-centered consulting approach, and who individualized psychological support to meet individual client needs (Sharp & Hodge, 2014). What is evident from this body of literature is that the characteristics of the SPC should align with those the client believes to be essential for consulting effectiveness and the development of a productive therapeutic relationship (Sharp & Hodge, 2014).

Although research considers that the athlete/client's perspective is important and useful, the opinions of SPCs themselves are also an important source of information regarding their lived experiences and their opinions regarding personal characteristics for consulting effectiveness (Sharp & Hodge, 2011). SPCs have previously commented on the need for the practitioner to be able to develop a connection with the client that enabled them to educate the client toward a positive change in behavior (Sharp & Hodge, 2011). SPCs have also discussed the importance of having confidence in their skills, which is regarded as reassuring by clients and helps to build a trusting relationship (Arnold & Sarkar, 2014; Sharp & Hodge, 2011). Having a flexible and accessible consulting approach during competitions has been identified by practitioners as a fundamental element in the development of a trusting relationship (Sharp et al., 2015; Tod et al., 2011). Experienced SPCs have also discussed the need to build relationships with the athlete's coach, to learn from them, and to promote harmonious interventions (Fifer et al., 2008; Winter & Collins, 2015).

Descriptive research has provided a clear insight into the essential personal characteristics of practitioners working in applied sport psychology practice. Yet, practitioners have acknowledged the challenges in demonstrating these ideal personal characteristics while also expressing one's real self during their applied work. It is crucial for applied sport psychology practitioners to consider the interaction of their personal characteristics and the professional sport environments in which they work (Chandler et al., 2016; Orlick & Partington, 1987). Tod et al. (2017) refer to this challenge as individuation. Individuation is regarded as a progressive process in which practitioners aim to achieve a level of unity between their personal characteristics (i.e., the values, beliefs, and personal qualities) and their professional identity (i.e., theoretical orientation and service-delivery style) (McEwan et al., 2019). It is a process in which the practitioner discovers a "fit" between who they are and the environment they are working within (Tod et al., 2017).

The development of personal qualities during the training process of practitioners in sport psychology has been viewed in relation to Rønnestad and Skovholt's (2013) counselor development framework (McEwan et al., 2019; Tod & Bond, 2010). This framework proposes that practitioners move forward through six phases: (a) lay helper phase, (b) beginning student phase, (c) advanced student phase, (d) novice professional phase, (e) experienced professional phase, and (f) senior professional phase (Rønnestad & Skovholt, 2013). During the initial stages of their development, practitioners typically exhibit "a rigid adherence to taught rules" (Eraut, 1994, p.124), which are largely informed by the educational programs within their discipline. Rønnestad and Skovholt (2013) argued that practitioners often suppress their personal beliefs and characteristics about helping in favor of ways that appear more professional, and therefore work in rigid and inflexible ways. Therefore, it is essential that practitioners at all stages of their development are aware that the person behind the practitioner is the foundation of effective professional practice (Chandler et al., 2016; Tod et al., 2017).

Practitioner Challenges/Stressors

As discussed previously, the applied sport psychology environment provides a number of unique challenges for the practitioner. SPCs need to learn "to initiate, manage, and maintain a meaningful and sustainable professional career" (Quartiroli et al., 2019a, p. 151), while also ensuring that they develop self-care coping strategies to limit the impact these challenges have on their personal lives (Quartiroli et al., 2019a). Gilmore et al. (2017) have previously identified "professional precariousness" as a reality for those working within applied sport psychology. SPCs regularly deal with a real sense of job-related

risk or instability due to perceived threat of unemployment as a consequence of sport psychology being viewed as the "most intangible discipline within sport medicine and science" (Gilmore et al., 2017, p. 5), resulting in loss of employment when organizations undergo any form of restructuring. To develop and protect their professional careers, practitioners make sacrifices as they balance their personal and professional lives (Quartiroli et al., 2019b). The long hours of traveling and often lengthy periods of time away from home are required to show commitment to the clients with whom the practitioner is working, and have been acknowledged as significant stressors for practitioners (Haberl & Peterson, 2006; Quartiroli et al., 2019b). Practitioners have acknowledged that early in their professional careers, there is a perceived trade-off between their drive to build their professional careers and business, and the impact this has on their personal lives as challenging (Quartiroli et al., 2019b).

Being the only SPC providing support for the client, or the only sport science practitioner traveling with clients to competition and training camps, can be isolating and stressful (Haberl & Peterson, 2006). In addition to providing psychological support to their clients, practitioners have demanding additional roles they may have to fulfill (e.g., video-recording performances and arranging accommodation; Fifer et al., 2008). Furthermore, while supporting the needs of their clients, the practitioner may be perceived as somewhat of an "outsider" operating in a professional vacuum (McCormack et al., 2015). Quartiroli et al. (2019a) argued that this isolation can be further increased by a perceived lack of professional support and access to positive mentoring networks (e.g., peer support).

Research has indicated the need for practitioners to demonstrate commitment, listening to the client, and fitting in but not getting in the way, as key to developing an effective and positive relationship that has a positive impact on the client (Sharp et al., 2014; Sharp et al., 2015). In addition, the need for flexible service delivery in formal (e.g., at training) and informal settings (e.g., on the bus traveling to an event) can result in practitioners themselves feeling under pressure to perform (Fletcher et al., 2011; McCormack et al., 2015). Practitioners who fail to care for their own well-being could potentially engage in practices detrimental to their clients (e.g., abandonment), themselves (e.g., addictive behaviors), and possibly the profession (e.g., loss of competence; Barnett et al., 2007; Quartiroli et al., 2019a).

Frequently, practitioners are called upon to operate across multiple client boundaries, hold multiple roles, and work within multidisciplinary support teams in the organization in which they are based (Andersen et al., 2001). The increased acceptance and application of medical and scientific research within elite sport has led to practitioners recognizing the need to be able to operate effectively within multidisciplinary support teams that include strength and conditioning coaches, nutritionists, physiotherapists, and sports doctors (McCalla & Fitzpatrick, 2016). Being able to develop and maintain working alliances with the other support service providers is essential to protect performer well-being and promote a synergistic view of athletic excellence (Sly et al., 2020). Schein (1987) argued that practitioners working in applied psychology must consider the multiple roles they will encounter, as they must know what role(s) they are assuming within the system at all times, as all work they conduct is viewed as an intervention (Schein, 1987).

In undertaking multiple roles, there is a need for practitioners to maintain their professional role and responsibilities, while also adhering to their code of ethics to ensure the safety of their clients and their effectiveness as a practitioner (Sharp et al., 2014; Sharp et al., 2015). The uncertainty that results from managing multiple roles is a well-established cause of stress and burnout (McCormack et al., 2015). In addition to the resistance that comes from the practitioner failing to effectively establish their role and responsibilities, maintaining multiple roles are challenging for practitioners as a result of the unrealistic expectations, and misperceptions and resistances of clients, coaches, and others external to sport psychology (Gardner & Moore, 2006; Quartiroli et al., 2019a).

The stressors and challenges discussed above are unsurprising when one considers the impact of workplace stress more generally. Bickford (2005) argued that workplace stressors can be classified into five categories, which include:

1 Factors unique to the job role – e.g., workload, physical environment and isolation at the workplace.
2 Role in the organization – e.g., role ambiguity, role conflict, and level of responsibility.
3 Career development – e.g., job security, career development opportunities, and overall job satisfaction.
4 Relationships at work – e.g., supervisors, co-workers, threat of violence, and harassment.
5 Organizational structure/climate – e.g., participation in decision-making, management style, and communication patterns (Bickford, 2005, pp. 6–7).

It is evident that the challenges and stressors experienced by sport psychology practitioners link clearly with the categories identified in Bickford's (2005) workplace stressors discussion above. The stressors that accompany the need to meet the demands of their roles as well as ensure that they are effective in their practice can potentially impact individual well-being, professional effectiveness, and fitness to practice for the individual practitioner (McCormack et al., 2015; Quartiroli et al., 2019a, 2019b), in addition to negatively impacting the personal lives of these individuals (Norcross & Guy, 2007; Quartiroli et al., 2019a). McCormack et al. (2015) have argued, "in comparison to other healthcare professionals, psychologists are trained in self-care techniques for managing psychological health and well-being. Interestingly, there may be expectations that practitioners are expected to be able to manage their mental health appropriately in themselves" (p. 3).

Practitioner Self-Care

As a result of the non-traditional working conditions, and at times challenging professional working environments faced by SPCs, it is necessary for the individual practitioner to develop self-care strategies to assist their coping with these challenges (Quartiroli et al., 2019a; Quartiroli et al., 2021b). Until recently, the self-care of practitioners has been largely overlooked in favor of the welfare of their client, raising the question of "who will protect the practitioner?" (McCormack et al., 2015, p. 2). Researchers have recently started to explore the concept of self-care for SPCs, drawing on earlier discussions within counseling and psychotherapy literatures. For the purpose of this chapter, we will align to Quartiroli et al.'s (2019a) conceptualization of self-care, which views self-care as:

> a holistic, multidimensional concept. It is characterized by a personal awareness of one's own needs and an ability to proactively and effectively engage in health behaviours and practices that enable psychology professionals to support themselves not only by maintaining and promoting physical, emotional, psychological, social, and spiritual well-being but also by engaging professionally and deriving satisfaction from some aspects of that engagement.
>
> *(Quartiroli et al., 2019a, p. 148)*

Porter (1995) identified three main motives for SPCs to engage in self-care practices:

1 Lessening professional threats and challenges.
2 Enhancing consultant effectiveness by modeling healthy behavior.
3 Safeguarding the client.

Applied sport psychology practitioners are educated and trained to help others cope with the demands placed upon them in sport. However, it is essential that we also consider the impact these demands have on the practitioner that is assisting the performer/client. Literature has repeatedly documented a chronic disregard for the self-care of mental health workers (Walsh, 2011). SPCs are exposed to numerous challenges, can have difficulties of their own, and have to cope effectively with these stressors to

maintain their personal well-being and ensure effective service delivery (Cropley et al., 2016). Without having functional coping and self-care strategies in place, practitioners are "at risk of emotional strain and a declined state of well-being when exposed to stressors emerging from their personal and professional situations" (Cropley et al., 2016). Furthermore, it has been argued that practitioners have an ethical and moral responsibility to develop and sustain their own well-being (Norcross & Guy, 2007; Quartiroli et al., 2021a). Failure to monitor personal well-being and professional functioning can potentially negatively impact the services provided to clients (Wise et al., 2012). Knapp and VanDeCreek (2006) highlighted the need for practitioners to focus on "positive ethics", shifting their focus from simply adhering to professional codes of conduct to aspiring to achieve the highest ethical ideals in their practice. Keeping in mind these potential purposes, self-care is not only important for enhancing practitioners' personal well-being but has also become recognized as an ethical and moral necessity for professional practice (Barnett et al., 2007; Norcross & Guy, 2007).

Self-Care Strategies

Incorporating self-care strategies into professional activities has been identified as positively impacting practitioners and their practice, more simply doing things to make oneself feel better physically and emotionally (Norcross & Guy, 2007; Quartiroli et al., 2019a; Wise et al., 2012). Self-care can include a wide range of activities across multiple life domains and can differ for individuals depending on their personal preferences and life situations (Rupert & Dorociak, 2019). Norcross and Guy (2007) proposed a flexible 12-stage self-care intervention focused on the development of mental, physical, and spiritual health, drawing from the traditional philosophies of mindfulness, spirituality, and positive psychology while also incorporating cognitive-behavioral therapy principles. Practitioners are encouraged to practice what they preach, by fostering positive personal relationships, setting boundaries, utilizing cognitive restructuring, and engaging in personal psychotherapy (Walsh, 2011).

Recently, researchers have begun to explore the self-care strategies employed by practitioners working within applied sport psychology (Quartiroli et al., 2019a, b). Strategies discussed in the literature have included the monitoring of "sleep, exercise, nutrition, regular contact with family at home, perspective taking and peer debriefing consultation" (Haberl & Petersen, 2006, p. 38). The importance of a positive and proactive perspective of self-care, while also highlighting the importance of finding a variety of individualized activities, focused on aiding the development of well-being (Quartiroli et al., 2019a). Rupert and Dorociak (2019) have argued that individual self-care activities should not be considered as universal, finite, or one-size-fits-all. Rather, successful long-term engagement in self-care should be clearly aligned to their personal values of the individual (Dattilio, 2015; Quartiroli et al., 2021a).

Engaging in a process of self-reflection has been recognized by practitioners as a valuable self-care strategy. Quartiroli et al. (2019b) reported that "self-reflection helped participants attain a personal balance (using self-reflection), maintain personal physical and mental-emotional health (engaging in personal care and health behavior), and foster personal and social relationships" (p. 153). Furthermore, reflective practice allows practitioners to investigate their practice decisions and experiences with the aim of increasing understanding and management of self and practice (Anderson et al., 2004). Consequently, practitioners need to learn to manage themselves as the instrument of practice, to pay attention to themselves, and to analyze their practice, while also developing an awareness of their limitations, self-interests, prejudices, and frustrations (Huntley et al., 2014).

The monitoring of individual personal care and health needs are key self-care strategies (Quartiroli et al., 2019a). In order to meet their individual self-care needs, practitioners have discussed the importance of recognizing and attending to their personal needs. Experienced practitioners have previously discussed the importance of "self-preservation" in order to develop and ensure consistency of their personal behavior.

Peer Support and Consultation

Multiple sources of social support have been identified as key self-care strategies for practitioners coping with the challenges and pressures within applied sport psychology practice. McCormack et al. (2015), in their discussion of social support in relation to practitioner burnout, categorized social support into non-work-based versus work-based sources, which were further divided into formal and informal sources. Sources of social support outside of work included friends and family, peer support (individuals outside of the sport psychology environment), and personal counseling and psychotherapy. Sources of informal work-based social support were identified as informal mentors and informal peer groups. The process of peer support has been previously explained as "informal discussions with professional colleagues" (Winstone & Gervis, 2006, 282, p. 507). With this in mind, researchers have argued that it is critical for practitioners to have some form of peer consultation and support in place to ensure that any challenging issues that arise can be discussed and resolved (Sharp & Hodge, 2011, 2014). Furthermore, having a support network of likeminded practitioners involved in similar work whom the practitioner feels comfortable chatting with is key in combatting the potential feelings of isolation (Hays, 2006). Informal peer support can be viewed as a less threatening approach to self-examination and professional growth than supervision. Peers who have had similar experiences can provide the practitioner with support and reassurance when working with challenging clients, when facing professional challenges, and while coping with the isolation of working in applied practice (Sharp et al., 2021). However, Winstone and Gervis (2006) offered a word of caution, arguing that the support/supervision process is not simply to provide first aid when a practitioner is struggling, but to provide a rigorous support structure that both challenges and develops the practitioner to ensure that they are truly effective.

The role of formal peer consultation within sport psychology has previously been identified as an essential if not a mandatory component of applied practice by practitioners (Sharp et al., 2021). Furthermore, it has been argued that peer consultation (a) enables practitioners to monitor the boundaries of their applied practice, (b) is a support system for practitioners, and (c) aids practitioners to get to know themselves while also caring for themselves (Sharp et al. 2021). "The primary focus in sport psychology supervision is (or should be) the appropriate, ethical and, it is hoped, beneficial delivery of psychological services to the client or clients" (Andersen, 1994, p. 155). Engagement in structured formal supervision enables practitioners to develop respectability, accountability, and quality control of themselves and their professional practice (Andersen & Williams-Rice, 1996). Haberl and Peterson (2006) argued that to stay ethical in the non-traditional environments of applied sport psychology practice, it is essential for practitioners to develop an awareness of their personal feelings and discuss and process these through the supervision process.

Cogan et al. (2012) discussed the benefits of working with supervisory teams during the provision of psychological support to athletes at the Olympic Games. The formal supervisory support structure was unique and was perceived as a useful support structure among practitioners during periods of intensive workload. Practitioners have acknowledged that the consultation process "offered perspective… offers reassurance… keeps my sanity" (Sharp et al., 2021, p. 269). Supervision and being able to call upon a peer supervisor is considered a support system to help provide practitioners with reassurance that what they were doing in their applied practice was effective. Having formal peer supervision in place for times when practitioners are experiencing challenging issues can enable practitioners to openly discuss and resolve these with their supervisor or supervisory team (Sharp & Hodge, 2011; Sharp et al., 2021). Furthermore, the social support provided by a peer supervisor has been shown to decrease the perceived workload of an individual (Bowling et al., 2015). Engaging in formal peer consultation provided practitioners with a safe yet challenging environment where they felt supported to engage and develop their self-awareness around their applied practice.

The place of post–training and post–accreditation supervision of practitioners has received limited discussion within the sport psychology literature. Despite being an essential experience for all practitioners working in applied sport psychology, accrediting bodies have provided limited, if any, guidelines for supervision post–training and post–accreditation. Therefore, it is essential that practitioners develop and maintain a peer consultation/supervision structure with self-selected supervisors from colleagues they trust and respect, calling on their expertise as and when required (Sharp et al., 2021).

Conclusion

The personal characteristics and qualities of effective practice in applied sport psychology have been highlighted throughout this chapter. In working toward effective practice, SPCs are faced with unique challenges within the environment in which they operate, which can create stressors for the individual practitioner. Considering this, the need for clearly identified coping mechanisms and personal self-care strategies has been discussed. Furthermore, practitioners have an ethical and moral necessity to monitor their well-being in order to practice both effectively and professionally. The application and implementation of the strategies discussed within this chapter are not a one-size-fits-all; rather, practitioners across all stages of their professional career must permit themselves time to both reflect and evaluate their personal self-care strategies and ensure that they are truly meeting their individual needs at that moment. As a practitioner are you truly protecting yourself with genuine self-care strategies? See Box 9.1 for a summary of the key points from this chapter.

Box 9.1 Summary of Key Points about Practitioner Characteristics

- The personal characteristics and qualities of effective practice in applied sport psychology have been highlighted throughout this chapter.
- SPCs are faced with unique challenges within the environment in which they operate, which can create stressors for the individual practitioner.
- Practitioners have an ethical and moral necessity to monitor their well-being in order to practice both effectively and professionally.
- SPC's need clearly identified coping mechanisms and personal self-care strategies.
- One size does not fit all; rather, practitioners across all stages of their professional career must permit themselves time to both reflect and evaluate their personal self-care strategies and ensure that they are truly meeting their individual needs at that moment.
- SPCs should consider engaging in regular peer support/consultation.
- As a practitioner are you truly protecting yourself with genuine self-care strategies?

References

Andersen, M. B. (1994). Ethical considerations in the supervision of applied sport psychology graduate students. *Journal of Applied Sport Psychology*, *6*(2), 152–167. https://doi.org/10.1080/10413209408406291

Andersen, M. B., Van Raalte, J. L., & Brewer, B. W. (2001). Sport psychology service delivery: Staying ethical while keeping loose. *Professional Psychology: Research and Practice*, *32*(1), 12–18. https://psycnet.apa.org/doi/10.1037/0735-7028.32.1.12

Andersen, M. B., & Williams-Rice, B. T. (1996). Supervision in the education and training of sport psychology service providers. *The Sport Psychologist*, *10*(3), 278–290. https://doi.org/10.1123/tsp.10.3.278

Anderson, A. G., Knowles, Z., & Gilbourne, D. (2004). Reflective practice for sport psychologists: Concepts, models, practical implications, and thoughts on dissemination. *The Sport Psychologist*, *18*(2), 188–203. https://doi.org/10.1123/tsp.18.2.188

https://psycnet.apa.org/doi/10.1037/a0025676

Arnold, R., & Sarkar, M. (2014). Preparing athletes and teams for the Olympic Games: Experiences and lessons learned from the world's best sport psychologists. *International Journal of Sport and Exercise Psychology*, *13*(1), 4–20. https://doi.org/10.1080/1612197X.2014.932827

Barnett, J. E., Baker, E. K., Elman, N. S., & Schoener, G. R. (2007). In pursuit of wellness: The selfcare imperative. *Professional Psychology: Research and Practice*, *38*(6), 603–612. https://psycnet.apa.org/doi/10.1037/0735-7028.38.6.603

Bickford, M. (2005). *Stress in the workplace: A general overview of the causes, the effects, and the solutions*. Canadian Mental Health Association Newfoundland and Labrador Division.

Bowling, N. A., Alarcon, G. M., & Bragg, C. B. (2015). A meta-analytic examination of the potential correlates and consequences of workload. *Work Stress 29*(2), 95–113. https://doi.org/10.1080/02678373.2015.1033037

Chandler, C., Eubank, M., Nesti, M., Tod, D., & Cable, T. (2016). Personal qualities of effective sport psychologists: Coping with organisational demands in high performance sport. *International Journal of Sport Psychology*, *47*(4), 297–317.

Cogan, K. D., Flowers, R., Haberl, P., McCann, S., & Borlabi, W. (2012). Putting the team in sport psychology consulting: Five sport psychology consultants collaborating service for athletes at the USOC. *Journal of Sport Psychology in Action*, *3*(2), 77–87. https://doi.org/10.1080/21520704.2012.683089

Cropley, B., Baldock, L., Mellalieu, S. D., Neil, R., Wagstaff, C. R. D., & Wadey, R. (2016). Coping with the demands of professional practice: Sport psychology consultants' perspectives. *The Sport Psychologist*, *30*(3), 290–302. https://doi.org/10.1123/tsp.2015-0125

Dattilio, F. M. (2015). The self-care of psychologists and mental health professionals: A review and practitioner guide. *Australian Psychologist*, *50*(6), 393–399. https://doi.org/10.1111/ap.12157

Eraut, M. (1994). *Developing professional knowledge and competence*. Routledge.

Etzel, E. F., & Watson, J. C. (2006). Introduction to the special issue: Ethics in sport and exercise psychology. *Ethics & Behavior*, *16*(1), 1–3. https://doi.org/10.1207/s15327019eb1601_1

Fifer, A., Henschen, K., Gould, D., & Ravizza, K. (2008). What works when working with athletes. *The Sport Psychologist*, *22*(3), 356–377. https://doi.org/10.1123/tsp.22.3.356

Fletcher, D., Rumbold, J. L., Tester, R., & Coombes, M. S. (2011). Sport psychologists' experiences of organizational stressors. *The Sport Psychologist*, *25*(3), 363–381. https://doi.org/10.1123/tsp.25.3.363

Fortin-Guichard, D., Boudreault, V., Gagnon, S., & Trottier, C. (2018). Experience, effectiveness, and perceptions toward sport psychology consultants: A critical review of peer-reviewed articles. *Journal of Applied Sport Psychology*, *30*(1), 3–22. https://doi.org/10.1080/10413200.2017.1318416

Gardner, F., & Moore, Z. (2006). *Clinical sport psychology*. Human Kinetics.

Gilmore, S., Wagstaff, C., & Smith, J. (2017). Sports psychology in the English Premier League: 'It feels precarious and is precarious.' *Work, Employment and Society*, *32*(2), 426–435. https://doi.org/10.1177%2F0950017017713933

Haberl, P., & Peterson, K. (2006). Olympic-size ethical dilemmas: Issues and challenges for sport psychology consultants on the road and at the Olympic games. *Ethics & Behavior*, *16*(1), 25–40. https://doi.org/10.1207/s15327019eb1601_4

Hays, K. F. (2006). Being fit: The ethics of practice diversification in performance psychology. *Professional Psychology: Research and Practice*, *37*, 223–232. doi:10.1037/0735-7028.37.3.223

Huntley, E., Cropley, B., Gilbourne, D., Sparkes, A., & Knowles, Z. (2014). Reflecting back and forwards: An evaluation of peer-reviewed reflective practice research in sport. *Reflective Practice*, *15*(6), 863–876. https://doi.org/10.1080/14623943.2014.969695

Knapp, S. J., & VanDeCreek, L. D. (2006). *Practical ethics for psychologists: A positive approach*. American Psychological Association.

Lubker, J. R., Visek, A. J., Geer, J. R., & Watson, J. C. (2008). Characteristics of an effective sport psychology consultant: Perspectives from athletes and consultants. *Journal of Sport Behavior*, *31*(2), 147–165.

McCalla, T., & Fitzpatrick, S. (2016). Integrating sport psychology within a high-performance team: Potential stakeholders, micropolitics, and culture. *Journal of Sport Psychology in Action*, 7(1), 33–42. https://doi.org/10.1080/21520704.2015.1123208

McCormack, H., MacIntyre, T. E., O'Shea, D., Campbell, M. J., & Igou, E. R. (2015). Practicing what we preach: Investigating the role of social support in sport psychologists' well-being. *Frontiers in Psychology*, *6*, Article e1854. https://doi.org/10.3389/fpsyg.2015.01854

McEwan, H. E., Tod, D., & Eubank, M. (2019). The rocky road to individuation: Sport psychologists' perspectives on professional development. *Psychology of Sport and Exercise*, *45*, Article e101542. https://doi.org/10.1016/j.psychsport.2019.101542

Norcross, J. C., & Guy, J. D. (2007). *Leaving it at the office: A guide to psychotherapist self-care.* Guilford Press.

Orlick, T., & Partington, J. (1987). The sport psychology consultant: Analysis of critical components as viewed by Canadian Olympic athletes. *The Sport Psychologist*, *1*(1), 4–17. https://doi.org/10.1123/tsp.1.1.4

Partington, J., & Orlick, T. (1987). The sport psychology consultant: Olympic coaches' view. *The Sport Psychologist*, *1*(2), 95–102. https://doi.org/10.1123/tsp.1.2.95

Porter, N. (1995). Therapist self-care: A proactive ethical approach. In H. Lerman & N. Porter (Eds.), *Feminist ethics in psychotherapy* (pp. 247–266). Springer.

Quartiroli, A., Etzel, E. F., Knight, S. M., & Zakrajsek, R. A. (2019a). Self-care as key to others' care: The perspectives of globally situated experienced senior-level sport psychology practitioners. *Journal of Applied Sport Psychology*, *31*(2), 147–167. https://doi.org/10.1080/10413200.2018.1460420

Quartiroli, A., Knight, S. M., Etzel, E. F., & Zakrajsek, R. A. (2019b). Fostering and sustaining sport psychology professional quality of life: The perspectives of senior-level, experienced sport psychology practitioners. *The Sport Psychologist*, *33*(2), 148–158. https://doi.org/10.1123/tsp.2017-0140

Quartiroli, A., Wagstaff, C. R., & Thelwell, R. (2021a). The what and the how of self-care for sport psychology practitioners: A delphi study. *Journal of Applied Sport Psychology*, *34*(6), 1–20. https://doi.org/10.1080/10413200.2021.1964107

Quartiroli, A., Wagstaff, C. R., Zakrajsek, R. A., Knight, S. M., & Etzel, E. F. (2021b). The role of self-care and professional quality of life in sustaining a long-lasting career in sport psychology: A qualitative exploration. *Journal of Applied Sport Psychology* 34(6), 1334–1351. Advanced online publication. https://doi.org/10.1080/10413200.2021.1964107

Rønnestad, M. H., & Skovholt, T. M. (2013). *The developing practitioner: Growth and stagnation of therapists and counselors.* Routledge.

Rupert, P. A., & Dorociak, K. E. (2019). Self-care, stress, and well-being among practicing psychologists. *Professional Psychology: Research and Practice*, *50*(5), 343–350. https://psycnet.apa.org/doi/10.1037/pro0000251

Schein, E. H. (1987). *The clinical perspective in fieldwork.* Sage.

Sly, D., Mellalieu, S. D., & Wagstaff, C. R. (2020). "It's psychology Jim, but not as we know it!": The changing face of applied sport psychology. *Sport, Exercise, and Performance Psychology*, *9*(1), 87–101. https://psycnet.apa.org/doi/10.1037/spy0000163

Sharp, L. A., & Hodge, K. (2011). Sport psychology consulting effectiveness: The sport psychology consultant's perspective. *Journal of Applied Sport Psychology*, *23*(3), 360–376. https://doi.org/10.1080/10413200.2011.583619

Sharp, L. A., & Hodge, K. (2014). Sport psychology consulting effectiveness: The athlete's perspective. *International Journal of Sport and Exercise Psychology*, *12*(2), 91–105.

Sharp, L. A., Hodge, K., & Danish, S. (2014). Sport psychology consulting at elite sport competitions. *Sport, Exercise, and Performance Psychology*, *3*(2), 75–88. https://psycnet.apa.org/doi/10.1037/spy0000011

Sharp, L. A., Hodge, K., & Danish, S. (2015). Ultimately it comes down to the relationship: Experienced consultants' views of effective sport psychology consulting. *The Sport Psychologist*, *29*(4), 358–370. https://doi.org/10.1123/tsp.2014-0130

Sharp, L. A., Hodge, K., & Danish, S. (2021). "I wouldn't want to operate without it": The ethical challenges faced by experienced sport psychology consultant's and their engagement with supervision. *Journal of Applied Sport Psychology*, *33*(3), 259–279. https://doi.org/10.1080/10413200.2019.1646838

Tod, D., Andersen, M., & Marchant, D. (2011). Six years up: Applied sport psychologists surviving (and thriving) after graduation. *Journal of Applied Sport Psychology*, *23*(1), 93–109. https://doi.org/10.1080/10413200.2010.534543

Tod, D., & Bond, K. (2010). A longitudinal examination of a British neophyte sport psychologist's development. *The Sport Psychologist*, *24*(1), 35–51. https://doi.org/10.1123/tsp.24.1.35

Tod, D., Hutter, R. V., & Eubank, M. (2017). Professional development for sport psychology practice. *Current Opinion in Psychology*, *16*, 134–137. https://doi.org/10.1016/j.copsyc.2017.05.007

Walsh, R. (2011). Lifestyle and mental health. *American Psychologist*, *66*(7), 579–592. https://psycnet.apa.org/doi/10.1037/a0021769

Winstone, W., & Gervis, M. (2006). Countertransference and the self-aware sport psychologist: Attitudes and patterns of professional practice. *The Sport Psychologist*, *20*(4), 495–511. https://doi.org/10.1123/tsp.20.4.495

Winter, S., & Collins, D. (2015). Why do we do, what we do? *Journal of Applied Sport Psychology*, *27*(1), 35–51. https://doi.org/10.1080/10413200.2014.941511.

Wise, E. H., Hersh, M. A., & Gibson, C. L. (2012). Ethics, self-care and well-being for psychologists: Re-envisioning the stress-distress continuum. *Professional Psychology: Research and Practice*, *43*(5), 487–494. https://psycnet.apa.org/doi/10.1037/a0029446

SECTION II

Assessment

10

CLIENT INTAKES IN APPLIED SPORT PSYCHOLOGY

Jeffery P. Simons

Listening is a rare happening among human beings.
You cannot listen to the word of another speaking if you are preoccupied with your appearance
Or with impressing the other
Or are trying to decide what you are going to say when the other stops talking
Or are debating about whether what is being said is true or relevant or agreeable.
Such matters may have their place, but only after listening to the word as the word is being uttered.

William Stringfellow

First sessions in consulting are especially important times for the professional art of listening. This intake period sets the scene for the consulting relationship and reveals initial information on the client's presenting issues and related history. As Stringfellow suggests, true listening is rare because listeners can be so preoccupied with their own issues or formulating intelligent responses. For helping professionals, the desire to be of assistance can get in the way of actually hearing what the words bring to light. So before diving into analysis or interventions, the sport psychology consultant is well advised to take time to listen as the words reveal the athlete's stories.

In this chapter, we will focus on the applied sport psychology intake as relationship building and information gathering, relatively free from assessments. Protocols for client intakes commonly include an assessment schedule. For example, Taylor et al. (2018) provide a method for athlete intake that includes a well-considered and thorough assessment. Even though such protocols may be comprehensive and provide a comforting structure for practitioners, they are often too rigid and clinical for the far less formal initiations of service common to applied sport psychology situations (Andersen, 2021). Aoyagi et al. (2017) provide an excellent guide to initial sport psychology consultations that suggests seven areas of inquiry without moving into standard assessment. Jumping into assessment during the initial intake will often implicitly constrict the process to the tools favored by the clinician before spending adequate time determining whether the psychological support the consultant can provide is even warranted (Van Audenhove & Vertommen, 2000). Based on extensive investigations into the subject in clinical settings, Van Audenhove and Vertommen state that they "became more and more convinced of the importance of the intake phase preceding the start of psychotherapy" (p. 296), even to the point of recommending several sessions prior to formally proceeding to therapeutic work. Following this line of thought, we will here examine the value and practical issues surrounding intakes in applied sport psychology without formal assessment.

The important aspects of an intake are essentially the same, or closely related, across any area of counseling work (Lukas, 1993; Perry, 2002). The accepted professional standard is to create a welcoming space for the client that is comfortable, safe, open, and accompanied by a sense of optimism for positive change. An effective intake establishes the rudimentary foundation of a relationship between client and practitioner that will lay the groundwork for potentially significant work. It is a time to set basic boundary conditions (e.g., confidentiality) and modulate expectations (e.g., no magic wand). Further, the intake allows the consultant (and often the client) to develop understanding around the objective and subjective realities of the client's perspective and situation.

None of these processes and procedures are unique to applied sport psychology. If, however, someone is referred specifically to a "sport psychology" consultant, it is because the client is an athlete, and professional experience indicates that service expectations will most often be centered on areas of athlete training and performance support (McCormick & Meijen, 2015; Simons, 2021; Simons & Andersen, 1995). These expectations should not be taken lightly. Even if the referral is based on a recognizable issue of trauma or dysfunction, the task characteristically expected of a so-titled "sport" consultant is to ultimately help the athlete perform better. Certainly, this may not be the case if the referral is to a clinical/counseling psychologist or psychiatrist without the "sport" inference. Because we are assuming a referral to a sport psychology practitioner here, the intake may well differ from other clinical examples due in part to the nature of expectations for sport performance results.

One of the persistent issues underlying athlete referrals arises when sport psychology is viewed as just one possible solution to "something that is not right." The rationale often appears to be nothing more than "perhaps sport psychology is an answer." The case is not much better when the sport psychology consultant is viewed potentially as "the next secret to higher level performance." The athlete might be hoping for some "magic potion" (Simons, 2021): Special, secret techniques, capabilities, or skills to raise performance or gain an edge on others. Alternatively, it may be a last-gasp effort (e.g., day before important competition) or just a trial of something different. Here, the logical fit of sport psychology may not be clear in the search. If there is an obvious psychological issue (e.g., competitive anxiety, distracting thoughts, or team cohesion difficulties), the connection is more evident. Yet often, the mostly vague notion that behavior or performance could possibly be improved with the help of a sport psychology consultant leads to less-than-half-hearted attempts at the process.

Engaging some level of commitment from the client is part of the professional's art. Most athlete clients are initially like a wet bar of soap – hold too loosely and it slips away; grasp too tightly and it squirts off. Thus, the intake becomes incredibly important for establishing rapport and forging a working alliance. It is up to the sport psychology consultant to hold the metaphorical soap firmly but with sensitivity. The practitioner needs to be clear and positive, and to convey the potential value of the service. One cannot afford to be too abstract, theoretical, or vague. Conversely, the consultant does not want to come on too strong, too authoritative, or make the process seem arduous – a life-sentence of psychology sessions. It requires a gentle firm hand and an open attitude to cultivate a relationship that might lead to continuing and significant work.

The broader psychological literature holds several objectives that appear universal for the intake: clearing a psychosocial space in which to explore issues, cultivating the athlete–practitioner relationship, tapping diverse perspectives of the athlete and the situation, creating engagement by the athlete to a process of change, and setting the course for effective reflection and action (Aoyagi et al., 2017; Lucas, 1993; Perry, 2002). It is not necessary to pursue any of these objectives in depth, much less take to completion. Nevertheless, the "first impression" created by the intake will significantly influence further work (Andersen, 2021). Lastly, professional ethics demand the centrality of care for the benefit of the athlete and development of a healthy, positive relationship between athlete and consultant. Establishing the sense of such a relationship is fundamental to the intake.

Setting

Some professionals may meet athletes in a traditional office setting, but this is often not the case in applied sport psychology. Commonly, consulting interactions are held in and around performance venues, training spaces, dorms, airports, hotels, cafés, etc. (see Andersen, 2021; Wilson in McCormick & Meijen, 2015). From 40 years' experience with many varied consulting situations, my time has been largely spent at training venues, competitive events, on the road with athlete groups, and in and around sport institutions with no dedicated office space. Such circumstances mean far less control over the environment. Not only does one have to deal with the standard disruptors such as cell phones (see Perry, 2002), but there seems to be an ever-changing variety of distractions and potential interruptions in these settings.

I would not say that an office is necessarily a better space. Athletes are comfortable in their familiar locales, and privacy is a relative thing. I distinctly recall a first meeting with a nationally famous professional athlete at my office located in a city university building. He was having some (well-publicized) performance issues and had taken the major leap to seek professional help. By the time I arrived to greet him in the waiting area, he had been inundated by a small hoard of fans wanting autographs and asking why he was there. I still remember vividly the "deer-in-the-headlights" look on this otherwise impressive sport star, and I do not think we ever really got into a reasonable and relaxed intake on that day in my office. We would have been far better off meeting at his team venue or a more secluded place.

Whatever the setting, one needs to create a comfortable conversation space. That means being attentive and frequently arranging things in the moment, with whatever is present. Beware of letting the physical dynamics happen haphazardly. Physical and social discomforts will often be difficult to overcome once the conversation begins. Consider lines of sight for background distractions, lighting (including glare outdoors), and seating comfort. Make sure that orientation and spacing between you and the athlete are conducive to relaxed and dynamic conversation. Consider getting devices turned off, or at least silence notifications. In sum, purposefully apply your professional and personal judgment in setting up the meeting dynamics to optimize the chances of a quality discussion. Precisely because of the unconventionality of much sport psychology consulting, this becomes an important professional skill.

Getting Started

Initial words and non-verbal communications create first impressions that set the psychological climate for relationship building. As with all counseling situations, the practitioner needs to create a relaxed but professional tone and a receptive, engaging atmosphere. When the two have never met before, it is important that the athlete senses the nature of the relationship to be shared with the sport psychology consultant, especially because this is likely to be unique from typical relationships around sport. However, it is not uncommon that the sport psychology consultant and athlete may have some level of existing relationship (e.g., team interactions and travel), and the "first impressions" now are a reorienting toward a practitioner–client relationship. Either way, work at the outset to deliberately set the psychosocial tone that you wish to carry into a working situation.

To a fair extent, the sport psychology consultant should endeavor to meet the culture of the sport and athlete. One needs to be wary of coming off as a fake "insider" (e.g., overuse of sport jargon), but athletes tend to appreciate the consultant who understands the language, culture, and experiences of sportspeople. It is not necessary to have in-depth knowledge of every sport (many of us have worked with dozens of sports – unlikely to be expert in all of them). Rather, it is helpful to be comfortable with the common dynamics at play in the athlete's world. Position yourself as part of the working aspects of sport and as a resource for athletes and coaches, aligned with other internal support services.

Dealing with high-visibility sports can be especially challenging. Beware that your interests are not interpreted as fan attraction, particularly when working with high-profile athletes. It can be seductive to have access to a celebrity, but the last thing the client likely needs is another enthusiast hoping to gain intimate standing with a sport star. Athletes may be understandably suspicious of a new relationship and may have difficulty discerning a different dynamic from other people around sport. It is up to the practitioner to be clear as to their purpose and to remember for whom the relationship is designed to benefit.

Set the boundaries of confidentiality early (see Chapter 6). Sport is particularly public, and many people somehow feel that they have rights to personal information about athletes. Many athletes are accustomed to a type of "sport confidentiality," where everyone offers non-disclosure, but that trust is regularly violated. In addition, there tends to be a whole network of "unseen people in the room" (see Henschen, 1998) who have dual relationships with the athlete. To set the intake on the right course, be specific and clear about the nature of the consultant–athlete relationship and establish clear expectations of confidentiality.

Interview

Unlike the case in many mental health settings, sport psychology clients rarely have accompanying files or records of psychological work. Not often will one be able to read through professional notes. However, performance records are typically available, and it is advisable, when possible, to do a little advance research on the athlete's situation. It is common that a coach or administrator may have already provided some perspectives on the athlete's issues, or that the athlete has offered some performance information when requesting the appointment. While any of this is helpful, remember that despite what information you have or what you think you know, a primary objective of the intake is to elicit the client's understanding of what is happening (Andersen, 2021; Aoyagi et al., 2017). Given skillful guidance from the consultant, this may be the first time the athlete begins to understand as well.

Accomplishing this task is where professional listening skills become essential. Listen to *hear* the client's version and perspective, to convey to clients that they will be *listened* to, and that you are working to *understand* (Lukas, 1993). Throughout the session, active listening entails stimulating the dialogue and discussion, but also much waiting – being quiet long enough to hear emergent stories, images, emotions, and thoughts as they arise from the client (see Chapter 2). As Andersen (2021) states in reference to intakes, "the bottom line is helping athletes tell their stories."

Intake is best viewed as a process of relationship building and uncovering the initial "objective" facts. Unless there is a mutual agreement that the intake is an in-depth assessment, it is not the time for deep exploration and analysis. Stimulate discussion with questions, but do not make the client take a quiz (Andersen, 2021). Especially in a first meeting, you want to ask questions that they can readily answer. Over-probing or intense analysis of causal factors is typically too invasive for a first session.

For example, Lukas (1993) advised, "ask who, what, when, where, and how. Don't ask why" (p. 8). The client may not know the answer to "why" questions (embarrassment or confusion), or maybe the answer is the source of conflict (pressed into a sensitive space), or it may force too emotional an exchange for a first discussion (vulnerability and avoidance), any of which could stifle relationship building. These are particularly relevant to consider with an athlete who is testing the waters by presenting with a simple performance challenge. Reflect, summarize, and follow lines of thought, while being careful of leading towards your own conclusions or biases, or of putting words or emotions into the client's mouth. In particular, be careful of your personal "Maslow's hammer" – viewing everything from the perspective of a favored theory/technique, and be wary of "over-psychologizing" – pushing the client toward underlying matters. Marquis (2008) advises that the intake provides clients with a "form of human relating that is experientially distinguishable from what they are accustomed to" (p. 6).

Given authentic listening and trust building, important issues and suitable interventions will arise in due time (see also Aoyagi et al., 2017).

The dance at intake is to engage the client in ways that allow a broad and safe discussion which reveals important perceptions and experiences, and engenders a sense of understanding. Contrary to the conventional wisdom in clinical practice, the presenting problem in applied sport psychology may well be the problem, especially when it relates to under-developed mental skills for the high-performance demands of elite sport. For example, I once took a session with a promising elite age-group cricket player going through a severe batting slump. After a casual introduction and requesting a few details of his situation, I asked him what he was focusing on while at bat. He produced a list of outcomes on his mind such as scoring, winning, not letting the team down, being successful, achiev-ing national team status, and so forth. After a bit more discussion, I suggested that none of those things were likely to help him make contact with the ball, and that he might try focusing on batting one ball at a time (a brilliant idea that I originated, naturally). He pondered for a few moments, started and stopped a couple of times, and then responded, "OK, that makes total sense." I provided him with a couple of concentration strategies, and he simply went out at the next competition and did it, immediately ending the slump and continuing on to his best season ever. I am glad I did not begin the long exploration into why the expectations of his parents and an outcome-mad society were leading to his fear of failure. The point here is that, especially in performance consulting, the presenting problem may well be the actual issue and directly related to objective skills and highly desired outcomes.

Nevertheless, even if the concern seems easily remedied, the practitioner is advised to keep a healthy sense of skepticism about the facts and connections the client and others present (Lukas, 1993). One must remain open to other possible elements and follow professional curiosity about the situation. Certainly, this approach is the same in most helping professions. I have encountered many athletes seeking psychological assistance to raise performance when their primary problems were lim-ited physical capabilities or inadequate training. Members of teams are notorious for only seeing one side of the equation, either just themselves or just others. Question, judiciously, "where's the proof" for the clients' perceptions, conclusions, and causal connections. Be aware that presenting issues may be distractions from the real ones and appreciate the possibilities of either embellished or attenuated stories.

Although an intake as described here does not feature assessment, consultants still need to mon-itor and record (mentally or in notes during or after the session) their perceptions of their clients – personalities, styles, verbal and non-verbal communication, emotions, moods, and general presentation. Note the objective situation and apparent constraining/supporting factors, make some record of affec-tive flows and underlying themes or issues that appear to be in play, and keep track of questions that arise that are not necessary to address in this first meeting (see Chapter 5). These types of records can aid in determining the possible needs of the client and the feasibility of providing professional assistance based on the consultant's competencies and empathy for the person and situation.

Covering the Bases

During the intake, practitioners face the challenge of eliciting stories relevant to potential service needs. Returning to the central assumption that expectations of applied sport psychology will ulti-mately address sporting needs; the interview should cover a range of training and performance issues prior to determination of intervention, if any. In particular, matters beyond the psychology of the person are fundamentally important. What demands are placed on the athlete by the sport? How do the athlete's objective capabilities, experience, and skills work into the equation? What are the cul-tural norms (sport, family, community, religious) and are they in alignment or conflict? How do all

of these factors pose problems, or potential solutions? Essentially, how can one identify the needs and resources of the athlete in their particular situation, under the demands of their sport in the current context?

The applied sport psychology consultant is well advised to maintain a broad view, particularly at intake. A framework that aids the practitioner in eliciting stories from different perspectives is most helpful. It is important that the structure be as unbiased as possible, because if the intake is primarily client-driven, theory-driven, or technique-driven, the subsequent diagnoses and interventions are invariably myopic (Marquis, 2008).

A framework for gathering information that I have increasingly favored over the past 20 years is based on Wilber's (2000a, 2000b) Integral model. There is great complexity within Wilbur's full Integral Theory, and there exist legitimate scholarly criticisms of the work at in-depth levels and in derived applications (Stein, 2014). However, the basic framework presented here has robust support, especially when applied to the teaching and helping professions (Duffy, 2020; Forman, 2010; Marquis, 2007, 2008, 2018; Stein, 2014).

Following Stein (2014), the term "integral" is applied here in its normative sense of including all perspectives that might be taken on living humans (e.g., biological, physical, psychological, social, and cultural). Integral Theory provides a meta-theoretical framework for the many diverse ways that humans may be studied, known, and understood (see Marquis, 2007, 2018). It should be noted that Integral, as used here, should not be connected or confused with the ill-defined "Integrative Medicine" (Duffy, 2020).

One of the foundational tenants of the Integral model is that there are four perspectives on existence. Based on extensive philosophical and scientific reasoning, Wilber (2000a, 2000b) proposes that what is true in life exists in terms of both external and internal features, both as singular entities and as parts of collectives. The resulting four fundamental perspectives can be illustrated as quadrants of a 2 × 2 matrix. According to Integral Theory, features in each quadrant exist as reality, and notably, in dynamic interactions with other elements in the same quadrant as well as those of the other three quadrants. Figure 10.1 presents the four-quadrant model, with examples of general areas in each quadrant that might be explored with sport psychology clients.

	Interior	Exterior
Singular	Psycho-spiritual development Perceived experiences Emotions Self-concepts Beliefs Intuition **I**	**It** Attributes, abilities, skills Observable personality, styles and habits Mental skills Behaviors Training & diet Performance
Collective	Sense of group **We** belonging Cultural meanings Mutual understanding Relationship values Shared beliefs Moral rules/laws	**Its** Sport/event systems Training systems Physiological systems Psycho-motor systems Relationship dynamics Social systems Institutional systems

Figure 10.1 The Four-Quadrant Framework

Source: Based on Wilber's (2000a) Integral model, with examples of elements within each quadrant that might be explored by the sport psychology consultant.

Interior-Singular: "I"

Internal singular encompasses the individual's experiences and psycho-spiritual development that constitute "I" (first person perspective). Pursuing stories of "I" not only gives the practitioner windows into the athlete's experience, but also psychological processing. The "truth" in this quadrant is the subjective experience of the person. The stories are about what they perceive, imagine, feel, think, remember, and desire. Potential approaches for issues in this quadrant could include cognitive, rational emotive, psychodynamic, or existential methods.

Interior-Collective: "We"

The internal collective includes the norms, expectations, and values of the culture(s) within which the individual operates, constituting "We" (first person plural). Stories of "We" provide reflections of communal values, behavioral norms, and expectations. Truth in this quadrant is based on shared meanings and cultural understandings. Explore this quadrant for narratives about team, sport, family, and ethnic or national identities, roles, and values. Issues in this area might be addressed through approaches such as value-alignment or group/family interventions.

Exterior-Singular: "It"

The external singular is the empirical world of facts, events, and other observable/measurable things, and can be identified as "It" (third-person singular). Stories of "It" speak to physical and mental capabilities and skills, objective performance (e.g., statistics), and situational demands. Truths here may be objectively measured and evaluated. This is most notably the realm of training, coaching, and sport science and medicine. Here, consultants can seek objective verifications of the situation. Interventions focusing on issues in this quadrant could include behavioral methods and adjustments to diet, sleep, training, rehabilitation, etc.

Exterior-Collective: "Its"

The external collective, labeled "Its," comprises identifiable systems, including natural/physical systems, societies, institutions, infrastructure, and systems of knowledge, training, and so forth (third-person plural). Stories of "Its" inform the practitioner of at least some of the institutional, programmatic, environmental, or social system demands. Issues here may be addressed through system education, coping skills, or (when possible) changes to systems, policies, or regulations.

Four-Quadrant Inquiry

The objective in using this framework for applied sport psychology intakes is simply to make sure that the discussion involves stories from the four fundamental perspectives. As a practical tool for fuller understanding, information from each quadrant can be explored individually, watching for important interactions between elements. Further, because it is not driven by any one philosophical orientation, nor any particular psychological theory or method, it provides a flexible, non-specific guide to collecting information in the initial intake and beyond. Any desired assessments, targets for intervention, and professional methods can flow out from the four-quadrant model.

Because Integral Theory eschews reductionist thinking, it is recognized that human "being" is an irreducible confluence of interactions among these perspectives (Duffy, 2020; Marquis, 2007; Wilbur, 2000a, 2000b). For example, the client's skill level is true, as are the policies of the sport system, and

the issue may be in the confluence of these two. The culture of weight reduction may be true in certain sports, as are the realities of the health effects of achieving extreme leanness. Issues are often multiple quadrant products.

Still, each element in each quadrant has its own real place in the client's experience and it is ludicrous to expect the client or the consultant to be able to conceptualize the entire complexity of everything at once (no genius could). Exploring each quadrant can reveal particular "truths" (even though in reality they are only partial truths that are in relationship to other elements). The idea is to sample from each of the quadrants in getting a first understanding of the client's situation, and then begin to formulate potential intervention services. Just a few explorations of each quadrant will fill an intake with substantial sharing and a high likelihood of openings to a positive athlete–consultant relationship.

The basic four-quadrant Integral model is offered as a comprehensive framework from which to explore what may be happening with a new athlete client. Given that it is a meta-theoretical model (see Duffy, 2020; Marquis, 2007), it therefore brings no bias to evaluations or interventions. Any helping professional, no matter their training or orientation, can apply this framework in their work. Further, it is ultimately practical in evoking stories covering the bases of influence in the athlete's life situation.

Moving Forward

Throughout the intake, the practitioner wants to normalize the nature of psychological work. We would like for athletes to understand that psychology is not outside, nor different, nor an add-on to who they are, what they do, and how they perform. Rather, psychology is inextricably woven within all of their experiences and outcomes. The intake is an opportunity to help dissolve the artificial separateness of the Western mind–body dichotomy (dualism). Without invoking theory or jargon, it is possible to highlight the natural influences of the four quadrants of experience. Living, training, and performing are not just external things nor just internal subjective interpretations, but both simultaneously. There are distinct individual aspects and shared/connected aspects. All four perspectives interconnect and the consultant can be viewed as a facilitator, providing guidance or coaching within this complex but natural confluence of life factors.

The intake should typically conclude with goals agreeable to the athlete. Perry (2002), for example, suggests asking what the client thinks would be important. What changes would make the work worth the time? If the work were successful, what would be different? What would the client like to see happen? What does the client want to work on? Answers to such questions indicate what is meaningful, and therefore motivating to the athlete. In addition, the practitioner can easily expand or add to the ideas expressed by the athlete according to professional insight. Goals may be related to directed assessment or exploration, or they may include some practical applications. Aoyagi et al. (2017) suggest that in the last five minutes leave space for the client to bring up something they would like to say or have addressed next time. This helps assure that the athlete is placed at the center of the consulting relationship. No matter the consultant's expertise at covering the bases, the athlete deserves the autonomy of the last word.

In my experience, athletes are particularly eager for action-oriented goals. They want more than instructions for general reflection or the promise of another conversation later. Consider specifically directed inquiry or exploration, and whenever possible provide a particular step to take. The action goal can be a behavior, a perspective, a cognitive activity, a communication process, or simply an awareness exercise. Just get them engaged for themselves. For example, if there is not an immediately obvious cognitive or behavioral action to take, I typically ask clients to observe some specific aspects of their circumstances to address in detail at our next session. I explain that we want to see the reality of their situation as clearly as possible. If the client is amenable, I encourage journaling of those aspects and anything else that comes up.

Make sure to finish with a next step to the working relationship that is planned and scheduled. At the very least, it can be simply, "I will stop by/call next Tuesday to check in on how you are doing." From long experience and that of other veteran consultants, athletes seeking sport psychology support are notoriously "slippery," failing to commit or follow up on their own. Particularly in situations where casual contact is common (sport teams, athletic departments, institutes of sport), it is easy to be inexplicit on a process or just assume a good chance will arise in the near future.

The commitment needs to be more than "see you around" or "catch you at practice sometime." These vague plans too often never materialize, and the relationship started during intake becomes one of unease and avoidance. Clearly, the athlete has the right to opt out in nearly all cases and should be granted such a decision as graciously as possible. The process or the client-consultant connection does not always click. However, if the relationship is to continue and develop, the onus is on the consultant to keep the momentum and structure the way forward. Create the supportive expectation, set the meeting, and follow through. Such engagement may, in itself, demonstrate to the athlete that this relationship can be qualitatively different than their many dual relationships in sport, and an opportunity for safe and personally meaningful work.

Conclusion

In alignment with Stringfellow's poetic opening quote, the intake interview is an encounter centered on listening and truly hearing the athlete's story. To reach fuller understanding, sport psychology consultants are encouraged to systematically consider multiple perspectives on the client's situation. The basic Integral framework is suggested as an effective professional tool in this regard. Although free from formal assessment, this style of intake can be the beginning of significant psychological work when the athlete feels truly heard and understood. See Box 10.1 for a summary of the key points from this chapter.

Box 10.1 Summary of Key Points about Applied Sport Psychology Intakes

- The intake is first and foremost about building an athlete–practitioner relationship to support potential sport psychology work.
- A primary objective is to listen with an a open as and unbiased ear as possible to create an accepting environment and to develop understanding of the athlete and the situation.
- No matter what the apparent reason for an athlete referral, keep in mind from the outset that nearly everyone involved will expect that a "sport" psychology consultant will assist with sport performance.
- One of the challenges for sport psychology consultants is to be conscious of traditional guides for the intake environment while often working in the non-traditional settings of sport venues, cafés, hotel lobbies, and so forth.
- The consultant needs to meet the culture of the athlete as well as possible, but also be cautious of resembling a sports fan or any of many others around sport who have or seek dual relationships with the athlete.
- It is helpful to have a framework for eliciting athlete stories that encompasses the multitude of perspectives that interact to create the whole situation for the athlete.
- Exploring the distinct perspectives of I, We, It, and Its from the four-quadrant Integral model can serve as an excellent framework for intakes and further sport psychology work.
- Make sure to end the intake with clear plans for future contact and action-oriented goals for next steps

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References

Andersen, M. B. (2021). Beginnings: Intakes and the initiation of relationships. In M. B. Andersen (Ed.), *Doing sport psychology* (21st anniversary ed.). Kindle Direct. https://amazon.com/dp/B09L2JR9HH

Aoyagi, M. W., Poczwardowski, A., Statler, T., Shapiro, J. L. & Cohen, A. B. (2017). The performance interview guide: Recommendations for initial consultations in sport and performance psychology. *Professional Psychology: Research and Practice*, *48*(3), 352–360. https://psycnet.apa.org/doi/10.1037/pro0000121

Duffy, J. D. (2020). A primer on integral theory and its application to mental health care. *Global Advances in Health and Medicine*, *9*(1), 1–12. https://doi.org/10.1177%2F2164956120952733

Forman, M. D. (2010). *A guide to Integral psychotherapy: Complexity, integration, and spirituality in practice.* SUNY Press.

Henschen, K. P. (1998). The issue behind the issue. In M. A. Thompson, R. A. Vernacchia, & W. E. Moore (Eds.), *Case studies in applied sport psychology: An educational approach* (pp. 27–34). Kendall/Hunt.

Lukas, S. (1993). *Where to start and what to ask: An assessment handbook.* Norton.

Marquis, A. (2007). What is integral theory? *Journal of Counseling and Values*, *51*(3), 164–179. https://doi.org/10.1002/j.2161-007X.2007.tb00076.x

Marquis, A. (2008). *The Integral intake: A guide to comprehensive ideographic assessment in Integral psychology.* Routledge.

Marquis, A. (2018). *Integral psychotherapy: A unifying approach.* Routledge.

McCormick, A. & Meijen, C. (2015). A lesson learned in time: Advice shared by experienced sport psychologists. *Sport & Exercise Psychology Review*, *11*(1), 43–54.

Perry, C. W. (2002). *Basic counseling techniques: A beginning therapist's toolkit.* 1st Books Library.

Simons, J. (2021). Doing imagery with athletes. In M. B. Andersen (Ed.), *Doing sport psychology* (21st anniversary ed.). Kindle Direct. https://www.amazon.com/dp/B09L2JR9HH

Simons, J. P. & Andersen, M. B. (1995). The development of consulting practice in applied sport psychology: Some personal perspectives. *The Sport Psychologist*, *9*(4), 449–468. https://doi.org/10.1123/tsp.9.4.449

Stein, Z. (2014). On the use of the term "integral." *Journal of Integral Theory and Practice*, *9*(2), 104–144.

Taylor, J., Simpson, D. & Brutus A. L. (2018). Interviewing: Asking the right questions. In J. Taylor (ed.), *Assessment in applied sport psychology* (pp. 101–114). Human Kinetics.

Van Audenhove, C., & Vertommen, H. (2000). A negotiation approach to intake and treatment choice. *Journal of Psychotherapy Integration*, *10*(3), 287–299. https://doi.org/10.1023/A:1009401129920

Wilber, K. (2000a). *A theory of everything: An integral vision for business, politics, science and spirituality.* Shambhala.

Wilber, K. (2000b). *Integral psychology: Consciousness, spirit, psychology, therapy.* Shambhala.

11

INDIVIDUAL AND GROUP OBSERVATIONS

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> *You can discover more about a person in an hour of play than in a year of conversation.*
>
> *Plato,* The Republic

Assuming this statement of Plato's is at least partly true, one might also believe that by watching how athletes behave during practice and competition, consultants may be able to gain valuable information to supplement their conversations in session. When working with athletes, it is imperative to consider all aspects of them as people. Approaching consulting with prioritization of *both* athletic performance and holistic well-being is essential in this pursuit. Within the field of sport psychology, thriving occurs when people experience healthy overall well-being in conjunction with consistent optimal athletic performance (Brown et al., 2021). Observation, which has been used in a number of settings to identify and implement effective interventions (Manna, 2010; Park et al., 2019), can play a key role in promoting thriving. Although traditional discussion and assessment strategies can be excellent ways to learn about clients, observations can also be useful components of the information gathering process. In addition to gathering contextual and situational data for performance, consultants can identify and/or corroborate information regarding well-being that might warrant a clinical referral. Consultants may also observe patterns of individual or team behaviors that inform the consultation process, ensuring that both performance *and* well-being are considered. This chapter will focus on the role of observation in consultation and provide an overview of the techniques and strategies that can be used to make informative observations.

What Is Observational Assessment?

Observational assessment is an out-of-session opportunity for consultants to monitor clients in their sport environments; it is also an opportunity to observe behaviors that may indicate changes in well-being. Observations may provide consultants with information beyond what they can glean from sessions, as they will observe clients in more natural and potentially stressful situations. This information can be used to facilitate relationship building, inform consulting, impact decision-making, and track effectiveness.

Building Rapport and Trust

Effective sport psychology consulting relationships are often built on a foundation of trust and rapport (Sharp & Hodge, 2014). Conducting practice and game observations can be excellent ways to develop rapport with individual clients or teams. By putting in "face time" at team events and demonstrating commitment, consultants may be able to better engage athletes in the consulting process by reducing resistance to sport psychology and facilitating the development of trust. It is important to note that while interacting with athletes and teams in public settings such as practice and games, consultants should be clear with those involved about ethical issues such as confidentiality.

Holistic Understanding: How Observations Can Inform Consulting

The development of rapport between athletes and consultants is important; nevertheless, it is important not to overlook the value of developing a thorough assessment of the athletes and the social environments influencing their behaviors (Partington & Orlick, 1987). Observation provides an opportunity for assessment which allows consultants to learn about clients' backgrounds and factors that may affect their sport behaviors and well-being, factors that clients may not be aware of or may not be willing to discuss without being prompted.

Observational assessment can be accomplished using two forms of assessment information: pre-assessment and corroborating assessment. Pre-assessment information is collected prior to consulting and provides a tentative understanding of individuals and teams. Corroborating assessment occurs concurrently with consulting and allows consultants to triangulate information gathered from athletes or teams during sessions.

Similar to getting two different eyewitness accounts from a crime scene because of the impact of bias and previous experiences, athletes may believe that they are reporting their own behavior "objectively" in sessions, but their accounts may be biased by past experiences and self-perceptions. Consultants will benefit from determining if their clients view situations with a particular bias. When bias is observed, it should be considered in future observations and interpretations and may be a beneficial topic of discussion.

Athletes and their concerns do not develop in a vacuum; while information about athletes' previous experiences maybe garnered in intakes and one–on–one sessions, observational assessment can facilitate the understanding of the social environments in which athletes currently live and compete, for example, the athletic subculture, athletic identity, social networks, and leadership styles (Brustad & Ritter-Taylor, 1997). Observing these factors and team dynamics allows the consultant to develop "contextual intelligence" (Holder & Winter, 2017) that can be used to facilitate future interactions.

Tracking Learning

Although observation can be a central component of an initial assessment, it should not take the place of a traditional intake interview. If done effectively, observational assessments can supplement information gathered during intakes (Holder & Winter, 2017). Observations can be used as a feedback loop that provides information about client change throughout the consultation. Consultants can observe clients' existing use of strategies and tools which will inform the consultation process. In addition, observations may be used to evaluate the consultation process, helping professionals examine clients' use of the skills taught during sessions. Observational assessment should take place throughout the consultation process.

When and Where to Observe?

Initial observations are often started from a distance, which can help with observing the entire team and overall processes. Observations made from a distance may help professionals develop an idea of normal interactions, cliques, coaches' interactions with each other, and coach-player communication.

After observing the general processes of the team, and learning more specifics about presenting problems, consultants might observe practice from a closer proximity. Such observations allow consultants to hear specific interactions between athletes, coaches, and support staff, and to observe typical behavior and verbal and nonverbal communication. The goal of these observations should progress to assessing and confirming (or rejecting) previous speculations and perceptions.

In time, observations may progress to where consultants are observing from the playing/practice surface. Observations at such close proximity can help understand team and individual reactions to situations and allow for the possibility of information being made quickly available to athletes, and with permission, could even lead to immediate intervention. During these observations, consultants should not spend a significant amount of time talking with or standing beside the coaches. Consultants should consider balancing time between coaches and athletes; if players view consultants as extensions of the coaching staff, the relationship may become less trusting.

Coaches may, at times, ask consultants to help with practice. Roles that would be perceived by players to help the team and not likely seen as coaching roles can have positive consequences and help to decrease distance between players and consultants (e.g., collecting balls during volleyball practice when team members are in a rush).

Practice Settings

A great deal can be learned about athletes, their presenting problems, environmental factors that may trigger negative responses, and possible consultation goals through observations made in settings where the consequences of mistakes are less meaningful than in competition. Practice settings are great places to observe how athletes interact with coaches and teammates, respond to or engage in leadership, and deal with successes and failures.

With practice often being less stressful than games, athletes and coaches are more likely to behave in their usual manner. Observations of typical behaviors during warm-ups, drills, and competitive simulations allow consultants to understand the team's athletic subculture (e.g., values and beliefs, roles and status that affect communication and support). Such observations allow consultants to identify cliques and subtleties in leadership. Gaining this "contextual intelligence" may impact consultant effectiveness as they become embedded in team culture (Holder & Winter, 2017). Many presenting problems and consultation goals involve social components, and consultants should consider identifying these social interactions as possible components in future work with that athlete or team.

Competitive Settings

We also encourage consultants to observe competitions. Competition observations may provide insight into how athletes behave in outcome-oriented environments with respect to sportspersonship, pride, shame, and self-worth. Competition also allows for observations of the influence of external factors that are not relevant during practice settings (e.g., responses to perceived errant calls and fan interactions; Gee, 2011). Finally, competition observations help consultants examine how teams respond to pressure, winning, and losing and how this impacts other factors (e.g., interactions, leadership behaviors, cohesion, and motivation).

Other Settings

Beyond practices and competitions, athletes often interact with each other in settings such as the locker room, weight room, training room, cafeteria, and during travel. Observing interactions in these settings can help consultants garner additional information. These observations can provide evidence about the athletic subculture of the team, athletes' personal identities, social networks of influence, motivation, communication patterns, cohesion, and social support.

During observations in weight rooms and training rooms, consultants should pay close attention to how hard athletes work, how much they need to be pushed, the motivation they provide to others, how they interact with support staff, how strongly they identify with the role of athlete, how they carry themselves in terms of confidence and other indicators of overall performance and well-being. While several of these issues may be observed via overt behaviors, observations related to athletic identity can be made by listening to athletes and observing their reactions to injury and the impact that it has upon other areas of their lives.

Although the weight and training rooms are areas where athletes may be encouraged to push their limits using both intrinsic and extrinsic motivational strategies, locker rooms, cafeterias, buses, and planes provide athletes with informal social opportunities. Observations in these areas could focus on communication between teammates, seating arrangements, eating and exercise habits, evidence of social support, and friendships. This information can provide an understanding of how the team members affect each other and how they fit together. Such observations can also provide evidence of social support opportunities for athletes.

Video-Based Observation

As a public health necessity in 2020, social distancing required everyone to modify the ways in which they interacted; additionally, it allowed us to consider how many of our in-person experiences may be accomplished virtually. Because of these required changes, virtual observations will likely become a more common part of the consultation process. Virtual or remote observation may not allow a consultant to see and hear all that they would in person; however, there may be times when it is the only or best option available. For example, if a consultant is working with athletes who travel a great deal for training or competitions, being able to observe via a live or recorded video stream might be a useful tool. Consultants have long used video for supervision purposes, but most have less regularly used video for observation of or consultation with clients.

When integrating video-based observation, it's important to remember that the camera captures the entire event and may at times move away from the individual you are observing, providing you only a snapshot of a client's behavior. Therefore, video-based observation is likely best used as a supplement to in-person observation as it will often not allow the observer to focus on the specific factors they are interested in. However, in some situations, video-based observation may be the only option and in other instances may be a better option than in-person observation. In situations where the behavior of a client has been influenced by observers, video-based observation may actually provide a more authentic observation (Winchester et al., 2012).

Inconsistencies in Observations

An important component of observational assessment is identifying discrepancies between practice and competition behaviors associated with attitudes or sources of motivation. Other behaviors to compare between practice and competition include arousal, anxiety, focus and concentration, confidence, and differences in social interactions.

It is equally important to identify changes in coach behaviors from practice to competition settings. Coaches' behaviors can have major effects on athletes, and if these behaviors change between practice and competition, athletes may be confused by the inconsistencies. Inconsistent coaching can leave athletes not knowing what to expect and can result in frustration and a loss of trust.

Differences in team interactions between practice and competition may also be useful information for consultants. How teams behave and how the members interact with one another are indicative of the team climate. Changes in climate between practice and competition settings may signify a disruption in the team unit; observational assessment tools like Smith and colleagues' Multidimensional Motivational Climate Observation System (MMCOS; Smith et al., 2015) can help systemize this process. The MMCOS assesses motivational climate and enables systematic observation of factors related to self-determination theory, ego versus task-orientation, and the empowerment of athletes. To be more consistent with observations across communication type and settings, consultants should consider using a behavior tracking form (see example in Table 11.1).

Table 11.1 Checklist of Coach Behaviors to Observe (see Smith et al., 2015)

Specific Behaviors to Observe	Specific Behaviors to Observe
Autonomy-fostering	*Controlling*
• Acknowledges athletes' emotions and experiences	• Utilizes extrinsic rewards/reinforcement
• Allows for athletes to make choices	• Speaks to athletes in a controlling manner
• Helps foster intrinsic engagement and curiosity	• Uses intimidation or fear
• Gives reasoning behind plans and/or things asked of athletes	• Treats athletes with negative conditional regard
• Encourages athlete feedback	• Observable personal/physical control
• Reinforces proactive behavior of athletes	• Disregards feedback from athletes about their experiences
Relatedness-supportive	*Relatedness-thwarting*
• Takes measures to include all athletes in drills/activities/exercises	• Intentionally restricts some athletes from specific drills/activities/exercises
• Communicates with athletes about non-sport related experiences	• Discourages and prevents opportunities for athletes to talk
• Embraces an open and welcoming communication style	• Lacks compassion for athletes
• Provides compassion for athletes	• Bullies or singles out athletes
• Practices unconditional regard	• Closed-off communication
• Task-involvement	
• Coaching feedback reinforces task-focused competence	*Ego-Involvement*
• Distinguishes the significance of athletes' roles on team	• Punishes athletes for making errors
• Positively reinforces work ethic and/or growth in sport skills	• Highlights differences in "talent" among athletes on the team
• Fosters a task-focused environment with cooperative learning	• Feeds into inter/intrateam rivalry
Structure	
• Communicates clear guidelines and structure of practice	
• Provides standards for learning/skill development	
• Instructs athletes on how to improve drills/activities/exercises	

What to Observe?

Nonverbal versus Verbal Observations

Observational assessment can provide consultants with an opportunity to examine verbal and nonverbal communication among players and coaches. This information can be useful in understanding team dynamics. The majority of communication is nonverbal (Burgoon et al., 2021), and as Plato's quote at the beginning of this chapter implies, athletes' body language can be equally as telling as their words. High fives and positive verbal communications may suggest high cohesion among team members, whereas limited verbal communication and no physical touching may imply team tension. Similarly, athletes who have their heads up and shoulders back exude confidence, and athletes who slouch and whose eyes are pointed at the floor may lack confidence or feel dejected.

Other forms of nonverbal communication for consultants to be aware of include facial expressions, speed processing information and making decisions, stride length, visual gaze, breathing, ritualistic behaviors, and speech patterns (Burgoon et al., 2021). For example, athletes may be showing signs of fear or stress if they are taking short and indecisive strides, have a lost or apprehensive expression on their faces, are breathing faster and shallower than expected, are using short or fast speech patterns, or are performing ritualistic behaviors. However, athletes may be perceived as confident and comfortable if they display multiple behaviors opposite to those identified above. It is important to note that drastic changes in nonverbal behavior can also indicate changes in an athlete's overall well-being (Stevens et al., 2000).

Individual Observations

Pre-performance Observations

Observing the way an athlete prepares for competition can be informative. The activities athletes engage in prior to performance may illustrate how they feel about the impending competition. Observations of preparation may be multi-faceted and include observations of preparation in the months or weeks leading up to competition and just prior to competition; for example, many athletes use pre-performance routines to mentally prepare for competition. By observing athletes' pre-performance routines, consultants may better understand the issues the athletes may have related to performance anxiety, focus, and concentration.

Anxiety and Arousal

If athletes experience anxiety, or are unable to attain optimal levels of arousal, it may negatively affect their performance (Ford et al., 2017). In such instances, it is important for consultants to use observations to identify behaviors that may indicate anxiety or issues with arousal regulation. Examples may include athletes swaying back and forth or constantly drying their sweaty palms. Similarly, athletes with difficulty attaining optimal levels of arousal may appear lethargic at intense moments or over-aroused/fidgety when it might be more effective to be less intense.

Composure and Emotional Control

The best scenarios in which to gauge athletes' composure and emotional control are during successes, failures, and situations in which they have minimal control. Athletes' responses to successes and failures say a great deal about their composure and emotional control; athletes with composure and control

maintain a similar gracious attitude in success and failure. This may be shown best by observing behaviors after what they may perceive to be a blown call. Those with composure and emotional control may get frustrated with the call but will quickly show signs of control and focus, whereas others may continue to show anger and carry over these emotions into future segments of the game.

Confidence and Concentration

Oftentimes, athletes who lack confidence have heightened levels of performance anxiety, experience frequent lapses in concentration, talk a bigger game than they play, and struggle with indecisiveness (Machida et al., 2017). Many of these behaviors and cognitive changes can be observed (or inferred) during competition. Performance anxiety may manifest itself through observable habits discussed in the previous section.

A lack of confidence is only one of the many reasons athletes have difficulty maintaining focus and concentration (Hanton et al., 2004). External and internal distracters, such as the opponent, the previous point, the score, and negative self-talk, can lead to lapses in concentration. Observable examples of distracters may take the form of "trash talking" or athletes verbally criticizing themselves.

Motivation, Dedication, and Commitment

Although psychological attributes are less tangible and openly observable than physical attributes, consultants can still use observation to assess behaviors that may illustrate an athlete's motivation, dedication, and commitment. If athletes demonstrate responsible behavior, adhere to team norms, and try hard to succeed, they are demonstrating high levels of motivation, dedication, and commitment. Athletes, who loaf around or are disengaged when not in the competition, may lack motivation and dedication, may not be truly committed, and may be focusing more closely on themselves.

Consultants should remember the complex relationships between performance and well-being in the athletic population; be sure to consider changes in any of the previous psychological components and their potential influence on the athlete's performance and their overall well-being. If athletes are struggling in their personal life, they may find it difficult to keep those struggles out of their athletic life and vice versa.

Group Observations

When consultants are hired to work with entire teams, their observations should be somewhat different than those discussed above for individual athletes. When working with teams, consultants should focus on both coach-related and team-related factors. Similar to individual observations, group observations provide consultants an opportunity to observe behavior related to athletic performance and general well-being.

Coaching Behaviors

When consulting with teams, we encourage consultants to use their observation time to focus on team-related issues that may affect performance. Such observations should focus on gathering information about coaches, and how the coaches influence the team via their interactions with the athletes, leadership styles, and the emotional and motivational climates they promote (Smith et al., 2017). Allan et al. (2016) emphasize that coaches' abilities to manage their own emotions can impact team performance. They developed the Assessment of Coach Emotions (ACE) to record overt coach emotions in a variety

of behavioral contexts. This tool could be a useful addition for consultants when observing coach and team dynamics.

Coach-Athlete Issues

The relationships between athletes and their coaches can strongly affect performance and other aspects of athletes' lives. Through observational assessment, consultants can examine verbal and nonverbal interactions between coaches and athletes to gain information about the way coaches interact with athletes. Specific coaching behaviors to observe include modeling, reinforcement, and feedback style. By observing these behaviors, consultants will better determine whether or not the coaches interact consistently with athletes.

Leadership

Team settings provide great opportunities for learning and developing leadership skills. The leadership tendencies of coaches and athletes affect behavior and performance and are important to assess during games and practices (Lefebvre et al., 2021). Information about the leadership tendencies of players and coaches can be garnered from warm-ups, practice drills, and games. Other leadership observations might include assessments of leadership practices on the team and responses to differing leadership styles.

Questions that consultants may want to ask when observing coach leadership styles include: How does the coach teach? How does the coach communicate with athletes following successes or failures? How does the coach react to player feedback/comments? In addition, consultants should pay attention to how athletes or teams react to their coaches in these situations.

While observing athlete leaders, consultants may want to focus on questions such as: How does the athlete leader motivate teammates? Are there individuals beyond the captain that emerge as leaders? What leadership strategies appear to work best? Do different team members respond to leadership styles differently? All of this information can be used to help make the athlete leader more aware of the situation and to provide guidance for improvement of leadership strategies in the future.

Motivational Climate

Some coaches create climates where athletes are free to learn and make mistakes as long as they work toward improved performance, but other coaches create climates that are rigid and threatening, where athletes are shamed and reprimanded for mistakes. The setting influences player autonomy and satisfaction, but can also influence such factors as self-confidence, role expectations, cohesiveness, enjoyment, experimentation/creativity, stress, and anxiety (Smith et al., 2017). Observations of team climate can help consultants understand player thoughts and behaviors. For instance, observing coach–player interactions following different situations (e.g., success and failure in practice or competitive situations) and more so, player reactions (e.g., hanging head, tentative movements, and frustration) to these interactions can provide the consultant with information about the perceived climate and its influence on individuals and the team. As mentioned above, observational assessment tools like the MMCOS (Smith et al., 2015) can help organize the observation process and provide important feedback.

Team Processes

By observing teams across settings, consultants can learn how athletes communicate. Communication strategies should be observed in all situations but may be particularly informative when teams are under

pressure. Stressful and evaluative situations that demonstrate communication patterns include successes and failures, position challenges, and team scrimmages. These situations give information about communication patterns, but also team processes such as leadership characteristics, team support structures, and roles.

Observations of team processes such as leadership, status, social support, and roles are important to understand. Not only does knowledge of these factors affect how consultants understand the information obtained from clients in session, but also provides information that can inform intervention. When consultants know the roles, support systems, and/or leadership styles on the team, they are better able to judge the potential efficacy of team interventions.

Limitations of Observational Assessment

Despite the benefits of observation, it is important to consider observation as a tool within one's practice that can be helpful, but also has its limitations. First, observation requires a set of skills that are developed with time and experience. Similar to other skills necessary for effective practice or consulting, developing observation skill requires time, practice, and effective education, training, and supervision. Second, observations are not facts; they are an estimation of the experience of the individual(s) being observed; in addition, observations are influenced by the interpretation and perspective of the observer. Observations should not be used in isolation and should be combined with other methods of gathering information and used to guide questions to better understand the athlete and their interpretation of events, behaviors, and/or feelings. From this perspective, the use of multiple forms of data collection for triangulation is essential. And third, it is important to remember the effect that observation can have on behavior. If those being observed modify their behavior as a consequence of the observation, then the observation is not providing authentic information.

Conclusion

In conclusion, consultants need to be aware of the roles that observations can play in the consultation process. Not only can observations play an important role in the development of rapport between client and consultant; they also provide information that can be used to better understand and corroborate information learned in sessions, provide information that can help develop and maintain effective interventions, assess the effectiveness of interventions, and monitor well-being to support the referral process. Given the importance of observations, we recommend that consultants consider conducting both practice and competition observations as early and often as possible. These observations should focus on the social and situational factors influencing attitudes and behaviors. These social factors include social networks of influence, the athletic subculture, leadership styles, behavioral responses to success and failure, and communication patterns.

Observational assessment is an important part of the evaluation process. Although observation may not provide specific information about why athletes experience stress, anger, fear, or lack of focus or self-confidence, it can provide insight into the athletes' experiences and provide a more comprehensive view of when and how these behaviors/emotional reactions occur. Observations can benefit the consultation process by providing insights into the performance and overall well-being of clients. Although we have provided an outline for conducting effective observations, consultants will need to develop their own methods of observations. In addition, they will need to develop a strategy for using the information gained from these observations. See Box 11.1 for a summary of the key points from this chapter.

Box 11.1 Summary of Key Points about Observing Clients

- The overall assessment process can be significantly improved through the use of in vivo observation to triangulate and expand other assessment strategies.
- Observations can help build rapport and inform the consultation process with information about clients' experiences, ideas for effective interventions, and identification of change in client behaviors.
- Consultants should attempt to gather pertinent information from clients using observations of both practice and competition situations.
- When in-person observation is not viable (e.g., time, distance, and setting), video/virtual observation can be used as an effective alternative.

References

Allan, V., Turnnidge, J., Cote, J., Vierimaa, M., & Davis, P. (2016). Development of the assessment of coach emotions systematic observation instrument: A tool to evaluate coaches' emotions in the youth sport context. *International Journal of Sports Science and Coaching*, *11*(6), 859–871. https://doi.org/10.1177/1747954116676113

Brown, D. J., Passaportis, M., & Hays, K. (2021). Thriving. In R. Arnold & D. Fletcher (Eds.), *Stress*, *Well-Being*, *and Performance in Sport* (pp. 297–312). Routledge.

Brustad, R., & Ritter-Taylor, M. (1997). Applying social psychological perspectives to the sport psychology consulting process. *The Sport Psychologist*, *11*(1), 107–119. https://doi.org/10.1123/tsp.11.1.107

Burgoon, J. K., Manusov, V., & Guerrero, L. K. (2021). *Nonverbal communication* (2nd ed.). Routledge. https://doi.org/10.4324/9781003095552

Ford, J. L., Ildefonso, K., Jones, M. L., & Arvinen-Barrow, M. (2017). Sport-related anxiety: Current insights. *Open Access Journal of Sports Medicine*, *8*, 205–212. https://doi.org/10.2147/OAJSM.S125845

Gee, C. J. (2011). Aggression in competitive sports: Using direct observation to evaluate incidence and prevention focused intervention. In J. K. Luiselli & D. D. Reed (Eds.), *Behavioral sport psychology: Evidence-based approaches to performance enhancement* (pp. 199–210). Springer. https://doi.org/10.1007/978-1-4614-0070-7_12

Hanton, S., Mellalieu, S. D., & Hall, R. (2004). Self-confidence and anxiety interpretation: A qualitative investigation. *Psychology of Sport and Exercise*, *5*(4), 477–495. https://doi.org/10.1016/S1469-0292(03)00040-2

Holder, T., & Winter, S. (2017). Experienced practitioners use of observation in applied sport psychology. *Sport*, *Exercise*, *and Performance Psychology*, *6*(1), 6–19. https://doi.org/10.1037/spy0000072

Lefebvre, J. S., Turnnidge, J., & Cote, J. (2021). A systematic observation of coach leadership behaviors in youth sport. *Journal of Applied Sport Psychology*, *33*(3), 377–386. https://doi.org/10.1080/10413200.2019.1609620

Machida, M., Otten, M., Magyar, T. M., Vealey, R. S., & Ward, R. M. (2017). Examining multidimensional sport-confidence in athletes and non-athlete sport performers. *Journal of Sports Sciences*, *35*(5), 410–418. https://doi.org/10.1080/02640414.2016.1167934

Manna, M. (2010). Effectiveness of formal observation in inpatient psychiatry in preventing adverse outcomes: The state of the science. *Journal of Psychiatric and Mental Health Nursing*, *17*(3), 268–273. https://doi.org/10.1111/j.1365-2850.2009.01512.

Park, Y., Brownell, M. T., Bettini, E. F., & Benedict, A. E. (2019). Multiple dimensions of instructional effectiveness in reading: A review of classroom observation studies and implications for special education classrooms. *Exceptionality*, *27*(1), 1–17. https://doi.org/10.1080/09362835.2017.1283628

Partington, J., & Orlick, T. (1987). The sport psychology consultant evaluation form. *The Sport Psychologist*, *1*(4), 309–317. https://doi.org/10.1123/tsp.1.4.309

Sharp, L.-A., & Hodge, K. (2014). Sport psychology consulting effectiveness: The athlete's perspective. *International Journal of Sport & Exercise Psychology*, *12*(2), 91–105. https://doi.org/10.1080/1612197X.2013.804285

Smith, N., Quested, E., Appleton, P. R., & Duda, J. L. (2017). Observing the coach-created motivational environment across training and competition in youth sport. *Journal of Sports Sciences*, *35*(2), 149–158. https://doi.org/10.1080/02640414.2016.1159714

Smith, N., Tessier, D., Tzioumakis, Y., Quested, E., Appleton, P., Sarrazin, P., Papaioannou, A., & Duda, J. (2015). Development and validation of the multidimensional motivational climate observation system. *Journal of Sport and Exercise Psychology*, *37*(1), 4–22. https://doi.org/10.1123/jsep.2014-0059

Stevens, R. E., Loudon, D. L., Yow, D. A., Bowden, W. W., & Humphrey, J. H. (2000). *Stress in college athletics: Causes, consequences, coping* (1st ed.). Routledge. https://doi.org/10.4324/9781315043593

Winchester, R., Turner, L. A., Thomas, K., Ansley, L., Thompson, K. G., Micklewright, D., & St Clair Gibson, A. (2012). Observer effects on the rating of perceived exertion and affect during exercise in recreationally active males. *Perceptual and Motor Skills*, *115*(1), 213–227. https://doi.org/10.2466/25.07.05.PMS.115.4.213-227

12

PSYCHOLOGICAL ASSESSMENT

Projective Techniques

Mark B. Andersen and Petah M. Gibbs

The development of early projective techniques was strongly influenced by the psychoanalytic movement. According to Rabin (1986), clinical psychologists, pre-1930, had few assessment tools (e.g., the Stanford-Binet and some personality inventories of limited range). Essentially, the clinicians of this era mainly used quantitative indices, intelligence quotients, percentiles on introversion or dominance scales, and similar pieces of nomothetic information. Rabin suggested that the introduction of projective techniques gave clinicians the opportunity to communicate something meaningful to professional colleagues about the personality structures, psychodynamics, and diagnoses of clients. Results from projective techniques also contributed to the planning of therapeutic processes. Today, projective techniques remain favored instruments of many clinical psychologists, and common methods of assessing personality.

In the early 20th century, a simple projective test consisting of a series of pictures was available for personality assessment of children (Brittain, 1907). Since the early 1900s, the use of psychodynamically driven personality tests has waxed and waned. For example, in the 1920s and 1930s, there were ground-breaking developments such as the Rorschach Ink Blot Test (Rorschach, 1921) and the Thematic Apperception Test (TAT, Morgan & Murray, 1935). These classic early personality tests, which are still widely used, have spawned a huge number of derivative tests. A gradual shift took place when the development and popularity of self-report tests led to a reappraisal, and, in some instances, skepticism, of older projective methods.

The emergence of sport psychology as a specific discipline has largely coincided with an era dominated by objective (self-report) testing (1960s to present). Similar to mainstream psychologists, some sport psychology practitioners use various tests and techniques to assess personality traits, but they are all essentially objective/self-report. With the increasing maturation of the field of sport psychology, there appears to be a greater appreciation for diversity of training models, research methodologies, and other approaches beyond the dominant cognitive-behavioral paradigm. For example, psychodynamic interpretations and formulations have begun to appear more frequently in the sport psychology literature (Andersen, 2005; Huguet, 2008; Serra de Queiroz & Andersen 2017; Strean & Strean, 1998). But the same cannot be said for the use of projective testing in sport psychology research or practice.

Historical Traces and Theoretical Foundations

Murray (1938) first introduced the term *projection test* in a ground-breaking study titled *Explorations in Personality.* The term is the generic label for a collection of varied psychological assessment tools that include inkblot methods (e.g., Rorschach), storytelling methods (e.g., TAT), drawing techniques (e.g., human figure drawing and house-tree-person), and verbal stimuli techniques (e.g., sentence completion and word association). Murray described these methods as "an attempt to discover the covert (inhibited) and unconscious (partially repressed) tendencies of normal persons… simply different methods of stimulating imaginative processes and facilitating their expression in words or in action" (p. 248).

One of the most accepted and widely used projective tests to investigate the dynamics of personality is the TAT (Morgan & Murray, 1935). Using the TAT in a therapeutic setting enables clinicians to gain insights into how the dynamics of personality are manifested in interpersonal relations, and how clients describe and interpret their environments. The TAT consists of 30 cards (and one blank card) with the majority of images depicting people in a variety of life situations. Clients are asked to interpret the scene by identifying the central (main) character, telling what is taking place, describing the thoughts and feelings of the characters, recounting events leading up to the scene, and telling what the outcome will be. Clients reveal their personal apperceptions (both conscious and unconscious processes through which a person takes in information [images, ideas, events] and then understands or interprets that information through their past experiences) of the images through the medium of *projection.* They project onto the images their own hopes, dreams, fears, frustrations, relationship, past traumas, and so forth.

Interpreting Projective Tests

Clinicians working with the TAT differ in how they use the tool as source material for revealing characteristics of their clients they believe are significant. For example, a practitioner may use the TAT as part of a comprehensive effort to comprehend a client's life (Keniston, 1963/2006) or to explore important specific emotional relationships in a person's world. According to Rotter (1946), interpretations from the TAT should be considered only as hypotheses or leads for further investigations, and he cautioned that "the value, significance, nature, and validity of the tests are dependent upon the interpreter, his experience, and his approach to the field of personality" (p. 206).

Interpretation can include identifying the "degree" of projection (how much projection is going on) and complementing responses with case notes of interactions with clients. Adcock (1965) suggested that practitioners should appreciate the difficulty of interpreting the degree of projection involved in a client's storytelling. Adcock warned against practitioners relying on mere counting of needs and conflicts and being too concerned with group averages, and he emphasized the importance of the interactions between the clinician and client as a central component of the interpretation process and integral to understanding the degree of projection.

The problem with most projective tests is always the same; they allow the interpreter to project as much as the client. Interpretation of respondents' stories requires clinicians to be highly aware of their own needs and projections. Similarly, transference and countertransference also play important roles in the interpretation of clients' stories. Transference phenomena occur when clients begin to respond (cognitively, affectively, behaviorally) to their practitioners in ways that are similar to how they have responded to significant others in their pasts. Countertransference is when practitioners do the same with their clients. For example, clients may make conscious (or unconscious) efforts to please practitioners and present themselves as specific kinds of persons. There may also be a tendency for practitioners to misinterpret the meaning of stories due to a limited awareness, or analysis, of their own countertransference. If clients have some behaviors or personality features that remind practitioners (unconsciously) of others

in the past who have disappointed them, then there may be a tendency to interpret the stories in a more negative light than if clients remind professionals of positive past experiences with significant others.

Validity and Reliability

Projective tests have been a matter of concern to psychometricians because they generally do not conform to the usual methods of establishing reliability and validity. Critics have pointed to validity problems (or limitations) of projective tests especially when interpretation is not based on quantified scores or normative data, and they have often dismissed their usefulness as personality assessment techniques. According to Jensen (1959), "if the TAT is short on actual validity, it certainly is not lacking in what might be called *subjective validity* (akin to *faith validity*)" (p. 312). Jensen suggested that some psychologists have greater capacities than others for experiencing subjective validity. This capacity seems to be associated with training and experience in psychoanalysis, psychotherapy, and projective techniques in general. Jensen stated, "While research has shown the TAT to have low reliability and negligible validity, many clinical psychologists continue to use it, apparently with some satisfaction" (p. 313).

Projective Assessment in Sport

As Gibbs et al. (2017) noted:

> There is a prevailing trend in sport psychology to focus on observable and self-reported traits of athletes… trait theory and social learning theory have received the most attention in sport personality research, whereas, little attention has been given to psychodynamic theory.
>
> *(p. 11)*

Although projective testing is rarely mentioned in the sport psychology literature, a few researchers have attempted to develop projective tests specifically for athletes (Bouet, 1970; Missoum & Laforestrie, 1985). These investigators are among the few sport researchers to show concerted interest in the development of projective tests for sport and the application of projective tests to athlete populations. Bouet developed a sport-specific version of the TAT, the Projective Sport Test (PST). In a similar study, Missoum and Laforestrie constructed the Projective Test for Sportspersons (PTS) as a part of a psychological assessment battery adapted for athletes. The PTS was also designed to aid in the selection and training of sports personnel. Their efforts, however, were incomplete and did not lead to any significant academic journal publications. Bouet's PTS is referenced in the *Directory of Psychological Tests in Sport and Exercise Sciences* (Ostrow, 2006) and stands as the only psychodynamically themed test of the 314 instruments listed. Bouet's test and administration material, however, are not available.

There have been few serious attempts over the last 70 years to use projective tests in a sport context. Although there are some prevailing opinions on the usefulness of a sport-specific projective test, a few sport psychology researchers have found projective tests to be, at least, useful means of gathering information. For example, Benzi and Michelini (1987) administered a series of projective tests with the aim of describing the psychological profiles of artistic roller skaters. Johnson et al. (1954) also attempted to describe and measure the personality traits of "champion" athletes using projective tests. Although these two examples demonstrate some applications of projective tests in sport, further examples of researchers using projective tests in sport settings are extremely rare. Often, the criticism of using projective tests focuses on the belief that information is based on outdated research and literature. In particular, the criticism that arises from sport researchers and clinicians is often sourced from information found outside of the sport literature. Clinicians may expect too much from this one

source rather than taking a projective test as part of a battery of personality assessment tools (a holistic view of assessment).

There remain differing opinions regarding the use of projective techniques in sport psychology service delivery (Gibbs et al., 2016, 2017). These differences appear to revolve around two primary points: (a) the value of the instruments as tools for collecting information about athletes that is not easily obtained with self-report techniques and (b) the psychometric qualities of the instruments. In specific reference to point (b), opponents focus on psychometric inadequacies of projective techniques, and proponents focus on the potential practical/clinical usefulness of such instruments. Proponents also point out that projective techniques allow considerable freedom for clients to generate responses that provide potentially useful information about their personalities, anxieties, hopes, and fantasies.

Projective tests are attractive as clinical tools, but they are often difficult to "score" and interpret. Projective tests were, however, not originally designed through statistical/psychometric test-construction paradigms nor were they intended for use in quantitative research designs. As Gibbs et al. (2017) observed:

> Applying the rules of quantitative test validation to projective tests, however, is a misapplication. Trying to fit [projective tests] into a quantitative psychometric mode is akin to applying quantitative positivist paradigms to qualitative research such as ethnography and life histories. It is an unfair comparison, and it misses the point that projective techniques are clinical instruments designed to help us understand people.
>
> *(p. 11)*

Although there has been widespread resistance (or maybe more accurately, *inattention*) to projective tests in sport psychology (and to some extent the psychological community as a whole) since the 1950s, the premise that projective tests use has limited applications is questionable. According to Lazarus (1989), all assessment and treatment of human problems should be holistic, or totalistic, as exemplified by multimodal therapy. Multimodal therapy involves an assessment of the individual using the integration of different but interrelated modalities, or psychological parameters (e.g., behavior, physiology, cognition, interpersonal relationships, sensation, imagery, affect). In other words, the use of multiple assessment tools and divergent theoretical approaches when assessing an individual can only enhance the understanding of the individual's needs, motives, and drives.

In describing personality, psychologists have relied heavily on developing, administering, and interpreting quantitative personality tests and techniques. It is difficult to assess personality directly, but projective tests provide an opportunity for people to describe their feelings and thoughts about a range of stimuli. For example, someone might be shown a photo of an exhausted runner crossing a finishing line at the end of a track race and be asked to write about what is happening. A high-achieving, confident person might emphasize how the runner made an effort to achieve a goal, whereas a low-achiever might project feelings of disappointment at losing the race in a close finish. An athlete can answer any pencil and paper tests, or interview questions (objective/self-report methods) with verbal and conscious decisions. There may be, however, unconscious motives that cannot be measured on self-report inventories. A well-trained and intuitive clinician may pick up the conflict through discussion, but projective methods can be effective techniques to assist the athlete in (unconsciously) sharing such information.

The Athlete Apperception Technique (AAT)

The AAT represents a new technique that practitioners can use to dynamically produce an idiographic understanding of athletes' and coaches' characteristics, motivations, anxieties, and dreams.

Since the first edition of this book, a peer-reviewed journal article on the AAT's development (Gibbs et al., 2016) and a full manual for its administration, scoring, and interpretation have been published (Gibbs et al., 2017). The construction of the AAT followed the developmental model of the TAT. An important element in the construction of any projective test is the creation of a unique and suitable image set that goes beyond a pictorial view of traditional family/associate relationships.

The two specific aims of the development of the AAT were to: (a) create a sport image set using past expert-driven guidelines as a blueprint, and (b) investigate potential interpretive methods. The first aim was completed by following a process that included collating a large set of sport images, trialing images with a large and diverse sample of athletes, using experts to judge the appropriateness of images, engaging a professional artist to recreate images, and carrying out additional testing to achieve a small and workable image set (Gibbs et al., 2016). Following the progressive reduction of a large number of sport images, this work culminated in three general image sets: (a) an adult image set (AAT), (b) a supplementary set (AAT-S), and (c) a children's set (AAT-C). The AAT includes ten images that evoke a range of sport-related themes and latent stimulus properties such as relationships with other athletes and coaches, anxiety and arousal issues, concentration, leadership, team cohesion, preparation and routines, flow and optimal performance, confidence, motivation, attributional styles, and self-talk. The AAT-S (five images) provides an option for sport psychologists to choose supplementary images that evoke specific themes such as apprehension over body contact, vulnerability, arousal–aggression, faith, boasting or gloating, and conflict. Between the AAT and the AAT-S, many themes can be evoked, and we believe that future research will demonstrate the depth and breadth of themes and stories that these images can produce. The AAT-C images (appropriate for children–adolescents) evoke stories reflecting themes of sport development and barriers to sport involvement. Considerable data have been collected for each image set, but to date, exclusively with adults (see also Gibbs, 2006). Additional research on the AAT-C images with children is needed.

AAT Image Interpretation Example

The following section is an example of a typical story response to an AAT image (Image 10; see Figure 12.1, permission for use granted by Gibbs et al., 2017) followed by two forms of analysis: a sport psychology interpretation (using cognitive-behaviorally derived sport psychology formulations) and a psychodynamic theory–based interpretation. The case example used here is somewhat limited because I (first author) had no life history or background information for the respondent (other than gender, age, and sport participation), and such limited knowledge, and lack of dialogue, greatly restricts attempts to interpret this person's stories. The interpretations of just one image (of ten images administered) are presented here for illustrative purposes only (from Gibbs, 2006; permission for use granted by author). The story below is from "Jenny" a 19-year-old basketball player.

Jenny's Response to Image 10

This image looks like the closing or finishing stages of a race. It looks like they are just crossing the finishing line, and the main character appears to be the guy in the middle as he looks like he just won. I think the other characters will accept he has won this time and race against him again trying to beat him next time they race. It looks like the main character thinks he is pretty good after winning. The others probably think he is a bit of a dick because he is acting so cocky. He doesn't care though because he is the champion and had planned on winning this race for a long while. He will be very proud of himself and plans to defend his title in the future.
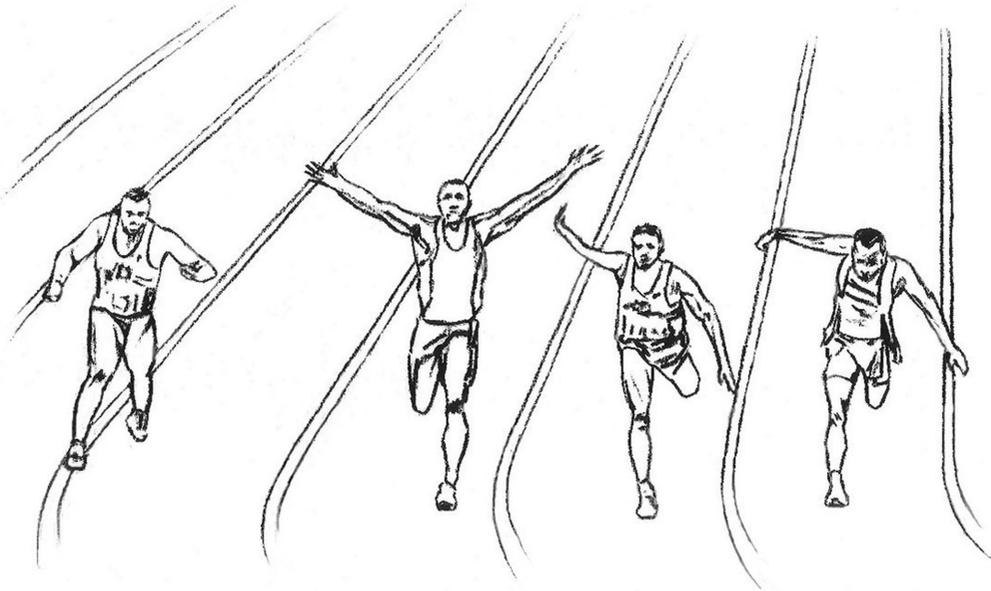
Figure 12.1   Image 10 from the AAT
Source: Copyright Gibbs et al. (2016). Used with Permission.

Sport Psychology Analysis and Interpretation

In her story, the central character is enjoying his success, while the other runners are disparaging of his show of success and perhaps envious. The primary sport psychology theme for Image 10 is *intrinsic-extrinsic motivation*, with secondary themes being *fear of failure-success* and *attributional style*. Jenny described the "losers" thinking the winner "is a bit of a dick because he is acting so cocky" and the winner thinking "he doesn't care though because he is the champion." In her story, Jenny also provided an insight into her need for autonomy and competence primarily through describing both intrinsic and extrinsic motivations. Jenny described the other runners feeling the winner was lucky to win "this time" and planning to beat him next time. She also described the central character planning to defend his title. Questions may be raised and discussed with Jenny regarding issues such as feeling personally satisfied with "winning," how she defines "being a champion," and why the athlete has "planned on winning this race for a long while." Also interesting to examine with Jenny would be the association of terms "others probably think he is being a dick because he is acting so cocky" and "he doesn't care though because he is a champion." Jenny's responses to Image 10 fulfilled the manifest stimulus demand, form demand, and frequent plots of the image especially regarding to intrinsic–extrinsic motivation and personal attitudes to winning (e.g., arrogance, self-importance, superiority). Jenny's response introduced latent stimulus demands through the description of athletic inadequacies with the reactions of other runners to the central character.

Psychodynamic Analysis and Interpretation

In examining projective responses, one often notices apparently abrupt changes in the quality of the storylines. For example, after a few rather sad or depressing stories, all of a sudden, a happy tale is produced, or after some rather aggressive and violent responses to images, a sweet story appears. These

shifts may be indicative of defenses being marshaled to combat the negative emotional material that earlier images evoked. In many ways, this story of success has those qualities of a defense against Jenny's sadder, and in the case of Image 1, aggressive responses. The defense, if it is there (more speculation), does not appear to be completely successful. Although Jenny acknowledges the winner of the race as the central character, she may identify with all the characters at some level. Jenny seems to identify with the winner primarily as a fantasy because she wants to win, be cocky, and show off. A winner, or a good performer, is worthy of attention and love. Jenny may also identify with the "losers" and appears resentful toward the winner, and this identification is consistent with Jenny's previous three image responses [stories of losing and disappointment]. She identifies as being a "loser" and is resentful (and revengeful). In Jenny's story for Image 10, there is a dual identification: (a) a fantasy of success of what she wants to be and (b) a reality identification of failure. Carl Rogers, whose work was strongly influenced by the psychoanalyst Otto Rank, might see this card as possibly a good example of what he termed the *real self* and the *ideal self* (in psychoanalytic terms, the *ego-ideal*) and the dynamic conflicts between those two aspects of the personality. The line "had planned on winning this race for a long time" also suggests that her fantasies of winning (and possibly being loved and worthy) are long-standing dreams that she has used to nurture her wounded self and compensate for all the feedback that not being good at sports equates to not being good, full stop.

Uses for the AAT

The above is a brief example of how someone with a psychodynamic orientation might begin to analyze Jenny's responses. For many in sport psychology, this territory would be rather foreign, and some might even say that this approach is really just spinning Freudian fairy tales. We would disagree and suggest that this approach may be helpful if an athlete, such as Jenny, wants to do some deeper exploration of her life, rather than learn some relaxation for her competition anxiety.

Thoughtful analysis and interpretation of AAT responses may provide an in-depth and idiographic understanding of athletes' characteristics, motivations, and anxieties, as well as assisting in the assessment of personality features. For example, Kavanagh (2010):

> …used six AAT images with the aim of providing an in-depth understanding of the character, motivations, anxiety, and hopes of "Craig," a tennis coach. Despite some initial skepticism about using the AAT images, Kavanagh found they were useful in providing avenues for dialogue not easily approached through standard sport psychology research interviews. Furthermore, Kavanagh reported that although the interpretation process was challenging, her initial doubts about the AAT vanished once she gained experience administering and using content-import techniques to interpret AAT stories. The AAT was particularly beneficial for engaging Craig and allowed him to relax and gave him considerable freedom to engage in dialogue.
>
> *(Gibbs et al., 2016, p. 44)*

Using the AAT may also be beneficial in other ways besides as a research instrument or a personality assessment. Going through the results of a projective test with a client may also be part of the therapeutic process of treatment. As Waiswol (1995) suggested:

> In some respects, the test administration procedure is analogous to the psychotherapeutic process… . The therapist, by translating the results, stimulates the gradual gaining of insight and self-awareness at the patient's own pace… . Projective results are especially useful when the interpretations are juxtaposed with content arising in the therapeutic session.
>
> *(p. 244)*

Something similar occurred in Thompson and Andersen's (2012) case study on a Cook Islander rugby player and his relationship with a Pakeha (White) sport psychology practitioner. Going through the athlete's AAT stories together brought important material to light and helped deepen the therapeutic bond between them. It was a positive turning point in therapy that helped move the healing process forward.

At the very least, discussion of AAT responses can be a useful way of initiating dialogue, engaging the client, and possibly unmasking issues that might otherwise lay dormant (latent personal issues of which athletes may not be consciously aware or reluctant to voice openly). Further, the use of the AAT may help sport psychology practitioners identify and assess personality features relevant to performance and the health and well-being of athletes. The AAT should not be used as a stand-alone instrument, but rather in conjunction with other sources of information (e.g., questionnaires, intake interviews, ongoing service delivery encounters). This last point speaks to the issues of the ethical use of projective tests, the first of which should be full disclosure of the purposes of the test and the supplying of sufficient information (e.g., assurance of complete confidentiality) for clients to make fully informed consent to take part in the testing. Interpretations of projective material should always be couched as *suggestions*, and clients need to be encouraged to disagree and offer alternative explanations of their stories in a collaborative process with their practitioners (respect for client autonomy, dignity, and personal view of self).

The AAT may also become a useful tool in educational settings, and academics in sport psychology graduate programs may find it to be an instructive and challenging tool in the education of applied sport psychology students. The AAT may also assist educators in providing some balance, in regard to the dominance of paper and pencil self-report measures, when discussing personality assessment administration, analysis, and interpretation.

Conclusion

In athlete–sport psychology practitioner encounters, the aim is not to judge athletes' personalities, but to explore and embrace their lives. When used judiciously, projective techniques may be of assistance in revealing athletes' worlds. The AAT, for example, is not a technique designed to predict success in sport, identify leadership skills, measure anxiety, or assign a range of values to explain personality. The AAT follows the developmental and theoretical guidelines of the TAT, and to that extent, is designed to assist sport psychology professionals in understanding their athletes' motives, attributions, wishes, dreams, conflicts, and desires, and in some ways may help practitioners better serve the people in their care. We hope to see more research into the value of projective techniques in applied sport psychology and how they can be a part of strengthening therapeutic relationships and outcomes. See Box 12.1 for the main take-home messages from this chapter and some information as to where to find avenues for continuing professional development in the use of projective methods for sport psychology practitioners who may not have been exposed to these sorts of assessments in their formal training.

Box 12.1 Summary of Key Points about Projective Testing

- Psychodynamic interpretations and formulations have begun to appear in the sport psychology literature.
- In sport psychology, there appears to be an appreciation for diversity of research methodologies and other approaches beyond the dominant cognitive-behavioral paradigm.
- In the past 30 years, only a few researchers have attempted to develop projective tests specifically for athletes (e.g., AAT).

- Projective techniques are best suited as one part of a battery of personality assessment tools (a holistic view of assessment).
- Projective tests provide an alternative to nomothetic approaches to assessment.
- Projective methods can be effective as techniques to assist the athlete in (unconsciously) sharing sensitive personal information.
- The AAT may assist educators in providing some balance, in regard to the dominance of paper and pencil objective measures, when discussing personality assessment administration, analysis, and interpretation.
- Projective techniques can also be part of the therapeutic process along with enhancing the working alliance between client and practitioner.
- There are numerous avenues for learning and training in the use of projective tests. For example, go to the International Society of the Rorschach and Projective Methods: Summer Seminars website:

https://www.internationalrorschachsociety.com/events/summers-seminars/

These seminars are held every summer in various countries across Europe. International online training workshops in projective methods can also be found at https://r-pas.org

There are also myriad YouTube tutorials on the TAT, and other projective tests, on the Internet, but they vary in quality. Bar enrolling in a psychodynamic psychotherapy degree program, a fruitful path would be for sport psychology practitioners to find a psychodynamically oriented colleague with expertise in projective testing who is willing to train them in the theory, administration, and interpretation of projective tests (e.g., TAT, AAT, and Rorschach).

References

Adcock, C. J. (1965). Thematic apperception test. In O. Buros (Ed.), *The sixth mental measurement yearbook* (pp. 533–535). Gryphon Press.

Andersen, M. B. (Ed.). (2005). *Sport psychology in practice*. Human Kinetics.

Benzi, M., & Michelini, L. (1987). Psychological aspects of a group of national team artistic roller skaters. *Medicina Dello Sport*, *40*(4), 419–422.

Bouet, M. A. (1970). A projective test for sport participants. In G. S. Kenyon (Ed.), *Contemporary psychology of sport* (pp. 747–752). Athletic Institute.

Brittain, H. L. (1907). A study in imagination. *Pedagogical Seminary*, *14*(2), 137–207. https://doi.org/10.1080/08919402.1907.10534383

Gibbs, P. M. (2006). *Development of the Athlete Apperception Technique (AAT)* [Unpublished doctoral dissertation]. Victoria University, Melbourne Australia. Retrieved from http://vuir.vu.edu.au/40275/

Gibbs, P. M., Andersen, M. B., & Marchant, D. B. (2017). *The Athlete Apperception Technique: Manual for sport and clinical psychologists*. Routledge.

Gibbs, P. M., Marchant, D. B., & Andersen, M. B. (2016). Development of a clinical sport projective assessment method: The Athlete Apperception Technique (AAT). *Qualitative Research in Sport*, *Exercise and Health*, *9*(1), 33–48. https://doi.org/10.1080/2159676X.2016.1180637

Huguet, S. (2008). The psychodynamic approach: An asset for understanding the emotional side of the coach–player relationship? *Coaching and Sport Science Review*, *15*(46), 19–20.

Jensen, A. R. (1959). Thematic Apperception Test. In O. Buros (Ed.), *The fifth mental measurements yearbook* (pp. 310–313). Gryphon Press.

Johnson, W. R., Hutton, D. C., & Johnson, G. B. (1954). Personality traits of some champion athletes as measured by two projective tests: Rorschach and H-T-P. *Research Quarterly*, *25*, 484–485. https://doi.org/10.1080/10671188.1954.10624993

Kavanagh, T. E. (2010). *Transitions to the other side of the net: Tales of tennis players who become coaches* [Unpublished doctoral dissertation]. Victoria University, Melbourne Australia. Retrieved from http://vuir.vu.edu.au/15549/

Keniston, K. (2006). Inburn: An American Ishmael. In R. W. White (Ed.), *The study of lives: Essays in honor of Henry A. Murray* (2nd printing; pp. 40–74). AldineTransactions. (Original work published 1963)

Lazarus, A. A. (1989). *The practice of multimodal therapy.* Johns Hopkins University Press.

Missoum, G., & Laforestrie, R. (1985). L'image de soi du sportif [Athlete self-image}. *Bulletin de Psychologie*, *38*, 909–917.

Morgan, C. D., & Murray, H. A. (1935). A method for investigating fantasies: The Thematic Apperception Test. *Archives of Neurology and Psychiatry*, *34*, 289–306. https://psycnet.apa.org/doi/10.1001/archneurpsyc.1935.02250200049005

Murray, H. A. (1938). *Explorations in personality: A clinical and experimental study of fifty men of college age.* Oxford University Press.

Ostrow, A. C. (Ed.). (2006). *Directory of psychological tests in the sport and exercise sciences* (2nd ed.). Fitness Information Technology.

Rabin, A. I. (1986). Concerning projective techniques. In A. I. Rabin (Ed.), *Projective techniques for adolescents and children* (pp. 3–11). Springer.

Rorschach, H. (1921). *Psychodiagnostik*. Bircher.

Rotter, J. B. (1946). Thematic apperception tests; Suggestions for administration and interpretation. *Journal of Personality*, *15*(1), 70–92. https://doi.org/10.1111/j.1467-6494.1946.tb01052.x

Serra de Queiroz, F., & Andersen, M. B. (2017). Evenly suspended attention: A psychodynamically oriented and mindful approach. In S. J. Zizzi & M. B. Andersen (Eds.), *Being mindful in sport and exercise psychology: Pathways for practitioners and students* (pp. 77–95). Fitness Information Technology.

Strean, W. B., & Strean, H. S. (1998). Applying psychodynamic concepts to sport psychology practice. *The Sport Psychologist*, *12*(2), 208–222. https://doi.org/10.1123/tsp.12.2.208

Thompson, C., & Andersen, M. B. (2012). Moving towards Buddhist psychotherapy in sport: A case study. *The Sport Psychologist*, *26*(2), 624–643. https://doi.org/10.1123/tsp.26.4.624

Waiswol, N. (1995). Projective techniques as psychotherapy. *American Journal of Psychotherapy*, *49*(2), 244–259. https://doi.org/10.1176/appi.psychotherapy.1995.49.2.244

13

PSYCHOLOGICAL ASSESSMENT
Objective Self-Report

Daryl Marchant and Petah M. Gibbs

There have been substantial advances in psychological assessment since the first edition of the *Hand-Book of Applied Sport Psychology* was published. In this chapter, our objective is to provide an up-dated review of key issues in psychological assessment, especially as they relate to sport assessments. However, we commence by looking back to provide context and trace what became known as the credulous versus skeptical debate regarding test use in sport psychology. We also discuss how the term *psychometrics* is used inappropriately and should be tethered to the broader umbrella term *psychological assessment*. Further, the emerging dominance of technology and online resources are having a profound effect on the provision of psychological assessment services (see below). We detail this technology-driven transition and what that means for sport psychology and the incumbent responsibilities for practitioners. We also discuss the complexities of test design, responsible assessment techniques, and include a cautionary tale.

Although the readership for this book is wide and includes people who are not registered psychologists, we have used the label sport psychologist because psychological assessment is the specific purview of psychologists. Unless a test is open domain then legally people who are not registered psychologists should not be administering tests. Some sport psychologists can be adamant about not using tests, or alternatively, professionally irresponsible in using tests without due diligence. There is certainly a delicate balance when using tests in applied contexts. We provide suggestions for how developed skills in psychological assessment can benefit practitioners, their clients, and the field of sport psychology. Trends informing current assessment methods and the relevant training and professional development needs of sport psychologists are also discussed. We hope practitioners who incorporate psychological testing in their service provision find some "grist for the mill" from the issues presented here.

Historical Context

Test use in sport psychology practice can certainly be controversial. The widely discussed credulous versus skeptical debate (Morgan, 1980) regarding the efficacy of psychological test use in sport psychology had a significant effect on the field. During the 1970s and 1980s, there were earnest and somewhat divisive discussions in the field. Perhaps as a result of these discussions, sport psychologists gravitated toward becoming either staunch advocates (i.e., credulous) or staunch adversaries (i.e., skeptical) of testing. The credulous side believes that personality data derived from questionnaires are extremely useful in predicting success, whereas the skeptical side believes that questionnaire data have little relevance

and usefulness (Morgan, 1980). Now, with the benefit of hindsight, we can reflect that both sides were using data derived from somewhat dubious methods based on inadequate professional standards. Also, in reviewing the relevant literature from the period, there were many inflammatory comments and statements proposed by both the skeptical and the credulous. There is certainly a delicate balance to be sought when using tests in applied contexts. We encourage practitioners who choose to adopt psychological testing as part of their services to be mindful that the two key moving parts are (a) the quality of the instrument itself and (b) the competency of the practitioner to select, administer, score, interpret, and apply the results.

Psychological Assessment: Misunderstood, Misused, and Frequently Misrepresented

When fundamental terms and definitions are not well-understood, misunderstandings can easily become entrenched. Despite fundamental differences between the terms *psychological assessment* and *psychometric assessment*, they are often used interchangeably to the point where the essential and defining differences have become blurred. Psychological assessment is gathering and integrating multiple forms of data, including observation, interviews, and standardized tests (Wright et al., 2021). Psychometrics specifically pertains to the theory and techniques of measurement (Reber et al., 2009). A psychometrician by extension is a specialist who ironically "measures measurement." That is, they use statistical techniques to measure the accuracy and effectiveness of a measure. For example, test developers are required by publishers and testing standards to demonstrate that measures have robust and defensible psychometric properties. Objective tests in psychology are routinely subjected to sophisticated statistical techniques to establish their "credentials." Stated simply, psychometrics is not the measure or the test itself but the device to calibrate the integrity of the measure or test. As psychologists, it is our responsibility to not only understand the difference between the umbrella term psychological assessment, but to understand how to "consume" psychometric evidence. Furthermore, we need to dissuade others from defaulting to the term "psychometric testing" inappropriately.

It is difficult to determine when psychometric assessment started to shift away from the essentials of measurement test construction, calibration, and quality control to become a type of "replicant" of psychological assessment. The unfettered posting of online material is a possible culprit where repeated misuse has virtually enshrined psychometric assessment, or worse yet, psychometric testing as the dominant descriptive terminology and obscured the broader and more meaningful term psychological assessment. A simple online search of the term psychometric assessment will provide numerous examples of misunderstanding, misuse, and misrepresentation to the point of almost obfuscation. Fortunately, the integrity of peer-reviewed research has largely maintained the status quo in treating psychometrics as a means to an end rather than the end itself. However, we cannot simply ignore how online technology can independently shape and reshape what is perceived to be an assessment (see later section).

The limitations of tests are many and varied but can generally be traced back to issues of reliability or validity. Reliability is the degree of stability, consistency, and predictability of a measure and relates to identifying sources of potential error. Validity is considered to be the most critical issue in test construction because validity assesses whether a test measures what it was designed to measure and produces information useful to practitioners (Groth-Marnat & Wright, 2016). Familiarity with the foundations of assessment assists psychologists in making informed choices about which tests to use, for what populations, and in what contexts. Because tests do not get published if they are not reliable, test developers often focus mainly on assessing and demonstrating reliability. Beyond basic inter-item and test–retest reliabilities, various forms of factor analysis are minimum requirements. Despite construct validity being well catered for with factor analytic techniques, test developers are sometimes not as diligent about many other aspects of validity. Few tests are initially published with systematic attention and coverage of content validity, face validity, convergent/discriminant validity, criterion/predictive validity, and

particularly internal/external validity (see Groth-Marnat & Wright, 2016 for descriptions of how sub-types of reliability and validity are defined).

Yet from a practitioner's perspective, validity questions are central. For example, does the test measure a characteristic that will carry over or transfer to the sports context? Although test designers often recruit experts to assess reliability, how often are practitioners recruited to comment on the perceived relevance and applicability of a test in practice? A further challenge is to develop tests that are designed with a focus on the needs of practitioner and client, yet remain reliable while being ecologically valid. Some questionnaires/measures were designed for research purposes only, for use with nomothetic research designs and analyses. Thus, those types of measures were not designed for use as a diagnostic tool or individualized assessment. Andersen et al. (2007) have mounted a case for a stronger focus on calibrating tests against real-world behaviors. Arbitrary measurement of psychological constructs is relatively common in psychology and can be misleading (e.g., does a score of 4 on an anxiety test item imply that an athlete is twice as anxious as an athlete scoring 2 on the same item?). Furthermore, and along the lines of Andersen et al.'s concerns, what do scores on psychological inventories tell us about real-world performance or behavior? Andersen et al. argued that when sport psychology tests are calibrated against real-world behaviors, the metric or evidence is more trustworthy and hence legitimizes the testing enterprise.

Embracing Technology in Psychological Assessment

Discussing technology is fraught because changes occur so rapidly that printed text can become redundant almost before publication. Nevertheless, these past ~15 years has heralded sweeping changes in how psychological tests are developed, marketed, administered, and scored. Companies such as Pearson Clinical, Psychological Assessment Resources, Multi-Health Systems, and Western Psychological Assessment to name a few are some of the companies driving these sweeping changes and psychological testing is big business. These companies generally work with test developers to protect copyright and market tests in high-demand areas such as clinical, educational, and organizational psychologies. These multinational companies provide a vast array of psychological instruments, and technological advancements have streamlined administration, scoring, and interpretation processes.

Technology will continue to drive innovation and rapid change in psychological assessment. Fallaw and Kantrowitz (2011) in reporting global assessments trends found that 81% of companies surveyed use online testing rather than pencil and paper testing and mobile devices are becoming the preferred device for test-takers. Macqueen et al. (2018) have succinctly summarized the compelling reasons why psychological testing is now primarily being delivered online: (a) increased cost-effectiveness and accuracy for test administration scoring; (b) globalization and the increased speed, efficiency, and decision making in test administration; (c) evolving psychometric methods that include item response theory and generalization theory; (d) opportunities to deliver different item formats with real-time computer adaptive (dynamic) testing and differential item functioning; (e) enhanced data security, protection of copyright and intellectual property to test publishers, and increased speed and efficiency in data transmission and storage; (f) ease of testing for test-takers in remote locations; and (g) data can be easily collected and analyzed to develop and update norms and internet dissemination of materials to support test-takers (e.g., manuals, FAQs, norms, and practice questions). Because testing is now mostly delivered online, the standards for responsible online test-taking are being rewritten to provide advice for publishers, developers, and test users. Future developments will likely continue the trend toward convergence of technology and integrate audio, video, and graphical stimuli to provide opportunities for broader psychological assessment modalities such as role-plays, gamification, animation, and artificial intelligence (Macqueen et al., 2018). A challenge in this "brave new world" may be the difficulty of maintaining psychological assessment as the exclusive preserve of psychology.

Despite these advances in technologically driven assessment in mainstream psychology, the field of sport psychology is seriously lagging. Although there are hundreds of tests and questionnaires developed by sport psychologists (see Ostrow, 2002), to our knowledge, no organization has harnessed the power of technology to market these sport psychology specific assessments in a readily available manner online. The advantages of sport psychology instruments, many of which are open or public domain (i.e., no copyright) include the ease of access, timesaving, and capacity to provide testing links, scoring, and feedback within one central site. We expect that in the coming years sport psychology-specific assessments will become more readily available online to researchers and practitioners and this will fuel further developments.

Testing Times: Reflections on Test Development and Use in Sport Psychology

After years of research in sport psychology, the number of sport-specific tests available is considerable. Although the quantity of tests has grown substantially over the years, the quality of tests and transferability to applied contexts remain varied. Excuse the analogy, but at times it seems that test construction is akin to an uncleared minefield where treading carefully might simply not be enough. Many sport psychologists have experienced the scorched earth of developing tests that probably seemed like good ideas at the time; we certainly have! The point is that psychological testing is a serious business, and to extend the minefield metaphor, the soldiers might appreciate a little forewarning about the dangers that lie ahead. Experienced test users might recognize the following types of tests. The *pre-statistical revolution test* developed in an era when statistical methods were less sophisticated and the spotlight of psychometric examination less bright. These tests that were generally developed in good faith have sometimes been found, after re-examination, to be fundamentally flawed. The *unsuccessful prototype test* was developed specifically for doctoral studies and was usually accompanied by the following lamentation, "If only I had known how difficult it would be to develop a test." The *model of propriety test* was developed using modern standards in statistical analysis that belie the questionable repetition of items that ensures excellent internal consistency at the expense of a well-rounded representation of the construct which diminishes the practical usefulness or external validity of the test. The *search for the holy grail test* was developed to identify or unlock the psyche of sporting greatness. The lure to develop such tests generally appeals to those from outside or on the fringes of sport psychology and clearly reflects a degree of naïveté. The *open to deception test* was developed for a specific purpose, but with little thought given to social desirability, self-deception, and impression management. Test respondents nowadays are relatively savvy and test-item transparency is becoming a highly relevant issue depending on the type and purpose of the test. Finally, the *top-down theoretically derived test* was developed with careful consideration of research findings, but with little relevance, sensitivity, and hence, practical usefulness in consulting situations. Admittedly, there are many well-constructed tests in sport psychology; however, we need to provide our "soldiers" (i.e., applied sport psychologists) with the most advanced and sophisticated weaponry.

In applied sport psychology contexts, tests and questionnaires are adopted with an expectation of a better understanding of a person, group, or presenting issue. By commencing with a clear view of what will be achieved by using a psychological test, we can envisage the complete process from start to finish; intentionality is the key. There are at least six key reasons and contexts in which sport psychologists incorporate specific testing into broader psychological assessments.

1   Using or developing tests for research.
2   To assess and monitor athlete well-being.
3   To assess psychological attributes for talent identification purposes.
4   To measure and plan treatment of performance psychology attributes in applied contexts.

5   To better understand athletes and assist them with developing personal insight and self-awareness.
6   To assess and monitor athlete mental health.

Many sport-specific tests and inventories are used for data collection within research studies. Researchers publishing their findings in peer-reviewed journals routinely report on the psychometric properties of established and new tests. Some of the best-known and widely used sport-specific tests have initially been designed as part of doctoral research studies.

Monitoring athlete well-being is commonplace nowadays in sport psychology and numerous tools have been developed for this purpose (see Horvath & Birrer, 2021 for a discussion and examples of specific measures). Further, in relation to talent identification and development, professional sporting organizations frequently employ sport psychologists to assess potential recruits as a risk management strategy because of the potential negative long-term ramifications of poor selection decisions. Fortunately, recently published literature is available to help guide sport psychologists with evidence-based literature on psychological talent predictors and managing the potential challenges of using psychological measures ethically in this context (see American Psychological Association, 2020; Dohme et al., 2019; Murr et al., 2018). Measurement of athletes' preferences regarding performance psychology themes (e.g., imagery, goal setting, attributional style, motivation, and arousal control) has long been a central part of service provision, especially as evidence to inform treatment planning. The results of tests, inventories, and questionnaires are potentially useful sources of feedback to athletes and a means to develop greater personal insight. Debriefing with the client, if carried out sensitively, can improve the athlete's self-awareness and insight.

Making a clinical diagnosis of psychopathology is generally not part of how some sport psychologists conceptualize their work. Nevertheless, there are numerous studies that have demonstrated that significant psychopathology is present within athletic populations (see Brewer & Petrie, 2014). Irrespective of whether an applied sport psychologist has completed substantial clinical training, monitoring and managing the mental health of athletes is a central part of applied sport psychology delivery. As such, familiarity with prevalent clinical issues (e.g., personality disorders, eating disorders, substance abuse, and anxiety disorders) and making referrals to suitably trained colleagues (e.g., clinically trained sport psychologist and clinical psychologists) is a standard practice (see Chapter 25). Refer also to recently published literature discussing key themes in monitoring and managing the mental health of athletes (Castaldelli-Maia et al., 2019; Chang et al., 2020; Schinke et al., 2018).

To this end, the Sport Mental Health Assessment Tool and the Sport Mental Health Recognition Tool developed by Gouttebarge et al. (2021) to assess and recognize mental health symptoms and disorders are examples of best practice in early recognition, support, and treatment of elite athletes. For identifying maladaptive behaviors and mental disorder symptomatology, a range of psychological tests are available that can be of assistance. For example, the Beck Depression Inventory (BDI-11; Beck et al., 1996), a 21-item scale, guides respondents through an assessment of depressive symptoms over the past two weeks; the Revised NEO Personality Inventory (NEO-PI-3, Costa & McCrae, 2010), despite primarily being designed to measure the big five personality traits, has a useful feature whereby the professional report generated with the NEO-PI-3 software also includes a clinical diagnostic section that quantifies the likelihood of personality disorders (i.e., an Axis II diagnosis from the *Diagnostic and Statistical Manual of Mental Disorders-V*; American Psychiatric Association, 2013). Applied sport psychologists, depending on their level of clinical training and competence, will normally need to make judicious decisions about whether to refer or treat clients who present with clinical issues. The measures available for assessment range from brief screening instruments frequently used at the intake stage to full diagnostic tests. For example, the online psychological test website (https://novopsych.com.au) provides access to a wide range of screener tests, including anxiety, mindfulness, resilience, mood, eating attitudes, alcohol use, coping, and perceived quality of life at a relatively moderate cost. Nevertheless,

Butcher (2002) reminds clinicians that computerized psychological reports should not be blindly used, but rather supplement clinical observation and judgment.

Cautionary Tales: Indentations, Potholes, and Craters

Mistakes in the use of psychological testing can have relatively dire consequences. There is not the space to provide an exhaustive list of potential pitfalls, but we will introduce a range of considerations that might be described as indentations (e.g., misinterpretation of an item), potholes (e.g., not selecting the most appropriate measure) or craters (e.g., aggrieved clients angrily confronting a psychologist about what they perceive or be a "negative assessment"). Potential pitfalls in using psychological tests generally fall into five broad categories: (a) choice of the test; (b) psychometric properties of tests; (c) administrative, scoring, or reporting errors; (d) interpretation errors; and (e) safe-guarding scores, results, and associated reports. Choice of test errors can be avoided by determining the theoretical basis of a test, trialing tests with limited samples, and investigating available best-practice tests. Interpretation errors can result from a lack of in-depth knowledge and experience with a test. The risk of under-interpretation or over-interpretation of results is reduced when multiple sources of information such as interviews and observations are used in addition to testing. Other risks include limited sensitivity to sport context variables, poor debriefing skills, and misinterpretations from the client. In applied settings, test use is unlikely to be a straight two-way exchange because applied sport psychology environments are generally complex in delineating ownership of tests materials and best-practice procedures. Safe-guarding psychological assessment results and other ethical practice considerations such as confidentiality, informed consent, the release of test data, assessment by unqualified persons, and explaining assessment results are discussed in numerous guiding codes of conduct publications (see American Psychological Association, 2020).

A Test Use Example: The NEO-PI-3

The NEO-PI-3 is one of the few tests that we have regularly used with clients (Costa & McCrae, 2010), which includes scales that measure susceptibility to anxiety, depression, and angry hostility within the neuroticism (emotional stability) factor. The NEO-PI-3 is widely cited in the psychological literature. It has sound psychometric properties and is based on the big five-factor personality standard. The NEO-PI-3 is not sport-specific and primarily serves several purposes within the sport psychology consultation context. First, it can assist in establishing a relatively quick assessment of 30 facets of personality. Second, it represents to clients an objective measure of personality. Third, the debriefing of test results can facilitate clients to open up about themselves and their issues. Fourth, although the NEO-PI-3 is not sport-specific, it does provide a window into potential areas for future exploration and interventions.

Another advantage of having an athlete complete a five-factor personality measure such as the NEO-PI-3 is the potential to better identify strengths and weaknesses in mental skills. For example, with some experience, combination scores based on particular factors provide valuable clues that can then be followed up in further investigation in one-on-one work. As examples, based on our extensive experience, a *high anxiety-high self-consciousness* combination might indicate a possible susceptibility to choking. A *high angry hostility-low deliberation-high impulsiveness* combination might indicate impulse control issues. *High fantasy* scores might indicate acuity for imagery. A *high order-high achievement striving-high self-discipline* combination might indicate perfectionist tendencies.

The repeated use of a personality instrument, combined with working directly with athletes for an extended period, provides opportunities to test hunches about the potentially endless connections between personality profiles and observations of everyday behavior. In my consulting work (first author) with professional Australian Football League (AFL) players, I have found the NEO-PI-3 to be exceptionally useful in the early stages of a consulting contract with AFL squads, which comprise over

50 athletes and approximately five full-time coaches. Apart from enabling the consultant to identify potential clinical issues, a personality profile is a useful overview of individuals with whom consultants will potentially be working over an extended period. Clients are sometimes astounded at how accurate they feel the reports are, and this feedback provides an opportunity to demystify the process by empha-sizing that they are essentially "describing themselves through a questionnaire." I must stress, however, that much of the above is contextual and based on personal experience, albeit over a 20+-year period.

Suggestions for Responsible and Effective Test Use

Graduate students often ask questions about psychological assessment and express an interest in gaining proficiency in administering, scoring, and interpreting psychological tests. Apart from designated uni-versity assessment units (modules) that students are generally required to complete as part of their train-ing, how do students gain experience in psychological assessment? Given the (often healthy) skepticism still prevailing in the field of sport psychology regarding test use, there is certainly value in working with tests to establish your own view of whether psychological tests are potentially useful (or not useful) in your professional or research practice.

A brief sketch of how to start will probably include at the least the following steps: (a) seeking su-pervision from an experienced psychologist; (b) reading the relevant current literature; (c) networking and talking to colleagues; (d) researching what tests are sometimes used with what populations and with what results; (e) establishing a clear purpose for administering a test while bearing in mind that tests are simply one assessment tool; (f) familiarizing yourself with local guidelines for ethical test use; (g) working with the client (e.g., consultation) or participant (research) to educate them on test use and establishing the reasons for testing, likely pros and cons, and responding to client questions; (h) admin-istering, scoring, and interpreting the test; (i) possibly writing/producing a client report and debriefing the client; and finally, and importantly, (j) establishing a "where to from here?" That is, how will the test results inform ongoing work or benefit the client? See also Beckmann and Kellmann (2003) for a number of additional suggestions and perspectives on procedures for test use and feedback to clients. Recently, the American Psychological Association (2020) produced a guide for assessment in health service provision titled APA Guidelines for Education and Training in Psychological Assessment in Health Service Psychology.

Understanding the fundamentals of psychological assessment provides a reasonable starting point for the responsible use of tests in applied contexts. Before requesting that clients, who are generally coaches and athletes, take up their valuable time completing a psychological test, several issues require forward-thinking. For efficiency, these issues are presented as a series of questions akin to a checklist.

1 First and foremost, for what particular purpose is the test designed?
2 Is the test only available to registered psychologists, or is it public domain?
3 Is there a cost associated with using the test, and what are the copyright limitations?
4 Are there available published norms data for comparisons with target populations?
5 Which sport psychology colleagues (e.g., supervisor and professional mentor) have used the test and can provide you with professional guidance if necessary?
6 What are the limitations of the test? Even the so-called gold-standard tests have limitations with which users need to be familiar.
7 Have you completed the test yourself?
8 Are you familiar with the nuances of the test and the administrative procedures?
9 How should the test be introduced to the client?
10 What type of reporting or feedback are you going to provide to the client with consideration of professional codes of conduct?

Conclusion

In writing this chapter, we are acutely aware that we are touching on issues that warrant a more detailed and comprehensive discussion. Technology and online testing in mainstream psychology have become the norm. It is disappointing that the field of sport psychology has not kept pace with these changes. An opportunity likely exists for an entrepreneurially minded individual or organization to bridge this gap by developing an online compository of sport psychology instruments, similar to what Novopsych (https://novopsych.com.au) provide. Psychological assessment test tools have the capacity to add both depth and breadth to assessment practices when used judiciously. You may have heard the phrase "the psychologist is the instrument." Thus, "the instruments might be more instrumental if better instruments were at their disposal." See Box 13.1 for a summary of the key points from this chapter.

Box 13.1 Summary of Key Points about Psychological Assessment

- The quality of psychological tests developed in sport psychology varies considerably. Practitioners who intend to use tests are duty bound to choose psychometrically robust tests.
- The many challenges of using psychological tests and inventories responsibly should not be underestimated. Psychologists will often cite anecdotes or case examples of where test use has gone awry.
- Sport psychologists will often be particularly interested in evidence of external validity and predictive validity when choosing tests in applied practice.
- Well-designed psychological tests can provide extremely useful information about clients' personalities, abilities, tendencies, and traits. Being clear about the purpose of using a test(s) in the early stages of a consultation is important for both the psychologist and the client.
- Included in the training for most psychologists is a study unit on assessment including psychological testing. These courses are invaluable in providing foundations about the broader parent discipline of psychological assessmen, and specifically, test development, administration, and reporting.
- When using tests, careful attention to administrative and scoring procedures, safe keeping of data, being familiar with relevant psychological assessment codes of conduct and responsible report writing practices can circumvent potential problems.
- The challenge for the field of sport psychology is to develop psychometrically sound and fit for purpose tests.

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Association.

American Psychological Association. (2020). *Education and training in psychological assessment in health service psychology*. Retrieved from https://www.apa.org/about/policy/guidelines-assessment-health-service.pdf

Andersen, M. B., McCullagh, P., & Wilson, G. J. (2007). But what do the numbers really tell us? Arbitrary metrics and effect size reporting in sport psychology research. *Journal of Sport & Exercise Psychology*, *29*(5), 664–672. https://doi.org/10.1123/jsep.29.5.664

Beck, A. T., Steer, R. A., & Brown, G. K. (1996). *Beck depression inventory-II*. Psychological Corporation.

Beckmann, J., & Kellmann, M. (2003). Procedures and principles of sport psychological assessment. *The Sport Psychologist*, *17*(3), 338–350. https://doi.org/10.1123/tsp.17.3.338

Brewer, B., & Petrie, T. (2014). Psychopathology in sport and exercise. In J. L. Van Raalte & B. W. Brewer (Eds.), *Exploring sport and exercise psychology* (3rd ed., pp. 337–350). American Psychological Association. https://doi.org/10.1037/14251-015

Butcher, J. N. (2002). How to use computer-based reports. In J. N. Butcher (Ed.), *Clinical personality assessment: Practical approaches* (2nd ed., pp. 109–125). Oxford University Press.

Castaldelli-Maia, J. M., Gallinaro, J. G. M. E., Falcão, R. S., Gouttebarge, V., Hitchcock, M. E., Hainline, B., Reardon, C. L., & Stull, T. (2019). Mental health symptoms and disorders in elite athletes: A systematic review on cultural influencers and barriers to athletes seeking treatment. *British Journal of Sports Medicine*, *53*, 707–721. https://doi.org/10.1136/bjsports-2019-100710

Chang, C., Putakian, M., Aerni, G., Diamond, A., Hong, G., Ingram, Y., & Reardon, A. W. (2020). Mental health issues and psychological factors in athletes: Detection, management, effect on performance and prevention. American Medical Society for Sports Medicine Position Statement -- Executive summary. *British Journal of Sports Medicine*, *54*, 216–220. https://doi.org/10.1136/bjsports-2019-101583

Costa, P. T., & McCrae, R. R. (2010). *NEO inventories professional manual*. Psychological Assessment Resources.

Dohme, L.-C., Piggott, D., Backhouse, S., & Morgan, G. (2019). Psychological skills and characteristics facilitative of youth athletes' development: A systematic review. *The Sport Psychologist*, *33*(4), 261–275. https://doi.org/10.1123/tsp.2018-0014

Fallaw, S. S., & Kantrowitz, T. M. (2011). 2011 *Global assessment trends report*. Retrieved from https://www.yumpu.com/en/document/read/8988952/2011-global-assessment-trends-report-shl-solutions-partners.

Gouttebarge, V., Bindra, A., Blauwet, C., Campriani, N., Currie, A., Engebretsen, L., Hainline, B., Kroshus, K., McDuff, D., Mountjoy, M., Purcell, R., Putukian, M., Reardon, C., Rice, S., & Budgett, R. (2021). International Olympic Committee (IOC) Sport Mental Health Assessment Tool 1 (SMHAT-1) and Sport Mental Health Recognition Tool 1 (SMHRT-1): Towards better support of athletes' mental health. *British Journal of Sports Medicine*, *55*, 30–37. https://doi.org/10.1136/bjsports-2020-102411

Groth-Marnat, G., & Wright, A. J. (2016). *Handbook of psychological assessment* (6th ed.). Wiley.

Horvath, S., & Birrer, D. (2021). Monitoring strain and recovery in athletes. Application of a short inventory of perceptual well-being. *Sport & Exercise Medicine Switzerland*, *69*(2), 13-17.

Macqueen, P., Howe, W., & Power, M. (2018). *Online psychological testing; APS tests and testing expert group, Australian psychological society*. Retrieved from https://psychology.org.au/aps/media/resource-finder/testing/online-psychological-testing.pdf.

Morgan, W. P. (1980). The Trait Psychology Controversy, *Research Quarterly for Exercise and Sport, 51*(1), 50–76, DOI: 10.1080/02701367.1980.10609275

Murr, D., Feichtinger, P., Larkin, P., O'Connor, D., & Honer, O. (2018). Psychological talent predictors in youth soccer: A systematic review of the prognostic relevance of psychomotor, perceptual, cognitive and personality-related factors. *PLoS ONE*, *13*(10), Article e0205337. https://doi.org/10.1371/journal.pone.0205337

Ostrow, A. C. (Ed.). (2002). *Directory of psychological tests in the sport and exercise sciences* (2nd ed.). Fitness Information Technology.

Reber, A. S., Allen, R., & Reber, E. S. (2009). *The Penguin dictionary of psychology*. Penguin Books.

Schinke, R., Stambulova, N., Si, G., & Moore, Z. (2018). International society of sport psychology position stand: Athletes' mental health, performance, and development. *International Journal of Sport and Exercise Psychology*, *16*(6), 622–639. https://doi.org/10.1080/1612197X.2017.1295557

Wright, A. J., Chávez, L., Edelstein, B. A., Grus, C. L., Krishnamurthy, R., Lieb, R., Mihura, J. L., Pincus, A. L., & Wilson, M. (2021). Education and training guidelines for psychological assessment in health service psychology. *American Psychologist*, *76*(5), 794–801. https://doi.org/10.1037/amp0000742.

14

PERFORMANCE PROFILING

Neil J. V. Weston

Butler and Hardy's (1992) performance profiling procedure provides athletes and their respective support teams with an athlete-centered performance assessment and monitoring tool. Initially termed the 'self-perception map', the performance profile (see an example in Figure 14.1) seeks to understand the athlete's perceptions regarding the psychological, physiological, tactical, and technical qualities required to perform successfully in their sport and where relevant, playing position. Athletes are also asked to rate their ability on each of these qualities to highlight their perceived strengths and areas to improve and thus help shape future training interventions with their support team.

Since its inception, performance profiling has been frequently utilized within sport settings (Castillo et al., 2022; Doyle & Parfitt, 1999) with sport psychology consultants/practitioners and athletes alike finding it a valuable tool to assist an athlete's development (Weston et al., 2010, 2011a). The technique has been praised for its usefulness in improving athlete intrinsic motivation (Chow et al., 2021; Weston et al., 2011b), self-awareness (Castillo & Chow, 2020; Weston et al., 2013), task involvement (Weston et al., 2010), and as a useful basis for goal setting (Butler, 1997; D'Urso et al., 2002). Nevertheless, practitioners have acknowledged that it is challenging when being used with novice and/or young performers, because it is dependent on athletes being open and honest about their perceptions (Weston et al., 2013) and that mood state can impact on profile ratings (Doyle & Parfitt, 1999).

Research published on profiling include case studies of its use (Butler, 1997; D'Urso et al., 2002; Jones, 1993), exploring the validity of the technique (Doyle & Parfitt, 1996, 1997), examining stakeholder perceptions of the tool (Weston et al., 2010, 2011a), empirically examining the motivational properties of the strategy (Weston et al., 2011b), in addition to exploring its use with coaches and teams (Dale & Wrisberg, 1996). The most significant adaptation of the procedure was instigated by Gucciardi and Gordon (2009) who proposed a revised and extended performance profiling approach (see below) which has recently been evaluated (Castillo & Chow, 2020; Chow et al., 2021) and critiqued against the traditional Butler and Hardy (1992) profiling technique (Castillo et al., 2022).

The present chapter seeks to provide recommendations as to how to best deliver performance profiling in individual and team settings as well as highlight the alternative ways in which the technique has been adapted to suit different audiences and purposes. A summary of the theoretical roots of profiling is accompanied by a critical evaluation of the research exploring the efficacy of the technique and a discussion of the applied implications for practitioners.

Performance Profile

Name: DAWN DIMBLEDON   Sport: TENNIS

Rating Scale: 1 - USELESS   10 - EXCEPTIONAL
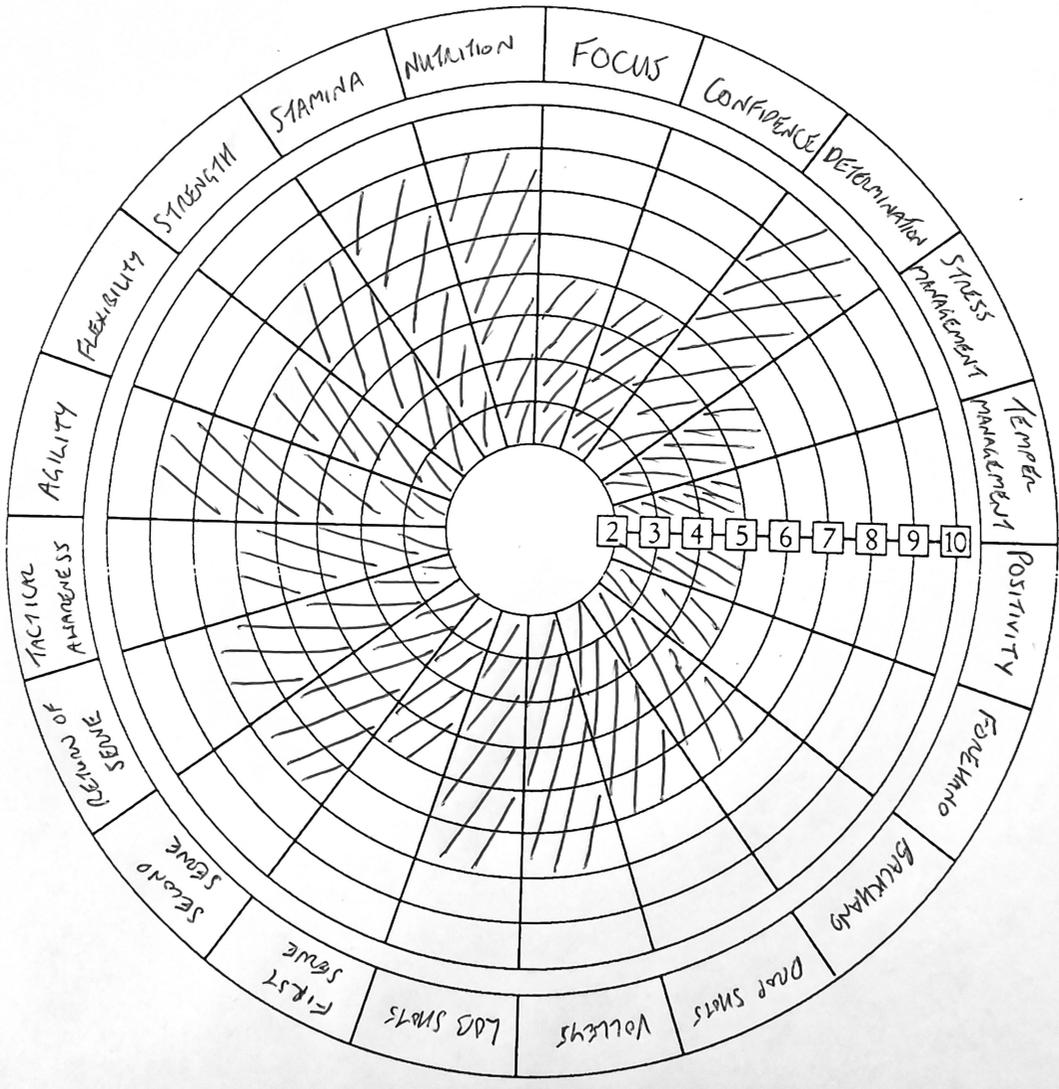
Figure 14.1   An Example Performance Profile for a Tennis Player

Performance Profiling Procedures

Irrespective of whether completed in group or individual settings, the Butler and Hardy's (1992) 'traditional' performance profiling procedure follows three simple steps (see Figure 14.2 for an overview). As practitioners sought to apply the profiling procedure in their work, several variations to the core procedure were instigated (as follows) to suit different client audiences and contexts in addition to helping achieve subtly different outcomes.

Jones (1993) introduced an additional importance profiling rating (1 = 'not important at all' and 10 = 'of crucial importance') to help athletes prioritize the qualities needing most attention. The athlete's current rating on each quality was taken away from their ideal score and multiplied by the importance rating to produce a 'discrepancy score' for each quality. The higher the discrepancy score, the more immediate the attention required for that quality. Dale and Wrisberg (1996) saw the benefit that could be accrued by developing coach and team profiles within a team setting in addition to the individual athlete profiles they obtained from their collegiate female volleyball team. The generation of the three types of profiles enabled the squad and their coaching staff to appreciate and prioritize the coach-, team-, and athlete-related qualities requiring most improvement.

The generation of different types of profiles was further explored by Hays et al. (2010) in the form of athlete confidence profiles. Adopting the main steps of performance profiling, athletes were asked to identify the types of the confidence they experienced and then where they derived those confidence types from (termed 'sources'). In doing so, the authors argued that the completed profiles would act as a 'foundation' for subsequent interventions to develop their specific sport confidence needs. Arguably, although not yet explored, practitioners could explore the efficacy of adopting a similar approach to profiling for other psychological attributes such as concentration, motivation, and stress.

Due to a very specific computerized scoring system in boxing that rewarded a certain style of boxing, Butler (1997), in consultation with boxers, coaches, and sports scientists, produced a fixed profile (same for each boxer) to focus the development of the boxers on those qualities deemed essential to perform well on the sport's new scoring system being adopted at that time. This shared approach to determining an athlete's profiling qualities was similarly adopted by D'Urso et al. (2002) who utilized a two-stage process where first, the qualities for Italian rugby players were collectively determined by coaches, a former player, and sports scientists and second, the players personally chose from those qualities the ones they felt were most important to them. In these two examples, the procedure was slightly adapted to draw upon a wider group of expertise beyond just the athletes themselves to achieve specific outcomes and illustrates the flexibility of the original procedure to suit different audiences and their needs.

Finally, Gucciardi and Gordon (2009) provided the most significant adaptation to the original profiling procedure by seeking to extend the information derived from the athlete to benefit their development. Their revised profile included a bi-polar classification for a profile quality (e.g., 'emotional control' to 'emotional instability'), Jones' (1993) importance rating procedure, while also introducing a requirement for athletes to specify all the contexts in which the athlete perceived that each profile attribute was most applicable (e.g., training and pre-competition). The authors proposed the more contexts a quality was deemed necessary, the more important that quality was to their development.

Theoretical Basis for Performance Profiling

One of the strengths of Butler and Hardy's (1992) performance profile was the strong theoretical rationale for the procedure as outlined below.

Profiling Steps	Recommendations for Delivering each Step	
	Individual	**Groups or Teams**
Step 1: Introducing the Idea	- The procedure allows athletes to express their thoughts on the performance requirements for their sport and their perceived ability. - There are no right or wrong answers. - Honesty is integral to producing an accurate profile. - The completed profile will help athletes to identify priority areas, set goals and shape future training interventions. - Providing examples of completed profiles from different sports is helpful. - Where possible play films of the athlete(s) themselves or other athletes in their sport demonstrating the key skills and qualities to facilitate step 2.	

Step 2: Eliciting the Qualities	- Athlete(s) asked "what in your opinion are the qualities or characteristics of an elite athlete in your sport/position?".
	- Ask the athletes to consider technical, tactical, physical and psychological qualities.
	- Other questions/triggers to facilitate quality generation include:
	   o Reflect upon some different high performing athletes/rivals/idols in their sport to uncover the qualities that they demonstrate.
	   o Recall a recent training session or competitive performance and what qualities they were working on or needed to demonstrate.
	   o Consider the qualities demonstrated in their best and worst performance.
	   o Present athlete(s) with different performance scenarios to challenge the athlete(s) to identify the qualities required to perform in such situations.
	- There is no limit to the number of qualities included in an athlete's profile.	

	- Athlete is provided with a table to record their qualities. - Athlete is provided with a blank profile and asked to select from their list an agreed number of qualities to populate their profile given their style of play / position.	- Split the athletes into small groups to brainstorm the qualities. - If working with a team sport, split the team into positional small groups to help generate the qualities for that position. - Ask groups to record their qualities on flipchart paper or if online via an application (e.g., Padlet). - Each group presents their list of qualities back to the whole group and asks for feedback.

Figure 14.2 Recommendations for Developing Performance Profiles in Individual and Group Settings

	- Each athlete is then provided with a blank profile and asked to select from all the qualities generated the ones they feel are essential to their performance given their style of play / position.
	- Profiles can be generated via circular or tabular formats (see Weston et al., 2013 for examples). - Athletes may wish to present the sub-components (e.g., physical qualities) together to compartmentalise the presentation of their qualities on their profile. - Ideally ask the athlete to define each quality so that they understand what each quality means to ensure consistency from one timepoint rating to the next.
Step 3: Rating the Qualities	- Athlete(s) asked to provide a current perception of their ability on each of the qualities on a 1 to 10 Likert scale. - Important that the athlete defines (& records on the profile) what constitutes a 1 (e.g., 'not at all') and 10 (e.g., 'exceptional') rating. - It is important that the rating scale is meaningful to the athlete and realistic (i.e., don't make 10 comparable to an elite athlete if the athlete is a club player). - An alternative way of rating the profile qualities is to provide a definition at either end of the rating scale (e.g., 0 = 'self doubt' & 10 = 'self belief').
Other important considerations	- Having completed the profile for the first time, encourage the athlete(s) to continually reflect on their performance and evolve the profile qualities over time before a definitive list of qualities are produced. - If there is a particular area that the athlete(s) and/or coach/practitioner wish to focus on (e.g., technical or psychological areas) then a more specific profile on that area can be generated. - The profiling activity must complement, and integrate within, any assessment and monitoring procedures adopted by the coaching and wider sport science and medicine team. Hence clear and effective communication with the coaching staff and wider support team is needed before utilising performance profiling.
	- Where possible introduce the profiling strategy to the athlete and ask them to spend a few days watching films of them or their idols playing their sport to help them to generate a list of qualities to bring to the next meeting. / - Speak to the coach(es) before the session to explain the purpose and get their buy in. - Where appropriate, ask the coaches to get involved in the session to encourage and help the athletes to generate the qualities.

Figure 14.2 Continued

Personal Construct Theory (PCT; Kelly, 1955)

Kelly's (1955) theory hypothesizes that an individual will seek to represent, rather than respond to, the environment into which they find themselves. In representing the environment, an individual generates their own constructions (also known as constructs) to suit him or herself. These constructs form the basis of an individual's understanding of the world around them, differ in their size and complexity from person to person, and help an individual to predict future events as well as validate the accuracy of former predictions. In short, the theory attempts to explain the way in which a person interprets and thus behaves in the world, acknowledging that a person will continually evolve and revise their constructions over time to assist them in anticipating what the future holds.

Translating this theory into a sporting perspective, athletes will continuously interpret and revise their evaluations (theories) regarding their sport and more specifically their ability in various sporting situations or contexts. These constructions will evolve with experience and will influence how the individual behaves as well as help them to anticipate how they will perform in any given context.

Kelly's (1955) theory was framed around 11 corollaries (see Gucciardi & Gordon, 2009 for a useful overview), several of which were encapsulated within Butler and Hardy's (1992) profiling procedure. A critical aspect in the construction of a person's theories is that while they will share some similar interpretations of events in their lives with others ('commonality corollary'), they are fundamentally idiosyncratic and unique in construing their life experiences ('individuality corollary'). Hence, Butler and Hardy (1992) assert that if coaches are evaluating their athlete's performance independent of that athlete, then they may well be construing the situation differently and this may explain why the athlete is not engaging in their training program. Kelly also asserts that for one to play a role in the 'social process' of another, one must understand and appreciate the perception of that other person ('sociality corollary'). Hence in enabling an athlete to complete their performance profile, sport psychology consultants, coaches, and/or support staff will better appreciate their athlete's perspective and thus be able to work more effectively with them moving forward.

In sum, performance profiling is a 'natural application' (Butler & Hardy, 1992, p. 254) of Kelly's (1955) PCT. The procedure acknowledges that individuals will differ in their interpretation of their performance situation and that these will evolve over time. In developing their profile, athletes will become more aware as to how they view their performance, but coaches and/or support staff will also benefit from understanding the perspective of their athlete through engagement in profiling with their athlete.

Cognitive Evaluation Theory (CET; Deci & Ryan, 1985)

Within their wider Self-Determination Theory (SDT), Deci and Ryan's (1985) CET hypothesizes that social and environmental factors or events will influence an individual's motivation through three basic psychological needs (mediators) that a person attempts to satisfy: *perceived competence* (i.e., confidence in one's ability to perform), *relatedness* (i.e., how connected you feel toward significant others with a context), and *autonomy* (i.e., the amount of control one has over their choices). The theory contends that factors or events in a social environment (e.g., feedback from, or behavior of, others and coach/teacher interpersonal style) that reinforce these mediators will lead to more self-determined forms of motivation and thus more positive cognitive, affective, and behavioral responses.

Butler and Hardy (1992) assert that the performance profiling procedure will encourage more athlete autonomy and strengthen an athlete's perceived competence if profile ratings improve over time. Furthermore, if the profile is developed with others (i.e., teammates in a team setting and the sport psychology consultant or coach in a 1-1 setting), one's sense of relatedness should grow. Thus, the procedure in its design should positively target each of Deci and Ryan's basic psychological needs and thereby lead to more self-determined motivation and positive cognitive, affective, and behavioral outcomes.

Profiling Efficacy and Impacts

Predictive and Construct Validity of Performance Profiling

Doyle and Parfitt (1996, 1997) explored the predictive and construct validity of the performance profile. In their first study, the authors examined the strength of the predictive relationship between the profile ratings and performance of track and field athletes in three competitive events. Athletes rated their profile immediately prior to each event and then recorded their competitive performance time or distance (depending on their sport), in addition to providing their (and obtaining their coach's) perception of their performance. The findings provided moderate support for the profile procedure's predictive validity but suggested that athletes may require some time to hone their ability to accurately rate their profile.

Further research by Doyle and Parfitt (1997) explored the profile's construct validity with 12 track and field athletes. The authors hypothesized that the profile's construct validity would be demonstrated if a greater area of perceived need (i.e., gap between the ideal and current profile rating) was reflected in a lower performance score. The athletes devised and then completed their profiles five times over the course of a winter training and competitive indoor season. Profile, performance, and perception of performance data were obtained with a significant increase in performance being shown with a concomitant significant decrease in the mean profile rating of perceived need over the five testing points.

Drawing from these two studies and the wider profiling literature, it is clear that athletes will not produce their definitive performance profile in their first attempt and will take time to hone their profile qualities in addition to accurately rating their profile. Furthermore, the performance environment continually evolves and as such athletes need to regularly review their profile qualities to ensure that they accurately represent the attributes needed to produce high-level performances.

Practitioners should encourage their athletes to take time in initially constructing and then reviewing and revising the qualities that make up their profile. Asking athletes to review their profile after training sessions, competitive performances, or when watching their athlete peers' performing, should assist them in developing their profile. Furthermore, seeking feedback from their key performance support staff should provide valuable advice on what qualities will assist them in realizing their performance potential. Concurrently, testing different profile rating scales (in the sense of the descriptors for 1 and 10) will help athletes to end up with a scale that allows for a meaningful way of rating their perceived ability on their profile qualities.

Stakeholder Perceptions of Profiling

In two related studies, Weston et al. (2010, 2011a) explored the perceptions of British Association of Sport and Exercise Sciences (BASES) accredited sport psychologists and 191 athletes who, respectively, had experience of delivering, or had just participated in, a performance profiling session in a group setting. Findings indicated that profiling was perceived to be useful in highlighting athlete strengths and weaknesses, being a useful basis for goal setting, and could assist in structuring future training. In line with Butler and Hardy's (1992) hypotheses, both groups believed that profiling would help motivate athletes and allow them to take more responsibility and control of their development. Furthermore, consultants perceived that profiling within team settings would improve team dynamics and facilitate more discussion, communication, and interactions within the team.

Both the athletes and consultants believed that profiling would help athletes to evaluate how they were performing, with the consultants indicating that the procedure would promote more task involvement in the athletes and athletes felt that it would assist them in taking more responsibility for their

development. Weston (2013) suggests that using profiling to help athletes to evaluate their performances could help them to focus on more functional attributions that the athlete has more control over and can actively improve rather than focusing on external, uncontrollable reasons for their performance successes or failures. Practitioners should consider using profiling to help athletes develop a more task-involved evaluation of their performance development to enable more functional attributions and the subsequent more positive cognitions and behaviors that have been suggested to result.

More recent research by Castillo and Chow (2020), examining the benefits of Gucciardi and Gordon's (2009) revised performance profile procedure with collegiate dancers, found the technique to be useful in raising their self-awareness, helping them explore their personal beliefs about dance, and analyzing their performance. Further qualitative evaluation of the revised profiling procedure was completed by Chow et al. (2021) with 98 collegiate athletes. The athletes found the revised profiling procedure useful in gaining self-referent information (e.g., identifying strengths and weaknesses, assessing oneself, and enabling self-reflection and understanding) and providing sport-specific knowledge (e.g., identifying key and/or opposite qualities, defining and ranking qualities, and understanding what it takes to be an elite athlete). In terms of the lessons learnt from the profiling session to take forward in the future, participants indicated that they would use the information derived from their profile to inform their future practices and competitions, to set goals, and help them focus on the qualities necessary to be an elite athlete.

While this evidence suggests that athletes and sport psychology consultants find the technique to be useful, the perceptions of other stakeholders involved in an athlete's performance development, such as coaches, performance directors, and sport science support staff, have not been sought. Given the profile focuses on understanding the athlete's perception of their ability on the attributes that fit within the role of these stakeholders, it is sensible for consultants to engage these key individuals in the profiling process so that the support team can collectively work together to assist the athlete in realizing their performance ambitions.

Exploring the Proposed Impacts of Profiling

Self-Determined Motivation

Despite the strong theoretical rationale (Butler & Hardy, 1992) and qualitative evidence from athletes (Weston et al., 2011a) and practitioners (D'Urso et al., 2002; Jones, 1993; Weston et al., 2010) alike advocating that profiling would lead to more self-determined motivation, the empirical research is contradictory about whether or not a single session significantly improves psychological need satisfaction (Castillo et al., 2022) or intrinsic motivation (Weston et al., 2011b), but some evidence suggests that a single extended (Castillo et al., 2022; Chow et al., 2021) and multiple traditional profiling sessions (Weston et al., 2011b) can. Deci and Ryan's (1985) SDT suggests that more self-determined motivation will lead to more positive cognitive, affective, and behavioral consequences. However, there is only one study examining this proposition where Castillo and Chow (2020) found no significant difference in the effort exerted by athletes following a single extended profiling session toward key strengths and weaknesses identified within their profile in comparison to an active control condition (i.e., received general information on profiling but did not engage in producing a profile of their own).

On the balance of the existing research evidence, practitioners would be well served in employing performance profiling over time to enhance athlete self-determined motivation. Furthermore, given that profiling has been advocated as a useful basis for goal setting and that goal setting is universally viewed as a motivational tool, utilizing both strategies together is likely to benefit an athlete's performance development.

Self-Awareness

Qualitative research by Weston et al. (2011a) established that athletes believed profiling to be useful in raising their awareness of their strengths, weaknesses, and the demands of their and other positions. These findings were supported by a group of BASES-accredited sport psychologists who also believed that profiling would assist in raising athlete self-awareness (Weston et al., 2010). These findings were empirically tested by Castillo and Chow (2020) who examined the impact of a single extended performance profile intervention (versus an active control group) on collegiate dancers' self-awareness. The findings revealed that the extended profiling intervention significantly increased self-awareness (also supported by qualitative participants' comments), while the control condition decreased pre- to post-session. These findings are supported by Castillo et al. (2022) in their study comparing the effectiveness of the traditional and extended profiling procedures (and an active control condition similar to Castillo & Chow, 2020) on collegiate athletes' self-awareness. The findings revealed that both profiling procedures were effective in significantly improving self-awareness pre to post with no significant differences between conditions. However, Chow et al. (2021) in their study examining the impact of a single extended profiling session with 98 collegiate athletes found no significant improvements in self-awareness. Nevertheless, in their qualitative post-session debrief, participants indicated that they felt the profiling session had been useful in identifying their strengths and weaknesses, learning more about themselves and how they might improve. Taken together, these findings suggest that profiling (via traditional or extended versions) can be effective in raising athlete self-awareness.

Team Cohesion and Productivity

Strategies encouraging greater athlete involvement and more participatory, democratic decision making are linked to more cohesive teams (McEwan & Beauchamp, 2014). On this basis, the athlete-centered and involved profiling procedure delivered within teams could positively influence team cohesion (Butler & Hardy, 1992). Indeed, BASES-accredited sport psychologists believed profiling to be beneficial in several team-related ways, including facilitating discussion, interaction, and communication within teams in addition to improving team dynamics and helping identify roles within teams (Weston et al., 2010). Furthermore, Dale and Wrisberg (1996) in employing profiling with a female collegiate volleyball team found that the procedure helped to facilitate more effective coach/athlete communication in addition to enabling athletes to have a more active role in developing their team's goal focus. While empirical research examining the impact of team profiling on various forms of team functioning would be worthwhile, the existing qualitative research suggests that profiling within teams could result in a number of valuable positive impacts. Practitioners incorporating profiling into their applied practice with their client groups in a considered and targeted manner and in combination with other psychological strategies (e.g., goal setting) are likely to see useful performance impacts that benefit the athletes involved and their wider coaching support group.

Applied Implications

Aside from the recommendations outlined in Figure 14.2, the following sets out some simple practical advice when employing the performance profile in applied practice:

- Dedicate time in advance of profiling to understand the client and their personality, background, motives, and ambitions in order that the profiling procedure can be adapted to suit the client's specific needs and circumstances.

- Be flexible in what type of profiling procedure you use to ensure that it suits your client's situation and that of the wider performance environment in which they reside.
- Profiling needs to be integrated into a multimodal assessment process, triangulating the findings from complementary strategies (e.g., interview, observation, inventories, and diaries) to help determine a suitable way forward for the client.
- Wherever possible engage key individuals (that work with your client) into the profiling activity to ensure that the qualities generated are accurate and that any assessment of them complements that being completed by those other professionals.
- Invest time periodically revisiting the profiling activity with your client to sense check the qualities, monitor perceived progress, and importantly help your client rationalize any stagnation in profile quality development.
- With novice and/or youth athletes, you can adopt a hybrid profiling procedure where you provide a bag full of profile qualities from which the athletes can then select the qualities they feel suit them. This maintains a sense of autonomy in the athlete in that they are selecting their profile qualities; however, it overcomes the lack of sporting awareness that they may have at that stage in their sporting participation.
- Asking a coach to rate the profile of an underconfident athlete can help to reinforce the athlete's ability and boost their confidence.
- Be mindful of, and sensitive to, dyslexic athletes and how comfortable they are in writing down their qualities. Ask if they would prefer you to record the qualities as they think of them. Furthermore, provide them with options as to the format (circular v tabular) that best works for them.

Conclusion

Performance profiling provides practitioners with a simple, client-centered assessment strategy which seeks to engage the performer in identifying what they need to be good in their role in addition to determining the priorities for their performance development. While predominantly utilized with athletes, the flexibility of this tool is such that it can be used with teams, coaches, and sport science and medicine staff as well as has the potential to be transferrable into other professions in healthcare, education, and business. Moving profiling beyond a simple pen and paper activity into an e-profile application will help practitioners maximize the strategy's effectiveness and impact. See Box 14.1 for a summary of the key points from this chapter.

Box 14.1 Summary of Key Points about Performance Profiling

- Profiling is a simple, flexible, client-centered, and involved assessment tool.
- The strategy's primary aim is to raise an individual's awareness of the qualities required to perform their role effectively and identify their perceived strengths and weaknesses.
- Profiling provides a useful basis for goal setting and helping shape future training interventions.
- The strategy when used in an assessment capacity should form part of a multidimensional assessment process drawing from a variety of assessment methods and sources to triangulate the performer's strengths, weaknesses, and future development priorities.

- The success of profiling is highly dependent on clients being honest in their profile ratings. Hence, it is important to emphasize this point upfront and that the profile outcome will remain confidential between them and the practitioner unless the client says otherwise.
- Drawing from objective performance statistics will help frame an athlete's perceived judgment of their ability.
- Practitioners seeking to compare profile ratings between athletes and their coaches need to be mindful of the impact such conversations might have upon the coach–athlete relationship.
- Practitioners must take time to help those completing their profiles to rationalize and contextualize the profile ratings to protect their confidence and motivation.
- With clients new to their sport/role, it is advisable (with the client's consent) to sense check the completed profile with individuals knowledgeable to the client's situation, sport, and/or role to help navigate the next steps in their development.
- Practitioners must be mindful as to when it is best to ask performers to rate their profile and acknowledge that client mood state will influence profile ratings.

References

Butler, R. (1997). Performance profiling: Assessing the way forward. In R. J. Butler (Ed.), *Sports psychology in performance* (pp. 33–48). Butterworth-Heinemann.

Butler, R. J., & Hardy, L. (1992). The performance profile: Theory and application. *The Sport Psychologist*, *6*(3), 253–264. https://doi.org/10.1123/tsp.6.3.253

Castillo, E. A., Bird, M. D., & Chow, G. M. (2022). Implementation and evaluation of a standardized performance profile intervention with collegiate athletes: A comparison of the original and revised techniques. *Journal of Applied Sport Psychology*, *34*(3), 646–664. https://doi.org/10.1080/10413200.2020.1862358

Castillo, E. A., & Chow, G. M. (2020). Implementation and evaluation of a performance profile intervention with college dancers. *The Sport Psychologist*, *34*(1), 1–10. https://doi.org/10.1123/tsp.2018-0138

Chow, G. M., Castillo, E. A., Luzzeri, M., & Bird, M. D. (2021). Implementation and evaluation of a standardized performance profile intervention with collegiate athletes. *International Journal of Sport and Exercise Psychology*, *19*(3), 326–341. https://doi.org/10.1080/1612197X.2019.1696867

Dale, G. A., & Wrisberg, C. A. (1996). The use of a performance profile technique in a team setting: Getting the athletes and coach on the 'same page'. *The Sport Psychologist*, *10*(3), 261–277. https://doi.org/10.1123/tsp.10.3.261

Deci, E. L., & Ryan, R. M. (1985). *Intrinsic motivation and self-determination in human behavior.* Plenum Press.

Doyle, J., & Parfitt, G. (1996). Performance profiling and predictive validity. *Journal of Applied Sport Psychology*, *8*(2), 160–170. https://doi.org/10.1080/10413209608406474

Doyle, J., & Parfitt, G. (1997). Performance profiling and construct validity. *The Sport Psychologist*, *11*(4), 411–425. https://doi.org/10.1123/tsp.11.4.411

Doyle, J., & Parfitt, G. (1999). The effect of induced mood states on performance profile areas of perceived need. *Journal of Sports Sciences*, *17*(2), 115–127. https://doi.org/10.1080/026404199366217

D'Urso, V., Petrosso, A., & Robazza, C. (2002). Emotions, perceived qualities, and performance of rugby players. *The Sport Psychologist*, *16*(2), 173–199. https://doi.org/10.1123/tsp.16.2.173

Gucciardi, D. F., & Gordon, S. (2009). Revisiting the performance profile technique: Theoretical underpinnings and application. *The Sport Psychologist*, *23*(1), 93–117. https://doi.org/10.1123/tsp.23.1.93

Hays, K., Thomas, O., Butt, J., & Maynard, I. (2010). The development of confidence profiling for sport. *The Sport Psychologist*, *18*(3), 373–392. https://doi.org/10.1123/tsp.24.3.373

Jones, G. (1993). The role of performance profiling in cognitive behavioral interventions in sport. *The Sport Psychologist*, *7*(2), 160–172. https://doi.org/10.1123/tsp.7.2.160

Kelly, G. A. (1955). *The psychology of personal constructs* (Vols. 1 & 2). Norton.

McEwan, D., & Beauchamp, M. (2014). Teamwork in sport: A theoretical and integrative review. *International Review of Sport and Exercise Psychology*, *7*(1), 229–250. https://doi.org/10.1080/1750984X.2014.932423

Weston, N. J. V., Greenlees, I. A., & Thelwell, R. C. (2010). Applied sport psychology consultant perceptions of the usefulness and impacts of performance profiling. *International Journal of Sport Psychology*, *41*(4), 360–368.

Weston, N. J. V., Greenlees, I. A., & Thelwell, R. C. (2011a). Athlete perceptions of the impacts of performance profiling. *International Journal of Sport and Exercise Psychology*, *9*(2), 173–188. https://doi.org/10.1080/1612197X.2011.567107

Weston, N. J. V., Greenlees, I. A., & Thelwell, R. C. (2011b). The impact of a performance profiling intervention on athlete intrinsic motivation. *Research Quarterly for Exercise and Sport*, *82*(1), 151–155. https://doi.org/10.1080/02701367.2011.10599733

Weston, N., Greenlees, I., & Thelwell, R. (2013). A review of Butler and Hardy's (1992) performance profiling procedure within sport. *International Review of Sport and Exercise Psychology*, *6*(1), 1–21. https://doi.org/10.1080/1750984X.2012.674543

SECTION III

Theoretical and Therapeutic Models

15

BRIEF AND SINGLE-SESSION THERAPY

Tim Pitt, Owen Thomas, Sheldon Hanton, and Brendan Cropley

As sport psychology has evolved, sport psychology consultants (SPCs) have broadened their understanding and use of new theoretical and therapeutic approaches (see Sly et al., 2020). In elite performance settings, where time is often pressured and tangible returns on investment are required, *brief* approaches for creating change are desirable (see Høigaard & Johansen, 2004; Pitt et al., 2015). Single-session therapy (SST) gained traction as the *briefest* form of therapy through the seminal work of Moshe Talmon (1990). SST can be practiced from a variety of theoretical perspectives, whether this be narrative therapy, solution-focused therapy, cognitive behavioral therapy, or others (see Barnes et al., 2018). Despite this variety, SST thinkers have noted commonalities across these theoretical perspectives; something described as the SST *mindset* (Dryden, 2020) or a *one-at-a-time* approach to therapy (Bobele & Slive, 2014). With this mindset, the therapist plans to address the presenting concerns of client(s) within a single visit, treating the session *as if it was the only one*; recognizing that although potentially available, ongoing sessions may not be necessary. In this chapter, we briefly explore the current theoretical understanding within SST; work mostly drawn from other therapeutic settings (e.g., walk-in therapy, psychotherapy, and family therapy) and review the limited research that has explored these ideas within sport psychology. We then present a series of vignettes to provide examples of how SST principles can be applied in our field. Here, we ask the reader to reflect on their own practice (see Cropley et al., 2010), demonstrating some ways in which SST could shape their work. Finally, we conclude by outlining directions for future research and offer some notes of caution when applying SST in sport psychology contexts.

Current Theoretical Understanding

The clinical work of Dr. Milton Erickson and early research at the Mental Research Institute (MRI) in Palo Alto were key developments in a movement toward *brief* forms of therapy (see Watzlawick et al., 1974). Although these developments shaped Steve de Shazer's (1985) brief solution-focused therapy, Talmon's work (1990) established SST as a standalone form of brief therapy. This ignited a period of empirical and applied SST research and triggered a number of therapy centers to adopt SST as their central model of practice (see Hoyt, 2018). Here, SST became a popular model of service delivery within walk-in community-based mental health services – enabling therapy to be provided at a client's moment of choosing (Slive et al., 2008). Simultaneous with these advances in practice, literature surrounding SST grew, culminating in several seminal reviews. Holistically, these reviews reported: most clients attending scheduled or walk-in SST found it sufficient and helpful; the cost-effectiveness of SST

over other therapeutic approaches was an obvious strength; SST was ideal for clients who had a specific concern, who felt 'stuck' with a particular issue and had a good support network around them (e.g., family and friends); SST improved clients' presenting problems on specific psychosocial variables such as depression, anxiety, distress, and confidence, but SST was unsuitable for clients who requested long-term therapy or who were psychotic, suicidal, or suffered from conditions with biological components (see Campbell, 2012; Hymmen et al., 2013).

As the SST literature evolved, several applied research books that detailed practitioner accounts and reflections were published (see Hoyt, 2018; Hoyt et al., 2021). Additionally, a recent special edition of the *Australian and New Zealand Journal of Family Therapy* was dedicated to current thinking and future direction of SST research and practice (see Young et al., 2020). In this edition, Hoyt et al. (2020) noted that as the evidence-base for SST has increased, there have been several adaptations of the approach using a mixed range of terms. The authors proposed that the umbrella term *single-session thinking* should be adopted by those researching, practicing, and writing about the philosophy and practice of SST. They stated that the various approaches shared common features, including an emphasis on attitude/mindset, accessibility, empowerment, and alliance and goal setting.

SST and Sport Psychology

Giges and Petitpas' (2000) framework for brief contact interventions was the first exploration of single-session thinking in sport psychology. Their framework guided the one-off, unscheduled, and time-limited interactions that occur when SPCs are in regular contact with athletes. The focus was on trying to facilitate a small shift in the athlete's perception of their current situation. Giges and Petitpas recommended that SPCs keep such interventions focused, active, goal-orientated, and concerned with the present. Indeed, for these reasons, Høigaard and Johansen (2004) argued that brief approaches were particularly relevant for athletes and coaches, given their focus on solutions, growth, and improvements.

Expanding on this work, Pitt et al. (2015) summarized the characteristics of single-session approaches across therapeutic settings (e.g., walk-in therapy and family therapy), and discussed the potential for a systematic exploration of SST within sport psychology. Through their review, they identified: (1) SST was an effective model of practice that can be adapted to different domains (e.g., social work and humanitarian aid); (2) although a range of theoretical models guided SST delivery, solution-focused techniques were mostly adopted; and (3) common characteristics of SST applications included pre-session questionnaires, consultancy teams, consultations that were goal-directed, and interventions that incorporated the client's strengths and resources. Pitt et al. concluded that SST methods could provide SPCs with well-suited, effective, and efficient means to solve problems.

Pitt et al. (2020) developed a framework of single-session problem-solving across a series of studies at a world-leading national institute of sport science and medicine. A 3.5-year ethnography established the essential features of a single-session approach. Here, several reframing techniques were used to help change the client's initial description of their problem, until it was described in a solvable frame. The framework was effective for problems that were longstanding, related to other people and situations where client(s) had felt 'stuck' for a period of time. Follow-up case studies then gave detailed insight into the idiosyncratic nature of each single-session and subsequent intervention design. Overall, Pitt et al. illustrated that SST could be an effective form of problem-solving within a sport context and that the development of a single-session mindset required a critical focus on the client's use of language (see also, Lindsay et al., 2014). Building on this work, Bowman and Turner (2022) recently highlighted the effectiveness a of single-session application of Rational Emotive Behavior Therapy (REBT) to reduce social anxiety and irrational beliefs and improve wellbeing and performance in a sample of

amateur golfers. As far as we are aware, this work marked the first application of SST from a cognitive-behavioral theoretical perspective within a sport psychology context.

Implications for Practice

Although research exploring SST in sport is limited, there is little doubt that SPCs require *briefer* ways of operating where a single-session mindset is of value (Giges & Petitpas, 2000; Høigaard & Johansen, 2004). Example scenarios could include an athlete presenting with a concern prior to a competition, a coach with a concern with one of their key player's form, an athlete with a one-off concern relating to a teammate, a situation where an athlete is clear of what they want from meeting the SPC, and many more. In the following subsections, we outline what we believe are key elements of single-session thinking in sport psychology. It is important to note that these elements (*establishing a goal, asking preferred future question*s, *paying attention to language,* and *utilizing strengths and resources*) are based on the core features of SST research conducted in sport to date, and are by no means exhaustive (see also, Bobele & Slive, 2014; Hoyt, 2018). We integrate a series of fictional vignettes drawn from real-life examples from our research and practice to illustrate single-session thinking in-action. Our aim here is to enable the reader to reflect on their own approach(es) to applied practice (Cropley et al., 2010), and introduce some actionable steps toward integrating single-session thinking into their own work should they wish to do so.

Establishing a Goal

Establishing a clear goal with the client early in the session is a core feature of single-session thinking (Pitt et al., 2015). This approach has been likened to a 'consumer driven' style to therapeutic work (Slive et al., 2008), in that the therapist should seek to understand what the client wants from the session and strive to provide a service that aligns with this agenda. Example questions that can help establish a clear goal include:

- What would you like to achieve by the end of this session?
- What are your best hopes for today's session? (Iveson et al., 2014)
- When you turn the door handle and leave this session, what do you need to leave with for this to have been a successful use of your time? (Pitt et al., 2020)

To demonstrate the value of such questions when applying an SST mindset, consider the following example of an athlete (A) who has requested to see their SPC in the run-up to a competition.

SPC: So, what has brought you here today?

A: Well, with the competition coming up in a few weeks' time, I've just been all over the place in practice. Nothing seems to be working lately, and I'm getting myself more and more worked up about my form, and whether I'll be playing well by the time we get there.

SPC: Why have you decided that you need to do something about it now?

A: I've realized that I just keep adding to the noise. Each time I do something wrong, make a mistake, have a bad training session, lose a practice match, I'm just carrying that with me into the next one or the next day. I can see that I'm just filling my head with more and more problems.

SPC: Ok, so let's suppose this session goes exactly how you want it to go, and as you walk out of that door, you leave with exactly what you need for it to have been a brilliant use of your time. What will you be leaving with?

A: Hmmm… I think that I would just have a clear plan for how I put a full stop to each training session, so I don't carry anything with me when I next step on court. That would be really helpful.

By asking the athlete what they want to achieve by the end of the session, the SPC and athlete can work in alliance, and in the present toward that goal (Hoyt, 2018). This provides a clear focus for both the SPC and client, and serves to engender a sense of hope, direction, and collaboratively develops a clear target for the session.

Asking Preferred Future Questions

Preferred future questions originate from de Shazer's (1985) brief solution-focused approach. The 'miracle question' was an early example of such an approach (see de Shazer, 1985).

> Suppose that one night, while you are sleeping, a miracle occurs, and your problem is solved. However, because you are asleep you don't know that the miracle has happened. When you wake up in the morning, what will be different that will tell you that the miracle has taken place?

Such questions aim to get the client to shift their focus from the problem to possible solutions, building on their goals for the session. Reflections from SPCs have supported the effectiveness of this type of questioning (Høigaard & Johansen, 2004; Lindsay et al., 2007). Other examples include:

- Imagine you go on holiday for six months, and when you're away, you have no contact with your sport. But, when you return, the [problem] is completely gone; it no longer exists. How will you know it no longer exists? (Pitt et al., 2020)
- If things could be just how you wanted them to be, what would that 'look like'?
- What would be the first small sign that this problem no longer existed?
- Asking the client to draw their situation, as if there was no problem (Pitt et al., 2020).

Consider the example of a team captain discussing their frustrations with a challenging teammate who they perceive has a bad attitude to training.

SPC: I can see how that would be frustrating, what have you done about this so far? Have you spoken with them about this?

A: They're just not listening to me, no matter what I say I can't get through… I've tried speaking with coach too, and they say they're managing it, but I don't think they are.

SPC: Okay, you mentioned that you'd like to leave with a clear plan for how to better manage this situation. So, let's start with understanding how you'd know things were better. Let's imagine that when we come back in next week, there is no problem at all, how would you know?

A: Well, for a start [the player] would come to training switched on, looking up for the session, and come across as if they care for the team. [the player] would not be antagonizing everyone with the way they tackle in training, and wouldn't be arguing and chatting back… They wouldn't be winding everyone up, including me!

SPC: Okay, and what would be different if [the player] wasn't winding others up?

A: They'd still be bringing their aggressive style to the session but would also be showing they recognize when they go over the top. They'd be encouraging others, not just trying to look good, and generally be more focused on the purpose of the session… and I'd be less focused on [the player] and more on myself and the whole team.

SPC: And what would be the first small sign for you that this wasn't an issue anymore?

A: Actually, you know, I think that would be it. I'd be focused on the team, the session, what I am working on… not going in looking for [the player] to start acting up.

By focusing on the athlete's preferred future, their attention started to shift to a goal that was in their control and to possible solutions, creating a stronger expectation of change (see Iveson et al., 2014).

Paying Attention to Language

Paying close attention to the client's language has been emphasized by many SST and brief therapy researchers (de Shazer, 1985; Pitt et al., 2015, 2020). For example, in their single-session problem-solving framework, Pitt et al. (2020) demonstrated how the language clients used to *describe* their concerns contributed to both the maintenance of their problem and possible options for resolution. This demonstration built upon Lindsay et al.'s (2014) discussion of how a client's (and SPC's) use of language can impact on the conceptualization of problems and the goals of consultancy. One example relevant to single-session thinking is the "…mistaking [of] 'concepts' as 'objects' [that] typically occurs when a verb or adjective is deceptively 'frozen' (or transformed) into the noun form of a psychological entity" (Lindsay et al., 2014, p. 45). Lindsay et al. used the concept of confidence to demonstrate how a descriptive adjective or verb (e.g., used to describe a 'confident' act or thought) can be inconspicuously transformed into a noun ('confidence'), which is then treated this way by both the practitioner and client (i.e., as if it [confidence] was a *thing* that could be obtained). Treating the concept of confidence as an object is just one example where this transformation can occur in the vocabulary often used in sport psychology consultations.

The use of 'video description' questions is a strategy that avoids confusing concepts as objects (see O'Hanlon & Wilk, 1987). Here, SPCs discuss behaviors as if they were being presented on a video-screen. This technique can be used to *unfreeze* nominalized nouns that are used to describe a problem or goal back into a behavioral level or tangible description (i.e., something verifiable). Examples include:

- If you had [confidence], how would you know?
- If there was more [trust] between yourself and the captain, what would you be doing differently? What would they be doing differently? What would you notice?
- If they were demonstrating more [resilience], what would you see? How would others know they had more [resilience]?
- Generally challenging vague or concept-laden statements by asking, "what would you actually [see/be doing/be thinking] if this was the case?"

The following vignette provides one example of the value of paying attention to language when adopting a single-session mindset. Here, a coach (C) has requested a meeting to discuss the form of the team's goalkeeper.

C: For me, they're just short of confidence right now, and haven't recovered from a the end of last season.

SPC: How much have you spoken with (the player) about this?

C: Alot, it's come up in several conversations after training, and when debriefing recent games with them. I've tried re-assuring them, letting them know how much I rate them. But [the player] still seems massively short in confidence. Do you have any thoughts on what I can do, or could you even sit down with [the player] and try to give them a bit more confidence.

SPC: Yeah, maybe it's both, but let's start with a clear goal between us. If [the player] had confidence, how would you know?

C: Oh, you'd just be able to tell in the way [the player] makes decisions, organizes others, commands their area…

SPC: Okay, if we were being really specific, what would you see on the iPads as you debrief a game that would show [the player] has more confidence? What would I/we be able to see that's different?

C: I tell you what would be clear. They'd be shouting at their defenders when we're defending set pieces, pointing where they should be standing… directing everyone into position. That's just not been there, [the player] is so quiet and inward at the moment.

The video-description questions used by the SPC led to a clearer goal for the coach. The coach was able to re-describe their problem, changing the missing psychological entity into an observable behavior that could be further explored (see Lindsay et al., 2014).

Utilizing Strengths and Resources

A consistent theme across SST approaches remains how practitioners have adopted a strengths-based approach (see Barnes et al., 2018; Pitt et al., 2015). This feature is rooted in the work of Dr. Milton Erickson who was renowned for 'utilizing' whatever strengths, competencies, and resources his clients offered him in a positive way (see Zeig & Munion, 1999). Effective single-session work helps clients better use their own resources (strengths) to achieve their goals. Examples of client strengths and resources include personal characteristics, supportive relationships, external resources, or previous helpful strategies (see Barnes et al., 2018; Dryden, 2020) and can be revealed by:

- Exploring how the client has previously coped with their situation (e.g., "how have you prevented this problem from completely taking over your life?"; Slive et al., 2008).
- Asking how others have helped the client.
- Exploring exceptions (e.g., "when has this not been a problem?") or times when the client has previously been able to successfully do what they are now trying to do (Pitt et al., 2020).
- Carefully listening to the client's responses.

Slive and Bobele (2011) noted that when adopting a single-session mindset, practitioners should be trying to understand the client's strengths and resources before helping them to integrate these into a solution. Hoyt (2018) described this as the *art and craft* of single-session work, as it requires the practitioner to pay close attention to what the client is saying, and to be creative in forming an intervention. Single-session work is, therefore, bespoke in nature (Talmon & Hoyt, 2014). And, as Hoyt (2018, p. 158) noted, each session is "…custom-made, uniquely tailored to the individual, using whatever skills and resources the client and clinician can bring to bear." As an example, consider the following vignette of an athlete who wanted to try sport psychology to see if it could improve her preparation for competition. After establishing that the athlete wanted to feel calmer prior to her next race, the SPC directs their attention to strengths and resources that can be used to generate a solution:

SPC: When have you managed to feel that way before an event previously?
A: I am sure there have been times… I definitely used to get very stressed before my medical exams at university, especially the practicals. But I actually managed to handle them well in the end.
SPC: How did you do that?
A: I realized that I needed to look over my notes the day before, and then trust I was ready. On the day, I'd just spend time with friends to keep myself distracted instead of working myself up by going over notes that I'd then think I was going to forget.
SPC: So, you prepared, made sure you were ready the day before, and then let go. You trusted that your preparation was complete and then relaxed by talking with friends. How might that help you with this challenge?
A: A lot actually! I've been going so inwards, going over and over my race despite being completely ready from training. I work myself up, trying to be professional and not get distracted… when in actual fact I'm distracting myself from being relaxed. I need to trust my prep, and allow myself to interact with my coach and others around me on race day… it'd be more fun that way too.

Conclusion

In this chapter, we outlined some developments of SST and the benefits of such a therapeutic approach. SST has evolved since Talmon's (1990) seminal text and has become evidenced as an effective, well-practiced therapy across different contexts (Hymmen et al., 2013), including that of sport psychology (e.g., Bowman & Turner, 2022; Pitt et al., 2015, 2020). This cross-discipline application led SST advocates to propose that the umbrella term *single-session thinking* should be used by those researching, practicing, and writing in this domain to maintain clarity on the use of terms. Although the high-demand limited-resource context faced by psychotherapists and mental health professionals can create accessibility challenges within their practice settings, SPCs also face contexts where a single-session thinking suits the demands of our role. We argue that in these circumstances, single-session thinking has the potential to make sport psychology more accessible, tangible, and impactful.

However, no approach is without its limitations, and one important note of caution on the application of single-session thinking is that it should be considered alongside other therapies. It should not be considered as the *only* approach to adopt. As stated by Hoyt (2018, p. 164), a "…potential problem, however, is insisting on everything being single-session, including rigidly using a single-session approach to avoid patients who may truly require more meetings. It is important that SST not be imposed when more sessions are needed." In sport psychology, this involves consultants recognizing when single-session thinking would be useful (e.g., a one-off session with an athlete closer to a competition) versus when a longer-term perspective would be more suitable (e.g., implementing work that has a longer-term, development focus). Whether immersed in a team, or operating independently with clients on a one-to-one basis, there are clearly times when both mindsets are useful.

Overall, the application of single-session thinking in practice is useful and offers SPCs value in many real-world situations. However, due to the personalized nature of each interaction, it is difficult to research using conventional methods that want to test the outcomes of a repeatable, standardized intervention. As Hurn (2005, p. 35) commented, "…the bespoke nature of the session produces many differences that can impede a sound methodology when researching this form of therapy." For this reason, case study methods are well-suited to enhancing our understanding of single-session practice in sport; they allow researchers to not only focus on the effectiveness of the intervention but also enable the bespoke nature of the intervention to be considered (Bowman & Turner, 2022; Pitt et al., 2020). Future directions for research in this area in sport should focus on (a) further understanding the different scenarios in which single-session thinking can be useful; (b) expanding on techniques that can be utilized when adopting single-sessions; and (c) exploring the benefits/challenges of training single-session principles to SPCs and others working in sport (e.g., coaches and support staff). See Box 15.1 for a summary of the key points from this chapter.

Box 15.1 Summary of Key Points about Single-Session Therapy

- SST is the briefest form of therapy, characterized through a planned and intentional attempt to address a client(s) presenting concerns within a single visit.
- SST was conceptualized by Talmon (1990) as a standalone approach to therapy, and is evidenced as an effective therapeutic process across contexts (including sport psychology).
- The term 'single-session thinking' should be used to conceptualize SST across therapeutic contexts. This involves a subtle shift in a practitioner's mindset as to what therapy is (i.e., approaching interactions *as if* they were the last about that particular issue).

- Single-session thinking could help make sport psychology more accessible, tangible, and impactful.
- Establishing a goal, asking preferred future questions, paying attention to language, and utilizing strengths and resources are key elements of adopting an SST mindset.
- SST is just another approach SPCs' could adopt and should not be considered the only practice approach to use.
- Future research should focus on understanding the different situations where single-session thinking may be useful and clarify the techniques that are effective when using this approach.

References

Barnes, M., Carruthers, P., & Gigovic, M. (2018). One… two… three ways to help you today: Therapeutic models in a single-session therapy program. In M. F. Hoyt, M. Bobele, A. Slive, J. Young, & M. Talmon (Eds.), *Single-session therapy by walk-in or appointment: Administrative, clinical, and supervisory aspects of one-at-a-time services* (pp. 175–185). Taylor & Francis.

Bobele, M., & Slive, A. (2014). One session at a time: When you have a whole hour. In M. F. Hoyt & M. Talmon (Eds.), *Capturing the moment: Single session therapy and walk-in services* (pp. 95–120). Crown House Publishing.

Bowman, A.W., & Turner, M.J. (2022). When time is of the essence: The use of rational emotive behavior therapy (REBT) informed single-session therapy (SST) to alleviate social and golf specific anxiety, and improve wellbeing and performance in amateur golfers. *Psychology of Sport and Exercise, 60.* https://doi.org/10.1016/j.psychsport.2022.102167

Campbell, A. (2012). Single-session approaches to therapy: Time to review. *Australia & New Zealand Journal of Family Therapy*, *33*(1), 15–26. https://doi.org/10.1017/aft.2012.3

Cropley, B., Hanton, S., Miles, A., & Niven, A. (2010). The value of reflective practice in professional development: An applied sport psychology review. *Sports Science Review*, *19*(3–4), 179–209. https://doi.org/10.2478/v10237-011-0025-8

de Shazer, S. (1985). *Keys to solution in brief therapy.* W.W. Norton & Company.

Dryden, W. (2020). Single-session one-at-a-time therapy: A personal approach. *Australian and New Zealand Journal of Family Therapy*, *41*(3), 283–301. https://doi.org/10.1002/anzf.1424

Giges, B., & Petitpas, A. (2000). Brief contact interventions in sport psychology. *The Sport Psychologist*, *14*(2), 176–187. https://doi.org/10.1123/tsp.14.2.176

Høigaard, R., & Johansen, B. T. (2004). The solution-focused approach in sport psychology. *The Sport Psychologist*, *18*(2), 218–228. https://doi.org/10.1123/tsp.18.2.218

Hoyt, M. F. (2018). Single-session therapy: Stories, structures, themes, cautions, and prospects. In M. F. Hoyt, M. Bobele, A. Slive, J. Young, & M. Talmon (Eds.), *Single-session therapy by walk-in or appointment: Administrative, clinical, and supervisory aspects of one-at-a-time services* (pp. 155–174). Taylor & Francis.

Hoyt, M. F., Young, J., & Rycroft, P. (2020). Single session thinking 2020. *Australian and New Zealand Journal of Family Therapy*, *41*(3), 218–230. https://doi.org.10.1002/anzf.1427

Hoyt, M. F., Young, J., & Rycroft, P. (2021). *Single session thinking and practice in global, cultural, and familial contexts: Expanding applications.* Routledge.

Hurn, R. (2005). Single-session therapy: Planned success or unplanned failure? *Counselling Psychology Review, 20* (4), 33–40.

Hymmen, P., Stalker, C., & Cait, C. (2013). The case for single-session therapy: Does the empirical evidence support the increased prevalence of this service delivery model? *Journal of Mental Health*, *22*(1), 60–71. https://doi.org/10.3109/09638237.2012.670880

Iveson, C., George, E., & Ratner, H. (2014). Love is all around: A single session solution-focused therapy. In M. F. Hoyt & M. Talmon (Eds.), *Capturing the moment: Singe session therapy and walk-in services* (pp. 325–348). Crown House Publishing.

Lindsay, P., Breckon, J., Thomas, O., & Maynard, I. (2007). In pursuit of congruence: A personal reflection upon methods and philosophy in applied practice. *The Sport Psychologist*, *21*(3), 335–352. https://doi.org/10.1123/tsp.21.3.335

Lindsay, P., Pitt, T., & Thomas, O. (2014). Bewitched by our words: Wittgenstein, language games, and the pictures that hold sport psychology captive. *Sport & Exercise Psychology Review*, *10*(1), 41–54.

O'Hanlon, B., & Wilk, J. (1987). *Shifting contexts: The generation of effective psychotherapy.* The Guilford Press.

Pitt, T., Thomas, O., Lindsay, P., Bawden, M., & Hanton, S. (2015). Doing sport psychology briefly? A critical review of single session therapeutic approaches and their relevance to sport psychology. *International Review of Sport & Exercise Psychology*, *8*(1), 1–31. https://doi.org/10.1080/1750984x.2015.1027719

Pitt, T., Thomas, O., Lindsay, P., Hanton, S., & Bawden, M. (2020). A framework of single-session problem solving in elite sport: A longitudinal, multistudy investigation. *Frontiers in Psychology: Movement*, *Science and Sport*, *11*, Article e566721. https://doi.org/a0.3389/fpsyg.2020.566721

Slive, A., & Bobele, M. (2011). *When one hour is all you have: Effective therapy for walk-in clients*. Zeig, Tucker, & Theisen.

Slive, A., McElheran, N., & Lawson, A. (2008). How brief does it get? Walk–in single session therapy. *Journal of Systemic Therapies*, *27*(4), 5–22. https://doi.org/10.1521/jsyt.2008.27.4.5

Sly, D., Mellalieu, S. D., & Wagstaff, C. R. D. (2020). It's psychology Jim, but not as we know it! The changing face of applied sport psychology practice. *Sport, Exercise, & Performance Psychology*, *9*(1), 87–101. https://doi.org/10.1037/spy0000163

Talmon, M. (1990). *Single-session therapy: Maximizing the effect of the first (and often only) therapeutic encounter*. Jossey-Bass.

Talmon, M., & Hoyt, M. F. (2014). Moments are forever: SST and walk–in services now and in the future. In M. F. Hoyt & M. Talmon (Eds.), *Capturing the moment: Single session therapy and walk-in services* (pp. 463–485). Crown House Publishing.

Watzlawick, P., Weakland, J., & Fisch, R. (1974). *Change; Principles of problem formation and problem resolution*. W. W. Norton & Company.

Young, J., Rycroft, P., & Hoyt, M. F. (2020). Special edition: Expanding applications of single session thinking and practice. *Australian and New Zealand Journal of Family Therapy*, *41*(3), 215–217. https://doi.org/10.1002/anzf.1425

Zeig, J. K., & Munion, W. M. (1999). *Key figures in counselling and psychotherapy: Milton H. Erickson*. Sage Publications.

16

PERSON-CENTERED THERAPY

David Tod and Nick Wadsworth

Service delivery models must address three areas if they are to guide practitioners. They need to help practitioners: understand athletes' experiences, determine ways of assisting clients, and assess consultancy effectiveness (Tod et al., 2020). Against these criteria, person-centered approaches are well-suited to guiding practitioners. There are several person-centered approaches, all stemming from Rogers' (1959) model. Rogers' work is notable because he introduced non-directive counseling into psychotherapy (Wilkins, 2015). The non-directive attitude is the original and fundamental precept of Person-Centered Therapy (Wilkins, 2015). Sport psychology practitioners follow athletes' self-chosen directions, encouraging them to reach their own insights, solutions, and decisions out of respect for their autonomy. In contrast, practitioners display a directive attitude when they have goals for the client and guide the person toward those outcomes (Lundh, 2019).

Person-centered approaches present an alternative view compared to most applied sport psychology literature. Much literature frames applied sport psychology from a directive viewpoint: practitioners use assessment techniques (e.g., questionnaires, intake interviews, and performance profiles) to assign labels to athletes (e.g., anxious, poorly motivated, depressed, and not confident), and then teach clients interventions designed to change them and solve their problems (e.g., be more confident, motivated, relaxed, and happy). In classic person-centered approaches, practitioners dispense with assessment and intervention techniques, and instead provide the psychological conditions that allow athletes to self-heal. The rejection of assessment and intervention techniques may explain the lack of literature on person-centered approaches in sport psychology. When applied sport psychology expanded in the late 1970s and 1980s, practitioners borrowed from cognitive-behavioral frameworks that are based on assessing clients and using interventions to change thoughts, feelings, and behavior. A non-directive approach may leave practitioners who are used to the cognitive-behavioral approach feeling like they are not offering athletes a meaningful service. The current chapter will survey literature on the person-centered approach in sport psychology, discuss how it may apply to the domain, and suggest ways practitioners can develop their knowledge, skills, and use of the framework. Given that most person-centered approaches stem from Rogers' (1959) classic model, we will focus on his work.

Person-Centered Literature in Applied Sport Psychology

It may seem surprising that there is limited discussion of Person-Centered Therapy in applied sport psychology literature. People might believe that there has been greater reference to Person-Centered

Therapy than there is because the term *person-centered* and its derivatives (e.g., *client-led*) are not restricted to describing Person-Centered Therapy. For example, practitioners might describe themselves as person-centered, but be operating from another theoretical orientation, or researchers might suggest that they are adopting a person-centered approach to their data analysis. When Person-Centered Therapy does appear in the literature, authors focus primarily on Roger's (1959) work and seldom, if ever, on subsequent or related Person-Centered Therapy models, although recently there have been writings on a related approach, motivational interviewing (Rollnick et al., 2020).

Regarding experimental research, authors have examined the effect of Person-Centered Therapy in athletic samples, with mixed results emerging. Initial findings suggest beneficial effects on anxiety, but deleterious influences on motivation and self-confidence (Patsiaouras et al., 2013). Little can be concluded from experimental work, however, because of the small number of studies. Also, the publications are brief reports, and it is difficult to evaluate how faithful the interventions were to Person-Centered Therapy precepts. Regarding nonexperimental research, authors sometimes make fleeting references to Rogers' approach when justifying a study or summarizing their findings (Chandler et al., 2016). More substantially, Tod et al. (2019) drew on Person-Centered Therapy to help analyze sport psychology practitioners' experiences about the active ingredients in service delivery.

Paralleling the empirical research, Person-Centered Therapy receives limited discussion in reflective and professional practice literature. For example, authors who write reflective articles typically mention a person-centered approach briefly when discussing their growth as practitioners or attempts to help clients (Edwards & Edwards, 2016). More substantially, Black and McCarthy (2020) present a reflective case study of a trainee practitioner operating from the person-centered model. Authors give the person-centered approach their greatest attention in professional practice articles, although again, the amount of discussion varies widely. Katz and Keyes (2020), for example, described Person-Centered Therapy in some depth. Often, however, authors mention Rogers' (1959) work as part of their discussions on humanistic approaches, service delivery relationships, counseling, communication skills, and the qualities of effective practitioners (Dickinson et al., 2019; Tod & Andersen, 2012). Despite the limited writings on Person-Centered Therapy, sufficient evidence exists to suggest that it can facilitate applied sport psychology (explained below), and it is based on an elegant theory of personality (a) allowing practitioners to make sense of athletes' experiences and (b) outlining a helping method based on collaborative relationships (Rogers, 1961).

Rogers' (1959) Classic Person-Centered Therapy

Person-Centered Therapy explains personhood, the causes of distress, and how and why practitioners can help athletes. The approach has diversified considerably, particularly since Rogers' death in 1987 (Sanders, 2012), but given that most sport psychology literature references his classic model, we focus on his work (Rogers, 1957, 1959).

What Is Personhood?

People consist of physiological, perceptual, social, emotional, and behavioral subsystems. Together, these processes constitute the *organismic self* or *organismic experience*. Underpinning the organismic experience is the *actualizing tendency*, or the inclination for people (and all organisms) to strive to maintain, enhance, or adapt themselves to their current situations in the best ways they know how, either consciously or unconsciously, even if those actions seem strange to other people. As people grow and develop, part of their organismic experience differentiates into the *self-experience*, or that part of their total experience that they describe as I, me, or myself (Rogers, 1959), out of which a *self-concept* or *self-structure* emerges (Rogers, 1959).

The self-structure is a fluid process, not a fixed entity (Rogers, 1959). Instead, the self-structure is a person's model of the self and its relationships with the world. The self-structure is a person's basis for understanding the world and enables them to exist and fit into the environment. Related to the self-structure is the *ideal-self*, or that self the individual would most desire to be (Rogers, 1959).

What Causes Distress?

Incongruence is the basis of psychological distress and maladaptive behavior. People strive to integrate their organismic experiences with their self-structures. When individuals are unable to assimilate their organismic experiences with their self-concepts and there is little overlap between the two, they experience incongruence, painful emotions, cognitive dissonance, vulnerability, tension, anxiety, and rigidity of behavior (Rogers, 1959). For example, a female elite junior squash player had previously enjoyed her sport because it let her spend time with her father, who was encouraging and positive. The player, however, had moved to another city to join an academy, where she was coached by an autocratic individual who constantly pointed out her flaws and demanded a strict routine that interfered with other aspects of her life. The coach imposed on the player a performance focus, based on an arduous workload, sacrifice, and attaining results. The player was unable to reconcile her academy experience, where she felt abused, manipulated, and useless, with her self-concept that she was a skillful player, and that squash gave her enjoyment and time with a loving father. The incongruence led to anxiety, loneliness, and a desire to stop playing.

Further, Person-Centered Therapy explains the causes of incongruence. Individuals have needs for *positive self-regard* and *positive regard from others*. Positive self-regard occurs when people accept and trust their own experiences, perceptions, and evaluations (Rogers, 1959). When they operate from a sense of self-trust, they have an *internal locus of evaluation*. People's need for positive regard from others is strong, however, especially from significant others who care for, nurture, protect, or have authority over them, and this need can overwhelm their positive self-regard (Rogers, 1959). Individuals (e.g., athletes) may disregard their own beliefs, perceptions, and evaluations in favor of those of significant others (e.g., coaches). Other people's beliefs, opinions, and evaluations become *conditions of worth*, where individuals learn that they are acceptable only if they live according to other people's standards. When individuals rely on other people's positive evaluations, they have an *external locus of evaluation* (Rogers, 1959). If the individual's self-experiences do not match other people's conditions of worth, they will deny or distort their own perceptions, values, and beliefs, leading to incongruence and distress. The squash player above, for example, had moved to a new city to join an academy because she wanted to become a full-time squash player and she had started to internalize the coach's beliefs about how to succeed. In doing so, the player began to disregard her own beliefs and experiences, but at the same time thought she had lost what had made squash meaningful and rewarding.

How Do Practitioners Help?

Person-centered practitioners aim to provide the psychological conditions allowing athletes to self-explore and self-heal (Rogers, 1957). The approach involves non-directive counseling based on the hypotheses that people (a) have the attributes to enhance their self-understanding and to alter their self-concepts, attitudes, and behavior; and (b) will achieve these outcomes if practitioners (or someone else) provide a suitable psychological climate. Practitioners have interpreted Rogers' non-directive approach in various ways (Sanders, 2012). For example, practitioners vary on the extent that they direct the process of service delivery and the content discussed in sessions. At one extreme, an educational sport psychology practitioner, for example, might restrict their assistance to educating athletes about the major psychological skills (directing both a session's content and how it is discussed). At the other

extreme, a practitioner might strive to create the psychological climate discussed below and leave the content and the way it is handled for the athlete to determine.

Stemming from the above hypothesis, Rogers (1957) argued that a suitable psychological climate for client change emerges when practitioners adhere to the six necessary and sufficient conditions listed below. Many people focus on congruence, unconditional positive regard, and empathy, labeling them the core conditions, but all six conditions play a role. Suggesting that congruence, empathy, and unconditional positive regard are more central to therapy than the other three conditions misinterprets classic Person–Centered Therapy (Wilkins, 2015).

First, Rogers (1959) wrote that clients and practitioners need to be "in psychological contact, or have the minimum essential of a relationship, when each makes a perceived or subceived difference in the experiential field of another" (p. 207). He placed the helping process within the context of a relationship. Person–centered practitioners value the relationship above all other features of the helping process, a tenant supported by research in applied sport psychology (Tod et al., 2019).

Second, athletes need to feel vulnerable, anxious, or incongruent. Incongruence is the discrepancy between an athlete's experience and "self-picture" (Rogers, 1957, p. 96), resulting in tension, confusion, vulnerability, or anxiety. For example, professional athletes with strong athletic identities may experience elevated levels of confusion and anxiety if they believe their coaches think poorly of their skills and are likely to terminate their playing contracts. According to Rogers (1957), "the incongruence need not be sharply perceived. It is enough that it is subceived—that is, discriminated as threatening to self without any awareness of the content of that threat" (p. 97). Athletes sometimes seek sport psychology consultants' help, not because they are aware of any existing issues, but because they are looking for ways to get better. Some of these individuals may perceive a discrepancy between their current and potential psychological skill levels and find this unsettling.

Third, practitioners feel congruent when helping athletes. When feeling congruent, practitioners' organismic experience matches their self-picture. They strive to be themselves and avoid presenting facades, either knowingly or not (Rogers, 1959). Congruence can challenge trainees, because they sometimes feel compelled to act according to their mental image of the professional practitioner (often as modeled by their supervisors), and they think that they do not measure up to their picture because of a lack of experience, knowledge, or skills. Once trainees realize that their mental images are inaccurate, they find relief in learning that they can be themselves and still help clients (Tod, 2017). With congruence, consultants have empathy and unconditional positive regard for clients. Congruence is a way of being, not doing (Wilkins, 2015). For example, although practitioners benefit from being aware of their levels of congruence, they do not need to communicate their incongruence with clients. Nevertheless, clients likely do pick up on cues revealing whether or not practitioners are congruent and interpret these as signs of trustworthiness (Wilkins, 2015). Sometimes, however, practitioners need to discuss their incongruence if it is hindering empathy and unconditional positive regard, although they might explore their experience with someone other than the client, such as a colleague or supervisor (Rogers, 1957, see Chapters 3 and 9).

Fourth, practitioners experience unconditional positive regard for athletes, and do so to the extent they accept that each aspect of the client's experience is part of that individual. It involves the practitioner accepting the athlete's expressions of negative, painful, fearful, defensive, or abnormal feelings as much as their positive, mature, confident, or social feelings (Rogers, 1957). Unconditional positive regard is a paradox, because for change to occur, practitioners have to accept athletes as they are in the current moment, not for what they have been or could become (Wilkins, 2015). Further, it is not about liking or disliking clients, but instead accepting, prizing, and caring for them, acknowledging that they are individuals with permission to have their own experiences and who are coping with the difficulties of life in the best ways they understand (Rogers, 1957). Practitioners can find prizing and accepting athletes challenging, because they have their own biases, weaknesses, and beliefs that influence their perceptions of athletes. The self-understanding practitioners gain from supervision, personal therapy,

and other means of self-analysis helps them identify and work through biases and beliefs that might hinder unconditional positive regard. Viewed from this perspective, practitioners are acting in an unethical manner if they avoid supervision or personal therapy when needed.

Fifth, practitioners experience and express empathic understanding of athletes' internal frames of reference. Empathy is the ability "to sense the client's private world as if it were your own, but without ever losing the 'as if' quality" (Rogers, 1957, p. 99). With empathy, practitioners show they have heard athletes' stories. To show empathy, practitioners can use posture, eye contact, facial expressions, and non-verbal prompts to demonstrate that they are listening. They can reflect and restate the emotions and ideas they have heard athletes express (see Chapter 2). Practitioners can communicate that they accept and understand athletes' views (accepting is not the same as agreeing). Empathy allows practitioners to give voice to those meanings and aspects of athletes' experiences that the athletes had not been aware of previously, allowing greater self-insight. Empathy ensures that (a) practitioners understand athletes' experiences and feelings, (b) they are never in doubt about what clients mean, (c) their words fit with athletes' moods, and (d) they share clients' feelings (Rogers, 1957). In addition, athlete-clients are active agents in Person-Centered Therapy, and they use practitioners' empathy for self-comfort and support, validation, exploring their experiences, testing their self-understanding, creating new meanings, and connecting with the individual (Bohart, 2004).

Sixth, athletes receive practitioners' empathic understanding and unconditional positive regard to at least a minimal degree. For change to occur, athletes need to perceive that practitioners understand and accept them unconditionally. Given that people cannot observe attitudes directly, athletes interpret practitioners' behaviors and words as signaling empathy and unconditional positive regard (Rogers, 1957). Without such communication, the psychological climate that allows athletes to tap their resources for self-awareness and change does not exist, and the actualizing tendency cannot work unimpeded. Rogers' (1959) emphasis on the client's views echoes research showing that their perceptions are typically better predictors of outcome than those of practitioners (Crits-Christoph et al., 2013).

The above squash player's presenting issue was lack of motivation when first contacting the practitioner. The practitioner refrained from offering strategies to increase motivation, but instead encouraged the athlete to talk and self-explore, striving to be present with the individual, and understand the person and the surrounding context. As the athlete talked, it became clear that motivation was not the key issue but instead the anxiety connected with the head coach. With increased self-awareness, the athlete was able to find ways to cope with the anxiety based on strategies used successfully in the past. The athlete continued playing and thanked the practitioner, saying how wonderful it felt to be able to talk and be understood and appreciated by another person.

Why Does Person-Centered Therapy Help?

Table 16.1 presents a simplified context-mechanism-outcome chain illustrating why Person-Centered Therapy leads to change (Rogers, 1957, 1961). If the six conditions exist: (a) with practitioner unconditional positive regard, athletes prize themselves and become self-caring; (b) practitioner empathy enables athletes to hear and understand themselves; (c) the athletes' increased self-acceptance and self-awareness supports improved congruence; and (d) athletes become genuine, real, and enhancing of self-growth. They develop flexibility and lowered rigidity in their personalities and behaviors. They move away from presenting façades, living according to absolute rules, and trying to please others at the expense of their own well-being. Instead, athletes realize that they are complex and adaptable, they can trust their perceptions and experiences, and they can tolerate others.

The optimal endpoint of successful therapy is the *fully functioning person*, characterized by three attributes (Rogers, 1959). First, they are aware of and open to their internal and external worlds (Rogers, 1961). There are no barriers, inhibitions, or defenses preventing full embracing of whatever arises. Second, individuals live in an existential fashion. People let their self-structure emerge from experience.

Table 16.1 An Overview of the Person–Centered Approach (with example papers for reference)

Conditions (Rogers, 1957)	Process (Rogers, 1959)	Movement (Rogers, 1961)
• Two people in psychological contact • The client is vulnerable, anxious, or in a state of incongruence • The practitioner is congruent or integrated in the relationship • The practitioner experiences unconditional positive regard for the client • The practitioner experiences and expresses an empathic understanding of the client's internal frame of reference • The client receives the practitioner's empathy and unconditional positive regard to at least a minimal degree.	• With practitioner unconditional acceptance, clients prize themselves more and become more self-caring • As clients receive practitioner empathy, they are able hear and understand themselves, and develop self-awareness • Increasing self-acceptance and self-awareness leads to greater client congruence. • Clients become more genuine, real, and self-growth enhancers.	Clients experience movement: • Away from façades • Away from living "oughts" • Away from meeting expectations • Away from pleasing others Clients experience self-directed movement: • Toward being a process • Toward a being of complexity • Toward openness to experience • Toward acceptance of others • Toward trust in self

Individuals do not twist experiences to fit a preconceived self. Third, individuals trust themselves to select the most suitable behavior and self-construction in each moment.

The Effectiveness of Person-Centered Therapy

There is limited evidence showing that Person–Centered Therapy leads to positive outcomes in applied sport psychology. The multiple lines of evidence from counseling psychology, however, are applicable to the sporting context. First, athletes, coaches, and other stakeholders believe that practitioners need to demonstrate attributes reflecting empathy, positive regard, and congruence (Chandler et al., 2016), and multiple meta-analyses demonstrate that these characteristics predict outcomes in psychotherapy (Elliott et al., 2018; Farber et al., 2018; Kolden et al., 2018). Further, empathy, unconditional positive regard, and congruence are, for example, common factors, or those active ingredients that cause client change inherent in all bona fide therapies (Tod et al., 2019). In contrast, specific factors are those ingredients that are unique to individual approaches (e.g., goal setting in mental skills training). The common factors account for considerably more variance in client change than specific factors, with empathy, unconditional positive regard, and congruence having among the strongest effect sizes of all predictors (Wampold, 2015). Second, athletes, coaches, and practitioners believe that the consultant-athlete relationship is central to effective applied sport psychology (Tod, 2017). Person-Centered Therapy is part of the humanistic-existential family of therapies whose cornerstone is the counselor-client relationship. Randomized controlled trials show that these approaches are effective in eliciting client change (Elliott et al., 2020). Related to these findings is evidence demonstrating that differences among various schools of therapy (e.g., cognitive-behavioral, psychodynamic, family systems, and person–centered therapies) are trivial, rending them equivalent in effectiveness (Wampold, 2015). The findings of this research indicate that what practitioners do is less influential than how they do it and who they are as individuals.

Third, consultants recognize that athlete and coach engagement influences outcomes in applied sport psychology (Tod et al., 2019). Client engagement is the strongest predictor of outcomes in counseling (Bohart & Wade, 2013). The client's active involvement is a key feature of Person-Centered Therapy. Practitioners acknowledge that clients are the experts in their own lives (Wilkins, 2015), a sentiment expressed in sport psychology (Edwards & Edwards, 2016). Further, practitioners trust the actualizing

tendency and believe that clients have the resources to develop and self-heal. Change occurs, as long as practitioners provide the nurturing soil in which clients can grow (Rogers, 1957). One reason many person–centered practitioners avoid acting as the expert, adopting a directive attitude, engaging in diagnostic assessment, and introducing techniques, interventions, and solutions indiscriminately, is the belief that by doing so, they impede client progress (Wilkins, 2015).

Professional Development Implications

Box 16.1 contains suggestions for developing competency in Person-Centered Therapy. First, developing self-awareness is a key theme. Self-awareness assists practitioners to understand how they influence client relationships, and how to be empathetic, congruent, and accepting of clients. Ways to include self-awareness includes reflective journaling, supervision, gathering client feedback, and seeking peer consultation. Second, practitioners should become intimately familiar with Person-Centered Therapy theory and assess the degree to which it resonates with their personal values and worldview. Concepts, such as actualizing tendency, self-actualizing tendency, and unconditional positive regard, for example, are easily misunderstood with just a superficial understanding of the model. Knowledge of Person-Centered Therapy also helps practitioners respond to key debates, such as what constitutes a directive versus non-directive attitude. Third, practitioners benefit from supervision with a suitable individual (see Chapters 3 and 9). Person-Centered Therapy is demanding and tiring because of the levels of concentration, active listening, and practitioner engagement needed to stay present with athletes throughout a session and often to resist the urge to be the expert and solve clients' problems. Fourth, consider undertaking person-centered counseling as a client. The person-centered counselor can be a model of practice. Also, being a client contributes to learning about empathy and unconditional positive regard. Fifth, join professional person-centered counseling organizations. Interacting with colleagues is associated with social, educational, and tangible benefits.

Conclusion

Rogers is one of the most cited and influential psychologists of the 20th century (Haggbloom et al., 2002). His influence, however, has seldom been acknowledged, examined, or discussed in-depth in applied sport psychology. Nevertheless, Rogers' Person-Centered Therapy can assist sport psychology practitioners because it is a well-developed theoretical orientation, providing an elegant roadmap of the helping process supported by a wealth of evidence. Practitioners who develop their ability to be congruent with clients, to communicate genuine empathy, and to display unconditional positive regard create relationships within which athletes can self-explore, grow, and heal. To build their skills and knowledge of Person-Centered Therapy, practitioners can implement the suggestions offered in this chapter to help them become client-led and form safe, ethical, and effective relationships with athletes. See Box 16.1 for a summary of the key points from this chapter.

Box 16.1 Summary of Key Points about Person-Centered Therapy

- Develop self-awareness.
- Become familiar with Person-Centered Therapy theory and assess the degree it resonates with personal values.
- Engage in supervision with an experienced person-centered practitioner.
- Undertaking person-centered counseling as a client.
- Join professional person-centered counseling organizations and network with likeminded colleagues.

References

Black, Z., & McCarthy, P. (2020). A case study of a trainee sport psychologist adopting a person–centred approach with a professional basketball player. *Sport and Exercise Psychology Review*, *16*(2), 74–83.

Bohart, A. C. (2004). How do clients make empathy work? *Person-Centered & Experiential Psychotherapies*, *3*(2), 102–116. https://doi.org/https://doi.org/10.1080/14779757.2004.9688336

Bohart, A. C., & Wade, A. G. (2013). The client in psychotherapy. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (6th ed., pp. 219–257). Wiley.

Chandler, C., Eubank, M., Nesti, M., Tod, D., & Cable, T. (2016). Personal qualities of effective sport psychologists: Coping with organisational demands in high performance sport. *International Journal of Sport Psychology*, *47*(4), 297–317. https://doi.org/10.7352/IJSP2016.47.297

Crits-Christoph, P., Gibbons, M. B. C., & Mukherjee, D. (2013). Psychotherapy process-outcome research. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (6th ed., pp. 298–340). Wiley.

Dickinson, R. K., Coulter, T. J., & Mallett, C. J. (2019). Humanistic theory in sport, performance, and sports coaching psychology. In O. Braddick (Ed.), *Oxford research encyclopedia of psychology*. Oxford University Press. https://doi.org/10.1093/acrefore/9780190236557.013.143

Edwards, D. J., & Edwards, S. D. (2016). Case report on a clinical sport psychological intervention for a rugby player. *African Journal for Physical Activity and Health Sciences*, *22*(31), 738–746.

Elliott, R., Bohart, A. C., Watson, J. C., & Murphy, D. (2018). Therapist empathy and client outcome: An updated meta-analysis. *Psychotherapy*, *55*(4), 399–410. https://doi.org/10.1037/pst0000175

Elliott, R., Watson, J. C., Timulak, L., & Sharbanee, J. (2020). Research on humanistic-experiential psychotherapies: Updated review. In M. Barkham, W. Lutz, & L. Castonguay (Eds.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (7th ed.). Wiley.

Farber, B. A., Suzuki, J. Y., & Lynch, D. A. (2018). Positive regard and psychotherapy outcome: A meta-analytic review. *Psychotherapy*, *55*(4), 411–423. https://doi.org/10.1037/pst0000171

Haggbloom, S. J., Warnick, R., Warnick, J. E., Jones, V. K., Yarbrough, G. L., Russell, T. M., Borecky, C. M., McGahhey, R., Powell III, J. L., & Beavers, J. (2002). The 100 most eminent psychologists of the 20th century. *Review of General Psychology*, *6*(2), 139–152. https://doi.org/10.1037//1089-2680.6.2.139

Katz, J., & Keyes, J. (2020). Person-centred approaches. In D. Tod & M. Eubank (Eds.), *Applied sport*, *exercise*, *and performance psychology: Current approaches to helping clients* (pp. 31–52). Routledge.

Kolden, G. G., Wang, C.-C., Austin, S. B., Chang, Y., & Klein, M. H. (2018). Congruence/genuineness: A meta-analysis. *Psychotherapy*, *55*(4), 424–433. https://doi.org/10.1037/pst0000162

Lundh, L.-G. (2019). Three modes of psychotherapy and their requisite core skills. *Counselling and Psychotherapy Research*, *19*(4), 399–408. https://doi.org/10.1002/capr.12244

Patsiaouras, A., Georgiadi, O., Anagnostou, G., Georgiadis, T., & Kokaridas, D. (2013). The effect of a person-centered approach in the management of anxiety in sports: An examination study. *Serbian Journal of Sports Sciences*, 7(4), 187–193.

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, *21*(2), 95–103. https://doi.org/10.1037/h0045357

Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships: As developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A study of a science. Formulations of the person and the social context* (Vol. 3, pp. 184–256). McGraw-Hill.

Rogers, C. R. (1961). *On becoming a person: A therapist's view of psychotherapy*. Houghton Mifflin.

Rollnick, S., Fader, J., Breckon, J., & Moyers, T. B. (2020). *Coaching athletes to be their best: Motivational Interviewing in sports*. Guilford Press.

Sanders, P. (2012). *The tribes of the person-centered nation: An introduction to the schools of therapy related to the person-centered approach* (2nd ed.). PCCS Books.

Tod, D. (2017). Performance consultants in sport and performance psychology. In O. Braddick (Ed.), *Oxford research encyclopedia of psychology*. Oxford University Press. https://doi.org/10.1093/acrefore/9780190236557.013.142

Tod, D., & Andersen, M. B. (2012). Practitioner–client relationships in applied sport psychology. In S. Hanton & S. D. Mellalieu (Eds.), *Professional practice in sport psychology: A review* (pp. 273–306). Routledge.

Tod, D., Eubank, M., & Brewer, B. W. (2020). Theoretical orientations in service delivery. In D. Tod & M. Eubank (Eds.), *Applied sport*, *exercise*, *and performance psychology: Current approaches to helping clients* (pp. 1–11). Routledge.

Tod, D., Hardy, J., Lavallee, D., Eubank, M., & Ronkainen, N. (2019). Practitioners' narratives regarding active ingredients in service delivery: Collaboration–based problem solving. *Psychology of Sport and Exercise*, *43*, 350–358. https://doi.org/10.1016/j.psychsport.2019.04.009

Wampold, B. E. (2015). How important are the common factors in psychotherapy? An update. *World Psychiatry*, *14*, 270–277. https://doi.org/10.1002/wps.20238

Wilkins, P. (2015). *Person-centred therapy: 100 key points*. Routledge.

17
COGNITIVE BEHAVIORAL THERAPY

Joanne Butt, Jeff Breckon, and Martin Eubank

Background to Cognitive Behavioral Therapy

Cognitive behavioral therapy (CBT) is often thought of as the dominant psychotherapeutic practice within the broad discipline of psychology, and one that many psychologists consider as having the most evidence-based treatments for within a variety of settings, including sport (Gustafsson et al., 2017; Turner, 2016). Contemporary models of CBT are largely based on the work of Aaron Beck (1979) and Albert Ellis (Ellis, 1962) who are typically acknowledged as the founders. Beck (1979) viewed CBT to be grounded in a cognitive model and suggested that dysfunctional thinking, which influences mood and behavior, is the common denominator to psychological troubles. Consequently, the way we learn to evaluate our thinking can increase or decrease negative or positive emotions and behaviors. Accordingly, cognitive and behavioral techniques were developed for use in therapy to help explore and "test" an individual's perceived misconceptions, dysfunctional assumptions, and strategies. Originally, CBT developed out of a reaction to psychoanalytic therapy in the 1970s, and largely took the form of behavior therapy. With the emergence of cognitive psychology in the 1960s and 1970s, often known as the "cognitive revolution", behavior therapists began to adopt cognitive behavior therapy. Thus, CBT brings together the two psychological forces of behavior therapy and cognitive therapy.

CBT in Sport Psychology

Sport psychology is still considered a relatively new discipline in comparison to other sport sciences and psychology divisions, having emerged within the last 50 years or so. That said, it is a discipline that has seen rapid growth both academically and practically, particularly over the last couple of decades. Stemming from the knowledge base of social psychology, it is now over 30 years since Martens (1979, 1987) in his seminal papers first encouraged a shift in our thinking and encouraged our discipline to move out of the "labs" and into the "field". Not only did this cognitive movement influence the development of research methodologies in sport psychology, but it also began to advance our theoretical approaches to practice, and behavior change in this context. With this advancement came the merging of behaviorism (i.e., behavior modification via a variety of techniques based on validated tenets of learning such as positive and negative reinforcement), together with consultants who embraced the cognitive approach in understanding behavior change in athletes. To date, the cognitive behavioral approach remains a dominant force despite recent developments in other novel approaches emerging in sport psychology (e.g.,

strengths–based approaches and motivational interviewing (MI)). Nevertheless, it is evident from the literature that the typical approaches to consultancy and the subsequent methods adopted by consultants remain underpinned by CBT, where skills such as self-talk, imagery, relaxation, and goal–setting have been used effectively to enhance and maintain sport performance (Mack et al., 2017).

CBT is typically problem-focused with a primary emphasis on remediating negative thought disorders (Luiselli & Reed, 2011) and to develop an array of tools to fix them. More specifically, in sport literature, CBT is often presented as "an approach that brings about change over time through cognitive processes such as restructuring, self-monitoring, practice, and experimentation with new thoughts or behaviors" (Brown, 2011, p. 118). When considering the nature of high–performance sport from youth through to elite levels, with increased pressure for performance gains placed on athletes and coaches, it is perhaps not surprising that the philosophy of CBT is valued and widespread. Evidenced-based examples of interventions underpinned by CBT can be drawn from areas, including athlete injury and well-being (Podlog et al., 2020), building confidence (Hays et al., 2010), debilitating appraisals (Neil et al., 2013), competitive anxiety interpretations (Hanton & Jones, 1999), managing pressure (Jones, 1993), and yips (Milne & Morrison, 2015). More recently, as perhaps sport performance enhancement interventions have often been heavily influenced by the cognitive element of CBT (cf. Eubank et al., 2020), an increased interest in testing traditional behavioral elements such as exposure has emerged (cf. Gustafsson et al., 2017, 2020). Thus, advancements and evidence-based knowledge in CBT continue to grow.

As acknowledged in Judith Beck's (2021; Aaron Beck's daughter) recent work, it is also important to note that different streams of CBT have developed over time, and while some forms of CBT do share characteristics of Beck's original therapy, formulations and emphases on treatment can vary. Often discussed as wave adaptations of CBT, some of these adaptations include cognitive behavior modification (CBM; Meichenbaum, 1977), rational emotional behavioral therapy (REBT; Ellis, 1962), and acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 1999). Specific to sport psychology literature, a developing evidence–base has recently gathered momentum, particularly in REBT (Turner, 2016) and cognitive therapy (CT; Didymus & Fletcher, 2017): exemplar elements of CT and REBT are presented in Table 17.1 later in this chapter. For consultants, it is important to consider these

Table 17.1 Key Elements of CT and REBT

	Cognitive Therapy	*Rational Emotive Behavior Therapy*
Behavior change agent	Test the validity of the negative automatic thoughts. Develop goal behaviors.	Dispute and challenge irrational beliefs. Rational beliefs replace irrational ones.
Beliefs	Core beliefs (deeply held), intermediate beliefs (attitudes, expectations), automatic thoughts.	Emphasis is on rational and irrational beliefs.
Common techniques	Acknowledge what is outside of your control; seek alternative explanations for the adverse event.	Cognitive restructuring; develop rational beliefs for productive emotions and behaviors.
Psycho–education	Athletes will be encouraged to recognize, evaluate, and respond to dysfunctional thoughts. Athletes are not always aware of their automatic thoughts so education and adherence tasks to identify them is a key aspect of CT.	Athletes become aware of the adverse event and associated unhealthy negative emotions. Triggers will be explored, irrational beliefs will be identified and disputed. Athletes will be encouraged to consider what they are rationally striving for. New constructive behaviors are acknowledged.
Practitioner role	Collaborative relationship requiring active participation from both athlete and practitioner to discover solutions.	Practitioner led structured session. The practitioner will drive the process in encouraging the athlete to challenge their beliefs.

streams; establishing perhaps that CBT is evolving as an umbrella approach consisting of a variety of therapies centered on the coming together of cognitive- and behavior-based elements (cf. Bennett & Oliver, 2019).

Foundation Assumptions of CBT

While wave adaptations of CBT have developed over time, it is important to acknowledge the basic assumptions underlying this approach to therapy. First, in explaining CBT and the reciprocal relationships between an athlete's thoughts and emotions, and thought and behaviors, the ABC framework (Beck, 2021) is typically adopted. In this framework, the activating event or adversity is represented by the letter A, and the letter B is assigned to the beliefs. Finally, the letter C represents the consequences (i.e., emotions and behaviors). Athletes will encounter many stressful and challenging events, and we acknowledge that in our consultancy work, we have seen many athletes display unproductive feelings and behaviors in response to being in stressful situations. When uncovering why athletes develop such ways of feeling and behaving, irrational thoughts and beliefs, and self-defeating thoughts are common sources. At the core of CBT approaches is the notion that the problem being experienced is not due to the event per se but rather to the underlying belief or meaning that the athlete gives to that particular event. Thus, sport psychology consultants (SPCs) adopting CBT approaches focus on the reciprocal relationships between an athlete's thoughts and emotions, and thought and behaviors (i.e., ABC framework).

To illustrate the ABC framework in more detail, let's look at a recent example from consultancy working with a soccer player (Megan). In a game resulting in a tie, Megan was substituted at half-time by the Head coach (A, the activating event), and in her disappointment at the end of the game, Megan expressed that she wouldn't be attending the team's post-game debrief the following day (C, the emotions and behaviors). What is important here was to establish the belief (B) that Megan had assigned to being substituted at half-time. From being substituted early, Megan's thought process included, "the coach is going to drop me from the starting lineup", and "I should be scoring goals every game". The first irrational thought can be labeled as catastrophizing (predicting or fortune telling what the coach is going to do) and the second irrational thought can be labeled as perfection thinking (should be scoring goals every time she plays). Both these types of thoughts have been termed "thinking errors" in Beck's original work (cf. Beck, 1979).

The Goal of CBT

The objective of CBT is to understand how beliefs can maintain problems. In essence, to help an athlete resolve their performance issues, CBT emphasizes developing alternative ways of thinking combined with the appropriate use of techniques. Consultants will engage athletes in a variety of action planning and adherence strategies that help them to continue to use the skills and tools independently in their training and competitive environments.

The Role of the CBT Consultant

Generally, CBT is considered a consultant-led approach with the SPC being seen as the expert. Therapy might involve psycho-education sessions, the teaching of new skills, and implementation of strategies. While discovering the core meaning underlying cognitions is central, key behavioral techniques might include relaxation training and systematic desensitization. Building rapport and developing positive relationships are critical to working in sport, and CBT as an approach emphasizes that a collaborative

relationship between the SPC and the athlete is established. Nonetheless, the emphasis for the SPC will be to identify, test, and replace the dysfunctional thoughts of the athlete, and the relationship per se is not the central focus of using CBT.

With CBT being considered a dominant approach in sport psychology it is plausible that this will likely be a starting point for many SPCs in their applied training and beyond. We also know that "one approach doesn't fit all", and particularly pertinent in being adaptable to the landscape of working in sport, SPCs perhaps more so than other consultants (e.g., clinical populations) will adapt their approach to meet the needs of the athlete. An important area to address then are some key elements of CT and REBT that can help consultants consider these two streams, noted earlier, that are gathering momentum in sport psychology (see Table 17.1).

Thinking Errors

When working within CBT, it is also helpful for SPCs to be able to recognize (and label) the various types of thinking errors, as initially outlined in Beck's (1979) work. In the sports setting, Gauron (1984) identified some self-defeating thoughts and cognitive distortions that are considered common among athletes: *perfection thinking* (e.g., the athlete believes that they should be able to perform at their best all of the time), *catastrophizing* (e.g., the athlete is expecting the worst to happen and is possibly plagued by worries of the consequences of not performing well), *worth depends on achievement* (e.g., the athlete believes that this is the only thing he/she is good at and wants to be the best at it), *personalization* (e.g., the athlete believes that they were the cause and focus of actions around them), *polarized thinking* (the athlete views things and people in absolute terms (e.g., good or bad performance, successful or unsuccessful), and *one-trial generalizations* (e.g., the athlete believes that following one under par training session then they have become a poor performer). Thus, our ability to recognize these types of thoughts (irrational, distorted, self-defeating) is essential. Indeed, as you wander around athletes' training venues and competitive setting, you will likely hear plenty of irrational talk! Of particular importance is searching out statements that capture an "all-or-none" thinking whereby the words "should", "must", "never", and "ought" are useful indicators of irrational thinking.

Cognitive Behavioral Therapy in Action

Let's revisit with Megan the soccer player who we introduced earlier in this chapter. Megan acknowledged the following maladaptive thoughts in reaction to being substituted at half-time in a tied game, *"the coach is going to drop me from the starting lineup"*, and *"I should be scoring goals every game"*. The SPC at the club had been gradually getting to know the team through conducting workshops. The SPC had also been attending training and competitions to observe and to learn more about the sport, the environment, and the players (cf. Perna et al., 1995 for CB intervention stages in a sport setting). In the sessions that followed, the SPC wanted to learn more about Megan (basic beliefs about herself, others, role in the team), to learn about the event that had unfolded at the game, and to start the process of cognitive conceptualization (Beck, 2021). The process of cognitive conceptualization (formulation) sits at the core of CBT because it provides a base for the development and implementation of intervention. In this continued *needs-analysis* phase working with Megan, the SPC initiated the following activities to facilitate constructing the conceptualization:

- Gained an understanding of Megan's perceived strengths and areas for improvement via conducting a performance profile (cf. Butler & Hardy, 1992; see Chapter 14).
- As part of a "needs and wants" session, the SPC learned about Megan's aspirations, goals, challenges, and basic beliefs about herself and others (teammates, coaches, family).

- The SPC also wanted to learn from Megan what led to the presenting problem starting (predisposing factors) and the factors that were perceived to have been keeping the problem going (maintaining factors). In starting to understand more about the specific event that occurred at the previous game, the SPC also asked Megan, "What thoughts are getting in the way of achieving your goals?", and "what was going through your mind when you saw your number being held up for substitution?"

As part of action planning, the SPC and Megan developed a self-talk monitoring sheet so Megan could start to identify her automatic thoughts and consequential feelings and behaviors. The self-talk monitoring sheet was incorporated into Megan's training diary.

A central feature of this intervention was the implementation of cognitive restructuring as the technique to help Megan resolve her maladaptive thoughts following being substituted from the soccer game. In line with the core principles of CBT, it is important for SPCs to recognize that an athlete's thoughts are not "directly" challenged, but rather, we want to examine the thought collaboratively and test its validity. Using questions adopting a Socratic method is advocated (Beck, 2021). As Megan reflected on being substituted (the adverse event), reasons to counter the underlying assumptions that led to the negative thinking were explored. As part of this process, some of the following questions were probed:

- Is there an alternative explanation for the coach choosing to substitute you?
  - Is there another way to look at this?
- What facts are available to believe your thinking that you will be dropped from the starting line up?
  - What makes you think this thought is true?
- If you are substituted what is the best way to think about it?
  - What can you do about it?

Similarly, and specific to refuting the thought "should be scoring every game", questions included:

- What do you have most control over when playing soccer?
- What do you do on the field [tactically, skills, strategically] to create goal scoring opportunities that you have control over?
- If you don't score one game, what is the worst that can happen?
- In what other ways do you work with your teammates?
- In what other ways do you help the team achieve its performance goals?

Through the process of self-reflection and describing the evidence necessary to change her beliefs, Megan was able to develop alternative, adaptive thoughts to replace her negative cognitions, which broadly focused on: "knowing she can change the way she thinks about her soccer performance and difficult situations", "acknowledging that the coach makes tactical decisions for the good of the team", and "placing emphasis on the processes that can lead to scoring opportunities" (i.e., making the runs and movements that can create opportunities to score). In addition, Megan generated affirmation statements and associated healthy feelings, and mapped out appropriate performance and process goals relating to getting in position to be able to have the opportunity to score, rather than the sole outcome goal of scoring.

Summary of Action Planning and Adherence Strategies

To facilitate helping Megan to make small changes in her behaviors and in her thinking about soccer each day, the activities listed in Box 17.1 (for in-session and homework) were included as part of the intervention.

Box 17.1 Activities Arranged with Megan

- Monitoring Megan's thoughts, feelings, and behaviors via a self-talk sheet

- Practicing cognitive and behavioral skills

  - setting appropriate performance and process goals to achieve outcomes
  - restructuring unhelpful negative thoughts
  - developing affirmation statements to continue to build belief and productive training and competition behaviors
  - evaluating performance in a productive way: identifying what worked well, identifying improvements to take forward

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A key component of CBT is *evaluating* the intervention. In Megan's case, the evaluation involved read-ministering the performance profile assessing perceived strengths and areas selected for improvement. At the end of the season, Megan and the coach took part in the process together and goal-setting continued to develop. Megan continued to evaluate her thoughts and consequent feelings and behaviors using her training diary, and controllable performance indicators were established and monitored (assists, runs on the field, holding the ball up, defending from the front line). Megan provided subjective feedback following the intervention. Specifically, enjoyment levels had improved, and Megan reported developing a positive attitude during games. Megan also discussed feeling more confident and that this had a positive impact on her performances in addition to being able to recognize when she could think differently about difficult situations.

Further Developments in CBT

As with all consultancy approaches, some problems with CBT have been highlighted in the literature. Specifically, identifying some issues has led to adaptations and emerging developments, that have been proposed to potentially increase the impact of CBT. As noted previously, CBT is often considered to be a consultant-led approach with the SPC taking a directive, expert position in the professional relationship. With structured sessions sitting at the core of CBT, it is important to acknowledge, especially for trainee SPCs that we can't always assume that an athlete is ready to accept information and make recommended changes. Indeed, to presume that athletes are ready for this can sometimes lead to a disconnect between the consultant and the athlete. While CBT has some of the strongest evidence for behavior change across several contexts, it is also acknowledged that some individuals do not respond to treatment, do not adhere to treatment tasks and strategies, or are unable to maintain changes (Naar & Safren, 2017; Naar-King et al., 2013). It has been suggested that these downfalls may be at least in part because consultants do not pay sufficient attention to the therapeutic alliance and collaborative relationship required between the consultant and the client (Mack et al., 2019; Naar & Safren, 2017; see Chapters 1 and 9). Accordingly, it has been proposed that through building a stronger consultant-client partnership (and therapeutic alliance) with an aim of strengthening an individual's motivation for change, the effectiveness of CBT might be further enhanced.

MI and Its Integration with CBT

One approach that has been found to be effective in building therapeutic alliance is that of MI (Miller & Rollnick, 2012). MI is a collaborative, guiding conversational style aimed at enhancing an individual's

autonomy and intrinsic motivation toward change (Miller & Rollnick, 2012). The approach focuses on developing in–session verbal behaviors (change talk) of client's which evidence suggests creates a causal chain for behavior change following the MI intervention. It is beyond the scope of this chapter to fully unearth the psycholinguistics of change talk, but readers are directed to Amrhein et al. (2003) for a review of evidence on this topic. While MI originally emerged from the addictions field, it has become a valuable approach across a range of settings (e.g., prison and probation services, pain management, physical activity and diet change, and mental health), including sport performance and coaching (cf. Rollnick et al., 2019).

Of particular interest in this chapter is how MI (and applied skills) can be integrated with CBT to enhance its effectiveness. As suggested by Naar and Safren (2017), "Integrating MI with CBT may create a more potent behavioral treatment than either set of strategies alone" (p. 3). In a sporting context, it is proposed that MI can help build athlete engagement and autonomy, manage ambivalence and resistance, and elicit the athlete's perception of their own resources toward change in a respectful, athlete-centered style. Westra and Arkowitz (2010) were some of the first consultant-researchers to propose the blending of the two approaches and highlighted several ways by which MI might be combined to increase the effectiveness of CBT. First, MI can be delivered as a brief intervention to build engagement and motivation for subsequent interventions. Second, MI can be used at points in the CBT intervention when motivation reduces, ambivalence increases, or when there is a risk of resistance toward change or discord in the relationship. Third, MI could be applied as part of an integrative framework in which other [sport psychology CB] interventions could be delivered. This approach has previously been referred to as "the trellis" (cf. Mack et al., 2019, p. 162) and illustrates how MI can be a framework upon which other CBT strategies might be more successfully applied in sport contexts. Another way of thinking about this is to build the intervention components around the MI "way of being" or MI spirit (i.e., collaboration, empathy, evocation, and compassion), and technical micro-skills (i.e., open questions, affirmations, reflective listening, and summarizing; see Table 17.2). In addition, Miller and Rollnick (2012) proposed four processes around which MI is organized: (1) engaging, (2) focusing, (3) evoking, and (4) planning. These processes are not necessarily sequential, nor required in every session, but rather help frame the approach and raise key questions for the consultant to enhance the structure, direction aligned to the culture of the approach (see Table 17.3).

Applying an MI-CBT Approach in Sport Psychology Settings

Evidence from other settings has indicated that MI, as an adjunct to CBT, improves treatment outcomes in comparison to CBT alone. As noted already, the integration of the two approaches can help manage ambivalence, reduce the risk of discord in the relationship, and build athlete autonomy by exploring and evoking their own resources and motivations toward change. Once this alliance and rapport has been built (using MI), incorporating a more action–orientated treatment (using CBT) can help create a more potent approach than either approach alone. Table 17.3 illustrates CBT components within the four processes of MI as well as considerations for SPCs.

Recognizing and Managing Athlete Resistance toward Change

Finally, it is important to appreciate that athlete resistance can take two forms: first, their ambivalence toward the behavior or action; and second, discord in the relationship between the SPC and athlete. The former we must accept and work with, while the latter is something we need to avoid happening or manage it when it does occur. Evidence suggests that ambivalence [toward change] is a normal part of the change process (Naar & Safren, 2017). MI-inconsistency, such as taking an expert stance, offering unsolicited advice, and arguing for change, is correlated with more client sustain talk, whereas

Table 17.2 MI Micro Skills: OARS in Sport Contexts

MI Micro Skill (Technical)	Example in a Sporting Context
Open Question	"*Tell me how you felt as you were lining up for that free throw when the points were tied*"
Affirmation [reflection]	"*The improvements in your performance have come at a time when you are working harder on your match endurance*"
Reflection: Simple (not adding deeper meaning or emotion)	"*You are finding the season difficult so far*"
Reflection: Complex (adding meaning or feeling beyond which the athlete has voiced). There are four types of complex reflections:	"*You are finding the season difficult so far and this has you asking questions about your commitment*"
• Double-sided (ambivalence)	"*So, you aren't sure you can stick to the strategy we talked about, but you are clear that being more relaxed in between points will help you maintain focus*"
• Amplified	"*Being clearer with your coach about your concerns is **really** going to help you both*"
• Siding with the negative	"*It would be easier to not bother and remain as you are*"
• Reframing	"*You are starting to think about the long-term impact of this technique change*"
• Emphasizing personal control	"*Whether you do or do not change is completely under your control*"
Summarizing [reflection]	"*I'm hearing a number of reasons for managing your anger on the court, and also that there are times when this helps you raise your intensity. I'm also hearing examples when you feel this has tipped you over the edge and you have lost focus and control at critical times, and you are keen to get a balance*"

consultant MI-consistent skills (e.g., open questions, simple and complex reflections, and affirmations) are correlated with more client change talk and reduced resistance to change (Magill & Hallgren, 2019). Indeed, Magill and colleagues also found that inconsistent use of MI (e.g., confrontations, warnings, and unsolicited advice) is associated with decreased change talk and increased reluctance to change and discord in the relationship. As highlighted in Table 17.3, a key component of avoiding discord and rolling with athlete ambivalence is to build engagement and therefore the therapeutic alliance. Trust and rapport are key to this process as is agreeing a direction for the conversation (focus and evoking phases) and reframing the conversation away from sources of ambivalence and resistance to change. As mentioned elsewhere, empathy and engagement are key components to effective athlete conversations and underpin every phase of the interaction.

Conclusion

The objective of CBT is to understand how beliefs can maintain problems. In essence, to help an athlete resolve their performance issues, CBT emphasizes developing alternative ways of thinking combined with the appropriate use of techniques. At the core of CBT approaches is the notion that the problem being experienced is not due to the event per se but rather to the underlying belief or meaning that the athlete gives to that event. When considering the nature of high-performance sport from youth through to elite levels, with increased pressure for performance gains placed on athletes and coaches, it is perhaps not surprising that CBT remains a dominant approach. There is an emerging awareness in

Table 17.3 The Four Processes of MI: Key Questions for Sport Psychology Practitioners

MI Process	Purpose of the MI Processes	CBT Components or Tasks	Practitioner Considerations
Engage	• Laying the foundation for the collaboration, demonstrating empathy • Building engagement using the MI relational components (collaboration, evocation, compassion, and acceptance). • Exploring the athletes aims, values and readiness for change	1 Providing information to the athlete about the process 2 Understand the athlete's concerns about the intervention(s) 3 Explore the athlete's values and goals	How comfortable is this athlete in talking to me? How supportive and helpful am I being? Do I understand this athlete's perspective and concern? How comfortable do I feel in this conversation? Does this feel like a collaborative partnership?
Focus	• Agreeing the direction or target behavior • Clarify the need and potential for an approach such as CBT • The sport psychologist becomes a *guide* in the change process	1 Work together to build a picture of sporting situations, its impact emotionally and subsequent athlete behaviors (akin to case formulation) 2 Work together to identify where you are going 3 Agree that CB components (i.e., PST) may be a strategy to help the athlete get there	What goals for change does this athlete really have? Do I have different aspirations for change for this athlete? Are we working together with a common purpose? Does it feel like we are moving together, not in different directions? Do I have a clear sense of where we are going? Does this feel more like dancing or wrestling?
Evoke	• Elicit the athlete's intrinsic motivation for change • Use MI micro skills such as open questions and reflective listening to strengthen change talk (and soften sustain talk) • Transition toward action planning	1 Elicit and reinforce change talk from the athlete regarding ongoing session attendance and ongoing intervention tasks 2 Agree the treatment rationale (based on the target concern) and explain the intervention approach	What are this athlete's own reasons for change? Is the reluctance more about confidence or importance of change? What change talk am I hearing? Am I steering too far or too fast in a particular direction? Is the righting reflex pulling me to be the one arguing for change?
Plan	• Once there is sufficient change talk toward the target behavior (or follow-up sessions), move toward specific plans • Review goals and values and identify priorities or agenda mapping the most important change(s) • Remain patient as motivation ebbs and flows, build in flexible change plans • Use MI tools such as "Ask–Tell–Ask" to ensure athlete resources are embedded into the change process	1 Identify risks of setbacks and build in strategies for managing these 2 Collaboratively agree specific CB strategies	What would be a reasonable next step toward change? What would help this athlete to move forward? Am I remembering to evoke rather than prescribe a plan? Am I offering needed information or advice with permission? Am I retaining a sense of quiet curiosity about what will work best for this athlete?

Source: Adapted from Miller and Rollnick (2012) and Naar and Safren (2017).

sport psychology literature, that blending CBT with MI can create a therapeutic alliance that can help identify the *what* of the intervention with the *how* of the approach to putting into place. MI has been suggested as an approach that can enhance existing CBT-based approaches in an athlete-centered style. See Box 17.2 for a summary of the key points from this chapter.

Box 17.2 Summary of Key Points about Cognitive Behavioral Therapy

- Focus on the reciprocal relationships between an athlete's thoughts and emotions, and thoughts and behaviors.
- The problem being experienced is not due to the event per se, but rather to the underlying belief or meaning that the athlete gives to that event.
- Recognize the various types of thinking errors such as
    - Perfection thinking, catastrophizing, polarized thinking, personalization.
- Words such as "should", "must", "never", and "ought" are useful indicators of irrational thinking.
- An athlete's thoughts are not "directly" challenged, but rather, we want to examine the thought collaboratively and test its validity.
    - Using questions adopting a Socratic method is advocated.
- MI can help build athlete engagement and autonomy, manage ambivalence and resistance.
- CBT integrated with MI might provide a more effective intervention than either CBT or MI alone.

References

Amrhein, P. C., Miller, W. R., Yahne, C. E., Palmer, M., & Fulcher, L. (2003). Client commitment language during motivational interviewing predicts drug use outcomes. *Journal of Consulting and Clinical Psychology*, *71*(5), 862–878. https://psycnet.apa.org/doi/10.1037/0022-006X.71.5.862

Beck, A., (1979). *Cognitive therapy of depression*. Guilford Press.

Beck, J. S. (2021). *Cognitive behavioral therapy: Basics and beyond* (3rd ed.). Guilford Press.

Bennett, R., & Oliver, J. E. (2019). *Acceptance and commitment therapy: 100 key points and techniques*. Routledge.

Brown, L. (2011). Cognitive-behavioral strategies. In J. K. Luiselli & D. D. Reed (Eds.), *Behavioral sport psychology: Evidence-based approaches to performance enhancement* (pp. 113–119). Springer.

Butler, R. J., & Hardy, L. (1992). The performance profile: Theory and application. *The Sport Psychologist*, *6*(3), 253–264. https://doi.org/10.1123/tsp.6.3.253

Didymus, F., & Fletcher, D. (2017). Effects of a cognitive-behavioral intervention on field hockey players' appraisals of organizational stressors. *Psychology of Sport and Exercise*, *30*, 173–185. https://doi.org/10.1016/j.psychsport.2017.03.005

Ellis, A. (1962). *Reason and emotion in psychotherapy*. Lyle Stuart: Citadel Press.

Eubank, M. E., Morris, R., & Cunliffe, M. (2020). Cognitive therapy approaches. In D. Tod & M. Eubank (Eds.), *Applied sport, exercise, and performance psychology: Current approaches to helping clients* (pp. 53–69). Routledge.

Gauron, E. F. (1984). *Mental training for peak performance*. Sport Science Associates.

Gustafsson, H., & Lundqvist, C. (2020). Cognitive behavioral therapy in performance enhancement: Using exposure and behavioral experiments with elite athletes. In D. Tod & M. Eubank (Eds.), *Applied sport, exercise, and performance psychology: Current approaches to helping clients* (pp. 16–26). Routledge.

Gustafsson, H., Lundqvist, C., & Tod, D. (2017). Cognitive behavioral intervention in sport psychology: A case illustration of the exposure method with an elite athlete. *Journal of Sport Psychology in Action*, *8*(3), 152–162. https://doi.org/10.1080/21520704.2016.1235649

Hanton, S., & Jones, G. (1999). The effects of a multimodal intervention program on performers: Ll. Training the butterflies to fly in formation. *The Sport Psychologist*, *13*(1), 22–41. https://doi.org/10.1123/tsp.13.1.22

Hayes, S. C., Strosahl, K. D., & Wilson, K. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change.* Guilford Press.

Hays, K., Thomas, O., Maynard, I. W., & Butt, J. (2010). The role of confidence profiling in cognitive behavioral interventions. *The Sport Psychologist*, *24*(3), 393–414. https://doi.org/10.1123/tsp.24.3.393

Jones, G. (1993). The role of performance profiling in cognitive behavioral interventions in sport. *The Sport Psychologist*, *7*(2), 160–172. https://doi.org/10.1123/tsp.7.2.160

Luiselli, J. K., & Reed, D. D. (2011). *Behavioral sport psychology: Evidence-based approaches to performance enhancement.* Springer

Mack, R., Breckon, J., O'Halloran, P., & Butt, J. (2019). Enhancing athlete engagement in sport psychology interventions using motivational interviewing: A case study. *The Sport Psychologist*, 33(2), 159–168. https://doi.org/10.1123/tsp.2018-0053

Mack, R., Breckon, J. D., Butt, J., & Maynard, I. W. (2017). Exploring the understanding and application of motivational interviewing in applied sport psychology. *The Sport Psychologist*, *31*(4), 396–409. https://doi.org/10.1123/tsp.2016-0125

Magill, M., & Hallgren, K. A. (2019). Mechanisms of behavior change in motivational interviewing: Do we understand how MI works? *Current Opinion in Psychology*, *30*, 1–5. https://doi.org/10.1016/j.copsyc.2018.12.010

Martens, R. (1979). About smocks and jocks. *Journal of Sport Psychology*, *1*(2), 94–99. https://doi.org/10.1123/jsp.1.2.94

Martens, R. (1987). Science, knowledge, and sport psychology. *The Sport Psychologist*, *1*(1), 29–55. https://doi.org/10.1123/tsp.1.1.29

Meichenbaum, D. (1977). *Cognitive behavior modification: An integrative approach.* Plenum Press.

Miller, W. R., & Rollnick, S. (2012). *Motivational interviewing: Preparing people for change.* Guilford Press.

Milne, D., & Morrison, G. (2015). Cognitive behavioral intervention for the golf yips: A single-case design. *Sport and Exercise Psychology Review*, *11*(1), 20–33.

Naar, S., & Safren, S. (2017). *Motivational interviewing and CBT: Combining strategies for maximum effectiveness.* Guilford Press.

Naar-King, S., Earnshaw, P., & Breckon, J. (2013). Towards a universal maintenance intervention: Integrating motivational interviewing with cognitive-behavioral strategies for maintenance of behavior change. *Journal of Cognitive Psychotherapy*, *27*(2), 126–137. https://doi.org/10.1891/0889-8391.27.2.126

Neil, R., Hanton, S., & Mellalieu, S. (2013). Seeing things in a different light: Assessing the effects of a cognitive-behavioral intervention upon the further appraisals and performance of golfers. *Journal of Applied Sport Psychology*, *25*(1), 106–130. https://doi.org/10.1080/10413200.2012.658901

Perna, F., Neyer, M., Murphy, S., Ogilvie, B., & Murphy, A. (1995). Consultations with sport organizations: A cognitive-behavioral model. In S. Murphy (Ed.), *Sport psychology interventions* (pp. 235–241). Human Kinetics.

Podlog, L., Heil, J., Burns, R., Bergeson, S., Iriye, T., Fawver, B., & Williams. M. (2020). A cognitive behavioral intervention for collegiate athletes with injury. *The Sport Psychologist*, *34*(2), 111–121. https://doi.org/10.1123/tsp.2019-0112

Rollnick, S., Fader, J., Breckon, J., & Moyers, T. B. (2019). *Coaching athletes to be their best: Motivational interviewing in sports.* The Guilford Press.

Turner, M. (2016). Rational emotive behavior therapy, irrational and rational beliefs, and the mental health of athletes. *Frontiers in Psychology*, 7, Article e1423. https://doi.org/10.3389/fpsyg.2016.01423.

Westra, H. A., & Arkowitz, H. (2010). Combining motivational interviewing and cognitive-behavioral therapy to increase treatment efficacy for generalized anxiety disorder. In D. Sookman & R. L. Leahy (Eds.), *Treatment resistant anxiety disorders: Resolving impasses to symptom remission* (pp. 199–231). Routledge/Taylor & Francis Group.

18

POSITIVE PSYCHOLOGY

Sandy Gordon

The first purpose of this chapter is to present a brief history of positive psychology (PP) and positive psychology coaching (PPC), also known as strengths–based coaching. Second, the theoretical and re-search underpinnings and underlying applied mechanisms of PP and PPC are summarized. Third, the practical implications of interventions, measurement tools, and counseling approaches, that are informed by principles of PP, are described; and finally, an example of PPC in action is provided. This chapter concludes with some criticisms leveled at strengths–based approaches, suggestions on directions for future research, and key take home messages for practitioners.

Brief (But Long) History of Positive Psychology (PP)

Many of the questions currently being addressed by positive psychologists were also raised by ancient Greek and Roman philosophers, like Socrates, Plato, and Marcus Aurelius (Aurelius, 2011) and eastern philosophers, like Confucius and Lao-Tsu (Dahlsgaard et al., 2005). For example, in the 3rd century BC, Zeno of Citium gathered his followers in discussions on the porch of the Agora in Athens, a high-columned meeting place on the slope north–west of the Acropolis. Zeno's group came to be known as the Stoics, so named after their meeting place, the *stoa poikilê* ('painted porch'), and their philosophy (Stoicism) has arguably only increased in relevance over the centuries. So, around 500 BC, philoso-phers were already concerned with questions like, what does happiness mean? How can happiness be achieved? What is a virtuous life? (Alberts, 2020).

Several hundred years later, the psychologist William James (1842–1910) was interested in the study of optimal human functioning and considered subjective experience as highly important. He believed that to maximize human potential, we must gain insight into both the limits of human energy and ways to stimulate and optimally use this energy (Rathunde, 2001). Some have argued that William James should be considered 'America's first positive psychologist' (Taylor, 2001).

Humanistic psychology emerged in the 1950s in Europe and the United States, and like PP was con-cerned with the quality of human experience and the ability to self-actualize, to reach the highest po-tential. Humanistic psychology has been defined as "… an orientation toward the whole of psychology rather than a distinct area or school… and concerned with topics having little place in existing theories and systems: e.g., love, creativity, growth, self-actualization, peak experience, and courage" (Misiak & Sexton, 1996, p. 454). Two of the most influential humanistic psychologists were Carl Rogers and

Abraham Maslow and the term PP was first used by Maslow in his book *Motivation and Personality* (Maslow, 1954). In his chapter 'Toward a Positive Psychology', Maslow famously wrote:

> The science of psychology has been far more successful on the negative than on the positive side; it has revealed to us much about man's shortcomings, his illnesses, his sins, but little about his potentialities, his virtues, his achievable aspirations, or his full psychological height. It is as if psychology had voluntarily restricted itself to only half its rightful jurisdiction, and that the darker, meaner half.
>
> *(p. 354)*

According to humanistic psychology, individuals are shaped by an innate drive to make themselves and the world a better place; however, the field has been criticized for its lack of scientific rigor. Critics state that the field has relied too much on introspective, qualitative research methods. While sharing the same view of human functioning as humanistic psychology, PP research uses both quantitative and qualitative methods to address its claims.

Martin Seligman (1998, 1999), often referred to as the 'father of positive psychology', was the founder of the theory of 'learned helplessness', which posited that clinical depression and other related mental illnesses are caused by the lack of control over the outcome of a situation. Later, Seligman realized that he and other psychologists were guided by a disease model that was focused on repairing damage rather than promoting well-being. Subsequently, for his American Psychological Association Presidential address in 1998, he chose PP as the central theme of his term. By introducing 'positive psychology', he wanted to start a new era of psychology that focuses on the factors that contribute to well-being.

Other viewpoints and ideas of PP have since emerged suggesting that the current movement of PP has presented itself as a separate field of psychology characterized by negativity about negativity itself. For example, Held (2004) opined that it would benefit psychology in general and PP in particular to become more integrated into psychology as a whole rather than separated out. She emphasized the importance of an "open acknowledgment and appreciation of the negative side of human existence/nature, a side that has heretofore been denied or dismissed by promoters of the movement's dominant message" (p. 40). Held (2004), and Lomas and Ivtzan (2016) labeled this more nuanced approach to the notions of 'positive' and 'negative' as *Second Wave Positive Psychology*, while others have referred to this integration of the positive and negative of human experience as *Positive Psychology 2.0* (PP2.0; Wong, 2011).

Research Underpinnings and Applied Mechanisms of PP

PP can be described as a field dedicated to the study, development, and application of positive interventions aimed at increasing well-being by modifying factors under voluntary control (Pawelski, 2003). *Intervention studies*, that significantly improve well-being, have been guided by questions like: How can we increase happiness? What is the role of positive emotions? Which personal qualities help buffer against stress and illness? How can we best embrace the existence of and deal with negative experiences? Results from these studies have provided evidence for the effectiveness of interventions and have helped us understand that what we believe contributes to superior well-being and what enhances it. For example, research has shown that gratitude can be trained and increased (Emmons & McCullough, 2003); writing about and imagining the best possible self has repeatedly been demonstrated to increase people's mood and well-being (King, 2001; Peters et al., 2010; Sheldon & Lyubomirsky, 2006); and research on the effectiveness of a self-compassion group intervention showed significantly greater increases in self-compassion, mindfulness, optimism, and self-efficacy as well as significantly greater decreases in rumination (Smeets et al., 2014).

PP research has also developed *measurement tools* to address complex constructs like happiness, optimism, and resilience. For example, Petersen and Seligman (2004) developed the Values In Action Inventory of Strengths (VIA–IS), which brings together the six most valued virtues, namely wisdom, courage, humanity, justice, temperance, and transcendence, which are operationalized into 24 different character strengths. Upon completion of this assessment, respondents gain insight into the extent to which they possess these character strengths. Other measurement tools include the Flourishing Scale (Diener et al., 2009), Subjective Happiness Scale (Lyubomirsky & Lepper, 1999), Adult Dispositional Hope Scale (Snyder et al., 1991), and Brief Resilience Scale (Smith et al., 2008).

In the last two decades, new *therapeutic and counseling approaches* have also emerged that strongly rely on the principles of PP. Examples include *Positive Psychotherapy*, which aims to reduce psychopathology by focusing predominantly on building strengths and enhancing positive emotions and engagement (Rashid, 2015; Seligman et al., 2006); *Strengths-Based Counseling* was created specifically for use with adolescents and searches "for what people have rather than what they do not have, what people can do rather than what they cannot do, and how they have been successful rather than how they have failed" (Smith, 2006, p. 38); *Strength-Centered Therapy* focuses heavily on building strengths in the change process and is characterized by the social constructivist notion that the subjective views of clients regarding their own pathology and well-being are more important in therapy than the expert opinions of mental health providers (Wong, 2006). *Solution-focused therapy*, developed by de Shazer, Berg, and colleagues (Shazer et al., 1986), explains how the strengths people possess can be applied to the change process. By using positive language that focuses on possibilities and positive exceptions, the therapist influences the way clients perceive their problems, assists them in seeing the potential for solutions, and creates an expectancy for change (Berg & De Jong, 1996). *Appreciative Inquiry* (AI), which involves 'searching for the best' in people, organizations, and communities through the discovery of 'what gives life' to a system when it is at its most effective and most economically, ecologically, and socially capable (Cooperrider & Whitney, 2005), and *Appreciative Coaching* (AC; Orem et al., 2007), which is a method that guides clients through four stages – Discovery, Dream, Design and Destiny – that inspires them to an appreciative and empowering view of themselves and their future, and features in the case study presented later in this chapter.

Positive Psychology Coaching (PPC) in Sport

According to Green and Palmer (2019), the term 'positive psychology coaching' (PPC; or strengths-based coaching) was first suggested by Biswas-Diener and Dean (2007) in their practice guide, which focused on applications and tools for coaching practitioners. Castiello D'Antonio (2018) and Madden et al. (2011) have described PPC as evidence-based coaching practice aimed at facilitating the enhancement of resilience, goal achievement, and well-being in various life domains. Van Zyl et al. (2020), in a systematic review of positive psychological coaching definitions and models, defined PPC as "a short-to-medium term professional, collaborative relationship between a client and coach, aimed at the identification, utilization, optimization, and development of personal/psychological strengths and resources in order to enhance positive states, traits and behaviors" (p. 1).

Historically, human endeavors have been characterized as 'fixing weaknesses' (Maslow, 1954; Seligman, 1998) and, arguably, the coaching process in sport is no exception. Deficit-based sport coaching, including conventional psychological skills training by sport psychology consultants (SPCs), typically focuses on identifying athletes' weaknesses and fixing them. PPC or strengths-based coaching, however, is about spotting and exploiting athletes' strengths (Biswas-Diener, 2010; Driver, 2011; Linley, 2008). According to Linley, Nielsen, Wood, Gillett, and Biswas-Diener (2010), the two key elements of strength are "delivering a high level of performance and experiencing a sense of energy when you are doing it" (p. 67). In other words, strength is something athletes use a lot, are good at, and get energized

from doing. During strengths-based coaching the focus is on what is already working because strengths are part of basic human nature and areas of greatest growth potential. While Linley and his colleagues acknowledge that you cannot ignore weaknesses and you *can* develop from working on weaknesses, change and improvement are only possible when you are *also* working on your strengths. Linley and Burns (2010) suggest that strengths spotting and strengths-based coaching can be regarded as being both an *approach to coaching* (i.e., strengths are used more effectively in the attainment of goals) and a *value-adding outcome of coaching* (i.e., coaching is used to enable the realization and development of an individual's and team's strengths).

Evidence from strength-based approaches to coaching in a variety of non-sport performance environments provides compelling outcomes that sport coaches should consider. For example, Losada and Heaphy (2004) found that in high-performing business team meetings, there was a 6:1 ratio of appreciation to criticism, while in medium-performing and low-performing teams, it was 2:1 and well below 1:1, respectively. In addition to being more confident, having higher levels of energy and vitality (Govindji & Linley, 2007), and being more likely to achieve their goals (Linley et al., 2010; MacKie, 2014), research shows that individuals who use their strengths are more effective at developing themselves and growing as individuals than individuals who do not (Sheldon et al., 2002). Linley et al. (2010) have also demonstrated that individuals who use their strengths more, are happier, have higher self-esteem, experience less stress, are more resilient, perform better at work, and are more engaged at work. Toogood (2012) and Roarty and Toogood (2014) have also reported research with executive coaches who have adopted a strengths-based approach and, from an exploration of their perceptions of the benefits of focusing on strengths, the following desirable coaching outcomes were evident: easier and more enjoyable goal achievement; improved team performance and faster and better results; more energy for doing what coachees want to do; a wider perspective and more clarity about choices; increased confidence, self-belief, and a stronger sense of identity; and greater satisfaction, fulfillment, and engagement.

There is a paucity of literature devoted to PP coaching approaches for applied use in sport. However, Wagstaff and Leach (2015) have highlighted the value of strengths-based approaches and concepts in sport (and the military) to focus on traits and skills that provide performers enhanced resilience and a competitive advantage. Ludlam et al. (2016) and Ludlam et al. (2017) have indicated that by adopting strengths-based approaches athletes can gain a competitive edge by positively influencing their mindset, self-confidence, clarity of purpose, drive, coping ability, and performance. Gabana et al. (2018) confirmed the benefits of expressing gratitude among college athletes. Individual case studies have reported effective use of PP coaching principles in Australian football (Gordon & Gucciardi, 2011), cricket (Gordon, 2011; Gordon et al., 2017), and golf (Gordon & Nair, 2018). Recently, Castillo and Bird (2022) combined a strengths-based approach, a broaden-and-build theory of positive emotions (Fredrickson, 2001), and solution-focused principles in an adapted performance profiling method for strengths spotting. From the existing sport and non-sport literatures, for PP coaching practitioners, Table 18.1 illustrates a template of strengths spotting questions that can be used with both individual athletes and sport teams.

Case Study: Strengths-Based Coaching in Golf

An example from the author's experience of using strengths-based coaching processes in golf is presented, specifically, the application of AC (Orem et al., 2007) with a professional female golfer who was having trouble handling pressure during games on the course. AC evolved from AI as a philosophy and is a strengths-based approach to coaching that represents a significant departure from traditional approaches to psychological or mental skills training typically used by SPCs.

The first step in an AC approach involves identifying what the terms associated with the presenting issue (e.g., handling pressure) mean to the coachee (i.e., athlete/client). This step is necessary because coaches need to help coachees understand what pressure is and is not, when it is present and when it is

Table 18.1 Strengths Spotting Questions

Individual
1 What are your top strengths (i.e., skills you use a lot, are good at and are passionate about?)
2 What is it you most look forward to doing at training and games?
3 When you feel most free and natural and are in your 'element' at training and games what are you doing?
4 What do others compliment you on?
5 What do you hope that others (e.g., coaches, parents, and peers) notice about you?
6 What do you think makes your family and coach most proud?
7 What individual accomplishments or achievements are you most proud of?

Team
1 Given our club and team values and objectives, where do you think you could make your greatest contribution?
2 What can the team count on you for the most?
3 In what specific roles or activities can the team expect to see your best performance?
4 Where and when will you be most reliable and most resilient?
5 What are you the go-to player for?
6 What should the team try and *avoid* asking you to do?

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not, and how, in general, coachees personally construe their realities. Gordon (2008) recommends that coaches ask each set of questions from the AI 4-D Model, in turn, allowing plenty of time for reflection, and to summarize the mutual understanding in each part of the cycle prior to proceeding to the next set of questions. The AI 4-D Model contains four key processes (Cooperrider & Whitney, 2005):

1 *Discovery*: Identifying the 'best of what has been or what is'.
2 *Dream*: Creating a clear results–oriented vision in relation to discovered potential 'what is the world calling us to become?'
3 *Design*: Creating possibility propositions that people feel capable of drawing upon and magnifying to realize the newly expressed dream.
4 *Destiny*: Strengthening affirmative capability to build hope and sustain momentum for ongoing positive change and high performance.

The following questions were used by the author during a consult with a professional female golfer who presented with a perceived inability to handle pressure on the golf course. The coach's focus at each stage in the 4-D cycle is described by Orem et al. (2007).

Discovery

• So, you wish to improve your ability to handle pressure. Please describe what you consider pressure to be. Can you offer a definition, phrase, or quote to describe it and provide an example?
• When recently did you display the ability to cope with pressure? What was the situation which required coping behavior?
• What attitude(s) did you adopt at that time? What were you thinking?
• Describe your feelings and emotions while you were coping with pressure, and how did you react, what did you do?

Coach's focus in this stage:

• Establishing a positive connection between coach and golfer.
• Leading the golfer to a more empowering perspective.

- Affirming a sense of the possible.
- Cultivating and supporting the golfer's belief in a positive future.

Dream

- Imagine one night while you were asleep a miracle occurred, and when you woke up your coping behavior was just as you've described, in all pressure situations. How would you know you were handling pressure well?
- What would be different? What changed in your habits?
- Who would be the first to notice these changes?
- What will they say or do, and how will you respond?

Coach's focus in this stage:

- Encouraging the golfer to create images of possibilities.
- Inviting the golfer to give voice to her preferred future.
- Affirming the golfer's dream.

Design

- How will you act differently to make what you have just described work?
- Are there 'significant others' who you feel play a crucial role in the development of your ability to handle pressure? (e.g., golf coach, caddie, and parents)
- What do you think these individuals do to help? What do they not do?
- How best can you develop your ability to handle pressure?

Coach's focus in this stage:

- Assisting the golfer in bringing the dream into focus.
- Affirming the reality of the dream based on the golfer's strengths.
- Supporting mindful choices and actions.

Destiny

- Reflecting on what you really want and where you are right now regarding handling pressure, what do you see as the most significant changes you could make that would help you get what you want?
- What one small change could you make right now, no matter how small, that would improve your ability to handle pressure? The change does not have to be a physical action – it could be a shift in thinking or attitude.
- Just try it. Do this small change today that will move you in the direction of what you want and when it feels comfortable or becomes a habit, consider making another small change using the same small steps.

Coach's focus in this stage:

- Helping the golfer recognize her dreams in the present.
- Enabling the golfer to expand her capacity to create the dream.
- Supporting the golfer in holding faith when the going gets tough.

Note: Following the first consult, on the advice of her technical coach and with parental approval, the golfer engaged a professional golf caddie, which proved to be immediately helpful. As an additional tool to further manage her challenges with both on-course and other pressures (e.g., impact of the COVID pandemic on travel and playing schedules), the golfer was also introduced to principles of Acceptance and Commitment Coaching (ACC; Hill & Oliver, 2019), which she also reported as being beneficial.

Orem et al. (2007) have suggested that coaches could embrace AC as their primary coaching approach and that the underlying theory, principles, and stages of AC could be used in training technical coaches and teachers in an educational context to create and embed strengths-based coaching cultures. However, in the author's opinion, as a single approach, AC is unlikely to be appropriate for all ages and competitive levels as coaches need to consider the developmental stage of their athletes. Early in an athlete's career, a strategy designed to combine traditional psychological skills training with strengths-based approaches is more likely to be optimal.

Criticisms of PPC and Future Directions for Research

PP in general has been subjected to some persistent and sustained criticism on research, cultural, political, ethical, and practical grounds (Fineman, 2006; MacKie, 2016; Wong, 2011) and some of these criticisms are now being heard in the domain of PP coaching (Green & Palmer, 2019; Roarty & Toogood, 2014). For example, excessive positivity on the part of leaders (or coaches) who are reluctant to anticipate or prepare for any other outcome than success, and focus only on positive outcomes, has been described as 'illusory optimism' and 'Prozac Leadership' (Collinson, 2012). Inappropriately applied strengths-based approaches can ignore or fail to identify performance-critical weaknesses, and some popular strengths-based diagnostics appear to advocate this approach. Sometimes, strengths can be overdone and derail individuals, so there are risks with an exclusive 'identify and use' approach to strengths development. 'Insufficient time' and 'not my style' are common objections to implementing strengths-based approaches, which often speak to the lack of priority and fixed mindset of coaches and some athletes who often collude with and endorse other's (e.g., coach, peers, and parents) estimations of their strengths and become complicit in the avoidance of difficult conversations around their weaknesses and deficits.

Most of the research in both PP and PPC has emanated from the United Kingdom and the United States, which might impact the generalizability of findings, so more study is warranted globally and among diverse populations (MacKie, 2016; Van Zyl et al., 2020). More research is also needed on 'coaching-as-usual' versus PPC, as are investigations that compare outcomes of PPC at the individual, group/team, organization, and community level (Green & Palmer, 2019). Research on broadened mindsets triggered by positive emotions contrasted with narrowed mindsets and behaviors sparked by negative emotions (Fredrickson, 2001) could further inform coaching effectiveness. Examinations of strengths spotting assessments, such as the Strengths-Based Performance Profile (SBBP; Castillo & Bird, 2022) and development of Second Wave Positive Psychology and PP2.0 approaches (Lomas & Ivtzan, 2016; Sims, 2017; Wong, 2011), which attempt to embrace both negative (difficult) and positive emotions, merit further investigation. An example of the latter is Van Zyl and Stander's (2013) 10-phase strengths-based coaching model that identifies strengths that could be used to both achieve goals and address shortcomings.

Conclusion

In summary, PPC applies PP principles to sport and performance psychology practice. In contrast to traditional psychological skills training approaches, which are often deficiency-driven and focused on

improving weaknesses, PPC focuses on helping athletes identify and harness their strengths, which they can use and exploit before and during training and competitive performances. The preliminary evidence of applying PPC methodologies in sport is promising. However, rather than replacing conventional psychological skills training models of practice, practitioners should consider using PPC as a complement or adjunct to existing approaches to enhancing athlete performance. See Box 18.1 for a summary of the key points from this chapter.

Box 18.1 Summary of Key Points about Positive Psychology Coaching (PPC) for Practitioners

- Try to include Positive Psychology (PP) *interventions* in both clinical and sport settings to enhance athlete well-being and performance.
- Use PP *measurement tools* and *counseling approaches* to offset negativity bias and to facilitate the psychological benefits of positive emotions.
- Weaknesses cannot be ignored so try to integrate PPC approaches within conventional mental skills training programs whenever possible.
- To improve self-regulation skills, first ask questions about what is already working and how to do more of that. Change follows the focus of attention.
- Encourage strengths use in daily activities. Self-confidence and positive emotions from success are the strongest predictors of an athlete's ability to set and achieve goals and persist in adversity.

References

Alberts, H. (2020). *Maximizing strengths handbook*. PositivePsychology.com.

Aurelius, M. (2011). *Meditations* (R. Hard, Trans.). Oxford University Press.

Berg, I. K., & De Jong, P. (1996). Solution-building conversations: Co-constructing a sense of competence with clients. *Families in Society: The Journal of Contemporary Social Services*, 77(6), 376–391. https://doi.org/10.1606%2F 1044-3894.934

Biswas-Diener, R. (2010). *Practicing positive psychology coaching: Assessment, diagnosis and intervention*. John Wiley & Sons.

Biswas-Diener, R. & Dean, B. (2007). *Positive psychology coaching: Putting the science of happiness to work for your clients*. John Wiley & Sons.

Castiello D'Antonio, A. (2018). Coaching psychology and positive psychology in work and organizational psychology. *Psychology Management Journal*, *21*(2), 30–150. https://psycnet.apa.org/doi/10.1037/mgr0000070

Castillo, E. A., & Bird, M. D. (2022). The strengths-based performance profile (SBPP): A method for strengths-spotting and application in single-session consultations with athletes. *Journal of Sport Psychology in Action*, *13*(3), 180–194. https://doi.org/10.1080/21520704.2021.1988782

Collinson, D. (2012). Prozac leadership and the limits of positive thinking. *Leadership*, *8*(2), 87–107. https://doi. org/10.1177%2F1742715011434738

Cooperrider, D. L., & Whitney, D. (2005). *Appreciative inquiry: A positive revolution in change*. Berrett-Kohler.

Dahlsgaard, K., Peterson, C., & Seligman, M. E. (2005). Shared virtue: The convergence of valued human strengths across culture and history. *Review of General Psychology*, *9*(3), 203–223. https://doi.org/10.1037%2F1089-2680. 9.3.203

Diener, E., Wirtz, D., Biswas-Diener, R., Tov, W., Kim-Prieto, C., Choi, D. W., & Oishi, S. (2009). *New measures of well-being* (pp. 247–266). Springer Netherlands.

Driver, M. (2011). *Coaching positively: Lessons for coaches from positive psychology*. Open University Press.

Emmons, R. A., & McCullough, M. E. (2003). Counting blessings versus burdens: An experimental investigation of gratitude and subjective well-being in daily life. *Journal of Personality and Social Psychology*, *84*(2), 377–389. https://doi.org/10.1037/0022-3514.84.2.377

Fineman, S. (2006). On being positive: Concerns and counterpoints. *Academy of Management Review*, *31*(2), 27–291. https://doi.org/10.5465/amr.2006.20208680

Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist*, *56*(3), 218–226. https://psycnet.apa.org/doi/10.1037/0003-066X.56.3.218

Gabana, N. T., Steinfeldt, J., Wong, Y. J., Chung, Y. B., & Svetina, D. (2018). Attitude of gratitude: Exploring the implementation of a gratitude intervention with college athletes. *Journal of Applied Sport Psychology*, *31*(3), 273–284. https://doi.org/10.1080/10413200.2018.1498956

Gordon, S. (2008). Appreciative Inquiry coaching. *International Coaching Psychology Review*, *3*(1), 17–29.

Gordon, S. (2011). Building the optimal cricket operation. *Appreciative Inquiry Practitioner*, *13*(2), 60–64.

Gordon, S., & Gucciardi, D. F. (2011). Strengths-based approach to coaching mental toughness. *Journal of Sport Psychology in Action*, *2*(3), 143–155. https://doi.org/10.1080/21520704.2011.598222

Gordon, S., Gucciardi, D. F., & Anthony, D. R. (2017). A Case Study of strengths-based coaching of mental toughness in cricket. *International Journal of Sport Psychology*, *48*(3), *1–23.*

Gordon, S. & Nair, JL. (2018). Positive psychology in golf. In M. Toms (Ed.) *Golf science* (pp. 183–195). London: Palgrave.

Govindji, R., & Linley, P. A. (2007). Strengths use, self-concordance and well-being: Implications for strengths coaching and coaching psychologists. *International Coaching Psychology Review*, *2*(2), 143–153.

Green, S., & Palmer, S. (2019). *Positive psychology coaching in practice*. Routledge

Held, B. S. (2004). The negative side of positive psychology. *Journal of Humanistic Psychology*, *44*(1), 9–46. https://doi.org/10.1177%2F0022167803259645

Hill, J., & Oliver, J. (2019). *Acceptance and commitment coaching: Distinctive features*. Routledge.

King, A. (2001). The health benefits of writing about life goals. *Personality and Social Psychology Bulletin*, *27*(7), 798–807. https://doi.org/10.1177%2F0146167201277003

Linley, A. (2008). *Average to A+: Realizing strengths in yourself and others*. CAPP.

Linley, A., & Burns, G. W. (2010). Strengths spotting. In G. W. Burns (ed.) *Happiness, healing, enhancement: Your casebook collection for applying positive psychology in therapy* (pp. 3–14). John Wiley & sons.

Linley, A., Nielsen, K. M., Wood, A. M., Gillett, R., & Biswas-Diener, R. (2010). Using signature strengths in pursuit of goals: Effects on goal progress, need satisfaction, and well-being, and implications for coaching psychologists. *International Coaching Psychology Review*, *5*(1), 8–17.

Lomas, T., & Ivtzan, I. (2016). Second wave positive psychology: Exploring the positive-negative dialectics of wellbeing. *Journal of Happiness Studies*, *17*(4), 1753–1768. https://doi.org/10.1007/s10902-015-9668-y

Losada, M. & Heaphy, E. (2004). The role of positivity and connectivity in the performance of business teams: A nonlinear dynamics model. *American Behavioral Scientist*, *47*(6), 740–765. https://doi.org/10.1177%2F0002764203260208

Ludlam, K. E., Bawden, M., Butt, J., Lindsay, P., & Maynard, I. W. (2017). Perceptions of engaging with a super-strengths approach in elite sport. *Journal of Applied Sport Psychology*, *29*(3), 251–269. https://doi.org/10.1080/10413200.2016.1255278

Ludlam, K. E., Butt, J., Bawden, M., Lindsay, P., & Maynard, I. W. (2016). A strengths-based consultancy approach in elite sport: Exploring super strengths. *Journal of Applied Sport Psychology*, *28*(2), 216–233. https://doi.org/10.1080/10413200.2015.1105881

Lyubomirsky, S., & Lepper, H. S. (1999). A measure of subjective happiness: Preliminary reliability and construct validation. *Social Indicators Research*, *46*, 137–155. https://doi.org/10.1023/A:1006824100041

MacKie, D. (2014). The effectiveness of strength-based executive coaching in enhancing full range leadership development: A controlled study. *Consulting Psychology Journal: Practice and Research*, *66*(2), 118–137. https://psycnet.apa.org/doi/10.1037/cpb0000005

MacKie, D. (2016). *Strengths-based leadership coaching in organizations: An evidence-based guide to positive leadership development*. Kogan Page.

Madden, W., Green, S., & Grant, A. M. (2011). A pilot study evaluating strengths-based coaching for primary school students: Enhancing engagement and hope. *International Coaching Psychology Review*, *6*(1), 71–83.

Maslow, A. H. (1954). *Motivation and personality*. Harper.

Misiak, H., & Sexton, V. S. (1996). *History of psychology: An overview*. Grune & Stratton.

Orem, S. L., Binkert, J., & Clancy, A. l. (2007). *Appreciative coaching: A positive process for change*. John Wiley.

Pawelski, J. O. (2003). The promise of positive psychology for the assessment of character. *Journal of College and Character*, *4*(6), Article e3. https://doi.org/10.2202/1940-1639.1361

Peters, M. L., Flink, I. K., Boersma, K., & Linton, S. J. (2010). Manipulating optimism: Can imagining a best possible self be used to increase positive future expectancies? *Journal of Positive Psychology*, *5*(3), 204–211. https://doi.org/10.1080/17439761003790963

Petersen, C., & Seligman, M. E. P. (2004). *Character strengths and virtues: A handbook and classification*. American Psychological Association.

Rashid, T. (2015). Positive psychotherapy: A strength-based approach. *Journal of Positive Psychology*, *10*(1), 25–40. https://doi.org/10.1080/17439760.2014.920411

Rathunde, K. (2001). Toward a psychology of optimal human functioning: What positive psychology can learn from the 'experiential turns' of James, Dewey, and Maslow. *Journal of Humanistic Psychology*, *41*(1), 135–153. https://doi.org/10.1177%2F0022167801411008

Roarty, M. & Toogood, K. (2014). *The strengths-focused guide to leadership*. London: Pearson.

Seligman, M. E. P. (1998). What is the good life? *APA Monitor*, *29*, 2.

Seligman, M. E. P. (1999). The president's address. *American Psychologist*, *54*, 559–562.

Seligman, M. E., Rashid, T., & Parks, A. C. (2006). Positive psychotherapy. *American Psychologist*, *61*(8), 774–788. https://psycnet.apa.org/doi/10.1037/0003-066X.61.8.774

Shazer, S., Berg, I. K., Lipchik, E. V. E., Nunnally, E., Molnar, A., Gingerich, W., & Weiner- Davis, M. (1986). Brief therapy: Focused solution development. *Family Process*, *25*(2), 207–221. https://doi.org/10.1111/j.1545-5300.1986.00207.x

Sheldon, K. M., Kasser, T., Smith, K., & Share, T. (2002). Personal goals and psychological growth: Testing an intervention to enhance goal-attainment and personality integration. *Journal of Personality*, *70*(1), 5–31. https://doi.org/10.1111/1467-6494.00176

Sheldon, K. M., & Lyubomirsky, S. (2006). How to increase and sustain positive emotion: The effects of expressing gratitude and visualizing best possible selves. *Journal of Positive Psychology*, *1*(2), 73–82. https://doi.org/10.1080/17439760500510676

Sims, C. (2017). Second wave positive psychology coaching with difficult emotions: Introducing the mnemonic of 'TEARS HOPE'. *The Coaching Psychologist*, *13*(12), 66–78.

Smeets, E., Neff, K., Alberts, H., & Peters, M. (2014). Meeting suffering with kindness: Effects of a brief self-compassion intervention for female college students. *Journal of Clinical Psychology*, *70*(9), 794–807. https://doi.org/10.1002/jclp.22076

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine*, *15*, 194–200. https://doi.org/10.1080/10705500802222972

Smith, E. J. (2006). The strength-based counseling model. *The Counseling Psychologist*, *34*(1), 13–79. https://doi.org/10.1177%2F0011000005277018

Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., … & Harney, P. (1991). The will and the ways: Development and validation of an individual- differences measure of hope. *Journal of Personality and Social Psychology*, *60*(4), 570–585. https://psycnet.apa.org/doi/10.1037/0022-3514.60.4.570

Taylor, E. (2001). Positive psychology and humanistic psychology: A reply to Seligman. *Journal of Humanistic Psychology*, *41*(1), 13–29. https://doi.org/10.1177%2F0022167801411003

Toogood, K. (2012). Strengths coaching: An exploration of the mindset of executive coaches using strengths-based coaching. *International Journal of Evidenced Based Coaching and Mentoring* (Special Issue No. 6), 72–87.

Van Zyl, L. E., Roll, L. C., Stander, M. W., & Richter, S. (2020). Positive psychological coaching definitions and models: A systematic literature review. *Frontiers in Psychology*, *11*, Article e793. https://www.frontiersin.org/journals/psychology#editorial-board

Van Zyl, L. E. & Stander, M. V. (2013). A strengths-based approach towards coaching in a multicultural environment. In J. H. D. Cornelius-White, R. Motschnig-Pitrik & M. Lux (Eds.), *Interdisciplinary handbook of the person-centered approach* (pp. 245–257). Springer.

Wagstaff, C. R. D., & Leach, J. (2015). The value of strength-based approaches in SERE and sport psychology. *Military Psychology*, *27*(2), 65–84. https://doi.org/10.1037/mil0000066

Wong, P. T. (2011). Positive psychology 2.0: Towards a balanced interactive model of the good life. *Canadian Psychology/Psychologie Canadienne*, *52*(2), 69–81. https://psycnet.apa.org/doi/10.1037/a0022511

Wong, Y. J. (2006). Strength-centered therapy: A social constructionist, virtues-based psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, *43*(2), 133–146. https://psycnet.apa.org/doi/10.1037/0033-3204.43.2.133

19

EXISTENTIAL APPROACHES

Dylan E. Horner, Dave Weise, and Jeff Greenberg

What happens if you introduce existential psychology into sport psychology? Something good, we think. Sport psychology provides psychological help to athletes and coaches. To do so optimally, it is important to recognize that sports participants are, first and foremost, human beings with the same existential concerns as everyone else. Existential psychology provides insights into what those concerns are and how people address them. In this chapter, we will summarize these insights and illustrate their value for sport psychology consultants (SPCs).

Human beings, like other animals, are equipped with many biological systems oriented toward continued survival, and some that facilitate procreation. In addition, as mammals, humans are prone toward attachment to other members of their species and care of offspring (Becker, 1973; Ryan & Deci, 2017). Humans also have certain especially adaptive attributes, perhaps most importantly, their intelligence.

Humans have thrived largely because of the intellectual capacities afforded by their highly developed cerebral cortex. We are aware of our existence; we use linguistic symbols to communicate and problem-solve, and we think about the past and imagine possible futures (Greenberg et al., 2014). We use past knowledge and our imaginations to develop effective, often novel approaches to achieving our goals.

We can also step back and experience the awe and joy of accomplishing the amazing things we and others do. This elation is one of the main reasons we enjoy sports so much (e.g., Wann & James, 2019). Famous athletes such as Lionel Messi, Giannis Antetokounmpo, and Ashleigh Barty can marvel at their accomplishments, and fans can too. We can also marvel at our own and others' more modest achievements on courts and fields around the world.

These consequences of human intelligence are great, but there is another consequence not so exhilarating: an awareness of sobering facts of human existence—the certainty of death, the uncertainties of what life means and who we are, the complexities of our relations to others, and the choices we make. The term "existential" refers to these basic inescapable realities of the human condition. Accordingly, existential psychology focuses on our concerns and anxieties regarding these realities (Yalom, 1980).

Existential Psychology

This field builds on the insights of philosophers such as Kierkegaard, Nietzsche, Heidegger, Sartre, de Beauvoir, and Camus. Existential themes emerged in the seminal writings of William James and Sigmund Freud, but existential psychology was first developed by Otto Rank (1931/1961), and later

expanded by authors such as Viktor Frankl (1959), Robert Jay Lifton (1967), Ernest Becker (1973), and Irvin Yalom (1980).

Since the 1980s, an explosion of experimental research has investigated five existential concerns: death, meaning, identity, isolation, and freedom. These issues have been labeled the Big Five existential concerns, and research regarding them has led to the field of experimental existential psychology (XXP; Greenberg et al., 2004).

Research regarding the Big Five existential concerns demonstrates that they play substantial roles in human behavior. From the existential perspective, people's actions serve a hierarchy of goals, and coping with these Big Five concerns constitutes the higher-order, largely unconscious goals that more concrete, conscious goals ultimately serve (Yalom, 1980). Day to day, people focus on concrete goals that help them (a) believe they will transcend their own deaths and that they are more than material creatures; (b) maintain the view that life is meaningful; (c) sustain a coherent sense of identity; (d) feel intimately connected to others; and (e) optimize personal freedom.

When concrete goals are not being met, the higher-order existential concerns they serve approach consciousness and arouse anxiety. This existential anxiety can fuel personal growth or maladaptive defenses that contribute to anxiety, depression, identity disorders, and alcohol and drug abuse. Existential psychotherapy (Yalom, 1980) helps individuals shift from maladaptive defenses toward more beneficial modes that contribute to, rather than hinder, effective functioning and life satisfaction.

The Existential Big Five and Sports

Sports provide ideal examples of the culturally constructed nature of our sense of permanence, meaning, identity, social connection, and freedom. On the one hand, sports are highly valued; on the other, tasks such as putting a rubber ball through a hoop are arbitrarily assigned value and are easy to see as meaningless. This view of sports itself can be useful when it is important to help someone put sport in perspective and view it as one of many aspects of life.

For athletes and coaches, sports play a significant role in all of the Big Five existential concerns. Sports can make people feel mortal or immortal, imbue life with meaning or call it into question; they can solidify identities and self-worth or undermine them; they can make athletes feel all alone or an integral part of something special; they can be vehicles for asserting personal freedom or constraining feelings of autonomy and choice.

When things are going well, sports provide paths to feel enduringly significant, and to believe that life is meaningful (e.g., Wagnsson et al., 2014). They provide a strong sense of identity and social connection and offer a good balance of autonomy and structure that provides manageable levels of freedom. The existential concerns kept at bay by these psychological resources will approach consciousness primarily when events within or outside sport disrupt these ongoing functions.

When disruptions arouse one or more existential concerns, people may experience anxiety and depression, and they are likely to attempt to intensify their coping in either constructive or maladaptive ways. Six sport-related events seem most likely to arouse the Big Five existential concerns: death, injury, retirement, career change (e.g., being traded), failure, and success. Each of these events could arouse any of the Big Five concerns.

Death

The knowledge that one will inevitably die conflicts with the desire for continued life. According to terror management theory (TMT), the potential for anxiety engendered by this awareness of one's mortality is managed by embracing a culturally based conception of reality, or cultural worldview (for a review, see Greenberg et al., 2014). This internalized worldview allows individuals to believe that

they are eternally significant members of a meaningful universe, rather than material animals fated only to obliteration upon death. Worldviews do this by offering hope of literal immortality through belief in an immortal soul and afterlife, and hope of symbolic immortality through offspring, culturally valued achievements, and identification with groups that transcend one's own lifespan. Consequently, to function with minimal anxiety despite the awareness of mortality, individuals must sustain faith in a meaning-providing cultural worldview and garner self-esteem, which is provided by the belief that they are living up to the standards of value of that worldview. For athletes and coaches, sports are central aspects of their worldviews and bases of self-worth. And they play a huge role in athletes' striving for symbolic immortality through individual and team achievements, identification with specific teams, and with the sport itself (also see Chapter 39).

Experimental research consisting of over 1,000 studies in over 20 countries has supported TMT (Routledge & Vess, 2019). One line of research has shown that a meaningful conception of reality and a strong sense of self-worth protect people from anxiety and specifically from their fears of death. Both self-report and physiological measures of anxiety have shown these effects (Routledge & Vess, 2019). The central message from this line of work is that self-esteem is the primary way people buffer anxieties in their daily lives.

A second line of research has shown that reminders of mortality lead individuals to bolster faith in their cultural worldviews and strive harder for self-worth. Several studies have directly established a link between existential concern with death and sports. For example, Taubman Ben-Ari et al. (1999) showed that reminders of mortality led people who based their self-esteem partly on driving skills to drive more boldly in a simulated driving game and to claim to be more willing to take risks in their driving. Similarly, reminders of mortality led scuba divers to report more willingness to engage in underwater risks (Miller & Taubman Ben-Ari, 2004), and Peters et al. (2005) showed that for people who base self-worth partly on their physical strength, reminders of their mortality increased their displays of handgrip strength. Zestcott et al. (2016) also showed that, among a sample of people who value basketball skills, subtle reminders of mortality led to improved basketball performance.

A third line of research has shown that these defensive responses are activated whenever death-related thoughts are on the fringes of consciousness, and they function to dissipate these thoughts and thereby avert the potential anxiety such thoughts engender (Greenberg et al., 2014). Finally, a fourth line of research has shown that when faith in the worldview or self-esteem is threatened, or when people are reminded of their corporeal nature, death-related thoughts move closer to consciousness (Greenberg et al., 2014).

Death rears its ugly head in sports in three main ways. First, physical risks of death are prevalent in a number of sports, including auto racing, boxing, gymnastics, and mountain climbing. This threat undoubtedly weighs on athletes and coaches involved in these sports. A recent example may be gymnast Simone Biles, who during the 2020 Olympics withdrew from an event because of fear of serious injury from attempting a backward flipping vault (Nardino, 2021). Second, close calls in these and other sports may be traumatic, arousing fears and intrusive memories of such events. Third, athletes and coaches may learn of the deaths of others within their sports, and this reminder can arouse death-related concerns. Even in sports such as baseball, basketball, and football, freak fatal accidents occur during practices and games, and these events may bring mortality to the fore. Furthermore, members of one's sport, or one's own team, may die suddenly outside the realm of their sport activities (e.g., the unexpected death of NBA superstar Kobe Bryant).

Athletes and coaches reminded of death in these ways often have specific methods of denying, coping with, or accepting the general risks they face, the harrowing experiences they have, and the news of the death of a fellow athlete (also see Chapter 42). Some develop superstitious rituals; others may rely on religious faith or social support. SPCs should be alert to these strategies and the extent to which they are constructive, harmless, or harmful.

Beyond these strategies, TMT and research suggest that faith in the meaningfulness of sport-related pursuits and the sense of self-worth athletes derive from them, as well as from other aspects of their lives, will play a considerable role in the effectiveness with which they cope with, and even gain motivation from, these intimations of death. In the case of the death of a current or former teammate, memorializing the individual and dedicating the season to the player or coach are common tactics for denying the finality of death by keeping memories of the fallen colleague alive (see Chapter 42 on the death of a teammate).

Finally, terror management research also suggests that serious injuries and major failures can arouse thoughts of death. Serious injuries are salient reminders to athletes that they are physical beings, and hence, mortal creatures. Major failures puncture the protective bubble of symbolic self-worth that normally keeps death-related anxieties at bay. Failing to medal at the Olympics or to win a World Cup diminishes one's hopes for or claims of symbolic immortality through one's sports accomplishments. Such failures can lead to defensive lashing out at others in an attempt to deflect blame to try to restore self-esteem. It can also lead to self-medicating through anxiety-reducing alcohol and other drugs (also see Chapter 26). Thus, SPCs may want to consider that even events superficially unrelated to death can stir death-related fears that may initiate destructive attempts to cope with this existential anxiety.

When individuals' faith in their worldviews and self-worth can be restored through concrete actions, underlying death concerns can be alleviated. Theory and research, however, suggest that when straightforward constructive paths to restoring these psychological resources are lacking, deeper probing into thoughts and emotions concerning death may be useful for guiding individuals toward new constructive paths of coping (e.g., Greenberg et al., 2004; Yalom, 1980).

Meaning

A meaningful view of life quells death-related concerns, provides purpose, and gives people clear paths to adaptive actions. Given that we will all die and that our understanding of the universe is limited, how can we sustain meaning in life? Meaning for people often comes through cultural worldviews conveyed to them over the course of socialization by parents, teachers, mass media, and religious, social, and political institutions (also see Chapter 53).

Knowledge of alternative views of life's meanings and of unexpected and unjust life events, however, often challenges our beliefs about what is meaningful. Such threats can arouse feelings of personal alienation and thoughts that life is pointless, and thereby arouse anxiety and depressive ideation. People cope with threats to meaning either by compensatory efforts to strengthen elements of their worldviews or by seeking new meaning systems, as happens when people convert to a new religion or cult (see Greenberg et al., 2004).

In sports, death or serious injuries can threaten meaning. These events evoke questions such as "Why me?" and threaten one's faith that the world is just. Athletes may believe that their injuries are not fair and realize that such events can happen at any time to anybody, increasing their feelings of uncertainty about meaning in life. Framing these disturbing events as meaningful, for example, as challenges to show one's resilience, and offering hope of overcoming them, can restore a sense of meaning.

Ironically, great achievements in sports can also threaten meaning. After years of training and competing, athletes may achieve their ultimate goals. Subsequently, the athletes will probably experience a period of elation regarding the accomplishments, but then they may ask: "Now what?" For instance, following reminders of mortality, people who felt closer to accomplishing a long-term goal reported seeing life as less meaningful (Vess et al., 2017), and such feelings seem likely among athletes and coaches who have achieved their long-term career goals. To get past this hollow feeling, practitioners can help individuals develop additional goals within the sport, such as pursuing another championship or record, or develop new goals outside the sport.

Identity

We all want to have clear identities, to know who we are. In addition to bestowing meaningful conceptions of the world, cultures provide us with roles and group affiliations that help us develop our identities and goals that support those identities. Nevertheless, throughout one's life, our beliefs about ourselves require validation from other people. When we fall short of their expectations, we may feel uncertain about aspects of our identities, which can arouse considerable anxiety. To attempt to reduce this anxiety, people often cling tightly and rigidly to their cherished beliefs about themselves. At other times, they may choose to give up an identity and seek new group affiliations, relationships, and career paths to more firmly establish a sense of who they are (also see Chapters 33 and 39).

Across the lifespan, each of us looks, feels, and acts differently in different situations over time. In light of this variability, how do people maintain coherent identities? People do so primarily by viewing their lives as ongoing stories with themselves as the protagonists. McAdams (2001) proposed that we order our life experiences in logical time sequences that tell the stories of our identities, how we became who we are, and where we expect to go in life. Research supports the value of having an integrated sense of self over time (e.g., Landau et al., 2014). This work suggests that getting clients to view their efforts as part of a coherent, redemptive, and progressive story toward achieving their goals can be of great benefit to psychological well-being.

For longtime athletes or coaches, identities are often tied up in their roles within their sports. When their careers end, whether due to injury, age, retirement, or being fired, their identities may become uncertain (e.g., Sanders & Stevinson, 2017). To the extent that identity allows one to experience the world in a meaningful way and guides action, athletes may have difficulties deciding what to do with their time or finding things to do that are as meaningful as the sporting activity (see Chapter 33).

Letting go of their primary sports identities and establishing post-sports identities that allow them to sustain their sense of value within society is often a difficult task. Sports identities may be so strong that many athletes have difficulty staying retired; however, most find ways, whether through coaching, media roles, or in non-sport business ventures (e.g., Lavallee et al., 2014). Long-term plans and career-marking ceremonies can facilitate smooth transitions to post-career identities by helping individuals sustain coherent self-narratives. This transition is easiest when post-career endeavors still relate to the former sports-based identity (e.g., coaching and sports broadcasting). Furthermore, the more individuals already have well-established multiple identities outside of sports during their careers (e.g., spouse, parent, business person, and philanthropist), the easier it will be to give up their center-stage sports identities when circumstances dictate this. See Chapters 29 and 33 on career transitions and identity, respectively, in this book.

Isolation

Based on our mammalian ancestry, humans have needs to attach to and feel connected with fellow humans. Nevertheless, we all have interior subjective experiences that we can never entirely share with others. We can try to communicate our inner experiences through words, facial expressions, and body language, but we can never fully know another's conscious experience, and no one can ever fully know ours. This realization can arouse feelings of loneliness and isolation that generate anxiety and depression (also see Chapters 30 and 31). Research suggests that people try to cope with these feelings by seeking intimacy in their close relationships and by sustaining interpersonal affiliations and group identities that help them conceive themselves as part of a larger whole rather than as an isolated organism (Pinel et al., 2006).

Being cut from a team, traded, or quitting a team because of injuries or age are common sports experiences that can suddenly disrupt connections to valued colleagues and groups. Failure in critical

moments of a game can also lead to a deep sense of isolation; fans turn on players, and teammates may drift away from them.

The ensuing loss of camaraderie and connection can arouse feelings of isolation and alienation. Social support systems of family and friends outside the sport can buffer against such reactions, and establishing new social roles, personal relationships, and group affiliations can help individuals recover from the blow of disrupted social connections. Although social support can lessen the sting of existential isolation, the SPC may also judiciously use occasions of disrupted social connections to help clients "learn what they cannot get from others" (Yalom, 1980, p. 397).

Ironically, high-level success can contribute to feelings of isolation, hence the cliché that "it's lonely at the top." We all want to be special, but we want to maintain our connections to others as well. Superstars may feel particularly isolated because their experiences and pressures are exceptional, and they have to be guarded wherever they go. Whatever they do may become fodder for tabloids. Adulation from strangers can provide a strong sense of value, but it is strange and, in some ways, unsatisfying to be "loved" by people who do not really know you. Many people want to be around sports stars to bask in their reflected glory, make money, and share in the lifestyle. But with so many ulterior motives for being befriended, how can stars know if others ever genuinely care about them? How many of these people would stick around if their careers fell apart? Family and friends who were there prior to their success can help stars feel grounded, as they are people who really know and accept them, regardless of what they can gain from them.

Freedom

Freedom is perhaps the most complex existential concern because people are ambivalent about it. On the one hand, people generally like choice, control, a sense of independence, and autonomy. Reactance theory explains how people defend against threats to their perceived freedoms (see Brehm & Brehm, 1981). Also, Self-Determination Theory and research show how people function optimally when they have a sense of autonomy and feel that their actions are self-determined (Ryan & Deci, 2017).

On the other hand, Rank (1931/1961), Fromm (1941), and others noted that freedom offers people so many choices that they can become mired in indecision. And furthermore, freedom brings a great burden of responsibility for one's own actions, and potential guilt, shame, and regret. Consequently, people often willingly give up their freedoms to close others, groups, leaders, and social institutions (see Turner, 1991), allowing them to make their decisions, thereby reducing their potential guilt.

Athletes and coaches answer to higher authorities, such as head coaches, owners, and sports-governing bodies. Sports participants can view these contextual factors as overly restrictive of their freedoms, contributing to resentment, dissatisfaction, and reactance. Sometimes, the answer is to get out of the context; other times, it is best to recognize the value of the larger structure and the freedoms one does have within it. Similarly, at times, the larger organization may provide too much freedom and not enough structure. An individual might do well as an assistant coach but not be suited to the additional demands of being a head coach. Another individual may thrive as a head coach but not be able to handle the additional choices of simultaneously functioning as the general manager. People differ in their perceived freedoms, their desires for control, and their needs for structure (e.g., Burger & Cooper, 1979). The optimal situation is a good match between the structure provided by the organization and the needs of the individual. If there is a strong mismatch, some form of change is needed. And in cases where certain restrictions on athletes' and coaches' behaviors are necessary, providing them opportunities to exercise choice and autonomy on tangential or even unrelated tasks may have positive effects (e.g., on performance, Lewthwaite et al., 2015).

Fans and injuries can also restrict freedoms and arouse reactance responses. Fan expectations, adulation, and stalking can impinge on athletes' and coaches' freedoms, both within their sport lives and their private lives as well. Some people can handle the pressures well, some not so well. There are

constructive measures that can be taken to minimize these threats to freedom, but again, sometimes it is a matter of match. If a footballer is likely to have difficulty with restrictions of freedom in his personal life, playing for a very popular team may simply not be the right choice for that individual.

Finally, injuries and age can restrict freedoms. Because of these factors, athletes may have to realize that they cannot do all the things they once could. They may have to learn to accept these restrictions and optimize their play in other ways. For example, in his later years, NBA superstar Michael Jordan learned to rely more on his jump shot and defensive positioning, and a bit less on his leaping ability and raw speed. Rather than becoming frustrated with the physical limitations of aging, he adjusted to the point where many observers felt that he became a better player later in his career. A broad acceptance of the realities of the physical body and of aging may facilitate optimal adjustments in one's functioning within and outside sports.

Conclusion: Applied Implications

We suggest that SPCs add knowledge of XXP to the theoretical basis of their therapeutic repertoires. Although athletes and coaches may sometimes be at a loss for words as to what is bothering them, the Big Five existential concerns may often be at the root of their unhappiness or frustrations. XXP is a young field, so only broad recommendations for assessment and treatment can be offered at this time.

When clients experience one of the several types of events likely to arouse existential concerns, SPCs could administer a subset of available measures pertinent to the Big Five (Greenberg et al., 2004). These measures assess (a) death anxiety, the accessibility of death-related thoughts, and sense of symbolic immortality; (b) meaningfulness of and satisfaction with life; (c) self-clarity, self-coherence, and self-worth; (d) self–other overlap and feelings of social disconnection; and (e) needs for control and structure, a sense of autonomy, and perceptions of being controlled.

If such assessment tools confirm a deficit in managing one or more of these existential concerns, one of two broad approaches to helping the client can be useful (cf. Yalom, 1980). Sometimes, just being aware of these deeper concerns aroused by life challenges can assist the practitioner in developing strategies to help restore salubrious paths of coping. This first approach is probably preferred when clients are not very consciously aware of their existential concerns and when specific strategies to facilitate progress toward the concrete goals that serve the higher-order existential concerns are readily identifiable.

A second, more direct approach, however, is useful when clients are either (a) self-aware and introspective, and thus conscious of the existential issues; or (b) need to make substantial changes in their concrete goals to shore up the psychological resources that quell existential concerns. For such clients, SPCs would find it useful to bring one or more of these concerns into awareness and help the clients confront these concerns consciously and in depth. This approach can help clients let go of concrete goals no longer feasible and move toward constructing new and more effective goal pursuits that will better serve their deepest existential needs (Yalom, 1980). Either way XXP is used, we believe that it can enrich the practice of sport psychology. See Box 19.1 for a summary of the key points from this chapter.

Box 19.1 Summary of Key Points about Introducing Existential Psychology into Sport Psychology

- Human intelligence leads to awareness of existential concerns, which can cause anxiety.
- Disruptions in concrete everyday goals (e.g., failure or retirement) arouse these largely unconscious concerns, known as the existential Big Five: death, meaning, identity, isolation, and freedom.

- Coaches' or athletes' responses to increased awareness of these existential issues can vary from maladaptive to constructive.
- A goal of the existential SPC is to help guide the athlete or coach experiencing these existential concerns toward constructive means of coping.
- When clients do not have much awareness of these existential issues, SPCs might use readily identifiable strategies to facilitate progress toward concrete goals, which ultimately serve the higher-order existential concerns.
- When clients do have conscious awareness of these existential concerns, or when they need to make substantial changes to their concrete goals, SPCs might assist in-depth confrontation of these concerns to construct more effective goal pursuits.

References

Becker, E. (1973). *The denial of death*. Free Press.

Brehm, S., & Brehm, J. W. (1981). *Psychological reactance: A theory of freedom and control*. Academic Press.

Burger, J. M., & Cooper, H. M. (1979). The desirability of control. *Motivation and Emotion*, *3*(4), 381–393. https://doi.org/10.1007/BF00994052

Frankl, V. (1959). *Man's search for meaning*. Simon & Schuster.

Fromm, E. (1941). *Escape from freedom*. Farrer & Rinehart.

Greenberg, J., Koole, S. L., & Pyszczynski, T. (Eds.). (2004). *Handbook of experimental existential psychology*. Guilford Press.

Greenberg, J., Vail, K., & Pyszczynski, T. (2014). Terror management theory and research: How the desire for death transcendence drives our strivings for meaning and significance. In A. J. Elliot (Ed.), *Advances in motivation science* (pp. 85–134). Elsevier Academic Press.

Landau, M. J., Oyserman, D., Keefer, L. A., & Smith, G. C. (2014). The college journey and academic engagement: How metaphor use enhances identity-based motivation. *Journal of Personality and Social Psychology*, *106*(5), 679–698. https://doi.org/10.1037/a0036414

Lavallee, D., Park, S., & Taylor, J. (2014). Career transition among athletes: Is there life after sports? In J. M. Williams & V. Krane (Eds.), *Applied sport psychology: Personal growth to peak performance* (7th ed., pp. 490–509). McGraw-Hill.

Lewthwaite, R., Chiviacowsky, S., Drews, R., & Wulf, G. (2015). Choose to move: The motivational impact of autonomy support on motor learning. *Psychonomic Bulletin & Review*, *22*(5), 1383–1388. https://doi.org/10.3758/s13423-015-0814-7

Lifton, R. J. (1967). *Death in life: Survivors of Hiroshima*. Random House.

McAdams, D. P. (2001). The psychology of life stories. *Review of General Psychology*, *5*(2), 100–122. https://doi.org/10.1037/1089-2680.5.2.100

Miller, G., & Taubman Ben-Ari, O. (2004). Scuba diving risk taking: A terror management theory perspective. *Journal of Sport & Exercise Psychology*, *26*(2), 269–282. https://doi.org/10.1123/jsep.26.2.269

Nardino, M. (2021, March 29). Simone Biles' most honest quotes about mental health and wellness through the years: 'We're Human'. *Us Magazine*. https://www.usmagazine.com/celebrity-news/pictures/simone-biles-most-honest-quotes-about-mental-health-wellness/

Peters, H. J., Greenberg, J., Williams, J. M., & Schneider, N. R. (2005). Applying terror management theory to performance: Can reminding individuals of their mortality increase strength output? *Journal of Sport & Exercise Psychology*, *27*(1), 111–116. https://doi.org/10.1123/jsep.27.1.111

Pinel, E. C., Long, A. E., Landau, M. J., Alexander, K., & Pyszczynski, T. (2006). Seeing I to I: A pathway to interpersonal connectedness. *Journal of Personality and Social Psychology*, *90*(2), 243–257. https://doi.org/10.1037/0022-3514.90.2.243

Rank, O. (1931/1961). *Psychology and the soul*. Perpetua Books.

Routledge, C., & Vess, M. (2019). *Handbook of terror management*. Elsevier Academic Press.

Ryan, R. M., & Deci, E. L. (2017). *Self-determination theory: Basic psychological needs in motivation, development, and wellness*. Guilford Press.

Sanders, G., & Stevinson, C. (2017). Associations between retirement reasons, chronic pain, athletic identity, and depressive symptoms among former professional footballers. *European Journal of Sport Science*, *17*(10), 1311–1318. https://doi.org/10.1080/17461391.2017.1371795

Taubman Ben-Ari, O., Florian, V., & Mikulincer, M. (1999). The impact of mortality salience on reckless driving: A test of terror management mechanisms. *Journal of Personality and Social Psychology*, *76*(1), 35–45. https://doi.org/10.1037/0022-3514.76.1.35

Turner, J. C. (1991). *Social influence.* Brooks/Cole.

Vess, M., Rogers, R., Routledge, C., & Hicks, J. A. (2017). When being far away is good: Exploring how mortality salience, regulatory mode, and goal progress affect judgments of meaning in life. *European Journal of Social Psychology*, *47*(1), 82–91. https://doi.org/10.1002/ejsp.2192

Wagnsson, S., Lindwall, M., & Gustafsson, H. (2014). Participation in organized sport and self-esteem across adolescence: The mediating role of perceived sport competence. *Journal of Sport & Exercise Psychology*, *36*(6), 584–594. https://doi.org/10.1123/jsep.2013-0137

Wann, D. L., & James, J. D. (2019). *Sport fans: The psychology and social impact of fandom* (2nd Ed.). Routledge.

Yalom, I. D. (1980). *Existential psychotherapy.* Basic Books.

Zestcott, C. A., Lifshin, U., Helm, P., & Greenberg, J. (2016). He dies, he scores: Evidence that reminders of death motivate improved performance in basketball. *Journal of Sport & Exercise Psychology*, *38*(5), 470–480. https://doi.org/10.1123/jsep.2016-0025

20

PSYCHODYNAMIC MODELS

Mark B. Andersen and Fernanda Serra de Queiroz

The history of psychodynamic therapies goes back at least to the time of Mesmer (1734–1815), but psychodynamic medicine really burst on the scene in the latter part of the 19th century with the work of Jean-Martin Charcot (see Goetz et al., 1995) and Pierre Janet (1925/2019) in France and Josef Breuer and Sigmund Freud (Breuer & Freud, 1895/1973) in Austria. Freud's revolutionary work is still with us today. His theories, concepts, and clinical practice pervade our language and how we think about ourselves and others. His influence has spread deeply into art, literature, sociology, anthropology, and feminism. Concepts such as unconscious motivation, anal retentiveness, slips of the tongue (parapraxes), Oedipus complex, libido, regression, repression, denial, projection, and so forth are all part of how we talk about ourselves. Freud's legacy is everywhere, and it has evolved significantly over the last century (see Shedler, 2006).

Core Concepts

Unconscious

At the heart of psychodynamic theories lies the unconscious. It is the repository for early childhood memories, conflicts, unacceptable sexual and aggressive desires, and other material that cannot be consciously tolerated or endured. One of the main aims of psychodynamic psychotherapy is to attempt to reveal what is unconscious and thereby decrease the power of the internal conflicts influencing our lives in maladaptive ways. Through insights into the way unconscious conflicts affect us, through a kind of remembering, we are able to recognize the roots of our unhappiness and maladaptive patterns of behavior and then do something different. This remembering is accomplished in a number of ways such as through dream analysis and free association.

Early Childhood Experiences

When one thinks of it, we probably learn more in the first six to eight years of life than we ever learn in the next 70 years. We learn to speak; we lay the foundations for reading and writing; we learn about relationships; we learn about right and wrong; we learn about love (that it is always there, or that it is unavailable, or that it is contingent, or that it can become hate); we learn about safety and vulnerability; we learn about trust (or mistrust); we learn about pride and shame. In psychodynamic theory,

these years have a vast influence on how individuals develop into adolescence and adulthood. Patterns of relationships, emotional responses to love and threat, and behavioral tendencies all get laid down in childhood. For example, a child with a physically abusive alcoholic mother will experience chaos in the areas of love and attachment. One day, the sober good Mom is around, attending to and playing with the child; the next day, the drunk mean Mom shows up and beats and berates the child. The following day, Mom says she is so sorry. And the pattern repeats. The child may believe it is his fault that his Mom is so angry and hurtful (children often take on the responsibility for their parents' emotional states) and do everything to make sure Mom stays happy (achieve in school, become a perfectionist). To defend himself, the child may become seriously mistrustful or, as compensation, develop fantasies that his Mom is not his real Mom, and that his good, always-loving Mom will someday come back to him. These experiences, and the child's responses to manage the chaos, get the love he wants, and stay safe, all have survival value and are "adaptive" when one is a child. These patterns, however, have use-by dates, and when they manifest in adulthood, they are usually maladaptive. In this case, if the boy is heterosexual, as a man he may have difficulties trusting women he finds attractive. Or, if a woman comes along who somewhat matches his childhood fantasy of his good Mom, he may project that fantasy onto her, fall hopelessly in love, do everything he possibly can to keep her happy, and smother her to the point she runs away, which then confirms his deep mistrust of women. And the cycle goes on.

Transference and Countertransference

Transference in psychodynamic psychotherapy is one of the key phenomena that helps bring about change. In transference, clients begin to transfer, or project onto the therapist, thoughts and emotional responses that are similar to how they have responded in the past to significant others (parents, grandparents, siblings) or past fantasized others (see Chapter 1). Transference occurs not only in therapy, but in life in general. Our patterns and responses to others we learned early in life get applied to current relationships. The analysis of transference can help clients see and understand their adaptive and maladaptive attachments to others. As therapy progresses, we hope the transference changes as the relationship between the therapist and client deepens and becomes a model for healthy human connection. Therapy then becomes the "practice ground" where the client can try out new ways of interacting with others that then can be used in the real world in current and future relationships.

Countertransference is the same as transference, but it is the therapist transferring material from past relationships onto the client. Positive countertransference may take the form of good paternal or maternal feelings, or big brother-big sister protective responses. Some researchers in countertransference in sport consider it to be not only the projection of past or fantasized relationships, but nearly all of the feelings and thoughts the client evokes in the therapist (Winstone & Gervis, 2006). A sport psychology professional may be envious of an athlete's success, or angry with the athlete for not doing psychological homework. Both negative and positive responses to clients need to be examined. When I (MA) do psychodynamic supervision, I often ask my supervisees questions such as: Do you like the athlete? Does the athlete remind you of anyone? Who do you think you are for the athlete? As the athlete told you that story, what was happening with you? Such questions may lead to insights for supervisees about their own past relationships and how those influence current interactions with clients. A substantial part of psychodynamic supervision, just as in therapy, is examining the transference and countertransference between the supervisor and the supervisee. Examining countertransference is a deep form of reflective practice and often leads to an increased self-awareness for the therapist.

Transference and countertransference reactions can move into the extremely sensitive (and sometimes dangerous) realm of the erotic. Having erotic feelings or fantasies about clients is natural. Most of us are sexual, sensuous beings, and we often work with healthy, vigorous, and attractive clients. Sport psychology practitioners who say they have never had any erotic feelings or thoughts about clients (e.g.,

I wonder what he looks like naked) are either lying or they are hopelessly unself-aware and repressed (see Section *Defense Mechanisms*). It is when those thoughts and feelings get translated into some action that trouble begins. See Stevens's and Andersen's (2007a, 2007b) two-part study for a thorough discussion of the erotic in applied sport psychology service delivery.

Defense Mechanisms

The analysis of defense mechanisms is common in many psychotherapies, but in psychodynamic psychotherapy, these mechanisms are central to the work, and analyzing them and how they function in relationships, in thoughts, in feelings, and in the clients' own self-concepts helps bring these patterns of defense to consciousness so that they can be managed or used judiciously. Defense mechanisms are usually formed to protect the self (or ego) from anxiety.

Defense mechanisms operate on various levels, from unconscious to conscious. For example, repression is a process that buries memories so far into the unconscious that they are not accessible to the individual, and the person has no knowledge that repression has taken place. Likewise, projection, or taking one's own unacceptable or shameful feelings and thoughts and attributing them to another person (e.g., I don't hate Dad; Dad hates me), is an unconscious process. Other defense mechanisms, such as sublimation, may be more or less conscious. An example of sublimation would be taking a taboo impulse of (consciously) wanting to punch a coach in the nose, but channeling that aggression into going for an exhausting run. Denial can also be relatively conscious when one knows at some level one has behaved in a shameful manner, but denies that the event occurred. Suppression is also a conscious process, involving actively trying to put away awareness of unpleasant thoughts or anxiety-provoking feelings. Suppression is often not successful. There are many other defense mechanisms (e.g., regression, somatization, idealization, dissociation, intellectualization, reaction formation), but a thorough discussion of them would take up two or three chapters in this book (see Cramer, 2006; Freud, 1936/1992).

Defense mechanisms are usually automatic and over-learned, and, in a sense, one is chained to one's defensive patterns. Through free association (see below) and examining defensive transferential material, clients may get to know and understand their defensive and often maladaptive patterns, be able to recognize them as they start to pop up, and then replace them with some realistic and rational responses.

Free Association

One of the few rules in psychodynamic psychotherapy is for clients to try to report whatever is happening for them in the here and now (e.g., cognitions, emotions, desires, anxieties, somatic symptoms). When I (MA) first talk to my clients in psychodynamic psychotherapy, I say something like:

> One of the only rules to this type of therapy is that you agree to try to tell me whatever is on your mind, without censoring. That's a difficult task because we all censor our thoughts and feelings. I censor; you censor, and we have lots of practice at keeping stuff to ourselves. Even if your thoughts or feelings seem trivial or "out of left field," still try to tell me about them. They come up for a reason, and they may be connected to what we are looking for. Even if the thoughts and feelings are shameful, painful, or embarrassing, let them come out. And if you ever have something pop into your mind, and then you think, "Ooh, I don't want to tell Mark that," then that is probably what we should talk about. Also, if you are having some reaction to me, such as you get mad at me, or you think I am being an idiot, then tell me about that too. Your reactions to me, and why they came about, may help us shed some light on your interactions with others. How does all that sound?

I also let my clients know that I will occasionally tell them how I am reacting to the stories they tell and their other free associations, because clients usually benefit from feedback on how what they do and say affects others.

Free association is also one of the ways to examine and analyze dreams. There are many ways to explore dreams, but one of the most common techniques is to have the client recall the dream and then ask, "What comes to mind when you think about X (a certain image, action, emotion, character, or place in the dream)?" The practitioner is essentially asking the client to free associate on elements of the dream. Through the connections made during free association, what the dream might be about may become clear, or at least less cryptic than when first recalled.

Neo-Freudian Models

Freud's work continues to be central to a substantial number of clinical psychology theories and practices. Here, we focus on two Neo-Freudian psychosocial theories on personality, psychological development, and environmental/social factors through the lifespan: Erickson's psychosocial stages of development and object-relations theory.

Erik Erikson

Freud's theory of personality was organized around psychosexual stages of development, whereas Erickson focused on how our social experiences can influence personality development (Erikson, 1950/1974). According to Freud, child development was a psychobiological process based on the sequential maturation of instinctual drives (Mitchell & Black, 1995). Mitchell and Black noted that Erickson believed that culture and cultural differences shape the development of the individual, adding to Freud's theory a psychosocial dimension. There is substantial evidence that Erikson's theory applies across different cultures with some variations in timing and resolution of the challenges for some stages of development (see Syed & Fish, 2018). Erickson divided the lifespan in eight psychosocial stages; these stages were organized in relation to basic elements of society and social interactions (e.g., schooling, relationships, work). According to Erickson, in each stage, there is a nuclear conflict, a crisis, where resolution allows for the development of new ego qualities. The stages and their challenges are as follows:

Stage 1: Trust vs Mistrust
Stage 2: Autonomy vs Shame and Doubt
Stage 3: Initiative vs Guilt
Stage 4: Industry vs Inferiority
Stage 5: Identity vs Role Confusion
Stage 6: Intimacy vs Isolation
Stage 7: Generativity vs Stagnation
Stage 8: Integrity vs Despair

Erickson's theory of development is rarely seen in the sport psychology literature, but the psychosocial stages, and the tasks involved in each stage, can help sport psychology professionals formulate tentative hypotheses about how their clients came through earlier stages in their lives and which psychosocial challenges they may be currently facing. Erikson's stages can be lenses for working with children (Stage 4), teenagers (Stage 5), young adults (Stage 6), and older adults (master, senior, and geriatric athletes; Stages 7 and 8). We will highlight some of the stages and how they might apply to clients. For example, from around 5–12 years of age (Stage 4) is the period where children face the conflict of industry vs inferiority. During this period, children are introduced to school or other forms of systematic instruction.

The child needs to learn how to use tools, work with others, and develop the necessary skills to become a productive member of society. It is during this period that many children start their involvement in organized sports. If a child feels like they have failed the tasks from this stage, it can result in a sense of inadequacy and inferiority. A sport psychology practitioner working with children in this stage should be aware of the importance of promoting opportunities for children to feel a sense of industry or mastery. Stage 5 is adolescence, and the main task here is the establishment of an identity. Difficulties in completing this task can lead to alienation and role confusion (Erikson, 1974). Limited or premature completing of this task, such as forming an exclusive athlete identity (i.e., identity foreclosure), can stifle future development (Brewer & Petitpas, 2017; also see Chapter 33). Also, an exclusive athletic identity has an expiration date that is usually relatively early in a lifespan, and the vector of an athletic identity is vulnerable to catastrophic collapse (e.g., career-ending injury). In this search for an identity, adolescents will often gravitate to a group of like-minded people, form cliques, and look for idols to emulate. Sport participation provides a ready-made and fertile field for identity formation, but over-identification with a sporting identity carries with it some hazards for future development.

The challenge of the next stage of young adulthood is building intimacy; if the identity developed during adolescence was relatively successful, then the individual should be ready to connect with the identity of someone else (Gaskin et al., 2011). If the adolescent, or young adult, did not fare well in identity development, then alienation and feelings of isolation may make it difficult to form intimate relationships. For example, Gaskin et al. (2011) described the identity development difficulties of a young man with cerebral palsy who had fantasies about his physical activity capabilities that were incongruent with reality and closely tied to his frustrations with forming an intimate relationship with a partner.

According to Erikson (1974), during mid-adulthood, the challenge is between generativity and stagnation. Generativity refers to giving back and mentoring the next generation. For Erikson, generativity does not necessarily refer to one's own offspring. Individuals with special skills can pass their knowledge and care to other young people in the community. For example, a senior athlete may become a coach or administrator who helps guide and mentor a new generation of athletes.

For the purpose of this chapter, we only presented the four psychosocial stages which we considered were most relevant for applied practitioners. Erikson's (1974) eight psychosocial stages also include three stages for early childhood and the older adult Stage 8. The understanding of the tasks in each psychological stage is also important for practitioners because success or problems at early stages can influence how well individuals navigate later challenges.

Erikson's model of psychosocial development does not appear often in the sport psychology research and practice literature, but Gaskin et al. (2009, 2010, 2011, 2012) published a series of qualitative life history articles describing the meanings and experiences of sport and physical activity for people with cerebral palsy using Erikson's psychosocial stages of development as the theoretical lens through which they interpreted their participants' lives. The four case studies covered many of the challenges and crises within Erikson's model (e.g., Stages 2 through 6). Gaskin et al. (2010) noted that participation in sport can improve the self-esteem of someone with cerebral palsy and build an identification with sporting idols. Nevertheless, Gaskin et al. (2010) cautioned that dedication to physical activity and sport can be used as a way of avoiding the psychosocial challenges of young adulthood (forming long-lasting friendships and romantic connections).

Object-Relations

Object-relations theory and psychotherapy (Klein, 1932/1998; Winnicott, 1971/2005) sit closer to Erikson's psychosocial approach to development than they do to classical psychoanalytic theory and practice. The "object" in object-relations might initially sound odd, as if the theory is about relationships with things (e.g., I love my car). The objects in question are actually important people in one's

early life and the types of internal representations one has of them (e.g., one's internal image of a loving mother, the internalized voice of a super-critical father). Object-relations theory puts the prime motivation of humans as the need to connect the self with others, to establish relationships going back to infancy. Here is an example from GoodTherapy® (2016):

An object-relation involves mental representations of:

1   The object as perceived by the self
2   The self in relation to the object
3   The relationship between self and object

For example, an infant might think:

1   "My mother is good because she feeds me when I am hungry" (representation of the object).
2   "The fact that she takes care of me must mean that I am good" (representation of the self in relation to the object).
3   "I love my mother" (representation of the relationship). (p. 1)

In our (both authors') experiences in psychological work with athletes, one of the most common presenting issues is communication and relationship difficulties with coaches. In many cases, these difficulties have close connections with longstanding problems with parental relationship often re-enacting child-parent struggles or maladaptive patterns out on the playing fields with coaches. Currently, we know of no case studies in the sport psychology literature that uses an object-relations model, but one that comes close is Conroy and Benjamin's (2001) two case studies using a psychodynamic interpersonal approach (in many ways similar to object-relations theory). An object-relations approach offers not only a way to understand athlete-coach difficulties (see Huguet, 2008) but also how athletes' and sport psychology professionals' own object-relations histories interact in the practitioner-athlete relationship (another take on the transference-countertransference configuration).

Preparing a Client for Psychodynamic Psychotherapy

When someone calls or emails me (MA) and asks if it is possible for me to see them in therapy, I almost always arrange for a pre-therapy meeting at no cost to the person. I usually meet them in a neutral location such as a coffee shop during a quiet time of the day. I take this tactic for a number of reasons. I only do psychodynamic psychotherapy now in my private practice outside my formal clinic duties, and although this sort of treatment can be relatively brief (Basch, 1995), it is usually lengthy. The duration of therapy equates to a substantial investment in time and money. I also want to hear at least an outline of the client's concerns. Once I understand what the client is looking for, I can then determine if I might be a good match for therapy. If I am not, then I will make a referral. After I have determined that the client would be a good candidate for psychodynamic therapy, I explain how the therapy I practice works. I usually say something like:

The kind of therapy I do is an exploration of how you got to where you are today. We want to look at the areas in your life where things are going well, and the parts of your world where there are concerns. We'll look at your current patterns of thoughts, emotions, and behaviors, but we'll also want to explore where those thoughts and emotions came from. So, we will look at how you are functioning right now, but we will also explore your past, probably going back into your child-hood and teenage years too. We're like a couple of explorers trying to map out the landscape of your life. We'll look at your relationships and major events from your life and how they might be

connected to what is going on for you now. As we grow to understand your life, we will then have a foundation for making changes for the better. Does this type of therapy sound like something you would want to do?

If clients say "yes," then I usually talk about free association (as described before), and I also give them a warning. I tell them that there is a good chance that as we travel along this journey, they will possibly start to feel worse than they do now. I explain that as we excavate their lives, we will probably come across painful material that will be upsetting. Regarding painful material, I also explain that I need their permission when overwhelming feelings of sadness or shame or anger arise (and they will) that they grant me the right to keep my finger on the hurtful button and help them stay with the shame or sadness, and not run away from it. For example, when clients start to cry in therapy, I stay silent for a while as their emotions flow, and then I say "tears are telling us something is important; let's stay with those tears and see if we can figure out what story they are telling us."

  After warning them about getting worse and asking permission to help them stay with uncomfortable feelings, I often tell the Sufi story of the wise fool, Nasruddin, and how one day Nasruddin lost his ring in his basement, where it was dark, so he went outside to search for it because there was more light out there (for the full Islamic folktale, see Andersen & Speed, 2011). I conclude the story with what Andersen and Speed wrote:

> [I think] "most of us are like Nasruddin, searching in the light for something that is missing (or not right). We stay in the light and on the surface where the search is easier (and safer, but not too fruitful). What we don't do is explore the darkness and the subterranean (Nasruddin's basement, a client's suppressed or repressed emotions, the unconscious). We may find some interesting and useful things out in the light, but often what we are looking for, like Nasruddin's ring, lies in a darkness that is uncertain and possibly scary. The process of psychotherapy often involves moving from the light to the darkness and searching there, but I will be with you in both the light and darkness as we go on this search together." Many of my clients respond with something like, "I've never heard of Nasruddin, but I like that story. I sort of feel like him. I've been looking around for a long time, but I am not finding any answers."
>
> *(p. 92)*

It is probably quite noticeable that we (both authors) use the word "we" a lot. That use is intentional and designed to convey that *we* are in this adventure together. Establishing a *we* is the first major step in building a solid therapeutic relationship (see Chapter 1). Somewhere in this pre-therapy meeting, we also talk about confidentiality and fees. I (MA) usually bring the session to a close with, "OK, so when would you like to start?"

Psychodynamics in Applied Sport Psychology

Psychodynamic-based studies in sport psychology have appeared sporadically in the literature over the last several decades, and there are many psychodynamic studies in the applied sport psychology literature, but most stem from the 1960s, 1970s, and 1980s, and they do not seem to form a coherent body of work. The good news is that studies are appearing more frequently than they have in the past (Serra de Queiroz & Andersen, 2017, 2020). In this book, the other dynamically oriented contributions are Chapters 1 and 12. There are more recent case studies, from the 21st century, using psychodynamic approaches in applied sport psychology (Andersen, 2005; Conroy & Benjamin, 2001; Stevens & Andersen, 2007b), but instead of focusing on them, we have decided to review psychodynamic approaches to applied sport psychology supervision.

Psychodynamic Supervision

In applied psychology practice, working with a competent senior or peer supervisor is usually a mandated practice for continuing professional development of licensed (registered, chartered) practitioners. The difference in psychodynamic supervision and meta-supervision (i.e., the training of practitioners to become supervisors) is that there is a greater focus on the dynamic relationships between supervisees and their clients (and between supervisors and their supervisees) than in other frameworks. Within psychodynamic supervision, there is also an interest in the supervisees' early childhood experiences, traumas, and defense mechanisms and how they could affect service delivery (Serra de Queiroz & Andersen, 2017). Our past history and experiences with sport can manifest in our applied work with athletes through the emergence of countertransference feelings, and our supervisors need to be aware of this past and help us with our blind spots.

Similar to what happens in psychodynamic therapy, supervisees are encouraged to say whatever comes to their minds during supervision (Serra de Queiroz & Andersen, 2017). According to McWilliams (2004), supervision can be an empty ritual if supervisees don't feel comfortable to speak honestly about what is happening during sessions and their feelings toward clients (and their supervisors). For novices, being completely honest about disturbing feelings and mistakes occurring during sessions with clients can be a daunting endeavor; most of us have some anxieties about being judged especially by our peers. If new therapists don't feel comfortable reporting what they actually did, said, and felt during sessions to their supervisors, then these difficulties need to be explored in a non-judgmental and safe manner within supervision. Even though we have here drawn parallels between supervision and therapy, these two practices are not the same. The supervisees' past histories are not explored for purposes of treating issues such as neuroses and core shame, but rather as possible limitations to service delivery and to help therapists recognize when their issues are entering the room and how to walk around them.

Psychodynamic models of supervision first appeared in the applied sport psychology literature in the 1990s and 2000s (Andersen & Williams-Rice, 1996; Van Raalte, & Andersen, 2000) and have been a *leit motif* in the supervision literature ever since (Andersen, 2005, 2012; Barney & Andersen, 2014a). There have also been a couple of publications (Andersen et al., 2016; Barney & Andersen, 2014b) on psychodynamic issues in meta-supervision (i.e., the training for, and practice of, supervising supervisors). In Andersen et al. (2016), the authors described the training of a neophyte supervisor using a mindfulness-based psychodynamic model of meta-supervision and telling the tale of the tripartite relationships between the meta-supervisor, the supervisor in training, and the sport psychology graduate student receiving supervision of his placement with a sport team.

Supervision of applied sport and exercise psychology practitioners is now a relatively limited, but mainstream, topic in our literature, with psychodynamic approaches being a small subset of that literature. Psychodynamic meta-supervision investigations, however, are, in a word, neonatal. We hope to see more psychodynamically oriented supervision and meta-supervision theories (e.g., Eriksonian-based supervision) and research (e.g., case studies, autoethnographies) that explore what we believe to be central issues in the training, practice, and continuing professional development of applied sport and exercise psychology practitioners.

Conclusion

Psychodynamic psychotherapy is probably relatively foreign for many practicing sport psychology professionals, given the small and disjointed literature and the dominance of the cognitive-behavioral paradigm for psychological skills training. Also, training in psychodynamic psychotherapy takes years of education and practice. But that is not to say that applied sport psychology practitioners cannot use some of the concepts and principles of psychodynamic theory and practice such as free association,

examining relationships, exploring significant events in athletes' childhoods, and reflecting on transference and countertransference possibilities in both practice and supervision. Psychoanalytic theory and psychodynamic therapies are vast and rich areas with the potential to help practitioners connect deeply with their clients. In this chapter, we have only skimmed the surface of the possible contributions these approaches could make in the education, training, and practice of current and future professionals in our field. See Box 20.1 for a summary of the key points from this chapter.

Box 20.1 Summary of Key Points about Psychodynamic Psychotherapy

- One of the core concepts in psychodynamic psychotherapy is the unconscious and its influences on thoughts, emotions, and behaviors.
- Free association (and dream analysis) is one of the means by which clients start to access unconscious material.
- Early childhood experiences play a major role in establishing adaptive and maladaptive behaviors and responses in adulthood.
- Defense mechanisms serve to keep anxiety about unacceptable thoughts, feelings, and past trauma at bay.
- The applied sport psychology literature has several examples of applying psychodynamic theories to sport and exercise, but they have been sporadic.
- Neo-Freudian models may be more appealing to sport psychology practitioners because of their social and relationship emphases rather than a focus on psychosexual development.
- Psychodynamic psychotherapy is usually a long-term endeavor that is aimed at examining the life of a client. One needs to carefully prepare a client for such a journey.
- Psychodynamic phenomena also occur in supervisor-supervisee relationships, and examining those experiences can become an integral part of supervision (and meta-supervision).

References

Andersen, M. B. (2005). Touching taboos: Sex and the sport psychologist. In M. B. Andersen (Ed.), *Sport psychology in practice* (pp. 171–191). Human Kinetics.

Andersen, M. B. (2012). Supervision and mindfulness in sport and performance psychology. In S. M. Murphy (Ed.), *The Oxford handbook of sport and performance psychology* (pp. 725–737). Oxford University Press.

Andersen, M. B., Barney, S. T., & Waterson, A. K. (2016). Mindfully dynamic meta-supervision: The case of AW and M. In J. G. Cremades & L. S. Tashman (Eds.), *Global practices and training in applied sport, exercise, and performance psychology: A case study approach* (pp. 330–342). Taylor & Francis.

Andersen, M. B., & Speed, H. D. (2011). The practitioner and client as story tellers: Metaphors and folktales in applied sport psychology practice. In D. Gilbourne & M. B. Andersen (Eds.), *Critical essays in applied sport psychology* (pp. 87–104). Human Kinetics.

Andersen, M. B., & Williams-Rice, B. T. (1996). Supervision in the education and training of sport psychology service providers. *The Sport Psychologist*, *10*(3), 278–290. https://doi.org/10.1123/tsp.10.3.278

Barney, S. T., & Andersen, M. B. (2014a). Mindful supervision in sport and performance psychology: Building the quality of the supervisor-supervisee relationship. In Z. Knowles, D. Gilbourne, B. Copley, & L. Dugdill (Eds.), *Reflective practice in sport and exercise sciences: Contemporary issues* (pp. 147–159). Routledge.

Barney, S. T., & Andersen, M. B. (2014b). Meta-supervision: Training practitioners to help others on their paths. In J. G. Cremades & L. S. Tashman (Eds.), *Becoming a sport, exercise, and performance psychology professional: A global perspective* (pp. 339–346). Taylor & Francis.

Basch, F. M. (1995). *Doing brief psychotherapy.* Basic Books.

Breuer, J., & Freud, S. (1973). Studies on hysteria. In J. Stachey (Trans. & Ed.), *The standard edition of the complete psychological works of Sigmund Freud*, *Vol. II* (pp. 3–305). Hogarth Press. (Original work published 1895)

Brewer, B. W., & Petitpas, A. J. (2017). Athletic identity foreclosure. *Current Opinion in Psychology*, *16*(August), 118–122. https://doi.org/10.1016/j.copsyc.2017.05.004

Conroy, D. E., & Benjamin, L. S. (2001). Psychodynamics in sport performance enhancement consultation: Application of an interpersonal theory. *The Sport Psychologist, 15*(1), 103–117. https://doi.org/10.1123/tsp.15.1.103

Cramer, P. (2006). *Protecting the self: Defense mechanisms in action*. Guilford Press.

Erikson, E. H. (1974). *Childhood and society*. Penguin Books. (Original work published 1950)

Freud, A. (1992). *The ego and the mechanisms of defence*. Routledge. (Original work published 1936)

Gaskin, C. J., Andersen, M. B., & Morris, T. (2009). Physical activity in the life of a woman with severe cerebral palsy: Showing competence and being socially connected. *International Journal of Disability*, *Development and Education*, *56*(3), 285–299. https://doi.org/10.1080/10349120903102312

Gaskin, C. J., Andersen, M. B., & Morris, T. (2010). Sport and physical activity in the life of a man with cerebral palsy: Compensation for disability with psychosocial benefits and costs. *Psychology of Sport and Exercise*, *11*(3), 197–205. https://doi.org/10.1016/j.psychsport.2009.12.003

Gaskin, C. J., Andersen, M. B., & Morris, T. (2011). Physical activity and fantasies in the life of an adult with cerebral palsy: The motivator, looking for love. *Qualitative Research in Sport*, *Exercise and Health*, *3*(2), 238–262. https://doi.org/10.1080/2159676X.2011.572178

Gaskin, C. J., Andersen, M. B., & Morris, T. (2012). Physical activity in the life of a woman with cerebral palsy: Physiotherapy, social exclusion, competence, and intimacy. *Disability and Society*, *27*(2), 201–218. https://doi.org/10.1080/09687599.2011.644931

Goetz, C. G., Bonduelle, M., & Gelfand, T. (1995). *Charcot: Constructing neurology*. Oxford University Press.

GoodTherapy® (2016). *Object relations*. Retrieved from https://www.goodtherapy.org/learn–about–therapy/types/object–relations

Huguet, S. (2008). The psychodynamic approach: An asset for understanding the emotional side of the coach–player relationship? *Coaching and Sport Science Review*, *15*(46), 19–20.

Janet, P. (2019). *Psychological healing: A historical and clinical study* (E. Paul & C. Paul, Trans.). Martino Fine Books. (Original work published 1925)

Klein, M. (1998). *The psychoanalysis of children*. Vintage Arrow. (Original work published 1932)

McWilliams, N. (2004). *Psychoanalytic psychotherapy: A practitioner's guide*. Guilford Press.

Mitchell, S. A., & Black, M. J. (1995). *Freud and beyond: A history of modern psychoanalytic thought*. Basic Books.

Serra de Queiroz, F., & Andersen, M. B. (2017). Evenly suspended attention: A psychodynamically oriented and mindful approach. In S. J. Zizzi & M. B. Andersen (Eds.), *Being mindful in sport and exercise psychology: Pathways for practitioners and students* (pp. 77–95). Fitness Information Technology.

Serra de Queiroz, F., & Andersen, M. B. (2020). Psychodynamic approaches. In D. Tod & M. Eubank (Eds.), *Applied sport*, *exercise*, *and performance psychology: Current approaches to helping clients* (pp. 12–30). Routledge.

Shedler, J. (2006). *That was then*, *this is now: Psychoanalytic psychotherapy for the rest of us*. Retrieved from http://jonathanshedler.com/writings/

Stevens, L., & Andersen, M. B. (2007a). Transference and countertransference in sport psychology service delivery: Part I. A review of erotic attraction. *Journal of Applied Sport Psychology*, *19*(3), 253–269. https://doi.org/10.1080/10413200701314003

Stevens, L., & Andersen, M. B. (2007b). Transference and countertransference in sport psychology service delivery: Part II. Two case studies on the erotic. *Journal of Applied Sport Psychology*, *19*(3), 270–287. https://doi.org/10.1080/10413200701314011

Syed, M., & Fish, J. (2018). Revisiting Erik Erikson's legacy on culture, race, and ethnicity. *Identity: An International Journal of Theory and Research*, *18*(4), 274–283. https://doi.org/10.1080/15283488.2018.1523729

Van Raalte, J. L., & Andersen, M. B. (2000). Supervision I: From models to doing. In M. B. Andersen (Ed.), *Doing sport psychology* (pp. 153–165). Human Kinetics.

Winnicott, D. W. (2005). *Playing and reality*. Taylor & Francis. (Original work published 1971)

Winstone, W., & Gervis, M. (2006). Countertransference and the self–aware sport psychologist: Attitudes and patterns of professional practice. *The Sport Psychologist*, *20*(4), 495–511. https://doi.org/10.1123/tsp.20.4.495

21

TEACHING LIFE SKILLS IN YOUTH SPORT

Sara Kramers, Corliss Bean, Martin Camiré, and Tanya Forneris

Across the globe, millions of youth (between the ages of 15 and 24; United Nations, n.d.) participate in individual, partner, and team sports activities (Santos et al., 2019). When appropriately structured and delivered, youth sport can be an environment that is supportive of positive youth development (PYD; Petitpas et al., 2005). The PYD framework is a strengths-based, relationally centered approach to youth development, with a focus on viewing youth as people to be developed rather than problems to be managed (Geldhof et al., 2013). Researchers have proposed that PYD can be fostered in sport by providing youth with opportunities to develop and practice *life skills* (e.g., being a leader and communicating effectively; Holt et al., 2017). Life skills are defined as "internal personal assets, characteristics, and skills such as goal setting, emotional control, self-esteem, and hard work ethic that can facilitated or developed in sport and are transferred for use in non-sport settings" (Gould & Carson, 2008, p. 60). To be considered life skills, youth must go through the process of transferring their learned skills to other contexts (e.g., school, home, work, and community). *Life skills transfer* is defined as follows:

> The ongoing process by which an individual further develops or learns and internalizes a personal asset (i.e., psychosocial skill, knowledge, disposition, identity construction, or transformation) in sport and then experiences personal change through the application of the asset in one or more life domains beyond the context where it was originally learned.
>
> *(Pierce et al., 2017, p. 194)*

Life skills are thought to be developed and transferred *implicitly* (i.e., fostered through positive coach–athlete relationships and well-structured sport environments, without direct attention) or *explicitly* (i.e., fostered through intentionally designed activities that complement sport-specific teachings; Turnnidge et al., 2014). For example, a youth athlete may be given explicit opportunities to practice being a leader during basketball practices, and then explicitly transfer this skill to their community as they advocate for social change.

Researchers have explored the complexities involved in the life skills learning and transfer processes (Pierce et al., 2017). The present chapter is organized into three sections to aid sport practitioners (e.g., coaches, consultants, and sport psychologists; hereafter referred to as *practitioners*) in teaching life skills through sport. First, an overview of how the PYD in sport literature has advanced over the past decade will be reviewed, including the creation of models and frameworks designed to guide the intentional

development and transfer of life skills. Second, best practices and practical implications are outlined that can guide sport practitioners in supporting youth's development and transfer of life skills. Lastly, areas for future exploration are proposed, including how the teaching of life skills can be approached from a more critical lens.

Advances in Models and Frameworks Guiding Research and Practice

Over the past two decades, significant advances have been made in the development and use of models and frameworks to guide PYD in sport. In the early years, Lerner et al.'s (2005) 5Cs model of PYD was used to guide sport psychology research. Although not sport-specific, this model adopts an ecological systems approach to development, purposing that youth can develop competence, confidence, connection, character, and caring when their strengths are aligned with ecological assets in their family, school, or community contexts (e.g., social networks and access to resources). As developmental change happens within mutually influential bidirectional relations between youth and their contexts, it is postulated that developing the 5Cs increases the likelihood of youth engaging in the 6th C of contribution.

As the field continued to advance, such a model has influenced the creation of sport-specific models within sport psychology that consider the bidirectional influence between sport participants and their social and ecological contexts. For instance, Holt et al. (2017) developed a grounded theory model of PYD through sport, derived from the results of a qualitative meta-study. Within this model, sport is considered a microsystem influenced by broader ecological systems (i.e., community, policy, and culture). The characteristics (e.g., socio-demographic factors) of the participants are also considered, as individual variables may influence the ways in which participants acquire PYD outcomes. Two core mechanisms to development are offered in the model. Specifically, it is proposed that PYD outcomes (i.e., life skills) can be fostered implicitly when a PYD climate is fostered (i.e., positive relationships between athletes, peers, parents, and other adults). Moreover, participants may acquire PYD outcomes explicitly if there is a program focus on life skills, whereby coaches foster a PYD climate and facilitate life skills activities in a deliberate manner.

Building on this grounded theory, researchers have begun to systematically understand the life skills transfer processes through sport. For instance, Pierce et al. (2017) developed a model for life skills transfer from sport to life and Kendellen and Camiré (2019) used grounded theory to create a model of life skills application. Within these models, the youth athlete moves through learning contexts (i.e., school, sport, family, vocational, and extracurricular) and transfer contexts (i.e., in which skills or knowledge is applied outside the original learning context) over time (Pierce et al., 2017). The sport learning context involves the inherent demands of the sport, program design, and the coach's characteristics and strategies, which can influence the individual's life skills learning. The individual then has the potential to transfer and apply their life skills to other contexts beyond sport. The transfer process is deemed to be influenced by contextual (e.g., the similarity of context and support for transfer) and psychological factors (e.g., the satisfaction of basic needs and confidence). Ultimately, the individual learner can experience positive transfer outcomes and negative transfer outcomes from their sport participation. Kendellen and Camiré (2019) argued that youth athletes experience transfer as an ongoing cyclical process with no definitive end, as there are continuous person-context interactions experienced by athletes over time.

Together, the models reviewed position the individual (i.e., young athlete) at the center of the life skills learning and transfer processes and acknowledge the impact of broader sociocultural systems. With an evolving understanding of the developmental processes that sport participants experience, some researchers have shifted their attention to better grasping how sport practitioners and coaches may optimally engage in the teaching of life skills. For instance, Bean et al. (2018) postulated that coaches' approaches to teaching life skills should not be dichotomized, but rather positioned on an implicit-explicit continuum

of intentionality. This continuum has six levels, including the two implicit levels of (a) structuring the sport context and (b) facilitating a positive climate, as well as the four explicit levels of (c) discussing life skills, (d) practicing life skills, (e) discussing life skills transfer, and (f) practicing life skills transfer (Bean et al., 2018). Specific behaviors are identified for each level and coaches are encouraged to progressively move up the continuum toward more explicit coaching behaviors, while they continue to satisfy the elements of the previous levels. For example, by first appropriately designing the program (level 1) and modeling positive behaviors (level 2), coaches can then facilitate discussions on why life skills are important (level 3) and provide opportunities for young athletes to practice their life skills in sport (level 4). Once coaches have built a solid foundation enabling young athletes to acquire life skills in sport, they can talk about transfer and its importance (level 5), while also working to establish connections with parents, teachers, and the broader community to offer life skills transfer opportunities (level 6).

The implicit–explicit continuum presents a useful model for researchers to assess the extent to which coaches use implicit and/or explicit strategies in their approach to teaching life skills. Recently, the continuum has guided the development of the Life Skills Self-Assessment Tool for Coaches (Kramers et al., 2022), allowing practitioners to reflect on their behaviors regarding implicit and explicit teaching of life skills. The self-assessment (https://www.tandfonline.com/doi/full/10.1080/21520704.2021.1888832) tool is available open access in four languages (i.e., as supplemental files), and is complemented by a "how-to" video. (https://www.youtube.com/watch?v=g9fXa23cJY4&t=1s). The self-assessment tool can be used by coaches in youth sport, as well as sport practitioners who work directly with coaches to guide reflective dialogue around coaches' approaches to life skills teaching and find solutions to challenges that may arise with their approach. Moreover, coaches who have life skills curricula embedded into their program may benefit from using the tool to assess their ability to apply the curricula through their practice. Evidence-informed youth sport programs such as The First Tee (https://firsttee.org/) and Girls on the Run (https://www.girlsontherun.org/) are designed to intertwine explicit life skills activities with sport skill development (i.e., physical, technical, and tactical). Evaluation conducted on these programs have found that youth do develop psychosocial outcomes, including confidence and empathy skills, and transfer these skills to other contexts with intentional design and delivery (Weiss et al., 2016, 2019). Based on recent developments in the sport psychology literature, guidelines for best practices regarding the teaching of life skills through sport are offered next.

Guidelines for Best Practices

As our theoretical and empirical understanding of life skills teaching and learning continues to evolve, recommendations for best practice have been identified (see Newman, Black, et al. 2022 for a review). Practitioners should aim to adopt an intricate balance of implicit *and* explicit strategies in their overall approach to teaching life skills (Pierce et al., 2018). In this section, a sample of implicit and explicit strategies has been recommended by researchers as best practices for facilitating life skills development and transfer.

In terms of implicit strategies, practitioners are encouraged to invest time in developing and implementing a PYD-focused coaching philosophy (Camiré et al., 2011; Pierce et al., 2018). Guided by one's experiences, knowledge, values, opinions, and beliefs, a coaching philosophy should form the basis of one's approach to offering young athletes a quality sport experience (Lyle & Cushion, 2017). In adopting a PYD-focused coaching philosophy, practitioners give equal value to the teaching of sport skills and life skills by treating both as inclusive and worthwhile pursuits. Developing a PYD-focused coaching philosophy may be difficult for individuals who have primarily focused their coaching behaviors and attention toward athletes' physical and performance-related development (Santos et al., 2017). Consultants can help coaches develop a PYD-focused coaching philosophy by leading a reflective dialogue around their perceptions of (a) what lessons are important for athletes to learn and develop through

sport, (b) what lessons are important for athletes to transfer from sport to other contexts, and (c) what is their role for this development and transfer. Consultants could use the self-assessment tool to enhance coaches' awareness of their implicit-explicit behaviors and collaboratively set goals for fostering a PYD climate and teaching life skills.

Sport practitioners should also make genuine efforts to nurture meaningful relationships with youth athletes, as well as between the athletes (Camiré et al., 2011; Pierce et al., 2018). Practitioners can support the development of quality relationships by making conscious efforts to connect with athletes by (a) showing interest in their lives outside of sport; (b) caring for them as persons and not solely as athletes; (c) acknowledging their voices, goals, and values; (d) displaying compassion and empathy; and (e) being transparent about one's expectations (Bean et al., 2018). Importantly, by asking open-ended questions and displaying empathy, practitioners can explore their athletes' biographies, enabling them to implement tailored consultation and intervention for the athlete's life skills development (Miles & Hodge, 2020). Practitioners could support the development of positive relationships between athletes by creating pairings for mentoring efforts, organizing team-bonding activities, and coordinating team social events.

Beyond developing positive relationships, practitioners who exhibit autonomy-supportive behaviors, compared to controlling behaviors, have been shown to support athletes' life skills development (e.g., Cronin et al., 2022). Autonomy-supportive coaching involves supporting athletes' feelings and voices, including providing youth with opportunities to select and lead a drill, choose the order of drills/activities, and voice their playing position preferences (Ryan & Deci, 2017). Autonomy-supportive coaching behaviors have been linked to satisfying athletes' three basic psychological needs, including their need for autonomy (i.e., feel assent and control over one's behavior), competence (i.e., feel efficient, effective, and a sense of mastery in one's behavior), and relatedness (i.e., feel meaningfully connected and cared for; Ryan & Deci, 2017). Research has shown that supporting athletes' basic needs, such as by actively including their athletes in making decisions within the sport context, can subsequently lead to PYD outcomes (Cronin & Allen, 2018). For support in intentionally exhibiting autonomy-supportive coaching, practitioners can refer to Hodge and colleagues' conceptual model of life skills development (Hodge et al., 2013, 2016), which integrates the three basic psychological needs and a needs-supportive motivational climate (i.e., the goals and behaviors related to the three basic needs and the values that are salient in the environment created by others). Practitioners who deliver sports programs with an explicit life skills focus should consider the content of the program (e.g., activities to foster autonomy) and the contexts surrounding the athletes in the program, to reflect if "the implementation of a life skills intervention generate[s] a motivational climate that supports the satisfaction of the three basic needs" (Hodge et al., 2016, p. 49).

In terms of explicit strategies to maximize youth athletes' life skill development, practitioners should make deliberate efforts to integrate life skill development and transfer strategies within their coaching and interactions. A first step consists of discussing and practicing life skills in sport and, optimally, focusing on one life skill per practice or training session (e.g., selecting a "life skill of the day"; Kendellen et al., 2017). Camiré et al. (2011) outlined five steps that practitioners can follow to teach a life skill throughout a practice or training session: (a) start by defining the life skill of the day, (b) facilitate discussion around why the life skill is important, (c) provide examples of how the life skill can be used in sport, (d) enable athletes to practice the life skill during the training session, and (e) debrief at the end of the practice how the life skill can be used beyond sport. Miles and Hodge (2020) outlined how practitioners can guide athletes in developing a goal attainment strategy for their life contexts, such as communicating effectively at practice and being attentive at school. The life skills of focus can be discussed explicitly during these goal setting sessions and time can be provided for athletes to identify which individuals can help them attain their goals (e.g., coaches, teammates, and family; Miles & Hodge, 2020). Practitioners can further support athlete's autonomy in this process by collaboratively discussing why they think the life skill is important in and beyond sport (Kendellen et al., 2017).

206

Once young athletes have had opportunities to learn and practice life skills in sport, practitioners should seek out opportunities that enable athletes to transfer and apply their life skills at school, at home, at work, and in their communities. Regarding transfer, Pierce et al. (2018) encouraged coaches to develop partnerships with parents, teachers, and community members that enable youth athletes to apply their life skills beyond sport. For example, coaches can partner with local community organizations to have athletes advocate for and support individuals of equity-deserving groups in their communities (e.g., community improvement or empowerment initiatives). Importantly, following transfer initiatives, debriefing sessions should be organized to encourage athletes to reflect on the life skills they have learned in sport that they were then able to apply in ways that lead to meaningful contributions to their communities (Bean et al., 2018; Pierce et al., 2018). To promote effective life skills transfer, practitioners and athletes could discuss the rationale for applying skills in different situations (e.g., why is it important for you to pay attention during class) and use behavioral terms to link connections between sport and other contexts (e.g., working on controlling your emotions during a game can lead to you feeling more in control when frustrated at home; Miles & Hodge, 2020).

Ultimately, practitioners must be attuned to the characteristics of their coaching context and make deliberate efforts to facilitate the development and transfer of life skills in manners that are socially relevant and developmentally appropriate. Practitioners who understand their athletes' realities and developmental needs are ideally positioned to facilitate the psychologically and culturally safe learning climates needed to optimize PYD outcomes (Holt et al., 2017). To elaborate on this guideline for best practices, key considerations are raised as to how practitioners can teach life skills in manners that account for issues surrounding social justice.

Key Considerations for Advancing the Teaching of Life Skills with a Critical Lens

Critiques of PYD (Coakley, 2016) and life skills (Ronkainen et al., 2021) have raised important questions as to how teaching life skills in sport can be advanced to consider "the impact of power, privilege, and oppression on young people's lived experiences" (Gonzalez et al., 2020, p. 25). A necessary next step consists of adopting a more critical lens to PYD, such as the critical positive youth development (CPYD) framework developed by Gonzalez et al. (2020). This framework builds on the Lerner et al. (2005) 5Cs model by adding *critical consciousness*, which is composed of critical reflection, political efficacy, and critical action. Critical reflection refers to acknowledging and considering how oppressive systems of social power impact individuals and groups. Political efficacy refers to an individual's belief in their ability to bring about positive social change. Critical action refers to activism and advocacy-related efforts associated with oppression and marginalization. When these components come together, a person may display critical consciousness by recognizing social injustices and acting to instill social change.

In sport psychology research, Kochanek and Erickson (2020) stressed the need to "reimagine sport coaching for positive development from a more socially responsible, critical praxis" (p. 224). Consistent with this call for change, Camiré et al. (2021) advocated that PYD researchers could reimagine PYD and life skills in sport through a social justice lens, with key considerations provided as to how life skills could potentially be evolved into social justice life skills. Social justice life skills extend our conceptualization of what practitioners can teach through sport. For example, Camiré et al. (2021) discussed how coaches can teach civic engagement through sport and how such teachings could enable youth athletes to act in addressing issues of public concern. Moreover, Camiré et al. (2021) discussed the importance of having sport psychology researchers examine how developmental outcomes can emerge from sport participation that extend beyond using an implicit or explicit approach. Specifically, developmental outcomes that should be further researched include learning life lessons from negative or unexpected experiences (Whitley & Massey, 2020), learning of resilience by overcoming difficult

challenges (Newman, Santos, et al., 2022), and gaining greater self-awareness and authenticity around from seeing sport as non-instrumental (i.e., for fun and for its own sake; Ronkainen et al., 2021).

In consideration of the advancements that have positioned PYD and life skills from a more critical lens, recommendations are offered to practitioners. First, practitioners should critically reflect on their positionality/privilege to increase their self-awareness as they approach discussions with their young athletes on social justice in a culturally safe manner. This means that practitioners should actively develop their cultural competence to better attune to their athletes' biographies and cultural backgrounds when teaching life skills and making decisions that affect team members. Second, practitioners should seek to continuously improve their knowledge and ability as it relates to teaching life skills. Individuals should be proactive in taking advantage of professional development opportunities addressing social justice that are increasingly prevalent. Third, given that simply providing information rarely leads to long-term behavior change, practitioners must develop concrete plans to go beyond information sharing and get their young athletes to practice social justice life skills. Such concrete plans could integrate behavioral economics principles (i.e., integrating lessons from psychology and economics) discussed by Whitley (2022) that involve individuals making adaptations to their coaching (e.g., priming and nudging) that can foster PYD outcomes. Fourth, practitioners should seek to teach life skills not in isolation, but rather in collaboration with other community stakeholders, by adopting a community capacity building approach to PYD (Jones et al., 2020). Such an approach involves a realization that sport is merely one of many contexts shaping the lives of youth and that collaboration between adult leaders in these different contexts can optimize PYD outcomes for youth. Taken together, these recommendations can be used by practitioners to approach the teaching of life skills in a culturally responsible manner while acknowledging the need for leveraging community assets to foster development at both the individual and community levels.

Conclusion

If appropriately designed, youth sport can be an ideal context for young athletes to develop life skills, as well as support their attempts to transfer and apply their life skills outside of sport. Researchers over the last two decades have created sport-specific models to examine the development, transfer, and application of life skills, including a self-assessment tool (Kramers et al., 2022) for practitioners to better understand their intentions and actions for supporting youth's positive development through sport. Practitioners can support athletes' life skills development through implicit approaches (e.g., developing a PYD-focused coaching philosophy) and explicit approaches (e.g., providing opportunities to practice their life skills in training sessions). Moving forward, practitioners are encouraged to critically reflect on their positionality and enhance their awareness for social justice issues in sport, so they can teach life skills that may equip young athletes to advocate for positive social change in sport and in their communities. See Box 21.1 for a summary of the key points from this chapter.

Box 21.1 Summary of Key Points about Teaching Life Skills in Youth Sport

- Implicit approaches to teaching life skills can include practitioners developing and implementing a PYD-focused coaching philosophy, nurturing meaningful relationships with and between athletes, and exhibiting autonomy-supportive behaviors.
- Explicit approaches to teaching life skills can include practitioners providing opportunities (within their practices, training sessions, and competitions) to discuss and practice applying life skills in and beyond sport and supporting athletes' awareness for and confidence in using their life skills.

- In planning their life skills teaching, practitioners should be attuned to the characteristics of their coaching context (e.g., motivational climate satisfying the three basic psychological needs).
- As practitioners continue to improve their knowledge and ability as it relates to teaching life skills, they should critically reflect if the life skills taught and developed through sport are developmentally appropriate, transferable, and socially relevant (e.g., life skills that may equip athletes to advocate for social justice).
- Practitioners should critically reflect on their positionality and privilege to increase their awareness and help ensure that they teach life skills in a culturally safe and responsible manner.

References

Bean, C., Kramers, S., Forneris, T., & Camiré, M. (2018). The implicit/explicit continuum of life skills development and transfer. *Quest*, *70*(4), 456–470. https://doi.org/10.1080/00336297.2018.1451348

Camiré, M., Forneris, T., Trudel, P., & Bernard, D. (2011). Strategies for helping coaches facilitate positive youth development through sport. *Journal of Sport Psychology in Action*, *2*(2), 92–99. https://doi.org/10.1080/21520704.2011.584246

Camiré, M., Newman, T., Bean, C., & Strachan, L. (2021). Reimagining positive youth development and life skills in sport through a social justice lens. *Journal of Applied Sport Psychology.* Advance online publication. https://doi.org/10.1080/10413200.2021.1958954

Coakley, J. (2016). Positive youth development through sport: Myths, beliefs, and realities. In N. L. Holt (Ed.), *Positive youth development through sport* (2nd ed., pp. 21–33). Routledge.

Cronin, L. D., & Allen, J. B. (2018). Examining the relationships among the coaching climate, life skills development and well-being in sport. *International Journal of Sports Science & Coaching*, *13*(6), 815–827. https://doi.org/10.1177/1747954118787949

Cronin, L., Ellison, P. Allen, J., Huntley, E., Johnson, L., Kosteli, M. C., Hollis, A., & Marchant, D. (2022). A self-determination theory based investigation of life skills development in youth sport. *Journal of Sport Sciences*, *40*(8), 886–898. https://doi.org/10.1080/02640414.2022.2028507

Geldhof, G. J., Bowers, E. P., Johnson, S. K., Hershberg, R., Hilliard, L., & Lerner, R. M. (2013). Relational developmental systems theories of positive youth development: Methodological issues and implications. In P. C. M. Molenaar, R. M. Lerner, & K. Newell (Eds.), *Handbook of developmental systems theory and methodology* (pp. 66–94). Guilford.

Gonzalez, M., Kokozos, M., Byrd, C., & McKee, K. (2020). Critical positive youth development: A framework for centering critical consciousness. *Journal of Youth Development*, *15*(6), 24–43. https://doi.org/10.5195/jyd.2020.859

Gould, D., & Carson, S. (2008). Life skills development through sport: Current status and future directions. *International Review for Sport and Exercise Psychology*, *1*(1), 58–78. https://doi.org/10.1080/ 17509840701834573

Hodge, K., Danish, S., Forneris, T., & Miles, A. (2016). Life skills and basic psychological needs: A conceptual framework for life skills interventions. In N. L. Holt (Ed.), *Positive youth development through sport* (2nd ed., pp. 45–56). Routledge.

Hodge, K., Danish, S., & Martin, J. (2013). Developing a conceptual framework for life skills interventions. *The Counseling Psychologist*, *41*(8), 1125–1152. https://doi.org/10.1177/0011000012462073

Holt, N. L., Neely, K. C., Slater, L. G., Camiré, M., Côté, J., Fraser-Thomas, J., MacDonald, D. J., Strachan, L., & Tamminen, K. A. (2017). A grounded theory of positive youth development through sport based on results from a qualitative meta-study. *International Review of Sport and Exercise Psychology*, *10*(1), 1–49. https://doi.org/10.1080/ 1750984X.2016.1180704

Jones, G. J., Edwards, M. B., Bocarro, J. N., Svensson, P. G., & Misener, K. (2020). A community capacity building approach to sport-based youth development. *Sport Management Review*, *23*(4), 563–575. https://doi.org/10.1016/j.smr.2019.09.001

Kendellen, K., & Camiré, M. (2019). Applying in life the skills learned in sport: A grounded theory. *Psychology of Sport and Exercise*, *40*, 23–32. https://doi.org/10.1016/j.psychsport.2018.09.002

Kendellen, K., Camiré, M., Bean, C., Forneris, T., & Thompson, J. (2017). Integrating life skills into Golf Canada's youth programs: Insights into a successful research to practice partnership. *Journal of Sport Psychology in Action*, *8*(1), 34–46. https://doi.org/10.1080/21520704.2016.1205699

Kochanek, J., & Erickson, K. (2020). Interrogating positive youth development through sport using critical race theory. *Quest*, *72*(2), 224–240. https://doi.org/10.1080/00336297.2019.1641728

Kramers, S., Camiré, M., Ciampolini, V., & Milistetd, M. (2022). Development of a life skills self-assessment tool for coaches. *Journal of Sport Psychology in Action*, *13*(1), 54–64. https://doi.org/10.1080/21520704.2021.1888832

Lerner, R. M., Lerner, J. V., Almerigi, J., Theokas, C., Phelps, E., Gestsdóttir, S. Naudeau, S., Jelicic, H., Alberts, A. E., Ma, L., Smith, L. M., Bobek, D. L., Richman-Raphael, D., Simpson, I., Christiansen, E. D., & von Eye, A. (2005). Positive youth development, participation in community youth development programs, and community contributions of fifth-grade adolescents: Findings from the first wave of the 4-H Study of Positive Youth Development. *Journal of Early Adolescence*, *25*(1), 17–71. https://doi.org/10.1177/0272431604272461

Lyle, J., & Cushion, C. (2017). *Sport coaching concepts: A framework for coaching practice* (2nd ed.). Routledge.

Miles, A., & Hodge, K. (2020). Life skills interventions with elite athletes. In D. Tod & M. Eubank (Eds.), *Applied sport, exercise, and performance psychology* (pp. 148–164). Routledge.

Newman, T., Black, S., Santos, F., Jefka, B., & Brennan, N. (2021). Coaching the development and transfer of life skills: A scoping review of facilitative coaching practices in youth sports. *International Review of Sport and Exercise Psychology*. Advance online publication. https://doi.org/10.1080/1750984X.2021.1910977

Newman, T., Santos, F., Black, S., & Bostick, K. (2022). Learning life skills through challenging and negative experiences. *Child and Adolescent Social Work Journal*, *39*, 455–469. https://doi.org/10.1007/s10560-021-00739-y

Petitpas, A. J., Cornelius, A. E., Van Raalte, J. L., & Jones, T. (2005). A framework for planning youth sport programs that foster psychosocial development. *The Sport Psychologist*, *19*(1), 63–80. https://doi.org/10.1123/tsp.19.1.63

Pierce, S., Gould, D., & Camiré, M. (2017). Definition and model of life skills transfer. *International Review of Sport and Exercise Psychology*, *10*(1), 186–211. https://doi.org/10.1080/1750984X.2016.1199727

Pierce, S., Kendellen, K., Camiré, M., & Gould, D. (2018). Strategies for coaching for life skills transfer. *Journal of Sport Psychology in Action*, *9*(1), 11–20. https://doi.org/10.1080/21520704.2016.1263982

Ronkainen, N. J., Aggerholm, K., Ryba, T. V., & Allen-Collinson, J. (2021). Learning in sport: From life skills to existential learning. *Sport, Education and Society*, *26*(2), 214–227. https://doi.org/10.1080/13573322.2020.1712655

Ryan, R. M., & Deci, E. L. (2017). *Self-determination theory: Basic psychological needs in motivation, development, and wellness.* Guilford Publications.

Santos, F., Camiré, M., MacDonald, D. J., Campos, H., Conceiçao, M., & Silva, A. (2017). Youth sport coaches' perspective on positive youth development and its worth in mainstream coach education courses. *International Sport Coaching Journal*, *4*(1), 38–46. https://doi.org/10.1123/iscj.2016-0092

Santos, F., Strachan, L., Pereira, P., & MacDonald, D. J. (Eds.). (2019). *Coaching positive development: Implications and practices from around the world.* Agir – Produções Gráficas.

Turnnidge, J., Côté, J., & Hancock, D. J. (2014). Positive youth development from sport to life: Explicit or implicit transfer? *Quest*, *66*(2), 203–217. https://doi.org/10.1080/00336297.2013.867275

United Nations. (n.d.). *Global issues: Youth.* https://www.un.org/en/global-issues/youth

Weiss, M. R., Bolter, N. D., & Kipp, L. E. (2016). Evaluation of The First Tee in promoting positive youth development: Group comparisons and longitudinal trends, *Research Quarterly for Exercise and Sport*, *87*(3), 271–283, https://doi.org/10.1080/02701367.2016.1172698

Weiss, M. R., Kipp, L. E., Reichter, A. P., Espinoza, S. M., & Bolter, N. D. (2019). Girls on the Run: Impact of a physical activity youth development program on psychosocial and behavioral outcomes. *Pediatric Exercise Science*, *31*(3), 330–340. https://doi.org/10.1123/pes.2018-0168

Whitley, M. (2022). Using behavioral economics to promote positive youth development through sport. *Journal of Sport Psychology in Action*, *13*(2), 78–88. https://doi.org/10.1080/21520704.2021.1883783

Whitley, M. A., & Massey, M. V. (2020). Adverse experiences of children and youth: Can sport play a role in growth following psychologically traumatic events? In R. Wadey, M. Day, & K. Howells (Eds.), *Growth following adversity in sport: A mechanism to positive change* (pp. 204–215). Routledge.

22

FAMILY SYSTEMS INTERVENTION IN SPORT

Michael Zito

Family System Intervention in Sport

One of the most salient influences upon a person's life is their family. Therefore, as practitioners intervening with athletes and performers, it is important to understand the influence of one's family upon the individual. Especially in the childhood and teen years, parental behaviors can have a strong influence upon athletic performance (Dorsh et al., 2016; Zito, 2020). Unfortunately, there are only a few documented interventions examining how family interactions can influence an athlete's performance (Zito, 2020). The goal of this chapter is to expose the reader to this lesser-known area of intervention, the family systems approach.

The family systems approach is broader than traditional individual and/or dyadic models and has been embraced internationally since the 1980s (Goldenberg et al., 2017). This model seeks to understand the influence of complex reciprocal family interactions that can influence an athlete's performance. The family systems approach simultaneously embraces the influence of individual factors along with a broader level of assessment and intervention. The family systems intervention is often used with an individual intervention such as cognitive behavioral treatment (Zito, 2020). In order to provide a clear understanding of the family systems approach, this chapter will solely focus on family systems theory and interventions even though an individual intervention is often integrated into the treatment plan. This chapter will specifically address the core tenants of the family systems model as it is applied to sport psychology services. It is beyond the scope of this chapter to comprehensively review all family systems theories. A comprehensive review of family systems theory, therapies, and evidence-based interventions can be found in Goldenberg et al. (2017).

The family systems approach considers multiple interacting factors that could include an athlete's: family history, parents' past sporting behaviors, parent-child sport interaction, family communication patterns, and social support system, along with cultural and ethnic backgrounds that may influence the athletic endeavors. This author has found that when assessing family systems influence upon an athlete, it is possible that team relationships and coach–athlete relationships could reflect a parallel process to the family functioning. This parallel means that a conflicted parent-child interaction could be very similar to a conflicted coach–athlete relationship. More specifically, an athlete can be very sensitive to coach–athlete interactions that mimic parent-athlete interactions, thereby causing similar emotional reactions.

The family systems literature on common clinical concerns has shown treatment efficacy (Goldenberg et al., 2017). Family systems interventions in sport are lesser known and therefore are less researched

(Mintz & Zito, 2009; Zito, 2020). The value of family systems intervention with athletes has been noted by Russell (1996) and Zimmerman and Protinsky (2007). Family systems athletic interventions in the literature are mostly case studies. Mintz (2003) intervened with a gymnast who was experiencing decreased motivation and performance due to family violence. Family intervention to reduce the violence as well as to help the athlete manage her stress was effective in enabling the gymnast to return to her prior levels of performance. In working with a volleyball team, Burke (2005) utilized family systems thinking to understand team dynamics. Specifically, the systemic influence upon the team function of coach-coach, coach-athlete, and athlete-athlete relationships was assessed and addressed through this intervention. Understanding and changing team dynamics helped the team return to its prior level of functioning (also see Chapters 38–43).

Family influences can sometimes be subtle and often hidden. The role of the "invisible player" was discussed by Hellstedt (1995). Hellstedt discussed how family factors that are often "invisible" can influence an athlete's performance. Hellstedt noted that family stress levels, lack of cohesiveness, reluctance to adapt to change, and unresolved problems from a parent's family of origin (the family a parent grew up in) influenced marital and parent-child interactions, thereby increasing athlete stress. These parental factors often promote athlete stress and can then have a negative effect on an athlete's motivation and athletic achievement (Amado et al., 2015; Dorsh et al., 2016; Harwood & Knight, 2015). Conversely, parents can have a positive effect as well (Kaye et al., 2019; Sommerfeld & Chu, 2020; Teques et al., 2019) when providing proper emotional and behavioral support. Therefore, including family systems assessment and intervention can enrich the power of your intervention as long as you have the proper training and experience in this area. If a practitioner is not trained in this area, proper referral should be made to a professional who is trained in family intervention services (see Chapter 25).

Major Tenets of Family Systems Theory

The main difference between family systems theory and intervention, and an individual approach is the need to adopt a broader perspective and to consider the influence of a system of reciprocally interacting factors. An individual that presents with a concern needs to be understood on the individual psychological level (i.e., personality traits and coping mechanisms) and in the context in which the problem exists. The context will depend on the type of problem. A university or Olympic athlete's problem could exist in several contexts. These contexts might include sport environment, team dynamics, coach-athlete communication and relationship, relationships with significant others, living arrangement (i.e., apartment or dormitory) dynamics, inter-coach relationships, and family history. A younger athlete's context may include team dynamics, coach-athlete communication and relationship, inter-coach relationships, school environment, and family history. It is important to then consider how each of these possible contexts separately or in combination can influence athletic performance.

As part of the context, analyzing dyads can be helpful. Coach-athlete relationships can be affected by family history that can affect motivation. For example, a person who has struggled to gain approval and acceptance from a parent in their younger years will often unknowingly project those same struggles onto the relationship with a coach. Coaches in my experience become perceived as parent like for many athletes, and teams function like families where unhelpful relationships could develop. An athlete might complain that a coach was very critical, rarely shows approval, and only comments on mistakes. As a systemic practitioner, it would be important to explore the athlete's family history to see if coach-athlete issues have a historical context for the athlete meaning that parent-child issues often get re-enacted in coach-athlete relationships. Similarly, when working with coaches, their own coaching style may be influenced by a coach's family history as well. I find that coaching style often

mirrors parenting style and parenting style is usually influenced by family history. To expand the systemic approach further, it is important to consider how a coach's own family experiences and cultural background can influence communication, philosophy, and coaching style. For example, if a coach had a parent who rarely expressed approval and acceptance and was often critical, this could influence his or her coaching behaviors, philosophy, and communication style. If a coach has not asked the practitioner to address the coach's personal background, do not attempt to address it because this can be a sensitive issue that requires a trusting consultant-coach relationship to even consider addressing it. You may need to consider this as an influencing factor that you may not be able to address. Given all the above considerations, a systemic practitioner would regularly assess the larger systemic issues and incorporate that into the overall treatment. Beyond just the coach-athlete interaction, it is important to understand that a team often functions like a family and the replaying of family dysfunction may occur within the team context by multiple members of a team.

In the family systems model, systems are viewed as self-regulating and reciprocally interactive (Goldenberg et al., 2017). A system typically self-regulates by striving for homeostasis or balance. Homeostasis refers to a systemic effort to maintain stability and resist change (Minuchin, 1974). The drive for homeostasis can occur at the individual, dyadic, family, team, and/or organizational level in sport. Homoeostasis can be maintained through functional and dysfunction systems and subsystem (subgroups) interaction and/or roles family members play (i.e., helper or peacekeeper).

The strive to maintain homeostasis is illustrated by a university softball team I have worked with where one player was constantly exhibiting emotional outbursts that disrupted team functioning which also angered the coach. A player sought my advice about her decline in batting average. As we analyzed the problem individually and systemically, we found that this player was using much of her own mental preparation time to keep the emotional player calm, thereby maintaining team homeostasis. This occurred because the emotional player batted just before my client in the batting order. The emotional player was reacting to a perceived unfair criticism from the coach and a fear of rejection from key team members if she didn't perform well. Unfair criticism and fear of rejection were concerns the emotional player also had about her family experience as a child. Therefore, the intervention included individual mental skills focus, family history awareness, and systemic intervention with the team and coach.

When assessing family functioning, it is important to evaluate functional and dysfunctional patterns of interaction as well as roles individual's play in a family (Goldenberg et al., 2017; Minuchin, 1974) as well as ethnic and cultural variations (McGoldrick et al., 2005). Functional patterns in families would include a unified parental subsystem with clear yet flexible boundaries. This means that parents generally work together in discipline, managing conflicts and daily routines. Parents often consult with each other on managing family situations. In some cultures, the family unit may include extended family and it would be important to understand that influence (McGoldrick et al., 2005). The children in the family form the sibling subsystem and while they may try to challenge the authority of the parental subsystem, rules and expectations are generally maintained except in certain situations when modification is justified. The sibling subsystem maintains a healthy emotional connection to the parents but rarely aligns with one parent against the other. Of course, this remains an ideal arrangement and most healthy families operate this way with varying degrees of success. If you have the luxury of working with the entire family, the boundaries and alliances are often illustrated by the relative sitting position of family members in your office. For example, if the parents sit next to each other, it often suggests but doesn't guarantee that parents are likely unified.

By contrast, unhealthy family boundaries are usually very unclear and variable and can create dysfunctional relationships. Parents often don't work in concert and often work at cross-purposes which reflects a poorly defined parental subsystem. With unhealthy family boundaries, inappropriate alliances often form. One parent may become very protective of a child and develop an enmeshed

relationship with a child. An enmeshed relationship is defined as an over-involved emotional relationship often between a parent and child. Commonly, a parent will become enmeshed with a child to protect the child from the other over-bearing parent or stressful situation. Sometimes, a parent and child will form an alliance against another family member in order to deflect or counteract that person's authority in the family. Overly rigid and inflexible boundaries would also be dysfunctional and are likely to create emotional distance in the family. These may take the form of inflexible rules and expectations where a child has very little input to decisions and a family resists adapting to changing circumstances. Unhealthy boundaries can also be observed in the relative sitting position of family members in your office. A parent and child sitting together regularly with the other parent across the room may reflect an enmeshed relationship and/or an inappropriate alliance. Unhealthy alliances can also occur across generations. A parent might give greater influence on family matters to one's own parent rather than a spouse. These cross-generational alliances often reflect poor emotional separation from one's family of origin.

Another form of family dysfunction is triangulation (Bowen, 1978; Minuchin, 1974). Commonly, parental dysfunction and/or marital tension are deflected from the marital unit to a child within the family. A parent may displace marital tension by yelling at the child because it is too uncomfortable to express anger directly to a spouse. This leaves the child feeling "in the middle" of the parent dysfunction which can lead to anxiety and emotional distress for the child.

A last but not least area of family system assessment is the ethnic, gender roles, and socioeconomic status of the family. An athlete's cultural and ethnic background can influence expectations about relationships and certainly team functioning. Review the work of McGoldrick et al. (2005) for a thorough understanding of typical cultural and ethnic family patterns. Asian families often have a strong theme of respect in relationships, and this will influence expectation of coaches and team members (McGoldrick et al., 2005). Italian and Jewish families have tendencies toward close personal family relationships that sometimes can reach the level of enmeshment (McGoldrick et al., 2005). These family experiences will likely influence an athlete's expectations and when these relationship expectations are in contrast to actual athletic relationships, problems can ensue. While it is beyond the scope of this chapter, a practitioner should also consider the possible role of family gender role expectation and socioeconomic issues when performing an assessment.

Application of the Family Systems Model

A 3–5 session assessment format is typically used with minor intervention begun during this assessment process. During this assessment phase, it is often helpful to begin to help the family view the identified problem in a broader context, thereby reducing focus on the identified patient. I usually begin with a parent session so that an unadulterated discussion about the problem and history can be obtained as well as commitment to the process. If you have the luxury of access to an entire family, the next session would include all appropriate family members. At the university, Olympic, and professional levels, you will likely not have access to full families and/or parents so you will have to rely on the athlete's self-reported perceptions of family history and dynamics that may or may not be accurate. Who attends the third through fifth sessions will depend on your assessment of the problem. These sessions could include the entire family, parents only, parent-child dyad or triad, and/or individual sessions with the athlete. When establishing an initial appointment, listen carefully to the perceived difficulty of getting certain members in for the initial session. This may illustrate resistance and/or alliances. For example, if a mother identifies her son as the client and comments that she will never be able to get her husband and daughter in, this may be an indication that there is an unhealthy alliance formed between the father and daughter and/or mother and son, or both. So, assessment actually starts before the initial appointment. The ideal would be to have all family members present at some point;

Example Genogram
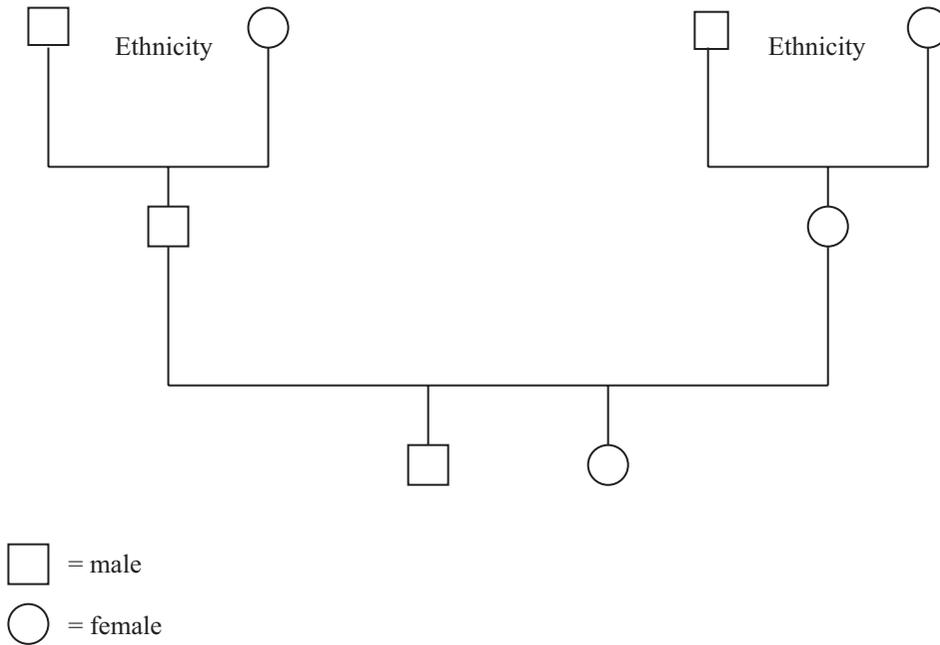
Figure 22.1   Example Genogram

Note: Ages would be placed inside the circles and squares. Lines could be drawn between individuals to identify certain types of relationships. For example, a jagged line (/\/\/\/\/\/\/\) would be drawn between members in a high-conflict relationship. I selectively use straight lines between members and place a descriptor of that relationship (e.g., enmeshed) on the line. I list personality traits next to each person in the genogram.

yet, it is understood that legitimate logistical issues may prevent access to the entire family. With an individual or partial family, it would be best to obtain this information through the perceptions of the available individuals.

Obtaining a family history can be done in both parent-only and full-family sessions. Family history is explored to determine the constellation of the family, medical and psychological conditions of family members and then specifically about sport involvement and behaviors, including parent sport history. The family history taking usually includes a genogram that is a pictorial schematic map of family relationships (see Figure 22.1). See McGoldrick et al. (1999) and McGoldrick et al. (2005) for a detailed procedure of coding information on a genogram. Genogram information is analogous to a family tree where older family members are listed at the top and their offspring listed below usually spanning two to three generations. Gender, age, and relationships are noted on the genogram. The main goal of the genogram is to illuminate current and transgenerational relationship patterns that may have an effect on the current presenting problem.

It is often helpful to inquire about personality traits of individuals in the current generation and one generation back to see how the interplay of personality characteristics may have influenced the family functioning. I place these personality descriptors next to the person's symbol on the genogram. The interaction of personality characteristics needs to be considered because a critical and controlling parent

may not interact well with a sensitive and self-critical child, thereby resulting in frequent conflicts that can adversely affect athletic motivation. At the completion of the genogram, I ask each parent to reflect on his or her family experience as a child and to identify the "when I'm a parent" vows each has made. Based on family experiences, parents often vow to recreate and/or do the opposite of certain experiences from their childhood that can contribute to the current problem. For example, a parent, who had an uninvolved parent as a child and who wished that their parent had urged them more to achieve in sport or academics, may then vow to push their own child to stardom through over-involvement and pressure to achieve.

Application of the Model to Specific Sport Cases

The specific types of cases presented herein reflect an aggregate representation of these types of cases and due to confidentiality concerns do not reflect any one client that has been under my care.

Childhood Case with Direct Family Intervention

Cassie, an 11-year-old girl, presented with severe performance anxiety in her three sports: soccer/football, basketball, and softball. In soccer/football and basketball, she panics when she is about to take a shot. In softball, she has high anxiety while at bat. In all cases, she fears not being successful. She came from an intact family and had an older brother aged 14. In the first session, the parents revealed that mom, of Italian descent, had school anxieties as a child and the father had a very harsh, distant, critical father. The father, of Irish descent, described himself as strict and demanding because he wanted the best for his daughter. Mom tended to protect Cassie because she had a very critical father herself as a child and was re-enacting her own mother's protectiveness. Marital tension and distance were evident as well.

In the first full-family session, there were five chairs for the family to sit in. Mom sat next to Cassie. There was an empty chair between the parents; then, dad sat next to his son. The seating arrangement appeared to reflect the aligned relationships in the family: mom and Cassie, and dad and the son. The observed unhealthy alliances were consistent with the reported relationships in subsequent sessions. Mom frequently complained that dad was too harsh on Cassie and that he was to blame for her performance anxiety because Cassie was so sensitive. Dad countered that he was just trying to help her reach her potential and that mom was to blame since she blocked his attempts to have Cassie "tough it out." These polarized perspectives have blocked attempts at change, thereby maintaining the dysfunctional homeostasis.

Two parent-only sessions were conducted to begin to create an awareness of the family dynamics and to initiate some motivation to change. It is very important to take a sport history for both parents and specifically ask about each parent's "shoudda coulda wouldas." This means what they wished their parents did for them to make them better athletes and/or how parent behavior limited their success. These unresolved issues will factor into how the athlete is treated. For example, if the father's own father neglected to push him to be a "champion," this could result in excess pressure upon the athlete. The assessment should also include awareness of how the post-event "car ride home" goes which is often where relationship damage is done (Zito, 2020). In this case, the father yelled and criticized Cassie leaving her upset and demoralized.

Despite dad's initial rejection of the idea of considering how general family dynamics influence Cassie, it became apparent that he exuded a rigid and controlling personality and was modeling his own father's relationship style. He was gradually helped to realize the connection by reminding him of the behaviors he described of his father's and then his own. The father vowed to help his own children be "tough" to deal with the harsh world, which was what he needed to do to deal with his own father's

harsh criticism. Mom was open to the idea that she was over-protecting Cassie as a result of her own family experiences. Her vow as a parent was to not let her children experience the emotional pain and anxiety of a harsh parent as she did as a child. The parents' behavior reflects the transgenerational process whereby past family interaction patterns and ethnic tendencies influence the parents' behavior currently. In particular, parents of Italian heritage have greater tendencies toward enmeshment and those of Irish tendencies tend to have greater tendency toward critical and distant relationships (McGoldrick et al., 2005).

The parents' awareness fluctuated during treatment and they each had a tendency to gravitate back to the blame game. Gradually, the parents were helped to realize through parent-only and family sessions that each person was operating from the assumption that there was one correct way to deal with Cassie; conveniently, it was their own way. I repeatedly helped the parents understand that both parent's approaches had some merit (holding her to expectations and being sensitive to her needs) and that it would be best to marry their approaches into a method they both could live with. I had to continually refocus them to the "what was in Cassie's best interest?" approach and away from whose approach was right or wrong.

The parental and sibling subsystems were dysfunctional due to the cross-alliances of mother-daughter and father-son. Ideally, the parents should be unified and working together most of the time, but they were working at cross-purposes. In the family sessions, subsystem and structural changes were made by way of the family seating arrangement. Mom and dad were asked to sit together with an empty chair between them with the siblings sitting together, thereby reflecting healthier subsystems. As their reactions to the change were processed with the family, it became apparent that this structural change created anxiety for all family members, but it was helpful for the family to understand healthy versus unhealthy organization. The new organization of the family was followed up in subsequent sessions to see whether day-to-day functioning was reflecting this new organization. As situations arose that reflected the previous unhealthy alliances, ways to rebalance the family system and subsystems were discussed. In particular, resistance to these changes were explored and incorporated into the therapy. Cassie appeared to be triangled into the marital conflict by allowing for the parents to deflect their negative emotion and focus onto Cassie. The increase in family stress along with her father's chronic criticism increased Cassie's performance pressure and negative self-talk, thereby exacerbating her performance anxiety. Cassie was also provided ten individual sessions spread out over three months to focus on cognitive behavioral interventions focusing on awareness of positive and negative self-talk, reframing and anxiety-reduction techniques.

The treatment lasted for six months and in the end as Cassie's performance anxiety subsided, it became apparent that the parents had underlying marital problems that still needed to be worked out and they were referred for marital therapy. Cassie made good progress and the performance anxiety was significantly reduced and over the following six months, she came in for three "booster" sessions.

Adult Case with Limited Direct Family Intervention

Jackie was a 26-year-old Asian woman who was experiencing performance anxiety in the swimming portion of the triathlon. She was particularly offended by the disrespect she often perceived during the swimming portion which is in contrast to her Asian background where showing respect is a central theme. In her four years of experience, she has been kicked in the head especially when the event included men. She has developed a fear of being knocked out and drowning as a result.

Jackie was married at the age of 24 to a previously divorced 30-year-old man with two children from his previous marriage. Her current husband's divorce was full of conflict and legal problems which has caused her significant stress. Despite my encouragement, she did not want to include her husband and/or stepchildren in the intervention. Jackie believed that she should be able to be self-sufficient and

take care of it herself and did not want to bother her husband. Her self-sufficient belief system was explored in light of her family history.

As a child, she had a father who was very demanding particularly of respect and a submissive mother who found it difficult to assert herself. Her father had a very rigid approach to life and always encouraged her to have a plan that she was expected carry out without deviation. In order to obtain her father's approval, she needed to be goal-oriented, self-sufficient, and driven to succeed. She was successful at gaining her father's approval, especially since she graduated from a prestigious university and was now pursuing a doctoral degree in music. Jackie was very aligned with her father and her younger brother was aligned with her mother. Her brother was not goal-directed and found it difficult to obtain his father's approval. Jackie's mother played a subservient role to her father. Jackie's father was demanding and critical of his wife. Jackie's mother and brother appear to have developed an alliance as they both felt rejected by Jackie's father.

Jackie's role in her family was that of the "helper." She would often try to deflect her father's criticism of her mother and brother, and often found herself comforting them. Her role in her family may be one reason she entered the "helping" profession as a music teacher.

Jackie's family history suggests that the parental subsystem was not unified which allowed for inappropriate alliances (father-daughter, mother-son) to develop. Jackie had a role model of a subservient and unassertive mother that she appeared to be re-enacting in her relationship with her husband. As the treatment progressed, cognitive behavioral and family systems interventions were employed. The cognitive behavioral interventions included creating an awareness of her negative self-talk regarding her swim performance. One thing she struggled with was the idea that she had a plan of how to attack the swim that was very rigid and she felt bad about changing from the original plan. She was helped to see how this was a replay of her father's expectations and she was encouraged to have a flexible plan, given the likelihood of unknown factors. She was helped to have a more flexible plan and still define herself as successful if she achieved it. Her triathlon performance goal was unreasonably high and reflected her high achievement-oriented model in her family of origin as well as her personality. Jackie was helped to have reasonable expectations and a plan utilizing goal setting, cognitive reframing, and positive self-talk which was part of her intervention over several sessions.

The family systems intervention was intertwined with the cognitive behavioral work. Jackie needed to become aware of how her family history has affected her beliefs about herself and her marital relationship. Over several sessions, she was helped to see how her family of origin influenced her limited assertiveness with adults, unreasonably high expectations, rigid goal pursuit, and her internalized need to achieve to maintain her father's approval and perhaps now her husband's (symbolic father) approval. These factors then adversely affected her triathlon performance anxiety in the swim segment.

Jackie's stress management was addressed by both cognitive behavioral and family systems intervention. She was helped to see that her over-responsibility for her husband's stress about the abuse allegations was related to her triangulated role in her family of origin. It means that she has a history of feeling over-responsible for the emotions of others and therefore is burdened by them and feels a need to "fix" them. This stress further exacerbated her performance anxiety about the swim portion of the triathlon and reduced her ability to focus on anxiety-reduction techniques.

Jackie finally agreed to have her husband join in for five sessions. The focus of the sessions was to help Jackie assert herself with her husband, separate herself from his emotions, seek the support of her husband and not necessarily his approval via accomplishments similar to what her father expected. Jackie was asked what she did for fun and she paused for 60 seconds and with a perplexed look on her face said, "I don't know." It became apparent that while she was achieving milestones in her life, she was not enjoying herself. Therefore, some of the couple sessions focused on developing ways to have fun individually, as a couple and a family.

The therapy lasted nine months and Jackie struggled initially with changing some of her old patterns but eventually did. She learned to relax and enjoy life and athletic competition. Jackie came back for five follow-up sessions at monthly intervals and has significantly reduced her swim performance anxiety.

Conclusion

When working with an athlete, it is important to be aware of all the factors that influence them. Family factors are a major influence on athletes which may include family history, parents' past sporting behaviors, parent-child sport interaction, family communication patterns, and social support system, along with cultural and ethnic backgrounds that may influence the athletic endeavors. See Box 22.1 for a summary of the key points from this chapter.

Box 22.1 Summary of Key Points about Using a Family Systems Approach with Athletes

- Understand that sport performance issues occur in a context (family of origin and team) that needs to be understood and treated when appropriate.
- Family interaction and history can have a profound effect on an athlete via mixed loyalties, unhealthy alliances, unhealthy roles, and unresolved parental issues.
- Roles an athlete played in their family of origin and unresolved issues with one's parent(s) can affect team and coach relationships.
- Young athletes who have parents who are divorced can often be caught "in the middle" of residual parental hostilities that can affect performance.
- Parental behaviors can have a detrimental effect on an athlete and need to be considered in the treatment plan.
- An integrated approach that includes both family system and individual treatments can be a powerful intervention.

References

Amado, D. et al. (2015). Incidence of parental support and pressure on their children's motivational processes towards sport practice regarding gender. *PLoS One*, *10*(6), Article e0128015. https://doi.org/10.1371/journal.pone.0128015

Bowen, M. (1978). *Family therapy in clinical practice*. Aronson.

Burke, K. L. (2005). But the coach doesn't understand: Dealing with team communication quagmires. In M. B. Andersen (Ed.), *Sport psychology in practice* (pp. 45–58). Human Kinetics.

Dorsh, T., Smith, A. L., & Dotterer, A. M. (2016). Individual, relationship, and context factors associated with parent support and pressure in organized youth sport. *Psychology of Sport and Exercise*, *23*, 132–141. https://doi.org/10.1016/j.psychsport.2015.12.003

Goldenberg, I., Stanton, M., & Goldenberg, H. (2017). *Family therapy: An overview* (9th ed.). Thomson Brooks/Cole.

Harwood, C. G., & Knight, C. J. (2015). Parenting in youth sport: A position paper on parenting expertise. *Psychology of Sport and Exercise*, *16*(Part 1), 24–35. https://doi.org/10.1016/j.psychsport.2014.03.001

Hellstedt, J. C. (1995). Invisible players: A family systems model. In S. M. Murphy (Ed.), *Sport psychology interventions* (pp. 117–147). Human Kinetics.

Kaye, X. et al. (2019). Dyadic examination of parental support, basic needs satisfaction, and student–athlete development during emerging adulthood. *Journal of Family Issues 40*(2), 240–263. https://doi.org/10.1177/0192513X18806557

Johnson, U. (2007). Psychosocial antecedents of sport injury, prevention, and intervention: An overview of the-oretical approaches and empirical findings. *International Journal of Sport and Exercise Psychology*, *5*(4), 352–369. https://doi.org/10.1080/1612197X.2007.9671841

McGoldrick, M., Gerson, R., & Shellenberger, S. (1999). *Genograms: Assessment and intervention*. Norton.

McGoldrick, M., Giordano, J., & Pearce, J. K. (2005). *Ethnicity and family therapy* (3rd ed.). Guilford Press.

Mintz, M. L. (2003, October). *A ghost in the gym: The invisible damage of family violence on the coach/athlete relationship*. Paper presented at the USA Gymnastics World Congress Science Symposium, Anaheim, CA.

Mintz, M. L., & Zito, M. D. (2009, September). *A systems model for assessment and intervention in applied sport psychology*. Association for Applied Sport Psychology Annual International Conference, Salt Lake City, Utah.

Minuchin, S. (1974). *Families and family therapy*. Harvard University Press.

Russell, W. D. (1996). Family Therapy. *The Journal of the California Graduate School of Family Psychology*, *23*(1), 37–42.

Sommerfeld, B. & Chu, T. (2020). Coaches can utilize parents to optimize youth athletes' sport experience. *Strategies*, *33*(2), 25–31, doi: 10.1080/08924562.2019.1705219

Teques, P. et al. (2019). Perceptions of parenting practices and psychological variables of elite and sub-elite youth athletes. *Frontiers in Psychology*, *10*, Article e1495. https://doi.org/10.3389/fpsyg.2019.01495

Zimmerman, T. S. & Protinsky, H. (2007). Uncommon sport psychology: Consultation using family therapy theory and techniques. *American Journal of Family Therapy*, *21*(2), 161–174. https://doi.org/10.1080/01926189308250914

Zito, M. (2020). Family therapy approach. In D. Tod & M. Eubank (Eds.), *Sport, exercise, and performance psychology: Approaches to sport psychology* (pp. 101–112). Routledge.

23

MINDFULNESS INTERVENTIONS IN SPORT

Zella E. Moore and Frank L. Gardner

For over 25 years, mindfulness- and acceptance-based behavioral therapies have transformed the evidence-based practice of psychology and purport a view of human functioning that is distinctly different from previous models of therapeutic theory and intervention. Methodologically sound empirical data on mindfulness- and acceptance-based interventions consistently demonstrate positive outcomes that were once believed too good to be true (Gloster et al., 2020). For conditions such as depression, anxiety, eating disorders, borderline personality disorder, substance and alcohol abuse, disorders of attention and executive functioning, and more (Gloster et al., 2020), these theoretical developments and interventions have altered how researchers and clinicians think about human functioning across the continuum (from resilience to dysfunction), conceptualize interventions, and engage in the therapeutic process.

It did not take long for this shift to impact the sport–performance domain, as the underlying philosophical basis made intuitive sense for enhancing performance, in addition to its more obvious utilization for enhancing well-being. Within sport-performance psychology, the mindfulness-acceptance-commitment (MAC) approach, which Gardner and Moore (2007, 2019) initially developed in 2001, was the first mindfulness- and acceptance-based intervention aimed at optimizing high-level competitive performance and overall psychological well-being and has since been the most studied. Yet, the MAC approach has also been joined by other mindfulness- and acceptance-based models (discussed herein) aimed at sport-performance, providing researchers and practitioners with multiple options to incorporate into their work with performers. This chapter discusses the mindfulness- and acceptance-based movement in general and its relevance to the sport-performance context, and highlights where this shift has taken us.

Behavioral Psychology through the Ages

As the field of psychology moved further away from theoretical and practice models that initially characterized the discipline, the first wave of behaviorism emerged, with a scientific focus on basic laws of learning. The first wave stressed the observable relationships between stimuli, responses, and the reinforcing (and punishing) consequences that follow those responses (Skinner, 1953). The first wave remains widely successful to this day. The second wave of behaviorism was represented by the cognitive revolution within psychology, as it emphasized the critical role of cognitive processes on human

functioning (Bandura, 1969). While maintaining the extraordinary benefits of the first wave of behaviorism, the second wave sought to explicate and ultimately eliminate or control "maladaptive" internal processes such as cognitions and emotions for the purpose of enhancing psychological well-being and remediating psychological concerns (Beck, 1976). Second-wave interventions maintain empirical support for successfully treating a wide variety of clinical conditions and remain some of the dominant modalities to this day (commonly referred to now as "*traditional* cognitive-behavioral therapy": CBT). It was during this period in the evolution of cognitive-behavioral psychology that the field of sport psychology had its primary genesis, and the sport-performance discipline was strongly influenced by change-oriented intervention strategies that represented the second wave. Yet while second-wave modalities remain effective for clinical concerns, the application to performance optimization has consistently led to less than desirable outcomes (Gardner & Moore 2006).

Behavioral psychology maintains a deep commitment to sound empiricism and the evolution of psychological science (Nathan & Gorman, 2015). This is why the earliest intervention models that *preceded* the first wave of behaviorism were largely abandoned along the way by the science-minded majority of the field. The first two waves of the behavioral movement saw the evolution of very effective interventions for a wide range of psychological issues (Nathan & Gorman, 2015), and many of these empirically supported methods remain at the heart of psychological interventions to this day (e.g., think of exposure therapy for anxiety disorders!). Yet, any discipline committed to sound science keeps churning—keeps turning the wheels to determine how best to evolve based on previous scientific findings and emerging data. Indeed, a combination of historical elements and emerging scientific developments began to reshape behaviorism in the late 1990s (Hayes et al., 2011), bringing about the third wave of behaviorism. The theoretical foundation of the mindfulness- and acceptance-based third-wave movement maintains a different perspective on the link between cognitions, emotions, physiology, and behavior. In brief: (a) decades of data are inconclusive in support of the proposition that modification of cognitions is the *essential* mechanism of change in cognitive-behavioral therapy (Lemmens et al., 2016; Longmore & Worrell, 2007); (b) findings within experimental psychopathology have implicated constructs such as emotion regulation, psychological flexibility, and distress intolerance as better predictors of psychopathology and more likely mediators of therapeutic change than specific cognitive content changes (Roemer & Orsillo, 2009); and (c) immense and diverse evidence confirms that mindfulness- and acceptance-based approaches are both efficacious and work by different mechanisms than traditional CBT interventions (A-Tjak et al., 2021).

Theoretical Underpinning of Mindfulness- and Acceptance-Based Approaches

Over 25 years ago, the aforementioned findings led to the development of a novel empirically derived theoretical model, which formed the basis for mindfulness- and acceptance-based behavioral therapies. This perspective maintains a different view of the primary mechanisms by which human dysfunction occurs, and postulates that the *avoidance* of internal processes such as cognitions, emotions, and physiological events (i.e., experiential avoidance) leads to a plethora of problematic behaviors and outcomes. Essentially, experiential avoidance and lack of psychological flexibility (i.e., lack of experiential acceptance) directly promote human suffering and dysfunction (Hayes et al., 2011). Rather than seeking to change, reduce, or eliminate internal processes such as cognitions, emotions, and physiological reactions, which is the hallmark of second-wave interventions, third-wave mindfulness- and acceptance-based approaches such as but not limited to acceptance and commitment therapy (ACT) in the clinical domain, and MAC in the sport-performance domain, aim to develop mindful non-judging awareness of internal experiences; acceptance of internal cognitive, emotional, and physiological states; and a willingness to experience these states *while* engaging in behaviors that are congruent with one's personal life values. The goal is not necessarily a reduction of subjective distress, changing how we think or feel,

or an increase in attributes such as confidence, but rather, the enhancement of psychological flexibility (to be discussed) and *behaviors* directly in the service of personal values (Hayes et al., 2011).

Sport-Performance Psychology and the Mindfulness- and Acceptance-Based Movement

As the mindfulness- and acceptance-based movement gained traction in clinical psychology, it generated revolutionary changes in the way researchers and clinicians conceptualized and treated psychopathological concerns. Over 20 years ago, we (the authors) postulated that the mindfulness- and acceptance-based movement would have direct theoretical and applied relevance to sport-performance psychology, as presentations and writings in the discipline had long suggested that sustaining a task-oriented focus of attention and full absorption in the competitive task is a critical component to reaching and maintaining optimal performance states (Gardner & Moore, 2004). Drafting from clinical models (ACT, MBSR) that were showing substantial clinical outcomes and empirical success in research trials, and drawing upon our own experience working in both the clinical and sport milieu, we developed a unique model that was directly applicable to the sport-performance context, called the MAC approach (Gardner & Moore, 2004). Similar interventions have since been developed for use with athletes and other performers (to be discussed later). With some basic differences in these models aside, collectively these models do not strive to convince performers to think more positively or less negatively; to feel better; or to become more confident, less stressed, or more or less physiologically aroused. Rather, the aim is to help performers develop and maintain the skills necessary to engage in moment-to-moment attention (in the present), without becoming entangled in their internal experiences by judging these experiences as good or bad, right or wrong, and/or without attempting to alter these internal conditions. We also stress the development of mindfulness skills, such as *being* with one's internal processes rather than *doing* something with those processes (in contrast to traditional psychological skills training [PST] interventions interventions). In this way, the development of mindfulness supports and enhances one's ability to be non-judgmentally present with one's internal experiences, and thereby promotes enhanced present-moment attention and awareness.

From this foundation, mindfulness- and acceptance-informed practice helps performers engage in values-driven behaviors, regardless of internal processes (e.g., anxiety, anger, frustration, and thoughts about possible failure). Rather than engaging in behaviors aimed at reducing the form or frequency of discomfort, known as *experiential avoidance*, these approaches instead promote *experiential acceptance*, which is now more commonly referred to as *psychological flexibility*. Psychological flexibility is a willingness to approach (rather than avoid) one's life values, no matter how or what one may feel or think (Gardner & Moore, 2007). For example, a primary goal of this model applied to sport would be to help athletes recognize that they can practice and perform well while experiencing a wide array of internal states. Such ongoing conceptual shifts allow for greater psychological flexibility, and, in turn, the performer is capable of functioning effectively by maintaining a heightened capacity to remain task-focused in sport, performance, and overall life contexts. Studies have consistently found that these interventions are not only viable empirically driven interventions for clinical resolution, psychosocial well-being, and performance optimization, but neurocognitive research even demonstrates a positive impact on variables such as executive functioning, cognitive flexibility, cognitive neuroplasticity, and modification of basic brain structures and associated functions (see Gardner & Moore, 2019 for a review).

Developing Mindfulness and Psychological Flexibility

Mindfulness has been defined as an "openhearted, moment-to-moment non-judgmental awareness" (Kabat-Zinn, 2005, p. 24) that includes three essential elements: (a) enhanced awareness, in which the

individual can remain immersed in meaningful contexts; (b) enhanced attention, which can be placed and maintained on immediate experience; and (c) an orientation toward one's experiences in the present moment, which is characterized as curiosity, openness, and acceptance (Somaraju et al., 2021). In turn, *acceptance* reflects an active process of taking in an event or situation in such a way that one experiences emotions and bodily sensations fully (and without needing to avoid or escape from them) and notices the presence of associated cognitions without following, resisting, judging, believing, or disbelieving their content. An acceptance-guided approach helps performers alter the function or outcome of private events, rather than primarily adjusting their forms or frequencies.

Strategies used in the promotion of acceptance include numerous experiential exercises and dialogues, which convey the ultimate impossibility of eliminating or controlling normal human processes and reiterate that functional behavior does not require an ideal state of neutral or positive emotions, cognitions, or bodily sensations. A direct relationship exists between mindfulness and acceptance, and a variety of meditative-type practices associated with the three aforementioned components are core elements of these models. Please note that the meditative techniques are *not* specifically aimed at relaxation, as this would be control-based and implies that one can only perform optimally and consistently if they are in a particular arousal state (a scientifically unsubstantiated claim; Gardner & Moore, 2006). Mindfulness- and acceptance-based exercises are plentiful. Readers are encouraged to see Gardner and Moore's manualized MAC text (2007) for an extensive catalog of exercises and handouts, and their theoretical and scientific underpinning and goals. For instance, mindfulness-based meditative training exercises (from 10 to 60 minutes, both in and out of sessions) help develop the capacity to become aware of one's internal experiences and understand the inherent transient nature of these experiences; and direct education/discussion about the relative costs and benefits of efforts at control versus acceptance of internal experiences.

Another central element is the empirically derived idea that cognitions can take on the same meaning as the actual events that they represent (transfer of stimulus function), and that humans often respond to thoughts and images as though they are real and factual instead of seeing them as simply linguistic, transient, and/or imaginary representations of events. This phenomenon is known as *cognitive fusion* (Hayes et al., 2011), and the strategy/process that is used to help clients recognize that cognitions are internal events that come and go, do not have to be interpreted or changed, and do not have to guide behavior is called *cognitive defusion*. The strategy *de*-fuses the automatic connection people make between their cognitions and their behavioral responses to these cognitions. This allows clients to decenter from their thoughts rather than being immersed in their thoughts. This demonstrates cognitive flexibility, where thoughts are seen as normal passing events that occur in one's mind, and which are not necessarily factual or representative of a total picture or deeper context. A recent study suggested that mindfulness and decentering/cognitive flexibility may actually be the source of the greatest impact on client change in clinical populations (Schaeuffele et al., 2022). When we (the authors) train sport-performance psychologists around the world, practitioners unfamiliar with mindfulness- and acceptance-based theory and interventions often ask how cognitive defusion differs from traditional approaches that promote relaxation, restructuring/modifying challenging thoughts, "letting go," or refocusing efforts. The essential difference is that in second-wave interventions upon which traditional sport psychology interventions like self-talk, arousal regulation, and imagery were based (Meichenbaum, 1977), a variety of strategies are used to *change* the content of thoughts; or reduce the frequency, intensity, or type of affective responses/physiological states in an attempt to promote attention to task and/or psychological well-being. Conversely, mindfulness- and acceptance-based practitioners do not seek to alter the *content* of clients' internal experiences, but instead alter the *relationship* the clients have to these internal experiences. Whether through experiential mindfulness training or cognitive defusion, the interventions do not alter the form, frequency, or intensity of these internal experiences to promote or maintain behavior change. Instead, they utilize the scientifically supported premise that one can function

optimally *while having* these experiences (Roemer & Orsillo, 2009). This state is the essential meaning of psychological flexibility, and it has immense positive implications for clinical patients, performers, and any client seeking enhanced resilience and psychosocial well-being.

The ultimate purpose of developing psychological flexibility, and the mechanism by which it appears to promote positive outcomes, is its influence on behavior (Kollman et al., 2009). Psychological flexibility allows individuals to live through and tolerate the variety of "negative" thoughts and emotions, yet still *act* in a consistent and committed manner in the service of those values that mean the most to them. While strategically chosen experiential exercises help clients view their cognitions and emotions as ever-present, naturally occurring, and transient events that do not need to be modified for optimal functioning, mindfulness- and acceptance-based practitioners place a premium on behavioral commitment and accountability for the choices that one makes, regardless of the cognitions and emotions that are present when these choices need to be made. Though sometimes counter to the "try not to feel bad" approach from which the client may have been raised, this perspective brings about a wonderful freedom, as clients no longer feel a binding relationship between their internal experiences and their behavioral outcomes (Roemer & Orsillo, 2009). In the sport-performance context, these behaviors include both on- and off-field actions that promote optimized performance and personal well-being, such as high-intensity practice behavior, disciplined within-competition behavior, and appropriate self-care (Gardner & Moore, 2007).

Another essential element is the development of *commitment* to values–driven behaviors (Hayes et al., 2011). Along with or following the development of psychological flexibility, clients determine the personal values that are most meaningful to their lives. They may consider how they would like their lives to be remembered, and how they would like to be remembered as individuals. These values can never be fully reached, but instead, require dedicated effort. Unlike goals, which are either achieved or not, values are ever-present constructs that are never fully attained, and require care and ongoing cultivation. Values–driven behaviors are those that are congruent with the values they seek to pursue, in contrast to behaviors that serve the purpose of fulfilling or avoiding more immediate cognitions, emotions, or bodily sensations (emotion-driven behaviors, Hayes et al., 2011). Examples of values–driven behaviors include meaningful practice or exercise even when tired and walking away from (rather than acting on) an on–field frustration; conversely, feigning illness when tired, minimizing rehabilitative care, and engaging in an altercation with a resultant penalty, are examples of emotion–driven behaviors.

These values–driven examples require (a) awareness of one's cognitions and emotions (mindful awareness); (b) acceptance and tolerance of internal experiences (psychological flexibility/experiential acceptance); (c) a focus on task-relevant cues and contingencies (mindful attention); and (d) making behavioral choices that are consistent with personal values and not immediate internal states (commitment; Hayes et al., 2011). In sport-performance contexts, the intervention goals of enhanced mindful awareness, mindful attention, and psychological flexibility allow clients to reach and maintain greater attention to task-relevant stimuli (as opposed to internal experiences); increase their understanding of, and accountability for, events (rather than avoidant behavior); and promote those values–driven behaviors essential for optimal performance and well-being.

These intervention goals are achieved through several key steps. First, systematic training and practice in meditative exercises such as "body scans" and "mindful breathing" techniques (Gardner & Moore, 2007) promotes enhanced attention, awareness, and acceptance. Second, cognitive defusion techniques reduce the power and influence of specific words/thought sequences, not by challenging the logic or objectivity of the words, but by learning to view cognitions simply as events that come and go, that neither need to be taken as literal truths nor responded to as if they are real–life events. In turn, this enhances cognitive flexibility. Third, the use of exposure/emotion-focused techniques helps clients disrupt their emotional avoidance by confronting specific emotionally evocative situations. Through this, clients learn to experience and ultimately accept, tolerate, and respond differently when confronted

with "difficult" emotions that were previously avoided through change-based efforts. Fourth, behavioral activation strategies help individuals identify and consistently engage in specific behaviors that are congruent with personal values.

Empirical Support for Mindfulness- and Acceptance-Based Protocols in Sport-Performance Psychology

Since MAC's development in 2001, numerous studies (discussed later) have been published in support of its efficacy, and on the utilization of associated mindfulness- and acceptance-based programs. Olympic and elite sport and performance organizations around the globe have adopted these programs into their intervention packages, as have worldwide military, police, and medical organizations with which we have consulted.

The first phase of MAC's empirical investigation was a series of case studies demonstrating the initial utility of the approach for performance enhancement (Gardner & Moore, 2004, 2006). While case studies are valuable in the early development of an intervention, on their own they are certainly not sufficient to demonstrate intervention efficacy. Thus, building upon the initial case studies, Wolanin (2005) conducted an open trial of MAC with Division I collegiate athletes in the United States. MAC effectively enhanced athletic performance, as compared to a no intervention control condition. As predicted, attention, practice intensity, and game-related aggressiveness also increased. Notably, although some athletes are without clinical or subclinical psychological barriers, a large amount of referrals to sport-performance psychologists are based upon not-initially-presented subclinical psychological barriers such as worry, rumination, perfectionism, and interpersonal issues (Gardner & Moore, 2006). Findings from Wolanin's open clinical trial demonstrated that the initial eight-session MAC protocol was more effective for those athletes who manifested no clinical or subclinical barriers. This suggested that a more flexible MAC protocol may be necessary to effectively assist the full range of performers. After considering Wolanin's findings, we revised the MAC protocol from a fixed eight-*session* format to a flexible seven-*module* format, which allows practitioners to sequentially deliver the seven manualized modules over a flexible number of sessions, as deemed necessary.

Long after the early successes of case studies and the open trial, MAC reached the coveted level of well-established empirically supported treatment (EST) according to the robust criteria established by a task force of the American Psychological Association (Chambless & Ollendick, 2001). To expand on some of the clinically significant scientific research on MAC that led to EST status, a number of randomized controlled trials (RCTs) have been conducted demonstrating the efficacy of MAC for performance enhancement among competitive athletes, including when compared to traditional change-based PST procedures (Dehghani et al., 2018; Gross et al., 2018; Josefsson et al., 2019). All three of those RCTs also found that MAC successfully reduced mental health risk behaviors, experiential avoidance, and sport anxiety among athletes. Additionally, multiple studies have demonstrated the efficacy of MAC for performance enhancement and well-being across cultures, including an open trial showing the efficacy of MAC for performance enhancement and well-being (Yua et al., 2021) and the integration of a Chinese culturally informed MAC into practice (Su et al., 2019). The MAC program also improved self-compassion and grit in an RCT with competitive female athletes in Iran (Mohebi et al., 2022). Likewise, studies have demonstrated the efficacy of MAC in reducing injury in competitive athletes (see Ivarsson et al., 2015; Petterson & Olson, 2017), and an additional RCT found that MAC improved satisfaction with life (referred to as subjective well-being), positive relationships with others (referred to as psychological well-being), and reductions in perceived pain among competitive para-sport participants (Macdougall et al., 2019). These studies show that MAC enhances psychosocial well-being across a number of valid objective measures, and similarly, MAC positively impacts self and other reports of performance, as well as more objective measures of athletic performance. These benefits are above and

beyond effects of control conditions and/or traditional PST methods, and importantly, appear to occur via the proposed mechanisms. Further, as illustrated, MAC has shown itself easily adapted for use in other cultures, as it has been studied and professionally utilized in a variety of countries and cultures at para, Olympic, and professional levels. Lastly, MAC has demonstrated itself to be an effective tool to reduce stress, psychological risk factors, and injury in competitive populations (Petterson & Olson).

The MAC is not alone in its successes, but more work is to be done on complimentary approaches. A number of empirical investigations have used mindfulness- and acceptance-based interventions that are loosely or closely related to MAC, either theoretically and/or procedurally, to enhance performance. It appears that to date, three studies have found *statistically significant* results using those authors' unique mindfulness- and acceptance-based approaches. First, using a sport-adapted version of ACT with elite canoeists, Garcia et al. (2004) discovered that the intervention resulted in statistically significant performance improvements on a canoeing training apparatus compared to a matched control of participants receiving a hypnosis intervention. Second, in an RCT, Bernier et al. (2009) found that a sport-adapted version of ACT improved golf performance, when compared with a control group receiving a traditional PST intervention, among elite golfers at a national training institute. Third, Chen and Meggs (2020) studied the use of Mindful Sport Performance Enhancement (MSPE) with national competitive swimmers. Intervention completers showed clinically significant increases in flow states, life satisfaction, trait mindfulness, and self-rated performance, accompanied by reductions in worry.

Since the Garcia et al.'s (2004) and Bernier et al.'s (2009) studies, two mindfulness- and acceptance-based programs have been established that warrant further study. Baltzell and Summers (2018) have suggested that a mindfulness-based intervention, which they refer to as Mindfulness Meditation Training for Sports (MMTS), may positively impact athletic performance and other constructs. While promising, intervention results have yet to show clinical significance, and qualitative results cannot indicate efficacy (see DiBernardo, 2018). We eagerly await further research on MMTS. Likewise, Kaufman et al. (2018) developed an intervention based on mindfulness-based cognitive therapy (MBCT), which is termed MSPE. Results from associated MSPE studies have promise for the optimization of athletic performance, but at this time RCTs have not demonstrated efficacy for performance enhancement (see Chen et al., 2019). One recent MSPE versus PST investigation on collegiate athletes did show significant reductions in sport anxiety; yet, both the MSPE participant group and the traditional PST group demonstrated this reduction (Hut et al., 2021). Again, it appears that reported qualitative data are favorable for the MSPE approach, but we eagerly await statistically significant empirical (quantitative) findings from methodologically sounds trials.

Conclusion

In the last 25 years, there has been a seismic shift in the theoretical and applied landscape in cognitive-behavioral psychology, as first- and second-wave theoretical models and intervention packages deemed to be the gold standards in the field are now accompanied by third-wave mindfulness- and acceptance-based approaches to treating human functioning. This third wave focuses on the development of mindful awareness, mindful attention, acceptance of internal experiences, psychological flexibility, and a commitment to behaviors in accordance with valued life directions. These interventions have generated substantial empirical support for a multitude of clinical and subclinical issues. Within sport and performance, mindfulness- and acceptance-based interventions are now mainstream approaches to optimizing performance and psychosocial well-being. Evidence in basic science has supported the underlying processes of MAC and associated mindfulness- and acceptance-based approaches, and now that a series of sound RCTs have supported the efficacy of MAC as an evidence-based intervention (including by different researchers and among different cultures), MAC is now an empirically supported intervention. Though the process of science will continue to provide reasons to modify and enhance

any intervention, mindfulness- and acceptance-based approaches in general, and MAC in particular, have achieved a level of empirical support sufficient to be considered a first-line intervention strategy for the sport-performance psychologist. See Box 23.1 for a summary of the key points from this chapter.

Box 23.1 Summary of Key Points about Mindfulness- and Acceptance-Based Behavioral Therapies

- Behavioral psychology has evolved from a focus on observable relationships between stimuli, responses, and reinforcing consequences (the first wave); to a focus on controlling, or eliminating internal processes such as cognitions and emotions (the second wave); to mindful acceptance of internal experiences, psychological flexibility, and an emphasis on enhancing behaviors connected to personal values (the third wave).
- Third-wave interventions have been termed mindfulness- and acceptance-based behavioral therapies. These interventions develop mindful non-judging awareness of internal experiences, acceptance of internal states, psychological flexibility, and a willingness to experience these states *while* engaging in behaviors that are congruent with one's personal life values.
- Mindfulness- and acceptance-based interventions in clinical (e.g., ACT) and sport-performance (MAC) settings have demonstrated empirical support for the treatment of clinical problems and for the enhancement of performance and psychosocial well-being.
- MAC practitioners promote the development of (a) mindful awareness, (b) mindful attention, and (c) an acceptance of and willingness to experience a wide range of internal states, in the service of (d) consistent committed behavior that is congruent with one's personal values.
- By being aware of one's cognitions and emotions (*mindful awareness*), individuals can maintain an in-the-moment focus on task-relevant cues and contingencies (*mindful attention*).
- *Psychological flexibility* is a willingness to approach (rather than avoid) one's life values no matter how or what one may feel or think.
- *Commitment* is consistent activation of behavior in the service of one's personal values.

References

A-Tjak, J., Morina, N., Topper, M., & Emmelkamp, P. (2021). One year follow-up and mediation in cognitive behavioral therapy and acceptance and commitment therapy for adult depression. *BMC Psychiatry*, *21.* Article e41. https://doi.org/10.1186/s12888-020-03020-1

Baltzell, A., & Summers, J. (2018). *The power of mindfulness: Mindfulness meditation training in sport (MMTS).* Springer.

Bandura, A. (1969). *Principles of behavior modification.* Holt, Rinehart & Winston.

Beck, A. T. (1976). *Cognitive therapy and the emotional disorders.* International University Press.

Bernier, M., Theinot, E., Caudron, R., & Fournier, J. (2009). Mindfulness and acceptance approaches in sport performance. *Journal of Clinical Sport Psychology*, *3*(4), 320–333. https://doi.org/10.1123/jcsp.3.4.320

Chambless, D., & Ollendick, T. (2001). Empirically supported psychological interventions: Controversies and evidence. *Annual Review of Psychology*, *52*, 685–716. https://doi.org/10.1146/annurev.psych.52.1.685

Chen, M., & Meggs, J. (2020). The effects of Mindful Sport Performance Enhancement (MSPE) training on mindfulness, and flow in national competitive swimmers. *Journal of Human Sport and Exercise*, *16*(3), 517–527. https://doi.org/10.14198/jhse.2021.163.04

Chen, J., Tsai, P., Lin, Y., Chen, C., & Chen, C. (2019). Mindfulness training enhances flow state and mental health among baseball players in Taiwan. *Psychology Research and Behavior Management*, *12*, 15–21. https://doi.org/10.2147%2FPRBM.S188734

Dehghani, M., Saf, A., Vosoughi, A., Tebbenouri, G., & Zarnagh, H. (2018). Effectiveness of the mindfulness-acceptance-commitment-based approach on athletic performance and sports competition anxiety: A randomized clinical trial. *Electronic Physician*, *10*(5), 6749–6755. https://doi.org/10.19082%2F6749

DiBernardo, R. (2018). *Implementation and impact of the Mindfulness Meditation Training for Sport (MMTS) 2.0 protocol with a division III women's college basketball team and coaching staff* [Doctoral dissertation, Boston University]. OpenBU. https://open.bu.edu/handle/2144/30691

Garcia, R., Villa, R., Cepeda, N., Cueto, E., & Montes, J. (2004). Efecto de la hipnosis y la terapia de aceptación y compromiso (ACT) en la mejora de la fuerza física en piragüistas. *International Journal of Clinical and Health Psychology*, *4*, 481–493.

Gardner, F. L., & Moore, Z. E. (2004). A mindfulness-acceptance-commitment based approach to performance enhancement: Theoretical considerations. *Behavior Therapy*, *35*(4), 707–723. https://doi.org/10.1016/S0005-7894(04)80016-9

Gardner, F. L., & Moore, Z. E. (2006). *Clinical sport psychology*. Human Kinetics.

Gardner, F. L., & Moore, Z. E. (2007). *The psychology of enhancing human performance: The mindfulness-acceptance-commitment (MAC) approach*. Springer.

Gardner, F. L., & Moore, Z. E. (2019). Mindfulness in sport: Neuroscience and practical applications. In M. H. Anshel, T. A. Petrie, & J. A. Steinfeldt (Eds.), *APA handbook of sport and exercise psychology*, *Vol. 1. Sport psychology* (pp. 325–342). American Psychological Association.

Gloster, A., Walder, N., Levin, M., Twohig, M., & Karekla, M. (2020). The empirical status of acceptance and commitment therapy: A review of meta-analyses. *Journal of Contextual Behavioral Science*, *18*, 181–192. https://doi.org/10.1016/j.jcbs.2020.09.009

Gross, M., Moore, Z. E., Gardner, F. L., Wolanin, A., Pess, R., & Marks, D. (2018). An empirical examination comparing the mindfulness-acceptance-commitment approach and psychological skills training for the mental health and sport performance of female student athletes. *International Journal of Sport and Exercise Psychology*, *16*(4), 431–451. https://doi.org/10.1080/1612197X.2016.1250802

Hayes, S., Strosahl, K., & Wilson, K. (2011). *Acceptance and commitment therapy: The process and practice of mindful change*. Guilford.

Hut, M., Minkler, T., Glass, C., Weppner, C., Thomas, H., & Flannery, C.   (2021). A randomized controlled study of mindful sport performance enhancement and psychological skills training with collegiate track and field athletes. *Journal of Applied Sport Psychology*, Advance online publication. https://doi.org/10.1080/10413200.2021.1989521

Ivarsson, A., Johnson, U., Andersen, M., Fallby, J., & Altemyr, M. (2015). It pays to pay attention: A mindfulness-based program for injury prevention with soccer players. *Journal of Applied Sport Psychology*, *27*(3), 319–334. https://doi.org/10.1080/10413200.2015.1008072

Josefsson, T., Ivarsson, A., Gustafsson, H., Stenling, A., Lindwall, M., Tornberg, R., & Böröy, J. (2019). Effects of mindfulness-acceptance-commitment (MAC) on sport-specific dispositional mindfulness, emotion regulation, and self-rated athletic performance in a multiple-sport population: An RCT study. *Mindfulness*, *10*(8), 1518–1529. https://doi.org/10.1007/s12671-019-01098-7

Kabat-Zinn, J. (2005). *Coming to our senses: Healing ourselves and the world through mindfulness*. Hyperion.

Kaufman, K., Glass, C., & Pineau, T. (2018). *Mindful sport performance enhancement: Mental training for athletes and coaches*. American Psychological Association.

Kollman, D., Brown, T., & Barlow, D. H. (2009). The construct validity of acceptance: A multitrait–multimethod investigation. *Behavior Therapy*, *40*(3), 205–218. https://doi.org/10.1016/j.beth.2008.06.002

Lemmens, L., Müller, V., Arntz, A., & Huibers, M. (2016). Mechanisms of change in psychotherapy for depression: An empirical update and evaluation of research aimed at identifying psychological mediators. *Clinical Psychology Review*, *50*, 95–107. https://doi.org/10.1016/j.cpr.2016.09.004

Longmore, R., & Worrell, M. (2007). Do we need to challenge thoughts in cognitive behavior therapy? *Clinical Psychology Review*, *27*(2), 173–187. https://doi.org/10.1016/j.cpr.2006.08.001

Macdougall, H., O'Halloran, P., Sherry, E., & Shields, N. (2019). A pilot randomised controlled trial to enhance well-being and performance of athletes in parasports. *European Journal of Adapted Physical Activity*, *12*, Article e8. https://doi.org/10.5507/euj.2019.006

Meichenbaum, D. (1977). *Cognitive behavior modification*. Plenum Press.

Mohebi, M., Sadeghi-Bahmani, D., Zarei, S., Gharayagh Zandi, H., Brand, S. (2022). Examining the effects of mindfulness-acceptance-commitment training on self-compassion and grit among elite female athletes. *International Journal of Environmental Research and Public Health*, *19*, Article e134. https://www.mdpi.com/1660-4601/19/1/134#

Nathan, P., & Gorman, J. (2015). *A guide to treatments that work* (4th ed.). Oxford University Press.

Petterson, H., & Olson, B. (2017). Effects of mindfulness-based interventions in high school and college athletes for reducing stress and injury, and improving quality of life. *Journal of Sport Rehabilitation*, *26*(6), 578–587. https://doi.org/10.1123/jsr.2016-0047

Roemer, L., & Orsillo, S. (2009). *Mindfulness and acceptance based behavioral therapies in practice*. Guilford.

Schaeuffele, C., Bär, J., Buengener, I., et al. (2022). Transdiagnostic processes as mediators of change in an internet-delivered intervention based on the unified protocol. *Cognitive Therapy & Research*, *46*, 273–286. https://doi.org/10.1007/s10608-021-10272-y

Skinner, B. F. (1953). *Science and human behavior*. MacMillan.

Somaraju, L., Bizo, L., Temple, E., & Cocks, B. (2021). Differences between meditators and non-meditators in mindfulness, its components and related qualities. *Current Psychology*, Advanced online publication. https://doi.org/10.1007/s12144-021-01530-z

Su, N., Si, G., & Zhang, C. (2019). Mindfulness and acceptance-based training for Chinese athletes: The mindfulness-acceptance-insight-commitment (MAIC) program. *Journal of Sport Psychology in Action*, *10*(4), 255–263. https://doi.org/10.1080/21520704.2018.1557772

Wolanin, A. (2005). Mindfulness-acceptance-commitment (MAC) based performance enhancement for Division I collegiate athletes: A preliminary investigation. [Doctoral dissertation, La Salle University] *Dissertation Abstracts International-B*, *65*, pp. 3735–3794.

Yua, E., Ping, N., & Kuan, G. (2021). The use of mindfulness acceptance commitment (MAC) approach for Malaysian elite triathletes. *Journal of Sport Psychology in Action*, *12*(4), 271–279. https://doi.org/10.1080/21520704.2021.1920522

24

AN EASTERN PHILOSOPHICAL APPROACH

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It is not necessary to start every chapter on Buddhist teachings with a quote.

Anonymous

Within the context of this chapter, the term "Eastern philosophy" will refer to Buddhist or Taoist principles, whereas "Western influences" will refer to European and North American approaches to psychological treatment. When adapting Eastern principles, we will cite primarily general philosophical ideals for living a happy life as opposed to specific theories focusing on working within the context of psychotherapy. The purpose of this chapter is not to resolve the major differences between Eastern and Western approaches, for there are many comprehensive treatments on this subject (for a classic text, see Watts, 1961). The primary objective is to outline principles from Eastern philosophies (Buddhism, Taoism, and others), and to suggest how these principles relate to therapeutic processes in applied sport psychology. The amount of literature available from the last 30–40 years on the topic of Buddhist principles (e.g., mindfulness) in applied psychology is voluminous (Germer et al., 2005), but only in the last 10–15 years have there been applications of these principles within the profession of applied sport psychology (Thompson & Andersen, 2012). Since the first edition of this book, the applications of the essentially Eastern philosophical approach of mindfulness to applied sport psychology service delivery have expanded, albeit often without recognition of the original roots in Buddhist and Taoist philosophies. That said, there have been many influential publications since 2010 that have mindfulness at their hearts, such as Baltzell's (2016) *Mindfulness and Performance* and Zizzi and Andersen's (2017) *Being Mindful in Sport and Exercise Psychology*. It is our goal to succinctly explore some of the ideas and the research conducted, so sport psychology professionals can travel their own paths in applying these principles to their work. In finding one's own path, it may also be useful to explore some of the growing number of manualized mindfulness intervention protocols that have been developed specifically for athletes. Some of these formalized trainings are the mindfulness-acceptance-commitment (MAC) approach (Gardner & Moore, 2007), mindfulness performance enhancement, awareness, and knowledge (mPEAK) training (Haase et al., 2015), mindfulness meditation training for sport 2.0 (MMTS; Baltzell & Summers, 2017), and mindful sport performance enhancement (MSPE; Kaufman et al., 2018). For a review of some of these intervention programs, the Andersen and Williams's (2020) chapter is a useful place to start.

At their hearts, Eastern philosophies emphasize engaging in the present moment as the optimal form of consciousness. Buddhist and Taoist proponents highlight the simplicity and clarity of the present

moment, and they espouse the value of present experience over past events or future possibilities. Meditation and mindful awareness (or simply *being*) may be the most common forms of psychological treatment that Buddhist-oriented practitioners prescribe (Rosenbaum, 1999). In contrast, some Western approaches to psychology focus on past conflicts (Freudian/Jungian) or current emotional experiences (Gestalt), whereas others center on cognitive reactions to past and current experiences (rational-emotive behavior therapy) and how choices will affect future outcomes (Adlerian individual psychotherapy). These therapies typically have changing patterns of thoughts, emotions, or behaviors (i.e., doing versus being) as the medium of treatment.

In addition to these seminal approaches to psychotherapy, we need to consider the strong influence and integration of cognitive-behavioral approaches as well, given their high prevalence in the field of applied sport psychology (see Chapter 17). We'll now explore several key principles of Eastern philosophy that may be useful to consider integrating into our practices as sport psychology professionals.

Starting with an Empty Cup

As you consider each of the following principles, you may find yourself struggling to fit one of these "new-old" ideas into the structure of how you have been taught to be an effective sport psychology professional. It might be useful to try to "unlearn" – even for a moment – something you have been taught in your preparation as a practitioner (Brandon, 1976) so that you may have the opportunity for growth as a sport psychology professional. Some of the principles discussed below will appear in direct opposition to either the current cultural norms related to health care or your professional training, so it is important to start this process in the moment, or "empty your cup" as noted in the translated Zen anecdote below (Reps, 1989):

> Nan-in, a Japanese master during the Meiji era (1868–1912), received a university professor who came to inquire about Zen. Nan-in served tea. He poured his visitor's cup full, and then kept pouring. The professor watched the overflow until he no longer could restrain himself. "It is overfull. No more will go in!" "Like this cup," Nan-in said, "you are full of your own opinions and speculations. How can I show you Zen unless you first empty your cup?"
>
> *(p. 5)*

The Meaning of Unsatisfactoriness, Suffering, and Pain

One of the first opportunities to unlearn relates to the meaning of unsatisfactoriness, suffering, and pain from a Buddhist perspective. Nearly, all Western approaches to physical or mental health care, often through a medical model of treatment, focus on symptom or pain reduction as key therapeutic outcomes. Visits to doctors often commence with a listing of current and recurrent symptoms and end with a prescription for treating those symptoms and/or the root cause (with pharmaceuticals or psychotherapy). The focus is typically on making people comfortable and avoiding or minimizing pain and discomfort.

Eastern approaches would instead have us help the client focus on, and accept, the pain as part of human experience (Kabat-Zinn, 1990). Buddhist teachers suggest that pain has meaning; there is something to be learned, and therefore, we should pay *more* attention to it, not less. In this context, our Western approach to medicine is nearly the polar opposite of what Buddhists might think of as "traditional medicine." The traditional approach to healthy living taught in Buddhist texts focuses on accepting current circumstances, and healing ourselves through moderation in eating, drinking, sleeping, and other behaviors (Germer et al., 2005). The most common medical intervention in modern Western

society involves ingesting a manmade substance (drug) to alter body chemistry to either (a) remove or reduce unpleasant sensations or states of mind, or (b) treat an underlying pathology.

The first noble truth of Buddhism is that "life is suffering" and that this state of affairs should be accepted, but not in a pessimistic sense. As Andersen and Mannion (2011) noted:

> Many Western people may balk upon hearing the first noble truth of Buddhism. "Life means suffering" sounds like the language of victimization. One might respond, "But life is full of joy and happiness too; this view is way too pessimistic and negative." What the first noble truth addresses is often misinterpreted.… The term used in Pāli (language of original Buddhist scripture) is *dukkha*, and its translation into "suffering" has caused no end of misunderstandings. The term *dukkha* can mean a few different things, and its translation into the more accurate expressions of "pervasive unsatisfactoriness" or "disquietude" sets the first noble truth in a clearer light. Even in moments of joy there is a tinge of unsatisfactoriness because of the transience and impermanence of the experience. Great athletic achievements, gold medals, and such, are often followed by feelings of regret, ("Was it really worth it?") or a desire to cling to glory ("I wish I could have that feeling again"). The whole culture of sport could be seen as a culture of pervasive unsatisfactoriness. One is not training enough (i.e., training unsatisfactorily). One is not achieving enough. One must do more. You're not *citius*, *altius*, *fortius* enough.
>
> *(pp. 178–179)*

The idea is for clients to understand that their lives will be filled at times with a certain amount of suffering and that they are not helping the situation by denying, avoiding, or overreacting to negative life events and the dissatisfaction they cause.

The Self as a Primary Source of Unsatisfactoriness

Mindfulness practice (*right mindfulness*) is one of the three meditative paths within the eightfold path of the fourth noble truth of Buddhism (the other two are *right concentration* and *right effort*). Sport psychology practitioners have largely taken mindfulness out of this original context and have appropriated this practice in the service of material and psychological gains (e.g., more medals and higher self-esteem). So, let us follow the suggestions of fellow mindfulness researchers (Roychowdhury et al., 2021) and reflect on why we would introduce these concepts and practices to athletes and teams.

One of the original Buddhist purposes of mindful practice is the realization of the non-existence of the self (*anattā* in Pāli). In Buddhism, the false, constructed, defended, and fragile self is a major source of suffering and disquietude. Sport psychology professionals might then ask themselves how and why suffering is rooted in the self, especially considering the growing body of research supporting the salience of professional identity (Tod et al., 2020; Wagstaff & Quartiroli, 2020).

To understand why the self is an origin of unsatisfactoriness in Buddhist philosophy, one must understand the inextricable connection between the concepts of non-self and impermanence. The Buddha teaches that nothing in this world is permanent; things are constantly changing, moment to moment (Hanh, 2015). Because of the transient nature of all people, places, and things, it is impossible for there to be a permanent self. We only exist in the context of other things. As things change from one moment to the next, so do we. Invoking Heraclitus of Ephesus' river aphorism (see Andersen, 2020): not only can we not step in the same river twice (because the water is always moving), the same *us* cannot step in the same rive twice. This vessel or body that facilitates perception of the sensation of the river water is always in flux. Suffering emerges when we try to make permanent what is impermanent.

The second noble truth of Buddhism teaches us that the origins of suffering are in our (neurotic) attachments (Andersen & Mannion, 2011). Our desire to cling to and make permanent internal and

external objects is futile because they are always changing (as are we), and all moments begin and end. But we hold on tightly to the idea that anything we construct (e.g., ego, career) must be maintained and guarded. One can think of a large and extravagant house filled with valuable worldly possessions surrounded by a large garden. This house requires effort and time to maintain. We may even want to purchase a fence and security system to protect the valuable things we have accumulated. When we are unable to maintain the property, it begins to decay. When it begins to deteriorate, we judge it in comparison to other large and extravagant houses and fear what others may think of our dilapidated house and internalize what that means about us. That striving for permanence leads to dissatisfaction and suffering, as do any judgments or comparisons between our "house" and those of others.

Athletes often develop exclusive athletic identities, and then suffer when their athletic careers come to an end (see Brewer & Petitpas, 2017). They become attached to an impermanent and unsustainable self-image, and when they cannot maintain it, they may judge themselves harshly or fall into a kind of grief over the loss. These judgments result in stress, anxiety, guilt, fear, or shame, which can lead to unhelpful behaviors to try to maintain an ever-changing self. We create images for what we think we should be to meet some personal or professional standard. To maintain it, we go to great lengths. In doing so, though, we miss out on the unfolding of the present moment. To reduce suffering, according to the Buddha, we must begin to let go of our attachment to the self and realize that it does not exist (Hanh, 2015). Practically speaking, we acknowledge that completely dropping one's association with a self or an identity is unlikely or impossible. Bringing mindful awareness to the illusions and impermanence of our constructed (false) selves, though, can facilitate meaningful insights about how we and our clients experience the world.

The Nature of Behavior Change

Concepts of behavior change differ considerably in Buddhism. The attainment of *sukha* (from Pāli for happiness, ease, pleasure, and bliss), which is a central motive for change, offers an interesting example. The Buddhist idea of *sukha* in living has been described as ending the cycle of life and death (de Silva, 1986) or cessation of *dukkha*. The past and future are meaningless and do not hold the weight of the present moment. In sport, an example may be a shift to ending the cycle of dwelling on future and past wins and losses. Happiness is (ideally) an acceptance of, and commitment to, the circumstances of the present moment. The process involves being present, rather than striving to do something perfectly for some imagined future reward (e.g., praise, love, big bucks). From this perspective, each opportunity to perform may be seen as a temporal work of art that cannot be sustained. Some aspects of flow are similar to *sukha* (Glass et al., 2019; Scott-Hamilton et al., 2016), and some Western psychotherapies, such as acceptance and commitment therapy, come close to Buddhist concepts of change (and acceptance of how things are).

In a general sense, Buddhism teaches through the open interpretation of a variety of stories and examples. Specific techniques are not necessarily offered to the practitioner, but emphasis is placed instead on guiding principles for change. In a review of many of these ancient stories and examples, de Silva (1986) identified some of the following commonly used cognitive and behavioral strategies: (a) modeling, (b) reciprocal inhibition, (c) stimulus control, (d) behavioral reinforcement, (e) social skills training, (f) thought stopping, and (g) self-monitoring through mindfulness. The remarkable overlap between techniques used to facilitate behavior change in Buddhism and Western psychology suggests that sport psychology practitioners may be able to merge ideologies to experience personal and professional growth. It is also humbling to realize that many of the "new" techniques outlined by cognitive-behavioral practitioners have been practiced by Buddhist and Taoist teachers for more than 2,500 years.

Buddhist practitioners would probably be best described as *non-directive* – they lead by standing still. Buddhist teachers do not move toward or away from clients; they might reflect the present moment (à la Carl Rogers), or they may guide clients in meditation to help them reflect on and accept their circumstances. The modeling of non-doing or sitting still (e.g., mindful meditation, *zazen*) is the primary medium to facilitate change.

Mindfulness in Applied Sport Psychology Work

What does Buddhism offer the sport psychology professionals who are working with athletes and coaches? The practitioner can take a variety of stances. They can be the expert problem solvers and direct the athlete to solutions, or they can be the Rogerian mirror of unconditional positive regard and genuineness. They can be the irrational thought confronter; it all depends on the therapeutic model one embraces. The Buddhist suggestion for the stance of the therapist is the same one for the person in treatment: moment-to-moment mindful attention.

Wilson and DuFrene's (2008) mindfulness of the therapist and the client (their book is titled *Mindfulness for Two*) has psychotherapy roots that go back, at least, to Freud. Freud asked his clients to say whatever came to mind (e.g., thoughts, images, memories, and emotions) with as little censoring as possible. He asked them to report their continually unfolding internal world. Freud's free association can be seen as an early Western mindful exercise. Freud (1912/1958) also wrote about the stance a psychoanalyst needs to take when working with clients:

> As we shall see, it rejects the use of any special expedient (even that of taking notes). It consists simply in not directing one's notice of anything in particular, and in maintaining the same "evenly suspended attention" (as I have called it) in the face of all that one hears.… The rule for the doctor may be expressed: "He should withhold all conscious influences from his capacity to attend,…… or to put it purely in terms of technique: "He should simply listen, and not bother about whether he is keeping anything in mind"
>
> *(pp. 111–112)*

Freud's description of how a therapist should *be* (not *do*) in a state of evenly suspended attention sounds mindful and positively Buddhist. There have been many arguments over the decades about what Freud meant by *evenly suspended attention*. Epstein (2007) probably best summed it up as follows:

> This attention is not just passive, receptive, empathic listening, it is a means of attending to all (sic) phenomena equally, impartially, and dispassionately with rapt interest and active close scrutiny but with a slight distance, so that one allows a thought or impulse to completely exhibit itself, noting all (sic) of the reverberations created, before acting.
>
> *(p. 118)*

How is this mindfulness of the therapist helpful? This non-judgmental state echoes Rogers' (1957) empathy and unconditional positive regard and provides clients with a different type of interpersonal feedback than they often receive from others and themselves. This evenly suspended attention is also deeply connected to Winnicott's (1971) concept of creating a safe, secure, "holding" environment. Perhaps sitting in these moments with a sport psychology practitioner could help heal and it might be the most compassionate act a therapist can do, to hold others in all their confusion and messiness, to *be* with the other. Evenly suspended attention (mindfulness) also assists in quieting our own needs to help, to find solutions, and to jump to (possibly premature) interventions.

Teaching Buddhist Principles to Help Clients Change Their Thoughts and Behaviors

One of the goals of this chapter is to help sport psychology professionals better understand the key Buddhist principles that may be applied, why they might be useful, and how they can influence work in applied sport psychology sessions with athletes. Many skeptical readers may look beyond these humble goals and ask themselves, "How specifically am I supposed to teach these vague concepts to my clients to help them improve performance?" Any seasoned Zen master would not provide a direct answer to this question, but perhaps ask students more questions meant to lead them down their own paths of discovery. Nevertheless, given our own hopes to write a useful chapter, we have developed the final section of this chapter to satisfy some readers' desire for clarity.

Prior to implementing any of the strategies below with a particular client, we encourage readers to review some of the earlier chapters (i.e., Chapters 1, 2, and 23) in this book to determine if their clients will be good matches for the strategies outlined below. Fisher and Wrisberg (2005) suggested that spiritually minded clients may be open to adopting some of these concepts, although the timing of the treatments may be critical to success.

- *Strategy #1.* Encourage enhanced self-awareness through meditation and mindfulness training. From our viewpoints, clients spending time "single-tasking," or just sitting, may help counteract the culturally dominant strategy of multi-tasking or disastrous dissociation. Elite athletes, who often live complicated lives with many demands on their time, may benefit from the simplicity of these moments. Time spent mindfully on a single task may recharge athletes' batteries and contribute positively to recovery and mental health. This benefit alone might motivate some clients to try meditation. If clients are uncomfortable with a sitting meditation, then perhaps guide them in a mindful walking exercise where they focus on one step at a time and let their thoughts flow by without judgment. Clients who embrace mindfulness training may eventually develop an ability to recall this calm state of mind and body when under pressure in a performance situation.
  Recent outcome research has taught us that some athletes experience reductions in emotion-regulation difficulties following mindfulness-based interventions (Josefsson et al., 2019; Röthlin et al., 2020). Although much of the sport psychology research literature relies on self-report data, neuroimaging studies with the general population provide support for this enhanced capacity to regulate emotions, and positive changes in neural mechanisms underlying emotion regulation have been observed in participants engaged in mindfulness meditation (Tang et al., 2015). Mindfulness has also been shown to promote flow in athletes (Glass et al., 2019; Scott-Hamilton et al., 2016), though more research is needed to understand the mechanisms through which mindfulness facilitates flow.
- *Strategy #2.* Help clients let go of their attachments and live and own their own "full catastrophes." One key characteristic of Western sport environments is the sheer volume of external rewards and punishments for success and failure. The high visibility and accessibility of modern sport make for a double-edged sword for the modern athlete – the rewards may be higher for success; yet, the downfalls may be deeper and longer lasting. Attachment to either of these potential outcomes takes athletes out of the moment and can lead them to establish tentative patterns of behavior where they are motivated to avoid failure at all costs. We can help athletes break their patterns by teaching them to embrace the idea that their careers will most likely include tremendous highs and lows, peaceful moments, and catastrophes. All of these experiences are parts of their stories, and adopting a mindful approach might give them a happy, calm way of functioning within a challenging, distracting environment where pervasive unsatisfactoriness is guaranteed (see Kabat-Zinn, 1990). Or, to quote Kipling, to "meet with triumph and disaster and treat those two imposters just the same" (Kipling, 1999, p. 605). Feelings of stress, anxiety, and depressed mood may fuel much of the unsatisfactoriness

athletes experience, and studies show that engagement in mindfulness practices can protect against anxiety, depressive feelings (Glass et al., 2019), and stress (Mehrsafar et al., 2019), and contribute to overall well-being among athletes (Rooks et al., 2017).

- *Strategy #3*: Buddhist philosophy (and all religions) is full of stories, images, and metaphors. One strategy that we have found useful in communicating Buddhist principles is to tell modern and ancient stories to capture a concept or to represent a client's situation. For example, here is a story that might help athletes with the concepts of attachment, clinging, and letting go:

One day the Buddha was having a picnic in a lovely meadow with many monks. They noticed an unhappy farmer coming toward them. The farmer had lost his cows, and he asked the Buddha and the monks if they had seen them. They said that they had not seen any cows the whole day. The farmer, greatly distressed, said, "I'm so miserable. I have twelve cows, and now I can't find them. The Buddha said, "My friend, we have not seen any cows. You might look for them in another place." The farmer thanked him and ran away, and the Buddha turned to his monks and said, "My dear monks, you must be happiest people. You have no cows to lose. If you have too many cows to take care of, you will be very busy. In order to be happy, you have to learn the art of *cow releasing*." And then the Buddha laughed heartily. "Release the cows one by one. In the beginning you thought those cows were essential to your happiness, and you tried to get more and more cows. But now you realize that cows are not really conditions for your happiness; they are obstacles for your happiness. You need to release your cows."

There are thousands of Buddhist stories, metaphors, and images that can be used to communicate what may be foreign concepts to athletes and coaches (see Senzaki & Reps, 2021). As sport psychology practitioners, we listen to athletes' and coaches' stories all the time, but we are storytellers too. Stories have been used for millennia to entertain, to instruct, to warn, and even to enlighten. We find the telling of Buddhist stories in our work to be a useful strategy to begin changing maladaptive thinking and behavior. See Andersen and Speed (2011) for a discussion on stories, folktales, and metaphors in applied sport psychology service delivery.

Conclusion

The science and practice of mindfulness in sport is evolving rapidly with new research studies and practical guides published each year. There are many lessons to be learned and unlearned when comparing and contrasting Western and Eastern approaches to the practice of applied sport psychology. The contradictory messages appear, at times, difficult to merge or reconcile. But when put together, just as in the yin-yang symbol, the approaches form a full circle. They need each other for balance, and there are valuable lessons within each approach See Box 24.1 for a summary of the key points from this chapter.

Box 24.1 Summary of Key Points about an Eastern Philosophical Approach

- Learning Buddhist and other Eastern approaches is largely unlearning, so we start with emptying our cups.
- "Doing" less and being present more may help clients feel accepted and encourage clients to find their own paths.

- In your work with athletes, accept that you will experience *dukkha*, or pervasive unsatisfactoriness. You could always have done more, said more in a session, observed more practices or competitions, consulted with the coach more often. Learning to model acceptance of a non-perfect world in your own professional life may do wonders.
- The Buddhist path of mindfulness has, as one of its goals, the realization of the non-existence of the self. The idea of the self (i.e., our ego, our identity) as the primary source of suffering has not translated well into applied sport psychology.
- Help clients "let go." Re-consider how you set goals with your clients, and how much time you spend helping them achieve. Outcome goals lead to judgments and relative comparisons that may undermine our efforts. If absorption in the moment is the ultimate objective, then trying to win or get better only detracts from one's focus in the now. Putting energy instead into mindful training and performing encourages athletes to focus on the quality of now instead of unknown quantities and consequences in the future.

References

Andersen, M. B. (2020). Identity and the elusive self: Western and Eastern approaches to being no one. *Journal of Sport Psychology in Action*, *11*(4), 243–253. https://doi.org/10.1080/21520704.2020.1825026

Andersen, M. B., & Mannion, J. (2011). If you meet the Buddha on the football field – tackle him! In D. Gilbourne & M. B. Andersen (Eds.), *Critical essays in applied sport psychology* (pp. 173–192). Human Kinetics.

Andersen, M. B., & Speed, H. D. (2011). The practitioner and client as storytellers: Metaphors and folktales in applied sport psychology practice. In D. Gilbourne & M. B. Andersen (Eds.), *Critical essays in applied sport psychology* (pp. 87–104). Human Kinetics.

Andersen, M. B., & Williams, D. E. (2020). Mindfulness approaches. In D. Tod & M. Eubank (Eds.), *Applied sport*, *exercise*, *and performance psychology: Current approaches to helping clients* (pp. 70–86). Routledge.

Baltzell, A. (Ed.). (2016). *Mindfulness and performance.* Cambridge University Press

Baltzell, A., & Summers, J. (2017). Introducing mindfulness meditation in sport (MMTS) 2.0. In A. Baltzell & J. Summers (Eds.), *The power of mindfulness* (pp. 25–31). Springer. https://doi.org/10.1007/978-3-319-70410-4_4

Brandon, D. (1976). *Zen in the art of the helping.* Dell.

Brewer, B. W., & Petitpas, A. J. (2017). Athletic identity foreclosure. *Current Opinion in Psychology*, *16*, 118–122. https://doi.org/10.1016/j.copsyc.2017.05.004

de Silva, P. (1986). Buddhism and behavior change: Implications for therapy. In G. Claxton (Ed.), *Beyond therapy: The impact of Eastern religions on psychological theory and practice* (pp. 219–231). Wisdom.

Epstein, M. (2007). *Psychotherapy without the self: A Buddhist perspective.* Yale University Press.

Fisher, L. A., & Wrisberg, C. A. (2005). The "Zen" of career-ending injury rehabilitation. *Athletic Therapy Today*, *10*(3), 44–45. https://doi.org/10.1123/att.10.3.44

Freud, S. (1958). Recommendations to physicians practicing psychoanalysis. In J. Strachey (Trans., & Ed.), *The standard edition of the complete works of Sigmund Freud*, *Vol. 12* (pp. 111–120). Hogarth. (Original work published in 1912)

Gardner, F. L., & Moore, Z. E. (2007). *The psychology of human performance: The mindfulness-acceptance-commitment approach.* Springer.

Germer, C. K., Siegel, R. D., & Fulton, P. R. (2005). *Mindfulness and psychotherapy.* Guilford Press.

Glass, C. R., Spears, C. A., Perskaudas, R., & Kaufman, K. A. (2019). Mindful sport performance enhancement: Randomized controlled trial of a mental training program with collegiate athletes. *Journal of Clinical Sport Psychology*, *13*(4), 609–628. https://doi.org/10.1123/jcsp.2017-0044

Haase, L., May, A. C., Falahpour, M., Isakovic, S., Simmons, A. N., Hickman, S. D., Liu, T. T., & Paulus, M. P. (2015). A pilot study investigating changes in neural processing after mindfulness training in elite athletes. *Frontiers in Behavioral Neuroscience*, *9*, Article e229. https://doi.org/10.3389/fnbeh.2015.00229

Hanh, T. N. (2015). *The heart of the Buddha's teaching: Transforming suffering into peace*, *joy*, *and liberation.* Harmony Books.

Josefsson, T., Ivarsson, A., Gustafsson, H., Stenling, A., Lindwall, M., Tornberg, R., & Böröy, J. (2019). Effects of mindfulness-acceptance-commitment (MAC) on sport-specific dispositional mindfulness, emotion regulation,

and self-rated athletic performance in a multiple-sport population: An RCT study. *Mindfulness*, *10*, 1518–1529. https://doi.org/10.1007/s12671-019-01098-7

Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. Delacorte.

Kaufman, K. A., Glass, C. R., & Pineau, T. R. (2018). *Mindful sport performance enhancement: Mental training for athletes and coaches*. American Psychological Association.

Kipling, R. (1999). *The collected poems of Rudyard Kipling.* Wordsworth Editions.

Mehrsafar, A. H., Strahler, J., Gazerani, P., Khabiri, M., Sánchez, J. C. J., Moosakhani, A., & Zadeh, A. M. (2019). The effects of mindfulness training on competition-induced anxiety and salivary stress markers in elite wushu athletes: A pilot study. *Physiology and Behavior*, *210*, Article e112655. https://doi.org/10.1016/j.physbeh.2019.112655

Reps, P. (1989). *Zen flesh, Zen bones: A collection of Zen and pre-Zen writings*. Anchor Books/Doubleday.

Rogers, C. R. (1957). Training individuals to engage in the therapeutic process. In C. R. Strouther (Ed.). *Psychology and mental health* (pp. 76–92). American Psychological Association. https://psycnet.apa.org/doi/10.1037/10791-006

Rooks, J. D., Morrison, A. B., Goolsarran, M., Rogers, S. L., & Jha, A. P. (2017). "We are talking about practice": The influence of mindfulness vs. relaxation training on athletes' attention and well-being over high demand intervals. *Journal of Cognitive Enhancement*, *1*(2), 141–153. https://doi.org/10.1007/s41465-017-0016-5

Rosenbaum, R. (1999). *Zen and the heart of psychotherapy*. Taylor & Francis.

Röthlin, P., Horvath, S., Trösch, S., grosse Holtforth, M., & Birrer, D. (2020). Differential and shared effects of psychological skills training and mindfulness training on performance-relevant psychological factors in sport: A randomized controlled trial. *BMC Psychology*, *8*, Article e80. https://doi.org/10.1186/s40359-020-00449-7

Roychowdhury, D., Ronkainen, N., & Guinto, M. L. (2021). The transnational migration of mindfulness: A call for reflective pause in sport and exercise psychology. *Psychology of Sport and Exercise*, *56*, Article e101958. https://doi.org/10.1016/j.psychsport.2021.101958

Scott-Hamilton, J., Schutte, N. S., & Brown, R. F. (2016). Effects of a mindfulness intervention on sports-anxiety, pessimism, and flow in competitive cyclists. *Applied Psychology: Health and Well-Being*, *8*(1), 85–103. https://doi.org/10.1111/aphw.12063

Senzaki, N., & Reps, P. (2021). *101 Zen stories*. Martino Fine Books.

Tang, Y-Y., Hölzel, B. K., & Posner, M. I. (2015). The neuroscience of mindfulness meditation. *Nature Reviews Neuroscience*, *16*(4), 213–225. https://doi.org/10.1038/nrn3916

Thompson, C., & Andersen, M. B. (2012). Moving towards Buddhist psychotherapy in sport: A case study. *The Sport Psychologist*, *26*(2), 624–643. https://doi.org/10.1123/tsp.26.4.624

Tod, D., McEwan, H., Chandler, C., Eubank, M., & Lafferty, M. (2020). The gravitational pull of identity: Professional growth in sport, exercise, and performance psychologists. *Journal of Sport Psychology in Action*, *11*(4), 233–242. https://doi.org/10.1080/21520704.2020.1825024

Wagstaff, C. R. D., & Quartiroli, A. (2020). Psychology and psychologists in search of an identity: What and who are we, and why does it matter? *Journal of Sport Psychology in Action*, *11*(4), 254–265. https://doi.org/10.1080/21520704.2020.1833124

Watts, A. W. (1961). *Psychotherapy east and west*. Ballantine Books.

Wilson, K. G., & DuFrene, T. (2008). *Mindfulness for two: An acceptance and commitment therapy approach to mindfulness in psychotherapy*. New Harbinger.

Winnicott, D. W. (1971). *Playing and reality*. Routledge.

Zizzi, S., & Andersen, M. B. (Eds.). (2017). *Being mindful in sport and exercise psychology: Pathways for students and professionals*. Fitness Information Technology.

SECTION IV

Psychological Issues Presenting in Athletes

25

REFERRING CLIENTS TO OTHER PROFESSIONALS

Erika D. Van Dyke and Judy L. Van Raalte

Gymnastics team members spend a lot of time together at practice, traveling for competitions, and during team meals. Jaimie has noticed that Emma eats very little at team meals and has low energy during practice. After practice, Emma goes to the gym and keeps working out. Jaimie is wondering if Emma has an eating problem but isn't sure if she should say anything. Emma can be hard to talk to. Also, Jaimie doesn't want to get Emma in trouble.

Ben is a highly motivated international student and swimmer. Ben told the team's sport psychology professional that he wanted to get more "psyched up" for meets. Most of their conversation focused on motivation, but Ben also mentioned that he was struggling to get out of bed some days and had "bad thoughts" that he might want to talk about some other time. Several days later, the coach called the sport psychology professional to express concerns about Ben. Coach said that two team members had told him that Ben had sent confusing "maybe suicidal but maybe not" text messages. When coach spoke to Ben directly, Ben said that he was fine and denied that he was suicidal. The coach is wondering what to do.

Takehiro (nickname Hiro) puts everything he has into football (soccer)! He works hard all summer so that he is fully prepared for the fall season. Hiro recently scheduled a meeting with the team's sport psychology professional to help gain an additional performance edge. Hiro said he wanted to work on his intensity because his balance and focus have been a little off since he "knocked heads" with an opponent going up for a header during a summer league game.

Sofia gives 100% during hockey practices and has been moved into a starting position. Since becoming a starter, Sofia is not performing up to her potential or expectations. Coach has encouraged Sofia to be more aggressive in games but that isn't helping. Coach is wondering if Sofia should be moved back down in the lineup or if she might benefit from working with someone who can help Sofia adjust to the pressures of her starting role.

As shown in the case examples above, which are discussed throughout this chapter, sport environments are complex. It is not surprising that athletes, coaches, and sport psychology professionals faced with uncertainty about their own or other people's behavior, feelings, or performance wonder: "Will this just go away?" "Is there something wrong here that should be addressed?" "What if I say something and I make things worse?" "Is there something I can do or say to make things better?" This chapter provides theoretical and practical information about the referral process in sport. Theoretically, this chapter is guided by a biopsychosocial perspective, addressing biological, psychological, and social/cultural factors. Practically, this chapter is organized into the why, what, and how of referral. That is, why referrals are needed, what referrals include, and how to make referrals to various professionals.

Why Referrals Are Needed

Referral is the act of directing someone to consultation with others. In medical settings, primary care doctors refer patients to orthopedists, dermatologists, physical therapists, mental health experts, and more.

Table 25.1 Professional Practice Codes of Ethics

Organization	Code of Ethics
Association for Applied Sport Psychology (AASP)	https://appliedsportpsych.org/about/ethics/ethics–code/
American Psychological Association (APA)	https://www.apa.org/ethics/code
American Counseling Association (ACA)	https://www.counseling.org/knowledge-center/ethics
Australian Psychological Society (APS)	https://www.psychology.org.au/About-Us/What-we-do/ethics-and-practice-standards
British Association of Sport and Exercise Sciences (BASES)	https://www.bases.org.uk/imgs/bases_code_of_conduct872.pdf
British Psychological Society (BPS)	https://www.bps.org.uk/news-and-policy/bps-code-ethics-and-conduct
Canadian Psychological Association (CPA)	https://cpa.ca/aboutcpa/committees/ethics/codeofethics/
International Society of Sport Psychology Registry (ISSP-R)	https://www.issponline.org/index.php/publications/code-of-ethics

Referral to specialists ensures that patients receive the most competent care. In sport psychology, the referral process operates similarly. Sport psychology professionals provide services to athletes, coaches, and teams that align with their training, and refer clients to other professionals for biological, psychological, and social/cultural concerns that are outside of their skill set or beyond their scope of practice (Andersen & Van Raalte, 2005; Gayman & Crossman, 2006; Sharp & Hodge, 2011; Van Raalte & Andersen, 2014).

For example, Emma, the gymnast might be referred to a medical doctor to help determine if her fatigue is related to an eating disorder or to some other medical issues. Ben might be referred to a clinical mental health counselor to talk about the "bad thoughts" he is having. Making referrals is an important part of ethical service provision in sport psychology and is specified in the ethics codes of professional organizations such as those shown in Table 25.1 (Quartiroli et al., 2021; also see Chapter 6).

What Referrals Include

Although the definition of referral is straightforward, there are complexities to the referral process in applied sport psychology. The referral process often begins before a client is ever seen, with the sport psychology consultant establishing networks of professionals to confidentially discuss challenging cases and issues and to whom clients can be referred when necessary. When thinking about who to include in a referral network, it can be useful to reflect on the biopsychosocial model. That is to identify people who have expertise in biological, psychological, and social/cultural factors. Practitioners in these areas are likely to be helpful when referring athletes or coaches for (a) biological/physical factors such as injuries, physical illness, strength and conditioning needs, and biomechanical issues; (b) psychological issues like anger management, existential concerns, gambling, grief, personality and mood disorders, substance abuse, eating disorders, retirement from sport, and suicidal ideation; (c) social/cultural concerns such as roommate and family problems, career exploration, spirituality and religious belief conflicts; and (d) areas that affect several aspects of life, including gender and sexual identity and unplanned pregnancy (Andersen & Van Raalte, 2005).

There are many benefits to identifying referral sources in advance of needing to refer a client. The first is to learn the quality of the services that will be provided by the referral source. Many sport psychology professionals cultivate their referral networks by meeting or talking on a regular basis with their referral network members so that they are "on the same team." A team-based approach to service provision is appreciated by athlete clients who find that it is an efficient and effective way to get needed

services (Tod et al., 2021; Van Raalte & Andersen, 2014), and allows them to approach the member of their support team with whom they feel most comfortable talking (Roberts et al., 2016).

A sport psychology practitioner can create a referral network by talking with colleagues, supervisors, and friends about experts in various fields, and by using online resources. The consultant finder services provided by the Association for Applied Sport Psychology (www.appliedsportpsych.org), the Australian Psychological Society (www.psychology.org.au), and the UK Health Care and Professions Council (www.hcpc-uk.org) are effective means of finding credentialed sport psychology consultants. The Sport Psychology Council provides online links to sport psychology organizations around the world to help people connect with local resources in their language and location (https://sportpsychologycouncil. org). Information about mental health practitioners in the United States (https://www.findapsychologist.org), the United Kingdom (https://www.bps.org.uk/public/find-psychologist), and Australia (https://psychology.org.au) is also available through online resources. Resources like the mental health and mental performance services continuum (Association for Applied Sport Psychology, 2021) can help to identify the right provider. Initiatives like the national Mental Health Referral Network established by the Australian Institute of Sport (Rice et al., 2020) are welcome developments in response to calls for increased support for and innovative models to address mental health concerns among athletes (Moesch et al., 2018; Purcell et al., 2019; Reardon et al., 2019; Schinke et al., 2018).

Maintaining an effective referral network is a dynamic process with new referral sources being added and other resources being removed on a regular basis. Ethical guidelines generally require that practitioners do not receive "kickbacks" or other benefits for making referrals to particular practitioners. Current practitioners who are unable to meet client needs may be removed. For example, referral failure may result when clients are referred to practitioners with long wait-times between the call for an appointment and the first scheduled appointment (Sherman et al., 2008), to practitioners who do not accept a client's insurance (Beel et al., 2008), or to practitioners whose practices are located a long distance from the client (Portone et al., 2008).

In situations when a sport psychology professional may have too much business and not have the time or resources to devote to working with a client, the practitioner may refer the individual to another trusted provider who has greater availability to serve the client. It may be useful to include more than one practitioner per area of specialty in a referral network so that effective referrals can be made in case a particular practitioner is not available. Some sport psychology consultants can "refer in" and have a consultant come to work directly with the sport psychologist and client. This approach can be particularly useful for athletes who appreciate the convenience and/or do not want to be "abandoned" by their current sport psychology consultant (Andersen & Van Raalte, 2005; Tod et al., 2021).

How to Make Referrals

Some people hesitate to make a referral because they don't want to say the wrong thing and make the situation worse. Others are not sure the problem is "bad enough" to warrant referral. It is not always clear if someone like Sofia, the hockey player described at the start of this chapter, needs time to adjust to the role of starter or if referral to a sport psychology professional would be helpful. Learning how to refer can be helpful and enhances the likelihood that a referral will be made, and that the referral will be successful (Bobele & Conran, 1988). Van Raalte and Brewer (2005) developed the acronym REFER to help people make effective referrals for athletes (see Table 25.2).

R-ecognize that a Referral Is Needed

A sport psychology practitioner can assess the situation and recognize that a referral would be helpful. The practitioner might also take a proactive educational role informing coaches, athletes, and other

Table 25.2 Guidelines for Making Effective Referrals

R–ecognize that a referral is needed.
E–xplain the referral process.
F–ocus on feelings. Discuss the referral in a clear, caring, and supportive manner.
E–xit if emotions are too intense. You can return to the topic when things calm down.
R–epeat (and follow up) as needed. It often takes more than one suggestion for a referral to be effective.

helping professionals about the types of issues for which referrals are made. Coaches and athletic trainers have been identified as key sources of athlete referrals to counseling services (Daltry et al., 2021). These include biological, psychological, social, and spiritual issues.

Biological

Sport psychology professionals who learn about the physical and technical aspects of sport, exercise, and performance activities (Van Raalte & Andersen, 2014) are better able to recognize when a performance problem might have physical roots and refer the individual to coaches or sports medicine professionals. For example, in a case at the beginning of this chapter, Hiro described experiencing focus and balance problems after knocking heads with another player during a football (soccer) game. Awareness of concussion symptoms might facilitate a referral to sports medicine professionals for concussion screening.

Other biological factors that might warrant referral include pain, injury, lack of progress in recovery from injury, and changes in use of medication. An athlete such as Emma, described at the start of this chapter, might be referred to a sports medicine doctor to assess her low energy, to a dietician to work with her on healthy eating, or to a mental health professional for eating disorder symptoms. When feasible, a multidisciplinary team approach to care in which the sport psychology professional, sports medicine professional, and athlete work collaboratively throughout rehabilitation can be a useful approach to recovery (Arvinen-Barrow & Clement, 2017; Brewer & Arvinen-Barrow, 2021).

Psychological

Like other people, athletes have a range of human experiences that include performance struggles as well as mental health issues (e.g., anxiety, depression, eating disorders, and substance-related disorders; Brewer & Petrie, 2014). For instance, in the case example of Ben presented at the beginning of this chapter, he focused a lot on getting "psyched up" and being more confident in meets. He also mentioned struggling to get out of bed and having some "bad thoughts" – both of which could be indicative of depressive symptoms. Listening for potential mental health concerns in predominantly performance-focused consultations is helpful for making referrals to psychologists and other licensed mental health professionals. Clinical sport psychology professionals may be uniquely positioned to support athletes such as Ben in both mental health and performance domains (Moore & Bonagura, 2017). Screening measures may also be used to identify athletes who may be especially likely to benefit from mental health services and programming (Donohue et al., 2019).

Psychological factors can also underlie performance struggles. Athletes may experience concerns with confidence, focus and concentration, motivation, performance anxiety and pressure, among other factors. An athlete such as Sofia the hockey player, described at the start of this chapter, might be referred to a sport psychology professional to help learn individualized coping strategies to manage performance anxiety in pressure situations. Understanding the types of psychological and performance

issues that athletes may experience can facilitate a referral to sport psychology consultants or other professionals for support.

Social/Cultural

To support athletes with social/cultural concerns such as aggression, gender identity and roles, relationships, sexual identity and orientation, spirituality, and other sorts of personal and interpersonal experiences, it may be useful to refer to practitioners trained in counseling and psychology (Van Raalte & Andersen, 2014). Practitioners who are trained to provide primarily performance-based consultation may consider continuing to provide performance-based consultation and referring athletes for additional interpersonal, relationship-oriented, or spiritual services to help athletes access holistic care. Opportunities for telehealth make access to diverse practitioners possible for athletes who can use telehealth services (Krzyzaniak et al., 2021; Snoswell et al., 2021; Zhou et al., 2021).

Whether related to biological, psychological, social/cultural, or a combination of these factors, recognizing that a referral is needed is an important first step. Athletes, coaches, parents, and others involved in sport may not refer clients because they are unsure if a referral is needed, unsure how to make a referral, or uncomfortable making a referral. With referrals, the adage "if you see something, say something" is a fitting approach. Reis and Cornell (2008) found that counselors and teachers who had been trained to recognize and refer students with suicidal tendencies using a "Question, Persuade, and Refer" program had greater knowledge of risk factors for suicide and had made more referrals nearly six months after the training program had ended than did participants who had not received training. Ongoing supervision and continuing education via readings, conference attendance, and psychoeducational workshops can be effective ways to enhance knowledge about referrals and confidence to make them. This can greatly aid in early intervention efforts and timely referrals of athletes to helping professionals (Sebbens et al., 2016).

E-xplain the Referral Process

Referrals work well when the people making the referrals (e.g., coaches, teammates, and parents) understand the process and are confident about their abilities to refer effectively. Several steps may be helpful in explaining the referral process. A coach might talk to the athlete about sport psychology and the sport psychology professional to whom they are being referred. This can include why they are being referred, the type and effectiveness of the services to be provided, a discussion of confidentiality, and what is involved in meeting with a sport psychology professional – all issues that are related to the success of consultation (Athanasiades et al., 2008; Swift & Callahan, 2008).

Putting people in touch by email or text can be a helpful approach. A sample message might read:

> Dear Athlete and Sport Psychology Professional, Athlete is on the X team and is possibly interested in working with a Sport Psychology Professional. Sport Psychology Professional works with teams and athletes and is available to consult. Please consider this message an official introduction to each other so that you can talk directly. Sincerely, Coach

A message of this type from someone the athlete trusts is a helpful way to put the athlete in communication with support services.

Sometimes, people are unsure when the "best time" is to make a referral. There is no one best time. Athletes may need several referrals before they accept and/or find the help that they need. Making a referral sooner rather than later, therefore, may enhance the likelihood of a beneficial outcome. In general, the less time a problematic behavior has existed, the easier it is to change.

F-ocus on Feelings

Emotions can run high during the referral process. Athletes may feel criticized or rejected by the referral source. Be sensitive to athletes' concerns – approaching a new referral source could raise a variety of feelings for different individuals (e.g., stress, fear, optimism, and hope). Referral sources who focus on feelings when making a referral, "you seem sad" or "you seem frustrated and therefore I am suggesting that you consider meeting with our sport psychology professional," allow athletes to save face and appear more caring and supportive than those who say things like "you are a head case" (Brewer et al., 1999). Using language that emphasizes enhanced performance like "they might help you reach your full athletic potential" rather than pathology, "they might help get your head straightened out," may also be useful in reducing stigma (Van Raalte et al., 1992), increasing the chance that athletes are comfortable and follow up on a referral.

Practicing or role playing the referral can increase the likelihood that the person making the referral will communicate with the athlete effectively (Roberts et al., 2016). Watching others make referrals in a sport context may be particularly helpful (for example, see http://www.supportforsport.org/index-mental–health.html; Van Raalte et al., 2015). The person making the referral should plan to have the conversation in a quiet, private space in which outside distractions are minimized, if possible. It is reasonable to expect that an athlete may be hesitant to admit to a problem and may be uncomfortable with the referral process.

E-xit If Emotions Are Too Intense

When the topic of referral is raised, athletes may (a) feel angry that they are being accused of having problems; (b) feel relieved that their problems are being brought up and can be discussed openly; (c) be in denial that problems exist; or (d) have some other reaction. The response to a referral is unpredictable. Referral sources who understand that a variety of responses are possible are better equipped to make effective referrals. Informing referral sources that it is acceptable to stop the referral process if the conversation is becoming too confrontational and resume it at a later, calmer time can be helpful.

Referral sources might also consider alternate strategies if the athlete is not interested in being referred (Tod et al., 2021). Rather than referring out, we might refer in by bringing another professional in to work together with the client and the sport psychology professional (Van Raalte & Andersen, 2014). This can help sustain the therapeutic relationship, while drawing on the expertise and competency of practitioners with different training. If this effortful approach is not feasible, the sport psychology professional can support the athlete by providing information to schedule an appointment with the practitioner or the initial appointment can be scheduled together. The sport psychology professional can continue to work with the athlete around topics that fall within their scope of practice and maintain the working relationship.

R-epeat and Follow-up as Needed

Another consideration in the referral process is whether athletes and performers will be open to working with the helping professionals to whom they are referred. Referrals may be rejected the first time they are made. As with most human behaviors, repeated effort may be needed to effect change. It is acceptable to simply raise the possibility of a referral the first time the topic is discussed, but to reserve the right to revisit the topic at a later date (Roberts et al., 2016). Discussion of why an athlete did not follow up with a referral may be useful and important for referring in the future. On a final note, when help seeking is normalized among respected others in our sport organizations, this can help reduce stigma around using support services (Chow et al., 2020). As stigma is reduced, athletes' attitudes and

intensions toward help seeking tend to improve making it more likely that athletes will receive support (Hilliard et al., 2022).

Referral Roadblocks

Why do some sport psychology practitioners not make needed referrals? There may be several reasons. Some practitioners simply do not recognize that a referral is needed. For example, sport psychology practitioners who do not recognize the signs of depression are unlikely to refer their depressed clients to mental health clinics. Ideally, sport psychology practitioners should both "know what they know" but also "know what they don't know." Continuing education can help practitioners gain knowledge of relevant issues outside of their areas of specific expertise, about intervention techniques, and about situations that require referral (Roberts et al., 2016). The use of continuing education has been found to be nearly universally endorsed as an ethical sport psychology professional development behavior (Etzel et al., 2004; also see Chapter 6). Therefore, it seems likely that many or even most sport psychology consultants are working to maintain their expertise.

Another reason why sport psychology practitioners may not refer clients is that they have a sincere desire to help their clients. Having established strong working relationships, these practitioners may feel that referrals will interrupt the progress being made with their athlete clients. Practitioners who take this approach should keep the best interest of their clients in mind and ensure that they are expert enough (Heilbrun, 2008) to provide appropriate services. Sport psychology practitioners who are "stretching" in this manner often benefit from extra supervision, study (e.g., reading texts on the issue), and consultation with experts in the area of concern to strengthen the services they provide and to allow for the possibility of a future referral if needed (Andersen & Van Raalte, 2005; Roberts et al., 2016).

However, the desire to help athletes and "stretch" can be confused with the desire to continue to work with a client for several less than ethical reasons such as the desire to bask in the reflected glory of a particular athlete (Haberl & Peterson, 2006) or the desire to maintain an income stream from the client. Sport psychology consultants who are self-aware and supervised are less likely to work when they are impaired (Andersen et al., 2000) and are more likely to identify these sorts of ethical concerns and proceed appropriately (Anderson et al., 2004).

Some sport psychology consultants may not refer because they have not created a referral network. In some cases, the lack of a referral network reflects limited local resources/practitioners to whom they can refer. A recent systematic review of literature on the effectiveness of telehealth practices among various clinical disciplines, including psychology and psychiatry, demonstrated that telehealth can be just as clinically effective when compared to usual care (Snoswell et al., 2021). For practitioners in areas where face-to-face referrals are not possible, the use of telehealth may be an alternative way to provide referrals for clients.

Conclusion

Referrals are made in applied sport psychology to support the complex biological, psychological, social, and spiritual needs of athletes, teams, coaches, and families. Making referrals allows sport psychology professionals to meet ethical obligations by prioritizing the best interests of clients, and by practicing in a way that aligns with their training and expertise. The referral process is a complex one that involves recognizing the need for a referral, knowing when to refer, and making an effective referral. Understanding the referral process and developing referral skills is likely to benefit the clients whom sport psychology professionals serve.

In this chapter, the why, what, and how of making referrals was discussed. Practical recommendations were shared for both sport psychology professionals and members of sport organizations to

make referrals to mental health and other service providers. Sport psychology professionals can help equip members of sport organizations (e.g., athletes, teammates, coaches, family members and friends, and sports medicine personnel) with the skills to recognize when a referral may be needed and the confidence to make them. Establishing referral networks and seeking supervision for applied sport psychology work are important professional practices related to the referral process. See Box 25.1 for a summary of the key points from this chapter.

Box 25.1 Summary of Key Points about making Referrals in Applied Sport Psychology

- **Why** referrals are needed
  - to help meet various biological, psychological, social, and spiritual needs of clients
  - to practice in a way that prioritizes the best interests of clients
  - to meet ethical obligations
- **What** referrals include
  - developing a referral network is an important step in having a team of professionals in various disciplines to whom clients may be referred
  - understanding that diverse resources and practitioners can help meet the needs of clients
  - directing a client to another professional for services
- **How** to make referrals
  - **R**-ecognize that a referral is needed
  - **E**-xplain the referral process
  - **F**-ocus on feelings – discuss referral in a clear, caring manner
  - **E**-xit when emotions are too intense
  - **R**-epeat and follow up on referrals as needed
  - Be aware of referral roadblocks that stand in the way of effective referrals
- Seek supervision for applied sport psychology work to maintain awareness and skills related to referral

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References

Andersen, M. B., & Van Raalte, J. L. (2005). Over one's head: Referral processes. In M. B. Andersen (Ed.), *Sport psychology in practice* (pp. 159–169). Human Kinetics.

Andersen, M. B., Van Raalte, J. L., & Brewer, B. W. (2000). When applied sport psychology consultants and graduate students are impaired: Ethical and legal issues in training and supervision. *Journal of Applied Sport Psychology*, *12*(2), 134–150. https://doi.org/10.1080/10413200008404219

Anderson, A. G., Knowles, Z., & Gilbourne, D. (2004). Reflective practice for sport psychologists: Concepts, models, practical implications, and thoughts on dissemination. *The Sport Psychologist*, *18*(2), 188–203. https://doi.org/10.1123/tsp.18.2.188

Arvinen-Barrow, M., & Clement, D. (2017). Preliminary investigation into sport and exercise psychology consultants' views and experiences of an interprofessional care team approach to sport injury rehabilitation. *Journal of Interprofessional Care*, *31*(1), 66–74. http://dx.doi.org/10.1080/13561820.2016.1235019

Association for Applied Sport Psychology (2021). *How to identify the right provider: The mental health and mental performance services continuum*. Retrieved from https://appliedsportpsych.org/site/assets/documents/Identifying-the-Right-Mental-Health-Provider.pdf

Athanasiades, C., Winthrop, A., & Gough, B. (2008). Factors affecting self-referral to counselling services in the workplace: A qualitative study. *British Journal of Guidance & Counselling*, *36*(3), 257–276. https://doi.org/10.1080/03069880802088937

Beel, J. V., Gringart, E., & Edwards, M. E. (2008). Western Australian general practitioners' views on psychologists and the determinants of patient referral: An exploratory study. *Families, Systems, & Health*, *26*(3), 250–266. https://psycnet.apa.org/doi/10.1037/a0012913

Bobele, M., & Conran, T. J. (1988). Referrals for family therapy: Pitfalls and guidelines. *Elementary School Guidance*, *22*(3), 192–198.

Brewer, B. W., & Arvinen-Barrow, M. (2021). Psychology of injury and rehabilitation. In S. C. Sackett & N. Durand-Bush (Eds.), *The essential guide for mental performance consultants*. Human Kinetics.

Brewer, B. W., Petitpas, A. J., & Van Raalte, J. L. (1999). Referral of injured athletes for counseling and psychotherapy. In R. Ray & D. M. Wiese-Bjornstal (Eds.). *Counseling in sports medicine* (pp. 127–141). Human Kinetics.

Brewer, B. W., & Petrie, T. A. (2014). Psychopathology in sport and exercise. In J. L. Van Raalte & B. W. Brewer (Eds.), *Exploring sport and exercise psychology* (3rd ed., pp. 337–350). American Psychological Association. https://doi.org/10.1037/14251-015

Chow, G. M., Bird, M. D., Gabana, N. T., Cooper, B. T., & Swanbrow Becker, M. A. (2020). A program to reduce stigma toward mental illness and promote mental health literacy and help-seeking in National Collegiate Athletic Association Division I student-athletes, *Journal of Clinical Sport Psychology*, *15*(3), 1–21. https://doi-org.springfieldcollege.idm.oclc.org/10.1123/jcsp.2019-0104

Daltry, R. M., Mehr, K. E., & Keenan, L. (2021). Student-athletes and counseling services: Recommendations for identifying and developing referral sources. *Journal of College Student Psychotherapy*. Advance online publication. https://doi.org/10.1080/87568225.2021.1957338

Donohue, B., Galante, M., Maietta, J., Lee, B., Paul, N., Perry, J. E., Corey, A., & Allen, D. N. (2019). Empirical development of a screening method to assist mental health referrals in collegiate athletes. *Journal of Clinical Sport Psychology*, *13*(4), 561–579. https://doi.org/10.1123/jcsp.2018-0070

Etzel, E. F., Watson, J. C. II, & Zizzi, S. (2004). A web-based survey of AAASP members' ethical beliefs and behaviors in the new millennium. *Journal of Applied Sport Psychology*, *16*(3), 236–250. https://doi.org/10.1080/10413200490485595

Gayman, A. M., & Crossman, J. (2006). Referral practices: Are sport psychology consultants out of their league? *Athletic Insight: The Online Journal of Sport Psychology*, *8*(1), 1–12.

Haberl, P., & Peterson, K. (2006). Olympic-size ethical dilemmas: Issues and challenges for sport psychology consultants on the road and at the Olympic games. *Ethics & Behavior*, *16*(1), 25–40. https://doi.org/10.1207/s15327019eb1601_4

Heilbrun, K. (2008). When is an 'expert' an expert? In. D. N. Bersoff (Ed.). *Ethical conflicts in psychology* (4th ed., pp. 457–458). American Psychological Association.

Hilliard, R. C., Watson, J. C. 2nd, & Zizzi, S. J. (2022). Stigma, attitudes, and intentions to seek mental health services in college student-athletes. *Journal of American College Health*, 70(5), 1476–1485. https://doi.org/10.1080/07448481.2020.1806851

Krzyzaniak, N., Greenwood, H., Scott, A. M., Peiris, R., Cardona, M., Clark, J., & Glasziou, P. (2021). The effectiveness of telehealth versus face-to face interventions for anxiety disorders: A systematic review and meta-analysis. *Journal of Telemedicine and Telecare*. Advance online publication. https://doi.org/10.1177/1357633X211053738

Moore, Z. E., & Bonagura, K. (2017). Current opinion in clinical sport psychology: From athletic performance to psychological well-being. *Current Opinion in Psychology*, *16*, 176–179. https://doi.org/10.1016/j.copsyc.2017.05.016

Moesch, K., Kenttä, G., Kleinert, J., Quignon-Fleuret, C., Cecil, S., & Bertollo, M. (2018). FEPSAC position statement: Mental health disorders in elite athletes and models of service provision. *Psychology of Sport and Exercise*, *38*, 61–71. https://doi.org/10.1016/j.psychsport.2018.05.013

Portone, C., Johns, M. M. III, & Hapner, E. R. (2008). A review of patient adherence to the recommendation for voice therapy. *Journal of Voice*, *22*(2), 192–196. https://doi.org/10.1016/j.jvoice.2006.09.009

Purcell, R., Gwyther, K., & Rice, S. M. (2019). Mental health in elite athletes: Increased awareness requires an early intervention framework to respond to athlete needs. *Sports Medicine - Open*, *5*(1), Article e46. doi:10.1186/s40798-019-0220–1

Quartiroli, A., Harris, B. S., Brückner, S., Chow, G. M., Connole, I. J., Cropley, B., Fogaça, J., Gonzalez, S. P., Guicciardi, M., Hau, A., Kao, S., Kavanagh, E. J., Keegan, R. J., Li, H. Y., Martin, G., Moyle, G. M., Noce, F., Peterson, K., Roy, J., Rubio, V. J., Wagstaff, C. R. D., Wong, R., Yousuf, S., & Zito, M. (2021). The International Society of Sport Psychology Registry (ISSP-R) ethical code for sport psychology practice. *International Journal of Sport and Exercise Psychology*, *19*(6), 907–928. https://doi.org/10.1080/1612197X.2020.1789317

Reardon, C. L., Hainline, B., Aron, C. M., Baron, D., Baum, A. L., Bindra, A., Budgett, R., Campriani, N., Castaldelli-Maia João Mauricio, Currie, A., Derevensky, J. L., Glick, I. D., Gorczynski, P., Gouttebarge, V., Grandner, M. A., Han, D. H., McDuff, D., Mountjoy, M., Polat, A., Purcell, R., Putukian, M., Rice, S., Sills,

A., Stull, T., Swartz, L., Zhu, L. J., & Engebretsen, L. (2019). Mental health in elite athletes: International Olympic Committee consensus statement (2019). *British Journal of Sports Medicine*, *53*(11), 667–667. https://doi.org/10.1136/bjsports-2019-100715

Reis, C., & Cornell, D. (2008). An evaluation of suicide gatekeeper training for school counselors and teachers. *Professional School Counseling*, *11*(6), 386–394. https://doi.org/10.1177%2F2156759X0801100605

Rice, S., Butterworth, M., Clements, M., Josifovski, D., Arnold, S., Schwab, C., Pennell, K., & Purcell, R. (2020). Development and implementation of the national mental health referral network for elite athletes: A case study of the Australian institute of sport. *Case Studies in Sport & Exercise Psychology*, *4*(S1), 27–35. https://doi.org/10.1123/cssep.2019-0016

Roberts, C.-M., Faull, A. L., & Tod, D. (2016) Blurred lines: Performance enhancement, common mental disorders and referral in the U.K. athletic population. *Frontiers in Psychology*, 7, Article e1067. https://doi.org/10.3389/fpsyg.2016.01067

Schinke, R. J., Stambulova, N. B., Si, G., & Moore, Z. (2018). International society of sport psychology position stand: Athletes' mental health, performance, and development. *International Journal of Sport and Exercise Psychology*, *16*(6), 622–639. https://doi.org/10.1080/1612197X.2017.1295557

Sebbens, J., Hassmén, P., Crisp, D., & Wensley, K. (2016). Mental Health in Sport (MHS): Improving the early intervention knowledge and confidence of elite sport staff. *Frontiers in Psychology*, 7, Article e911. https://doi.org/10.3389/fpsyg.2016.00911

Sharp, L. A., & Hodge, K. (2011). Sport psychology consulting effectiveness: The sport psychology consultant's perspective. *Journal of Applied Sport Psychology*, *23*(3), 360–376. https://doi.org/10.1080/10413200.2011.583619

Sherman, M. L., Barnum, D. D., Nyberg, E., & Buhman-Wiggs, A. (2008). Predictors of preintake attrition in a rural community mental health center. *Psychological Services*, *5*(4), 332–340. https://psycnet.apa.org/doi/10.1037/a0013851

Snoswell, C. L., Chelberg, G., De Guzman, K. R., Haydon, H. H., Thomas, E. E., Caffery, L. J., & Smith, A. C. (2021). The clinical effectiveness of telehealth: A systematic review of meta-analyses from 2010 to 2019. *Journal of Telemedicine & Telecare*, *6*. Advance online publication. https://doi.org/10.1177/1357633X211022907

Swift, J. K., & Callahan, J. L. (2008). A delay discounting measure of great expectations and the effectiveness of psychotherapy. *Professional Psychology: Research and Practice*, *39*(6), 581–588. https://psycnet.apa.org/doi/10.1037/0735-7028.39.6.581

Tod, D., McEwan, H., & Andersen, M. B. (2021). When to refer athletes for counseling or psychotherapy. In Williams, J. M., & Krane, V. (Eds.). *Applied sport psychology: Personal growth to peak performance* (8th ed., pp. 433–450). McGraw-Hill Higher Education.

Van Raalte, J. L., & Andersen, M. B. (2014). Referral processes in sport psychology. In J. L. Van Raalte & B. W. Brewer (Eds.), *Exploring sport and exercise psychology* (3rd ed., pp. 337–350). American Psychological Association. https://doi.org/10.1037/14251-015

Van Raalte, J. L., & Brewer, B. W. (2005). *Balancing College, Food, and Life* [CD-ROM]. Virtual Brands. http://www.vbvideo.com

Van Raalte, J. L., Brewer, B. W., Brewer, D. D., & Linder, D. E. (1992). NCAA Division II college football players' perceptions of an athlete who consults a sport psychologist. *Journal of Sport & Exercise Psychology*, *14*(3), 273–282. https://doi.org/10.1123/jsep.14.3.273

Van Raalte, J. L., Cornelius, A. E., Andrews, S., Diehl, N. S., & Brewer, B. W. (2015). Mental health referral for student-athletes: Web-based education and training. *Journal of Clinical Sport Psychology*, *9*(3), 197–212. https://doi.org/10.1123/jcsp.2015-0011

Zhou, X., Edirippulige, S., Bai, X., & Bambling, M. (2021). Are online mental health interventions for youth effective? A systematic review. *Journal of Telemedicine and Telecare*, *27*(10), 638–666. https://doi.org/10.1177/1357633X211047285

26

DRUG USE AND ABUSE IN SPORT

Philip Hurst

This chapter will provide an overview of the relationship between athlete drug use and abuse in sport. It will begin by outlining the rules and regulations athletes and associated sport consultants need to consider when using drugs in sport (refer to Chapter 6 for more information regarding ethical issues in practice). It will then provide a narrative into the distinction between athlete drug use in sport and in society, before reflecting on theoretical models that have identified what may lead an athlete to use drugs in sport. Finally, this chapter will conclude with an overview of research examining education interventions as a potential tool to deter drug use, and the implications of adopting this in practice.

World Anti-Doping Agency

The World Anti-Doping Agency (WADA) is the leader of a global network of official organizations that attempt to reduce, or eliminate, doping in sports. WADA ensures that international and national sport organizations adhere to the World Anti-Doping Code (WADC), which aim to ensure that all athletes (and consultants) compete under a common set of rules. Sport organizations must therefore ensure that they conform to the WADC and are required to adopt and implement anti-doping rules and policies relating to the Code.

While doping is often framed as the use of a prohibited substance (e.g., use of an anabolic steroid), the WADC's definition is much broader and defines doping as the occurrence of one or more of the 11 anti-doping rule violations. Sport consultants can be found to violate seven of the 11 violations, and as a result, be banned from practicing with athletes (Box 26.1). As a result, sport consultants are obliged to support the objectives of anti-doping and are responsible for being knowledgeable and compliant with the WADC, as well as fostering anti-doping attitudes and behaviors in athletes.

It is unclear what, if anything, can be done for consultants who may disagree with the WADC as a method for managing drugs in sport. For example, a consultant may prefer to adopt a harm-minimization approach when counseling athletes about drug use and thus be hesitant in reporting athletes to the relevant anti-doping agencies, which could further exacerbate athlete drug use.[1] That being said, all sport consultants should be familiar with the WADC, as well as the arguments and counterarguments for anti-doping. Knowledgeable consultants are therefore well placed to help athletes navigate what can be a difficult set of issues around drug use. Fundamentally, consultants need to understand anti-doping rules to ensure that athletes do not violate these and they too must comply with anti-doping regulations to refrain from being excluded within sport.

Box 26.1 World Anti-Doping Code Anti-Doping Rule Violations

Rule	Applicable To
Presence of a prohibited substance in a drug sample	Athletes
Use or attempted use of a prohibited substance or method	Athletes
Evading, refusing or failing to submit to sample collection	Athletes
Whereabouts failure	Athletes
Tampering or attempted tampering with any part of doping control	Athletes and SC
Possession of a prohibited substance or method	Athletes and SC
Trafficking or attempted trafficking of a prohibited substance or method	Athletes and SC
Administration or attempted administration of a prohibited substance or method	Athletes and SC
Complicity or attempted complicity	Athletes and SC
Prohibited association with a person who is found to have violated the anti-doping rules	Athletes and SC
Discouraging or retaliating against reporting to authorities	Athletes and SC

Note: SC = Sport consultant (e.g., coach, psychologist, and physiotherapist)

Terminology of Drugs, Use, and Abuse

Although it may be difficult to say exactly what is a drug and how it can be abused, like many other phenomena, we can often recognize it when we see it. Without getting bogged down in semantics, Merriam Webster define a drug as "a substance other than food intended to affect the structure or function of the body" and abuse as "to use excessively" and "improperly" (Merriam Webster, 2002).

For athletes, the issue of drug use is complicated by the dichotomy between use of drugs in society and sport. For instance, creatine monohydrate is a synthetic form of creatine that is naturally produced in the body to help increase muscular strength and hypertrophy. Creatine monohydrate is legal, widely used by athletes and non-athletes, and is permitted for use in sport. However, anabolic steroids are synthetic derivatives of testosterone, which can also be used to increase muscular strength and size. Anabolic steroids are on the Prohibited List and illegal in society. Another drug is Ketamine, which is a potent analgesic that is illegal for use in society, and while it can have serious adverse health consequences, it is not prohibited in sport. Then, there is the psychoactive substance, marijuana, which is both legal and illegal depending on the country of origin (e.g., the Netherlands *vs.* Australia), and it is both permitted and prohibited in sport depending on when it is used (i.e., in competition *vs.* out-of-competition). An athlete can use all the aforementioned drugs with and without the intent to improve or facilitate performance and may turn to some drugs to cope with numerous stressors, both in sport (e.g., pressure to perform, overcome injury, and physical pain) and outside of it (e.g., death in the family, loss of employment, and risk-taking).

Given the above, there are various iterations in how drugs are classified in both society and sport, and it is reasonable to recognize that an athlete using a drug in sport is different to an athlete using a drug in society. It is therefore important to highlight that the arbitrary acknowledgment of drugs that are "permitted", "prohibited", "illegal", and "legal" are social constructs. From this perspective, drugs and their use (or abuse) differ across time and place. This has important implications for consultants working with athletes where they must consider the context underpinning the athletes' decision to use the drug

(e.g., is it for performance, medical, or coping purposes?). Fundamentally, athletes (and consultants) are bound by the WADC; thus, any decision-making regarding drug use should first establish whether the drug an athlete is taking, or considering taking, is permitted or prohibited. If an athlete is taking a drug that is prohibited, then it is necessary to contact the WADA, or the national anti-doping organization (e.g., Italian Anti-Doping Organization, UK Anti-Doping, and United States Anti-Doping) about its use, and a therapeutic use exemption (i.e., TUE) may be required if the drug is needed for medical purposes (see Gerrard & Pipe, 2017 for a more detailed explanation).

Theoretical Models of Drug Use

The current discussion on athlete drug use follows one of three models: the social cognitive model, the Incremental Model of Doping Behavior (IMDB), and grounded models.

Social Cognitive Model

Most research into drug use in sport has adopted the social cognitive model as a way to explain why an athlete uses a drug, which frames the behavior as one of decision-making. Generally, the model assumes that athletes are accountable for their acts and that their drug use behavior is planned, rational, and intentional. Drug use is suggested to be the result of multiple interactions and a combination of, for example, beliefs, desires, intentions, and perception of others. In short, drug use is assumed to reflect an athlete's endeavor to attain their sporting ambition after consideration and planning.

Underpinned by the social cognitive model, the Sport Drug Control Model (Donovan et al., 2002) suggests that attitudes which are important to drug use are influenced by six inputs (Figure 26.1). Attitudes represent an evaluation of an object of thought and represent judgments that are constructed in various situations based on current accessible information (e.g., thoughts, beliefs, and opinion of others). Attitudes have consistently been shown to be associated with drug use in sport (Backhouse et al., 2016) and within the Sport Drug Control Model, are suggested to be central to an athlete's decision to use drugs. The decision to use a drug is then subject to the affordability and availability of the drug.

While the model aims to provide a compensative understanding of what leads an athlete to drug use, predictive validity of all variables influencing attitudes toward drug use is mixed. Jalleh et al. (2014) reported that only morality, legitimacy, and reference group opinion were related to attitudes, Gucciardi et al. (2011) reported that morality and threat and benefit appraisal were related to attitudes to doping, whereas Nicholls, Levy, et al. (2020) found that self-esteem, benefit appraisals, and morality were related to attitudes. Thus, although there are various antecedents suggested to be related to drug use in the Sport Drug Control Model, it is likely that only a few are significant in influencing an athlete's attitude to drug use (i.e., morality and legitimacy). Importantly, however, all studies showed that attitudes are positively related to drug use.

Alongside the Sport Drug Control Model, Albert Bandura's (1991) social cognitive theory of moral thought and action proposes that moral standards regulate behavior, which are shaped by internal (e.g., thoughts and feelings) and external (e.g., parents and coaches) factors. However, athletes' choices often fall short of what would be expected from their moral standards. In other words, athletes may choose to use a drug, when they believe that it is morally "wrong" to do so. Instead of feeling negative self-sanction (e.g., guilt and shame), athletes can disengage from these feelings by enacting in a thought process termed moral disengagement. Bandura (1991) proposed eight moral disengagement mechanisms, of which six appear relevant to athlete drug use (Table 26.1). In short, these mechanisms can operate to make drug use behavior seem benign, rational, and justified.

The social cognitive model provides a sound framework in which to think about why an athlete might use drugs in sport. Further, with a basis in licit and illicit drug research, it is likely the model
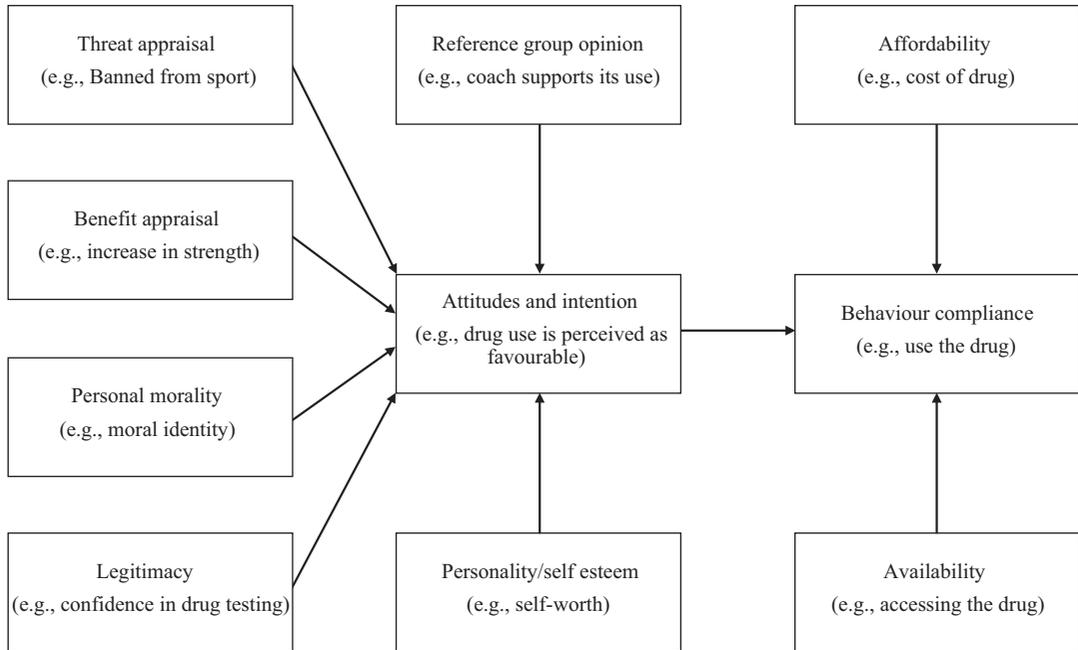
Figure 26.1   Sport Drug Control Model (see Donovan et al., 2002)

Table 26.1 Moral Disengagement Mechanisms Related to Drug Use in Sport

Mechanism	Example
1 Moral justification	"I doped to win a medal for my country"
2 Euphemistic labeling	"Anabolic steroids are just juice"
3 Advantageous comparison	"Using drugs isn't as bad as match fixing"
4 Displacement of responsibility	"My doctor instructed me to take the drug"
5 Diffusion of responsibility	"Everyone on my team were taking drugs"
6 Distortion of consequences	"Taking drugs does not harm anyone"

can be extrapolated to those as well. However, while this approach has provided insight into athlete drug use behavior, as noted by Hauw and McNamee (2015), there are three limitations to this approach. First, the intention to use a drug and the actual consumption of that drug is difficult to identify when athletes may unknowingly ingest it due to cross-contamination.[2] Second, while most research has examined situational factors in the models, these are limited to very specific contexts (e.g., using a drug when there is no chance of being caught or experiencing negative health effects) and have ignored the specific sensitivity of the situation. Third, research has not considered the actual bodily experience of using drugs, despite the significance this has in influencing future and sustained drug use decisions.

Incremental Model of Doping Behavior

The IMDB posits that the experience of using permitted performance-enhancing methods can shape decisions to use and abuse drugs in sport (Petróczi, 2013). In this model, drug use is a learned behavior

that develops over time from the accustomed and accepted use of performance-enhancing methods, such as modified training equipment (e.g., weightlifting shoes), specialist facilities (e.g., altitude chambers), and supplementary training methods (e.g., strength and conditioning). Drug use is therefore viewed as an intentional, planned, and goal-directed behavior whereby prolonged involvement of using performance-enhancing methods can lead to drug use.

An important characteristic of this model is that drug use is not a moral choice but a functional one. That is, the distinction between what is right and wrong, legal and illegal, or permitted and prohibited, is not considered when the goal of drug use is to maximize one's athletic ability. Athletes are suggested to be unconcerned with gaining an unfair advantage and are focused on meeting their sport performance goals, such as running faster, jumping higher, or becoming stronger. It is therefore implied that athletes do not view doping as cheating or a moral issue, but instead as just another way to improve performance.

Research examining the validity of the theoretical underpinnings of the IMDB is limited to qualitative and cross-sectional research, but evidence suggests that athletes may progress to drug use after using other types of performance-enhancing methods. Boardley et al. (2015) reported that athletes use drugs to improve performance and overcome performance plateaus with other types of performance-enhancing methods, such as sport supplements. These results suggest that after using some methods to improve performance and experiencing the benefits stall, athletes pursue stronger, alternative methods to improve their performance. Similarly, several studies have reported a positive association between the use of sport supplements and doping use suggesting that athletes may progress to using "harder" drugs to achieve their performance benefits (Hurst et al., 2021b).

Recently, Hurst et al. (2019) found that the relationship between sport supplement use and the likelihood to dope is mediated via beliefs that performance-enhancing substance uses are effective. That is, those, who are more likely to dope, are more likely to use sport supplements because of the belief that they are effective. Hurst et al. (2021a) also showed that the types of sport supplements athletes use influence their likelihood to dope too, with those using medical (e.g., iron) and ergogenic (e.g., caffeine) sport supplements being more likely to report favorable doping attitudes than those using sport foods/drink (e.g., energy drinks) and super foods (e.g., goji berries). Similarly, those who are motivated by winning and beating others (i.e., ego-orientated) may be more likely to use sport supplements and dope than those who are motivated to master a skill or working hard (i.e., task orientation) (Hurst et al., 2021b). In sum, this evidence provides partial support for the IMDB, and suggests that athlete orientations about winning and their belief that performance enhancement is necessary for their athletics endeavors may be more likely to use drugs.

It is important to point out that the aforementioned evidence is severely limited to that of introspection and that it does not provide evidence that one type of performance enhancement leads to an another. It is just as likely that an athlete may use a type of performance-enhancing method at the same time as using a drug, or that drugs are used first before using other forms of performance-enhancing methods.

The Grounded Model

A limitation from the previous two theories is the rational assumption that athletes will consider whether they use a drug depending on the benefits, consequences, legality, morality, and motivation of its use. Such an approach assumes that athletes fully understand and relate to these constructs. However, this assumption may not always be correct, and it is likely that an athlete may not consider the cost/benefits of using the drug prior to its use. As an alternative, the grounded model offers an approach that aims to understand how athletes conceptualize drug use to develop generalized observations and propositions, which, in turn, can help offer new insights and explanations.

Using this approach, research has identified the systematic/observable behaviors and the random/unobservable components, and how they interact to understand what variables are more likely to influence the decision to use a drug. In a three-stage process led by the lead author, researchers conducted a literature review (Mazanov & Huybers, 2010), qualitative interviews (Mazanov & Huybers, 2010), focus groups (Mazanov et al., 2011), and a cross-sectional study (Huybers & Mazanov, 2012) to provide a grounded theoretical basis to understand why athletes use drugs. Four themes emerged that, in part, reflected the previous models.

The first theme relates to the objective of drug use, usually articulated as some variation of using drugs "to win". Winning is often characterized as a performance outcome (e.g., overcome injury and improve performance) or for gaining prize money. Athletes are more likely to use a drug if it helps them win a competition or provide financial gain. The expectations the athlete has about the drug will likely influence whether they use the drug and if they believe that by using it, their chances of succeeding increases.

The second theme relates to the information which athletes have about the perceived attributes of the drug (e.g., health effects severity) and significant others who are a part of the athlete's entourage (e.g., coach). The health implications of drug use are a central part of the anti-doping narrative and are considered significant in influencing an athlete's decision to use a drug (Huybers & Mazanov, 2012). Similarly, the role of significant others has been particularly influential in influencing an athlete's decision to use drugs, which is evidenced in the World Anti-Doping Code (2021). As a result, coaches, managers, and doctors can play a significant role in encouraging drug use and the information athletes receive about a drug (e.g., side effects).

The third theme relates to the system in place aimed at enforcing abstinence; in the context of anti-doping, this theme is represented by the likelihood of testing positive and being sanctioned. This theme is highly related to how athletes seek to explain why they should use the drug and the cost-benefit relationship for doing so. Importantly, this theme is likely to be influenced by an athlete's belief of being caught and the legitimacy of the anti-doping system.

The final theme relates to the consequences of getting caught using drugs, such as being ostracized from the sporting community, irrespective of any formal bans. Athletes are likely to anticipate the negative consequences of doping, whether that being fined or banned from competing in sport, and the subsequent negative emotions they would experience.

In practice, this model highlights what a sport consultant could discuss with athletes. For example, the functional objective of drug use is clearly an important part of athletes' decisions. The discussion of drug use can also explore the credibility of certain forms of information and influence. It may be worthwhile discussing the role of the coach or senior athletes in the decision to use a drug, whether for performance-enhancing or medical purposes. The athlete's response to the system aimed at compelling a certain kind of behavior is also a central part of the discussion in relation to drug use, especially in the context of the World Anti-Doping Code (2021). Finally, the consequences of athletes' actions beyond the immediate drug use can be explored. Overarching this model is a sense that sport consultants need to help athletes navigate the potentially difficult decision to use or abstain, rather than judge the athletes in terms of the "rightness" of their actions.

Lessons Learned from the Models

There has been some conjecture about whether athlete drug use is rational (Stewart & Smith, 2008), but all of the models discussed indicate that drug use does have a rational and intentional component. Although specific mechanisms may be open to debate, the models broach issues that can assist sport consultants working with athletes either considering or using some kind of drug. It may be useful to reflect upon:

1   Why is the drug use occurring?
2   Who is involved in the drug use, and are they the right people to listen to?
3   What are the expected and unanticipated consequences of drug use?

Answers to these questions do not fully resolve issues, but they do provide a starting point for consultants counseling athletes about drug use. The evidence from the models has shown that consultants should consider a range of factors that shape decision-making. Three are briefly outlined here. First, athlete self-esteem is an important psychological factor to consider when addressing all forms of drug use and could be important for a sport consultant to monitor over the course of an athlete's career (Backhouse et al., 2016). Second, given that many drugs are on the WADA Prohibited List, and athletes found using these can be banned from sport, personal morality is worth considering. While changing an athlete's perception of what they perceive as "right" and "wrong" can be difficult, especially if they are well into adulthood, consultants can help them navigate issues by providing an impartial sounding board and being ready to articulate arguments and counterarguments (e.g., questioning the perception that everyone uses performance-enhancing drugs in sport). Third, knowledge of health consequences and anti-doping rules are likely to play a role in an athlete's decision to use drugs. Although health consequences of drug use and the anti-doping rules to promote abstinence or quitting behavior is intuitively appealing on the assumption that the potential consequences may lead to a rational solution of ongoing abstinence, data suggests that drug users are more likely to have higher knowledge of both health consequences and anti-doping rules than non-users (Mazanov & Byrne, 2007; Wanjek et al., 2007). That being said, it is fundamental that sport consultants inform athletes about the consequences of drug use so that they can make a more informed decision before its use.

Drug Use Education Interventions

Preventing a behavior from occurring is recognized to be more effective than discouraging one that is already established (Backhouse et al., 2016). When implemented properly, education can provide athletes with the information to make more informed decisions about their doping behaviors. For this reason, educational interventions have been a key element in drug use sport policy since the publication of the 2009 World Anti-Doping Code. However, rather than focusing on educating athletes about the reasons for and health consequences of using drugs (e.g., the use of marijuana), drug use education in sport is predominantly aimed at ensuring that athletes and consultants are compliant with the WADC. In 2020, WADA published the International Standard for Education (ISE; WADA, 2020), which aims to establish mandatory standards which stakeholders can use for developing and delivering anti-doping education programs. While WADA had spent over $300 million coordinating anti-doping activities in the last decade, no specific guidelines are available for how anti-doping education should be created and delivered. Hoberman (2013) argues that current drug use education interventions in sport "signify a tacit agreement to do nothing beyond issuing proclamations, promulgating slogans, and putting online anti-doping games on the Web" (p. 139). Indeed, current education interventions are not personally relevant or engaging for athletes (Hallward & Duncan, 2019) and appear to be ineffective in preventing drug use (Hurst et al., 2020).

   In the academic literature, researchers have used a different approach than international and national sport organizations and have attempted to target psychological interventions in their drug use interventions. A number of studies have evaluated the effectiveness of drug use education interventions and shown promising results. Nicholls, Morley, et al. (2020) asked athletes to attend ten modules related to, for example, goal setting, motivation, and resisting the temptation to use drugs, and reported that they were less likely to use drugs compared to no-treatment controls. Similarly, two studies led by Maria Kavussanu (Kavussanu et al., 2021; Kavussanu et al., 2022) examined the effectiveness of moral-based

drug use interventions on athletes' drug use likelihood. The first intervention aimed to strengthen moral identity, reduce the tendency to justify drug use, and encouraged winning the "right way", whereas the second targeted the negative emotions for using drugs, personal morality, and the consequences drug use can have on others. Results in both studies showed that athletes were less likely to use drugs after three months (Kavussanu et al., 2022) and six months (Kavussanu et al., 2021) compared to baseline.

While the results of these interventions are promising, such an approach presents itself with pragmatic issues (e.g., the practicality for a national organization, including multiple sessions over a period of time). For a sport consultant working with an athlete, while this may be possible to do so, a key feature of drug use interventions is the delivery of key messages to small groups of athletes. Such an approach allows participants to work collaboratively and cooperatively with other team members so that they can solve problems and complete learning tasks together, which facilitates behavior change (Burlingame et al., 2013; Santoso, 1996). Thus, while the evidence for drug use interventions is encouraging, further research is needed into how sport consultants can specifically work one-to-one with athletes to help them make a more informed decision about their drug use behaviors.

Conclusion

Since the ancient Olympics, athletes have readily used various drugs to help improve and facilitate their performance (Dimeo, 2008). Today, little has changed, and athletes are seeking out various methods to improve performance. As a result, the role of sport consultants in addressing issues of drug use or abuse is central to both prevention and intervention. Sport consultants should be ready to counsel athletes about the implications of drug use toward outcomes in the best interests of the athlete but, at the same time, must be cognizant of the anti-doping rules and regulations outlined in the WADC. Theoretical models of drug use suggest that sport consultants should consider an athlete's self-esteem, personal morality, and attitudes toward using drugs, to gauge how likely they are to use a drug. Current education interventions to prevent drug use and provide athletes with information to help them make informed decisions about using drugs are in their infancy, but recent research has shown promising results. How well these will work in practice is unknown, and sport consultants will need to consider how they can adopt the results of these interventions into their own practice. See Box 26.2 for a summary of the key points from this chapter.

Box 26.2 Summary of Key Points about Drug Use and Abuse in Sport

Consultants have a responsibility to be aware of their obligations under the World Anti-Doping Code, and to be able to discuss with athletes the issues that arise from the Code.

The terminology related to drugs that are "permitted", "prohibited", "illegal", and "legal" are social constructs, and their use and abuse varies depending on whether it is within society or sport.

A framework for guiding discussions with athletes about drug use involves reflecting on: Why is the drug use occurring? Who is involved in the drug use, and are they the right people to listen to? What are the consequences of drug use?

Talking about health consequences is important, but unlikely to change substance use behavior.

Education interventions that discuss the moral implications of drug use and the justifications for using drugs may be effective in deterring drug use.

Acknowledgment

Notes

1 Such a case occurred in British Cycling in March 2017. Due to concerns of athlete well-being, clinical psychologist, Dr Steve Peters, chose to offer counseling to the athlete, Josh Edmondson, about the prohibited method of self-injecting vitamins and using pain killer tramadol rather than report to UK Anti-Doping Etchells, D. (2017). *Ex-Team Sky rider reveals secret injection of vitamins*. Retrieved 22/11/2021 from https://www.insidethegames.biz/articles/1048208/ex-team-sky-rider-reveals-secret-injection-of-vitamins

2 Several athletes have been sanctioned by the World Anti-Doping Agency for using sport supplements that are contaminated with drugs listed on the Prohibited List.

References

Backhouse, S., Whitaker, L., Patterson, L., Erickson, K., & McKenna, J. (2016). *Social psychology of doping in sport: A mixed studies narrative synthesis*. Montreal: World Anti-Doping Agency

Bandura, A. (1991). Social cognitive theory of self-regulation. *Organizational Behavior and Human Decision Processes*, *50*(2), 248–287. https://doi.org/https://doi.org/10.1016/0749-5978(91)90022-L

Boardley, I. D., Grix, J., & Harkin, J. (2015). Doping in team and individual sports: A qualitative investigation of moral disengagement and associated processes. *Qualitative Research in Sport*, *Exercise and Health*, 7(5), 698–717. https://doi.org/10.1080/2159676X.2014.992039

Burlingame, G. M., Strauss, B., & Joyce, A. (2013). Change mechanisms and effectiveness of small group treatments. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (6th ed., pp. 640–689). Wiley

Dictionary, M.-W. (2002). *Merriam-Webster*. Retrieved April 27, 2022 from https://www.merriam-webster.com/dictionary/drug#:~:text=1%20%3A%20a%20substance%20used%20as,drugged%3B%20drugging

Dimeo, P. (2008). *A history of drug use in sport: 1876–1976: Beyond good and evil*. Routledge.

Donovan, R. J., Egger, G., Kapernick, V., & Mendoza, J. (2002). A conceptual framework for achieving performance enhancing drug compliance in sport. *Sports Medicine*, *32*(4), 269–284. https://doi.org/10.2165/00007256-200232040-00005

Etchells, D. (2017). *Ex-Team Sky rider reveals secret injection of vitamins*. Retrieved November 22, 2021 from https://www.insidethegames.biz/articles/1048208/ex-team-sky-rider-reveals-secret-injection-of-vitamins

Gerrard, D., & Pipe, A. (2017). Therapeutic use exemptions. In O. Rabin & Y. Pitsiladis (Eds.), *Acute topics in anti-doping* (Vol. 62, pp. 55–67). Karger Publishers.

Gucciardi, D. F., Jalleh, G., & Donovan, R. J. (2011). An examination of the sport drug control model with elite Australian athletes. *Journal of Science and Medicine in Sport*, *14*(6), 469–476. https://doi.org/10.1016/j.jsams.2011.03.009

Hallward, L., & Duncan, L. R. (2019). A Qualitative exploration of athletes' past experiences with doping prevention education. *Journal of Applied Sport Psychology*, *31*(2), 187–202. https://doi.org/10.1080/10413200.2018.1448017

Hauw, D., & McNamee, M. (2015). A critical analysis of three psychological research programs of doping behaviour. *Psychology of Sport and Exercise*, *16*, 140–148. https://doi.org/10.1016/j.psychsport.2014.03.010

Hoberman, J. (2013). How much do we (really) know about anti-doping education? *Performance Enhancement & Health*, *2*(4), 137–143. https://doi.org/10.1016/j.peh.2014.09.002

Hurst, P., Kavussanu, M., Boardley, I. D., & Ring, C. (2019). Sport supplement use predicts doping attitudes via sport supplement beliefs. *Journal of Sports Sciences*, *37*(15), 1734–1740. https://doi.org/10.1080/02640414.2019.1589920

Hurst, P., Ring, C., & Kavussanu, M. (2020). Evaluation of UK Athletics Clean Sport Programme in preventing doping in junior elite athletes. *Performance Enhancement & Health*, *7*(4), 1–6. https://doi.org/https://doi.org/10.1016/j.peh.2019.100155

Hurst, P., Ring, C., & Kavussanu, M. (2021a). Athletes using ergogenic and medical sport supplements report more favourable attitudes to doping than non-users. *Journal of Science and Medicine in Sport*, *24*(3), 307–311. https://doi.org/10.1016/j.jsams.2020.09.012

Hurst, P., Ring, C., & Kavussanu, M. (2021b). Ego orientation is related to doping likelihood via sport supplement use and sport supplement beliefs. *European Journal of Sport Science*. Advance online publication. https://doi.org/10.1080/17461391.2021.1995509

Huybers, T., & Mazanov, J. (2012). What would Kim do: A choice study of projected athlete doping considerations. *Journal of sport management*, *26*(4), 322–334. https://doi.org/10.1123/jsm.26.4.322

Jalleh, G., Donovan, R. J., & Jobling, I. (2014). Predicting attitude towards performance enhancing substance use: A comprehensive test of the sport drug control model with elite Australian athletes. *Journal of Science and Medicine in Sport*, *17*(6), 574–579. https://doi.org/10.1016/j.jsams.2013.10.249

Kavussanu, M., Barkoukis, V., Hurst, P., Yukhymenko, M., Skoufa, L., Chirico, A., Lucidi, F., & Ring, C. (2022). A psychological intervention reduces doping likelihood in British and Greek athletes: A cluster randomized controlled trial. *Psychology of Sport and Exercise*, *61*, Article e102099. https://doi.org/10.1016/j.psychsport.2021.102099

Kavussanu, M., Hurst, P., Yukhymenko-Lescroart, M., Galanis, E., King, A., Hatzigeorgiadis, A., & Ring, C. (2021). A moral intervention reduces doping likelihood in UK and Greek athletes: Evidence from a cluster randomized control trial. *Journal of Sport & Exercise Psychology*, *43*(2), 125–139. https://doi.org/10.1123/jsep.2019-0313

Mazanov, J., & Byrne, D. (2007). Changes in adolescent smoking behaviour and knowledge of health consequences of smoking. *Australian Journal of Psychology*, *59*(3), 176–180. https://doi.org/10.1080/00049530701541202

Mazanov, J., & Huybers, T. (2010). An empirical model of athlete decisions to use performance-enhancing drugs: Qualitative evidence. *Qualitative Research in Sport and Exercise*, *2*(3), 385–402. https://doi.org/10.1080/19398441.2010.517046

Mazanov, J., Huybers, T., & Connor, J. (2011). Qualitative evidence of a primary intervention point for elite athlete doping. *Journal of Science and Medicine in Sport*, *14*(2), 106–110. https://doi.org/10.1016/j.jsams.2010.06.003

Nicholls, A. R., Levy, A. R., Meir, R., Sanctuary, C., Jones, L., Baghurst, T., Thompson, M. A., & Perry, J. L. (2020). The susceptibles, chancers, pragmatists, and fair players: An examination of the sport drug control model for adolescent athletes, cluster effects, and norm values among adolescent athletes. *Frontiers in Psychology*, *11*, Article e1564. https://doi.org/doi.org/10.3389/fpsyg.2020.01564

Nicholls, A. R., Morley, D., Thompson, M. A., Huang, C., Abt, G., Rothwell, M., Cope, E., & Ntoumanis, N. (2020). The effects of the iPlayClean education programme on doping attitudes and susceptibility to use banned substances among high-level adolescent athletes from the UK: A cluster-randomised controlled trial. *International Journal of Drug Policy*, *82*, Article e102820. https://doi.org/https://doi.org/10.1016/j.drugpo.2020.102820

Petróczi, A. (2013). The doping mindset—Part I: Implications of the functional use theory on mental representations of doping. *Performance Enhancement & Health*, *2*(4), 153–163. https://doi.org/10.1016/j.peh.2014.06.001

Santoso, B. (1996). Small group intervention vs formal seminar for improving appropriate drug use. *Social Science and Medicine*, *42*(8), 1163–1168. https://doi.org/doi.org/10.1016/0277-9536(95)00390-8

Stewart, B., & Smith, A. C. (2008). Drug use in sport: Implications for public policy. *Journal of Sport and Social Issues*, *32*(3), 278–298. https://doi.org/10.1177/0193723508319716

WADA. (2020). 2021 International standard for education.

WADC. (2021). The world anti-doping code. Retrieved from https://www.wada-ama.org/sites/default/files/resources/files/wada-2015-world-anti-doping-code.pdf

Wanjek, B., Rosendahl, J., Strauss, B., & Gabriel, H. H. (2007). Doping, drugs and drug abuse among adolescents in the State of Thuringia (Germany): Prevalence, knowledge and attitudes. *International Journal of Sports Medicine*, *28*(4), 346–353. https://doi.org/10.1055/s-2006-924353

27

EATING DISORDERS IN COMPETITIVE ATHLETES

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For several decades, debate has ensued about whether athletes or non–athletes are at a greater risk of developing eating disorders (EDs). Athletes require fuel to achieve optimal performance. Thus, it has been argued that athletes may possess protective factors for disordered eating (DE). However, to add a layer of complexity, athletes report sport-specific weight and performance pressures that may increase their risk (Reel et al., 2013).

Eating Disorder Spectrum and Related Concerns

The current Diagnostic and Statistical Manual (DSM-5; American Psychiatric Association, 2013) identifies the following clinical EDs: anorexia nervosa (AN); bulimia nervosa (BN), binge eating disorder (BED), and other specified feeding and eating disorder (OSFED). Diagnostic features of AN include fear of gaining weight as well as restricting food intake to a point that results in low body mass index. BN is characterized by recurrent bouts of binge eating followed by attempts to compensate for caloric intake, such as purposeful vomiting, excessive exercise, or use of medications like laxatives. Individuals with BED engage in binge eating and feel distress about their binging, but do not engage in compensatory behavior. Finally, a diagnosis of OSFED applies when someone meets some but not all criteria for the three EDs defined above. In all instances, athletes who meet criteria for EDs have a self-evaluation that is highly influenced by weight/shape and have exhibited changes to energy consumption, leading to negative health consequences or disrupted psychosocial functioning (APA, 2013), although they may be underweight, overweight, or at a normal weight.

Clinical EDs occupy one end of a spectrum of eating behaviors, which ranges from adaptive to clinical. Yet, an athlete who does not meet clinical criteria for an ED may still experience symptoms associated with health complications. *Subclinical* EDs are synonymous with the term DE, a form of dysfunctional eating including, but not limited to, fasting, over-eating, vomiting, rigid dieting, preoccupation with food, and use of diet pills. DE behaviors are commonly reported by athletes (Karrer et al., 2020), and may be a gateway to full–fledged EDs (APA, 2013)

Athletes are at risk for additional concerns due to physical exertion in sport, including Low Energy Availability (LEA), which is inadequate energy intake that results in insufficient fuel for necessary physiological functioning after energy is expended on performance (Loucks et al., 2011). Thus, LEA occurs when athletes intentionally or unintentionally do not consume enough food to replace what they burn

during training. Although inadequate food intake may be intentional in some cases, athletes can exhibit LEA with or without an ED (Mountjoy et al., 2018). Estimates of athletes with LEA range from 22% to 80%, with distance sport athletes demonstrating highest risk (Logue et al., 2020).

In 2014, the International Olympic Committee (IOC) recommended that the commonly cited condition of female-athlete triad (Nattiv et al., 2007) be replaced by a new term, Relative Energy Deficiency in Sport (RED-S), which is inclusive of athletes across gender identities and includes health consequences not originally accounted for in the triad (Mountjoy et al., 2014). RED-S identifies LEA as the key trigger for negative consequences, whereas the term "triad" appeared to place equal emphasis on the three symptoms of DE, menstrual dysfunction, and low bone density. Like the triad, RED-S emphasizes diminished bone health, but the term is more broadly defined as a constellation of physical, hormonal, and psychological effects caused by LEA that disrupt most major body systems (Mountjoy et al., 2014, 2018). RED-S is visually depicted by placing the term in a center circle with 10 spokes that emanate, each with a body system affected by LEA (e.g., immune, cardiovascular, metabolic, gastrointestinal, and psychological; see Mountjoy et al. 2018 for RED-S figures at https://bjsm.bmj.com/content/52/11/687).

Chronic LEA and RED-S have deleterious consequences for performance, including decreases in glycogen store, endurance, muscle strength, and concentration combined with an increased risk for injury (Charlton et al., 2022). Even same-day energy imbalance has negative performance and physiological effects, like elevated cortisol levels (Logue et al., 2020). However, serious effects from LEA are often initially masked by a brief period of improvement or stabilization in performance before detriments occur (Wasserfurth et al., 2020), which may unfortunately promote a belief that reducing food intake only helps performance.

Athletes' ED Risk Factors

Researchers have sought to determine which athlete subgroups are at the greatest ED risk. Findings have been somewhat inconclusive, though some patterns have emerged. For example, athletes who identify as female report the highest ED frequency (Bratland-Sanda & Sundgot-Borgen, 2013), though there is little research on gender non-binary athletes for comparison. However, it is known that non-athlete transgender and non-binary adults report more EDs than non-athlete cisgender heterosexual adults (Nagata et al., 2020). Similarly, there is less research on male-identified athletes. EDs and LEA are harder to identify in men, perhaps because many screening instruments have not been validated on male athletes (Arthur-Cameselle & Quatromoni, 2021). Moreover, stigma and the perception that EDs only affect women have reportedly kept male-identified athletes from acknowledging EDs (Freedman et al., 2021).

Sport-Specific Risks, Pressures, and Triggers

Although there was speculation that athletes' competitive level was tied to ED risk, with athletes who compete at elite levels purportedly more affected (Karrer et al., 2020), an individual's athletic identity may be a more salient factor. For example, Palermo and Rancourt (2019) found that within a subgroup of athletes competing at lower levels of competition, those with higher athletic identity reported more ED behaviors. Moreover, in a mixed gender sample of soccer players competing at the elite level, reserve players reported more DE than first-team players (Abbott et al., 2020). Taken together, when there is a discrepancy between athletic identity and actual competitive level achieved or player status, athletes may be more at risk.

Regarding sport type, researchers propose that highest risk is in *weight-sensitive sports*, including sports that are judged, have weight classes, or are *gravitational* in that athletes propel their bodies forward

(e.g., distance running), wherein higher mass is believed to reduce performance (Ackland et al., 2012). Relatedly, a primary ED risk is holding the belief that lower body weight/fat always results in enhanced performance; gravitational sport athletes appear more susceptible (Werner et al., 2013), but Krentz and Warschburger (2011) found that athletes from any sport who believed reduced weight led to better performance reported more ED symptoms.

Risk likely differs across sports, given that, to varying degrees, athletes may experience pressure to change their body weight or shape to obtain the ideal body type for their sport. In studies measuring weight pressures, Reel and her investigative team (2013; Galli et al., 2014) found that revealing uniforms, teammates' and coaches' body comments, weight-requirements in sports, performance perceptions as well as body evaluation from judges and fans all introduce pressures, which are associated with ED risks, like intent to diet, bulimia symptoms, and body dissatisfaction. Notably, weight pressures predict ED symptoms and negative body image in certain athletes, such as figure skaters (Voelker et al., 2018). Also, some coaches promote dieting and weight control, which are associated with increased DE (Francisco et al., 2012).

Qualitative studies have revealed that some athletes and dancers developed EDs in response to injuries; specifically, participants altered fueling due to anxiety about returning at a lower level of performance after missed training (Arthur-Cameselle et al., 2017; Reel et al., 2018). Thus, concerns about injury appear linked with the consistent result that performance pressure is a top trigger for athletes' EDs. Athletes of all genders have reported that their EDs began as attempts to seek a performance advantage (Arthur-Cameselle et al., 2017; Freedman et al., 2021).

Regarding the social environment, athletes' EDs have been reportedly triggered or reinforced by teammates with DE behavior (Arthur-Cameselle et al., 2017; Freedman et al., 2021). For example, some athletes engage in *competitive thinness* with peers, by way of attempts to physically outdo teammates' workouts or eating and a longitudinal study indicated that teammates' DE modeling at the initial data collection point predicted increases in DE months later (Scott et al., 2022). Additionally, researchers found that relationship quality with teammates is negatively correlated with DE (Shanmugam et al., 2014) and that teammates who provide "anti-dieting" advice promoted positive eating attitudes (Kroshus et al., 2015). By contrast, when teammates model maladaptive behavior like "fat talk" (e.g., "I look so flabby in this uniform") or disparaging comments about others' bodies (e.g., "that guy's arms are so scrawny!"), athletes report more DE (Francisco et al., 2012). Given the vast amount of time athletes spend with teammates and coaches, it is not surprising that sport relationships play a role in ED onset. In fact, interpersonal conflict with coaches was the primary predictor of DE in a mixed gender sample of athletes from various sports (Shanmugam et al., 2014).

Additionally, Petrie and Greenleaf's (2012) sociocultural model of DE in athletes proposes that some experience "dual pressure" to meet an ideal body shape defined by broader society, which may be at odds with the body or weight that best supports performance in their sport. For example, a female-identified sprinter may feel pressure from media to have a thin, non-muscular build, yet, to perform well, must have ample muscle mass. By contrast, a male-identified distance runner may perceive societal pressure to have a muscular build, yet feel pressure within distance running settings to be slender. Achieving both ideals is impossible, potentially leaving athletes with body dissatisfaction (Mosewich et al., 2009).

Another concern is that EDs and LEA may be unintentionally reinforced or normalized in sport. For example, behaviors that many coaches praise, such as denying pain, perfectionism, competitive drive, and extreme dedication to training, are similar to ED behaviors like overriding hunger cues, extreme personal expectations, competitive thinness with teammates, and excessive exercise (Thompson & Sherman, 1999). Athletes may internalize the idea that extreme weight/exercise behaviors are normative in pursuit of performance. Thus, in addition to ED diagnostic criteria, practitioners and coaches should watch for subtle warning signs in athletes (see Table 27.1).

Table 27.1 Additional Warning Signs of Eating Disorders and RED-S

Behavioral	Psychological
Avoidance of eating in public or social settings	Anxiety
Chewing and spitting out food	Depressed mood
Frequent body/appearance checking	Fatigue
Excessive weighing	Internalized sociocultural values regarding attractiveness
Excessive exercise in addition to normal training	
Exercising despite injury/illness	Mood swings
Underperformance, despite high training or ability	Perfectionism
Weight fluctuations	Self-criticism, disparaging body comments about self or others
Restlessness, particularly if unable to exercise	
Repeated injuries, particularly stress fractures	Poor self-esteem
Substance/Supplement use	Rigid thinking, inability to shift eating/exercise plans

Prevention Strategies

Fortunately, research indicates that ED risk in athletes can be mitigated via structured ED prevention programs. For instance, Becker et al. (2012) found that female-athlete participants who discussed societal thin-ideals as well as dual-pressure, specifically exploring costs of pursuing both ideals (e.g., female-athlete triad), reported reductions in ED risk even at one-year follow-up. A similar group-based program with male collegiate athletes, which included discussions of RED-S, dual-pressures, and teammate fat-talk, led to reduced ED risks and supplement use (Perelman et al., 2022). It is promising that the benefits of prevention programs can persist for 15 or more years (Bar et al., 2017).

However, mitigating risk should go beyond a few hours of programming. Instead, coaches and athlete support personnel (ASP) should consistently create a positive training environment in which health is valued over performance. To be sure, coaches and trainers feel pressure to produce strong performance. Thus, prevention must begin with those with the most power in sport organizations, like directors. In terms of broad practices, we echo others' calls for policies to ban weigh-ins in non-weight class sports (unless medically necessary) and any public posting of athletes' weights. Weight-related targets should be replaced with *individualized* training and sport goals. Also, coaches should be trained on EDs, RED-S, and detrimental effects of equating weight/fat loss with success. Afterward, coaches should be explicitly prohibited from commenting on athletes' body shape or weight.

A low-cost prevention measure is providing athletes with educational material about RED-S and LEA (e.g., "Relative Energy Deficiency," n.d.). Just a few discussions and psychoeducation about RED-S appears to reduce athletes' ED risk factors (Perelman et al., 2022). Importantly, this education should extend to sports medicine and coaching staff, given the finding that although 98% of athletic trainer participants knew of the female-athlete triad, a mere 33% were familiar with RED-S (Kroshus et al., 2018). Sports medicine staff should be trained to identify LEA and be informed that what is labeled "overtraining syndrome" is often undiagnosed RED-S (Stellingwerff et al., 2021). Relatedly, departments should employ registered dieticians who are RED-S/ED-informed.

Reducing risk at the individual level does not require structured programs. Given that ED risk is reduced when athletes challenge societal body ideals, ASP should encourage athletes to reduce consumption of social media, or to at least be critical of social media images, which may be retouched to present perfection. Additionally, ASP can disrupt fat-talk or body-bashing. A simple change that ASP can make is to not make disparaging comments about their own bodies. Another is to avoid commenting on opponents' bodies (e.g., "that team is jacked" or "you look way fitter than them") as doing so

raises the perceived importance of appearance. Additionally, when a member of the ASP hears athletes equating weight/fat loss with enhanced performance, they should intervene, like the sample below.

ATHLETE: "If I lost five pounds (or put on five pounds of muscle), I would play so much better!"
ASP: "There are other ways to improve performance that are more within your control. Plus, adjusting your weight is not always good because it can leave you without enough energy to perform. Things that have worked for other athletes are adding speed or skill drills to training or increasing sport psychology training, since practicing mental skills can enhance performance. Also, proper fueling and sleep can improve your performance. Which of those ideas are you interested in?"

Athletes likely also need help getting out of peer body-bashing cycles. It can be difficult to disengage since it is normative to offer one's own body disparaging comment after hearing a peer's self-criticism. It may be useful to raise athletes' awareness that body-bashing is unlikely to produce confidence and motivation, which are mental states that support performance. ASP can encourage something like the following:

ATHLETE 1: "This uniform shows off my scrawny arms."
ATHLETE 2: "I feel more confident when I focus more on how I feel rather than how I look. I'm feeling rested and ready to play."

Overall, athletic departments should employ multi-pronged prevention strategies that include the research-supported ideas described above.

Screening

To catch symptoms early, athletes' annual physical examinations should include ED and RED-S screening. Practitioners trained to administer clinical tools can read Arthur-Cameselle and Quatromoni's (2021) review of screenings recommended for athletes. Readers should be aware that the IOC has a RED-S clinical assessment tool (REDS-CAT) that categorizes an athlete as low, moderate, or high risk (Mountjoy et al., 2015). If an athlete is deemed to be at high risk (e.g., prolonged LEA and clinical ED), reduced or ceased training and competition is advised until there is improvement to moderate risk level. Although removing athletes from competition can be challenging, several participants in past studies reported that confrontation and removal from competition provided useful motivation for recovery (Arthur-Cameselle & Quatromoni, 2014).

ED Referrals, Treatment, and Recovery

Most people who interact with athletes will not have clinical training. Thus, for ASP, knowing how to refer an athlete to ED treatment is key. Selby and Reel (2011) provided useful referral suggestions, including: talk to the athlete one-on-one in a private location; avoid using the term "eating disorder" to reduce defensiveness; focus on changes in performance or energy over appearance; offer several different types of treatment providers that the athlete could try, including registered dieticians and physicians (rather than forcing psychological treatment). Charlton et al. (2022) offered similar recommendations, including allowing the athlete autonomy in selecting treatment options (see also chapter 25).

Approaching the athlete with care and developing a trusting relationship first will likely increase referral efficacy, as athletes may not seek out treatment on their own. For example, Flatt et al. (2021) found that 88% of 3,116 of competitive athletes who completed an online screening met criteria for an ED or subclinical ED; yet, only 11% were in current or past treatment. Even more concerning was

that after giving feedback to those who had a probable ED diagnosis, 78% of that subsample stated that they would "probably not" or "definitely not" initiate treatment (Flatt et al., 2021, p. 371). These findings suggest that impersonal referrals are ineffective, and also that ASP may need to be persistent with recommendations.

Treatment and Recovery

Although it is best with a hesitant athlete to recommend just one treatment provider to start, the most effective approach utilizes a multi-disciplinary team that is comprised of qualified professionals with both clinical expertise and sport-specific knowledge like clinical sport psychologists (e.g., licensed psychologist with Certified Mental Performance Consultant status), registered dietician nutritionists (RDN), physicians who are board-certified in sports medicine, and psychiatrists (if applicable) who are ED- and RED-S-informed. In addition, Mountjoy et al. (2014) recommended including a physiologist in treatment decisions about athletes with RED-S, given the dire physiological and metabolic consequences of LEA. Relatedly, decisions about return to sport following breaks in training due to EDs/RED-S should be determined by the practitioners in consultation with the athlete, rather than only by a coach or the athlete themselves. The two available models to inform return-to-play decisions (De Souza et al., 2014; Mountjoy et al., 2015) require experts to make decisions based on athletes' reports in conjunction with physiological data. These evaluations lead to one of three decisions: restricted activity, provisional (limited) activity, or full return. Notably, De Souza et al. (2014) found that returning to sport too early increases rates of relapse, which could lead to additional time away from sport.

Regarding treatment, there is ample literature on what supports recovery in non-athlete populations. However, given unique physical demands and pressures in sport, it is pertinent to consult the small body of literature on athletes' treatment experiences, which is reviewed below. Athletes have reported that treatment was ineffective when not geared to sport-specific concerns and performance pressures (Plateau et al., 2017), which is not surprising, given reports that a top motivator to achieve recovery is to return to competition (Arthur-Cameselle & Quatromoni, 2014). Thus, athlete-specific treatment and sport-informed clinical providers are recommended.

To continue, the few studies on athlete-specific programs have had promising results. In a study on treatment outcomes in 15 female athletes from a variety of sports with clinical ED diagnoses, researchers found that following eight weeks of athlete-specific outpatient treatment, two-thirds of the sample no longer met ED criteria, while the remaining one-third met only subclinical criteria (Stranberg et al., 2020). Moreover, Fewell et al. (2018) found that out of a group of 21 athletes (both male and female) in an athlete-specific intensive ED treatment program (average of 66 days), those with AN had significant increases in body mass and the entire sample demonstrated significant increases in two physical strength measures (hand grip and push-ups completed). The program evaluated by Fewell et al. (2018) incorporated exercise led by a Certified Strength and Conditioning Specialist, along with nutrition therapy, individual psychotherapy, psychiatry, and group interventions like art therapy. Similarly, the program tested in Stranberg et al.'s (2020) study included group yoga and individualized exercise plans monitored by an ED-informed exercise specialist. Given that athletes with EDs often exercise compulsively (Flatt et al., 2021), treatment centers have been wary of including exercise in treatment plans. Yet, these studies' findings indicate that exercise can be compatible with ED treatment if tailored to an individual's needs and monitored by qualified professionals. Others recommend exercise when clients also receive non-active therapy on exercise psychology to better understand compulsive thinking about exercise (Reel, 2015).

Although these studies on athletes' recovery are useful, the samples were comprised primarily of participants who identified as female; less is known about athletes who identify as male or non-binary.

There is a similar knowledge gap for professional and high school athletes, as most researchers have sampled collegiate athletes.

Conclusion

In summary, athletes experience sport-specific pressures and risks for EDs and RED-S, due to emphasis on achieving top performance in competitive settings. Relatedly, athletes' ED/DE symptoms may be misunderstood or reinforced in sport if they are interpreted as merely dedication to training. ED prevention should focus on shifting norms in sport, such as reducing emphasis on appearance and weight in favor of focusing on health and individualized goals, as well as increased education, particularly on RED-S. Athletes in need of clinical treatment should be referred to providers with the ED and sport expertise necessary to help them cope with known sport-specific pressures and triggers. See Box 27.1 for a summary of the key points from this chapter.

Box 27.1 Summary of Key Points about Reducing Eating Disorders (EDs) in Athletes

- Be aware that athletes of all genders, from all sports, and all levels of competition can develop EDs. Challenge the misconception that it is just elite, female-identified athletes from weight-sensitive sports who develop EDs.
- Educate athletes on consequences of LEA and RED-S, including same-day detriments to training and long-term effects, including reduced performance and increased injury risk.
- Help athletes accurately determine their fueling needs, explaining that they cannot rely on intake guidelines that were developed for non-athletes.
- Inform coaches that when they praise athletes who play through pain or adhere to rigid diets, they may unintentionally encourage EDs, which ultimately hurt performance.
- Reduce sport-specific weight pressures by educating coaches and trainers on ED risks introduced by weight-based comments and criticisms.
- Eliminate comments about your own body and others' bodies in front of athletes or other sport personnel to reduce emphasis on appearance in sport settings.
- Teach athletes adaptive coping mechanisms for dealing with performance pressure.
- Increase psychological support for injured athletes and educate them about the dangers of restricting food intake as a way to compensate for missed training.
- Refer athletes with ED symptoms to clinical providers who have expertise in treating EDs and, whenever possible, sport-specific training (e.g., clinical sport psychologists).
- When making referrals, approach the athlete individually, express concern, avoid the term "eating disorder," and provide choices of providers they can start with for treatment.

References

Abbott, W., Brett, A., Brownlee, E. T., Hammond, M. K., Harper, D. L., Naughton, J. R., Anderson, L., Munson, E. H., Sharkey, J. V., Randell, R. K., & Clifford, T. (2020). The prevalence of disordered eating in elite male and female soccer players. *Eating and Weight Disorders*, *27*, 1–8. https://doi.org/10.1007/s40519-020-00872-0

Ackland, T. R., Lohman, T. G., Sundgot-Borgen, J., Maughan, R. J., Meyer, N. L., Stewart, A. D., & Muller, W. (2012). Current status of body composition assessment in sport: Review and position statement on behalf of the

ad hoc research working group on body composition health and performance, under the auspices of the IOC Medical Commission. *Sports Medicine*, *42*, 227–249. https://doi.org/10.2165/11597140-000000000-00000

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Author. https://doi.org/10.1176/appi.books.9780890425596

Arthur-Cameselle, J. N., Sossin, K., & Quatromoni, P. A. (2017). A qualitative analysis of factors related to eating disorder onset in female collegiate athletes and non-athletes. *Eating Disorders: The Journal of Treatment and Prevention*, *25*(3), 199–215. https://doi.org/10.1080/10640266.2016.1258940

Arthur-Cameselle, J. N., & Quatromoni, P. A. (2014). Eating disorders in collegiate female athletes: Factors that assist recovery. *Eating Disorders: The Journal of Treatment and Prevention*, *22*, 50–61. https://doi.org/10.1080/10640266.2014.857518

Arthur-Cameselle, J. N., & Quatromoni, P. A. (2021). Best practices for the assessment and treatment of eating disorders in sport and performance contexts. In D. Marks, A. Wolanin, & K. Shortway (Eds.), *The Routledge Handbook of Clinical Sport Psychology*. Routledge.

Bar, R. J., Cassin, S. E., & Dionne, M. M. (2017). The long-term impact of an eating disorder prevention program for professional ballet school students: A 15-year follow-up study. *Eating Disorders*, *25*(5), 375–387. https://doi.org/10.1080/10640266.2017.1308731

Becker, C. B., McDaniel, L., Bull, S., Powell, M., & McIntyre, K. (2012). Can we reduce eating disorder risk factors in female college athletes? A randomized exploratory investigation of two peer-led interventions. *Body Image*, *9*(1), 31–42. https://doi.org/10.1016/j.bodyim.2011.09.005

Bratland-Sanda, S., & Sundgot-Borgen, J. (2013). Eating disorders in athletes: Overview of prevalence, risk factors and recommendations for prevention and treatment. *European Journal of Sport Science*, *13*(5), 499–508. https://doi.org/10.1080/17461391.2012.740504

Charlton, B. T., Forsyth, S., & Clarke, D. C. (2022). Low energy availability and relative energy deficiency in sport: What coaches should know. *International Journal of Sports Science & Coaching*, *17*(2), 445–460. https://doi.org/10.1177/17479541211054458

De Souza, M. J., Nattiv, A., Joy, E., Misra, M., Williams, N. I., Mallinson, R. J., … Barrack, M. (2014). Female athlete triad coalition consensus statement on treatment and return to play of female athlete triad. *British Journal of Sports Medicine*, *48*(4), 289–308. http://dx.doi.org/10.1136/bjsports-2013-093218

Fewell, L. K., Nickols, R., Tierney, A. S., & Levinson, C. A. (2018). Strength and power improvements in athlete and non-athletes during intensive eating disorder treatment. *Journal of Clinical Sport Psychology*, *12*(4), 562–577. https://doi.org/10.1123/jcsp.2018-0014

Flatt, R. E., Thornton, L. M., Fitzsimmons-Craft, E. E., Balantekin, K. N., Smolar, L., Mysko, C., Wilfley, D. E., Taylor, C. B., DeFreese, J. D., Bardone-Cone, A. M., & Bulik, C. M. (2021). Comparing eating disorder characteristics and treatment in self-identified competitive athletes and non-athletes from the National Eating Disorders Association online screening tool. *The International Journal of Eating Disorders*, *54*(3), 365–375. https://doi.org/10.1002/eat.23415

Francisco, R., Alarcão, M., & Narciso, I. (2012). Aesthetic sport as high-risk context for eating disorder—young elite dancers and gymnasts' perspectives. *The Spanish Journal of Psychology*, *15*(1), 265–274. https://doi.org/10.5209/rev_SJOP.2012.v15.n1.37333

Freedman, J., Hage, S., & Quatromoni, P. A. (2021). Eating disorders in male athletes: Factors associated with onset and maintenance. *Journal of Clinical Sport Psychology*, *15*(3), 227–248. https://doi.org/10.1123/jcsp.2020-0039

Galli, N., Petrie, T. A., Reel, J. J., Chatterton, J. M., & Baghurst, T. M. (2014). Assessing the validity of the weight pressures in sport scale for male athletes. *Psychology of Men & Masculinity*, *15*(2), 170–180. https://doi.org/10.1037/a0031762

Karrer, Y., Halioua, R., Mötteli, S., Iff, S., Seifritz, E., Jäger, M., & Claussen, M. C. (2020). Disordered eating and eating disorders in male elite athletes: A scoping review. *BMJ Open Sport & Exercise Medicine*, *6*(1), e000801. https://doi.org/10.1136/bmjsem-2020-000801

Krentz E. M., & Warschburger P. (2011). Sport-related correlates of disordered eating: A comparison between aesthetic and ballgame sports. *International Journal of Sport Psychology*, *42*(6), 548–564.

Kroshus, E., DeFreese, J. D., & Kerr, Z. Y. (2018). Collegiate athletic trainers' knowledge of the female athlete triad and relative energy deficiency in sport. *Journal of Athletic Training*, *53*(1), 51–59. https://doi.org/10.4085/1062-6050-52.11.29

Kroshus, E., Kubzansky, L., Goldman, R., & Austin, S. B. (2015). Anti-dieting advice from teammates: A pilot study of the experience of female collegiate cross country runners. *Eating Disorders: The Journal of Treatment & Prevention*, *23*(1), 31–44. https://doi.org/10.1080/10640266.2014.959848

Loucks, A. B., Kiens B., & Wright, H. H. (2011). Energy availability in athletes. *Journal of Sports Sciences*, *29*, S7–S15. https://doi.org/10.1080/02640414.2011.588958

Logue, D. M., Madigan, S. M., Melin, A., Delahunt, E., Heinen, M., Donnell, S. M., & Corish, C. A. (2020). Low energy availability in athletes 2020: An updated narrative review of prevalence, risk, within-day energy balance, knowledge, and impact on sports performance. *Nutrients*, *12*(3), 835. https://doi.org/10.3390/nu12030835

Mosewich, A. D., Vangool, A. B., Kowalski, K. C., & McHugh, T. F. (2009). Exploring women track and field athletes' meanings of muscularity. *Journal of Applied Sport Psychology*, *21*(1), 99–115. https://doi.org/10.1080/10413200802575742

Mountjoy, M., Sundgot-Borgen, J., Burke, L. M., Carter, S., Constantini, N., Lebrun, C., … & Ackerman, K. E. (2015). Relative energy deficiency in sport (RED-S) clinical assessment tool (CAT). *British Journal of Sports Medicine*, *49*(7), 421–423. https://doi.org/10.1136/bjsports-2014-094559

Mountjoy, M., Sundgot-Borgen, J., Burke, L., Carter, S., Constantini, N., Lebrun, C., … Ljungqvist, A. (2014). The IOC consensus statement: Beyond the female athlete triad – Relative Energy Deficiency in Sport (RED-S). *British Journal of Sports Medicine*, *48*, 491–497. http://dx.doi.org/10.1136/bjsports-2014-093502

Mountjoy M, Sundgot-Brogen J. K., Burke, L. M, … & Budgett, R. (2018). IOC consensus statement on relative energy deficiency in sport (RED-S): 2018 update. *British Journal of Sports Medicine*, 52, 687–697. https://bjsm.bmj.com/content/52/11/687

Nagata, J. M., Ganson, K. T., & Austin, S. B. (2020). Emerging trends in eating disorders among sexual and gender minorities. *Current Opinion in Psychiatry*, *33*(6), 562–567. https://doi.org/10.1097/YCO.0000000000000645

Nattiv, A., Loucks, A. B., Manore, M. M., Sanborn, C. F., Sundgot-Borgen, J., Warren, M. P., & American College of Sports Medicine (2007). American College of Sports Medicine position stand. The female athlete triad. *Medicine and Science in Sports and Exercise*, *39*(10), 1867–1882. https://doi.org/10.1249/mss.0b013e318149f111

Palermo, M., & Rancourt, D. (2019). An identity mis-match? The impact of self-reported competition level on the association between athletic identity and disordered eating behaviors. *Eating Behaviors*, *35*, 101341. https://doi.org/10.1016/j.eatbeh.2019.101341

Petrie, T. A., & Greenleaf, C. (2012). Eating disorders in sport. In S. M. Murphy (Ed.), *The Oxford handbook of sport and performance psychology* (pp. 635–659). Oxford University Press. https://doi.org/10.1002/9781118270011.ch16

Perelman, H., Schwartz, N., Yeoward-Dodson, J., Quiñones, I. C., Murray, M. F., Dougherty, E. N., Townsel, R., Arthur-Cameselle, J., & Haedt-Matt, A. A. (2022). Reducing eating disorder risk among male athletes: A randomized controlled trial investigating the male athlete body project. *The International Journal of Eating Disorders*, *55*(2), 193–206. https://doi.org/10.1002/eat.23665

Plateau, C. R., Arcelus, J., Leung, N., & Meyer, C. (2017). Female athlete experiences of seeking and receiving treatment for an eating disorder. *Eating Disorders: The Journal of Treatment and Prevention*, *25*(3), 273–277. doi:10.1080/10640266.2016.1269551

Reel, J. J. (2015). The relationship between exercise and eating disorders: A double-edged sword. In M. B. Andersen & S. J. Hanrahan (Eds.), *Doing exercise psychology*. Human Kinetics.

Reel, J. J., Petrie, T. A., SooHoo, S., & Anderson, C. M. (2013). Weight pressures in sport: Examining the factor structure and incremental validity of the weight pressures in sport—Females. *Eating Behaviors*, *14*(2), 137–144. https://doi.org/10.1016/j.eatbeh.2013.01.003

Reel, J. J., Podlog, L., Hamilton, L., Greviskes, L., Voelker, D. K., & Gray, C. (2018). Injury and disordered eating behaviors: What is the connection for female professional dancers? *Journal of Clinical Sport Psychology*, *12*(3), 365–381. https://doi.org/10.1123/jcsp.2017-0007

Relative Energy Deficiency in Sport (RED-S). (n.d.). Brown University. Retrieved June 3rd, 2022, from https://www.brown.edu/campus-life/health/services/promotion/nutrition-eating-concerns-sports-nutrition/relative-energy-deficiency-sport-red-s

Scott, C. L., Haycraft, E., & Plateau, C. R. (2022). A prospective study of teammate factors on athletes' well-being, disordered eating, and compulsive exercise. *Sport*, *Exercise*, *and Performance Psychology. Advance online publication.* http://dx.doi.org/10.1037/spy0000293

Selby, C. B., & Reel, J. J. (2011). A coach's guide to identifying and helping athletes with eating disorders. *Journal of Sport Psychology in Action*, *2*(2), 100–112. https://doi.org/10.1080/21520704.2011.585701

Shanmugam, V., Jowett, S., & Meyer, C. (2014). Interpersonal difficulties as a risk factor for athletes' eating psychopathology. *Scandinavian Journal of Medicine & Science in Sports*, *24*(2), 469–476. doi:10.1111/sms.12109

Stellingwerff, T., Heikura, I. A., Meeusen, R., Bermon, S., Seiler, S., Mountjoy, M. L., & Burke, L. M. (2021). Overtraining syndrome (OTS) and relative energy deficiency in sport (RED-S): Shared pathways, symptoms and complexities. *Sports Medicine*, *51*(11), 2251–2280. https://doi.org/10.1007/s40279-021-01491-0

Stranberg, M., Slager, E., Spital, D., Coia, C., & Quatromoni, P. A. (2020). Athlete-specific treatment for eating disorders: Initial findings from the Walden GOALS program. *Journal of the Academy of Nutrition & Dietetics*, *120*(2), 183–192. https://doi.org/10.1016/j.jand.2019.07.019

Thompson, R., & Sherman, R. (1999). "Good athlete" traits and characteristics of anorexia nervosa: Are they similar? *Eating Disorders*, 7, 181–190. https://doi.org/10.1080/10640269908249284

Voelker, D. K., Petrie, T. A., Reel, J. J., & Gould, D. (2018) Frequency and psychosocial correlates of eating disorder symptomatology in male figure skaters. *Journal of Applied Sport Psychology*, *30*, 119–126. https://doi.org/10.1080/10413200.2017.1325416

Wasserfurth, P., Palmowski, J., Hahn, A., & Krüger, K. (2020). Reasons for and consequences of Low Energy Availability in female and male athletes: Social environment, adaptations, and prevention. *Sports Medicine*, *6*(1), 44. https://doi.org/10.1186/s40798-020-00275-6

Werner, A., Thiel, A., Schneider, S., Mayer, J., Giel, K. E., & Zipfel, S. (2013). Weight-control behaviour and weight-concerns in young elite athletes – a systematic review. *Journal of Eating Disorders*, *1*, 18. https://doi.org/10.1186/2050-2974-1-18

28

ADHERENCE TO SPORT INJURY REHABILITATION

Britton W. Brewer

Sport injuries are a substantial public health concern across forms of physical activity and around the world (Ivarsson et al., 2020). Athletes who sustain injuries, especially those that are severe or involve lengthy periods of time away from sport, are often prescribed a rehabilitation program as part of their medical treatment. Although adhering to rehabilitation regimens is considered central to recovery from sport injury (Brewer, 2019), it is not uncommon for athletes to fail to complete their recommended rehabilitation activities (Brewer, 1999). Typically involving maintenance of one or more rehabilitative behaviors, adherence to sport injury rehabilitation falls squarely within the realm of applied sport psychology.

Defining Adherence to Sport Injury Rehabilitation

In the medical literature, a variety of terms (e.g., compliance, cooperation, concordance, and mutuality) and operational definitions have been applied to the general concept to which client adherence refers (Bosworth et al., 2006). Common elements across the various definitions include the opinions or directions given by health care professionals to prevent or treat medical conditions, the role and self-care responsibilities of clients in their treatments, and the degree to which the behaviors of clients are consistent with the expert recommendations they have received (Bosworth et al., 2006; Christensen, 2004). Incorporating these key elements, Christensen defined adherence as reflecting "the extent to which a person's actions or behavior coincides with advice or instruction from a health care provider intended to prevent, monitor, or ameliorate a disorder" (p. 3). In the context of sport injury rehabilitation, adherence typically involves participation in activities in clinical, home, or other (nonclinical) settings. Common clinic-based activities in sport injury rehabilitation include attending appointments, experiencing therapeutic modalities (e.g., cryotherapy, electrical stimulation, and massage), and completing exercises designed to enhance parameters such as agility, balance, flexibility, and strength. Away from the clinical setting, athletes undergoing injury rehabilitation may be asked to avoid potentially harmful activities, take prescribed medications, wear therapeutic devices, self-administer therapeutic modalities, and do exercises similar or identical to those featured in clinic-based regimens.

Measuring Adherence to Sport Injury Rehabilitation

Given the wide range of behaviors that can be involved in adhering to sport injury rehabilitation programs, it is not surprising that a diverse array of methods have been used to measure adherence to

sport injury rehabilitation for clinical and research purposes. For any particular rehabilitation regimen, measures of adherence should, of course, correspond closely to the behavioral demands of the regimen. Accordingly, adherence measurement strategies have been developed for clinic- and nonclinic-based activities.

Clinic-Based Measures of Sport Injury Rehabilitation Adherence

The most commonly used measure of adherence to clinic-based sport injury rehabilitation programs is attendance at rehabilitation appointments. Objective and easily calculated by dividing the number of rehabilitation sessions that athletes attend by the number of rehabilitation sessions scheduled, attendance indices are helpful for documenting gross nonadherence to clinic-based rehabilitation in the form of failing to show up for scheduled appointments. Because there is a strong tendency for athletes to be present for their scheduled appointments and because attendance measures do not provide information on athletes' behavior during rehabilitation sessions (Brewer, 1999), additional means of assessing adherence to clinic-based sport injury rehabilitation have been developed.

The most elaborate method of assessing what athletes actually do during rehabilitation sessions is the Sports Medicine Observation Code (SMOC; Crossman & Roch, 1991), which involves observing athletes at regular time intervals during their appointments and recording their behavior in 13 categories (e.g., active rehabilitation, waiting, and non–activity). Such an approach to measuring adherence to sport injury rehabilitation is labor-intensive, impractical in most rehabilitation environments, and unlikely to yield precise information about adherence unless the prescribed allocation of behaviors in each of the categories can be specified.

Another method of assessing adherence in clinical settings is to compare the number of sets of rehabilitation exercises completed with the number of sets prescribed. Although this approach is appealing in that it produces a quantifiable index of adherence, athletes undergoing rehabilitation in supervised clinical environments rarely do less than the prescribed number of sets of rehabilitation exercises, exceptions being when their medical conditions prevent them from completing exercises (in which case the exercise prescription is adjusted) or in the rare instances when they openly defy the instructions of their rehabilitation practitioners.

A fourth option for measuring adherence to clinic-based sport injury rehabilitation is to have the professionals supervising the rehabilitation of athletes rate the extent to which the individuals under their care adhere to the rehabilitation program. Examples of such measures are the Sport Injury Rehabilitation Adherence Scale (SIRAS; Brewer et al., 2000) and the Rehabilitation Adherence Measure for Athletic Training (RAdMAT; Granquist et al., 2010). With the SIRAS, practitioners evaluate clients' efforts to complete rehabilitation exercises, follow instructions and advice, and be receptive to changes in the rehabilitation program during a given clinic session. The SIRAS is a brief (i.e., three items), psychometrically sound means of assessing what athletes do relative to their rehabilitation professionals' expectations of their behavior during clinic appointments. With 16 items, the RAdMAT is longer than the SIRAS, but provides a more detailed analysis of athletes' attendance-participation, attitude-effort, and communication

Nonclinic-Based Measures of Sport Injury Rehabilitation Adherence

Some exercise prescriptions are the central feature of many sport injury rehabilitation programs. Adherence to prescribed home exercises has been assessed in a variety of ways, ranging from single-item retrospective reports to objective methods. The most common means of measuring adherence to home exercises has been simply to ask athletes to indicate the extent to which they adhered to their home exercise prescription (Brewer, 1999). Although appealing in its convenience and simplicity, this retrospective

approach is subject to forgetting and response bias (Meichenbaum & Turk, 1987). Obtaining frequent, even daily, self-reports of home exercise completion in real-time during the rehabilitation period is a way of minimizing recall inaccuracies (González-Barato et al., 2021). Objective measurement of adherence to home exercise prescriptions, which is desirable because it is not susceptible to recall and response biases and can therefore validate self-reports, can be accomplished by embedding electronic counting devices in exercise equipment (for a review of objective measures of rehabilitation adherence, see Brewer, 2004). Under the assumption that athletes who cannot correctly recall or replicate the home exercises they were asked to perform are unlikely to have done the exercises, nonadherence to prescribed home exercises can be assessed indirectly by having athletes articulate the details of (or actually demonstrate) their home exercise programs (Friedrich et al., 1996; Peek et al., 2018; Webborn et al., 1997).

Subjective and objective means are available for assessing adherence to other nonclinic-based aspects of sport injury rehabilitation programs. For example, in the subjective realm, self-reports can be used to measure overadherence to rehabilitation (Podlog et al., 2013) and use of prescribed medications and therapeutic devices such as orthopedic braces and splints. Self-reports of medication and device use are subject to the same limitations as self-reports of home exercise completion. Objective indices of adherence to medication regimens include pill counts, pharmacy refills, reimbursement records, biochemical indicators (e.g., blood levels and drug assays), and electronic monitoring devices. Wearable sensors can be used to assess completion of home rehabilitation exercises (Burns et al., 2021; Chen et al., 2015). As noted in a review of rehabilitation adherence measurement strategies (Brewer, 2004), adherence to prescribed use of orthotics and orthopedic braces can be measured with devices such as a hidden step-counter and a mechanical timer, respectively. Objective measurement strategies do not guarantee detection of instances in which medications have been taken or therapeutic devices have been worn or used as prescribed, but they reduce or eliminate the potential adverse effect that memory and response biases can have on subjective measurement of adherence.

Predicting and Explaining Adherence to Sport Injury Rehabilitation

Researchers have adapted theoretical models of adherence that were originally developed for other health behaviors in an attempt to provide a framework for understanding associations between predictor variables and sport injury rehabilitation adherence. Among the theoretical perspectives that have been adopted are protection motivation theory (Prentice-Dunn & Rogers, 1986), the integrated model of psychological response to sport injury (Wiese-Bjornstal et al., 1998), the transtheoretical model (Prochaska & DiClemente, 1983), and a model integrating the theory of planned behavior and self-determination theory (Chan et al., 2017). Because most of the theoretical approaches have been applied to sport injury rehabilitation adherence in one or, at the most, several studies, there is not an empirical basis for recommending one perspective over another. Moreover, because there are conceptual overlaps among the theories (e.g., the concept of self-efficacy figures prominently in multiple perspectives), it seems prudent to identify commonalities in the research literature independent of the theoretical approach under investigation.

Factors that have consistently been associated with adherence to sport injury rehabilitation include personal characteristics, contextual/environmental characteristics, and rehabilitation-related beliefs and reactions. Personal characteristics are attributes that affect the likelihood of adhering to sport injury rehabilitation programs. Given the rigors of many injury rehabilitation regimens, it is not surprising that athletes who are conscientious, self-motivated, strongly identified with the athlete role as a source of self-worth, tolerant of pain, and toughminded (i.e., strong-willed) are especially likely to adhere to their prescribed rehabilitation activities (for reviews, see Brewer, 2019 and Walker et al., 2020).

The context in which sport injury rehabilitation occurs appears to be particularly influential in determining whether athletes adhere to rehabilitation prescriptions. Numerous characteristics (or, to

be more accurate, *perceived* characteristics) of the social and physical settings of rehabilitation have been correlated with sport injury rehabilitation adherence. Athletes are more likely to adhere to their injury rehabilitation program when they report that others are supportive of their rehabilitation activities, their practitioners expect them to adhere, the clinical setting in which their rehabilitation occurs is comfortable, and the scheduling of their rehabilitation appointments is convenient (for reviews, see Brewer, 2019 and Walker et al., 2020).

Beliefs and reactions associated with adherence to sport injury rehabilitation include athletes' interpretations of the severity of their injuries, perceptions of control over their recoveries, beliefs about the efficacy of their treatments, assessments of their abilities to complete their rehabilitation activities, and psychological responses to injury (for a review, see Brewer, 2019). Athletes tend to adhere better to their rehabilitation when they declare a strong intention to adhere, consider their injuries severe, and perceive themselves as susceptible to further health complications without rehabilitation. Athletes who report believing that they can exert control over their health in general, and their rehabilitation outcomes in particular, tend to adhere better to their injury rehabilitation programs than those who do not report such beliefs. Similarly, adherence levels are higher for athletes who deem their rehabilitation programs effective and who describe themselves as capable of completing the tasks of rehabilitation than for athletes whose perceptions of the efficacy of their rehabilitation regimens and their abilities to complete them are less favorable. Mood disturbances and fears of reinjury are psychological responses that have been associated with adherence to sport injury rehabilitation, with greater emotional distress related to lower levels of adherence (for reviews, see Brewer, 2019 and Walker et al., 2020).

Enhancing Adherence to Sport Injury Rehabilitation

In light of the putative importance of treatment adherence to achieving successful rehabilitation outcomes, adherence enhancement is a logical target of psychological intervention. Although a variety of interventions have been suggested to enhance adherence to sport injury rehabilitation, few experimental studies have examined the efficacy of such interventions, and a causal link with improved sport injury rehabilitation adherence has been established only for a single type of intervention—goal setting. Penpraze and Mutrie (1999) found that relative to athletes who were assigned nonspecific rehabilitation goals, athletes who were given specific rehabilitation goals exhibited greater understanding of and adherence to their injury rehabilitation programs. Evans and Hardy (2002a) obtained complementary findings, reporting that athletes who were given a goal-setting intervention displayed better adherence to their injury rehabilitation protocols than those who received either social support or no treatment. A qualitative follow-up study (Evans & Hardy, 2002b) revealed that the favorable effect of goal setting on adherence may have been due to increases in self-efficacy, focus on the rehabilitation program, and attribution of recovery to internal, personally controllable factors in athletes in the goal-setting group as compared with athletes in the social support and no treatment groups.

Outside the sport injury domain, empirical support has been found for several other psychological interventions as enhancers of adherence to rehabilitation regimens (for a review, see Brewer, 2004). Educational approaches in which participants are provided with information and instructions about their medical conditions and rehabilitation programs have been successful in improving rehabilitation adherence. The efficacy of educational interventions in enhancing adherence can be bolstered through supervision by qualified professionals and use of instructional media that help to clarify the details of rehabilitation regimens, such as audio recordings, written/illustrated materials, and video recordings (Emmerson et al., 2018). Internet-based dissemination of instructional materials can facilitate adherence to home exercises in musculoskeletal rehabilitation (Bennell et al., 2019; Lambert et al., 2017). Another beneficial approach to boosting rehabilitation adherence is reinforcement of the prescribed rehabilitation behaviors. Support also exists for multimodal interventions in which multiple procedures

intended to enhance adherence are combined. Counseling/information, reinforcement, contingency contracting, modeling, self-monitoring, mental practice, and goal setting are among the procedures that have been included in successful multimodal interventions (Brewer, 2004).

Although featuring correlational studies almost exclusively, the literature on predictors of adherence to sport injury rehabilitation is instructive in developing adherence enhancement interventions. Extrapolating from the synopsis of research presented in the previous section, it is possible to formulate suggestions for the foci and content of procedures designed to improve sport injury rehabilitation adherence:

- In clinical settings, the environment should be made as comfortable and conducive to rehabilitation activities as possible.
- Rehabilitation appointments should be made as convenient to athletes as is feasible so as not to pose a barrier to attendance.
- Rehabilitation practitioners should furnish athletes with detailed information and instructions pertaining to their rehabilitation programs, convey to athletes expectations that they will adhere to their rehabilitation regimen, provide athletes with support for their rehabilitation activities, and, where possible, assist athletes in obtaining additional support for their rehabilitation from other significant individuals (e.g., coaches, teammates, partners, and family members).
- Practitioners should also emphasize the importance of engaging in rehabilitation activities to facilitate recovery, promote confidence in the efficacy of the rehabilitation program, build the athletes' confidence in their ability to perform the requirements of the rehabilitation regimens, and instill in athletes the belief that they are responsible for the rehabilitation outcomes that they incur.
- Procedures that help reduce athletes' emotional distress and fear of reinjury (e.g., counseling, cognitive restructuring, relaxation training, and guided imagery) may also have beneficial effects on adherence.

An important applied consideration pertains to who implements sport injury rehabilitation adherence enhancement interventions. From a pragmatic standpoint, sport injury rehabilitation professionals (e.g., physiotherapists and athletic trainers) may be the most suitable practitioners to implement adherence enhancement interventions. By virtue of their established relationships and regular contacts with athletes undergoing rehabilitation, sport injury rehabilitation professionals are well-positioned to initiate interventions designed to enhance the rehabilitation programs that they or other sports medicine personnel (e.g., physicians) have prescribed. Although rehabilitation professionals may be concerned that adherence enhancement interventions will add tasks to their already-busy schedules and may be reluctant to administer what are essentially psychological interventions, potentially perceiving the interventions as outside their areas of expertise, they have a vested interest in the success of the rehabilitation and can easily learn the basics of adherence enhancement.

Through educational presentations (i.e., "in-service" workshops) and consultation, sport psychology practitioners can help rehabilitation professionals acquire adherence enhancement skills, integrate those skills into their existing methods of practice, provide athletes with treatment-related information in understandable terms, and create a rehabilitation environment conducive to adherence. For example, rehabilitation professionals can be taught that a goal-setting intervention can be incorporated into clinical practice by having the rehabilitation professionals collaborate with athletes under their care in setting short- (and possibly long-) term goals pertaining to rehabilitation processes (e.g., number of sets of home rehabilitation exercises) and outcomes (e.g., range of motion) at the time the rehabilitation prescription is given. Sport psychology practitioners can teach rehabilitation professionals how to inquire about potential barriers to goal achievement, help devise strategies to overcome those barriers, and monitor progress toward goal achievement throughout rehabilitation, revising and resetting goals as

needed. Neither elaborate nor time-consuming, such interventions increase the likelihood of adherence to the rehabilitation program (Evans & Hardy, 2002a; Penpraze & Mutrie, 1999) and may ultimately improve rehabilitation outcomes.

Another option—feasible in sports medicine settings where sport injury rehabilitation professionals and sport psychology practitioners work in close contact with each other—is a team approach in which athletes with injuries are seen (jointly or separately) by both types of personnel, who confer in an attempt to optimize the athletes' treatments. Procedures designed to enhance adherence to rehabilitation can be implemented by rehabilitation professionals in consultation with sport psychology practitioners or vice versa. The latter circumstance might be most likely to occur for athletes with injuries who have sought services for issues involving psychological adjustment to injury and performance enhancement. It is common for athletes to experience negative emotions such as depression, anxiety, fear, anger, and frustration following injury and during the rehabilitation period (for a review, see Brewer, 2017). Emotional distress and the negative cognitions that can accompany and perpetuate it may not only be sources of concern (and targets of intervention) in their own right, but may also impair motivation and compromise adherence. Sport psychology professionals can help athletes gain perspective on their injuries and view their situations constructively. Athletes can be shown that the sense of identity that they may derive from sport involvement can both contribute to negative emotions and serve as a source of resilience and motivation to adhere to the rehabilitation program, presumably expediting their recovery and alleviating their distress.

A final caution about adherence enhancement is needed. Although it is widely assumed that better adherence is likely to produce better outcomes, this assumption may be unwarranted. The general medical literature has long been replete with interventions for which better adherence *is* associated with better outcomes (Dunbar-Jacob & Schlenk, 1996). Nevertheless, there are also examples to the contrary, where better adherence is *not* associated with better outcomes. In a compelling study of the relationship between treatment adherence and treatment outcome for multiple non-rehabilitation diagnoses and interventions, only 11 of 132 comparisons of adherent and nonadherent individuals were statistically significant (Hays et al., 1994). Despite a trend for positive associations between adherence and outcome in the rehabilitation domain (Brewer, 2004; Han et al., 2015; Van Dillen et al., 2016), nonsignificant or negative adherence-outcome relationships have been documented in at least five studies (for a review, see Brewer, 2004). Negative associations between adherence and outcome are particularly worrisome, potentially signaling that the rehabilitation program is ineffective and should be modified. In a dramatic example of this circumstance, Shelbourne and Wilckens (1990) reported how clinical observations that people who adhered less well to a conservative rehabilitation regimen following anterior cruciate ligament reconstruction experienced *better* rehabilitation outcomes prompted a change—almost a complete reversal in rehabilitative approach—to an accelerated postoperative rehabilitation protocol. Positive adherence-outcome associations have been documented for the modified protocol (Brewer, Cornelius et al., 2004). Because one cannot automatically assume that better adherence to rehabilitation regimens will yield better rehabilitation outcomes, practitioners should make every effort to ensure that adherence to a given rehabilitation protocol is likely to produce the desired outcomes before attempting to enhance adherence to that protocol. Doing so is consistent with the tenets of evidence-based practice.

Conclusion

Injury is a common occurrence in sport. Rehabilitation programs are often prescribed for athletes who sustain injuries. Athletes frequently do not adhere fully to their prescribed rehabilitation regimens, and this limited adherence has potential implications for the rehabilitation outcomes incurred by athletes. A variety of methods can be used to assess adherence to clinic- and nonclinic-based rehabilitation

activities. Numerous predictors of sport injury rehabilitation adherence have been identified and provide a preliminary basis for understanding the circumstances under which athletes are most likely to adhere to their rehabilitation programs. Several interventions to enhance rehabilitation adherence have been developed and found effective. Along with sport psychology practitioners who work in sports medicine settings, sport injury rehabilitation professionals are in a desirable position to consider the suggestions for application summarized in Box 28.1, implement methods of adherence enhancement, and, in so doing, better serve the athletes in their care.

Box 28.1 Summary of Key Points about Measuring, Predicting, and Enhancing Adherence to Sport Injury Rehabilitation

- Adhering to sport injury rehabilitation programs typically involves completing rehabilitation activities in clinical and/or nonclinical (e.g., home) settings.
- Using attendance at rehabilitation appointments to assess adherence to clinic-based sport injury rehabilitation is objective and convenient, but does not yield information on what athletes do while they are at clinic-based sessions.
- Obtaining rehabilitation practitioner ratings of athlete adherence during rehabilitation appointments can be used to complement attendance indices in assessing adherence to clinic-based sport injury rehabilitation.
- Self-reports of adherence to nonclinic-based sport injury rehabilitation activities should be obtained as frequently as possible and should be complemented with objective measures when possible.
- Personal characteristics of athletes who tend to adhere to their prescribed rehabilitation activities include conscientiousness, self-motivation, strong identification with the athlete role as a source of self-worth, pain tolerance, and toughmindedness (i.e., being strong-willed).
- Environmental characteristics associated with high levels of clinic-based sport injury rehabilitation adherence include social support for rehabilitation, practitioner expectancies of adherence, comfortable clinical settings, and convenient scheduling of appointments.
- Along with emotional distress and a declared intention to adhere, perceptions of injury severity, personal control over injury recovery, treatment efficacy, and rehabilitation self-efficacy are positively associated with sport injury rehabilitation adherence.
- Goal setting, reinforcement, educational approaches, and multimodal interventions can be effective in enhancing rehabilitation adherence.
- Adherence enhancement interventions are most suitable for use with rehabilitation programs for which better adherence is likely to lead to better rehabilitation outcomes.
- Sport psychology professionals can play an educational or consultative role in helping sport injury rehabilitation practitioners learn and implement adherence enhancement interventions.

References

Bennell, K. L., Marshall, C. J., Dobson, F., Kasza, J., Lonsdale, C., & Hinman, R. S. (2019). Does a web-based exercise programming system improve home exercise adherence for people with musculoskeletal conditions? A randomized controlled trial. *American Journal of Physical Medicine & Rehabilitation*, *98*(10), 850–858. https://doi.org/10.1097/PHM.0000000000001204

Bosworth, H. B., Weinberger, M., & Oddone, E. Z. (2006). Introduction. In H. B. Bosworth, E. Z Oddone, & M. Weinberger (Eds.), *Patient treatment adherence: Concepts, interventions, and measurement* (pp. 3–11). Erlbaum.

Brewer, B. W. (1999). Adherence to sport injury rehabilitation regimens. In S. J. Bull (Ed.), *Adherence issues in sport and exercise* (pp. 145–168). Wiley.

Brewer, B. W. (2004). Psychological aspects of rehabilitation. In G. S. Kolt & M. B. Andersen (Eds.), *Psychology in the physical and manual therapies* (pp. 39–53). Churchill Livingstone.

Brewer, B. W. (2017). Psychological responses to sport injury. In O. Braddick (Ed.), *Oxford research encyclopedia of psychology*. Oxford University Press. https://doi.org/10.1093/acrefore/9780190236557.013.172

Brewer, B. W. (2019). Adherence issues in the prevention and rehabilitation of sport injuries. In M. H. Anshel (Ed.), *APA handbook of sport and exercise psychology: Vol. 1. Sport psychology* (pp. 727–741). American Psychological Association. https://doi.org/10.1037/0000123-036

Brewer, B. W., Cornelius, A. E., Van Raalte, J. L., Brickner, J. C., Sklar, J. H., Corsetti, J. R., Pohlman, M. H., Ditmar, T. D., & Emery, K. (2004). Rehabilitation adherence and anterior cruciate ligament outcome. *Psychology, Health & Medicine*, *9*(2), 163–175. https://doi.org/10.1080/13548500410001670690

Brewer, B. W., Van Raalte, J. L., Petitpas, A. J., Sklar, J. H., Pohlman, M. H., Krushell, R. J., Ditmar, T. D., Daly, J. M., & Weinstock, J. (2000). Preliminary psychometric evaluation of a measure of adherence to clinic-based sport injury rehabilitation. *Physical Therapy in Sport*, *1*(3), 68–74. https://doi.org/10.1054/ptsp.2000.0019

Burns, D., Boyer, P., Razmjou, H., Richards, R., & Whyne, C. (2021). Adherence patterns and dose response of physiotherapy for rotator cuff pathology: Longitudinal cohort study. *JMIR Rehabilitation and Assistive Technologies*, *8*(1), Article e21374. https://doi.org/10.2196/21374

Chan, D. K. C., Lee, A. S. Y., Hagger, M. S., Mok, K.-M., & Yung, P. S.-H. (2017). Social psychological aspects of ACL injury prevention and rehabilitation: An integrated model for behavioral adherence. *Asia-Pacific Journal of Sports Medicine, Arthroscopy, Rehabilitation and Technology*, *10*, 17–20. https://doi.org/10.1016/j.asmart.2017.10.001

Chen, K. H., Chen, P. C., Liu, K. C., & Chan, C. T. (2015). Wearable sensor-based rehabilitation exercise assessment for knee osteoarthritis. *Sensors*, *15*(2), 4193–4211. https://doi.org/10.3390/s150204193

Christensen, A. J. (2004). *Patient adherence to medical treatment regimens*. Yale University Press.

Crossman, J., & Roch, J. (1991). An observation instrument for use in sports medicine clinics. *The Journal of the Canadian Athletic Therapists Association*, *29*, 352–355.

Dunbar-Jacob, J., & Schlenk, E. (1996). Treatment adherence and clinical outcome: Can we make a difference? In R. J. Resnick & R. H. Rozensky (Eds.), *Health psychology through the life span: Practice and research opportunities* (pp. 323–343). American Psychological Association.

Emmerson, K. B., Harding, K. E., & Taylor, N. F. (2018). Providing exercise instructions using multimedia may improve adherence but not patient outcomes: A systematic review and meta-analysis. *Clinical Rehabilitation*, *36*(4), 607–618. https://doi.org/10.1177/0269215518819706

Evans, L., & Hardy, L. (2002a). Injury rehabilitation: A goal-setting intervention study. *Research Quarterly for Exercise and Sport*, *73*(3), 310–319. https://doi.org/10.1080/02701367.2002.10609025

Evans, L., & Hardy, L. (2002b). Injury rehabilitation: A qualitative follow-up study. *Research Quarterly for Exercise and Sport*, *73*(3), 320–329. https://doi.org/10.1080/02701367.2002.10609026

Friedrich, M., Cermak, T., & Maderbacher, P. (1996). The effects of brochure use versus therapist teaching on patients performing therapeutic exercise and on changes in impairment status. *Physical Therapy*, *76*(10), 1082–1088. https://doi.org/10.1093/ptj/76.10.1082

González-Barato, L. J., Rubio, V. J., Hernández, J. M., & Sánchez-Iglesias, I. (2021). PSIXPORT: Mobile app for ecological momentary assessment of psychological dimensions in sport injury. *Frontiers in Psychology*, *12*, Article e697293. https://doi.org/10.3389/fpsyg.2021.697293

Granquist, M. D., Gill, D. L., & Appaneal, R. N. (2010). Development of a measure of rehabilitation adherence for athletic training. *Journal of Sport Rehabilitation*, *19*(3), 249–267. https://doi.org/10.1123/jsr.19.3.249

Han, F., Banerjee, A., Shen, L., & Krishna, L. (2015). Increased compliance with supervised rehabilitation improves functional outcome and return to sport after anterior cruciate ligament reconstruction in recreational athletes. *Orthopedic Journal of Sports Medicine*, *3*(12), 1–8. https://doi.org/10.1177/2325967115620770

Hays, R. D., Kravitz, R. L., Mazel, R. M., Sherbourne, C. D., DiMatteo, M. R., Rogers, W. H., & Greenfield, S. (1994). The impact of patient adherence on health outcomes for patients with chronic disease in the Medical Outcomes Study. *Journal of Behavioral Medicine*, *17*(4), 347–360. https://doi.org/10.1007/BF01858007

Ivarsson, A., Johnson, U., & McCall, A. (2020). Introduction to sport injuries. In A. Ivarsson & U. Johnson (Eds.), *Psychological bases of sport injuries* (4th ed., pp. 3–9). FiT.

Lambert, T. E., Harvey, L. A., Avdalis, C. Chen, L. W., Jeyalingam, S., Pratt, C. A., Tatum, H. J., Bowden, J. L., & Lucas, B. R. (2017). An app with remote support achieves better adherence to home exercise programs than paper handouts in people with musculoskeletal conditions: A randomised trial. *Journal of Physiotherapy*, *63*(3), 161–167. https://doi.org/10.1016/j.jphys.2017.05.015

Meichenbaum, D., & Turk, D. C. (1987). *Facilitating treatment adherence*. Plenum.

Peek, K., Carey, M., Mackenzie, L., & Sanson-Fisher, R. (2018). Patient adherence to an exercise program for chronic low back pain measured by patient-report, by physiotherapist-perception and observational data. *Physiotherapy Theory and Practice*, *35*(12), 1304–1313. https://doi.org/10.1080/09593985.2018.1474402

Penpraze, P., & Mutrie, N. (1999). Effectiveness of goal setting in an injury rehabilitation programme for increasing patient understanding and compliance [Abstract]. *British Journal of Sports Medicine*, *33*, 60.

Podlog, L., Gao, Z., Kenow, L., Kleinert, J., Granquist, M., Newton, M., & Hannon, J. (2013). Injury rehabilitation overadherence: Preliminary scale validation and relationships with athletic identity and self-presentation concerns. *Journal of Athletic Training*, *48*(3), 372–381. https://doi.org/10.4085/1062-6050-48.2.20

Prentice-Dunn, S., & Rogers, R. W. (1986). Protection motivation theory and preventive health: Beyond the health belief model. *Health Education Research*, *1*(3), 153–161. https://doi.org/10.1093/her/1.3.153

Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrated model of change. *Journal of Consulting and Clinical Psychology*, *51*(3), 390–395. https://doi.org/10.1037/0022-006X.51.3.390

Shelbourne, K. D., & Wilckens, J. H. (1990). Current concepts in anterior cruciate ligament rehabilitation. *Orthopaedic Review*, *19*(11), 957–964.

Van Dillen, L. R., Norton, B. J., Sahrmann, S. A., Evanoff, B. A., Harris-Hayes, M., Holtzman, G. W., Earley, J., Chou, I., & Strube, M. J. (2016). Efficacy of classification-specific treatment and adherence on outcomes in people with chronic low back pain. A one-year follow-up prospective, randomized, controlled clinical trial. *Manual Therapy*, *24*. 52–64. https://doi.org/10.1016/j.math.2016.04.003

Walker, A., Hing, W., & Lorimer, A. (2020). The influence, barriers to and facilitators of anterior cruciate ligament rehabilitation adherence and participation: A scoping review. *Sports Medicine - Open*, *6*, Article e32. https://doi.org/10.1186/s40798-020-00258-7

Webborn, A. D. J., Carbon, R. J., & Miller, B. P. (1997). Injury rehabilitation programs: "What are we talking about?" *Journal of Sport Rehabilitation*, *6*(1), 54–61. https://doi.org/10.1123/jsr.6.1.54

Wiese-Bjornstal, D. M., Smith, A. M., Shaffer, S. M., & Morrey, M. A. (1998). An integrated model of response to sport injury: Psychological and sociological dimensions. *Journal of Applied Sport Psychology*, *10*(1), 46–69. https://doi.org/10.1080/10413209808406377

CAREER TRANSITIONS IN SPORT

Francesca Champ and Gillian M. Cook

In this chapter, we draw upon current literature and two applied practitioners' experiences of supporting athletes, clubs, and organizations to critically explore a diverse range of transitions that elite and professional athletes might experience during their sporting careers. This chapter initially focuses on understanding the lifespan of the athletic career and early conceptualizations of 'transitions' from a sporting standpoint. In recognizing the important influence of within-career transitions, we then present and critically discuss the junior-to-senior transition, sports labor migration, and motherhood. Finally, we offer practical suggestions regarding how practitioners might support athletes to facilitate positive transition outcomes. Covering these will allow for a more nuanced understanding of the highly personal nature of athletes, sporting careers and will likely positively contribute to the education, professional training, and development of current and aspiring practitioners.

Understanding the Athletic Career

Irrespective of age, gender, level, and sport, all athletes will inevitably experience a range of transitions as they navigate their way through their sporting career. We define a transition as "an event or non-event, which results in a change in assumptions about oneself and the world and thus requires a corresponding change in one's behavior and relationships" (Schlossberg, 1981, p. 5). In a sporting context, athletic career development models have explored the athletic career as a 'miniature lifespan course'. For example, Wylleman (2019) adopted a holistic approach to understanding the athlete as a whole person and gave consideration of the athletes' career in context of their broader life. The multidimensional model proposed by Wylleman (2019) recognizes that athletes will also typically experience psychological (e.g., childhood through adolescence to adulthood), psychosocial (e.g., formation and importance of relationships), and academic/vocational transitions in concurrence with athletic transitions (e.g., initiation through to discontinuation). This "beginning-to-end" perspective has value in enabling practitioners to map out a potential holistic trajectory of their athletes. However, career transition models are not without limitations; for example, in a sport such as gymnastics, athletes are likely to peak (and retire) at a younger age, whereas golfers might peak between the ages of 30–35 and discontinue at a much later age (e.g., aged 40+). Moreover, not all athletes' sports careers will span all of the stages, and the developmental model overlooks some of the non-normative (i.e., significant but unexpected and unpredictable) transitions that athletes might face such as injury or de-selection.

From our experiences of working with athletes, coaches, and teams, we suggest that athletes, sporting careers are typically non-linear and are much more diverse depending on a range of individual, social, cultural, and political factors. Consequently, applied practitioners should accept that each individual athlete will experience sporting transitions in a unique way and recognize that prescribing a rigid one-size-fits-all approach to supporting athletes during transitional periods may not be facilitative for positive transition outcomes.

Sporting Retirement

From a psychological standpoint, how athletes cope with and adapt to sporting retirement has triggered the interests of practitioners and researchers since the 1960s. Early studies explained the termination of the sporting career as a singular, all-ending negative and traumatic event (Allison & Meyer, 1988). Although these studies offer an overly negative interpretation of sporting retirement, the physical (e.g., body transitions), psychological (e.g., identity, perceived self-worth, and motivation), social (e.g., changes in social network and family demands), and financial/vocational (e.g., the need to find an alternative career) changes that occur following sporting retirement will likely pose a threat to an athlete's mental health and general well-being (Kadlick & Flemr, 2008). For example, Jewett et al. (2019) highlighted that sporting retirement can trigger the onset of mental illness such as depression and anxiety. Relatedly, some individuals adopt maladaptive coping strategies when faced with career termination such as alcohol/substance misuse and other addictive behaviors, eating disorders and even (attempted) suicide (see Jewett et al., 2019).

We argue that the way(s) in which sporting retirement is interpreted will likely be based on a range of different factors, including (a) individual characteristics, (b) perception of the transition, and (c) pre- and post-transition environment (Drew et al., 2020). For example, those athletes who are forced to retire due to de-selection or injury will likely report a harder time transitioning out of sport than their counterparts who experience a voluntary, planned retirement. For many athletes, a large proportion of their self-worth and identity is derived from their perceived/actual athletic competence (see Eubank et al., 2020). Subsequently, when an athlete is forced to retire, it likely poses a threat to their athletic identity and might leave an athlete questioning who they are and what lies next. In contrast, those athletes who prepare for their sporting retirement, retire voluntarily, and have access to strong social and/or organizational support might actually view retirement as a form of social re-birth allowing them to explore new roles in society, develop and maintain new relationships, recover physically, and explore new sources of meaning (Allison & Meyer, 1988).

Within-Career Transitions

Across the last decade, researchers and applied practitioners alike have shifted their focus toward the multitude of transitions that athletes might face during their athletic career (Drew et al., 2020). We critically discuss three within-career transitions: junior-to-senior, migration, and motherhood.

Junior-to-Senior Transition

The junior-to-senior transition has been conceptualized as the most challenging transition that any athlete will face; it occurs when an athlete progresses from junior-to-senior sporting competition (Drew et al., 2020). The junior-to-senior transition will commence at different ages depending on the individual, the type of sport, and the sociocultural context in which they exist, but generally falls between the ages of 18–24 and lasts for a number of years. The prolonged transition duration and associated

uncertainty will likely pose a threat to the mental health and sporting performance of this athletic population. Sport scholars have found that the vast majority of athletes are unable to successfully bridge the gap between junior and senior sporting levels. More specifically, Vanden Auweele et al. (2004) identified that only 17% of national junior champions successfully transitioned to elite senior athletes, 31% dropped down to recreational levels citing a stagnation in their development, 28% performed irregularly and the remaining 24% dropped out of sport completely. National governing bodies and sports systems such as the English Premier League (EPL) recognize the importance of enabling talented youth athletes to fulfill their potential at senior levels. In 2012, the EPL introduced a long-term development strategy with the aim of producing 'more' and 'better' home-grown players known as the Elite Player Performance Plan (EPPP) (see https://www.premierleague.com/youth/EPPP).

At a competitive level, the junior-to-senior transition is associated with higher expectations and standards of practice, increased pressure to perform, greater physical demands and increased competition for funding/scholarships. Subsequently, senior athletes are often required to spend more time training/competing and may need to prioritize their sporting commitments over other roles such as studying or work (Drew et al., 2020). Moreover, the junior-to-senior transition may coincide with key developmental (e.g., adolescence to adulthood) and academic (e.g., secondary to higher education) transitions. Experiencing such non-athletic transitions concurrently can further challenge young athletes and pose a threat to their identity and perceived self-worth (Morris et al., 2015). The outcome of the junior-to-senior transition is likely dependent on a dynamic between transition barriers and available resources and support (Morris et al., 2015).

Migration

More athletes are migrating within and across countries and continents in pursuit of more favorable working conditions (i.e., sports labor migration). For example, sporting migration is now commonplace in football, tennis, rugby, and basketball. Moreover, the migration of student-athletes is becoming more prevalent in university settings, particularly in the United States (see Schinke et al., 2011). We recognize that sports labor migration is often temporary (i.e., for a number of months or years as opposed to decades) and that the decision to migrate is likely to be influenced by a range of different push and pull factors (e.g., economic, social, political, competitive, geographical, and cultural). Some athletes might migrate to a climate that is more suitable for their training demands, whereas others may migrate to play in a particular league/tournament that will provide them with a higher income, longer contract duration, and better access to facilities/resources.

We draw upon psychological, social, and cultural perspectives to understand how individuals establish themselves as transnational athletes and suggest that irrespective of an athlete's motives for sports labor migration, they will likely face a number of competing demands and stressors across the duration of their relocation and subsequent cultural adaptation (see Schinke et al., 2011). Some of these organizational and competitive stressors (e.g., elevated levels of competitive, increased expectations, and more intense training schedules) are commonly experienced across the elite athlete population; however, transnational athletes may also face a number of specific adjustment challenges such as learning a new language, adapting to a new environment/culture/community, managing separation from family/friends, and forming new relationships (Schinke et al., 2011). For example, Richardson et al. (2012) explored the migratory experiences of elite young European football players and found that leaving home (and family) while trying to adjust to playing professionally in a new country posed a significant psychological challenge. Consequently, it is important that applied practitioners are able to identify potential barriers and resources, and work with athletes and relevant stakeholders (e.g., agents and internal recruitment staff) to develop strategies that will facilitate their successful transition into a new sporting environment (Richardson et al., 2012). In a practical sense, applied practitioners should work with

performers to help them establish a sense of belonging in their new setting through facilitating social repositioning and a (re)constitution of meaning (see Ronkainen et al., 2014).

Motherhood

Motherhood is an important but vastly overlooked transition that is experienced by a number of elite sporting women (McGannon et al., 2018). For most sports, optimal fertility coincides with sporting mastery, meaning that many sports women are required to make difficult decisions regarding pregnancy and motherhood. Even outside of the sporting context, adjusting to motherhood is arguably one of the most significant transitional periods that any woman will face. For example, Javadifar et al. (2016) noted, "in the process of becoming a mother, a woman goes through a period of change, instability and reorganization of life" (p.147). These changes will likely occur at a physiological (e.g., changes in hormone levels and weight), psychological/emotional (e.g., feelings of uncertainty and anxiety, joy, and relief), and social level (e.g., relationship changes, and isolation) and can result in a number of identity and role-related conflicts (Javadifar et al., 2016). For those mothers who occupy the role of elite athlete prior to giving birth, the aforementioned challenges may pose an even greater threat to their mental health and transition back into sport. Moreover, the increased risk of illness and injury during the postpartum phase may pose a threat to women's sporting 'come-back' and is likely to be portrayed as a journey of intense physical challenge due to biological frailty (McGannon et al., 2018).

Ronkainen, Watkins, and Ryba (2016) identified that female runners perceived pregnancy and motherhood as the normative end of their athletic careers, signifying the belief that being an athlete-mother is unattainable. Some of these doubts might emerge as women try to negotiate a range of discourses tied to gender ideologies and societal expectations for mothers and athletes that have implications for athlete-mothers (McGannon et al., 2018). Perhaps the most dominant narrative is one where mothers are expected to place caring for their child(ren) and managing other associated family needs above their own needs and other life interests (McGannon et al., 2018). To this end, sports scholars have found that athlete-mothers experience psychological distress when training and competing away from family especially when trying to balance caring responsibilities with an intense pressure from funders and sponsors to return to pre-pregnancy performance levels within weeks/months of childbirth (Massey & Whitehead, 2022). However, some research has demonstrated that motherhood and sport are compatible and may be associated with performance- and well-being-related benefits (McGannon et al., 2018). Spowart et al. (2010) suggested that occupying a dual-role as an athlete-mother might facilitate the individual's opportunities to take perspective on the meaning of sport in their lives. In addition to this, elite athlete-mothers are still able to reach performance excellence and might be viewed by others in society (e.g., children, women athletes, and mothers) as role models. Given the increasing number of elite athletes that now strive to combine their athletic careers with a family life (see Massey & Whitehead, 2022), applied practitioners should work with key stakeholders (e.g., sports science and medical staff, managers, and coaches) to create more positive athlete-mother narratives that encourage women to continue in sport after giving birth.

The Role of the Practitioner in Supporting Athletes in the Lead Up To, During, and Post Transitional Periods

In this section, we consider how applied practitioners might work with sports clubs/organizations and individual athletes to facilitate positive transition outcomes in terms of psychological well-being and sport performance. Current research recognizes that a number of different push and pull factors are associated with successful transition outcomes, including (a) individual factors, (b) sociocultural factors, and (c) support and resources.

Individual Factors

A variety of individual factors will shape how an athlete navigates his/her athletic career trajectory; consequently, we emphasize the importance of avoiding generalizations. Moreover, we suggest that applied practitioners should adopt a highly personalized and culturally sensitive approach when deciding how best to work with athletes and teams.

Psychological Characteristics

The possession of particular psychological characteristics may serve to positively influence an athletes' ability to negotiate career transitions (see Fletcher & Sarkar, 2013). For example, Fletcher and Sarkar (2013) identified the importance of positive personality traits such as optimism, adaptive perfectionism, and competitiveness in protecting Olympic athletes from the demands associated with career transitions. Additionally, possessing a high level of confidence and being intrinsically motivated were acknowledged by Morris et al. (2015) following the junior-to-senior transition in football. Drawing on our applied research, we suggest that being adaptable and having a high level of emotional intelligence and self-awareness are further determining factors (Champ et al., 2020b). Closely related to self-awareness, and imperative to our role as applied practitioners, is the need for athletes to develop and maintain a coherent sense of identity that extends beyond their sporting persona (Champ et al., 2020b). We believe that athletes who have a multidimensional identity and take perspective in the midst of sporting struggle are less susceptible to the onset of reduced psychological well-being when faced with transitions.

Perception of Transition

Sports scholars have identified a relationship between an athletes' perception of a sporting transition, how they experience the transition process and the transition outcome (see Morris et al., 2015). Athletes' perceptions of transitions are likely to be influenced by a range of factors, including the level of voluntariness and whether it is expected or unexpected. Generally, athletes have a more positive transition experience when the transition is both expected and voluntary (e.g., the decision to retire or migrate) rather than unexpected and involuntary (e.g., being de-selected or attaining a long-term injury) (Morris et al., 2015). This might be attributed to the athletes' perceived ability to prepare themselves for the transition in terms of scoping out their current access to support/resources in comparison to the potential demands/stressors. Second, the higher the athletes' perceived degree of control over the transition process, the more likely they are to have a positive transition experience. For example, King et al. (2019) found that empowering athletes in taking ownership of their rehabilitation, educating the athlete early on about their injury, and establishing strong collaborative working relationships between the athlete and their medical team improves the athletes' return to sport outcomes following injury. Moreover, athletes' prior experiences of similar transitions may serve to heighten or reduce their anxieties regarding a sporting transition. For example, an athletes who has previously experienced a particularly challenging transition may overestimate the potential stress and demands of the current transition, subsequently making the process more difficult. Finally, an athletes' perceived ability to cope with the transition will likely have a significant impact on the outcome of the transition in terms of well-being and sports performance (Drew et al., 2020).

It is important to recognize that the accuracy of an athlete's perception of the transition may further impact and/or complicate their transition experience. To this end, we suggest that applied practitioners should work collaboratively with athletes and their broader support team to bring clarity to the process, map out resources and barriers, and help athletes to recognize that often transitions are not smooth and predictable.

Sociocultural Factors

A range of specific cultural and environmental factors will shape how athletes experience and navigate their way through sporting transitions. For example, sports clubs/organizations will each have their own specific cultural environment, subculture, traditions, values, and working practices (Champ et al., 2020a). For the most part, professional sports cultures are historically described as highly competitive, results-oriented, macho, volatile, and ruthless places where athletes are exposed to significant performance pressures and face a reduced tolerance for failure (Champ et al., 2020a). For example, Champ et al. (2020a) explored the organizational cultural experiences of elite footballers over a three-year duration. Findings demonstrated that players were required to construct their identities and see their future possibilities solely within the professional football context. This need to embrace and adopt the norms/traditions of the hyper-masculine football culture may not 'fit' with their 'real' thoughts, feelings, behaviors, and attitudes. Subsequently, when faced with career transitions, athletes might experience a period of substantial psychological challenge characterized by a threat to their identity (Champ et al., 2020a).

It is increasingly recognized that the responsibility for equipping athletes with the individual factors required to cope with a potentially turbulent and unpredictable athletic career does not solely lie with one specific person; rather, the development of such attributes stems from the sociocultural context in which the athlete exists. Subsequently, there are a number of environmental features that sports organizations should strive to create. First, sports clubs/organizations should adopt a long-term approach to talent development as opposed to focusing exclusively on early performance success, particularly at youth levels. Relatedly, applied researchers have highlighted the importance of ensuring that there are clear and visible links between youth and senior sporting environments (Champ et al., 2020b). For example, the presence of role models who have successfully made the junior-to-senior transition and/or opportunities to interact with those in the senior environment. Moreover, all sports clubs should have a strong and coherent organizational culture meaning that espoused values correspond with behaviors. To develop a culture where people's actions and interactions align with espoused values, athletes should be afforded the opportunity to develop meaningful relationships with others in their sporting circle and take a level of ownership over their development. Finally, sports organizations should focus on the holistic development of individuals (see Miles & Hodge, 2020) and provide them with opportunities to explore who they are and who they want to become. This involves encouraging athletes to express themselves, their ideas, their preferences, interests, abilities, and needs and to have these responded to with respect.

Support and Resources

Applied practitioners might adopt a number of different approaches when supporting athletes and teams prior to, during, and post transitional periods. Perhaps the most desirable approach would be for all sports clubs/organizations to have a longitudinal, holistic, and culturally bespoke transition support program embedded within the athlete's sporting environment right from the moment that they enter the sport through to sporting retirement. The overriding aim of such longitudinal programs should be to facilitate an athlete's ability to cope with the demands associated with sporting transitions. Programs may encompass individualized sport psychology support, performance lifestyle support, education and life skill development, and social support. For example, transition support programs might make use of athlete mentoring (e.g., role models) to encourage athletes to share stories about the athletic career trajectory, act as a sounding board, and help athletes to understand and take perspective on the transitions that they face. As a real-world example, the English Institute of Sport introduced the '#More2Me campaign' in 2019 (see https://eis2win.

co.uk/article/more2me-campaign-launches-with-support-from-olympic-paralympic-athletes-and-minister-for-sport/) with the aim of encouraging their elite performers to develop a more-rounded identity that promotes a life alongside sport. While such programs should place the athlete at the center of the initiative, they might also be extended to incorporate key stakeholders (e.g., coaches and support staff, parents, and family) to increase knowledge, awareness, and understanding of the transitions that an athlete might face and how their own behaviors might impact the athlete's transition experience.

Individual Support

We draw upon key principles from our underpinning philosophical approach when working with individual athletes. The first author utilizes important concepts from humanistic and existential psychological approaches (see Chapter 19), whereas the second author adopts a cognitive-behavioral approach (see Chapter 17). Generally, a starting point for practitioners when providing individual support to athletes who are faced with a career transition could be to capture current sources of support, access to internal and external resources and potential barriers.

In this chapter thus far, we have emphasized the importance of working with elite sports performers to support the development and maintenance of a coherent sense of identity when faced with career transitions. Our role here is to engage in one-to-one dialogue with athletes to address some of the bigger questions at play around their (sporting) lives, emotions, and meaning (Champ et al., 2020b). The purpose of such dialogue is not to provide the athlete with an answer/solution to their problem, rather to discuss important concepts such as choice, anxiety, responsibility, and accountability with the aim of helping an athlete to make more authentic choices. Often, the identity-related conflicts experienced by athletes during career transitions coincide with challenges around their perceived self-worth, social role, and establishing a sense of belonging (Champ et al., 2020a). Therefore, we help performers manage both their own and others' expectations and emphasize that growth, development, and learning often occur through uncomfortable experiences.

Acceptance and commitment therapy (ACT) aims to alter the relationship between an individual and their internal experiences (Hayes et al., 2012), resulting in the alignment of an individual's behaviors with their values, and increased psychological flexibility, defined as moment-to-moment awareness. Psychological flexibility is underpinned by six core processes: cognitive diffusion (i.e., observing moment to moment thoughts and inner experiences), acceptance (i.e., being open to all experiences), flexible attention to the moment (i.e., non-judgmental awareness of the present), self-as-context (i.e., awareness of experiences without attachment to them), values (i.e., identification of valued directions), and committed action (i.e., behaviors aligned with values). Deficits within these processes are suggested to result in psychological rigidity, defined as an individual's inability to change and adapt to changing circumstances. For athletes to adapt to/accept unpleasant experiences, and have a conscious awareness of the present moment, an open and engaged response style is required. Indeed, ACT and mindfulness approaches can help athletes experience successful transitions because there is a focus on living more effectively as opposed to eliminating unwanted experiences, and there is a rapidly growing evidence base suggesting the effectiveness of these approaches across various sporting contexts (Noetel et al., 2019).

Social Support

Social support is an important external resource that athletes can draw upon when faced with sporting transitions and may be provided by family, friends, teammates, coaches, and support staff (Drew et al., 2020). The overriding purpose of an athletes' social support network is to provide emotional, tangible, and esteemed support and to act as a sounding board when they experience times of uncertainty and/or struggle. However, it is recognized that a coach/manager and associated support staff may be required

to provide informational support at the outset of a transition (see Morris et al., 2015). We suggest that the effectiveness of an athletes' social support network will be determined by the quality and quantity of the support that is provided and the level of accessibility of the support. Consequently, we suggest that if social support is absent, athletes are more likely to have reduced psychological well-being and lower performance outcomes during and post sporting transitions.

Conclusion

In summary, we recognize that athletes will inevitably face a number of transitions as they progress through their sporting careers, each of which will place a unique set of internal and external demands on the individual. The way(s) in which an athlete experiences and creates meaning from sporting transitions is likely to be influenced by a range of factors including the characteristics of the individual, perceptions of the transition, the sociocultural context in which they exist, and access to support/resources. As applied practitioners, we have the scope to facilitate positive transition outcomes through working at an individual, team, and organizational level prior to, during and post transitional periods. Drawing on our experiences, we suggest that the applied practitioners' help athletes maintain a coherent sense of identity, manage their own and others' expectations and step back to take perspective when faced with sporting transitions. See Box 29.1 for a summary of the key points from this chapter.

Box 29.1 Summary of Key Points about Career Transitions

- Career transitions have been studied extensively in sport with a primary focus on sporting retirement.
- Until relatively recently, sporting retirement was conceptualized as an all-encompassing negative event.
- It is now well recognized that athletes will face a number of transitions across the duration of their sporting careers, each of which may place a unique set of internal and external demands on the performer. Examples of within-career transitions include junior-to-senior transition, migration, and motherhood.
- A number of factors will influence how successfully an athlete adapts to sporting transitions. These may include individual factors (e.g., psychological characteristics and perception of transition), sociocultural factors (e.g., organizational cultural features), and access to support/resources (e.g., social support)

References

Allison, M. T., & Meyer, C. (1988). Career problems and retirement among elite athletes: The female tennis professional. *Sociology of Sport Journal*, *5*(3), 212–222. https://doi.org/10.1123/ssj.5.3.212

Champ, F. M., Nesti, M. S., Ronkainen, N. J., Tod, D. A., & Littlewood, M. A. (2020a). An exploration of the experiences of elite youth footballers: The impact of organizational culture. *Journal of Applied Sport Psychology*, *32*(2), 146–167. https://doi.org/10.1080/10413200.2018.1514429

Champ, F. M., Ronkainen, N. J., Littlewood, M. A., & Eubank, M. (2020b). Supporting identity development in talented youth athletes: Insights from existential and cultural psychological approaches. *Journal of Sport Psychology in Action*, *11*(4), 219–232. https://doi.org/10.1080/21520704.2020.1825027

Drew, K., Morris, R., Tod, D., & Eubank, M. (2020). A meta-study of qualitative research on the junior-to-senior transition in sport. *Psychology of Sport and Exercise*, *45*, Article e101556. https://doi.org/10.1016/2019.101556

Eubank, M., Ronkainen, N., & Tod, D. (2020). New approaches to identity in sport. *Journal of Sport Psychology in Action*, *11*(4), 215–218. https://doi.org/10.1080/21520704.2020.1835134

Fletcher, D., & Sarkar, M. (2013). Psychological resilience: A review and critique of definitions, concepts, and theory. *European Psychologist*, *18*(1), 12–23. https://doi.org/10.1027/1016-9040/a000124

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change* (2nd ed.). Guilford Press.

Javadifar, N., Majlesi, F., Nikbakht, A., Nedjat, S., & Montazeri, A. (2016). Journey to motherhood in the first year after child birth. *Journal of Family & Reproductive Health*, *10*(3), 146–153. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5241359/

Jewett, R., Kerr, G., & Tamminen, K. (2019). University sport retirement and athlete mental health: A narrative analysis. *Qualitative Research in Sport, Exercise and Health*, *11*(3), 416–433. https://doi.org/10.1080/2159676X.2018.1506497

Kadlick, J. & Flemr, L. (2008). Athletic career termination model in the Czech Republic: A qualitative exploration. *International Review for the Sociology of Sport, 43*(3), 251–269.

King, J., Roberts, C., Hard, S., & Arden, C.L. (2019). Want to improve return to sport outcomes following injury? Empower, engage, provide feedback and be transparent: 4 habits! *British Journal of Sports Medicine*, 53, 526–528. https://doi.org/10.1136/bjsports-2018-099109

Massey, K. L., & Whitehead, A. E. (2022). Pregnancy and motherhood in elite sport: The longitudinal experiences of two elite athletes. *Psychology of Sport and Exercise*, *60*, Article e102139. https://doi.org/10.1016/j.psychsport.2022.102139

McGannon, K. R., McMahon, J., & Gonsalves, C. A. (2018). Juggling motherhood and sport: A qualitative study of the negotiation of competitive recreational athlete mother identities. *Psychology of Sport and Exercise*, *36*, 41–49. https://doi.org/10.1016/j.psychsport.2018.01.008

Miles, A., & Hodge, K. (2020). Life skills interventions in elite sport. In D. Tod & M. Eubank (Eds.), *Applied sport psychology: Current approaches to helping athletes* (pp. 148–164). Routledge.

Morris, R., Tod, D., & Oliver, E. (2015). An analysis of organizational structure and transition outcomes in the youth-to-senior professional soccer transition. *Journal of Applied Sport Psychology*, *27*(2), 216–234. https://doi.org/10.1080/10413200.2014.980015

Noetel, M., Ciarrochi, J., Van Zanden, B., & Lonsdale, C. (2019). Mindfulness and acceptance approaches to sporting performance enhancement: A systematic review. *International Review of Sport and Exercise Psychology*, *12*(1), 139–175. https://doi.org/10.1080/1750984X.2017.1387803

Richardson, D., Littlewood, M., Nesti, M., & Benstead, L. (2012). An examination of the migratory transition of elite young European soccer players to the English Premier League. *Journal of Sports Sciences*, *30*(15), 1605–1618. https://doi.org/10.1080/02640414.2012.733017

Ronkainen, N. J., Harrison, M. E., & Ryba, T. V. (2014). Running, being, and Beijing—An existential exploration of a runner identity. *Qualitative Research in Psychology*, *11*(2), 189–210. https://doi.org/10.1080/14780887.2013.810796

Ronkainen, N. J., Watkins, I., & Ryba, T. V. (2016). What can gender tell us about the pre-retirement experiences of elite distance runners in Finland?: A thematic narrative analysis. *Psychology of Sport and Exercise*, *22*, 37–45. https://doi.org/10.1016/j.psychsport.2015.06.003

Schinke, R. J., Yukelson, D., Bartolacci, G., Battochio, R. C., & Johnstone, K. (2011). The challenges encountered by immigrated elite athletes. *Journal of Sport Psychology in Action*, *2*(1), 10–20. https://doi.org/10.1080/21520704.2011.556179

Schlossberg, N., (1981). A model for analyzing human adaptation to transition. *The Counselling Psychologist*, *9*(2), 2–18. https://doi.org/10.1177/001100008100900202

Spowart, L., Burrows, L., & Shaw, S. (2010). 'I just eat, sleep and dream of surfing': When surfing meets motherhood. *Sport in Society*, *13*(7/8), 1186–1203. https://doi.org/10.1080/17430431003780179

Vanden Auweele, Y., De Martelaer, K., Rzewnicki, R., De Knop, P., & Wylleman, P. (2004). Parents and coaches: A help or harm? Affective outcomes for children in sport. In Auweele (Ed.), *Ethics in youth sport* (pp. 174–194). Lannoocampus.

Wylleman, P. (2019). A developmental and holistic perspective on transiting out of elite sport. In M. H. Anshel, T. A. Petrie, & J. A. Steinfeldt (Eds.), *APA handbook of sport and exercise psychology*, *Vol. 1. Sport psychology* (pp. 201–216). American Psychological Association. https://doi.org/10.1037/0000123-011

30

DEPRESSION[1]

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Depression is a term that can be used in a variety of ways to describe an individual's psychological experience. For example, "depression" may indicate an emotional state, such as feeling sad, lonely, and empty. These feelings can be a normal reaction to a loss or disappointment, or they may represent symptoms of an underlying disorder. The term depression can also be used to describe the clinical syndrome of major depressive disorder (MDD), as well as related syndromes such as persistent depressive disorder or depression due to a medical condition (American Psychiatric Association, 2013). A common element of all depressive disorders is the experience of sadness, emptiness, or irritability in conjunction with changes in thinking (cognition) and physical symptoms (American Psychiatric Association, 2013). This chapter will provide an overview of the syndrome of depression, including clinical presentation, prevalence, risk factors, and treatment approaches. We will also present a case study of treatment of a US collegiate athlete with depression by AR.

Clinical Presentation

The Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-V) identifies nine diagnostic criteria for MDDs:

- Feelings of sadness, emptiness, and hopelessness
- Loss of interest and enjoyment from activities (i.e., anhedonia)
- Significant weight loss or weight gain
- Insomnia or hypersomnia
- Behavioral agitation or slowing that is observed by others
- Fatigue and loss of energy most days
- Feelings of worthlessness and negative ruminations
- Difficulties with thinking and concentration
- Recurrent suicidal ideation, which may include thoughts of death, suicidal planning, and suicide attempts

Clients must present five or more of the above symptoms, one of which must be either depressed mood or anhedonia, for a minimum of two weeks, causing significant distress and loss of functioning (American Psychiatric Association, 2013).

Differential Diagnosis

Everyone experiences sadness, loss, and grief; to be human is to suffer at least some of the time. The diagnosis of major depression is a combination of symptom severity and duration which distinguishes it from several other syndromes that have depressive features (e.g., adjustment disorder with depressed mood). Depression is also not necessarily a stand–alone disorder. Anxiety disorders, substance abuse, and eating disorders often co–occur with depression, and depressive symptoms are frequently associated with post–traumatic stress and traumatic brain injuries (e.g., concussion; American Psychiatric Association, 2013).

Incidence, Prevalence, and Risk Factors

Depressive disorders are common. The National Institute of Mental Health (NIMH) found that approximately 8.4% of all US adults experienced a major depressive episode in 2020 (NIMH, 2022). Depression is ranked by the World Health Organization as the single largest contributor to disability worldwide (World Health Organization, 2017). Depressive disorders are associated with functional impairment, family burden, reduced productivity, and physical disability throughout a lifetime (Lepine & Briley, 2011). Depression is also a significant risk factor for suicide. Although many people with major depression do not contemplate or engage in suicidal behaviors, more than half of the people who die by suicide experienced a depressive disorder at the time of death (Hawton et al., 2013).

The primary risk factors for depression include certain personality traits, drug and alcohol abuse, acute and chronic stress, traumatic experiences (including childhood trauma), a family history of depression, and previous depressive episodes (American Psychiatric Association, 2013). The experience of systemic racism, discrimination, and harassment has a strong impact on mental health problems, including depression (Chae et al., 2011; Terwilliger Williams et al., 2012). Athletes are not immune from depression or suicide risk. In a multi–year study of over 400 US Division I college athletes, Wolanin et al. (2016) found that approximately 23% identified clinically significant depressive symptoms. In addition to primary risk factors for depression, athletes may experience some unique stressors related to their sport participation. These include injuries, career transitions, excessive performance expectations, and difficulties in their relationships with coaches or teammates (National Collegiate Athletic Association, 2014).

Diagnosis and Treatment

Depression is generally diagnosed by a client's subjective report. Interviewer rating scales and self–report measures have also been developed to assess the presence and the severity of depressive symptoms, such as the Structured Clinical Interview (SCID) and the Beck Depression Inventory—II (BDI-II; Joiner et al., 2005). Once a diagnosis has been made, medication and psychotherapy, often used simultaneously, are the most common first-line treatments in the management of depression (American Psychological Association, 2019; Rush, 2022).

Medication

There are a number of different antidepressant medications that have demonstrated effectiveness in treating depressive symptoms, although some may carry more side effects and associated risks than others (Rush, 2022). Selective serotonin reuptake inhibitors (SSRIs) are the most common initial medications prescribed to treat depression. They have demonstrated effectiveness for many clients and, typically, carry few side effects and other health risks (Hirsch & Burnham, 2022). SSRIs, which are considered

"second generation" antidepressants, act by increasing a serotonin activity in the brain through selectively targeting these receptors in the neuron. The so-called "first-generation" antidepressants, including tricyclic antidepressants, may also be prescribed but often carry more potential side effects (Rush, 2022).

Psychotherapy

There are many different types of psychotherapy approaches, several of which have been identified as effective in the treatment of depression. These approaches include psychodynamic therapies (PDTs), cognitive-behavioral therapies (CBTs), and mindfulness and acceptance-based treatments (MABTs) (American Psychological Association, 2019). PDTs typically engage clients in a process of self-exploration that tends to be less directive and focuses on clients' thinking and emotional experiences, both conscious and unconscious, as well as their interpersonal relationships, including the relationship with the therapist (Barber et al., 2021). CBTs emphasize learning and behavioral principles to address maladaptive thoughts, behaviors, and emotions using a variety of strategies that are typically taught in a more directive format and may include homework between sessions (Newman et al., 2021). MABTs emphasize an active therapeutic relationship, focus on present-moment experience, awareness and non-judgmental acceptance of thoughts and emotions, and the use of behavioral strategies to pursue goals that are consistent with clients' personal values (Forman et al., 2021).

Despite the effectiveness of medications, psychotherapy, and combined approaches in the treatment of depression, there are still many clients who do not respond as well to these interventions (Sinyor et al., 2010). There is a need to pursue additional approaches to support clients with depression. The use of exercise as a therapeutic intervention for depression has gained significant attention over the past 15 years.

Exercise

In a review of 19 meta-analyses examining the influence of exercise on depression, Meyer and Barreto Schuch (2018) found that, overall, exercise interventions had moderate to large effects in the treatment of depression, both independently and in conjunction with psychotherapy and medication. In a review of 23 randomized controlled studies, Kvam et al. (2016) found significant reductions in self-report measures of depression among participants who had been given both strength and aerobic training interventions versus those who were assigned to a waitlist/control group (i.e., no intervention). In several of the studies reviewed by the authors, participants who were given exercise interventions tended to improve as well as those who were given either psychotherapy or medications.

Jazayeri et al. (2022) reviewed studies of exercise interventions for depression focusing on the potential impact of resistance (strength training) versus endurance (aerobic) training. An analysis of 24 studies found no significant differences between the effects of endurance training and strength training in reducing depressive symptoms; both demonstrated significant positive effects. In a review of 69 studies on the impact of exercise interventions on depression in adults aged 65 and over, Miller et al. (2021) found that aerobic, resistance, and mind-body exercises (e.g., Tai-Chi and flexibility training) were equally effective in decreasing symptoms of depression when compared to control groups.

In their review, Rethorst and Trivedi (2013) provided recommendations for the type, frequency, and intensity of exercise to address depression. They note that both aerobic and resistance training have been found to be effective in the treatment of depression, with sessions occurring three to five times a week for 45–60 minutes. Although the authors found that a variety of exercise intensities were beneficial in these studies, participants who exercised aerobically at 50–85% of their maximum heart rate or strength trained using 80% of their one-rep maximum, for at least 10 weeks, appeared to get the most benefit.

A model of evidence-based practice suggests that the best treatment for any individual will consider the research that informs practice, the clinician's sources of knowledge, and the attitudes, beliefs, and social contexts of the client (Goodheart et al., 2006). It is important for clinicians to use research to guide their practice, while also maintaining flexibility in meeting the individual needs and circumstances of their clients at a given point in time. The following case describes treatment of a US collegiate athlete with depression by a clinical psychologist (AR). All identifying information has been masked.

Treatment of Depression: The Case of Maya

Maya, an 18-year-old Black female soccer/football player and first-year university student-athlete, was self-referred; she sought treatment with a psychologist due to longstanding depressed mood and low self-esteem. Additionally, she had sustained a sports-related injury (hamstring tear) within the past two months, though she downplayed this issue. In our first meeting (AR), Maya commented that she had been extremely "unmotivated" and fatigued much of the time; she seemed to be running on autopilot, sleeping an average of five hours per night. She explained, tiredly, that her eating consisted more of "snacks" than meals; her food intake was the result of her fast-paced student-athlete schedule combined with minimal appetite, due to shifting between feeling depressed, irritable, and apathetic. Maya seemed genuinely interested in receiving support; yet, she came across as slightly guarded, with low energy that she attempted to mask with occasional half-smiles.

In her presence, I could feel the heaviness of the debilitating interpersonal disconnection and emptiness she was experiencing. She responded to me with kind pleasantries, and the regard she demonstrated for persons in positions of authority was apparent. Just prior to the first session, she completed a Counseling Center Assessment of Psychological Symptoms (CCAPS; Locke et al., 2011), a general mental health screening tool normed on persons of her age range; Maya's highest elevated scale was Hostility, followed next by Depression. She denied suicidal ideation or intent; and denied any ideation or intent to harm anyone.

Maya was bullied in early school years due to her race and skin color. Peers had called her derogatory names and cracked jokes at her expense. In her family, both of her parents had made it clear how she should act and not act, including at school; so, Maya swallowed her feelings of sadness and anger for extended periods of time in the face of the bullying. At least once she was sent to the office for acting out verbally, in self-defense when her anger surfaced, and she snapped. Her guardedness, now in the presence of a White female therapist, had built up over years of experiencing racism, discrimination, and bullying.

Maya felt that her parents were often "disappointed" in her. It seemed that everything her older sister touched turned to "gold" both academically and athletically, and her sister was often praised for her appearance and personality. Her parents' reverence for her sister told Maya that there was only one spot in the sun; Maya was in the shadows.

Although she spoke fondly of her high school soccer/football coach due to the coach's supportive style, Maya's already low self-esteem was made worse due to the head soccer coach of her college team. He was known for being verbally reckless and punitive to many athletes on the team, including Maya. The "I'm not good enough" messages Maya had already internalized before their paths crossed were now becoming cemented.

The hamstring tear that Maya had recently incurred necessitated regular rehabilitation treatments, and Maya was unable to participate in soccer/football practices for an extended time. She spoke about this barrier to playing soccer/football almost with relief. It was as though the physical distress was worth not being subjected to her coach, and not having to confront her athletic performance, which had not been improving before the injury. Maya said that she would often find "any excuse not to do well," whether on the soccer/football field or off; "Even something as small as my shoe being untied will be

the reason that I wasn't able to perform well." She had adopted this pattern of self-sabotage to prove that she was limited in her talent and abilities. Despite these self-observations, Maya seemed unclear about what was holding her back. Having others treat her poorly had become so familiar that she knew nothing else; she had internalized a sense of self that was unworthy and incapable.

Maya said that her goals for therapy included "to learn how to be more open with my emotions and to find ways to increase my self-confidence." Maya sat across from me attentively, with a fatigued presence and dejected body language. I proceeded slowly, not rushing into a detailed treatment plan and intentionally not discussing diagnosis. Although MDD seemed likely to account for her symptoms, I avoided having this diagnostic focus. Given what Maya had already disclosed about her identity, her past experiences with peers, coaches, and family, communicating my diagnostic impressions seemed unwarranted and risked minimizing and labeling her pain and vulnerability. I was also highly attuned to the differences in our identities, and the importance of exploring what my presence as a White therapist may bring up.

I felt that establishing rapport with Maya was primary and that it was critical for her to feel heard regarding her longstanding experience of being "not good enough." As the appointment was ending, Maya and I agreed that these conversations about race needed to continue, including further exploration of the impact of race on her identity development, on her longstanding experience of depression, and on the relationship that we were building.

Over time, Maya revealed that she had developed persistent gastrointestinal distress. She sought the minimal amount of medical attention for the stomach discomfort at first, until the months of ongoing symptoms required regular tests and treatment approaches. This was a further example of how she downplayed what was hurtful or upsetting—whether physically or emotionally—until it became too much to hold. The pattern that would regularly ensue for Maya was that the suppressed emotional pain and vulnerability would manifest itself in angry outbursts, taking over Maya's sweet, deferential demeanor. Through our discussions, Maya became increasingly aware that she felt stuck in a cycle of suppressing her emotions and then reaching a breaking point. She explained that, when she did outwardly express her vulnerability, including anger, "The way the world will see me is as an angry, aggressive Black woman." These were her words; these were her fears. The mental anguish that she experienced worrying about how she was perceived when expressing frustration or anger created another layer of depression. As Maya spoke about her intense frustration and fear that she would likely reinforce a stereotype of being "an angry Black woman" if she allowed her feelings to show, I validated how debilitating this emotional suppression had become and encouraged her unfiltered expression within our sessions.

In these early sessions, we briefly explored potential genetic components to Maya's depression. Maya shared that her family would not discuss mental health concerns and they were not open with one another about their emotions. As a result, she knew almost nothing about her family's mental health history. We discussed the possibility of meeting with a psychiatrist to consider medication for depression. Medication could be beneficial if her depressive symptoms became more disruptive, whether during our work together or in the future. She expressed understanding, agreed to consider medication, yet made clear her preference to pursue other treatment options first.

Although Maya's affect and body language did not change significantly within the first few sessions, she began to display a greater sense of purpose and hope. Our sessions provided an outlet for her to share her experience in the absence of judgment, and for once, she was not suppressing these thoughts and emotions. We explored Maya's early experiences of being bullied for her skin color, her parents not attending her soccer/football games, the constant comparisons to her sister, and the verbal abuse by her coach.

I spent time checking in with Maya about her symptoms and overall functioning, providing information and guidance about sleep hygiene and providing a referral to a sports nutritionist. We discussed the influence of sleep and nutrition on mood. I also inquired whether she would be open to journaling,

starting with twice a week, and more if she chose to do so. She liked the idea of clearing her mind by putting her thoughts onto paper.

As we continued discussing her depressive symptoms and their connection to relationships, it was critical to address the relationship that the two of us were building, including differences in our racial identities. An interpersonal approach supported the exploration of Maya's racial identity as a Black female and her experience of sitting with and allowing herself to be transparent and vulnerable with a White female therapist. It was imperative to not only acknowledge Maya as a Black female, and me as a White therapist, but also to explicitly discuss what my identity and presence brought up for her. We also addressed the power differential within the therapeutic relationship and how these factors are experienced within the room.

Black individuals and individuals of African descent may be less likely to seek mental health services and more likely to discontinue therapy treatment prematurely (Cook et al., 2015). Reasons for this include a provider's lack of empathy or cultural competence, racial bias, or the client's distrust of the health care system (Thompson & McCabe, 2012). I initiated a conversation with Maya about this. She shared that this was her first-time seeking therapy, and that mental health concerns were never up for discussion within her family. It was critical to engage with Maya in a way that did not model a "colorblind" approach to our interactions, but that instead welcomed honest dialogue about race, ethnicity, and gender sensitively, yet directly (Sue, 2015). I was intentional in asking questions about Maya's experiences with racism, including instances where microaggressions or more overt racist acts were present, both when she alluded to these instances and sometimes when she did not. I expressed curiosity about Maya's experience of being one of the only Black females on her current university soccer/football team as well as on teams that she had been a part of in the past. Maya's ideals of beauty had long been shaped by American society's valuing of light skin color and of straight and smooth women's hair. She spoke about how she often compared herself to her White teammates, and how these comparisons reinforced the belief she had of being "not good enough."

Over the next 18 months, Maya returned for 14 sessions, most of which were relatively consecutive; after attending a series of sessions in a row, she opted to intentionally space out the later sessions in pace with the changing semesters. During the middle sessions, I introduced CBT interventions to assist Maya in gaining awareness into the role that her thoughts had on creating and sustaining emotions and subsequent behaviors. We discussed the CBT concepts of automatic thoughts and core beliefs and identified the many relationships and experiences that had formed her core belief of "I'm not good enough," including the societal and historical influences of racial oppression and injustice. Maya learned how to identify unhelpful negative cognitions that stemmed from her past experiences and developed corresponding CBT strategies.

Later during our work together, Maya attended a semi-structured therapy group that combined CBT strategies and interpersonal support and feedback from her peers. She related well to other group members and seemed to be somewhat surprised at how supportive other group members were in their interactions with her. Maya appeared to generally benefit from her attendance in the group. Maya had gained a sense of awareness that several individuals in her life had contributed to her low self-esteem. However, she was able to see the contrast between those damaging interactions and her interpersonal experience within both the therapeutic relationship and the therapy group.

In later sessions, Maya reported some improvements in her sleep, although the multiple demands of her academic and athletic roles limited the amount that she would have found optimal. She indicated that occasional journaling combined with her use of the CBT strategies allowed her to fall asleep and stay asleep more successfully. Maya's increasing self-esteem and improved mood as well as her consultation with the sports nutritionist helped her to fuel her body in a more intentional and balanced way, and she reaped the benefits of increased energy as a result. While the relationships with her family members did not change significantly, she was able to recognize that her tendency to hold herself back

or put herself down was largely due to the pedestal that she and her parents put her sister on. Maya responded well to our efforts to identify how she was different from her sister, including many positive ways, and how keeping her sister on this mental pedestal negatively impacted her confidence. Maya communicated that the experience of compassion and support from this therapeutic relationship made her more likely to seek out therapy in the future when needed; it allowed her to experience interpersonal relationships in a way that she did not realize was possible, including gaining a new and more compassionate view herself.

Conclusion

Depressive syndromes involve complex interaction of thoughts, feelings, and behaviors and are one of the most frequently diagnosed disorders of mental health. Although we all feel sad at times, depression is characterized by specific symptoms occurring over time and at a level that results in significant impairment in relationships and functioning. Despite the challenges and cost of this complicated syndrome, treatment options exist, including medication, psychotherapy, and exercise. Clinicians may incorporate these interventions either alone or in combination in their work with depressed clients. In general, people experiencing depression can be treated effectively and are able to restore their health and emotional well-being. See Box 30.1 for a summary of the key points from this chapter.

Box 30.1 Summary of Key Points about Depression

- MDD may be caused by any one or a combination of genetic, psychological, or social stressors.
- Athletes are not immune to depression. Various stressors, including performance expectations, injury, and relationship difficulties, may increase their risk.
- Typically, depression can be differentiated from loss and grief by characteristic symptoms and the number, extent, or duration of these symptoms.
- Depressive disorders can co-occur with other mental health problems, including anxiety and eating disorders.
- Depressive disorders are common and a significant source of disability worldwide.
- Several interventions for depression exist, including psychotropic medications, psychotherapy, and exercise. The best treatment for a particular person should be based on a combination of relevant research, clinical knowledge, and the client's attitudes, beliefs, and culture.

Note

1 Drs. Rosenblatt and Hiatt would like to acknowledge the significant contributions of Dr. Hays, the original author of this chapter, who passed away in 2021. Dr. Hays was a pioneer in the field of sport, exercise, and performance psychology. In addition to being a master practitioner, educator, and scholar, Dr. Hays was a wonderful mentor and colleague whose presence is deeply missed.

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Association.

American Psychological Association. (2019). *APA clinical practice guideline for the treatment of depression across three age cohorts*. American Psychological Association.

Barber, J. P., Muran, J. C., McCarthy, K. S., Keefe, J. R., & Zilcha-Mano, S. (2021). Research on dynamic therapies. In Berkham, M., Lutz, W., & Castonguay, L. G. (Eds.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (7th ed., pp. 387–419). John Wiley & Sons.

Chae, D. H., Lincoln, K. D., & Jackson, J. D. (2011). Discrimination, attribution, and racial group identification: Implications for psychological distress among Black Americans in the national survey of American life (2001–2003). *American Journal of Orthopsychiatry*, *81*(4), 498–506. https://doi.org/10.1111/j.1939-0025.2011.01122.x

Cook, T. B., Reeves, G. M., Teufel, J., & Postolache, T. T. (2015). Persistence of racial disparities in prescription of first-generation antipsychotics in the USA. *Pharmacoepidemiology and Drug Safety*, *24*(11), https://doi.org/10.1002/pds.3819

Forman, E. M., Arch, J. J., Bricker, J. B., Gaudiano, B. A., Juarascio, A. S., Rizvi, S. L., Segal, Z. V., & Vowles, K. E. (2021). Mindfulness and acceptance-based treatments. In Berkham, M., Lutz, W., & Castonguay, L. G. (Eds.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (7th ed., pp. 507–537). John Wiley & Sons.

Goodheart, C. D., Kazdin, A. E., & Sternberg, R. J. (Eds.). (2006). *Evidence-based psychotherapy: Where practice and research meet*. American Psychological Association.

Hawton, K., Casanas i Comabella, C., Haw, C., & Saunders, K. (2013). Risk factors for suicide in individuals with depression: A systematic review. *Journal of Affective Disorders*, *147*(1–3), 17–28. https://doi.org/10.1016/j.jad.2013.01.004

Hirsch, M., & Birnbaum, R. J. (2022). Selective serotonin reuptake inhibitors: Pharmacology, administration, and side effects. *UpToDate*. Retrieved June 24, 2022, from https://www-uptodate-com./contents/selective-serotonin-reuptake-inhibitors-pharmacology-administration-and-side-effects?search-ssri&source=searchresult&selectedTitle=2~146&usage_type=default&display_rank=1

Jazayeri, D., Zanjani, Z., Joekar, S., Alvani, S. R., & Molaei, A. (2022). Comparison study of the effects of resistance and endurance exercise interventions for the treatment of depression: A meta-analytical review. *Journal of Contemporary Psychotherapy*, *52*, 237–246. https://doi.org/10.1007/s10879-022-09537-8

Joiner, T. E., Pettit, J. W., Walker, R. L., Perez, M., & Cukrowicz, K. C. (2005). Evidence based assessment of depression in adults. *Psychological Assessment*, *17*(3), 267–277. https://doi.org/10.1037/1040-3590.17.3.267

Kvam, S., Kleppe, C. L., Nordhus, I. H., & Hovland, A. (2016). Exercise as a treatment for depression: A meta-analysis. *Journal of Affective Disorders*, *202*, 67–86. https://doi.org/10.1016/j.jad.2016.03.063

Lepine, J. P. & Briley, M. (2011). The increasing burden of depression. *Neuropsychiatric Disease and Treatment*, 7(Suppl I), 3–7. https://doi.org/10.2147/NDT.S19617

Locke, B. D., Buzolitz, J. S., Dowis, J. D., Lei, P., Boswell, J. F., McAleavey, A. A., Hayes, J. (2011). Development of the counseling center assessment of psychological symptoms–62 (CCAPS-62). *Journal of Counseling Psychology*, *58*(1), 97–109. https://doi.org/10.1037/a0021282

Meyer, J. & Barreto Schuch, F. (2018). Exercise for the prevention and treatment of depression. In B. Stubbs & S. Rosenbaum (Eds.). *Exercise-based interventions for mental illness* (pp. 1–18). Elsevier Academic Press.

Miller, K. J., Areerob, P., Hennessy, D., Gonçalves-Bradley, D. C., Mesagno, C., & Grace, F. (2021). Aerobic, resistance, and mind-body exercise are equivalent to mitigate symptoms of depression in older adults: A systematic review and network meta-analysis of randomised controlled trials. *F1000 Research*, *9*, 1325–1325. https://doi.org/10.12688/f1000research.27123.2

National Collegiate Athletic Association. (2014). *Mind, body, and sport: Understanding and supporting student athlete mental wellness*. National Collegiate Athletic Association.

National Institute of Mental Health (2022, June). *Major depression*. National Institute of Mental Health. https://www.nimh.nih.gov/health/statistics/major-depression

Newman, M. G., Agras, W. S., Haaga, D. A. F., & Jarrett, R. B. (2021). Cognitive, behavioral, and cognitive behavioral therapy. In Berkham, M., Lutz, W., & Castonguay, L. G. (Eds.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (7th ed., pp. 469–505). John Wiley & Sons.

Rethorst, C. D., & Trivedi, M. H. (2013). Evidenced based recommendations for the prescription of exercise for major depressive disorder. *Journal of Psychiatric Practice*, *19*(3), 204–212. https://doi.org/10.1097/01.pra.0000430504.16952.3e

Rush, A. J. (2022). Unipolar major depression in adults: Choosing initial treatment. *UpToDate*. Retrieved June 24, 2022, from https://www-uptodate-com./contents/unipolar-major-depression-in-adults-choosing-initial-treatment?search=unipolar%20major%20depression%20in%20adults%20choosing%20initial%20treatment&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1

Sinyor, M., Schaffer, A., & Levitt, A. (2010). The sequenced treatment alternatives to relieve depression (STAR★D) trial: A review. *The Canadian Journal of Psychiatry*, *55*(3), 126–135. https://doi.org/10.1177/070674371005500303

Sue, D. W. (2015). *Race talk and the conspiracy of silence: Understanding and facilitating difficult dialogues on race*. John Wiley & Sons Inc.

Terwilliger Williams, M., Chapman, L. K., Wong, J., & Turkheimer, E. (2012). The role of ethnic identity in symptoms of anxiety and depression in African Americans. *Psychiatry Research*, *199*(1), 31–36. http://dx.doi.org/10.1016/j.psychres.2012.03.049

Thompson, L., & McCabe, R. (2012). The effect of clinician–patient alliance and communication on treatment adherence in mental health care: A systematic review. *BMC Psychiatry*, *12*, Article e87. https://doi.org/10.1186/1471-244X-12-87

Wolanin, A., Hong, E., Marks, D., Panchoo, K., & Gross, M. (2016). Prevalence of clinically elevated depressive symptoms in college athletes and differences by gender and sport. *British Journal of Sports Medicine*, *50*, 167–171. http://dx.doi.org/10.1136/bjsports-2015-095756

World Health Organization. (2017). *Depression and other common mental disorders: Global health estimates*. World Health Production Services.

31

ANXIETY

Daryl Marchant and Christopher Mesagno

Daryl, I want you to walk down the end of the street and meet Julie [older sister] *on her way home from school. There is a dog, and she's a bit scared of it; she'll feel much better if you're there to walk her past that part.*

<div align="right">

Merle Marchant, circa 1964

</div>

The above quote might not be word perfect; my (story by first author) prevailing recollection of the underlying meaning was, "Daryl you're a big brave boy, and your 5-year-old sister, who is scared of being bitten by the nasty local dog, needs your help." Never mind that I was only four years old, without dog experience, and apparently on the verge of transforming from the unconditioned response of "no fear of dogs" to the conditioned response of a lifelong trepidation and avoidance of anything remotely canine. Amazing, what was my Mum thinking? Clearly, she had not been subjected to the usual undergraduate psychology learning theory. A bell isn't needed to make a dog salivate; a small child on a fool's errand will do equally well. Nowadays, I don't necessarily walk to the other side of the street when I see a large dog coming my way; I run (only partly joking). Seriously though, I have never since felt comfortable around dogs and generally avoid them. I mention the story because it is the first time I can remember experiencing anxiety, and because, even some 50+ years later, it is vividly etched in my memory. The adage that psychologists enter psychology in an attempt to better understand themselves certainly resonates for me because I was a relatively anxious child.

Although the focus of this chapter is largely on sport and competition anxiety, the dog story is a reminder that we are all faced with anxiety-evoking situations from an early age. Nevertheless, this chapter is largely concerned with working through the process of counseling, including the initial referral or discussion of anxiety with an athlete and the many issues and questions that will inform and challenge the applied practitioner's work. We have written this chapter from a practitioner perspective, and the focus is largely on working through how we might frame our collaborations with anxious athletes.

Introduction

In reflecting on approximately 50 years of continuous sport anxiety investigations, there was a naïve quality to the early research with unidimensional models developed, reworked, and then eventually superseded by more complex, yet similarly inadequate models (see Weinberg & Gould, 2019 for a review). A sign of the growing maturity of the field of sport psychology was when researchers took the lead

from mainstream psychology and started examining sport anxiety as a multidimensional phenomenon. Currently, there is a diverse range of methodologies compared to early research that was largely experimental and quasi-experimental conducted from a narrow quantitative paradigm. Undoubtedly, a sport psychology practitioner must have at least a passing understanding of the vast sport anxiety literature (Weinberg & Gould, 2019). For early career sport psychology practitioners, in particular, there is considerable value in reviewing the key, or hallmark, sport anxiety papers (Martens, 1971). Experienced practitioners also need reminding that new approaches and critical knowledge are regularly developed and published and staying abreast of such developments is professionally enriching.

Framing Anxiety: Complexities in Working with Anxious Athletes

In sport psychology, we are often working in the context of athletes or organizations wanting quick–fix solutions. Sometimes, there is a simple solution; a reliance on quick or generic approaches, however, can trivialize the work. Our training and experience should enable us to provide individualized anxiety interventions that are state–of–the–art and based on current research evidence.

By the time an athlete seeks or requests help for an anxiety-related issue, there is usually a rich history of unsuccessful (or partially successful) attempts to cope with anxiety. With trainee practitioners, we often see an over–eagerness to move to solutions, treatments, and interventions without fully understanding the personal history and appreciating the unique perspectives and experiences that each client brings to therapy. Perhaps this tendency is borne from practitioners' anxieties around their own skills or insecurities about working in an open framework or from the client's impatience for an intervention that fixes the performance problem. Irrespective of the reasons, to provide meaningful solutions for athletes and coaches, superficial or abbreviated processes are generally suboptimal and may have short, but not long-lasting effects.

Applied practitioners can enhance the likelihood of positive outcomes by intentionally managing the working relationship (see Chapter 1) from the outset. Each time we commit to working with a client we embark on a journey together, which might be over almost before it begins, unless we attend to some basic, yet essential steps. Many years ago, an academic sport psychology professional in talking about his applied work said, "I don't know what it is with clients, but many of them only show up for the first couple of consultations." Although clients can be unreliable, there was clearly an unrecognized problem with how the practitioner was framing his work at the outset. Setting-up includes the initial contact or referral process, managing the working space, introductions, first impressions, sharing expectations, and developing a working alliance. Each step deserves careful consideration, and, when managed well should lead to a positive working climate, but when managed poorly will result in obstruction, confusion, or sabotage of the working relationship (see Chapters 1 and 9).

Logistics and practicalities almost always influence the approaches we take and how we deliver our services. How has the client been referred? Who is funding the services? Is the athlete in season or in a pre-season phase? In what type of environment will the consultations take place (e.g., office, coffee shop/café, and sporting venue)? What is the referral question? There is little sense planning a lengthy series of psycho-educational sessions when time, resources, or other issues preclude the likelihood of the full intervention being delivered. Poor attention or awareness of practicalities can hijack the working alliance and undermine the practitioners' confidence and clients' motivation to commit to working through the issues.

Because anxiety in sport is multifaceted, exploration or data-gathering in a consultation is foundational, but keeping up-to-date on contemporary theories is also important. Most practitioners, because of their research and applied training, will feel relatively comfortable in the exploration phase of consulting. The initial intake interview will generally start with demographic, personal, and sport background and at some point move to the presenting anxiety-related issue. Exploration will not only entail

polished counseling skills (e.g., attending, active listening, and empathic reflection; see Chapter 2), but also working with anxiety through linking related themes such as stress, arousal, coping, and past history of anxiety experiences. Fortunately, there is an enormous amount of published literature available on sport anxiety, but the sheer volume of literature can be intimidating. Sport psychology researchers have constantly proposed and tested relevant models ranging from arousal–performance explanations to multidimensional anxiety theory. Without a reasonable understanding of the many conceptual advances that have occurred in sport anxiety research, the practitioner's efforts will likely lead to limited positive (or even negative) outcomes. Leonardo da Vinci's (n.d.) observation that "he who loves practice without theory is like the sailor who boards a ship without a rudder and compass and never knows where he may cast" is relevant here. For busy consulting practitioners engrossed in applied work, it can be a challenge to stay abreast of the published literature.

Getting a Handle on the Causes and Effects of Sport Anxiety

A central purpose of the exploration process is to jointly discuss, sometimes in considerable detail, anxiety experiences and anxiety-related issues. We liken sport anxiety work to solving a jigsaw puzzle. Rarely are we faced with a simple 200-piece puzzle; often, the puzzle is, metaphorically, 1,000 pieces or more of a relatively unexplored landscape. The simple puzzle might suit neophyte sport practitioners who, being somewhat anxious themselves, are looking to apply basic theory and interventions in a relatively straightforward manner. More experienced and skilled practitioners might be drawn to 1,000-piece anxiety puzzles with unfamiliar terrain, complications, contradictions, and entrenched resistances. Undue haste in moving toward possible solutions without thorough exploration can be counterproductive. In looking for guidance in the types of issues worthy of deeper exploration, the published literature is particularly helpful. Quality research is available in peer-reviewed journals relating to virtually all the exploration issues that, for brevity, are listed below.

- *Susceptibility*. Underlying causes, triggers, and context (e.g., sporting task, level of competition, or environment) – possible parallels in general and other performance domains, state-trait anxiety indicators, defining events, external factors, assessing associated anxiety clusters (e.g., arousal, stress, fear, pressure, self-consciousness, choking, and yips).
- *Effects*. The range of cognitive, somatic, and behavioral manifestations, acute/chronic anxiety, performance facilitation and debilitation, anxiety-directional interpretations, emotional and motivational consequences.
- *Maintenance factors*. Conscious and unconscious motivation to not resolve anxiety-related issues, role of significant others, and environments.
- *Coping resources*. Social and environmental support, coping style, and resilience.
- *Other factors*. Personal insight, attempts to self-manage anxiety, personality (e.g., neuroticism), knowledge, evidence of overlapping sport psychology themes (e.g., concentration, self-talk, self-confidence, and attributions), understanding and expectations of applied sport psychology assistance.

Sport psychology practitioners borrow the term *treatment* from mainstream psychology, but the term sometimes carries unhelpful connotations, and the word *assistance* might be preferable. There are no definitive lines around where treatment begins. For example, we need to acknowledge that the process of talking about anxiety-related issues, and being heard by an understanding professional, is beneficial for many clients albeit anxiety-inducing in the short term. Depending on the approach taken, the talking might even constitute the central feature of the therapy (e.g., narrative therapy). When working with athletes with sport anxiety issues, there is quite a range of available evidence-based treatments, programs,

techniques, and interventions. Most practitioners are aware of frequently used approaches such as progressive muscle relaxation, meditation, mindfulness, breathing exercises, autogenic training, and the suite of cognitive-behavioral methods (e.g., rational-emotive behavior therapy and stress inoculation training; see Chapter 17). A common theme for the neophyte practitioner is the sometimes unrealistic expectations, and occasionally blind faith, accorded to what amounts to packaged treatment programs without due care in individualizing the treatment in the context of the client's particular needs (see Chapter 3).

Depending on our psychological orientations, the approaches and interventions can differ substantially. Much of the published sport anxiety literature is essentially cognitive-behavioral with infrequent smatterings of alternative approaches. Our frame of reference might be limited because of the paucity of published sport psychology intervention literature reflecting broader perspectives (e.g., humanistic, existential, psychodynamic, and narrative).

Hearing the Client's Story

A number of practical issues warrant further consideration, including psychological orientation or paradigm, practitioners' professional range and skills, integration of client skills, practical considerations, supervision, mentoring, and professional support. Often, our approach to therapy is not only guided by our own preferences and expertise but also the working time frame. In our experiences, athletes who have the time, resources, and patience to commit to long-term therapy are rare.

An initial challenge for the practitioner is in fostering a working alliance whereby negative emotions, such as anxiety, can be discussed openly, authentically, and non-judgmentally (see Chapters 1 and 2). There are some athletes who are especially candid about the effects that their anxieties are having on their sports performances, enjoyment, and their sense of satisfaction. Our overriding experiences are that athletes, for a range of reasons, tend to minimize the effects of their anxieties. Anxiety, for many athletes, is linked with negative memories, associations, and experiences that can be mentally difficult to share and reconstruct openly. Furthermore, associated emotions of shame, guilt, and embarrassment are often close at hand, especially for elite athletes high in athletic identity who have failed repeatedly in competition due to anxiety. Since the epitome of being an elite athlete is performing well under pressure, these emotions may lead to a lack of confidence and possibly barriers to therapeutic openness. Barriers to open disclosure may impede the athlete-practitioner relationship and progress, or frustrate our attempts to help athletes. These barriers might represent a lack of trust or confidence in the practitioner or sport psychology skills training generally. Barriers might also stem from inner struggles to fully acknowledge anxiety, fears of admitting what might be perceived as a weakness, or poor timing with athletes (for a myriad of reasons) not wanting to work through the issue at present. Also, sometimes athletes unrealistically desire an abbreviated consulting exchange with the hope of a quick outcome in keeping with pressing competition commitments.

A competing athlete is often attempting, simultaneously, to manage the impinging anxiety and foster a positive mindset, whereby negative thoughts and emotions are downplayed. In working with athletes who experience anxiety, we frequently rely on the retrospective recall of clients that, although not deliberately distorted, often entails elements of impression management that may link to being an elite athlete and may diminish the conscious acceptance and verbalization of anxiety, especially publicly. Unless the anxiety is severe and essentially crippling in terms of performance, the reality is that many athletes do not seek professional support.

At some point, usually in the intake session, the client will start to raise anxiety-related themes. Although it may be tempting to dive into a detailed account of anxiety issues, generally we continue the intake consult taking note of other topics of therapeutic interest. Once we have established that the athlete is affected by anxiety or related issues (e.g., stress, arousal, and poor coping), we start to devise a plan within a therapeutic framework. Another series of self-questions are salient at this point. What

approach should I take to fully understand the etiology of the anxiety? For example, will a case history focused on anxiety-inducing events be useful? To what extent are others (e.g., coaches, parents, or partners) involved in terms of instigating, reinforcing, understanding, or managing the anxiety. How does the pattern of anxiety being presented fit with examples from previous consultations? What level of self-insight is the client displaying? How do the issues being raised fit with the vast body of available anxiety research, including performance-arousal theories, underlying causes and effects of anxiety, multidimensional anxiety theory, and treatment choices? What broad theoretical approach (e.g., cognitive-behavioral and psychodynamic) will frame the treatment? Will observation of the athlete training or competing be useful in understanding how this athlete experiences anxiety? Would administering any of the available anxiety-related tests add to the assessment? These questions and others might best fit under the general aim of "dwelling in the problem." That is, gathering information, reflecting, observing, developing, and testing tentative hypotheses.

The Edmonton Fog: The Palpitating Effects of Anxiety with Rifle Shooters

When I (first author) was completing my master's research at the University of Alberta in the early 1990s, I was working with a small group of rifle shooters. I was collecting heart-rate data during the Canadian National Championships when, prior to the first round, a dense fog descended on the shooting range. The ensuing 30 minutes of observation taught me plenty about the realities of anxiety and the range of individual responses. The targets became almost impossible to distinguish at 50 meters; the shooters became anxious, and heart rates escalated. Not surprisingly, shooting performances were relatively poor, but some of the shooters adapted quickly and effectively, whereas others appeared to be ill equipped mentally to deal with this unexpected event. The Edmonton fog reinforced how useful firsthand observation can be. In later years when working with anxiety-related issues, I drew on lessons learned in the circumstances that morning in Edmonton. Other practitioners will have similar experiences where they have witnessed events firsthand and gained new insights into how anxiety can manifest in high-level competition. Such learning is not necessarily restricted to situations where we are insiders working directly with athletes. For example, attending high-level sports events as a spectator or observer, although not affording direct interaction with athletes, still represents excellent opportunities to observe athletes coping with pressure and self-managing arousal, stress, and anxiety.

Choking

The term choking is closely associated with anxiety. Inevitably, for some clients, an assessment of anxiety symptoms will lead to the question: is this athlete experiencing general anxiety or the more extreme anxiety response of choking? There has been a good deal of research on choking in recent years, and choking is a performance decrement that ensues as a result of heightened anxiety levels under pressure (see Mesagno & Hill, 2013). The majority of published choking research emphasizes the dual presence of elevated anxiety and ineffective attentional processes in producing choking (see Mesagno & Beckmann, 2017). Choking is not restricted to sport, and the colloquial understanding of choking is similar in other domains. For example, popular rapper Eminem recorded the song *Lose Yourself* (2002). The song includes the following insightful lyrics into a choking experience from the point of view of a musician-performer (the reader can go to any number of websites to read the lyrics, such as http://www.azlyrics.com/lyrics/eminem/loseyourself.html).

Lose Yourself can be a really powerful medium when working with athletes who present with choking because, like athletes that choke, Eminem is revealing how he was unable to *lose himself* and allow well learned and previously automatic processes to take over. Furthermore, although he admits to failing for that particular performance, Eminem concludes by saying that he won't give up and he will

persist. In a consultation, choosing to use stimulus material, such as the lyrics of a song, or a powerful image, can circumvent extended descriptive dialogue and help the athlete feel understood. In working with a choking-susceptible athlete, many of the same techniques and topics normally used with anxiety and attention regulation are still relevant (e.g., imagery, coping skills, building confidence, applying more constructive self-talk, moderating expectations, and improving mental toughness). Hill et al. (2009) recommended multi-modal treatments that might combine elements of the above. Gröpel and Mesagno (2019) conducted a systematic review of theory-linked choking interventions and found positive results for these interventions generally. Of the 13 interventions empirically tested, the most effective interventions to reduce choking were pre-performance routines, quiet eye training, left-hand soft ball contractions, and acclimatization training, with other interventions providing mixed results.

Gröpel and Mesagno (2019) determined the most effective evidence-based choking interventions; yet, when consulting with a choking-susceptible athlete, the practitioner should always "hear the client's story" before selecting a personalized (even if not the most evidence-based) intervention. For example, I (the second author) worked with an elite junior golfer ("Amanda") who experienced choking. Amanda's attention shifted from focusing on her normal pre-performance routine (non-pressure shots) to anxiety-provoking and distracting thoughts (i.e., "what if I don't hit a good shot?", "I need a birdie to stay in the lead", "where am I on the leaderboard?") prior to shot execution under pressure. Since Amanda already used a pre-performance routine, I asked her to maintain focus on the steps of her pre-performance routine and record how much she adhered to her pre-performance routine during each shot and each golf round. We jointly arranged a process-based goal of pre-performance routine adherence (percentage successful), with Amanda showing me her progress after each round. Ultimately, maintaining attention on her pre-performance routine (irrespective of the level of pressure experienced) helped her maintain optimal focused attention. Amanda went from losing the lead in competitions to winning golf tournaments and representing her country at National and International competitions. Thus, sometimes using evidence-based interventions works, but if the intervention is not personalized, then the intervention may be less than productive.

Facilitating Change: Managing Sport Anxiety

There is no shortage of applied research and dedicated text chapters specifically about anxiety in sport to inform practitioners; the challenge is in making the right choices about how best to assist an anxious athlete. Some practitioners may choose to use sport anxiety assessment tools (e.g., Sport Anxiety Scale-2; Smith et al., 2006). As with all assessment measures, these tools are helpful if they provide additional information, facilitate client-consultant dialogue, or assist in planning individualized treatments (see Chapter 13). In working with athletes who may have sport anxiety, we need to draw on what effective coping skills the athlete has already developed. Athletes, often through trial and error, are quite innovative in developing strategies that work for them. Drawing out stories of when the athlete has successfully managed anxiety and performed well can positively change the tone of a consultation. A balanced approach whereby we are focusing on both facilitative and debilitative aspects of anxiety will generally be more engaging to athletes than focusing on debilitative anxiety and failures to cope. A useful initial perspective is thinking in terms of assessing athletes' existing coping resources as balanced against the strength of their anxiety responses. What mental skills (or physical behaviors) do athletes already employ to cope with anxiety? How adaptive or maladaptive are these coping strategies? By staying attuned to clients, we can gain valuable information about their current cognitive and behavioral patterns and other relevant information (e.g., level of insight, willingness to talk openly, level of distress, and motivation to develop coping skills). Encouraging client narratives or stories of particular circumstances where anxiety was prevalent is helpful in contextualizing issues and breaking down barriers to open and honest communication. Being patient in these early stages will often not suit the client who

may generally want to move quickly into solutions, but a planned approach should set the conditions for a meaningful and ultimately successful working relationship (see Chapters 1 and 2).

We have largely discussed practical considerations and process matters in working with sport anxiety. Planned approaches will normally involve a practitioner taking a theoretical perspective and consequently drawing on treatment objectives and techniques consistent with the chosen model. For example, the practitioner who chooses to use rational-emotive behavior therapy which has been applied to sport anxiety research will first need to be well versed in the micro-psychology skills of REBT. To draw maximum therapeutic potential, the therapist imbued with a particular psychological framework should ideally also appreciate the philosophical underpinnings, rather than solely concentrating on treatment modalities. That is, the treatment chosen will be more powerful and authentic when the broader background of the underlying psychological framework is well understood (see Chapters 15–24).

Without digressing into the relative merits of different approaches, the treatment of choice will depend on the athlete, the practitioner's knowledge and skills, and the circumstances. Whatever the treatment used, the likely outcome hinges on a range of factors, such as the micro-skills of the practitioner, which include the breadth and depth of specific knowledge, understanding, and experience in delivering planned anxiety management treatments. Breadth would likely include the range of approaches a practitioner can confidently use. Depth in this context relates to the proficiency of the practitioner in using the full range of tools generally associated with a particular approach. We mention micro-skills because sometimes there seems to be an assumption, especially with sport psychology trainees, that employing a particular technique will somehow produce predictable results (which is rarely the case).

If working on a contractual basis with a sports team, psycho-educational approaches to anxiety management can supplement individual work. Applied strategies, such as conducting interactive workshops or focus groups on anxiety, will quickly demonstrate how the array of athlete-driven anxiety management strategies is virtually limitless. When contracted to provide services to teams, opportunities are usually available to deliver targeted workshops to younger athletes or athletes particularly needing assistance managing anxiety. Embedding a guided interview with an experienced athlete into a workshop is usually well received by younger athletes, assists in terms of providing sport-specific anxiety management strategies, and helps to normalize anxiety. One advantage of being a contracted sport psychologist is the opportunity to work closely with athletes in an ongoing manner and seeing athletes in pre-competition and competition modes where behavior can be readily observed. With pre-competition preparation, non-obtrusive regular observations of individual preparation routines are recommended. Attentively observing the symptoms of anxiety and associated behaviors helps in understanding athlete idiosyncrasies and establishing behavioral patterns and benchmarks. This approach fits well with optimal arousal theories such as individual zones of optimal functioning (Hanin, 2000). Once typical anxiety patterns are established, behavioral departures from this normal pattern can be easily identified. Moreover, when substantial increases or decreases in anxiety are observed, they can be placed in the context of the many factors that underpin changes (e.g., specific opponents, game importance, quality of preparation, and dispositional factors). Athletes are usually impressed when practitioners can later recall specific details of individual athlete competition preparations and signs of anxiety, especially when referenced with performance levels or other relevant factors. Practitioner-athlete conversations are thus likely to reflect the reality for the athletes, and planned management can be tailored to their specific needs and tendencies.

Contemporary Consulting

We have provided detailed information about how to consult effectively with athletes who experience anxiety and choking to improve sport performance. In addition, applied sport psychology practitioners should also monitor and assess how stress and anxiety may affect athletes' mental health and well-being

off the field/court. Given that Leary (1992) conceptualized competitive anxiety as a sport-specific class of social anxiety, an estimated 14.7% of elite athletes self-reported social anxiety issues (Gulliver et al., 2015), and the prevalence of anxiety disorders in athletes are similar to those in the general population (Reardon et al., 2019), practitioners will likely work with athletes with mental health difficulties. The *International Olympic Committee* (Reardon et al., 2019) has published a "position statement" identifying guidelines to ensure the well-being of high-performing athletes. Most practitioners would advocate that functional mental health outside of sport would help maintain or improve performance within the sport setting; thus, applied practitioners should consider asking "off field" questions when consulting to determine if personal issues may affect sport performance. Similarly, it is common nowadays for professional organizations to include specific mental health monitoring questions in weekly online health checks that athletes complete. Thus, contemporary applied sport psychology consulting not only focuses on dealing with the anxiety and concentration issues that affect performance "on field," but there is a greater appreciation of the "off field" issues that influence the way athletes experience pressure and performance in sport.

Conclusion

Anxiety remains one of the most intensely researched areas in sport psychology. Sport psychology as a field has moved well beyond the era of simple anxiety-performance theories and generic multi-modal therapies. The practitioner must do more than become familiar with the landmark research and have an appreciation for the many evidence-based treatment approaches and interventions. Flexibility in adapting to the specific circumstances of each athlete who presents with anxiety-related stories, observing and reflecting on each case, and readiness to work through the many challenges that sport anxiety work entails are also essential. See Box 31.1 for summary of key points from this chapter.

Box 31.1 Summary of Key Points about Anxiety

- Anxiety in sport is ubiquitous. Most athletes have personal experiences that will normally enable them to connect their anxieties with triggers, cues, and their past histories.
- Generic treatments (e.g., relaxation) often do not work because sport anxiety is multidimensional and dependent on intra-individual circumstances.
- Case history and in-depth individual work with athletes in the field can provide a useful "hands on" contextual perspective of anxiety-related issues.
- Choking represents the "extreme edge" of anxiety and the current trends toward developing choking-specific interventions should also inform our general understanding of anxiety in sport.
- Athletes generally respond well to practitioners who take the time to understand their sports and particularly individual behavioral patterns from attending and closely observing athletes in competitive situations.
- Anxiety is sometimes best managed by taking a positive perspective and focusing on lessons already learned, assessing coping skills, and locating zones of optimal performance.

References

da Vinci, L. (n.d.). Retrieved from http://www.brainyquote.com/quotes/authors/l/leonardo_da_vinci.html

Eminem. (2002). Lose yourself. On *Music from and inspired by the motion picture 8 Mile* [CD]. Interscope Records.

Gröpel, P., & Mesagno, C. (2019). Choking interventions in sports: A systematic review. *International Review of Sport and Exercise Psychology*, *12*(1), 176–201. https://doi.org/10.1080/1750984X.2017.1408134

Gulliver, A., Griffiths, K. M., Mackinnon A., Batterham, P. J., & Stanimirovic, R. (2015). The mental health of Australian elite athletes. *Journal of Science and Medicine in Sport*, *18*(3), 255–61. https://doi.org/10.1016/j.jsams.2014.04.006

Hanin, Y. L. (Ed.). (2000). *Emotions in sport*. Human Kinetics.

Hill, D. M., Hanton, S., Fleming, S., & Mathews, N. (2009). A re-examination of choking in sport. *European Journal of Sport Science*, *9*(4), 203–212. https://doi.org/10.1080/17461390902818278

Leary, M. R. (1992). Self-presentational processes in exercise and sport. *Journal of Sport & Exercise Psychology*, *14*(4), 339–351. https://doi.org/10.1123/jsep.14.4.339

Martens, R. (1971). Anxiety and motor behavior: A review. *Journal of Motor Behavior*, *3*(2), 151–179. https://doi.org/10.1080/00222895.1971.10734899

Mesagno, C., & Beckmann, J. (2017). Choking under pressure: Theoretical models and interventions. *Current Opinions in Psychology*, *16*, 170–175. https://doi.org/10.1016/j.copsyc.2017.05.015

Mesagno, C., & Hill, D. M. (2013). Definition of choking in sport: Re-conceptualization and debate. *International Journal of Sport Psychology*, *44*(4), 267–277.

Reardon, C. L., Hainline, B., Miller Aron, C., Baron, D., Baum, A. L., Bindra, A, Budgett, R., Campriani, N., Castaldelli-Maia, J. M., Currie, A., Derevensky, J. L., Glick, I. D., Gorczynski, P., Gouttebarge, V., Grandner, M. A., Han, D. H., McDuff, D., Mountjoy, M., Polat, A., … Engebretsen, L. (2019). Mental health in elite athletes: International Olympic Committee consensus statement (2019). *British Journal of Sports Medicine*, *53*, 667–699. https://doi.org/10.1136/bjsports-2019-100715

Smith, R. E., Smoll, F. L., Cumming, S. P., & Grossbard, J. R. (2006). Measurement of multidimensional sport performance anxiety in children and adults: The Sport Anxiety Scale-2. *Journal of Sport & Exercise Psychology*, *28*(4), 479–501. https://doi.org/10.1123/jsep.28.4.479

Weinberg, R., & Gould, D. (2019). *Foundations of sport and exercise psychology* (7th ed.). Human Kinetics.

32

SLEEP

Glenn S. Brassington and Glenn T. Brassington

Over millions of years, modern humans have evolved to require sleeping for an average of one-third of their lives or approximately 25–30 years. Recently, researchers have measured neural activity in zebrafish that are analogous to humans (i.e., slow-wave (SWS) and rapid-eye-movement (REM) sleep). These observations indicate that human sleep has been maintained as an essential evolutionary adaptation for the past 450 million years (Leung et al., 2019). Research over the past two decades points to the profound effect of sleep on an athlete's training, performance, and health as well as almost every aspect of an athlete's life (e.g., social, academic, and financial). Unfortunately, more than 50% of elite athletes experience inadequate or disturbed sleep (Gupta et al., 2017; Swinbourne et al., 2016) and sleep less than seven hours per night.

The goal of this chapter is to provide sport psychology consultants the information and tools to increase the quantity and quality of an athlete's sleep. We will provide the rationale and content for implementing a sleep improvement program based on current sleep research as well as the first author's experience working with thousands of individual athletes and teams in high school, university, and professional settings. It is expected that after reading this chapter, sport psychology consultants will have the knowledge and resources to facilitate quality sleep in their athletes, and in so doing, increase their effectiveness in enhancing sport performance.

The main focus on this chapter is on the use of lifestyle factors in promoting healthy sleep among athletes. For information about the important issues of assessment, diagnosis, and referral of athletes with sleep disorders requiring non-lifestyle medical treatment, please see articles by Samuels and colleagues (2016), Bukhari et al. (2021), and Creado and Advani (2021). Specifically, this chapter briefly reviews the research on the role of sleep in enhancing athletic performance and describes the components of an effective sleep improvement program. Information is presented as follows: (1) Introduction, (2) What is normal sleep? (3) Sleep effects on sport performance, (4) A sleep improvement program for athletes, and (5) Conclusions.

What Is Normal Sleep?

Sleep has been defined in behavioral terms as a "reversible behavioral state of perceptual disengagement from and unresponsiveness to the environment" (Carskadon & Dement, 2017, p. 15). During sleep, we are to a great degree cut off from sensory information from the environment, but unlike a coma, we can easily be awakened. While at the same time as we are cut off from the environment, our organism

is undergoing a great deal of activity and change compared to that observed in waking hours. Two distinct types of sleep have been defined by researchers: non-rapid-eye-movement (NREM) and REM sleep (Carskadon & Dement, 2017).

As we sleep, we move through three stages of NREM sleep (i.e., N1, N2, and N3) and one stage of REM sleep (i.e., R). Sleep cycles are approximately 60 minutes in length from birth to age 5 and approximately 90 minutes thereafter (Carskadon & Dement, 2017). Characteristic changes in brain activity, eye movement, body temperature, and muscle tension define each stage of sleep. N1 sleep is considered light sleep and lasts only a few minutes after the onset of sleep. In this stage, brain and muscle activities begin to slow and occasional muscle twitching can be observed. N2 sleep is also considered light sleep where brain activity continues to decrease as indicated by high-voltage slow waves beginning to appear on the Electroencephalograph (EEG). These changes in brain activity are accompanied by steady decreases in respiration rate, heart rate, and body temperature. N3 sleep is considered very deep sleep in which breathing becomes rhythmic, muscle activity is limited, and the majority of brain activity consists of slow delta waves (i.e., high voltage and slow wave) on the EEG. N3 sleep is often referred to as SWS, deep sleep, or delta wave sleep. As brain activity decreases and sleep deepens, greater external stimulus is needed to awaken one from sleep. The final stage of each sleep cycle is referred to as R sleep. R sleep is characterized by rapid eye movement, muscle atonia, and EEG. A variety of assessments have been created to describe the changes that occur during sleep. In their review and meta-analysis, João Gustavo Claudino and colleagues identified 30 instruments to monitor sleep quality in athletes (Claudino et al., 2019).

Sleep Effects on Health and Sport Performance

The duration and quality of sleep affect all of the major organ systems and physiological processes in the human body. Insufficient sleep has been linked to increased mortality and many of the leading causes of death around the world (Cappuccio et al., 2010; Chattu et al., 2019). Consistent with research on sleep and health, the deleterious effects of insufficient sleep on sport performance have been described in several recent literature reviews (Fullagar et al., 2014; Kirschen et al., 2020; Wilkes et al., 2021). Fullagar and colleagues reviewed 19 studies on the relationship between sleep and athletic performance and reported that none of the studies found a negative association between sleep duration and any performance outcome. All studies reviewed either found a positive or neutral effect of sleep duration/extension regardless of outcome measures. They concluded that aerobic activity was more sensitive to sleep duration as compared to anaerobic activity (e.g., strength testing). As an example, Fullagar and colleagues reported that in one study competitive taekwondo boxers deprived of three to four hours of sleep had significantly impaired performance on the Yo-Yo intermittent recovery test, while in another study, weightlifters deprived of 24 hours did not experience impairments in any weightlifting exercise examined. Further, they reported that technical skills such as tennis serve accuracy and basketball shooting benefited most from adequate sleep. In their 2021 literature review of collegiate athletes and athletes who competed on an international level, Wilkes and colleagues reported that poor sleep quality and quantity was associated with decreased neurocognitive functioning, increased somatic and neuro-behavioral symptoms, decreased cognitive accuracy, decreased quality of life, and higher threat stress appraisal, while self-employed sleep extension showed improvements in sport specific drills. Further, reductions in sleep quality and quantity reflect reduction in academic grade point average. Conversely, five of the six studies included in their review did not find a relationship between sleep variables and injuries. All of the reviews discussed above recommended that studies on sleep in athletes include more physiological markers of sleep and that sleep is measured in a more systematic way. Although sleep duration and quality appear to have direct effects on athletic performance, there are likely indirect effects as well. Sufficient sleep may increase athletes' abilities to manage other important areas of life such as social relationships, academic tasks in the case of student athletes, or financial/business tasks in the case
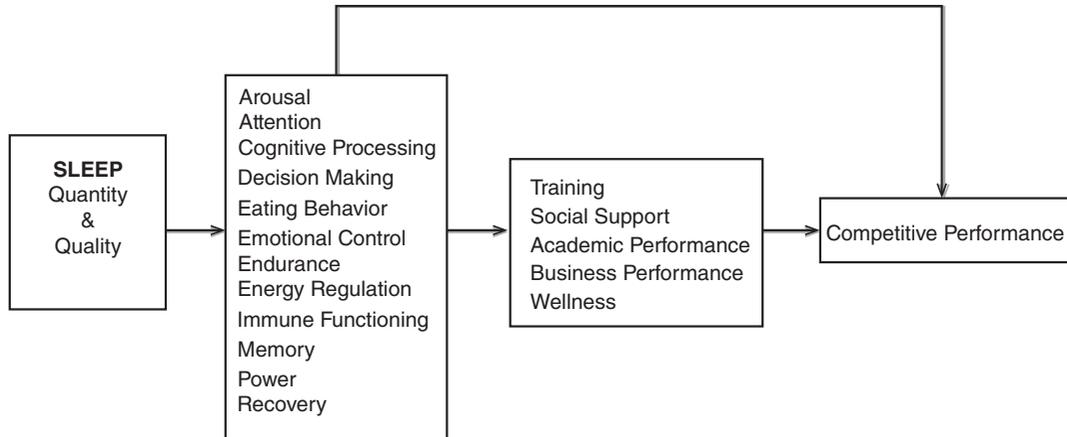
Figure 32.1   Theoretical Model of How Sleep Affects Athletic Performance

of professional or Olympic athletes. Figure 32.1 provides a theoretical model of how sleep affects sport performance both indirectly and directly.

Sleep Improvement Program for Athletes

Two recent expert consensus panels have highlighted the importance of athletes getting sufficient quality sleep to promote their health and athletic success (Kroshus et al., 2019; Walsh et al., 2021). Both panels recommended that all athletes receive education on how to improve their sleep. Two main approaches to promoting health in clinical and non-clinical settings are sleep hygiene education (SHE) and cognitive behavior therapy for insomnia (CBT-I). SHE includes a set of behavioral and environmental recommendations designed to promote healthy sleep. Athletes are usually given a list of behaviors to engage in and to avoid. Although there are many versions of SHE, the most common areas discussed with athletes are caffeine, alcohol, tobacco, exercise, stress, noise, sleep consistency, and daytime napping (Irish et al., 2015). Providers of SHE do not need specific education about sleep to provide this intervention. CBT-I is an approach to treating insomnia that seeks to modify dysfunctional cognitions and behaviors that interfere with sleep. An important dimension of CBT-I, not generally present in SHE, is educating athletes about the biological and psychological processes that facilitate healthy sleep (Manber et al., 2014). CBT-I requires a strong understanding of how to assess sleep problems and apply the principles and strategies with athletes over four to six sessions. Research indicates that SHE improves sleep in adults without sleep problems (Murawski et al., 2018). However, in clinical settings, CBT-I achieves superior results to SHE whether delivered online or in-person (Luik et al., 2017; van Straten et al., 2018). The sleep management principles discussed below are drawn from both interventions and can be presented to athletes in an educational setting.

In working with athletes to improve their sleep, it is important to explain first the biological and psychological processes that determine sleep quantity and quality. Following this explanation, athletes should be encouraged to modify cognitive, behavioral, and environmental variables to improve their sleep provided in the sleep management guidelines below. It is important to assess how each guideline is functioning to facilitate sleep in a particular athlete. Guidelines are derived from biological and psychological principles, but they are not absolutes. For example, one of the sleep management guidelines is to "avoid taking naps during the day." This guideline is based on the principle that daytime naps reduce

physiological drive to sleep and thus may delay sleep onset. Nevertheless, it is acceptable (and encouraged) for an athlete to take a short nap (<45 minutes) in the early afternoon to aid in recovery and improve performance if the nap does not reduce sleep drive to a point at which sleep onset is delayed in the evening.

Sleep and wakefulness are under homeostatic and circadian alerting control. Homeostatic control refers to the phenomenon that the longer one is awake or not experiencing specific sleep stages, the greater the drive to make up for the lost sleep or sleep stage. This is referred to as "sleep drive." Circadian control of the sleep-wake rhythm consists of biochemical, physiological, and behavioral processes that encourages wakefulness and is referred to as the "circadian alerting rhythm." When these two regulatory-mechanisms are working in synchrony, athletes are able to enter into sleep at regular times each evening, experience sufficient deep restorative sleep (i.e., N3 Sleep), remain asleep until it is time to awaken, and arise from bed feeling rested. Unfortunately, these two main regulators of sleep can be disrupted by behaviors that increase alertness and wakefulness when sleep is desired. Working with athletes to improve their sleep should begin with a brief description of the physiological and psychological factors that cause the initiation and maintenance of sleep and wakefulness: (a) sleep drive, (b) circadian alerting rhythm, (c) physiological arousal, (d) cognitive arousal, and (e) sleep environment followed by the behaviors that affect these factors. The pattern of the necessary conditions for sleep is summarized in Table 32.1. We present each sleep management principle and its associated guidelines below.

Sleep Drive

The drive to sleep is often referred to as an athlete's sleep debt. This debt is built up by being awake and is paid back by sleeping. It is not possible to have zero sleep drive because as soon as one does, one will wake up and begin accruing sleep debt. The key understanding here is that it is not intention to sleep that promotes sleep, but, rather, the body's drive to sleep that has been built up during wakefulness. Trying to sleep can actually be counterproductive as it generally increases arousal and inhibits sleep.

Recommendations related to increasing sleep drive are as follows:

a   Do not go to bed until you feel sleepy. If you wake during the night, wait until you are tired to go back to bed.
b   Do not take daytime or evening naps if they make it difficult to fall asleep at night.

Circadian Alerting Rhythm

The circadian rhythm or body clock coordinates the timing of all biological processes. Some physiological processes need to be turned on at certain times of the day and night and others need to be turned off. For example, the digestive system needs to be less active in the night so that one can sleep, and body temperature needs to be lowered during the night to help one enter into deeper stages of sleep. It has been posited by many sleep researchers that the circadian alerting rhythm works in opposition to the

Table 32.1 Pattern of Necessary Conditions for Sleep

Sleep Drive	Circadian Alerting	Somatic Arousal	Cognitive Arousal	Sleep Environment	Sleep Quality
High	Low	Low	Low	Dark, Quiet Safe	High
Low	High	High	High	Light, Loud Unsafe	Low

sleep drive to help us stay awake during the day and consolidate sleep at night. The circadian alerting exerts its effect by creating physiological changes that keeps an athlete alert and then withdraws these changes in order to let the sleep drive take its effect. For example, melatonin release after dark causes the circadian clock to withdraw its alerting influence.

It is now believed that our sleep-wake circadian rhythm is 10–15 minutes longer than 24 hours requiring us to reset our internal clock each day (Cajochen et al., 2004). The daily pattern of action of the circadian alerting rhythm is to begin to alert the organism at about 9 am and to increase alertness slowly until 9 pm with the greatest alerting effect occurring between 6 am and 9 pm. The circadian alerting rhythm decreases its action slowly, being almost completely withdrawn between 3 am and 6 am. Cajochen et al. (2004) developed the Opponent Process Model to illustrate the general pattern of alerting that occurs during a 24-hour period, as well as how this pattern interacts with sleep drive. A key feature of the model for athletes (and other individuals) is that an 'afternoon dip" (i.e., between 1 and 3 pm) in energy is associated with the withdrawal of circadian alerting and increasing sleep drive. Recommendations related to withdrawing circadian alerting rhythm are as follows:

a Establish a regular sleep cycle of going to bed and getting up at approximately the same time (within one hour) each night.
b Expose the body to as much sunlight as possible early in the day and as little sunlight and artificial light (e.g., light bulbs and digital screens light) in the evening as possible.
c Initiate nightly sleep between 9:30 pm and 10:30 pm.
d Avoid consuming excess fluids prior to sleeping and avoid eating and all other activities (e.g., smoking and using electronic devices) during the night.
e Eat on a consistent schedule during the day and early evening. Do not skip meals. Include healthy foods in one's diet such as fruits, vegetables, and legumes.
f Avoid strenuous exercise after 7 pm and within four hours of bedtime.

Physiological Arousal

Sleep requires quiescence of the arousal system. Muscle tension needs to be reduced to a minimum, respiration needs to slow, and the body needs to feel comfortable to encourage sleep. Conversely, physiological arousal (e.g., muscle tensions, pain, and stress hormones) prohibits sleep. Commonly referred to as the fight-or-flight syndrome, physiological arousal is associated with alertness and a physiological state of preparing for action. In the case of real threat, the least adaptive thing to do is sleep. A person who is attacked while deeply sleeping is unlikely to survive. Hence, arousal is associated with fragmented and shallow sleep because an aroused organism is not able to let go of external monitoring for fear that it will be unable to defend itself.

Recommendations related to reducing physiological arousal are as follows:

a Do not eat or drink anything containing caffeine after 4 pm or within six hours of bedtime.
b Engage in pleasant, stress-reducing activities, and nurturing supportive relationships.
c Practice relaxation training exercises (e.g., diaphragmatic breathing, autogenic relaxation, progressive muscle relaxation, Tai Chi, and meditation) during the day and in the evening before sleeping.
d Do not drink alcohol two hours before bedtime.

Cognitive Arousal

Attention to and processing the external and internal world needs to diminish for sleep to occur. One of the biggest barriers to this process of withdrawing from ourselves and the world is excessive thoughts

about problems in one's life. Thinking about losses, fears, or injustices interferes with sleep by increasing cognitive activity, effort, vigilance, and arousal. This type of problem solving and preparation for future action is incompatible with the type of diffuse attention required to enter into sleep. For many athletes, as soon as their bodies begin to relax, their minds begin to ruminate about a flood of problems to be solved which only serves to heighten their alertness. For other athletes, being in bed is one of the only times in the day that they feel is "their own time" and they resist the urge to sleep so they can enjoy some time of solitude. Another type of cognition that can interfere with sleep arises when athletes worry that they will not be able to fall asleep and get the rest they need to perform well the following day. It is important to explain to athletes that the time they spend sleeping is not wasted, but, rather, sleeping will make them a much better problem-solver and successful athlete when they awaken.

Recommendations related to reducing cognitive arousal are as follows:

a   Do not try to initiate sleep.
b   Avoid working on unpleasant or frustrating tasks just prior to bedtime.
c   Use the last hour prior to bedtime to engage in activities that are enjoyable and relaxing (e.g., taking a warm shower and drinking herb tea).
d   "Intentional Worrying." Schedule a brief time (e.g., five to ten minutes) to write about worries and things one needs to do the following day.
e   "Landing the Helicopters." Imagine one's thoughts slowly becoming quieter like helicopters propellers spinning slower and slower.

Sleep Environment

The sleep environment can have a positive or negative effect on sleep. It is important for athletes to learn to associate their bed and bedroom with sleep. If the environment in which an athlete sleeps is dark, quiet, relaxing, comfortable, and perceived as safe, they will have a better chance of initiating and maintaining restful restorative sleep. Conversely, if light, sound, and temperature change significantly during the night, sleep will likely be interrupted, shorter in duration, less deep, and less restorative. Sleep is an inherently unsafe behavior for every species of animal, as defense against predators is not possible during sleep. Hence, it is adaptive to have shallow fragmented sleep in an environment that is perceived as unsafe (e.g., high-crime neighborhoods and war zones) and awaken rapidly when changes in the environment suggest danger. Unfortunately for modern humans, this alerting response, which has helped us survive, does not tend to distinguish between environmental changes that indicated true danger (i.e., imminent attack) and changes due to modern technology (e.g., traffic noise and light bulbs).

Recommendations related to creating a positive sleep environment are as follows:

a   Make the sleep environment conducive to sleep.
b   Do not engage in any activity other than sleep (and sex) in bed.
c   If you go to bed and remain awake for longer than 20 minutes, get out of bed and do something not cognitively, emotionally, or physically stimulating (e.g., sit in a chair facing a wall). Do not return to bed until you feel sleepy. If you return to bed, but again cannot fall asleep for longer than 20 minutes, repeat the instructions.

Other Considerations

Athletes experience a number of barriers to sleep that are less common and less under their control as compared to their non-athlete peers. Nedelec and colleagues reviewed research on the factors associated

with variability in sleep among elite athletes (Nedelec et al., 2018). The following factors were identified as affecting sleep in athletes: training load, chronotype, training/competition time, jet lag, seasonal phases, and electronic media devices, and the sleep environment. The strength of these barriers depends greatly on the culture and demands of the sport. Higher training is associated with shorter sleep duration and less deep sleep (i.e., N3 sleep). However, the greatest barrier for many athletes is their training and travel schedule. Athletes are frequently asked to train early in the morning or late in the evening several days per week or a mixture of day and evening training. These types of training schedules can lead to what has been termed "social jet lag' in which one's circadian clock is being altered several times each week creating problems with sleep similar to crossing time zones. These shifting training schedules can interact with academic, social, or work demands that really make it difficult to achieve sufficient sleep. Under these conditions, athletes should be encouraged to maintain as consistent a bed and awake time as they can when they are not training and to take "catch up" naps as far away from their bedtime as possible and for such time that the naps do not reduce the sleep drive necessary to initiate sleep in the evening.

Relatedly, traveling for competition can cause an even greater disruption in an athlete's circadian clock. This is especially true with eastbound travel resulting in greater sleep loss, fatigue, and less motivation (Fowler et al., 2017). Twenty-six researchers and/or clinicians with knowledge of travel fatigue, jet lag, and sleep in sports conducted a review and wrote a consensus statement on managing fatigued and jet lag in athletes (Janse van Rensburg et al., 2021). Based on available evidence, they recommended using light, melatonin, exercise, nutrition (e.g., maintaining hydration, avoiding alcohol, and consuming light meals), sedatives (e.g., nonbenzodiazepine sleep medications), and stimulants (e.g., caffeine) to preserve as much sleep as possible before, during, and after travel. The primary goals for athletes should be to preserve as much sleep as possible before and during travel and to move their circadian clock in the direction of the time zone in which they will perform. This may mean advancing or retarding one's clock prior to departing for competition or arriving at the competition venue days or weeks earlier and adapting to the new time zone as quickly as possible. Also, athletes should be advised to conserve sleep prior to travel by taking care of travel related chores (e.g., packing and confirming flights) well in advance of departure. More detailed guidelines on what athletes can do pre-travel, during travel, and post-travel can be found in the review by Janse van Rensburg et al. (2021).

Conclusion

Educating athletes, coaches, trainers, and all health care providers about the necessary conditions for sleep and the sleep management guidelines outlined in this chapter is a low-cost method to improve the health and performance of athletes at all stages of their development. Everyone working to promote the health and success of athletes should learn how to identify and refer athletes with disordered sleep and educate all athletes about the necessary physiological and psychological factors that facilitate sleep and wakefulness: (1) sleep debt, (2) circadian rhythm alerting, (3) physiological arousal, (4) cognitive arousal, and (5) the sleep environment. After athletes understand the interrelationships among the necessary conditions for sleep, they can implement the behavioral sleep management guidelines (e.g., go to bed when one is sleepy, maintain a consistent sleep/wakeup schedule, relaxation training, practice, "landing the helicopters," creating a safe sleep environment) to improve their sleep and reap the health-promoting and performance-enhancing benefits of sleep. See Box 32.1 for a summary of the key points from this chapter.

Box 32.1 Summary of Key Points about Sleep in Athletes

- Sleep influences key biopsychosocial factors related to sports performance.
- Quality and quantity of sleep are determined by the interaction of sleep drive, circadian alerting rhythm, cognitive and somatic arousal, and the sleep environment.
- Implementing behavioral sleep management guidelines can improve the quality and quality of sleep of athletes and by so doing enhance athletic performance.

References

Bukhari, M. A. A., Alghtani, M. A. M., Aljohani, Z. S., Qasem, A. A. A., & Alhazmi, I. H. M. (2021). Diagnosis and treatment of sleep disorders: A brief review. *International Journal of Medicine in Developing Countries*, *5*(1), 364–369. https://doi.org/10.24911/IJMDC.51-1604917632

Cajochen, C., Blatter, K., and Wallach, D. (2004). Circadian and sleep-wake dependent impact on neurobehavioral function. *Psychologica Belgica*, 44, 59–80.

Cappuccio, F. P., D'Elia, L., Strazzullo, P., & Miller, M. A. (2010). Sleep duration and all-cause mortality: A systematic review and meta-analysis of prospective studies. *Sleep: Journal of Sleep and Sleep Disorders Research*, *33*(5), 585–592. https://doi.org/10.1093/sleep/33.5.585

Carskadon, M. A., & Dement, W. C. (2017). Normal human sleep: An overview. In M. Kryger, T. Roth, & W. C. Dement (Eds.), *Principles and practice of sleep medicine* (6th ed., pp. 15–24.e13). Elsevier. https://doi.org/https://doi.org/10.1016/B978-0-323-24288-2.00002-7

Chattu, V. K., Manzar, M. D., Kumary, S., Burman, D., Spence, D. W., & Pandi-Perumal, S. R. (2019). The global problem of insufficient sleep and its serious public health implications. *Healthcare*, 7(1), Article e1. https://doi.org/10.3390/healthcare7010001

Claudino, J. G., J Gabbett, T., de Sá Souza, H., Simim, M., Fowler, P., de Alcantara Borba, D., Melo, M., Bottino, A., Loturco, I., D'Almeida, V., Carlos Amadio, A., Cerca Serrão, J., & P Nassis, G. (2019). Which parameters to use for sleep quality monitoring in team sport athletes? A systematic review and meta-analysis. *BMJ Open Sport & Exercise Medicine*, *5*(1), Article e000475. https://doi.org/10.1136/bmjsem-2018-000475

Creado, S. A., & Advani, S. (2021). Sleep disorders in the athlete. *Psychiatric Clinics*, *44*(3), 393–403. https://doi.org/10.1016/j.psc.2021.04.010

Fowler, P. M., Knez, W., Crowcroft, S., Mendham, A. E., Miller, J., Sargent, C., Halson, S., & Duffield, R. (2017). Greater effect of east versus west travel on jet lag, sleep, and team sport performance. *Medicine and Science in Sports and Exercise*, *49*(12), 2548–2561. https://doi.org/10.1249/MSS.0000000000001374

Fullagar, H. H. K., Skorski, S., Duffield, R., Hammes, D., Coutts, A. J., & Meyer, T. (2014). Sleep and athletic performance: The effects of sleep loss on exercise performance, and physiological and cognitive responses to exercise. *Sports Medicine*, *45*(2), 161–186. https://doi.org/10.1007/s40279-014-0260-0

Gupta, L., Morgan, K., & Gilchrist, S. (2017). Does elite sport degrade sleep quality? A systematic review. *Sports Medicine 47*, 1317–1333. https://doi.org/10.1007/s40279-016-0650-6

Irish, L. A., Kline, C. E., Gunn, H. E., Buysse, D. J., & Hall, M. H. (2015). The role of sleep hygiene in promoting public health: A review of empirical evidence. *Sleep Medicine Reviews*, *22*, 23–36. https://doi.org/10.1016/j.smrv.2014.10.001

Janse van Rensburg, D. C., Jansen van Rensburg, A., Fowler, P. M., Bender, A. M., Stevens, D., Sullivan, K. O., Fullagar, H. H. K., Alonso, J.-M., Biggins, M., Claassen-Smithers, A., Collins, R., Dohi, M., Driller, M. W., Dunican, I. C., Gupta, L., Halson, S. L., Lastella, M., Miles, K. H., Nedelec, M., … Botha, T. (2021). Managing travel fatigue and jet lag in athletes: A review and consensus statement. *Sports Medicine*, *51*(10), 2029–2050. https://doi.org/10.1007/s40279-021-01502-0

Kirschen, G. W., Jones, J. J., & Hale, L. (2020). The impact of sleep duration on performance among competitive athletes: A systematic literature review. *Clinical Journal of Sport Medicine*, *30*(5), 503–512. https://doi.org/10.1097/JSM.0000000000000622

Kroshus, E., Wagner, J., Wyrick, D., Athey, A., Bell, L., Benjamin, H. J., Grandner, M. A., Kline, C. E., Mohler, J. M., Roxanne Prichard, J., Watson, N. F., & Hainline, B. (2019). Wake up call for collegiate athlete sleep: narrative review and consensus recommendations from the NCAA Interassociation Task Force on Sleep and Wellness. *British Journal of Sports Medicine*, *53*(12), 731–736. https://doi.org/10.1136/bjsports-2019-100590

Leung, L. C., Wang, G. X., Madelaine, R., Skariah, G., Kawakami, K., Deisseroth, K., Urban, A. E., & Mourrain, P. (2019). Neural signatures of sleep in zebrafish. *Nature*, *571*(7764), 198–204. https://doi.org/10.1038/s41586-019-1336-7

Luik, A. I., Kyle, S. D., & Espie, C. A. (2017). Digital Cognitive Behavioral Therapy (dCBT) for Insomnia: a state-of-the-science review. *Current Sleep Medicine Reports*, *3*(2), 48–56. https://doi.org/10.1007/s40675-017-0065-4

Manber, R., Friedman, L., Siebern, A. T., Carney, C., Edinger, J., Epstein, D., Haynes, P., Pigeon, W., & Karlin, B. E. (2014). *Cognitive behavioral therapy for insomnia in veterans: Therapist manual*. U.S. Department of Veterans Affairs. https://www.treatmentworksforvets.org/wp-content/uploads/2018/04/CBT-I-Therapist-Manual.pdf

Murawski, B., Wade, L., Plotnikoff, R. C., Lubans, D. R., & Duncan, M. J. (2018). A systematic review and meta-analysis of cognitive and behavioral interventions to improve sleep health in adults without sleep disorders. *Sleep Medicine Reviews*, *40*, 160–169. https://doi.org/10.1016/j.smrv.2017.12.003

Nedelec, M., Aloulou, A., Duforez, F., Meyer, T., & Dupont, G. (2018). The variability of sleep among elite athletes. *Sports Medicine - Open*, *4*. Article e34. https://doi.org/10.1186/s40798-018-0151-2

Samuels, C., James, L., Lawson, D., & Meeuwisse, W. (2016). The athlete sleep screening questionnaire: a new tool for assessing and managing sleep in elite athletes. *British journal of sports medicine*, *50*(7), 418–422. http://dx.doi.org/10.1136/bjsports-2014-094332

Swinbourne, R., Gill, N., Vaile, J., & Smart, D. (2016). Prevalence of poor sleep quality, sleepiness and obstructive sleep apnoea risk factors in athletes. *European Journal of Sport Science*, *16*(7), 850–858. https://doi.org/10.1080/17461391.2015.1120781

van Straten, A., van der Zweerde, T., Kleiboer, A., Cuijpers, P., Morin, C. M., & Lancee, J. (2018). Cognitive and behavioral therapies in the treatment of insomnia: A meta-analysis. *Sleep Medicine Reviews*, *38*, 3–16. https://doi.org/10.1016/j.smrv.2017.02.001

Walsh, N. P., Halson, S. L., Sargent, C., Roach, G. D., Nédélec, M., Gupta, L., Leeder, J., Fullagar, H. H., Coutts, A. J., Edwards, B. J., Pullinger, S. A., Robertson, C. M., Burniston, J. G., Lastella, M., Le Meur, Y., Hausswirth, C., Bender, A. M., Grandner, M. A., & Samuels, C. H. (2021). Sleep and the athlete: Narrative review and 2021 expert consensus recommendations. *British Journal of Sports Medicine*, *55*(7), 356–368. https://doi.org/10.1136/bjsports-2020-102025

Wilkes, J. R., Walter, A. E., Chang, A.-M., Miller, S. J., Sebastianelli, W. J., Seidenberg, P. H., & Slobounov, S. (2021). Effects of sleep disturbance on functional and physiological outcomes in collegiate athletes: A scoping review. *Sleep Medicine*, *81*, 8–19. https://doi.org/10.1016/j.sleep.2021.01.046

33

ATHLETIC IDENTITY

Noora Ronkainen and Anna Kavoura

After Nietzsche's writings declared that 'God is Dead' (1974), many philosophers and social theorists have emphasized that human beings do not have a given destiny in life, but that they must create themselves (their identities) through different commitments and ways of living. While some of our identities (such as those related to nationality or race) are not of our choosing, others (such as being an athlete, adventurer, a student, or a sport psychology professional) are developed through investment in the activities through which these identities are created. While sport today is a highly visible global industry, it is important to remember that it is a relatively new major identity domain in our cultures. With the plurality of movement cultures and ways of participating in sport that are available today, various sporting identities are inevitably constructed. However, while developing identities through choices and commitments is an individual task, it is always shaped by the cultural context which privileges certain projects, identities, and experiences over others.

Sport psychology is still a relatively young scientific field and has evolved through different research foci and methodological emphases. While in its early days, the field was more occupied with understanding factors that contribute to top performance, the research interests have later diversified and included an increasing focus on athletes' well-being and the need to support them as persons throughout their careers in sport. The rise of studies into athletic identity in the 1990s is linked to this concern for broader development and well-being in sport, as many studies connected the 'problem' of identity with athletes' struggles when they were injured or retired from sport (Sparkes, 1998). Also, while athletic identity could bring benefits such as sport commitment and self-esteem, it was increasingly noted that athletes might be spending less time exploring other identities and less prepared for making choices in education than their non-athlete peers (for a review, see Brewer and Petitpas, 2017). Therefore, when sport psychology consultants address questions about athletic identity, these often arise in the context of athletes' well-being and how sport fits into the broader picture of who they are. In the past decade especially, cultural sport psychology (Schinke & Hanrahan, 2009) has also increasingly approached the question of athletic identity from the perspective of inclusion/exclusion. That is, certain people (typically young, white, heterosexual, males) are better positioned to construct 'acceptable' athletic identities than others.

Theory and Research

Athletic Identity: Developmental Considerations

Psychological research on identity is often traced back to the work of Erik Erikson (1968), who suggested that identity is an evolving, partly unconscious sense of who one is. Working from a developmental perspective, Erikson suggested that developing a sense of identity is associated with the developmental stage of adolescence. For Erikson, identity was both personal and social, in that the communal culture provided the context of exploration of what is possible. Erikson's theory was extended by James Marcia (1966) who postulated four identity categories (identity achievement, moratorium, foreclosure, and identity diffusion) and emphasized that exploration and commitment to personally meaningful options was central to healthy identity development. Erikson's theory also informed some later work on narrative identity, where identity is understood as a constructed and internalized story of the self (McAdams, 1985).

Erikson's theory and the later work by Marcia have informed much of sport psychology work on athlete identity development and foreclosure. Scholars have voiced concerns that the cultural organization and social dynamics in youth sport environments can put athletes at risk of developing a foreclosed identity – that is, an identity centered on sport, without exploration of any alternative identities (Brewer & Petitpas, 2017). In reviewing the relevant literature, Brewer and Petitpas (2017) noted that intensive involvement in sport often means that youth athletes' social circles revolve around sport, and they might not have the time or need to form peer relationships outside of sport. Furthermore, whether due to rewards associated with sport participation or avoidance of experiences and situations that might threaten their athletic identities, youth participants might not engage in explorative activities that would support the development of a broader identity. On a cultural level, sport environments often also perpetuate the so-called 'performance narrative' which transmits the belief that high investment in sport at the expense of other commitments is necessary for achieving sporting success (Douglas & Carless, 2009). Sport cultures are often hierarchical and promote compliance, and talented athletes often know that if they do not display the desired characteristics, they can be easily deselected (Champ et al., 2020).

Another key stage in athletes' life path when questions about identity can become central is the transition out from (high-level) competitive sport. Sport psychology researchers have noted that identity is an important psychological factor that shapes the way that athletes respond to athletic retirement and adapt to life after high-level sport. A review by Park et al. (2013) indicated that strong identification with being an athlete, and especially if it was connected with identity foreclosure, was negatively associated with the quality of retirement transition. The reviewed studies indicated that athletes who sustained a strong athletic identity until retirement experienced a loss of identity once they withdrew from sport, and that their adaptation to the transition also took a longer time. One possible reason for these outcomes is that athletes who strongly identify with their sport also less often explore other occupations before athletic retirement. The ability to anticipate career termination and thus plan for a different future beyond competitive sport seems to support adaptive identity changes. In contrast, if athletes with a strong athletic identity are forced to retire unexpectedly (for example, due to a career-ending injury), they are more likely to experience transition difficulties (Park et al., 2013). Finally, while many studies have documented the potentially negative implications of athletic identity for retiring athletes, recent studies have suggested that one potentially positive outcome from sustaining an athletic identity through the retirement process is continued participation in physically active lifestyles. Reifsteck et al.

(2016) found that athletic identity and exerciser identity were positively related to leisure-time physical activity post-retirement in former collegiate athletes. While this promising line of research is still in its early stages, it seems to suggest that an adaptive athletic retirement does not need to involve a total disengagement from athletic identity but could be more about negotiating the meanings of sport and adjusting sport-related identity to embrace a broader range of movement activities beyond what athletes have pursued in their high-level athletic careers.

Although sport has been traditionally considered a project of youth, contemporary sport cultures in many countries also allow for pursuing an athletic career (and thus an athletic identity) in later life within Masters/Veteran sport. Typically organized in five-year age categories from the age 35 onward, Masters sports provide opportunities to continue or initiate competitive sport activities in later life. To understand Masters athletes' identities, it is important to note that they can have very diverse sport biographies. For example, Dionigi (2015) identified three types of pathways in Masters sports: 'continuers' (athletes who competed also when they were younger and never retired), 'rekindlers' (those who participated when they were young, but then had a break from sport, for example, due to having children), and 'late bloomers' (those who did not participate in sport in youth and first started competing as a Masters athlete). Although much less research has focused on the athletic identities of Masters athletes compared to their younger counterparts, it has been shown that being a competitive athlete can also be an important identity for these participants, providing them with personal benefits such as self-confidence, social distinction, and an increased quality of life (Appleby & Dieffenbach, 2016). However, Masters athletes often need to negotiate other identities and obligations in work and family life that bring tensions to their lives that are potentially different from their younger counterparts. The participants in Appleby and Dieffenbach's (2016) study recognized that they made sacrifices in other life domains to be able to prioritize their athletic identities. However, they did not discuss them in a negative light, but more like a natural prioritization in order to continue their careers as Masters athletes.

Identity and Its Relationship with Well-being and Performance

The identity of an athlete seems to have both potential benefits and costs to athletes themselves and others around them. Developing an athletic identity can provide participants with numerous benefits, including friendships, self-esteem, satisfaction, and a sense of group acceptance (Brewer & Petitpas, 2017). Horton and Mack (2000) reported that marathon runners with higher athletic identity reported more commitment to running, better performance, and an expanded social network. In their study, and contrary to some other reports, a strong athletic identity did not lead the runners to neglect other life commitments. Moreover, in a recent review, it was reported that athletes who had stronger identities as athletes had better functional outcomes during sport injury rehabilitation (Renton et al., 2021). Another review also indicated that athletic identity in youth participants was a protective factor against burnout, but, however, it also increased the risk for depression during injury (Edison et al. 2021).

On the other side, a strong and especially exclusive athletic identity can have negative implications for athletes' well-being. Many studies have documented a relationship between strong athletic identity and career transition distress (for reviews, see Park et al., 2013; Ronkainen et al., 2016). The review by Brewer and Petitpas (2017) also noted that athletes with high athletic identity were more likely to use performance-enhancing drugs and consume more alcohol. Another recent review showed that athletes with strong athletic identity were more likely to experience depressive symptoms during injury, and more likely to over-adhere to injury rehabilitation (Renton et al. 2021).

The COVID-19 pandemic has also brought a challenge to athletes' identities, and athletes had to adjust to the disruption of the training and competition routines brought by lockdown measures that took place in many countries especially in the first months of the pandemic. Costa et al. (2020) found that, during a COVID-19 lockdown period, athletes with a stronger athletic identity tended to catastrophize

and ruminate more. On the contrary, Graupensperger et al. (2020) found that those student–athletes who maintained their athletic identity during school closures (which was facilitated by social support and staying connected to teammates) mostly reported higher levels of well-being. However, another study reported athletes' experiences of a loss of athletic identity during lockdowns, but nonetheless showed that such loss could be both positive and negative, as these athletes could then engage in explorative behaviors and broaden their identities (Whitcomb-Khan et al., 2021). Taken together, emerging studies indicate that athletes have different ways to respond to potential identity disruptions such as COVID-19. Cultural approaches to identity, which we explore in the next section, emphasize that being an athlete can hold different meanings for sport participants. These different meanings, as well as the different ways athletes are socially positioned, provide an important additional perspective on understanding the different influences identifying as an athlete can have on sport participants' lives.

Cultural Perspectives

In recent years, cultural perspectives on athletic identity have been gaining ground, contributing to a better understanding of how contextual factors and sport participants' other identities (e.g., in relation to age, gender, sexuality, race, ethnicity, religion, disability, etc.) might contribute to experiences and inclusion/exclusion in our sporting cultures. Some early studies explored contextual factors and cross-cultural differences that affect the ways through which sportspeople from different cultural contexts might identify with the role of being an athlete (Hale et al., 1999), while more recent research looks at how athletes' identities might intersect with other cultural identities. Much of this scholarship has been positioned in the field of cultural sport psychology (Schinke & Hanrahan, 2009), and/or in discursive, narrative, feminist, poststructuralist, queer, and intersectionality studies. While a cultural lens might align with various understandings of athletic identity, these perspectives generally emphasize that athletes' identities are more fluid and complex than previously considered and are shaped by the narratives (i.e., stories through which people create meaning in their lives) and discourses (i.e., sets of knowledge and practices that create certain ways of thinking, feeling, and behaving) that are circulated in our sporting cultures (Ronkainen, Kavoura et al., 2016).

Researchers have shown that being an athlete might mean different things to different people; for example, some people might focus on performance, winning, and a total dedication to sport, while others might focus on personal growth and discovery, or on building/enhancing relationships and belonging through sport (Douglas & Carless, 2009). However, these meanings do not come out of nowhere, but are ingrained in the practices and beliefs that are circulated in our sporting cultures. Certain beliefs regarding what it means to (and who can) be an athlete are more available, privileging certain identities in sport and marginalizing others. For example, athletes are expected to be of a certain age and physical ability and comply with a certain lifestyle and work ethic, such as monitoring their bodies and diet, prioritizing sport over other things, and training hard (Cosh et al., 2012). Athletes who fail to (or do not want to) meet these criteria might receive less (or negative) attention from coaches, sponsors, and the media, and might have limited access to resources. This might create cultural pressures for athletes to stick to the culturally endorsed athlete role and conceal other identities and interests, such as taking up social justice missions like activism (Smith et al., 2016). Therefore, cultural discourses and narratives related to what it means to be an athlete have implications, not only for athletes' identity negotiation, but also for their decision-making and well-being practices.

For example, scholars have found that athletes' identity negotiation and their choices regarding athletic retirement or continuation are affected by dominant cultural narratives and discourses that construct competitive sport as a project of youth (Ronkainen, Watkins et al., 2016). Resisting this narrative has been found to be even more challenging for women who might experience a lack of social support during the final years of their athletic careers and a tension between the demands of sport and

other identities, such as that of being a student or a mother (Ronkainen, Watkins et al., 2016). Along the same lines, scholars have argued that cultural scripts about womanhood and femininity might conflict with an athletic identity, while masculine identities might be more valued in most sporting cultures (Kavoura et al., 2015). A growing body of literature has also focused on the identities, selves, and subjectivities of gender and sexual minority athletes, showing that sport can be both an empowering and constraining context for athletes who challenge normative understandings of gender and sexuality (see Chapter 48). Many (mostly Western) sporting contexts are gradually becoming more accepting of lesbian, gay, bisexual, transgender, intersex, and queer identities (LGBTIQ+; Krane, 2019), but others are characterized by a persisting climate of homo- and trans-negativism that pushes LGBTIQ+ athletes to silence their identities to protect themselves from discrimination and harassment (Fynes & Fisher, 2016). See Chapter 48 for more information.

Researchers have also explored issues related to the identity work of athletes with disabilities. Studies have shown that while participation in sport can facilitate the development of more positive identities and an enhanced sense of freedom, independence, and self-esteem, at the same time, many Paralympic athletes might experience a lack of recognition and appreciation in sport (Kirakosyan, 2021). Kirako-syan (2021) further argued that the experiences of Paralympic athletes are multiple and heterogeneous, and are shaped by other identities and contextual factors, such as gender and nationality. Given that the Paralympic Games can provide an avenue for disability (and other) rights advocacy work, scholars have also examined the intersections of athlete and activist identities (Smith et al., 2016). In fact, scholarship shows that some athletes in general (regardless of having minoritized or privileged identities) might use the platform that elite sport gives them, to engage in advocacy work with the aim of challenging discriminating practices and discourses (of race, gender, sexuality, ability/disability, etc.). However, performing an activist identity in sport often comes with certain risks, such as the withdrawal of social and financial support from coaches and team managers (Smith et al., 2016). See Chapters 50–52 for more information.

Feminist and cultural sport psychology scholars have also built upon an intersectionality framework (Crenshaw, 1991) to examine athletes' identity intersections and the ways they shape experiences of inclusion/exclusion in sport. These works have helped us to understand that athletes' various identifications do not operate independently of one another but overlap and co-shape sporting people's experiences. Athletes with intersecting minoritized racial, gender, and sexual identities are impacted by multiple intersecting systems of oppression (Mann & Krane, 2018) which might result in experiences of exclusion and marginalization that are different from those of people with more privileged identities. Therefore, a focus on intersectionality and the interlocking power structures, and social inequalities is more than just a method of looking at identity; it allows us to view athletes as whole persons and understand the wider social and structural forces that influence their well-being (Smith et al., 2019).

Overall, this area of research has put forward a social justice agenda and has helped us to understand how privilege and marginalization operate in our sporting cultures and affect athletes' experiences and identity negotiation. A cultural perspective is thus valuable to destabilize rigid understandings of athletic identity that privilege White, male, cis-gender, heterosexual, and able-bodied ways of being and doing. Future research and applied work could incorporate cultural and intersectional frameworks to open up more inclusive practices and ways of organizing sport, where athletes could express their multiple identities without fear.

Applied Implications for Sport Psychology Consultants

While the specific ways that sport psychology consultants choose to work with clients depend on the professional philosophy and theoretical perspective they work from, certain considerations on address-ing athletic identity when working with clients remain salient. As the review of literature has indicated,

the strength, exclusivity, and meaning of athletic identity are important considerations when supporting athletes throughout their careers. Also, it is important to engage in reflexive practice (Schinke et al., 2012) to understand how sport psychology consultants' own conceptions might privilege and marginalize certain identities and how to work toward more inclusive practices.

Since actively exploring other identities besides that of an athlete has been suggested to be important for psychologically sustainable athletic careers, consultants working with athletes should work on supporting athletes' identity exploration. Champ et al. (2020) suggested that sport psychology consultants should help youth athletes in identifying personal goals, values, and a personally meaningful future perspective (e.g., who do I want to be in five or ten years from now?). A relevant tool for sport psychology consultants in supporting athletes' career and identity development is Stambulova's (2010) Five-Step Career Planning Strategy. As a part of the work with sport psychology consultant, the clients are invited to identify the most important domains in their lives (e.g., family, sport, education, and peers), how much time they spend engaging with these domains, and project toward a desired future. This tool can be used to invite conversations around identity and help athletes become aware of potential imbalances in their lives. The Five-Step Career Planning Strategy can also be helpful in identifying athletes with an exclusive identity who might benefit from further work with the consultant.

Second, sport psychology consultants should be aware that athletic identity can carry different meanings for different sport participants, and help athletes explore various narratives that might provide new ways of finding meaning in sport. When athletes align their identities with the performance narrative of sport (i.e., an athlete is tough, resilient, hard-working, and focused on sporting achievement), they might experience distress when sport is not going well. However, when athletes align their identities with other kinds of narratives such as those focused on exploration and personal growth, they might not feel that their identities are threatened when they experience setbacks in their sporting life. When working with clients, Champ et al. (2020) suggested that consultants ought to embrace alternative narratives and not work toward reducing differences in the name of team harmony or success. To support further identity exploration, consultants can offer various narratives for athletes' consideration, for example, through introducing athlete biographies, potential mentors, or role models, or inviting dialogues on what being an athlete can mean.

Finally, sport psychology consultants are encouraged to educate themselves about issues related to cultural diversity and engage in self-reflexivity in all their work, including how they address identity issues (Schinke et al., 2012). As Schinke et al. (2012) explain, the first step of self-reflexivity is to become more aware of how one's own roles, identities, values, and prejudices might impact applied work with athletes (and especially with athletes who come from different socio-cultural backgrounds). The second step would be to attend to power issues in the athlete-consultant relationship and reflect on how our approaches and practices, as sport psychology consultants, challenge or reproduce discourses that privilege certain identities and experiences and marginalize others. Moreover, consultants ought to recognize that athletes' identities are fluid, multiple, and complex, and should strive to move beyond practices and conceptualizations that are based on categorical assumptions and stereotypes. These reflective strategies could help consultants to facilitate safe spaces where athletes of various social positions (of gender, sexuality, race, ethnicity, ability/disability, etc.) can be heard, understood, and supported.

Conclusion

Athletic identity can be an important dimension for understanding athletes' experiences, career development, and decision-making, as well as performance and well-being issues. Sport psychology consultants can help athletes become more aware of how they have constructed their identities in and outside of sport and support exploratory behavior that can be a protective factor against psychological distress when sport is not going well. As a part of reflexive practice, sport psychology consultants are

also encouraged to explore their own identities and how their assumptions about what 'a good athlete' is can shape their service delivery. Understanding the strength, exclusivity and cultural and personal meanings of athletic identity are all important for consultants to be able to work effectively with their clients. See Box 33.1 for a summary of the key points from this chapter.

Box 33.1 Summary of Key Points about Athletic Identity

- Athletic identity can have both positive and negative consequences for sport participants.
- Strong and exclusive athletic identity can have negative consequences for athletes especially when they are injured or transition out from competitive sport.
- Meanings of athletic identity are personal, but shaped by the cultural context that privileges certain understandings and marginalizes others.
- Athletic identity intersects with other cultural identities and these identities inform each other.
- Sport psychology consultants can support athletes in identity exploration that can be protective of well-being.
- It is important for consultants to reflect on their own identities and how these identities inform their work with athletes.

References

Appleby, K. M., & Dieffenbach, K. (2016). "Older and faster": Exploring elite masters cyclists' involvement in competitive sport. *The Sport Psychologist*, *30*(1), 13–23. https://doi.org/10.1123/tsp.2014-0110

Brewer, B. W., & Petitpas, A. J. (2017). Athletic identity foreclosure. *Current Opinion in Psychology*, *16*, 118–122. https://doi.org/10.1016/j.copsyc.2017.05.004

Champ, F. M., Ronkainen, N. J., Littlewood, M. A., & Eubank, M. (2020). Supporting identity development in talented youth athletes: Insights from existential and cultural psychological approaches. *Journal of Sport Psychology in Action*, *11*(4), 219–232. https://doi.org/10.1080/21520704.2020.1825027

Cosh, S., Crabb, S., LeCouteur, A., & Kettler, L. (2012). Accountability, monitoring and surveillance: Body regulation in elite sport. *Journal of Health Psychology*, *17*(4), 610–622. https://doi.org/10.1177%2F1359105311417914

Costa, S., Santi, G., di Fronso, S., Montesano, C., Di Gruttola, F., Ciofi, E. G., Morgilli, L., & Bertollo, M. (2020). Athletes and adversities: Athletic identity and emotional regulation in time of COVID-19. *Sport Sciences for Health*, *16*(4), 609–618. https://doi.org/10.1007/s11332-020-00677-9

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, *43*(6), 1241–1299. https://doi.org/10.2307/1229039

Dionigi, R. A. (2015). Pathways to masters sport: Sharing stories from sport 'continuers','rekindlers' and 'late bloomers'. In E. Tulle & C. Phoenix (Eds.), *Physical activity and sport in later life* (pp. 54–68). Palgrave Macmillan.

Douglas, K., & Carless, D. (2009). Abandoning the performance narrative: Two women's stories of transition from professional sport. *Journal of Applied Sport Psychology*, *21*(2), 213–230. https://doi.org/10.1080/10413200902795109

Edison, B. R., Christino, M. A., & Rizzone, K. H. (2021). Athletic identity in youth athletes: A systematic review of the literature. *International Journal of Environmental Research and Public Health*, *18*(14), Article e7331. https://doi.org/10.3390/ijerph18147331

Erikson, E. (1968). *Identity: Youth and crisis.* Norton.

Fynes, J. M., & Fisher, L. A. (2016). Is authenticity and integrity possible for sexual minority athletes? Lesbian student-athlete experiences of U.S. NCAA division I sport. *Women in Sport and Physical Activity Journal*, *24*(1), 60–69. https://doi.org/10.1123/wspaj.2014-0055

Graupensperger, S., Benson, A. J., Kilmer, J. R., & Evans, M. B. (2020). Social (un) distancing: Teammate interactions, athletic identity, and mental health of student-athletes during the COVID-19 pandemic. *Journal of Adolescent Health*, *67*(5), 662–670. https://doi.org/10.1016/j.jadohealth.2020.08.001

Hale, B. D., James, B., & Stambulova, N. (1999). Determining the dimensionality of athletic identity: A "Herculean" cross-cultural undertaking. *International Journal of Sport Psychology*, *30*(1), 83–100.

Horton, R. S., & Mack, D. E. (2000). Athletic identity in marathon runners: Functional focus or dysfunctional commitment? *Journal of Sport Behavior*, *23*(2), 101–119.

Kavoura, A., Ryba, T. V., & Chroni, S. (2015). Negotiating female judokas identities in Greece: A Foucauldian discourse analysis. *Psychology of Sport and Exercise*, *17*, 88–98. https://doi.org/10.1016/j.psychsport.2014.09.011

Kirakosyan, L. (2021) Negotiating multiple identities of Brazilian Paralympians. *Social Sciences*, *10*(8), Article e305. https://doi.org/10.3390/socsci10080305

Krane, V. (2019). Introduction: LGBTIQ people in sport. In V. Krane (Ed.), *Sex, gender, and sexuality in sport: Queer inquiries* (pp. 1–12). Routledge.

Mann, M., & Krane, V. (2019). Inclusion or illusion? Lesbians' experiences in sport. In V. Krane (Ed.), *Sex, gender, and sexuality in sport: Queer inquiries* (pp. 69–86). Routledge.

Marcia, J. E. (1966). Development and validation of ego–identity status. *Journal of Personality and Social Psychology*, *3*(5), 551–558. https://psycnet.apa.org/doi/10.1037/h0023281

McAdams, D. P. (1985). *Power, intimacy, and the life story: Personological inquiries into identity.* Dorsey Press.

Nietzsche, F. (1974). *The gay science: With a prelude in rhymes and an appendix of songs* (W. Kaufmann, Trans.). Vintage (Original work published 1882)

Park, S., Lavallee, D., & Tod, D. (2013). Athletes' career transition out of sport: A systematic review. *International Review of Sport and Exercise Psychology*, *6*(1), 22–53. https://doi.org/10.1080/1750984X.2012.687053

Reifsteck, E. J., Gill, D. L., & Labban, J. D. (2016). "Athletes" and "exercisers": Understanding identity, motivation, and physical activity participation in former college athletes. *Sport, Exercise, and Performance Psychology*, *5*(1), 25–38. https://doi.org/10.1037/spy0000046

Renton, T., Petersen, B., & Kennedy, S. (2021). Investigating correlates of athletic identity and sport–related injury outcomes: A scoping review. *BMJ Open*, *11*(4), 1–25. https://doi.org/10.1136/bmjopen-2020-044199

Ronkainen, N. J., Kavoura, A., & Ryba, T. V. (2016). A meta-study of athletic identity research in sport psychology: Current status and future directions. *International Review of Sport and Exercise Psychology*, *9*(1), 45–64. https://doi.org/10.1080/175

Ronkainen, N. J., Watkins, I., & Ryba, T. V. (2016). What can gender tell us about the pre-retirement experiences of elite distance runners in Finland?: A thematic narrative analysis. *Psychology of Sport and Exercise*, *22*, 37–45. https://doi.org/10.1016/j.psychsport.2015.06.003

Schinke, R. J., & Hanrahan, S. J. (Eds.) (2009). *Cultural sport psychology.* Human Kinetics Publishers.

Schinke, R. J., McGannon, K. R., Parham, W. D., & Lane, A. M. (2012). Toward cultural praxis and cultural sensitivity: Strategies for self–reflexive sport psychology practice. *Quest*, *64*(1), 34–46. https://doi.org/10.1080/00336297.2012.653264

Smith, B., Bundon, A., & Best, M. (2016). Disability sport and activist identities: A qualitative study of narratives of activism among elite athletes with impairment. *Psychology of Sport and Exercise*, *26*, 139–148. https://doi.org/10.1016/j.psychsport.2016.07.003

Smith, M. D., Lucas, C. B., Tibbetts, E., & Carter, L. (2019). Mandating intersectionality in sport psychology. In L. Carter (Ed.), *Feminist applied sport psychology: From theory to practice* (pp. 97–105). Routledge.

Sparkes, A. C. (1998). Athletic identity: An Achilles' heel to the survival of self. *Qualitative Health Research*, *8*(5), 644–664. https://doi.org/10.1177%2F104973239800800506

Stambulova, N. (2010). Counseling athletes in career transitions: The five-step career planning strategy. *Journal of Sport Psychology in Action*, *1*(2), 95–105. https://doi.org/10.1080/21520704.2010.528829

Whitcomb-Khan, G., Wadsworth, N., McGinty-Minister, K., Bicker, S., Swettenham, L., & Tod, D. (2021). Critical pause: Athletes' stories of lockdown during COVID-19. *The Sport Psychologist*, *35*(1), 43–54. https://doi.org/10.1123/tsp.2020-0106

34

OVERTRAINING

Annika Hof zum Berge and Michael Kellmann

Overtraining develops because the indicators of poor psychological and physiological states within an athlete have not been detected over a long period of time or because athletes and coaches have not been aware of the symptoms, have not paid attention, and/or have not linked single indicators to the overall situation the athlete is experiencing. It is especially easy to overlook indicators considering the time schedule of athletes on the treadmill of sport and acute stress being a main engine to performance growth. In a personal communication with former high-performance swimmer and two-time Olympian Dorothea Brandt, she described this phenomenon as follows:

> In competitive sports you don't stop when you get tired. Then you continue to train and you are often surprised how long you can train. Top athletes manage to carry out every movement and every task optimally despite the fatigue.

These intense training regimes were also described by Helge Meeuw, five-time German swimming champion, in 2006 when asked about his daily routine before the German Championships:

> I get up at 6:30 a.m. From 7 a.m. until 8:45 a.m. I have water training at the sport school. After that I have a quick breakfast to be at the hospital at 10 a.m. where I am doing my internship. At 3:30 p.m. I head off to the sport school for strength training or physiotherapy, followed by additional water training from 6 p.m. until 8 p.m. At 9 p.m. I am finally at home. In the beginning of this program I felt like I was in a coma. However, I took the day off before the German Championships. The recovery during this period gave me the kick to perform well.
>
> *(Körber, 2006, p. 22)*

Three elements of this example stand out: (a) the challenge of balancing different tasks and responsibilities (e.g., training and working duties), (b) self-awareness, and (c) well-structured planning. The quote reads as if the recovery day was planned in his schedule and he made a conscious decision that he needed it, because he had some sort of monitoring system that allowed him to judge how he was physically experiencing the effects of his hectic life.

In another example, Simone Manuel, an American swimmer, missed out on qualifying for the Olympic Games in Tokyo, as reported on NBC Sports Washington (Green, 2021):

In January she began feeling off, and after months of training she realized that her swimming per- formance was getting progressively worse. As her workouts became harder, her symptoms began to increase. She suffered from insomnia, depression, loss of appetite and anxiety. 'Just walking up the stairs to the pool, I was gassed,' Manuel said.

Based on this description, it sounds like Manuel had trained too much without taking a break, resulting in a self-generated state of overtraining pushed by a high level of achievement motivation.

Two last examples come from the world of soccer. At the press conference right before the quarter fi- nals in the 2006 World Cup, Raymond Domenech, coach of the French national soccer team, got asked how he trained his athletes so that his team improved their physical condition from game to game. "We have done almost nothing," answered Domenech, "only recovery. You know: Old people need care" (Itzel, 2006). In 2014, German player Peer Mertesacker got interviewed by German TV channel ZDF about the unexpectedly tough game against Algeria in the round of 16. He tensely answered by saying: "For now, I'm going to lie in the ice bath for three days and then we'll analyze the game in peace."

Although these quotes may sound funny at first, physical and mental rest are important components of fitness and preparation for competition (Richardson et al., 2008). To thwart poor psychological and physical outcomes, and worst-case a burnout due to an overdose of stress, we highly stress that coaches and athletes need to be educated about the importance of optimal recovery-stress states. Within the last decade, research has spotlighted various new approaches to precisely monitor recovery and stress with the intention of creating visible data and individual strategies for high-performance athletes and staff and to establish strategies to recover more efficiently. Thus, the aim of this chapter is to highlight these new findings to (1) sharpen the knowledge on why a recovery-stress balance is important, (2) give readers an insight on how to measure it in several context situations, and (3) educate them on how to possibly react to instabilities within the applied sport setting.

Definition and Description of Overtraining and Recovery

Overtraining syndrome describes an athletes' condition characterized by an emotional, cognitive, and physical state of tiredness and exhaustion. It is caused by long-term non-functional overreaching in in- tense practice and competition settings with insufficient recovery periods between the physical demands (Meeusen et al., 2013). Overtraining itself is characterized by an ongoing performance plateau that does not improve with short amounts of rest and recovery. Common symptoms associated with overtraining include depressed mood, general apathy, decreased self-esteem and performance, emotional instability, restlessness, irritability, poor sleep, weight loss, loss of appetite, increased resting heart rate, vulnerabil- ity to injuries, hormonal changes, and the absence of supercompensation. Another significant clinical feature of overtraining is an increased risk of infection and other corresponding symptoms, which suggests the presence of an impaired immune response (Altfeld & Kellmann, 2019b; Kellmann, 2002a). Overtraining can result from different training factors such as (a) monotonous training programs, (b) more than three hours of training per day, (c) failure to alternate hard and easy training days or alternate two hard days followed by an easy training day, (d) no training periodization and respective regenera- tion micro-cycles after two or three weeks of training, or (e) no rest days (Smith & Norris, 2002). To avoid underrecovery, the precursor of overtraining, physiological and psychological recovery should be an integral part of the training plan (Altfeld & Kellmann, 2019a; Kellmann et al., 2018).

The key to prevent overtraining is an active and proactive enhancement of recovery. However, given the multi-faceted stressors occurring, ensuring comprehensive recovery has emerged as a vital strategy to establish a functional health condition and guarantee a continuous ability to perform in elite sports (Heidari et al., 2018; Kellmann & Kallus, 2016). Hence, coaches and athletes need to be educated about

the importance of optimal recovery and its effect on performance. Recovery itself can be defined as follows:

> Recovery is regarded as a multifaceted (e.g., physiological, psychological) restorative process relative to time. In case an individual's recovery status (i.e., his or her biopsychosocial balance) is disturbed by external or internal factors, fatigue as a condition of augmented tiredness due to physical and mental effort develops. Fatigue can be compensated with recovery, that is, the organismic allostatic balance is regained by re-establishing the invested resources on a physiological and psychological level
>
> *(Kellmann et al., 2018, p. 240)*

This definition illuminates the complexity of recovery and highlights the need to identify ideal recovery strategies on an individual basis (Kellmann, 2002a). Individually suited regeneration ideally follows immediately after training or competition. Some recovery strategies for physical exhaustion may be, for example, cold water immersion, nutrition/diet, and sleep (Nédélec et al., 2012). To counteract mental fatigue, however, cognitive strategies, resource activation, and psychological relaxation techniques such as breathing, progressive muscle relaxation, or systematic daytime napping may be more suitable options (Loch et al., 2020).

The direct consequence of an imbalance between daily life demands and recovery leading to continuous underrecovery is identified as underrecovery syndrome (Kellmann & Altfeld, 2014; Kellmann et al., 2018). Thus, prolonged underrecovery can lead to poor psychological and physical long-term outcomes, including overtraining and burnout (Altfeld & Kellmann, 2019a). This transition from underrecovery to either overtraining or burnout is considered as a gradual and interdependent process, however, with an overlap of symptoms and consequences. While physical symptoms are more distinct in overtraining, burnout is predominantly noticeable by psychological issues (Heidari et al., 2018).

In this manner, it is particularly important to differentiate between the stages of underrecovery, overtraining, and burnout, as compensation for underrecovery can be the systematic application of recovery strategies and rest periods, while recovery from overtraining requires a continuous restoration that can only be achieved through long rest periods that might last from weeks to months (Kellmann & Kölling, 2019). In order to prevent underrecovery and the development of an overtraining syndrome, stress and recovery should be continuously monitored during the training process (Kellmann et al., 2018).

One objective of studying the effects of overtraining is to establish which signs (symptoms, markers) predict negative processes. Physiological indicators, such as creatine kinase, represent shifts in training loads, but are an unreliable gauge for detecting early overtraining symptoms (Raglin, 1993). Findings from studies of physiological markers of overtraining have been reviewed, but are often inconclusive and even contradictory (Kuipers & Keizer, 1988). Depicting normal from abnormal modifications in responses to training is complex because various physiological characteristics alter when one shifts from standard to intense training. Further, Saw et al. (2016) underlined the problem of inconsistent results of physiological measures, most likely explainable by intra-individual and inter-individual variability, the influence of circadian and pulsatile rhythms, nutrition and hydration status, climate, psychosocial factors, and exercise characteristics.

Studies to establish decisive factors of overtraining have demonstrated, however, that psychological indicators are sensitive and consistent (Hitzschke et al., 2017; Kenttä & Hassmén, 1998). The advantage of psychometric instruments is the quick availability of information. Although common blood analyses and/or specific medical/physiological diagnostics may take hours or days (and sometimes even weeks), psychological data become available within minutes.

Interrelations of Stress-States and Recovery Demands

The "scissors-model" proposes a general model to describe the interrelations of stress-states and recovery demands (Kellmann, 2002a). The basic assumption of this model (Figure 34.1) is that with increasing stress, increased recovery is necessary to stay in the same stress state. Limited resources (e.g., time), however, initiate a vicious cycle; under increased stress and the inability to meet increased recovery demands, a person experiences more stress. Recovery demands are defined as the quality and/or quantity of necessary recovery activities to level out the current recovery-stress state. People may be stressed to the point that they fail to find or make time to recover adequately, or to consider better ways of coping with their situations.

With intermediate levels of stress, one can find an area of optimal performance, and thus, an area of adequate recovery. Beyond this point, one cannot meet recovery demands without additional recovery activities. Stress will accumulate, and without intervention, overtraining symptoms are likely to develop. The state of balanced stress and recovery is related to optimal performance. In a state of adequate recovery, the individual can react appropriately and cope successfully with stress without additional recovery activities. A lack of recovery, or underrecovery, can trigger a process that leads to a state of elevated stress. Because increasing stress limits the possibility of recovery, the athlete must be given special opportunities to recover to re-establish an optimal level of performance.

Applying this model to sport may explain how overtraining develops. The axis of the stress-states can be seen as a continuum of an increasing training load, which can be labeled at the extreme end points: *no training* and *overtraining* (see Figure 34.1). With additional training load, the organismic recovery demands increase proportionally along the recovery axis. A short-term planned sacrifice of recovery, however, enhances long-term performance effects (e.g., supercompensation). If training load and intensity increase over a longer time with inadequate or inappropriate recovery, the individual experiences
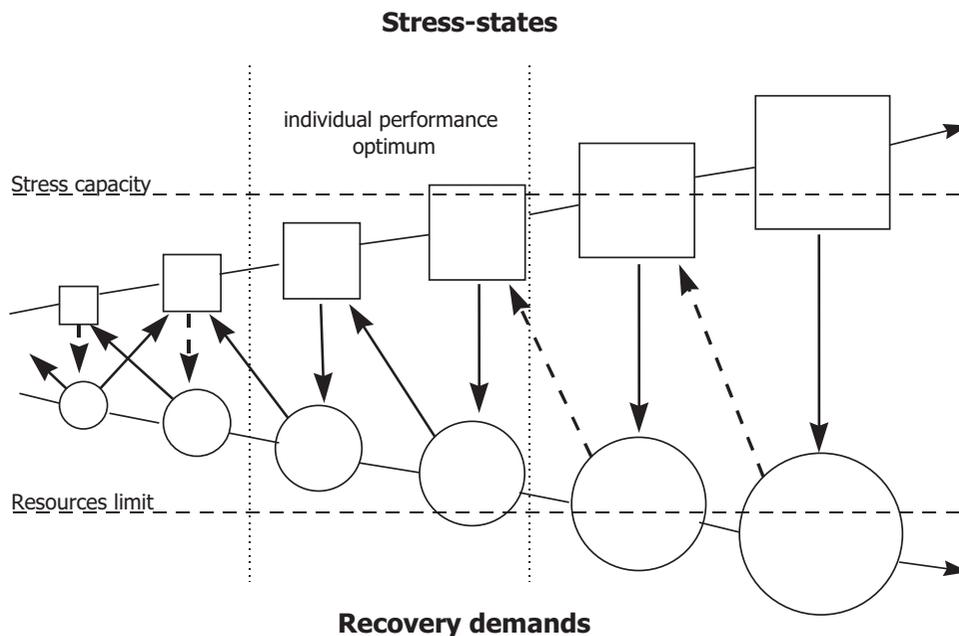
Stress-states

Figure 34.1 The "Scissors–Model" of the Interrelation of Stress-states, and Recovery Demands
Source: Reprinted with permission from Kallus and Kellmann (2000: p. 212).

long-term underrecovery that may result in overtraining. To reach an optimal recovery-stress state, athletes need to increase their self-initiated activities (e.g., recreational walks, foam rolling, daytime naps, time off with friends or family) to fulfill their recovery demands. At each stage of the model, recovery can work as a regulation mechanism, which is caused by an increasing distance between the two axes into a higher recovery debt (days to weeks). The higher a person is on the stress-states, or the more extensive the overtraining is, the more recovery efforts are needed to reach the individual optimal recovery-stress state. The model of the interrelation of stress-states and recovery demands implies that it is not negative to be highly stressed as long as a person engages in enough recovery.

Psychometric Approaches to Monitor Training

Athletes do not love paperwork. Many sport psychology consultants learn this lesson when they try to administer questionnaires to an athlete or sport team during an initial meeting. Due to such experiences, some sport psychology consultants refrain from using questionnaires as diagnostic tools or they desist from using diagnostics other than observation and more or less systematic interviews (see Chapter 13). Complete diagnostics, however, are central for a solid data foundation on which to base subsequent interventions for overtraining (Kellmann et al., 2018). The use of observations, interview techniques, and standardized instruments such as questionnaires are common. Ideally, a combination of these approaches should be used (see Chapters 10–14).

In many sports, medical doctors are around athletes on a more regular basis than sport psychology consultants. Verbal interactions between doctors and athletes during sport medical treatments and consultations are often aimed, in part, at detecting signs of overtraining/underrecovery. Intensive consultations depend on the time available. The use of psychometric instruments can be economical and may limit *a priori* biases that can affect the perspectives and perceptions of consultants. The information gained from psychometrically validated questionnaires can be used as a screening method for individual problems in large groups.

To compare athletes with normative data of physiological tests from the general population may be misleading. Inter-individual differences in recovery potential, exercise capacity, non-training stressors, and stress tolerance will affect the degree of vulnerability experienced by athletes under identical training conditions (Lehmann et al., 1993). Physiological and psychological stress and recovery can be monitored during the training process to prevent overtraining; however, feedback loops of coaches and athletes need to be established on a regular basis to evaluate the scores. The key is to evaluate athletes individually, monitor them regularly, and compare the longitudinal data (Froehlich, 1993).

Monitoring instruments are important for assessing an individual's need for recovery. Research in sport psychology on monitoring training/overtraining/underrecovery has mainly involved the Profile of Mood States (POMS; McNair et al., 1971/1992) and Borg's Rating of Perceived Exertion (RPE; Borg, 1998). Kenttä and Hassmén (1998, 2002) introduced the concept of Total Quality Recovery (TQR). It is assessed by using two scales known as the TQR perceived (TQRper) scale and the TQR action (TQRact) scale. The TQRper scale is a modified 15-point RPE (Borg, 1998) scale with anchor values tied to perceptions of recovery. Scales range from 6 (no recovery at all) to 20 (maximal recovery). Within the TQRact, athletes accumulate points over a 24-h period. A maximum of 20 points is available with higher scores interpreted as more optimal for recovery, while any score below 13 indicates incomplete recovery/underrecovery. This approach is considered as one of the first effective ways of addressing the problem of assessing recovery and underrecovery, as the POMS and the RPE were not designed for the assessment of recovery in sport, but for long periods of time, there have been no instruments available to specifically assess the complexity of recovery and stress.

Hanin (2000, 2002) introduced an alternative individualized approach suggesting that each individual has a zone of optimal functioning. Performance efficiency is maximized when the level of one's

subjective emotional experience falls within this zone. The individual zones of optimal functioning (IZOF) model provide an individualized framework and tools to describe, predict, and explain why and how individually optimal and dysfunctional states can affect athletic performance. The determination of the individual zone of optimal functioning involves analysis of past performance history and emotional experience related to successful and unsuccessful performances, as well as multiple observations to refine the previously established zones. An important advantage of the IZOF model is that idiosyncratic emotion markers of these optimal and dysfunctional performance states are proposed as specific criteria of an optimal (sufficient) recovery process. In each case, individually optimal recovery strategies need to be identified.

The Recovery-Stress Questionnaire for Athletes (RESTQ-Sport; Kellmann & Kallus, 2016) is an instrument that systematically assesses the recovery-stress state of an athlete. The recovery-stress state indicates the extent to which an individual is physically and/or mentally stressed, and whether or not the person is capable of using individual strategies for recovery, and also assesses which strategies are used. Scales 1–7 measure temporary or stable life stresses in general, performance-related stress, and physical aspects of stress, and scales 8–12 measure temporary or stable non–specific recovery activities (general recovery). Seven sport-specific areas assess additional aspects of stress (scales 13–15, sport-specific stress) and recovery (scales 16–19, sport-specific recovery). All items on the RESTQ-Sport are scored from 0 (*never*) to 6 (*always*). An example of an item would be: "In the past (3) days/nights … my muscles felt stiff or tense during performance." An overview of the scales can be drawn from Table 34.1.

Additionally to the RESTQ-Sport, the Acute Recovery and Stress Scale (ARSS) and the Short Recovery and Stress Scale (SRSS) have been developed as short and economic measures of recovery and stress (Kellmann & Kölling, 2019). Both questionnaires assess the current recovery-stress state of an athlete at an emotional, mental, physical, and overall level. The ARSS consists of 32 adjectives with four adjectives grouped to eight scales. Four of these scales are related to stress, and four to recovery. The stress–related scales are Muscular Stress (e.g., muscle soreness), Lack of Activation (e.g., sluggish), Negative Emotional State (e.g., annoyed), and Overall Stress (e.g., overloaded). The recovery-related scales include Physical Performance Capability (e.g., strong), Mental Performance Capability (e.g., receptive), Emotional Balance (e.g., in a good mood), and Overall Recovery (e.g., rested).

From the eight scales of the ARSS, the SRSS was derived and then grouped into the *Short Recovery* Scale and the *Short Stress* Scale with four items each. While the SRSS is more economical and recommended mostly for high-frequency measurements such as daily monitoring of training, the ARSS is better suited for detecting smaller variations in an athlete's emotional or mental state. While the

Table 34.1 Overview of the Recovery and Stress Scales Used for the RESTQ–Sport by Kellmann and Kallus (2016)

Seven General Stress Scales	*Five General Recovery Scales*	*Three Sport–Specific Stress Scales*	*Four Sport–Specific Recovery Scales*
(can be summarized in an Overall Stress *scale)*	*(can be summarized in an* Overall Recovery *scale)*	*(can be summarized in a* Sport-specific Stress *scale)*	*(can be summarized in a* Sport-specific Recovery *scale)*
1 General Stress	8 Success	13 Disturbed Breaks	16 Being in Shape
2 Emotional Stress	9 Social Recovery	14 Emotional Exhaustion	17 Personal Accomplishment
3 Social Stress	10 Physical Recovery	15 Injury	18 Self-Efficacy
4 Conflicts/Pressure	11 General Well-Being		19 Self-Regulation
5 Fatigue	12 Sleep Quality		
6 Lack of Energy			
7 Physical Complaints			

ARSS takes between four to five minutes to complete, the SRSS takes between 40 and 60 seconds (Kellmann & Kölling, 2019). They both qualify for a longitudinal assessment of the acute recovery-stress state in applied settings and may be used as a paper-pencil version or applied in a digital monitoring set-up (Kölling et al., 2020; Nässi et al., 2017).

At their best, any of the above-mentioned questionnaires are used simultaneously for monitoring during training camps or acute preparation for big tournaments. As for an exemplary set-up, we implemented the RESTQ-Sport with an elite women's soccer team to gauge current stress symptoms and recovery-associated states on specific measuring points (e.g., start pre-season, start in-season, and end in-season). Further, players completed the SRSS on a daily basis in order to monitor acute recovery-stress states and training demands. Weekly monitoring reports then were prepared for the coach and sport psychology consultant with the aim to overview players' recovery-stress balance and also as an opener for individual conversations with athletes.

During training camps, it may be beneficial to provide feedback to coaches and athletes about athletes' current recovery-stress states to initiate interventions aimed at optimal recovery-stress balance. Figure 34.2 provides an example of how the information of the RESTQ-Sport profile has been used. The track and field athlete in this example completed the RESTQ-Sport after arriving at a training camp preparing the relay team for the next World Championships. Her initial RESTQ-Sport profile is represented by the bold line in Figure 34.2. The profile revealed elevated levels of emotional stress and social stress (scales related to general stress) and meanwhile reduced scales of general recovery. In the sport-specific areas, elevated scores of emotional exhaustion and injury could be observed as well as medium levels of recovery. This pattern clearly indicated that something in the life of the athlete was negatively affecting the balance of her recovery-stress state. Knowing that the heavy training was yet to come, which would even more negatively affect the recovery-stress state, the relay coach approached her and provided feedback on her RESTQ-Sport profile. In this feedback and communication, the athlete shared with the coach a problematic personal situation. Talking to the coach helped her to address the problem and deal with her personal issues. Subsequently, even after the heavy physical training started, her recovery-stress state improved (thin line, Figure 34.2) by the end of the camp.

This example highlights one major component that may help coaches and athletes to avoid overtraining: communication (see Chapter 38). When coaches can acknowledge that athletes have non-sport lives, can create an environment where athletes can express themselves, and do not punish them for being tired, the first step toward a balance between stress and recovery is made. Regular short chats with athletes are important to create that kind of environment, but the process becomes time-intensive when a large number of athletes are being coached. Thus, using psychometric approaches may help to get a fast and easy applicable overview of a large number of athletes to further help prioritizing which athlete to talk to first.

Strategies to Prevent Overtraining

The most frequent causes of overtraining cited by athletes are (a) too much stress and pressure, (b) too much practice and physical training, (c) physical exhaustion and all-over soreness, (d) boredom because of too much repetition, and (e) poor rest or lack of proper sleep (Raglin & Morgan, 1989). Holistic training encompasses two ideas: (a) training must be balanced and varied and (b) non-training time has a major influence on training. All factors outside the realm of training sessions, therefore, need to be evaluated as to their possible negative influences on total fatigue. Insufficient recovery time between practices is the main cause of overtraining. Factors such as nutrition, sleep deficit, sickness, travel, and competitions increase the negative effects of insufficient recovery (Meeusen et al., 2013).

Recovery is more than doing nothing and/or resting; it is an active process. Because recovery is specific to each individual, it is important for coaches to plan rest days during regular training, in training camps, and during the competition season. Suggested activities may be dancing, meeting friends,
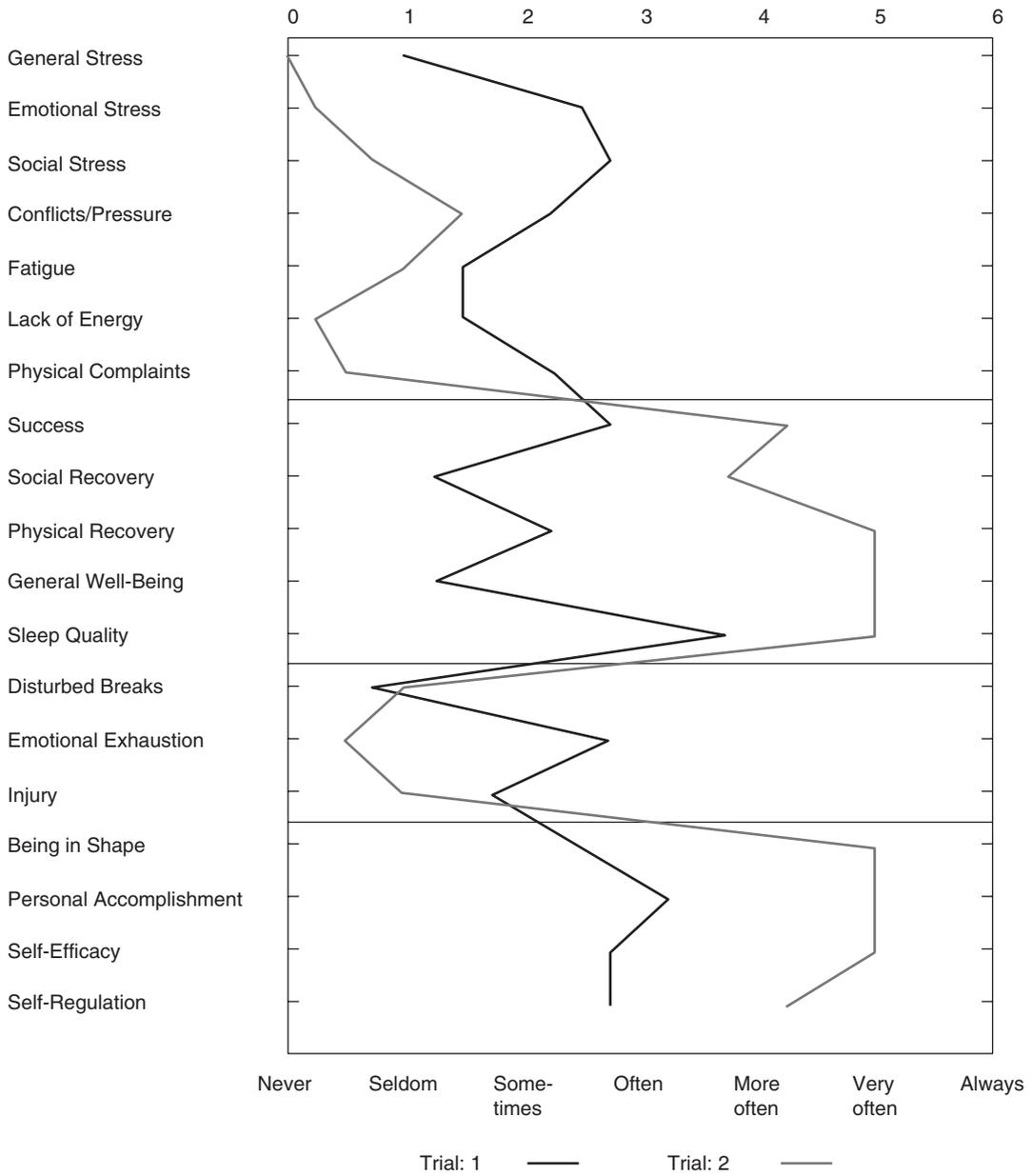
Figure 34.2   Recovery–Stress State at the Beginning of the Training Camp (Bold Line) and at the End of the Training Camp (Thin Line)

stretching, indoor games, reading books, going for walks, sightseeing, trips to a lake, including picnics and swimming, or easy runs (Kellmann, 2002a). Further, these ideas may help coaches and support staff (e.g., sport psychology consultants) to individualize recovery activities; however, not every activity has the same recovering effect for all athletes (Kellmann et al., 2018). Recovery activities for athletes can be performed individually or within a group. Sometimes, athletes should be left by themselves to do whatever they want to do, and at other times it could be helpful to give some directions. Especially for athletes who may have little experience with proactive recovery strategies, guided relaxation techniques may be profitable. Drawing from our own experiences in the applied setting, the implementation of a guided relaxation technique before bedtime (e.g., progressive muscle relaxation, guided meditation or imagery, and breathing techniques) may help to reduce rumination, improve sleep quality, and enhance overall well-being, as well as underline the importance of scheduled recovery periods.

Probably, the most important aspect about recovery is that it is a proactive, self-initiated process to re-establish psychological and physiological resources. From this perspective, people are responsible for their recovery activities, and they can actively initiate them. For example, going to a movie, visiting close friends, or going for a light run can be self-initiated and, therefore, proactively put a person in charge. In regular life, there are numerous possibilities for recovery, but during training camps options are limited. Peterson (2003) identified four steps for coaches and support teams (e.g., sport psychology consultants) to recognize the symptoms of overtraining and to develop preventive strategies. These are depicted in Figure 34.3.

Conclusion

In general, regeneration management in general and overtraining prevention specifically require a close cooperation between coaches, athletes, sport physicians, and sport psychology consultants to use the available medical, psychological, and performance data on an interdisciplinary basis (Kellmann, 2002b; Kellmann et al., 2018). This process starts with open communication, adherence to agreements, quick reactions to feedback, and an openness to learn from others. The athletes are the center of interest. Ideally, the coach receives information dealing with different areas provided by the staff and makes decisions based on this broad database.

Athletes can regularly complete the SRSS, ARSS, and RESTQ-Sport throughout the season. Parallel to the questionnaire measurements, a sport medical assessment (e.g., lactate and creatine kinase) can take place. One goal is to identify those athletes whose recovery-stress states deviate from those expected based on individual or group profiles. As athletes' complete questionnaires, the coaches and physicians involved receive fast feedback, and therefore, immediate interventions can be provided.

Of course, athletes can intentionally fake good on questionnaires, and emphasizing that the reason for monitoring training is to assist athletes in their pursuit of peak performance can limit this behavior. If the role of questionnaires is accepted, and scoring of the instruments reflects athletes' current conditions, then awareness of the processes affecting their lives increases. A relevant monitoring tool can assess areas not covered in regular coach–athlete talks. For many coaches, life events outside of sport are not relevant to sport performance, or they may think it is too intimate to ask about private lives. Monitoring, however, can start an educational process for athletes and coaches when the results are shared. This process only works if explanations are provided as to why underrecovery is to be avoided and how questionnaires can be used to optimize training and performance. Therefore, a good athlete–coach relationship seems to have a preventive effect as athletes are willing to talk about stressors, disturbances during recovery periods, or other problems that occur during or outside of practice (Pelka & Kellmann, 2017). In our applied work with several junior and senior national teams and home clubs, we always experienced the same mechanism. Whenever athletes were provided with direct feedback and benefitted almost immediately from the data gathered, compliance increased. Henceforth, an open communication process is crucial to get athletes voluntarily involved in the assessment of recovery.

Step 1: Know the symptoms of overtraining

☐ Impaired performance
☐ No supercompensation in response to taper or rest
☐ Increased resting heart rate
☐ Weight loss
☐ Loss of appetite
☐ Increased vulnerability to injuries
☐ Hormonal changes
☐ Depressed mood
☐ General apathy
☐ Decreased self-esteem, emotional instability
☐ Restlessness, irritability
☐ Disturbed sleep

Step 2: Increase level of athletes' self-awareness

☐ Make it a habit to ask your athletes how they are feeling and listen to their answers.
☐ Encourage your athletes to keep a regular training log.
☐ Systematically evaluate athlete performances.

Step 3: Model and teach the value of recovery

☐ Model good recovery strategies in the context of your own life and work.

Step 4: Keep training fun and sport in perspective

☐ Coaches should make work fun and incorporate innovations to training programs to reduce stress and make sport enjoyable for their athletes.
☐ Athletes should maintain balance in their own lives and develop their identities in other realms of interest (e.g., family, school, non-sport careers, outside interests).
☐ Coaches need to accept the concept of athletes having lives outside of sport.

Figure 34.3 Steps for Coaches and Support Teams to Recognize the Symptoms of Overtraining and to Develop Preventive Strategies as Suggested by Peterson (2003)

In addition to the integration of recovery within the training and competition schedule, interdisciplinary cooperation is a key for better diagnosis of the recovery–stress states of individuals (Kellmann, 2002b). To optimize this process, the consultation with athletes should be done in close cooperation between coaches, sport physicians, and sport psychology consultants. Therefore, all physiological and psychological data, as well as training and performance data, should be used by the interdisciplinary team (Kellmann et al., 2018). This process begins with a complete training documentation, the assessment of subjective and objective physiological and psychological data, and the integration of athletes' perspectives. Clearance from the athlete needs to be obtained to adequately deal with confidentiality issues. See Box 34.1 for a summary of the key points from this chapter.

Box 34.1 Summary of Key Points about Overtraining

- It is not necessarily bad to have high levels of stress as long as the athlete knows how to recover.
- Recovery periods must be part of the training plan.
- Recovery is individually specific.
- Monitor the impact of training.
- Recovery involves self-responsibility.
- Regular communication is important to avoid overtraining.
- Sport psychology consultants can help to facilitate the communication processes and educate coaches and athletes about indicators of overtraining.

References

Altfeld, S., & Kellmann, M. (2019a). Underrecovery syndrome. In D. Hackfort, R. Schinke, & B. Strauss (Eds.), *Dictionary of sport psychology* (p. 204). Elsevier.

Altfeld, S., & Kellmann, M. (2019b). Overtraining syndrome. In D. Hackfort, R. Schinke, & B. Strauss (Eds.), *Dictionary of sport psychology* (p. 307). Elsevier.

Borg, G. (1998). *Borg's perceived exertion and pain rating scales*. Human Kinetics.

Froehlich, J. (1993). Overtraining syndrome. In J. Heil (Ed.), *Psychology of sport injury* (pp. 59–70). Human Kinetics.

Green, M. (2021). Simone Manuel says overtraining syndrome led to loss at Olympic trials. Retrieved October 31, 2021, from https://www.nbcsports.com/washington/simone-manuel-says-overtraining-syndrome-led-loss-olympic-trials

Hanin, Y. L. (2000). Individual zones of optimal functioning (IZOF) model: Emotion-performance relationships in sport. In Y. L. Hanin (Ed.), *Emotions in sport* (pp. 65–89). Human Kinetics.

Hanin, Y. L. (2002). Individually optimal recovery in sports: An application of the IZOF model. In M. Kellmann (Ed.), *Enhancing recovery: Preventing underperformance in athletes* (pp. 199–217). Human Kinetics.

Heidari, J., Kölling, S., Pelka, M., & Kellmann, M. (2018). Monitoring the recovery-stress state in athletes. In M. Kellmann & J. Beckmann (Eds.), *Sport, recovery, and performance: Interdisciplinary insights* (pp. 3–18). Routledge.

Hitzschke, B., Wiewelhove, T., Raeder, C., Ferrauti, A., Meyer, T., Pfeiffer, M., … Kölling, S. (2017). Evaluation of psychological measures for the assessment of recovery and stress during a shock-microcycle in strength and high-intensity interval training. *Performance Enhancement & Health*, *5*(4), 147–157. https://doi.org/10.1016/j.peh.2017.08.001

Itzel, R. (2006). *Triumph der Edelmänner*. [Triumph of the nobleman] Retrieved April 2, 2009, from http://www.berlinonline.de/berliner-zeitung/archiv/.bin/dump.fcgi/2006/0629/fuballwm2006/0004/index.html

Kallus, K. W., & Kellmann, M. (2000). Burnout in athletes and coaches. In Y. Hanin (Ed.), *Emotions in sport* (pp. 209–230). Champaign, IL: Human Kinetics.

Kellmann, M. (2002a). Underrecovery and overtraining: Different concepts - similar impact? In M. Kellmann (Ed.), *Enhancing recovery: Preventing underperformance in athletes* (pp. 3–24). Human Kinetics.

Kellmann, M. (2002b). Current status and directions of recovery research. In M. Kellmann (Ed.), *Enhancing recovery: Preventing underperformance in athletes* (pp. 219–229). Human Kinetics.

Kellmann, M., & Altfeld, S. (2014). Underrecovery syndrome. In R. C. Eklund & G. Tenenbaum (Eds.), *Encyclopedia of sport and exercise psychology* (pp. 773–775). Sage.

Kellmann, M., Bertollo, M., Bosquet, L., Brink, M., Coutts, A. J., Duffield, R., Erlacher, D., Halson, S. L., Hecksteden, A., Heidari, J., Wolfgang Kallus, K., Meeusen, R., Mujika, I., Robazza, C., Skorski, S., Venter, R., & Beckmann, J. (2018). Recovery and performance in sport: Consensus statement. *International Journal of Sports Physiology and Performance*, *13*(2), 240–245. https://doi.org/10.1123/ijspp.2017-0759

Kellmann, M., & Kallus, K. W. (2016). *The Recovery-sSress Questionnaire for Athletes; User manual*. Human Kinetics.

Kellmann, M., & Kölling, S. (2019). *Recovery and stress in sport: A manual for testing and assessment*. Routledge.

Kenttä, G., & Hassmén, P. (1998). Overtraining and recovery. *Sports Medicine*, *26*(1), 1–16. https://doi.org/10.2165/00007256-199826010-00001

Kenttä, G., & Hassmén, P. (2002). Underrecovery and overtraining: A conceptual model. In M. Kellmann (Ed.), *Enhancing recovery: Preventing underperformance in athletes* (pp. 57–79). Human Kinetics.

Kölling, S., Schaffran, P., Bibbey, A., Drew, M., Raysmith, B., Nässi, A., & Kellmann, M. (2020). Validation of the Acute Recovery and Stress Scale (ARSS) and the Short Recovery and Stress Scale (SRSS) in three English-speaking regions. *Journal of Sports Sciences*, *38*(2), 130–139. https://doi.org/10.1080/02640414.2019.1684790

Körber, P. (2006, June 28). Ich werde nie Profischwimmer [I will never become a professional swimmer]. *Wiesbadener Kurier*, p. 22. #147, Vol. 62.

Kuipers, H., & Keizer, H. A. (1988). Overtraining in elite athletes: Review and directions for the future. *Sports Medicine*, *6*, 79–92. https://doi.org/10.2165/00007256-198806020-00003

Lehmann, M., Foster, C., & Keul, J. (1993). Overtraining in endurance athletes: A brief review. *Medicine and Science in Sports and Exercise*, *25*(6), 854–861. https://psycnet.apa.org/doi/10.1249/00005768-199307000-00015

Loch, F., Hof zum Berge, A., Kölling, S., & Kellmann, M. (2020). Stress states, mental fatigue, and the concept of mental recovery in sports. In M. C. Ruiz & C. Robazza (Eds.), *Feelings in sport: Theory, research, and practical implications for performance and well-being* (pp. 235–245). Routledge.

McNair, D., Lorr, M., & Droppleman, L. F. (1971/1992). *Profile of Mood States Manual*. Educational and Industrial Testing Service.

Meeusen, R., Duclos, M., Foster, C., Fry, A., Glesson, M., Nieman, D., & Urhausen, A. (2013). Prevention, diagnosis and treatment of the overtraining syndrome: Joint consensus statement of the European College of Sport Science (ECSS) and the American College of Sports Medicine (ACSM). *Medicine and Science in Sports and Exercise*, *45*(1), 186–205. https://doi.org/10.1080/17461391.2012.730061

Nässi, A., Ferrauti, A., Meyer, T., Pfeiffer, M., & Kellmann, M. (2017). Development of two short measures for recovery and stress in sport. *European Journal of Sport Science*, *17*(7), 894–903. https://doi.org/10.1080/17461391.2017.1318180

Nédélec, M., McCall, A., Carling, C., Legall, F., Berthoin, S., & Dupont, G. (2012). Recovery in soccer: Part I – post-match fatigue and time course of recovery. *Sports Medicine*, *42*(12), 997–1015. https://doi.org/10.1007/BF03262308

Pelka, M., & Kellmann, M. (2017). Understanding underrecovery, overtraining, and burnout in the developing athlete. In J. Baker, S. Cobley, J. Schorer, & N. Wattie (Eds.), *Routledge handbook of talent identification and development in sport* (pp. 349–360). Routledge.

Peterson, K. (2003). Athlete overtraining and underrecovery: Recognizing the symptoms and strategies for coaches. *Olympic Coach*, *18*(3), 16–17.

Raglin, J. S. (1993). Overtraining and staleness: Psychometric monitoring of endurance athletes. In R. B. Singer, M. Murphey, & L. K. Tennant (Eds.), *Handbook of research on sport psychology* (pp. 840–850). Macmillan.

Raglin, J. S., & Morgan, W. P. (1989). Development of a scale to measure training induced distress. *Medicine and Science in Sports and Exercise*, *21*(Suppl.), 60.

Richardson, S. O., Andersen, M. B., & Morris, T. (2008). *Overtraining athletes: Personal journeys in sport*. Human Kinetics.

Saw, A. E., Main, L. C., & Gastin, P. B. (2016). Monitoring the athlete training response: Subjective self-reported measures trump commonly used objective measures: A systematic review. *British Journal of Sports Medicine*, *50*, 281–291. https://doi.org/10.1136/bjsports-2015-094758

Smith, D. J., & Norris, S. R. (2002). Training load and monitoring an athlete's tolerance for endurance training. In M. Kellmann (Ed.), *Enhancing recovery: Preventing underperformance in athletes* (pp. 81–101). Human Kinetics.

35

SEXUAL MISCONDUCT IN SPORT

Tanya Raquel

Sexual misconduct exists within sport. In fact, it happens in every space we find ourselves (Prewitt-White, 2021). The common misconception many of us make is that sexual misconduct is something that happens somewhere else. Powerful perpetrators we learn about on the news (e.g., Larry Nassar, Jerry Sandusky, Darren Sharper, Graham James, Richard Strauss, and Andy King) are not the only individuals who abuse athletes. Moreover, high-profile athlete survivors (e.g., Andy Woodward, Peng Shuai, Kyle Beach, Sofia Bekatorou, and Simone Biles) who courageously share their survivorship are part of a larger, invasive, and disturbing narrative. Sexual misconduct does not only occur in elite sport; it has the potential to exist in every team, organization, and institution. In fact, it is likely that most, if not all, of us reading this chapter know a survivor of sexual misconduct and while we may not be used to framing the issue in this way, it is also likely that we also know a perpetrator of sexual misconduct – even when we are unaware of the harm they inflicted. Both survivors and perpetrators are everywhere we are (Prewitt-White, 2021). Specific to sport, Noble and Vermillion (2014) found that coaches and administrators believed that sexual misconduct is a serious problem, though they did not view it as an issue at their respective institutions or organizations. This is where we falter – our denial that sexual misconduct occurs in our community.

Let's sit with some findings related to sexual misconduct from the U.S. Center for SafeSport's 2020 Athlete Culture and Climate Survey. The sample for data collection included 3,959 current and former athletes throughout all levels of the United States Olympic and Paralympic Movement. At the time of completing the survey, participants were 18 years of age and older. Key findings from the survey (U.S. Center for Safe Sport, 2021) include some of the following:

- 48% of participants were aware of coaches developing sexual relationships with athletes;
- 27.5% of athlete participants believe that sexual, emotional, or physical misconduct is a problem in their sport;
- 93% of athletes who experienced sexual harassment or unwanted sexual contact did not submit a formal report/complaint;
- 18.1% of individuals who had unwanted sexual experiences also indicated that they were retaliated against; and
- more than half of athlete participants who indicated having unwanted sexual experiences said that some or all of those experiences happened when they were under 18.

Pause for a moment before reading on and sit with heaviness and realities of the culture of sport and society. There is more depth to the problem. We cannot neglect that athletes who identified as racial minorities and bisexual athletes (compared with other sexual orientations) experienced nearly double the rates of inappropriate sexual contact. Additionally, athlete participants with a self-reported disability also had more experiences of inappropriate sexual contact, compared with those without disability (U.S. Center for Safe Sport, 2021). Findings from research consistently reveal that sexual misconduct disproportionately impacts Black women, women of color, trans women, members of the LGBTQIA, and people from disabled communities (Kendall, 2020; Love, 2019; Oluo, 2018).

These are realities we all must acknowledge; it is important that we do not look away. This is the narrative we may want to deflect, deny, or minimize. Again, sexual misconduct is not something that happens somewhere else – it happens in our organizations and communities and by people within them (Prewitt-White, 2021). Moreover, most sexual assaults are often perpetrated by someone the survivor knows (e.g., a teammate, coach, fellow student-athlete, family friend, colleague, and relative; Department of Justice, 2017).

Without question, sport psychology consultants (SPCs) may have opportunities to not only support survivors, but also identify and ameliorate sexual misconduct due to the nature of our work (Prewitt-White, 2019). As SPCs, we are familiar with athletes' emotional and personality traits, and notice shifts in their behavior and comportment (Fasting et al., 2007; Prewitt-White, 2019). Because of this, all SPCs, even those not clinically trained, would be wise to be prepared to support survivors if/when sexual misconduct has occurred. On any given day, without notice, we may be welcomed into a victim or survivor's journey of healing and for this reason, it is important that we are prepared when granted such a sacred invitation.

SPCs who create a culture of care, openness, and trustworthiness are those who are likely to be invited into spaces to be brave alongside survivors. No matter our training as SPCs, we do not need a license to be human and to sit with a person who expresses the harm another committed to their body and soul. My hope is that after reading this chapter, SPCs, especially those who are not formally/clinically trained, may feel more prepared to provide support to survivors. Being trusted by a survivor comes with both responsibility and honor. I hope we treat the trust granted to us with reverence.

To every survivor reading this: you are not alone, I believe you, and you are not to blame for the harm someone chose to inflict upon you. You are deserving of love, support, and healing. I am a child athlete survivor of grooming and adult survivor of sexual misconduct. I have not lived your experience; though, I am familiar with the deep pain of being violated in ways no words can express. To every reader, thank you for making the choice to not only read this chapter but, more importantly, to support survivors.

I encourage everyone reading to take good care of yourself. Sexual misconduct impacts us all and to heal, we must sit with trauma. It is no easy task and is heavy work. Thus, as you read this chapter, if you are (re)triggered, encourage yourself to remind your central nervous system you are safe (Nogaski & Nogaski 2019). Stop reading and call a trusted friend, family member, therapist, or advocate, take deep intentional breaths, journal, cry, exercise, and/or hug a loved one until you feel more relaxed, and your body feels it has returned home (Ngosky & Nogosky, 2019).

Preparation Necessary to Support Survivors

If we toil to create space of genuine trust with athletes, especially those who are survivors of sexual misconduct, we must both educate and be honest with ourselves. Let's begin by differentiating terms we may hear. Sexual abuse involves any sexual interaction perpetrated against a victim/survivor without consent, or against his/her/their will, or in an aggressive, manipulative, or threatening manner (Ryan & Lane, 1997). Sexual harassment includes unwelcome sexual advances, requests for sexual

favors, and other verbal or physical harassment of a sexual nature (Rape, Assault & Incest National Network, 2021a). Potentially, sexual harassment is more prevalent than sexual abuse, though sexual harassment can be the antecedent to more severe sexual misconduct (Imrie, 2022). The term sexual misconduct, which I choose to use throughout this chapter, includes both sexual abuse and sexual harassment.

Furthermore, the term victim is generally used to describe someone immediately after an incident of rape, assault, or harassment, while the term survivor is generally used to describe someone further into their recovery (RAINN, 2021c). To add to the nuance, individuals who have experienced sexual misconduct may have a personal preference between the terms. For example, some who have experienced sexual misconduct may not welcome the term victim and no matter where they are in their process may ask others to not refer to them as such. However, both terms are acceptable to use when discussing sexual misconduct (Imrie, 2022).

When sexual misconduct occurs, victims/survivors may feel powerless and helpless. Reminding ourselves that when survivors were victimized, they had no power and that we can play a role in their healing is a great starting point for all of us. Not only a survivor's disclosure, but also their decision to share with us has the potential to be a stride toward healing. As overwhelming as survivorship is, being invited into the healing process is a responsibility and privilege. If a survivor decides to trust and confide in us, they are likely doing so because they believe that we are someone who will support them (Imrie, 2022). As SPCs in particular, we have a moral responsibility to deliver the support survivors deserve. To support survivors, we surrender attempts at fixing, masking, or covering pain, we choose to tenderly sit with another human, and this often includes facing our own fears.

To prepare ourselves for supporting survivors, we can ask ourselves what we fear most about the conversation(s). Before we ever support survivors, we would be mindful to acknowledge our fears for when we may be called upon to sit in the sacred space of healing. We all have fears when holding vulnerable spaces with clients and fellow humans; for example, the tension in wanting to minimize the pain for someone and knowing that we do not have that power. Our fears may include that we will say the wrong thing, we will freeze and not know what to say or be speechless, we may fear we will make the survivor feel worse, and/or our own survivor experience or trauma may/will (re)surface again. Healing occurs when we acknowledge our fears and choose to be brave in community with survivors.

In preparation, we can role play or talk through our responses to survivors in specific situations and/or scenarios with entrusted colleagues, supervisors, and/or beloved friends. This practice will potentially provide us an awareness of what may surface and/or an area of ignorance we might have when someone reveals a situation or potential situation of sexual misconduct. This role playing and practicing is vital to providing the best support we are capable of offering.

Additionally, we must know if we are a mandatory reporter and what we are obligated to report by law. Mandatory reporters are individuals who victims/survivors could sensibly believe have authority to address sexual misconduct at an institution and are required by law to do so (White House Task Force to Protect Students from Sexual Assault, 2014). Not every country has mandatory reporting laws, and the laws may and do differ by country and state. It is important for practitioners to be aware of their reporting obligations and procedures dependent on their country, state, and/or place of employment. If we are mandatory reporters, we can practice talking through how we will share our responsibilities as mandatory reporters with survivors. Though, in the moment of a sexual misconduct disclosure, we may not always have time to share that we are mandatory reporters (Imrie, 2022). A good practice for us as SPCs is to consistently tell clients, athletes, and/or teams that we work with that we are mandatory reporters and what that means.

We also should not promise to keep a secret, but we can ensure that we will keep what the survivor has shared with us as confidential as possible, because we may be part of an investigation later. This does not mean that confidentiality does not apply to us. Confidentiality is critical whether we

are a mandated reporter or not. As SPCs, it is not our role to share information about an incident with a coach, team, and/or athletic staff unless the survivor asks to be with them when sharing what happened to them (Perry & Winfrey, 2021). We also are not responsible for investigating, but we are responsible for ensuring that survivors are made aware of what happens next in the process/system (Imrie, 2022).

Therefore, it is important, too, that we know the nuances of sexual misconduct reporting processes as they can often be different based upon the university, institution, and/or organization we are serving. As mentioned previously, they may also differ across states and countries. Knowing these processes before, not after, we find ourselves supporting survivors is key. We should also be aware of and be prepared to provide education about our organization's policies regarding retaliation, bullying, discrimination, and harassment (Imrie, 2022).

It is also important we understand that immediate results are often not realistic. For example, for most academic institutions and organizations, and all those who are government-funded, both the alleged perpetrator and alleged survivor have the right to due process during an investigation. Institutions have a responsibility to put safeguards in place to protect the equal access to a non-discriminatory educational experience of those involved in the case, but often timely investigations may ensue. Thus, we should prepare ourselves to explain what survivors can expect and how we and/or others might best support them as they navigate their next steps in the aftermath of the sexual misconduct they survived. Again, this can and does often vary by organization and institution. Becoming familiar with the processes and procedures within the spaces we serve is important to better support survivors. For example, we can be prepared to share that it is unlikely that an alleged perpetrator will be expelled from the institution or suspended from an athletic program immediately (and may never be). Though we can share that we will walk alongside them to ensure that they have the supports they need to feel as safe and supported as possible. Additionally, when supporting survivors, we are wise not to make promises we have no power to keep. As difficult as it may be to accept, we must acknowledge that we have no power to ensure an athlete survivor, or any survivor, that their perpetrator will be held accountable for their actions.

Finally, we will want to be sure that we have a resource list of comprehensive confidential medical, advocacy, and counseling services provided by the institution, university, and/or community. It is important that we have culturally inclusive resources from entities that honor and understand the unique needs of diverse survivors. Trans, Black, and brown communities may be reticent to report sexual misconduct to any punitive system because of their distrust of institutions and officers who criminalize their family members, friends, and even themselves (Kendall, 2020). Additionally, most survivors do not report for fear of not being believed or being retaliated against (Department of Justice, 2013). It is crucial that we take all accounts and reports seriously and respond with utmost care. Doing our own inner work, preparing resources as well as talking through potential responses to a survivor, will enhance our ability to be fully present and more prepared to support survivors in their healing journey.

Support during First Time Disclosures

In the moment, when a survivor reveals to us that they have been sexually harmed, if we say or do nothing else, we can remind survivors that it is not their fault (RAINN, 2021c) and that we believe them. A harmful misconception is that survivors lie about sexual misconduct when the fact is that only 2–5% of sexual misconduct cases are falsely reported, the same percentage as for other felonies (Lonsway et al., 2009). Many survivors also fear that people will not believe them. Thus, when survivors are told "I believe you" and feel comfortable to discuss what happened to them they have less physical and psychological symptoms than survivors who receive less supportive responses (Littleton

et al., 2009). Be patient with the survivor and do not be overly protective or paternalistic. Things we can say include:

- It is not your fault.
- I believe you.
- Thank you for telling me.
- Telling me is brave.
- You've done nothing wrong.

It is also important that we always accept the survivor's choices of what they do and do not want to share. These moments of healing are not about us and centering the survivor's needs is our most important task. Thus, remaining calm and neglecting to center any questions or confusion we may have on what happened is important. Survivors may not want to share and/or be able to recall specifics. Validate that they do not have to share anything they are not ready to, and we should validate all of their feelings. We can share that we will be with them, will follow their lead, and if that means co-creating a space where they feel safe enough to cry, scream, ramble, and/or simply sit in silence – we will be fully present for it all.

Some of us may have the instinct to hug or touch a survivor to comfort them (Imrie, 2022). However, following sexual harm, human touch can be triggering for survivors. Without notice or consent, touch can initiate panic, anxiety, or even a flashback for a survivor (Matsakis, 1998). Hyper-vigilance is a state of heightened awareness where the survivor is perpetually assessing their surroundings for signs of threats to their safety (Richards et al., 2014). An athlete survivor who is now an adult once told me (in essence),

> Everything – every person, action, or situation – has the potential to set off an alarm in my body that I'm not safe; I'm left constantly discerning between what is actually an alarm and when my body is just confused by a false alarm.

Thus, as a practice, we should always ask someone, before we touch them, for their consent (especially because we do not always know if someone is a survivor). Having autonomy over their body is essential for survivors' healing (Imrie, 2022). In the event the survivor, or anyone, names they prefer not to be touched or hugged, it is our moral responsibility to respect their wishes.

In addition, especially when a survivor shares immediately after sexual rape or assault, it is mindful to assess the emotional, psychological, and physical safety of the victim/survivor. Questions we could ask ourselves and/or the survivor include:

- Does the athlete/individual require or desire medical attention?
- Does the survivor want to prepare for a sexual assault medical exam? With the survivor's consent, we can reach out to a local sexual assault service provider (many have 24-hour hotlines) and ask for a trained survivor advocate who can talk with the survivor about the examination and provide additional support.
- Is there a current threat from the perpetrator?
- Does the survivor want to involve local law enforcement or campus safety (university athletes)? It is important that we are aware of the nuance of getting law enforcement involved because, as mentioned previously, not all communities trust law enforcement and law enforcement's presence could be further triggering for the survivor.
- Does the survivor want to report the incident? Remember, if we are a mandatory reporter, we must report the incident. Educating the survivor that reporting the sexual misconduct is not the same as filing charges against the perpetrator is imperative.

- Does the survivor need and/or desire advocacy, referral to psychological services such as therapy, or crisis intervention? Offering a survivor a comprehensive list of resources they can refer to later, even if they are not in a space to process their needs in the moment, is sufficient too.

Additionally, we should be aware that it is not uncommon for a survivor to victim-blame themselves. Self-blame occurs when the survivor attributes the harm they experienced to their behaviors and choices rather than to situational factors or choices of others (Saunders et al., 2016). We should also avoid comments or expressions that imply any blame on the behalf of the survivor. Comments such as "why didn't you fight back?", "why were you out so late or there?", and/or "why were you alone?" hold survivors partially or wholly responsible for an assault that they did nothing to deserve (Ryan, 1971). Survivors are never at fault for not anticipating that someone was going to hurt them (Imrie, 2022) or to blame for the trauma they must now survive. For individual and collective healing, it is important that SPCs provide informed trauma care that recognizes survivors will be in most meetings, spaces, and/or athletic practices we facilitate and/or attend.

Trauma-Informed SPCs

Trauma is any deeply distressing or disturbing experience. To be the best support possible, never minimize any act of sexual misconduct because all acts of sexual misconduct are traumatic (Perry & Winfrey, 2021; van der Kolk, 2015). Sometimes, denial for both survivors and those supporting survivors feels safest. Yet, ignoring our emotions does not mean that they are not present within our bodies and souls. Trauma resides in all our DNA and bodies, and is part of our hardwiring (Menakem, 2017; van der Kolk, 2015). Each of us survive differently after trauma and all feelings are appropriate and valid. There is no such thing as a normal response. Thus, when supporting a survivor, we honor however they feel and/or respond to what happened to them.

Some survivors may be emotionless, detached, withdrawn, emotional, crying, matter of fact, and/or have a loss of memory of the incident. Other survivors are triggered by smells, sounds, places, and/or words without any warning; experience sleep disturbances; and display symptoms of post-traumatic stress disorder (Imrie, 2022; RAINN, 2021a). While still other survivors may be quick to anger, have feelings of hopelessness or helplessness, may be on edge, have anxiety, or begin to display reckless, aggressive, or self-destructive behaviors. Some survivors self-injure, self-medicate with alcohol or drugs, acquire eating disorders, and, at worst, commit suicide (RAINN, 2021b).

Additionally, it is not uncommon for some survivors to express difficulty concentrating or learning academically, some survivors may be disinterested in activities they used to find enjoyable, and others may experience a loss of motivation. Others may display a loss of self-esteem, have difficulty resting or sleeping, and/or experience depression (RAINN, 2021a). Survivors may also begin to distrust all authority figures. It is also normal for some survivors to not name the incident as an assault or crime, especially if the perpetrator is someone they know. Furthermore, more than 65% of survivors experience a negative effect on work or school life, increasing to nearly 85% if the survivor knew the person who harmed them (Langton & Truman, 2014). Survivors also report loss of friendships and other support groups (Jordan et al., 2014; Langton & Truman, 2014).

In sport, SPCs can be mindful that some survivor athletes may lose enthusiasm for their sport, be reluctant to go to athletic practices, begin performing worse than usual, turn things around or lie about their whereabouts, and become ill or develop an eating or sport addiction (Cense & Brackenridge, 2001). On the contrary, other athlete survivors may be hyperfocused on their athletic goals and may fear retaliation when individuals in positions of power and authority choose to take advantage of them. When perpetrators are held in high-esteem by communities and institutions because of their enviable coaching records or their contributions to sport, athletes face additional challenges in disclosing sexual misconduct (Prewitt-White, 2019, 2022). Further, organizations often fail to act on disclosures of sexual misconduct

and prioritize their brand and reputation (Miossi & Dzikus, 2022). Reaffirming for the athlete survivor that the perpetrator knowingly acted in such a way that is unacceptable can help minimize internalized shame or guilt (Imrie, 2022). Additionally, the survivors' feelings around their trauma and trauma responses may wax and wane with little predictability. There is no fast-track for healing and our support of survivors will often be an ongoing conversation once invited into their journey.

Ongoing Survivor Support

When others do not know what to say or find the discomfort too much to bear, we can continue to be present in the survivor's life (even if we are not clinically trained). It is important that we treat survivors with dignity and care. Trauma changes us; and we all are more than the pain we carry (Prewitt-White, 2022). Understanding who survivors are prior to and after experiencing trauma is essential to giving the love, grace, and patience survivors deserve (Prewitt-White, 2022). Simply remaining a constant presence and checking in with the athlete can mean a lot when others may distance themselves from the survivor (for a myriad of reasons).

We can also shift our thinking from, "what is wrong with the athlete/person?" to asking ourselves "what happened to them?" (Perry & Winfrey, 2021). This in and of itself humanizes individuals. Experiencing sexual misconduct is traumatic whether it be stalking, sexual harassment, sexual assault, rape or abuse, cyber harassment, sexual exploitation, or degrading sexual imagery. We humanize survivors when we do not urge them to deny any parts of themselves or expect them to quiet the sentiments they need to express for their healing. Yet, at the same time, we must remember that focusing solely on the trauma is counterproductive especially when the survivor is not making their survivorship their focus (Kvarnstom, 2018).

Caring for Ourselves as We Support Survivors

It is not the survivor's responsibility to protect others from their truth or pain, nor is it the survivor's role to hold our pain while living through their own (Prewitt-White, 2019). As we continue to support survivors, we will inevitably need care too. Co-creating a healing space for survivors and listening to their trauma and narratives may trigger us. Supporting someone through the trauma of sexual misconduct is emotionally intense work and can create vicarious trauma. When supporting a survivor, we may feel vulnerable, guilty, angry, numb, or helpless; blame ourselves or others for not protecting the survivor; and/or be triggered by our own survivorship. Supporting others can also cause post-traumatic stress symptoms to re-emerge. We cannot support survivors if we are not at our best, and we cannot fully show up for others if we are denying our own needs (Imrie, 2022). Thus, it is crucial we know when the survivor's anguish will impact us and we seek a licensed professional, supportive person, or survivor advocate to process our second-hand trauma, or the re-triggering of the harm done to us (Prewitt-White, 2019), just as we recommend and encourage survivors to do the same. We must listen to our souls and bodies and care for ourselves. It is important we give ourselves permission to rest and restore by engaging in activities that also calm our central nervous system (Ngosky & Nogosky, 2019). We are worthy of care too, as we bravely support survivors.

Being Brave Alongside Survivors Is an Everyday Occurrence

To close, I want to encourage every reader that we can support survivors in daily ways too; and this is just as important as walking alongside a survivor in their healing journey. We truly do have everyday moments where we can choose to be brave, support survivors, and shift the cultures we work and live in:

> For example, when we are having a drink with colleagues or teammates, and someone insinuates that a female should not be at the bar alone, we could respond by making them aware that 8 out

of 10 sexual assaults are committed by someone known to the survivor (National Sexual Violence Resource Center, 2015), that 55% of sexual assaults occur at or near the survivor's home, and another 12% happen near or at the home of a friend or relative (Planty et al., 2013). When an athlete or teammate in the locker room names their sexual encounters as "body counts" or "kills," we can take a moment to explain how dehumanizing it is to depict a sexual partner (even if only a hookup) as physically dead. At a personal level, we can ask ourselves: Are we interrogating our thoughts and challenging harmful biases or stereotypes we hold? Are we examining the ways society and sports media hypersexualize, exoticize, and colonize dark bodies for (white) capitalist patriarchy? Do we realize that sexual misconduct impacts every community no matter the socioeconomic class, religion, race, gender, sexuality, nationality, education level, and so on?

(Prewitt-White, 2022, pp. 210–211)

These, too, are courageous moments and self-critiques during which survivors need our presence and engagement just as much as the moments when they bravely share what they have endured and survived. Possibly, if we all showed up more often with vigilance and bravery, we might reduce the harm and/or disrupt sexual misconduct from progressing and/or occurring? We may not always know if/when a survivor and/or person who has done or has the potential to do harm is in our midst. Thus, I hope we will choose to be brave in every opportunity we find ourselves because we all have a role to play in supporting survivors and mitigating the sexual misconduct that occurs in the sport culture we co-create. See Box 35.1 for a summary of the key points from this chapter.

Box 35.1 Suggestions for Sport Psychology Practitioners Supporting Survivors

- Believe survivors.
- Acknowledge that survivors are in most spaces we inhabit; it is likely perpetrators may be, too.
- Understand that all responses to surviving sexual misconduct are "normal."
- Resist attempts to fix, mask, take away the pain of survivors; rather, create space to sit with survivors in their pain.
- Acknowledge your own fears when supporting survivors.
- Understand your responsibilities and the processes to follow if you are a mandatory reporter.
- Practice and role play your responses to sexual misconduct disclosures with trusted colleagues or friends.
- Acknowledge that immediate resolutions, chargers, and/or results are unrealistic after reporting sexual misconduct.
- Compile a comprehensive and culturally inclusive list of medical, advocacy, and counseling resources available for survivors.
- Honor survivors' process of sharing or not sharing their experiences; refrain from pressuring survivors to tell their stories.
- Recognize survivors' stories are theirs to tell; maintain confidentiality from everyone except those necessary in the mandatory reporting process (if applicable).
- Remain a constant, supportive presence in survivors' lives and remember that they are more than the pain they carry.
- Take care of yourself as you care for and support survivors.

References

Cense, M., & Brackenridge, C. H. (2001). Temporal and developmental risk factors for sexual harassment and abuse in sport. *European Physical Education Review*, 7(1), 61–79. https://doi.org/10.1177%2F1356336X010071006

Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. (2013). *Female victims of sexual violence*, 1994–2010. https://bjs.ojp.gov/content/pub/pdf/fvsv9410.pdf

Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. (2017). *National crime victimization survey*, 2015–2019.Fasting, K., Brackenridge, C., & K. Walseth. (2007). Women athletes' personal responses to sexual harassment in sport. *Journal of Applied Sport Psychology*, *19*(4), 419–433. https://doi.org/10.1080/10413200701599165

Imrie, H. (2022). Supporting survivors of sexual violence. In T. Prewitt-White & L. Fisher (Eds.), *Examining and mitigating sexual misconduct in sport* (pp. 168–186). Routledge.

Jordan, C. E., Combs, J. L., & Smith, G. T. (2014). An exploration of sexual victimization and academic performance among college women. *Trauma, Violence, & Abuse*, *15*(3), 191–200. https://doi.org/10.1177/1524838014520637

Kendall, M. (2020). *Hood feminism: Notes from the women that a movement forgot*. Viking.

Kvarnstom, E. (2018). *How to avoid retraumatization when talking to your loved one with PTSD*. BrightQuest Treatment Centers [Online article].www.brightquest.com/blog/avoid-retraumatization-talking-loved-one-ptsd/

Langton, L., & Truman, J. (2014). *Socio-emotional impact of violent crime*. Bureau of Justice Statistics.

Littleton, H., Axsom, D., & Grills-Taquechel, A. (2009). Sexual assault victims' acknowledgment status and revictimization risk. *Psychology of Women Quarterly*, *33*(1), 34–42. https://doi.org/10.1111/j.1471-6402.2008.01472.x

Lonsway, K., Archambault, J., & Lisak, D. (2009). False reports: Moving beyond the issue to successfully investigate and prosecute non-stranger sexual assault. *The Voice*, *3*(1).

Love, B. (2019). *We want to do more than survive: Abolitionist teaching and the pursuit of educational freedom*. Beacon Press.

Matsakis, A. T. (1998). *Trust after trauma: A guide to relationships for survivors and those who love them*. New Harbinger Publications.

Menakem, R. (2017). *My grandmother's hands: Racialized trauma and the pathway to mending our hearts and bodies*. Central Recovery Press.

Miossi, L., & Dzikus, L. (2022). Sexual misconduct and epistemic injustices in sport. In T. Prewitt-White & L. Fisher (Eds.), *Examining and Mitigating Sexual Misconduct in Sport* (pp. 51–66). Routledge.

Nogaski, E., & Nogaski, A. (2019). *Burnout: The secret to unlocking the stress cycle*. Random House Publishing Group.

Noble, J., & Vermillion, M. (2014). Youth sport administrators' perceptions and knowledge of organizational policies on child maltreatment. *Children and Youth Services Review*, *38*, 52–57. https://doi.org/10.1016/j.childyouth.2014.01.011

Oluo, I. (2018). *So you wanna talk about race*. Seal Press.

Perry, B., & Winfrey, O. (2021). *What happened to you? Conversations on trauma, resilience, and healing*. Flatiron Books, An Oprah Book.

Prewitt-White, T. (2019). I was his litmus test: An autoethnographic account of being groomed in sport. *Journal of Clinical Sport Psychology*, *13*(2), 180–195. https://doi.org/10.1123/jcsp.2018-0054

Prewitt-White, T. (2021). Perpetrators are everywhere we find ourselves, too. *Medium*. Retrieved from https://drtanyaraquel.medium.com/perpetrators-are-everywhere-we-find-ourselves-too-c753e7ea164b

Prewitt-White, T. (2022). Moving forward: No more sweeping sexual misconduct under the rug. In T. Prewitt-White & L. Fisher (Eds.), *Examining and mitigating sexual misconduct in sport* (pp. 202–214). Routledge.

Rape, Assault & Incest National Network. (2021a). The criminal justice system: Statistics. *The Rape, Assault, Incest National Networ*k. Retrieved October 30, 2021, from https://www.rainn.org/statistics/criminal-justice-system

Rape, Assault & Incest National Network. (2021b). *Statistics*. The Rape, Assault & Incest National Network. Retrieved November 2, 2021, from https://www.rainn.org/statistics

Rape, Assault & Incest National Network. (2021c). *What consent looks like*. The Rape, Assault & Incest National Network. Retrieved October 21, 2021, from https://www.rainn.org/articles/what-is-consent

Richards, H. J., Benson, V., Donnelly, N., & Hadwin, J. A. (2014). Exploring the function of selective attention and hypervigilance for threat in anxiety. *Clinical Psychology Review*, *34*(1), 1–13. https://doi.org/10.1016/j.cpr.2013.10.006

Ryan, W. (1971). *Blaming the victim*. Orbach & Chambers.

Ryan, G., & Lane, S. (1997). Integrating theory and method. In G. Ryan & S. Lane (Eds.), Juvenile sexual offending: Causes, consequences, and correction (pp. 267–321). Jossey-Bass/Wiley.

Saunders, B. A., Scaturro, C., Guarino, C., & Kelly, E. (2016). Contending with catcalling: The role of system-justifying beliefs and ambivalent sexism in predicting women's coping experiences with (and men's attributions for) stranger harassment. *Current Psychology*, *36*(2), 324–338. https://doi.org/10.1007/s12144-016-9421-7

U.S. Center for SafeSport. (2021). *2020 athlete culture & climate survey*. The U.S. Center for SafeSport. Retrieved November 10, 2021, from https://uscenterforsafesport.org/survey-results/

van der Kolk, B. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Publishing Group.

White House Task Force to Protect Students from Sexual Assault. (2014, April). *Intersection of Title IX and the Clery Act* [Press release].

36

APPLYING SELF-COMPASSION IN SPORT

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Applying Self-Compassion in Sport

Kristin Neff is a pioneer and leader of research on self-compassion in the field of psychology. She conceptualized self-compassion as acknowledging one's own suffering, responding with nonjudgmental understanding, and recognizing that one's inadequacies and failures are part of the larger human experience (Neff, 2003). Largely due to her influence, particularly over the past decade, self-compassion in sport research has exploded, including a focus on ways to effectively apply self-compassion in the lives of athletes.

Overview of Self-Compassion in Sport Research

Mosewich et al. (2011) positioned self-compassion as a potential resource to help athletes manage difficult emotions, cognitions, and behaviors. Athletes with higher levels of self-compassion were found to have greater authentic pride and shame-free guilt proneness, as well as lower body shame, body surveillance, fear of failure, fear of negative evaluation, guilt-free shame proneness, objectified body consciousness, shame proneness, and social physique anxiety. Many of the findings from Mosewich et al.'s seminal paper have been replicated (see Röthlin et al., 2019), and research on self-compassion in sport has significantly expanded since then. Researchers have now identified that athletes with greater self-compassion tend to have greater adaptive perfectionistic strivings, behavioral equanimity, goal progress, positive affect, positive attitudes toward help-seeking, self-determined motivation, persistence of effort, and use of emotion- and problem-focused coping approaches (Barczak & Eklund, 2020; Jeon et al., 2016; Lizmore et al., 2017; Mosewich, Sabiston, et al., 2019*;* Mosewich et al., 2021; Reis et al., 2015; Wasylkiw & Clairo, 2018). Self-compassion might also have physiological benefits, as athletes with greater self-compassion have heightened parasympathetic nervous system activity (i.e., a signal of good health) during a recalled stressor (Ceccarelli et al., 2019). In contrast, athletes with lower self-compassion tend to have greater burnout, concern over mistakes, externally regulated motivation, internalized shame, interpersonal and emotional exhaustion, maladaptive perfectionistic concerns, negative affect, psychological distress, somatic anxiety, state self-criticism, use of avoidance-focused coping approaches, and worry (Amemiya & Sakairi, 2020; Barczak & Eklund, 2020; Ceccarelli et al., 2019; Huysmans & Clement, 2017; Jeon et al., 2016; Lizmore et al., 2017; Mosewich et al., 2019; Reis et al., 2019; Walton et al., 2020).

Researchers have also explored the potential for self-compassion to promote positive outcomes in sport, with a particular focus on athletes' psychological well-being (Jeon et al., 2016; Reis et al., 2019). For

example, Ferguson et al. (2014) found that athletes with greater self-compassion had greater eudemonic well-being (i.e., autonomy, environmental mastery, personal growth, positive relatedness, purpose in life, and self-acceptance). In addition, when faced with adversity, being self-compassionate may promote athletes' optimal psychological functioning and development through increased positivity and perseverance, as well as reduced passivity in reaction to difficult sport experiences (Ferguson et al., 2015). Indeed, Sereda et al. (2021) found that athletes high in self-compassion are able to adaptively appraise (e.g., take a balanced perspective) and effectively cope (e.g., proactively approach the problem) with various stressors in sport.

Given the heightened focus on the body in sport, researchers have investigated the role self-compassion plays in athletes' physical selves. More specifically, athletes with higher levels of self-compassion have greater body appreciation and adaptive eating attitudes and behaviors, while also exhibiting lower compulsive exercise tendencies and disordered eating behaviors (Adam, Kowalski, et al., 2021). Having compassion for one's body, in particular, might strengthen positive emotions toward the body and facilitate a sense of a productive body (Eke et al., 2020; Smith, 2013). Body self-compassion (Berry et al., 2010) may help athletes shift their focus from a harsh or overly critical gaze on their bodies' appearance, inabilities, or struggles, to a constructive emphasis on understanding what their bodies are capable of doing. Although not specifically body self-compassion, there is evidence that self-compassion might reduce somatic anxiety, worry, and avoidance coping among injured athletes (Huysmans & Clement, 2017). Researchers have also found positive associations between self-compassion and perceived sport performance (Barczak & Eklund, 2020; Killham et al., 2018). Some athletes have identified self-compassion as an internal energizing force that impacts their performance through re-framing criticism and maintaining a determined approach (Adam et al., 2021).

Despite the accumulating body of evidence that points to the advantages of self-compassion in sport, some athletes are hesitant to embrace self-compassion, expressing concern that being *too* self-compassionate may make them complacent or settle for mediocrity in sport, and that being self-critical may be necessary to reach their potential (Ferguson et al., 2014; Sutherland et al., 2014). Researchers have posited that self-compassion and self-criticism are not mutually exclusive (Stamatis et al., 2020), and Wilson et al. (2019) advanced the notion of the "zipper effect" suggesting that the two processes may compatibly support athletes' sport pursuits. At times, self-compassion may be needed for an athlete to accept, learn, and grow from adversity, and at other times mental toughness, which can include self-criticism and judgment, may be needed for persevering despite difficult pursuits. That at least some athletes are hesitant to embrace self-compassion underscores the need to teach athletes, drawing upon evidence-informed research, about self-compassion for accurate understanding and optimal utilization.

Researchers have begun considering how athletes might learn self-compassion. Parents, coaches, and other support persons inside and outside of sport (e.g., teammates, sport psychologists, siblings, and peers) have been identified as influential in athletes' self-compassion development (Frentz et al., 2020; Ingstrup et al., 2017; Jeon et al., 2016). The influence of others, however, can be complex (e.g., challenging coach–athlete relationships and team conflict) and might create barriers to fostering athletes' self-compassion (Frentz et al., 2020). While some researchers suggest that team norms might be another important factor to consider (Crozier et al., 2019), others suggest that athletes' perceptions of their team climate are unrelated to their level of self-compassion (Fontana et al., 2017). Developing self-compassion has also been identified as a highly individual process that requires substantial personal processing (Frentz et al., 2020; Ingstrup et al., 2017). Self-awareness is key, including a commitment to self-reflection that allows one to learn from one's experiences and journey toward self-acceptance.

Self-Compassion Interventions in Sport

Self-compassion interventions have been conducted across a range of contexts and with diverse populations, with evidence of positive psychosocial outcomes (see Ferrari et al., 2019 for a review). Intervention

efforts may be embedded within formal programs (e.g., Mindful Self-Compassion; Neff & Germer, 2013) or encompass a variety of strategies, including compassionate imagery, compassionate writing, meditation, counseling therapies, and psychoeducation (see Ferrari et al., 2019). Given the unique demands of sport, intervention efforts tailored specifically to athletes have been developed, both guided by and contributing to self-compassion intervention development in other areas. We highlight some specific examples below.

The first empirical evaluation of a sport-specific self-compassion intervention involved women varsity athletes who identified as being self-critical in less than constructive ways (Mosewich et al., 2013). Athletes completed a psychoeducation session and self-directed writing exercises with the aim to increase self-compassion and decrease self-criticism, rumination, and excessive concern over mistakes. The psychoeducation component contained a presentation that briefly overviewed basic tenets of stress, coping, and self-compassion in sport, and it addressed possible concerns about self-compassion leading to complacency. As an example of self-compassionate writing, athletes were then instructed to detail a setback that was personally meaningful and respond in writing to three prompts designed to promote thinking about the event in a self-compassionate way. Prompts asked participants to (a) "List ways in which other people experience similar events," (b) "Write a paragraph expressing understanding, kindness, and concern to yourself…as if you are communicating to a close friend in the same situation," and (c) "Describe the event in an objective and unemotional manner" (Mosewich et al., 2013, p. 519). Additional writing exercises to complete over the next seven days were then distributed to the athletes. Each exercise was a variation of the applied writing task from the psychoeducation session and involved thinking about others who experience similar events (i.e., common humanity), expressing kindness and support to oneself (i.e., self-kindness), promoting a more objective perspective (i.e., mindfulness), and integrating the set of self-compassion skills. The intervention group reported higher levels of self-compassion, as well as lower levels of state self-criticism, state rumination, and concern over mistakes compared to an attention control group, both one week following completion of the intervention and one month later.

Subsequently, Reis et al. (2015) explored the effectiveness of a brief self-compassion induction in which a self-compassion group responded in writing to the same three self-compassion prompts used by Mosewich et al. (2013), in response to a hypothetical scenario (i.e., being responsible for losing a competition for their team). The researchers hypothesized that the self-compassion induction group would experience more healthy reactions and thoughts and less unhealthy thoughts and emotions compared to the self-esteem and writing control groups; however, this hypothesis was not supported. While there has been success with brief self-compassion inductions with non-athlete samples (Leary et al., 2007), the Reis et al.'s (2015) findings suggest that effective self-compassion interventions for athletes might require more than a brief induction. Additionally, athlete characteristics such as competitive level, age, and previous mental skill experience and aptitude might necessitate different learning approaches (Mosewich, Ferguson, et al., 2019). Factors such as initial levels of self-criticism or self-compassion might also impact intervention effectiveness (Mosewich et al., 2013; Reis et al., 2015).

Self-compassion has also been integrated into existing intervention and therapeutic approaches. For example, Bodies in Motion incorporates self-compassion principles and harnesses the connectivity of social media to address body pressures experienced by NCAA women athletes (Voelker et al., 2019). Self-compassion strategies in Bodies in Motion support athletes in building awareness of their cognitive and emotional responses to appearance ideals and support effective coping in navigating such ideals. Athletes learn to be more mindful, self-aware, nonjudgmental of their thoughts and feelings, and kind and understanding (as opposed to critical) in how they evaluate and respond to themselves when navigating body image messaging. An introductory and four content sessions cover origins of appearance ideals, environmental triggers, consequences of ideals, and mindfulness and self-compassion practice in relation to body evaluation. Self-directed activities are completed between sessions, and

participants are provided a social media platform to support positive body-related experiences like body appreciation.

A second example of self-compassion being embedded into existing intervention structures is illustrated by the Mindfulness-Based Soccer Program (MBSoccerP; Carraça et al., 2019). A group of men soccer players completed the intervention, which was based on Mindfulness-Based Stress Reduction, Acceptance Commitment Therapy, and Compassionate Mind Training models. The eight-week, nine-session pilot study incorporated self-compassion strategies, including compassionate imagery, writing, and psychoeducation. Mindfulness, self-compassion, performance evaluation, and flow increased from pre- to post-intervention, while psychological inflexibility decreased. Carraça et al. (2019) attest that self-compassion was an important addition to the traditional mindfulness training approaches.

Documented accounts from applied practice have also contributed to the development of self-compassion interventions in sport. For example, a self-compassion intervention involving gymnasts integrated a variety of sport-relevant activities, including a writing task to highlight differences between how one would treat a teammate versus oneself, creating "self-compassion cues," developing kind and supportive "motivators" to replace self-critical ones, and a bead transfer exercise to increase awareness and identification of self-talk (Rodriguez & Ebbeck, 2015). As another example, sport psychology practitioner Amy Baltzell (2016) found that harsh self-criticism among athletes might be successfully countered with compassionate attention, reasoning, behavior, imagery, and scripting.

There have been many promising developments in self-compassion interventions, and we expect the future to bring more insight through systematic evaluation regarding intervention fidelity, efficacy, and effectiveness in different populations, sport contexts, and modalities (see Mosewich, Ferguson, et al., 2019 for a review). Considerations related to intervention and/or promotion, timing, and delivery, including identifying facilitators and addressing barriers related to self-compassion integration in sport, must also continue (Mosewich, Ferguson, et al., 2019). Regardless, the field of self-compassion in sport seems well-positioned to integrate research and applied work in a mutually beneficial way.

Aspire to Self-Compassion in Sport: Action Plan

We, the authors, have focused much of our efforts over the past decade on research that has helped to establish and advance a body of evidence positioning self-compassion as a useful resource for managing difficult experiences in sport. However, in addition to our role as researchers, we also have experience as athletes, coaches, mental performance consultants, and sport parents. These various experiences have further helped us to better understand how self-compassion can serve as a useful resource in navigating difficult situations in sport. As athletes we have experienced countless setbacks in sport, including injury, deselection from teams, and critical errors during competition. As coaches, mental performance consultants, and sport parents, we have not only supported our athletes as they have navigated setbacks within their respective sports, but we have also experienced our *own* difficult sport experiences in these positions. As we present a framework for integrating self-compassion in a sport context, we invite you to think about the specific role *you* play in sport. Consider how this framework could support you, and the athletes with whom you work, in navigating difficult sport experiences.

The *Aspire to Self-Compassion in Sport: Action Plan* is a framework that athletes, coaches, mental performance consultants, sport parents, and any others in the sport environment (e.g., referees, judges, and support staff) can use to manage difficult sport experiences. We will refer to varied roles collectively as a "sport participant" for ease of discussion. This framework consists of four key steps. In *step one*, a sport participant is asked to identify the various demanding or difficult sport experiences where self-compassion could be helpful. For instance, making mistakes during critical competitions, injury, or not being selected for a particular team or event are setbacks commonly experienced by athletes in various individual or team sports. As another example, coaches might doubt a specific play they called that cost

their team a win, or they may feel disappointed with the way they lost their temper over a penalty called during a game. Similarly, sport parents may regret their poor response to their child athlete who made a critical mistake during performance. Self-compassion could be a useful tool for managing all of these various setbacks, as well as many others.

In *step two*, a sport participant is asked to brainstorm specific ways they could generate or use self-compassion to navigate the difficult sport experiences described in step one. At this step, it is often helpful to focus on just one difficult experience at a time; depending on the specific context of the setback or difficult experience, certain tools to generate self-compassion might be more useful or appropriate than others. For instance, if the difficult experience occurs during a competition, a brief mindful breathing activity could be used to foster self-compassion. Self-compassion phrases, or cue words, could also be used to encourage an acknowledgment of the difficult moment, recognition that everyone struggles at times, and an extension of kindness toward oneself. Or, if a setback occurs, such as an injury that requires an athlete to be sidelined for a few weeks, then the self-directed writing task as described by Mosewich et al. (2013) could be a useful tool to promote self-compassion. A key point at this step is to recognize that self-compassion can be generated in a variety of ways. Bluth et al. (2016) provide some excellent examples of self-compassion activities in their description of the "Making Friends with Yourself: a Mindful Self-compassion Program for Teens" (MFY), which includes activities such as mindful breathing (e.g., paying attention to the breath), developing self-compassion phrases (e.g., suffering is universal) combined with soothing touch (e.g., holding one's hands together), a self-compassionate body scan (e.g., noticing sensations in the body and inviting warmth and affection to body parts), and formal guided meditations (also see self-compassion.org for many excellent guided practices and self-compassion exercises). At step two, the primary task is to create a list of self-compassion activities that could be used to manage difficult sport experiences.

In *step three*, a sport participant selects and applies the self-compassion strategy or strategies that they think will be most effective to help them effectively manage the setback. At this stage, there could be one or a combination of self-compassion strategies chosen depending on a sport participant's goals, preferences, and previous experiences with self-compassion. Particularly if someone is new to self-compassion it might be hard to know the "best" choice at this point, so applying at least a couple of different strategies is typically recommended.

Finally, *step four* requires reflecting on the strategies that were, and could have been, used to manage difficult experiences in sport. For example, upon reflection a coach might notice that some activities resonate with them more than others. As well, they might recognize that some activities are more suitable for competition, whereas other activities are ideal during or after training sessions. The sport environment is complex, and experiences of difficult situations in sport are equally complex. Reflecting on the various strategies that are available to promote self-compassion is a key step in the *Aspire to Self-Compassion in Sport: Action Plan*.

Key Considerations When Implementing Self-Compassion

Similar to most interventions, when applying self-compassion in sport, it is important to find what works best for the situation and person. Therefore, some key considerations when implementing self-compassion in sport include the importance of individualization, being proactive, and finding balance between performance and well-being in the pursuit of sporting success.

Importance of Individualization

Most effective interventions require at least some level of individualization tailored to the individual, and self-compassion interventions are no different. One of the messages we have heard from women

athletes (Sutherland et al., 2014) and men athletes (Reis et al., 2022) is at least some hesitation to em‐ brace self-compassion, primarily out of fear that it will lead to complacency. These hesitations further support the need for individualization, and finding effective language, in particular, might be essential to encourage an openness to self-compassion in sport. A potential promising approach might be more widespread adoption of "fierce self-compassion," which Neff (2021) continues to popularize as the more active side of self-compassion. We think that her proposed balance between the fierce and gentle sides of self-compassion has much promise for sport and for tailoring self-compassion approaches to individual athletes and/or specific groups of athletes.

Being Proactive

A remaining question is whether self-compassion will be most effective for athletes if developed as a worldview or as a coping strategy. Neff's (2003) original conceptualization of self-compassion posi‐ tioned it as a healthy attitude and relationship to oneself, which suggests that a self-compassionate lens can be brought to all situations. Alternatively, self-compassion could be used more as a coping strategy, in which self-compassion skills can be used when needed in a given situation. We anticipate that the most effective self-compassion interventions will focus on the development of both. Specifically, we recommend a focus on a shift toward a more self-compassionate lens to sport that lessens the initial impact of setbacks (including potential prevention versus lessening the severity/impact of the emotional pain of the setback at the outset), in addition to focusing on adding self-compassion to one's toolbox of skills to draw from when setbacks occur.

Finding a Balance between Performance and Well-Being in the Pursuit of Sporting Success

There is increasing evidence (Adam et al., 2021) that self-compassion is linked to performance, and we anticipate that this evidence will be highly meaningful to the sporting community and further encourage the adoption of self-compassion. However, at its core, self-compassion is a construct that promotes well-being, and we would be reluctant to advance the benefits of self-compassion based solely on performance (regardless of how attractive that might be to athletes and coaches). We think that the primary benefits of self-compassion are to *both* well-being and performance, and we encourage ensuring a balance between these two continues to be part of the promotion and application of self-compassion in sport.

Conclusion

Sport has many opportunities for emotionally difficult setbacks to occur, and self-compassion offers a potentially helpful way to manage those experiences in a healthy and productive way. We introduced the *Aspire to Self-Compassion in Sport: Action Plan*, which includes identifying the various demanding or difficult sport experiences where self-compassion could be helpful (i.e., *step one*), brainstorming specific ways self-compassion can be generated or used to navigate the difficult sport experiences (i.e., *step two*), selecting and applying a specific self-compassion strategy or set of self-compassion strategies (i.e., *step three*), and reflecting on the self-compassion strategies used (i.e., *step four*). The *Aspire to Self-Compassion in Sport: Action Plan* offers a potentially useful framework to help a sport participant learn and apply self-compassion. However, there is likely no substitute for long-term, consistent experiences reflecting a self-compassionate worldview to help sport participants (a) experience less difficult emotions associated with the inevitable setbacks experienced in sport and (b) have a more effective base of self-compassion skills to draw from once setbacks occur. See Box 36.1 for a summary of the key points from this chapter.

Box 36.1 Summary of Key Points about Self-Compassion

- There is ample evidence supporting self-compassion as beneficial to athletes when setbacks occur.
- There is increasing evidence that self-compassion is linked to performance.
- Some athletes might be hesitant to embrace the language of self-compassion.
- Activities such as asking an athlete what they would say to a friend who was experiencing a similar setback can be a helpful applied exercise.

References

Adam, M. E. K., Eke, A. O., & Ferguson, L. J. (2021). "Know that you're not just settling": Exploring women athletes' self-compassion, sport performance perceptions, and well-being around important competitive events. *Journal of Sport and Exercise Psychology*, *43*(3), 268–278. https://doi.org/10.1123/jsep.2020-0196

Adam, M. E. K., Kowalski, K. C., Duckham, R. L., Ferguson, L. J., & Mosewich, A. D. (2021). Self-compassion plays a role in Canadian women athletes' body appreciation and intuitive eating: A mixed methods approach. *International Journal of Sport Psychology*, *52*(4), 287–309. https://doi.org/10.7352/IJSP.2021.52.287

Amemiya, R., & Sakairi, Y. (2020). The role of self-compassion in athlete mindfulness and burnout: Examination of the effects of gender differences. *Personality and Individual Differences*, *166*, Article e110167. https://doi.org/10.1016/j.paid.2020.110167

Baltzell, A. (2016). Self-compassion, distress tolerance, and mindfulness in performance. In A. Baltzell (Ed.), *Mindfulness and performance: Current perspectives in social and behavioral sciences* (pp. 53–77). Cambridge University Press. https://doi.org/10.1017/CBO9781139871310.004

Barczak, N., & Eklund, R. C. (2020). The moderating effect of self-compassion on relationships between performance and subsequent coping and motivation. *International Journal of Sport and Exercise Psychology*, *18*(2), 256–268. https://doi.org/10.1080/1612197X.2018.1511620

Berry, K. A., Kowalski, K. C., Ferguson, L. J., & McHugh, T.-L. F. (2010). An empirical phenomenology of young adult women exercisers' body self-compassion. *Qualitative Research in Sport and Exercise*, *2*(3), 293–312. https://doi.org/10.1080/19398441.2010.517035

Bluth, K., Gaylord, S. A., Campo, R. A., Mullarkey, M. C., & Hobbs, L. (2016). Making friends with yourself: A mixed methods pilot study of a mindful self-compassion program for adolescents. *Mindfulness*, 7(2), 479–492. https://doi.org/10.1007%2Fs12671-015-0476-6

Carraça, B., Serpa, S., Rosado, A., & Guerrero, J. P. (2019). A pilot study of a mindfulness-based program (MBSoccerP): The potential role of mindfulness, self-compassion and psychological flexibility on flow and elite performance in soccer athletes. *Revista Iberoamericana de Psicología del Ejercicio y el Deporte*, *14*(1), 34–40.

Ceccarelli, L. A., Giuliano, R. J., Glazebrook, C. M., & Strachan, S. M. (2019). Self-compassion and psychophysiological recovery from recalled sport failure. *Frontiers in Psychology*, *10*, Article e1564. https://doi.org/10.3389/fpsyg.2019.01564

Crozier, A. J., Mosewich, A., D., & Ferguson, L., J. (2019). The company we keep: Exploring the relationship between perceived teammate self-compassion and athlete self-compassion. *Psychology of Sport and Exercise*, *40*, 152–155. https://doi.org/10.1016/j.psychsport.2018.10.005

Eke, A. O., Adam, M. E. K., Kowalski, K. C., & Ferguson, L. J. (2020). Narratives of adolescent women athletes' body self-compassion, performance and emotional well-being. *Qualitative Research in Sport*, *Exercise and Health*, *12*(2), 175–191. https://doi.org/10.1080/2159676X.2019.1628805

Ferguson, L. J., Kowalski, K. C., Mack, D. E., & Sabiston, C. M. (2014). Exploring self-compassion and eudaimonic well-being in young women athletes. *Journal of Sport & Exercise Psychology*, *36*(2), 203–216. https://doi.org/10.1123/jsep.2013-0096

Ferguson, L. J., Kowalski, K. C., Mack, D. E., & Sabiston, C. M. (2015). Self-compassion and eudaimonic well-being during emotionally difficult times in sport. *Journal of Happiness Studies*, *16*(5), 1263–1280. https://doi.org/10.1007/s10902-014-9558-8

Ferrari, M., Hunt, C., Harrysunker, A., Abbott, M. J., Beath, A. P. & Einstein, D. A. (2019). Self-compassion interventions and psychosocial outcomes: A meta-analysis of RCTs. *Mindfulness*, *10*, 1455–1473. https://doi.org/10.1007/s12671-019-01134-6

Fontana, M. S., Fry, M. D., & Cramer, E. (2017). Exploring the relationship between athletes' perceptions of the motivational climate to their compassion, self-compassion, shame, and pride in adult recreational sport. *Measurement in Physical Education and Exercise Science*, *21*(2), 101–111. https://doi.org/10.1080/1091367X.2017.1278698

Frentz, D. M., McHugh, T.-L. F., & Mosewich, A. D. (2020). Athletes' experiences of shifting from self-critical to self-compassionate approaches within high-performance sport. *Journal of Applied Sport Psychology*, *32*(6), 565–584. https://doi.org/10.1080/10413200.2019.1608332

Huysmans, Z., & Clement, D. (2017). A preliminary exploration of the application of self-compassion within the context of sport injury. *Journal of Sport and Exercise Psychology*, *39*(1), 56–66. https://doi.org/10.1123/jsep.2016-0144

Ingstrup, M. S., Mosewich, A. D., & Holt, N. (2017). The development of self-compassion among women varsity athletes. *The Sport Psychologist*, *31*(4), 317–331. https://doi.org/10.1123/tsp.2016-0147

Jeon, H., Lee, K., & Kwon, S. (2016). Investigation of the structural relationships between social support, self-compassion, and subjective well-being in Korean elite student athletes. *Psychological Reports*, *119*(1), 39–54. https://doi.org/10.1177/0033294116658226

Killham, M. E., Mosewich, A. D., Mack, D. E., Gunnell, K. E., & Ferguson, L. J. (2018). Women athletes' self-compassion, self-criticism, and perceived sport performance. *Sport, Exercise, and Performance Psychology*, 7(3), 297–307. https://doi.org/10.1037/spy0000127

Leary, M. R., Tate, E. B., Adams, C. E., Allen, A. B., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant events: The implications of treating oneself kindly. *Personality and Individual Processes*, *92*(5), 887–904. https://doi.org/10.1037.0022-3514.92.5.887

Lizmore, M. R., Dunn, J. G. H., & Dunn, J. C. (2017). Perfectionistic strivings, perfectionistic concerns, and reactions to poor personal performances among intercollegiate athletes. *Psychology of Sport and Exercise*, *33*, 75–84. https://doi.org/10.1016/j.psychsport.2017.07.010

Mosewich, A. D., Crocker, P. R. E., Kowalski, K. C., & DeLongis, A. (2013). Applying self-compassion in sport: An intervention with women athletes. *Journal of Sport & Exercise Psychology*, *35*(5), 514–524. https://doi.org/10.1123/jsep.35.5.514

Mosewich, A. D., Dunn, J. G. H., Causgrove Dunn, J., & Wright, K. S. (2021). Domain-specific grit, identity, and self-compassion in intercollegiate athletes. *Sport, Exercise, and Performance Psychology*, *10*(2), 257–272. https://doi.org/10.1037/spy0000267

Mosewich, A. D., Ferguson, L. J., McHugh, T.-L. F, & Kowalski, K. C. (2019). Enhancing capacity: Integrating self-compassion in sport. *Journal of Sport Psychology in Action*, *10*(4), 235–243. https://doi.org/10.1080/21520704.2018.1557774

Mosewich, A. D., Kowalski, K. C., Sabiston, C. M., Sedgwick, W. A., & Tracy, J. L. (2011). Self-compassion: A potential resource for young women athletes. *Journal of Sport and Exercise Psychology*, *33*(1), 103–123. https://doi.org/10.1123/jsep.33.1.103

Mosewich, A. D., Sabiston, C. M., Kowalski, K. C., Gaudreau, P. & Crocker, P. R. E. (2019). Self-compassion in the stress process in women athletes. *The Sport Psychologist*, *33*(1), 23–34. https://doi.org/10.1123/tsp.2017-0094

Neff, K. D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity, 2*, 85-101. https://doi.org/10.1080/15298860309032

Neff, K. (2011). *Self-compassion*. Harper Collins.

Neff, K. (2021). *Fierce self-compassion: How women can harness kindness to speak up, claim their power, and thrive*. Harper Collins.

Neff, K. D., & Germer, G. K. (2013). A pilot study and randomized control trial of the Mindful Self-Compassion Program. *Journal of Clinical Psychology*, *69*(1), 28–44. https://doi.org/10.1002/jclp.21923

Reis, N. A., Kowalski, K. C., Ferguson, L. J., Sabiston, C. M., Sedgwick, W. A., & Crocker, P. R. E. (2015). Self-compassion and women athletes' responses to emotionally difficult sport situations: An evaluation of a brief induction. *Psychology of Sport and Exercise*, *16*, 18–25. https://doi.org/10.1016/j.psychsport.2014.08.011

Reis, N. A., Kowalski, K. C., Mosewich, A. D., & Ferguson, L. J. (2019). Exploring self-compassion and versions of masculinity in men athletes. *Journal of Sport and Exercise Psychology*, *41*(6), 368–379. https://doi.org/10.1123/jsep.2019-0061

Reis, N. A., Kowalski, K. C., Mosewich, A. D., & Ferguson, L. J. (2022). "That's how I am dealing with it – that is dealing with it": Exploring men athletes' self-compassion through the lens of masculinity. *Qualitative Research in Sport, Exercise and Health*, *14*(2), 245–267. https://doi.org/10.1080/2159676X.2021.1920455

Rodriguez, M., & Ebbeck, V. (2015). Implementing self-compassion strategies with female college gymnasts. *Journal of Sport Psychology in Action*, *6*(1), 44–53. https://doi.org/10.1080/21520704.2014.991052

Röthlin, P., Horvath, S., & Birrer, D. (2019). Go soft or go home? A scoping review of empirical studies on the role of self-compassion in the competitive sport setting. *Current Issues in Sport Science*, *4*, Article e013. https://doi.org/10.15203/CISS_2019.013

Sereda, B. J., Holt, N., & Mosewich, A. D. (2021). How women varsity athletes high in self-compassion experience unexpected stressors. *Journal of Applied Sport Psychology*, Advance online publication. https://doi.org/10.1080/10413200.2021.1897900

Smith, B. (2013). Disability, sport and men's narratives of health: A qualitative study. *Health Psychology*, *32*(1), 110–119. https://doi.org/10.1037/a0029187

Stamatis, A., Deal, P. J., Morgan, G. B., Forsse J. S., Papadakis, Z., McKinley-Barnard, S., Scudamore, E. M., & Koutakis, P. (2020). Can athletes be tough yet compassionate to themselves? Practical implications for NCAA mental health best practice no. 4. *PLoS One*, *15*(12), Article e0244579. https://doi.org/10.1371/journal.pone.0244579

Sutherland, L. M., Kowalski, K. C., Ferguson, L. J., Sabiston, C. M., Sedgwick, W. A., & Crocker, P. R. E. (2014). Narratives of young women athletes' experiences of emotional pain and self-compassion. *Qualitative Research in Sport*, *Exercise and Health*, *6*(4), 499–516. https://doi.org/10.1080/2159676X.2014.88858

Voelker, D. K., Petrie, T. A., Huang, Q., & Chandran, A. (2019). Bodies in Motion: An empirical evaluation of a program to support positive body image in female collegiate athletes. *Body Image*, *28*, 149–158. https://doi.org/10.1016/j.bodyim.2019.01.008

Walton, C. C., Baranoff J., Gilbert, P., & Kirby, J. (2020). Self-compassion, social rank, and psychological distress in athletes of varying competitive levels. *Psychology of Sport and Exercise*, *50*, Article e101733. https://doi.org/10.1016/j.psychsport.2020.101733

Wasylkiw, L., & Clairo, J. (2018). Help seeking in men: When masculinity and self-compassion collide. *Psychology of Men & Masculinity*, *19*(2), 234–242. https://doi.org/10.1037/men0000086

Wilson, D., Bennett, E. V., Mosewich, A. D., Faulkner, G. E., & Crocker, P. R. (2019). "The zipper effect": Exploring the interrelationship of mental toughness and self-compassion among Canadian elite women athletes. *Psychology of Sport and Exercise*, *40*, 61–70. https://doi.org/10.1016/j.psychsport.2018.09.006

37

HELPING ATHLETES COPE WITH DEVELOPMENTAL CRISES

Natalia Stambulova

Tokyo 2020, the Olympic Games that were postponed for one year due to the COVID-19 pandemic now belong to history, along with all the related wins and losses, happiness and despair, and inspiration and disillusion. For example, Simone Biles, an American artistic gymnast, experienced the Tokyo 2020 Olympic Games as a crisis-transition, and her situation was actively discussed during the Games. She shared publicly:

> …I truly do feel that I have the weight of the world on my shoulders at times. I know I brush it off and make it seem like pressure doesn't affect me, but damn, sometimes it is hard… The Olympics are no joke![1]

As a world-leading gymnast, Biles was expected to win several gold medals at Tokyo 2020, but she only took part in a preliminary round and the very beginning of the team final, withdrawing from the remainder of the team final, the individual all-round final, and the three events finals after experiencing "twisties", gymnasts' term for losing control over their body mid-trick, and losing sense of their position in the air. Gymnasts know that twisties are dangerous and can lead to serious injury. As Biles explained: "I just don't trust myself as much as I used to". After her withdrawal, Biles was present throughout the artistic gymnastic competition and supported her teammates. She also got warm emotional support and understanding from her family, coach, teammates, other athletes, and many fans. At the same time, she (as she shared through interviews and on Facebook) had daily health checks and met with a sport psychology consultant who helped her to manage the pressure and gain resources to make a comeback on the final day of the Olympic gymnastics tournament. Biles performed her routine on the balance beam nicely and won a bronze medal, which she insisted was more valuable for her than all her previous Olympic golds.

Yes, "the Olympics are no joke!" and it is not difficult to speculate that many athletes experienced this Olympic Games transition as a crisis: those who did not qualify for the Games; those who qualified but stayed home due to the decisions of their sport governments or a positive COVID test; those injured before or during the Games; those who performed below their own and/or others' expectations; and those under immense pressure, and suffering mental health problems, whose performance was diminished or precluded. Why did Biles' case receive such attention? First, it was rather unusual for a top-level

athlete to share mental health issues, seen by many as a weakness that athletes cannot afford, or at least must hide. Second, Biles was so open in her reflections, making statements like:

> People don't understand what we are going through… We also have to focus on ourselves, because at the end of the day, we were human too… We have to protect our mind and our body, rather than just go out there and do what the world wants us to do.[1]

She made her situation important by advocating for "putting mental health first". She also provided an example of effective coping in the short term, possibly due to her high gymnastic competencies, social support, and efficient professional intervention. Of course, crisis-transitions do not happen to Olympic athletes alone, nor only in relation to their athletic careers. So, this chapter aims to define crisis-transitions, explain why they happen, and share how to help athletes to cope with them.

Russian developmental psychologist and philologist Lev Vygotsky (1896–1934) about a century ago shared his idea to write a theater play envisioning the drama of lifespan personality development (Leontiev, 1990). Unfortunately, his early death prevented realization of that idea, but he left us a theory of lifespan development, in which developmental crises and related coping play key roles in defining an individual's developmental trajectory. Vygotsky (1984) points out that transitions are caused by one or several developmental conflicts (e.g., "I want to, but I can't", or "I should, but I don't want to" or "I want to, and I should, but I can't"), and that the crisis phase in the transition is characterized by a mismatch between the opposing parts of the developmental conflict. A way out of crisis is through becoming more resourceful, most often with help from more experienced persons, to bring together the opposing parts and resolve the developmental conflict. Vygotsky also emphasized the double nature of transitions and crises: both can be difficult and unpleasant, but when coped with successfully, they can power development. Resonating with Vygotsky's assertion that "personally development is a drama", five decades of athlete-career research in sport psychology has shown that athletic careers are dramatic and meaningful life experiences contributing (positively or otherwise) to their life-long careers. Below, I briefly review the current understanding of transitions and developmental crises using relevant theoretical frameworks and research as a basis to proceed with applied issues.

Theoretical and Research Underpinning

Athletes' success in coping with various kinds of career transitions and developmental crises is among key factors influencing their career trajectories. Therefore, coping with career transitions and developmental crises is an inherent part of athletes' pursuit of career excellence: this is a new perspective introduced in a recent update of the "International Society for Sport Psychology (ISSP) Position Stand on career development and transitions (Stambulova et al., 2021). Career excellence is defined as an athlete's ability to sustain a healthy, successful, and long-lasting career in sport and life. A healthy career means high resourcefulness and adaptability to be prepared for current and forthcoming career challenges; to be successful means working toward meaningful goals in sport and life while maintaining health and well-being; and long-lasting means longevity in sport and life.

In general terms, transitions are turning phases in the development of a system, with the power to change a system's developmental trajectory depending on the effectiveness of coping (Stambulova, 2020). A system may be a person, an organization, or even a global society, as observed during the global response to the COVID-19 pandemic. The effectiveness of coping and transition outcomes are dependent on the interplay of transition demands, resources, barriers, and coping strategies (forthcoming). Any transition can potentially become a crisis if a system cannot cope on its own and requires intervention. Therefore, an umbrella term for a developmental crisis is a transition of any kind, athletic and non-athletic, including normative (predictable, e.g., athletic retirement), quasi-normative (predictable

for a certain group of athletes, e.g., Olympic Games), and non–normative (hardly predictable, e.g., injury) transitions (Stambulova, 2017; Stambulova et al., 2021).

Theoretical frameworks that may help practitioners approach counseling in crisis-transitions include the athletic career transition model (Stambulova, 2003, 2020), the holistic athletic career model (Wylleman, 2019), and the lifespan model of developmental challenge (Hendry & Kloep, 2002). All of these are complemented by several lines in transition research.

The athletic career transition model (Stambulova, 2003, 2017, 2020) describes and explains how demands, resources, barriers, coping strategies, and possible interventions interplay in the transition process, constructing four transition pathways and involving two primary and two secondary transition outcomes. Transition demands are the wants or expectations of a transitional person following transition. Resources are the internal and external factors that facilitate a transition, while barriers are all the factors that impede coping. Both resources and barriers are dynamic and influence appraisal of the demands, usually as a challenge or a threat/risk, depending on how resourceful the person feels when coping with demands and barriers. Coping strategies are various actions aimed to deal with demands and barriers, and the strategies are effective when the person is sufficiently resourceful or able to develop resources rapidly. Thus, those individuals with resources that match their demands and barriers are on the most favorable transition pathway, leading to successful transition outcome, namely developmental progression (e.g., performance improvement and successful comeback after injury). However, a mismatch of demands/barriers and resources results in ineffective coping, leading to a crisis-transition that is developmental stagnation, requiring positive intervention. Effective intervention results in a successful delayed transition, and subsequently a favorable transition pathway. Without intervention or following ineffective intervention, the person must "pay" for their failure to cope; such an outcome is termed an unsuccessful transition, meaning developmental decay (e.g., premature sport dropout and mental health problems). Opportunities for a delayed effective intervention may arise and should address both crisis issues and the negative consequences often already present; and this might be a fourth transition pathway, potentially leading to a successful (overly) delayed transition outcome. The model is helpful to understand why the transition process stagnates and turns into a crisis (i.e., low resourcefulness and ineffective coping) and why an intervention is needed to find an exit.

The holistic athletic career model (Wylleman, 2019) highlights the interrelations of six layers of athletes' development, including athletic, psychological, psychosocial, academic-vocational, financial, and legal. A transition in one layer inevitably causes changes and transitional situations at other layers. Demands might arise simultaneously from several spheres of life (e.g., training, studies, and finances), which the athlete must prioritize and distribute resources among accordingly. Often, too many concurrent demands make it hard for athletes to find an optimal balance and cope successfully. Therefore, a whole-person approach and exploring the client in various life contexts are helpful in crisis-coping support.

The role of personal resources in the appraisal of demands, criteria for effective coping, and consequences of effective and less effective coping are explained in *the lifespan model of developmental challenge* (Hendry & Kloep, 2002). According to this model, individuals have different amounts and quality of resources in their individual resource "pool(s)" to cope with various life challenges. Resources are diverse and include structural resources (e.g., class, gender, family, and income), biological and psychological dispositions (health, personality, body shape, attractiveness), social resources (trust, attachment, size and quality of network, support availability), competencies (various skills, knowledge, experiences), and self-efficacy resources (realistic self-appraisal, experience of success, assurance from others). Resources are also dynamic and interact. During the coping process, people drain and add to their individual resources. Coping is truly effective if the challenge is met and resources are added, and coping is less effective if the challenge is not met, or if it is met but resources are drained. Draining resources makes the person vulnerable in meeting forthcoming challenges. Therefore, helping clients to bridge

their past, present, and future and improve the challenge-resources fit can be added as useful insights for the crisis-transition consulting.

There are several lines of research that provide findings deemed useful for helping clients in crisis-transitions. Athletes' identity crisis research (Cosh et al., 2015), related mainly to studying retired athletes, revealed the athletes' difficulties in self-interpretation complemented by denial of retirement, inability to make necessary career decisions, and feelings of being empty, lost, used, and forgotten. In studying various types of athletes' crises, a broader set of the following symptoms was identified: decrease in self-esteem, lasting emotional discomfort, increased sensitivity to mistakes, failures, various forms of injustice, increased number of internal barriers (e.g., low self-efficacy), and disorientation in decision making and behavior (Stambulova, 2003). At the beginning of a crisis, all these symptoms are usually subclinical and signal that an athlete needs assistance in analyzing the crisis–situation and deciding about the best possible solution.

Research on coping with career change events (Samuel et al., 2016) grounded in the scheme of change for sport psychology practice (SCSPP; Samuel & Tenenbaum, 2011) illuminates cognitive aspects of the coping process by emphasizing that athletes should make a sequence of decisions; implement them; and ask for timely professional help to facilitate decision making, gaining resources, and selecting effective coping strategies.

Research on less successful transition coping (Gledhill & Harwood, 2015; Stambulova & Ryba, 2020) revealed that, for transitioning athletes, additional barriers may arise when some of their identities are centralized at the expense of others. From this perspective, a crisis can be associated with a restriction of the athlete's identity to some of its layers, while others are "locked out", making athletes more rigid and narrow-minded when searching for adaptive decisions and coping strategies. Identities are resourceful, and each adds to the individual's resource pool, so that ignoring or marginalizing identities entails loss of access to the relevant resources. For example, in Gledhill and Harwood (2015), marginalization of the athletic identity of British female football players by their significant others (teachers, parents, and peers skeptical of their athletic future) contributed to lowered motivation among players and failure to transition from junior to senior. In Stambulova and Ryba's (2020) crisis-cultural transition study, a Scandinavian female basketball player could not cope with a transition to the US and experienced many relationship problems mainly because her Scandinavian identity was ignored while her (second important) identity, as a black person, was not fully accepted by others in the US. Using narrative research, where identity is defined as socially constructed and based on the cultural stories or "narrative resources" available in the athlete's context, Ronkainen et al. (2016) suggested that a crisis might be associated with a lack of narrative resources or "templates" that help transitional athletes to see alternatives in coping. This line of research encourages a crisis-transition support provider to explore the client's various contexts, acknowledge various layers of the client's identity, and increase awareness of related resources.

Implications for Practitioners

Helping athletes to prevent and/or cope with crisis-transitions is a part of supporting their striving for career excellence. The intervention portion of the athletic career transition model (Stambulova, 2003) includes:

- *Crisis-prevention interventions.* Made prior to or early in transition to increase athlete's awareness of transition demands and create necessary resources
- *Crisis-coping interventions.* Educational or clinical interventions applied when athletes are already experiencing crisis symptoms and/or address the need for the professional help
- *Negative consequences coping interventions.* Mainly clinical with various types of therapy pertaining to symptoms.

In this chapter, the focus is on crisis-coping interventions intended to help clients who feel "at a dead end" or "locked" into a transition process to see alternatives in coping and choose the best possible one. Two counseling frameworks, the mobilization model of counseling in crisis-transitions (Stambulova, 2011) and the SCSPP consulting (Samuel, 2013), follow this logic, with step-like structures. Other trends in crisis interventions employ various forms of account-making, mentoring, and therapy. Brief overviews of such approaches are provided by Lavallee et al. (2010), in relation to working with athletes experiencing retirement difficulties, and by Petitpas and France (2010), in relation to helping athletes to deal with athletic identity foreclosure. Encouraging and recognizing clients' stories about their experiences and being non-judgmental is a beginning for any type of crisis intervention, but continuation and further analysis might turn in various directions. Below, I will share how the consulting process can be structured based on the mobilization model of counseling in crisis-transitions.

Mobilization Model of Counseling Athletes in Crisis-Transitions

The mobilization model (Stambulova, 2011) is a six-step counseling framework aimed at helping athlete-clients experiencing a crisis-transition to (a) articulate the problem issue(s), (b) analyze resources and barriers to cope with difficulties, (c) identify alternatives in coping, (d) facilitate decision making, (e) create an action plan, and (f) increase self-efficacy to cope with the crisis. The model helps consultants to structure dialogue with their clients, but also leaves consultants freedom in terms of how to proceed in each case, which questions to ask, what examples to provide, etc. The model is built upon the following approaches:

- *Educational approach*. The consultant helps the athlete learn how to analyze the crisis-situation and to find an appropriate coping alternative/strategy.
- *Whole-person approach*. The consultant tries to explore and acknowledge all the various identities of the client to open access to relevant resources.
- *Developmental perspective*. The consultant helps the athlete form links among past, present, and future experiences.
- *Cognitive-behavioral orientation*. The consultant helps the athlete become more aware of his/her crisis-related thoughts, feelings, behaviors, and available coping resources.
- *Positive suggestions approach*. The consultant makes positive suggestions at each stage of counseling to increase the client's efficacy to cope with the crisis-situation.

Below, I outline the six steps of the mobilization model. In Box 37.1, I present a protocol illustrating how the model was used in working with one of the author's clients.

Step 1: Gathering/sorting client information. The aim of this initial step is to listen empathetically to the athlete's story and ask questions to get a holistic view of the client. Metaphorically speaking, the holistic client view is a combination of the following three levels:

1 *The landscape level* embraces the client as a person (psychological characteristics communicated by the client or/and observed by the consultant), the client as an athlete (the most important information about the client's athletic background), and the client's other-than-athlete roles/identities/contexts (personal characteristics, various roles in life, the status of the relationships with significant others).
2 *The forest level* covers the client's recent past (recent events that might serve as a pre-condition for the client's current situation); the client's present situation (what is going on); and the client's perceived future (some sport and non-sport plans).

3   *Tree level* means "zooming" into the client's current situation (what is wrong) and summarizing the main issues to deal with.

These levels might also guide the choice of questions to ask, after the client initially shares what is in their mind (typically they tell what is going wrong); help refocus to broader questions, for example, "please, tell me what you find the most important about yourself as a person, as an athlete, etc."; and help to eventually narrow the focus to the current situation, now with the landscape- and the forest-level information in mind.

Step 2: Identifying, prioritizing, and articulating problem issues. This step consists of the following sub-steps (see more in Box 37.1):

a   Analyzing the client's holistic information collected in Step 1 and making a list of problem issues (often in the order communicated by the client).
b   Prioritizing problem issues, that is defining the central problem and peripheral issues, keeping in mind that health-related issues (e.g., injury rehabilitation and chronic fatigue) and "reason issues" (i.e., potential causes for frustration, anxiety, or other symptoms) should be prioritized over other problem issues.
c   Articulating the central problem issue(s) in language suitable to the client, whether everyday language, metaphoric language, or scientific language for educated clients.
d   Defining developmental conflict(s) using three internal tendencies: "I must or must not", "I want or don't want to", and "I can or can't", reflecting correspondingly the client's experience of pressures, motivation to cope, and resourcefulness.
e   Categorization of the case (e.g., "relationship crisis" or "overtraining crisis"; see more in Stambulova, 2000) to facilitate the consultant's associations with previous experiences of working with similar athlete crisis-situations.

Step 3: Analyzing the client's coping resources and barriers. Step 3 is aimed at analyzing and mapping the client's current coping resources and barriers. Often, clients are unable to see any positive sides of the crisis-situation, and fixate mainly on the negative (e.g., "stuck", "no doors open", and frustrated). Active listening, metaphoric language, examples, discussion of previous experience, and storytelling are good strategies for the consultant to use here.

Step 4: Discussing the transition alternatives and stimulating the client to make a strategic decision. In Step 4, the consultant suggests alternative solutions for the crisis and stimulates the client to make a strategic decision. At this step, the client is led to "being at a cross-road" mode of thinking. Three strategic alternatives, termed rejection, acceptance, and fighting, are offered by the model. Rejection means to escape from a traumatic situation, for example, dropping out of an activity or ending a toxic relationship. Acceptance means the client remains in a situation, but modifies personal reactions and refocuses (e.g., to gain coping resources). Fighting means trying to radically change a situation for the better by using the resources available. The consultant should be able to apply the three alternatives to the client's situation and discuss them in a neutral manner. Usually, it is difficult for a client to choose among the alternatives, and narrowing the options, namely to short term (typically, acceptance) or the long term (fighting or rejection) can be beneficial. The three alternatives are meaningful for various kinds of crisis-situations. For example, these alternatives were used to identify pathways for Olympic athletes related to Tokyo 2020 during the COVID-19 pandemic (Stambulova et al., 2020). To return to Simone Biles at the Tokyo Games, she seemed to accept her twisties problem, dropping out for a while to refocus and gain resources. Her intervention also seemed effective, enabling Biles to shift from acceptance to fighting in a short period.

Step 5: Goal setting and planning. When the strategic decision is made, the consultant starts to discuss goal setting and action planning with the client, depending on the alternative taken. If the rejection alternative is chosen, the consultant facilitates the client's ending of rejected activities/ relationships in a positive way and beginning new ones. If the acceptance alternative is in place, the consultant stimulates the client's positive re-framing of the situation and helps refocusing. If the fighting alternative is selected, the consultant helps the client to consolidate all the resources available and channel energy in the right direction. Supporting the client in determining the main transition goal, breaking it up into sub-goals, and structuring accordingly the action plan, are the next sub-steps here.

Step 6: Concluding and follow-up. The aim of this step is to ensure that counseling was useful for both the client and the consultant and establish whether the client has increased self-efficacy to cope with the crisis. It is also important to arrange follow-up with the client.

The mobilization model allows supporting an athlete during two to three counseling sessions with one to three months of follow-up contact via phone or e-mail. For appropriate and ethical application of the mobilization model, I would recommend the following. First, a consultant should be observant of the clients' mental health status and refer the client to a clinically trained practitioner in the presence of clear clinical symptoms; the client's maturity level is also important here (e.g., are they of legal age in their country of residence). Second, a consultant should exercise the three strategic alternatives suggested by the mobilization model and be able to apply them to a particular case. Third, a consultant should be an effective communicator with active and supportive listening skills, asking questions that stimulate clients to share their stories, using positive suggestions and culturally relevant metaphors, and structuring notes (e.g., using the protocol) to build trustful relationships with clients.

Below (Box 37.1), I provide a real case example of use of the mobilization model protocol. The protocol doesn't contain all communication with the client but reveals what we achieved by proceeding through the mobilization model step-by-step.

Box 37.1 Case Example and the Mobilization Model Protocol[2]

Initial Narrative of the Client: 17-Year-Old Female Swimmer

I feel like one day I entered a very high building that was my sport and took an elevator to the top. My coach and parents were with me, and with their support I moved up quickly. I was successful in a series of junior competitions and became a candidate for the national team. I also combined sport and study well at the national elite sport school. Then my life situation changed: I fell in love. This person has become very important to me, and I wanted to spend as much time as possible with him. I also hoped that I could continue moving up in my athletic career and my studies, but my coach and parents didn't think that I could practice, prepare for competitions, and study as well as before. …So, one day, the elevator stopped, the door opened, and my coach and parents walked out. Then the door closed, and I was alone. I pushed the button to open the door, but it did not work. I started to push other buttons in the elevator to go up, or even down, but again it did not move. I found myself locked in the broken elevator… You are my alarm button.

　　Intake and first interpretation of the case: What people do when they are locked in a broken elevator? Did she dramatize too much? She looked and sounded frustrated and disoriented. I continued to explore her case using the mobilization model.

Step 1: Gathering and Sorting Client Information

After further listening to the client's story, asking questions while keeping the whole person and developmental perspectives in mind, and observing the client's behavior/reactions during our talk, the following information was included in the protocol.

Client as a Person	*Client as an Athlete*	*Client's Identities/Contexts*
17 years old	Successful junior athlete	Athlete
Emotional	Candidate for the national team	Student
Social	Highly motivated for sport	Daughter
Perfectionist		Girlfriend
Dependent on social approval		
Client's Near Past	*Client's Present*	*Client's Perceived Future*
Conflicts with her coach and parents about boyfriend	Conflicts progressing	Uncertain, depending on resolution of the situation
	Frustration	
	Decrease in mood, well-being, and performance	Wants to continue sport, studies, and stay with boyfriend

Step 2: Identifying, Prioritizing, and Articulating the Problem Issues

a Problem issues: conflicts, frustration, and decrease in mood, well-being, and performance.

b Prioritized issue: conflicts (as a reason-issue influencing well-being and the other symptoms).

c Articulating the client's central problem/issue in:

    a Everyday language ("they don't understand…")

    b Psychological language (she wanted to balance her relationships)

    c Metaphoric language (her "elevator" metaphor)

    d Type of developmental conflict: "I want (must), but I can't"

    e Categorization of the case: relationship crisis (i.e., a career transition type situation, caused by one or multiple interpersonal conflicts that the person can't solve independently, requiring psychological assistance; can also be framed as the client's inter-role and intra-role conflicts).

Step 3: Analyzing Status of the Client's Coping Resources and Barriers

	Resources	*Barriers*
Internal	Motivated to change the situation Doing well at school Healthy and financially secure In love	Lack of analytic and communication skills "Panic mood"
External	Good relationship with parents Highly competent coach General support from boyfriend	Disbelief of coach and parents in her ability, and their resistance to the boyfriend

Step 4: The Client's Strategic Decisions

Alternatives:

- To end sport and to continue with her boyfriend
- To continue sport but to change the coach
- To continue sport but to separate from her boyfriend

All these were unattractive to the client. She did not consider changing her academic situation, and the following decisions were made:

Coach: To "accept" the coach as he was (i.e., not to expect him to share her joy related to her love relationship) was found to be a good starting point in normalizing this relationship. More specifically, she decided to stay with the same coach, focus more on his professional advice, and try to eventually prove to him her ability to combine sport and her relationship with the boyfriend ("acceptance" turning eventually into "fighting"). She also thought that there was no sense in changing her coach, since other coaches also put performance first.

Boyfriend: To "fight" by choosing to involve him more in her athletic life (e.g., inviting him to visit her competitions and practices) and making him a resource rather than a barrier for her sport.

Parents: She felt confident that her parents could support her decisions related to the coach and the boyfriend.

Step 5: Goal Setting and Action Plan

Goals:

- To continue in sport, studies, and with the boyfriend
- To communicate her decisions to all people involved
- To be committed to execute the decisions made

The action plan:

- How to talk to the coach, the boyfriend, and the parents
- How to introduce the boyfriend to her sport world
- How to improve her time management

Step 6: Concluding and Follow-up (1.5 Year)

- The client was able solve the situation
- She continued in sport with the same coach and later took part in the European championship
- She graduated from the national elite sport school and entered the sport science program at the university
- She had some ups and downs in her relationship with the boyfriend, they separated, but she thought all were useful life experiences.

Conclusion

Athlete-career trajectories are influenced by their success in coping with various kinds of career transitions and developmental crises. Transition is an umbrella term for a crisis, and any transition process might turn into a crisis phase in the event of failure to cope. More precisely, when athletes are not

resourceful enough to deal with the transition demands and barriers, their development stagnates, usually expressed in subjective feelings of being "locked" or "imprisoned". Timely crisis-coping interventions are important not only for helping a client to find the way out of the crisis, but also to prevent negative consequences or "costs" of not coping with the transition (e.g., deteriorated mental health). Using the holistic and developmental perspectives, encouraging athletes to share stories, empathetic listening, aiding clients' understanding of the crisis-situation, and related coping alternatives are key aspects of success in crisis-transition counseling. See Box 37.2 for a summary of the key points from this chapter.

Box 37.2 Summary of Key Points about Coping with Developmental Crisis

- Transitions and developmental crises are inherent parts of athletes' career development and their pursuit of career excellence.
- Transitions and crisis are of a double nature: they move development forward, when coped with successfully, but might cause development decay, when coping fails.
- The effectiveness of coping depends on the interplay of transition demands, resources, barriers, coping strategies, and interventions (if needed).
- Crisis is a stagnation phase in the transition process characterized by low resourcefulness, ineffective coping, and a need for intervention.
- There are various approaches to working with athletes in crisis-transitions. Some require clinical psychology training (e.g., various forms of therapy); others can be used within an educational (non-clinical) approach.
- The mobilization model of counseling in crisis-transitions is a six-step framework aiding to analyze the crisis-situation and the client's resources and barriers, discuss coping alternatives, and facilitate strategic decision-making, goal setting, and action plans.
- Use of the mobilization model is limited in cases where clients are too immature to reflect over and analyze their situations, and/or cases where the client presents clinical symptoms.

Notes

1 This and other quotes from Simone Biles were retrieved at http: www.Olympics.com during the Tokyo 2020 Olympic Games, July 23–August 8, 2021.
2 To protect the client, her real name as well as the time and place of intervention are withheld.

References

Cosh, S., Crabb, S., & Tully, P. J. (2015). A champion out of the pool? A discursive exploration of two Australian swimmers' transition from elite sport to retirement. *Psychology of Sport and Exercise*, *19*, 33–41. https://doi.org/10.1016/j.psychsport.2015.02.006

Gledhill, A., & Harwood, C. (2015). A holistic perspective on career development in UK female soccer players: A negative case analysis. *Psychology of Sport and Exercise*, *21*, 65–77. https://doi.org/10.1016/j.psychsport.2015.04.003

Hendry, L. B., & Kloep, M. (2002). *Lifespan development: Resources, challenges and risks*. Thomson Learning.

Lavallee, D., Park, S., & Tod, D. (2010). Career termination. In S. J. Hanrahan and M. B. Andersen (Eds.), *Routledge handbook of applied sport psychology* (pp. 242–249). Routledge.

Leontiev, A. A. (1990). *L. S. Vygotsky*. Prosveschenie.

Ronkainen, N. J., Kavouora, A., & Ryba, T. V. (2016). Narrative and discursive perspectives on athletic identity: Past, present, and future. *Psychology of Sport and Exercise*, *27*, 128–137. https://doi.org/10.1016/j.psychsport.2016.08.010

Samuel, R. D. (2013). Counselling athletes in career change events: Applying the scheme of change for sport psychology practice. *Journal of Sport Psychology in Action*, *4*(3), 152–168. https://doi.org/10.1080/21520704.2013.804015

Samuel, R. D., & Tenenbaum, G. (2011). The role of change in athletes' careers: A scheme of change for sport psychology practice. *The Sport Psychologist*, *25*(2), 233–252. https://doi.org/10.1123/tsp.25.2.233

Samuel, R. D., Tenenbaum, G., & Bar-Mecher, H. G. (2016). The Olympic Games as a career change event: Israeli athletes' and coaches' perception of London 2012. *Psychology of Sport and Exercise*, *24*, 38–47. https://doi.org/10.1016/j.psychsport.2016.01.003

Stambulova, N. (2000). Athletes' crises: A developmental perspective. *The International Journal of Sport Psychology*, *31*(4), 584–601.

Stambulova, N. (2003). Symptoms of a crisis-transition: A grounded theory study. In N. Hassmén (Ed.), *SIPF yearbook 2003* (pp. 97–109). Örebro University Press.

Stambulova, N. (2011). The mobilization model of counselling athletes in crisis-transitions: An educational intervention tool. *Journal of Sport Psychology in Action*, *2*(3), 156–170. https://doi.org/10.1080/21520704.2011.598223

Stambulova, N. (2017). Crisis-transitions in athletes: Current emphases on cognitive and contextual factors. *Current Opinion in Psychology*, *16*, 62–66. https://doi.org/10.1016/j.copsyc.2017.04.013

Stambulova, N. (2020). *Athlete transitions as a result of the pandemic: A developmental psychology perspective*. Paper presented on-line at the 35th Annual Conference of the Association of Applied Sport Psychology. October 24.

Stambulova, N., & Ryba, T. V. (2020). Identity and cultural transition: Lessons to learn from a negative case analysis. *Journal of Sport Psychology in Action*, *11*(4), 266–278. https://doi.org/10.1080/21520704.2020.1825025

Stambulova, N., Ryba, T. V., & Henriksen, K. (2021). Career development and transitions of athletes: ISSP Position Stand revisited. *International Journal of Sport and Exercise Psychology*, *19*(4), 524–550. https://doi.org/10.1080/1612197X.2020.1737836

Stambulova, N., Schinke, R. J., Lavallee, D., & Wylleman, P. (2020). The COVID-19 pandemic and Olympic/Paralympic athletes' developmental challenges and possibilities in times of a global crisis-transition. *International Journal of Sport and Exercise Psychology*, *20*(1), 92–101. https://doi.org/10.1080/1612197X.2020.1810865

Petitpas, A. J., & France, T. (2010). Identity foreclosure in sport. In S. J. Hanrahan and M. B. Andersen (Eds.), *Routledge handbook of applied sport psychology* (1st ed., pp. 282–291). Routledge.

Vygotsky, L. S. (1984). Voprosy vozrastnoi psihologii [Issues of developmental psychology] In D. B. Elkonin (Ed.), *L. S. Vygotsky complete works* (Vol. 4, pp. 243–385). Pedagogika.

Wylleman, P. (2019). A developmental and holistic perspective on transitioning out of elite sport. In M. H. Anshel (Ed.), *APA handbook of sport and exercise psychology*: Vol. 1. *Sport psychology* (pp. 201–216). American Psychological Association.

Psychological Issues Presenting in Teams

38

CONSTRUCTIVE COMMUNICATION IN SPORT

Kevin L. Burke

We are always communicating. Whether or not we speak, gesture, acknowledge others, or return e-mails, text messages, or respond on social media, we are communicating. Good communication is a central skill practitioners and others in sports organizations should strive to possess (Weinberg & Gould, 2019). Topics include communicology, body language, linguistics, proxemics, encoding, decoding, sending, receiving, and other related aspects (Burke, 1997). Many universities offer courses and even majors in communication. Communication measures in team sports have been developed (Sullivan & Feltz, 2006). Communication skills were stated to be extremely important for visually impaired athletes (Afyon, 2021). Regardless of the setting, effective communication is central to success. Knowing how to be effective communicators may be one of the most important skills sport psychology professionals should hone. Interactions with others will significantly influence success as practitioners and teachers. Understanding the basics of communication provides a foundation for maximizing the components of this talent and potential for continual improvement.

Sport Communication Research

While previously limited, consistent investigations of sport communication have occurred within the past 20 years (Weinberg & Gould, 2019) in areas such as eating disorders (Silverman, 2021), Special Olympic athletes (Dailey et al., 2020), and self-talk (Zourbanos et al., 2007; Zourbanos et al., 2010). Coaches' perceptions of their communication with their athletes indicated coaches had erroneous memories of what they actually said to athletes (Millar et al., 2011)! Also, Lausic et al. (2015) found successful and less successful tennis double tandems exhibited different patterns of communication. Wachsmuth et al. (2017) suggested communication problems among athletes may lead to a lack of confidence, diminished team cohesion, and trust issues, which may negatively impact a team's performance.

Non-verbal Communication

The importance of non-verbal communication cannot be overstated. Coaches' non-verbal signals influence the stress levels of their athletes (Thelwell et al., 2017). Investigations of soccer players found significant influence from non-verbal cues (Furley et al., 2012). Not surprisingly, onlookers can tell when athletes were winning and losing based on body language (Furley & Schweizer, 2014). In tennis, non-verbal cues impacted ratings of performance and expected match outcomes (Buscombe et al.,

2006). Hammer throw athletes and coaches found non-verbal cues made up approximately 66%–75% of their communication during competitions (Rata et al., 2012).

Types of Communication

Communication types may be viewed as intrapersonal and interpersonal. Intrapersonal communication is usually better known as "self-talk" or our inner monologue – the conversations we have with ourselves. One could argue that intrapersonal communication is the most important type of communication because it affects one's views on life, confidence, daily actions, and reactions.

Interpersonal communication has usually been defined as meaningful exchanges between two or more persons and refers to a person sending or receiving a message(s) from another individual or group. Interpersonal communication includes not only verbal content, but also non-verbal cues sometimes known as body language (e.g., micro-expressions, posture, facial expressions, and voice intonations). It has been estimated that 50%–70% of all information exchanged in-person is non-verbal (Burke, 1997). If this estimate is accurate, then forms of communication not exchanged in-person (e.g., e-mail, text messages, instant messaging, and blogging) may have the potential to be severely limited, or at least less effective than face-to-face encounters. When communication is disembodied, then the potential for miscommunication and misinterpretation substantially increases.

Communication Techniques

Several methods and techniques have been suggested to improve communication processes on sport teams (Burke, 2005, 2006). Anshel (2012) developed a "ten commandments" of effective communication in sport (Table 38.1). Although suggested for coaches, sport psychology consultants may apply these propositions to their interactions with others.

Whitmore (2017) developed the GROW model which places particular emphasis on the coaches' use of questions for communicating with athletes. Four types of questions that may be used are (1) goal questions = What do you want to achieve?; (2) reality questions = What have you attempted to achieve your goal?; (3) option questions = What strategies can you attempt to reach your goal?; (4) will questions = Which methods are you now willing to attempt? These open-ended questions are designed to be thought-provoking and allow athletes to come up with their solutions.

Table 38.1 The Ten Commandments of Communication

Commandment
1 Thou shalt be honest.
2 Thou shalt not be defensive.
3 Thou shalt be consistent.
4 Thou shalt be empathetic.
5 Thou shalt not be sarcastic.
6 Thou shalt praise and criticize behavior, not personality.
7 Thou shalt respect the integrity of others.
8 Thou shalt use positive non-verbal cues.
9 Thou shalt teach skills.
10 Thou shalt interact consistently with all team members.

From Anshel, M. H. (2012). *Sport psychology: From theory to practice* (5th ed.). Upper Saddle River, NJ: Pearson Publishing.

Yukelson (2010) provided several suggestions for how to become an effective communicator; stating one must be honest, have good listening skills, be good at asking questions, be able to develop rapport, promote various views of the same situation, use the proper terminology, and establish a trusting relationship. Yukelson also emphasized to become an effective communicator one must take the time to practice these important attributes.

Communication Malfunctions

Although technology has assisted in the rapid exchange of certain types of communications, errors or misperceptions in communications are still frequent, and when communication failures or breakdowns occur, most persons blame the other parties. This bias may keep sport psychology professionals from thoroughly examining and attempting to improve their interpersonal skills. For accurate communications to occur, all participants must make a substantial effort, which sometimes is challenging. When persons are not "on the same page," communication breakdowns or barriers occur. One of the more common blocks to communication is inattentive listening, which usually occurs because the listener is not interested, thinking of another topic, focusing on the cell phone, or planning the next response. Another possible communication barrier between individuals is trust. When persons do not share a trust of each other, confidence in the information exchanged is severely affected (Brown, 2021). Another common cause of communication malfunctions is sending unclear or inconsistent messages. Ambiguous and vague statements are often difficult to comprehend and lead to unintended (mis)interpretations.

Levels of Listening

One aspect of improving communication and reducing communication malfunctions is the skill of becoming a better listener. Martens (1997) claimed that listening effectively is difficult and most untrained listeners hear less than 20% of what is said to them! Martens (1997) suggested one may improve listening skills by recognizing the need to listen, focusing intently on hearing what is said, trying to understand the meaning of the message as well as the facts of the message, avoiding the temptation to interrupt or complete others' statements for them, respecting others' rights to give their viewpoints, and trying not to give an emotional response unless it is suitable. Rosenfeld and Wilder (1990) discussed three levels of listening: active listening, intention of the message, and feelings accompanying the message. Martens (1997) stated that active listening involves letting the message sender know the message is being understood. Sometimes called reflective listening (Yukelson, 2010), this skill can be accomplished by paraphrasing (restating) what is said, asking questions, and using body language that communicates attention and engagement. Using these techniques makes the sender aware the receiver is paying close attention and is interested in the message. After the message is received, the listener should honestly and immediately inform the sender how the message is understood in a brief, but clear, manner (Martens, 1987). Another aspect of active listening is the ability to show empathy (Yukelson). Being empathetic means that the listener can view the situation from the sender's perspective. A good listener can show the sender caring and concern.

Level two listening refers to hearing only the content of the message (Rosenfeld & Wilder, 1990). This type of listening may cause the communicator to feel that the listener is uninterested or preoccupied. Level three listening occurs when the person receiving the message only hears portions of what is being stated. Attention to the message fades in and out. Receivers may also be so concerned in developing responses that they neglect to hear all of what the sender is attempting to share.

Weinberg and Gould (2019) discussed using supportive behaviors to indicate that one is listening to the message being sent. Some of these actions are staying open to new ideas, keeping direct eye contact, nodding, using receptive facial gestures, acknowledging receipt of the message verbally, and

paraphrasing what has been said. Finally, the foundation for improving communication, and lessening the risk of communication malfunctions, is to be motivated to improve. It is likely that the amount of communication enhancement occurring will directly depend on the level of motivation to seek improvement.

Sending Effective Messages

Being a good communicator involves the ability to communicate in a manner that is clear and concise. Hardy et al. (2005) provided several guidelines for sending effective messages. An initial aspect of what is to be communicated is developing the message, determining what is to be communicated, and attempting to stay within the confines of that message. Avoid adding peripheral statements or information unnecessary to the baseline message. Also, conveying too much information may overload the receiver, particularly when the athlete or coach is under elevated stress. Development of the message can be challenging for sport psychology consultants during counseling sessions, due to the small amount of preparation time available in those immediate situations.

Another central element to effective communication is to seek first to understand the person, then seek to be understood (Covey, 1990). This suggestion places importance on showing empathy by understanding the client's goals, interests, values, and frame of reference. By getting to know the coach or athlete first, you will be more likely to communicate with them in a meaningful manner. Another way to be sure communications are being understood is to observe the actions and reactions of the listeners (e.g., body language and micro-expressions). Look for signs the athletes or coaches comprehend what is being said. Finally, one way to help assure your message is received is repetition. Repeat the message as many times as is necessary to be sure that it is understood. Although at times it may be necessary to repeat the message in the same manner it was first delivered, find ways of sending the same message in different forms.

In communication, finding a positive manner of stating what needs to be said – even if strong criticism is necessary – can be extremely effective. The "sandwich approach" (Smith & Smoll, 1996) has been a popular method for providing corrective information in a way the person receiving the criticism does not feel attacked and is instead encouraged by the interaction. Briefly stated, the sandwich approach begins with a positive opening statement, followed by a future-oriented instructive statement, and ends with an encouraging, positive closing remark (e.g., "Good Effort, Shelly. Next time, follow-through completely. Love your enthusiasm!"). Speaking positively with others is almost always more engaging than sarcastic or biting exchanges.

Humor

Humor in communication has been shown to have mental and physical benefits (Burke, 2006). Humor is a basic way of communicating (Lynch, 2002) and can be effective in therapy (Keller, 1984). A good sense of humor can also be an effective coping mechanism (Brooks et al., 1999). Currently, it seems that there are potentially many benefits to humor, when used appropriately, in communicating with clients (Pack et al., 2019).

Revisiting Non-verbal Communication

As previously discussed, micro-expressions, body language, and facial expressions may convey more information than verbal communication. Body language may be a more salient indicator of what another is thinking and feeling than verbal content, because these subtle (and sometimes not-so-subtle) cues are more difficult to control consciously than spoken language (Burke, 1997). Many individuals

are so focused on the verbal aspects of their messages they often give little attention as to whether or not their facial expressions and body postures support what is being said. It behooves sport psychology professionals to learn to pay attention to these potentially valuable clues. Yet, even the most experienced body language experts realize that interpreting body language accurately on a consistent basis is challenging.

Although sport psychology consultants may attend to bodily cues from their clients to better comprehend the overall communication sequence, clients may be engaged in the same analysis. Sport psychology professionals should strive to provide non-verbal communication that supports the messages being sent. For example, using a confident body posture (e.g., shoulders back and chin forward) can help the client have confidence in what is being said.

Electronic Communication

One decision sport psychology professionals must consider is how much electronic communication to use with their clients. With so many communication avenues available (e.g., mobile telephone, FaceTime, e-mail, instant and text messaging, Facebook, Twitter, Instagram, TikTok, Zoom, blogs, websites, emojis, memes, and GIFs), it is possible to provide an almost unlimited amount of "in touch" services with a client. Also, e-sports may be considered a type of online communication via gaming or competition (Lim et al., 2021). Today's "Generation Y" and "Generation Z" are the first generations to grow up with computer technology (such as e-mail and text messaging), cell phones, and satellite dishes for television. One investigation found Generation Z (born from the mid-1990s until mid-2000s) to be spending more time on social media than Generation Y (born from early 1980s until mid-1990s), and, primarily for entertainment. Generation Y reported using social media mostly for the professional purposes (Bajrami et al., 2020). Social media is certainly now used for interpersonal communication. DesClouds et al. (2018) discovered that Canadian athletes spent almost 32 hours per week on their cell phones! British athletes (68%) reported interacting on Facebook within two hours of competition (Encel et al., 2017). In studies of NCAA Division I student-athletes, Twitter use was viewed both positively (self-expression, support, stay in touch with family and friends, relaxation, altruism) and negatively (i.e., criticisms) for the participants (Hayes et al., 2019). Professional athletes also reported more social media interaction, particularly during the COVID-19 pandemic (Baker, 2020; Feder, 2020).

Generations Y and Z familiarity with these electronic devices, in many cases, means that many younger athletes and coaches may be more comfortable communicating in this fashion than some sport psychology professionals may be. Therefore, sport psychology professionals should familiarize themselves with these communication possibilities and at least consider using some of these avenues as a supplement to face-to-face meetings with this age-group clientele. One major drawback of this communication boom, however, is the chance that some clients may expect practitioners to be available "24/7," which may create dependency issues that would need to be dealt with by sport psychology consultants.

"Bull in the Ring" – A Team Exercise

When a team experiences communication difficulties, the bull-in-the-ring (BITR) technique (Burke, 2005) may be used to assist with alleviating team disruption and tension. When handled properly, this intervention usually gets the teammates involved and can be an effective eye-opening, group, and self-awareness session. The BITR session may be held in two stages. First, the players are asked to sit in a circle (the ring), and a chair is placed in the center of that circle. For the first part of the session, a team item is placed in the center chair. The item could be a media guide, team jersey (without a player's name

or number showing), sport object (e.g., bat and ball), or even a card that has the team's name, mascot, or logo on it. The players are instructed to follow four basic rules:

1 Speak freely, honestly, and forthrightly.
2 Do not explain the brief statements (discussion may occur later).
3 Do not openly react to the statements.
4 Keep an open mind.

Proceeding clockwise around the circle, each teammate is asked to make a constructive, negative statement about their team while looking at the team symbol in the center chair. (For each "round," it is usually a good idea to grant the first person a 30-second pause to give an adequate amount of time for a thoughtful response.) For this part of the BITR session, players are not allowed to make statements about any individual but are to only make relevant statements about the team. After hearing all constructive negative statements and following the same guidelines, each player is then asked to make a positive statement about the team. After hearing all the positive statements, each player is then allowed to make *one* comment or ask *one* question of any teammate related to the positive *or* negative comments made in this part of the session.

The second component of the BITR session follows the same format as the first part, but each player sits in the center chair to hear comments directed at him/her. Thus, all players will hear one positive and one negative statement about themselves from each of their teammates. Each center-chair team member (the bull) is given the opportunity to select whether to hear the round of positive or negative statements first. Teammates making the comments may pass (only once) if not ready to respond, and must look their teammate directly in the eyes while making all comments. Each time a new round of comments begins, the teammate next in the circle after the person who last began the previous round begins the next round of comments.

For obvious reasons, this activity can be a sensitive encounter for any team. The sport consultant's role is to enforce the rules, keep the teammates on task, and help the process flow as smoothly as possible. After all players complete their turns in the center chair, then each team member is given a chance to ask *one* question to any *one* of the teammates about the positive or negative comments made. Most "bulls" tend to ask a question regarding a negative statement from one of their teammates. The sport practitioner should keep these mini-discussions brief. These questions may bring about short discussions and interactions from teammates who sometimes may not interact often. Issues not normally talked about among the teammates who do interact often may be discussed. Then, if the climate is facilitative after the second part of this exercise, allow any teammate *who volunteers* to make one comment, or ask one question of any other teammate, as long as the comment/question *does not relate* to the statements made during the BITR session. After the conclusion of the BITR session, the sport consultant may wish to have the group discuss the process just encountered. Whether or not to have a "debriefing" session after the BITR depends on how the encounters were responded to by the participants. If the sport consultant believes that there may be more issues to discuss or the group would benefit from further discussion of the BITR processes, then further discussion is encouraged.

The BITR exercise can be an excellent method for reducing uncertainty within a team situation. Through these sessions, teammates learn what each other is thinking about the team, and how they are perceived by teammates. In circumstances in which there is excellent rapport and trust, coaches and sport psychology professionals may choose to participate in the BITR. Another way to incorporate sport psychology consultants or coaches in the BITR (without players being concerned about retaliation by persons in "positions of power") is to allow anonymous positive and negative statements to be presented. By learning how one is perceived by others, the BITR session helps promote self-awareness through seeing oneself through others' eyes. Another purpose of BITR is to "clear the air" about issues

hurting the team chemistry, and to help promote better communication. Many times, the BITR session will promote a bonding experience for the team members. The three Cs or major goals of the BITR intervention are to promote *cohesion*, to improve *communication*, and to *clear* the air.

Conclusion

Even under the best circumstances, maintaining clear and consistent communication is challenging. Many people tend to blame communication mishaps on others, which makes oneself unlikely to seek to improve in this area. Understanding and practicing our skills of communication, along with the accompanying engaged, open, and attentive body language, is a major key to being successful as a sport psychology consultant. See Box 38.1 for a summary of the key points from this chapter.

Box 38.1 Summary of Key Points about Communication

- Communication may be viewed as constantly occurring.
- Communication may be intrapersonal and interpersonal.
- Use the "10 commandments" of communication.
- Make the effort to be an active listener.
- Communicate with others in a manner that is clear and concise, using a positive approach and a sense of humor.
- Be aware of non-verbal communication elements to send effective messages and to understand clients.
- Consider using electronic communication methods – at least as an adjunct to face-to-face encounters.
- Use the "Bull in the Ring" technique to delve into group or team issues.

References

Afyon, Y. A. (2021). Communication skill levels of trainers according to the perception of B2–B3 visually impaired athletes. *Journal for Educators*, *Teachers and Trainers*, *12*(2), 55–61. http://hdl.handle.net/10481/69341

Anshel, M. H. (2012). *Sport psychology: From theory to practice* (5th ed.). Pearson Publishing.

Bajrami, D., Dika, Z., Shabani, A., & Selimi, N. (2020, November). Cyberspace – awareness of vulnerabilities of the technology enabled communication environment. *Management international conference*. 101.pdf (hippocampus.si). Retrieved from https://www.hippocampus.si/ISBN/978-961-293-077-6/101.pdf

Baker, K. (2020). Bored athletes take to Instagram to connect with fans during coronavirus shutdown. *Axios*. Retrieved from https://www.axios.com/instagram-athletes-coronavirus-streaming-e098236c-095b-4996-b596-15d099a662dc.html

Brooks, N. A., Guthrie, D. W., & Gaylord, C. G. (1999). Therapeutic humor in the family: An exploratory study. *Humor*, *12*(2), 151–160. https://doi.org/10.1515/humr.1999.12.2.151

Brown, D. J. (2021). Building trust in virtual teams using communication technologies. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, *82*(6-A). Retrieved from https://epub.jku.at/obvulihs/download/pdf/6021967?originalFilename=true

Burke, K. L. (1997). Communication in sports: Research and practice. *Journal of Interdisciplinary Research in Physical Education*, *2*(1), 39–52.

Burke, K. L. (2005). But coach doesn't understand: Dealing with team communication quagmires. In M. B. Andersen (Ed.), *Sport psychology in practice* (pp. 45–59). Human Kinetics.

Burke, K. L. (2006). Using sport psychology to improve basketball performance. In J. Dosil (Ed.), *The sport psychologist's handbook: A guide for sport-specific performance enhancement* (pp. 121–137). John Wiley.

Buscombe, R. Greenless, I., Holder, T., Thelwell, R., & Rimmer, M. (2006). Expectancy effects in tennis: The impact of opponents' pre-match non-verbal behavior on male tennis players. *Journal of Sports Sciences*, *24*(12), 1265–1272. https://doi.org/10.1080/02640410600598281

Covey, S. R. (1990). *The 7 habits of highly effective people.* Simon & Schuster. https://doi.org/10.1080/02640410600598281

Dailey, S. L., Alabere, R. O., Michalski, J. E., & Brown, C. I. (2020). Sports experiences as anticipatory socialization: How does communication in sports help individuals with intellectual disabilities learn about and adapt to work? *Communication Quarterly*, *68*(5), 499–519. https://doi.org/10.1080/01463373.2020.1821737

DesClouds, P., Laamarti, F., Durand-Bush, N., & El Saddik, A. (2018). Developing and testing an application to assess the impact of smartphone usage on well-being and performance outcomes of student-athletes. In A. Rocha & T. Guarda (Eds.) *Proceedings of the international conference on information technology and systems* (pp. 883–896). Springer. https://doi.org/10.1007/978-3-319-73450-7_84

Encel, K., Mesagno, C., & Brown, H. (2017). Facebook use and its relationship with sport anxiety. *Journal of Sports Sciences*, *35*(8), 756–761. https://doi.org/10.1080/02640414.2016.1186817

Feder, L. (2020). From ESPN to Instagram LIVE: The evolution of fan–athlete interaction amid the coronavirus. *International Journal of Sport Communication*, *13*(3), 458–464. https://doi.org/10.1123/ijsc.2020-0233

Furley, P., Dicks, M., & Memmert, D. (2012). Nonverbal behavior in soccer: The influence of dominant and submissive body language on the impression formation and expectancy of success of soccer players. *Journal of Sport and Exercise Psychology*, *34*(1), 61–82. https://doi.org/10.1123/jsep.34.1.61

Furley, P., Dicks, M., Stendtke, F., & Memmert, D. (2012). "Get it out of the way. The wait's killing me." Hastening and hiding during soccer penalty kicks. *Psychology of Sport and Exercise*, *13*(4), 454–465. https://doi.org/10.1016/j.psychsport.2012.01.009

Furley, P., & Schweizer, G. (2014). The expression of victory and loss: Estimating who's leading or trailing from nonverbal cues in sports. *Journal of Nonverbal Behavior*, *38*(1), 13–29. https://doi.org/10.1007/s10919-013-0168-7

Hardy, C. J., Burke, K. L., & Crace, R. K. (2005). Coaching: An effective communication system. In S. Murphy (Ed.) *The sport psych handbook* (pp. 191–212). Human Kinetics.

Hayes, M., Filo, K., Riot, C., & Geurin, A. (2019). Athlete perceptions of social media benefits and challenges during major sport events. *International Journal of Sport Communication*, *12*(4), 449–481. https://doi.org/10.1123/ijsc.2019-0026

Keller, D. (1984). *Humor as therapy*. Med-Psych.

Lausic, D., Razon, S., & Tenebaum, G. (2015). Nonverbal sensitivity, verbal communication, and team coordination in tennis doubles. *International Journal of Sport and Exercise Psychology*, *13*(4), 398–414. https://doi.org/10.1080/1612197X.2014.993681

Lim, S. G., Jung, S. H., & Huh, J. H. (2021). Visual algorithm of VR e-sports for online health care. *Healthcare*, *9*(7), Article e824. https://www.mdpi.com/2227-9032/9/7/824/htm

Lynch, O. H. (2002). Humorous communication: Finding a place for humor in communication research. *Communication Theory*, *12*(4), 423–445. https://doi.org/10.1111/j.1468-2885.2002.tb00277.x

Martens, R. (1987). *Coaches guide to sport psychology*. Human Kinetics.

Martens, R. (1997). *Successful coaching*. Human Kinetics.

Millar, S., Oldhan, A., & Donovan, M. (2011). Coaches' self-awareness of timing, naure, and intent of verbal instructions to athletes. *International Journal of Sports Science and Coaching*, *6*, 503–515. https://doi.org/10.1260/1747-9541.6.4.

Pack, S., Arvinen-Barrow, M., Winter, S., & Hemmings, B. (2019). Sport psychology consultants' reflections on the role of humor: "It's like having another skill in your arsenal." *The Sport Psychologist*, *34*(1), 54–61. https://doi.org/10.1123/tsp.2018-0148

Pack, S., Hemmings, B. Winter, S., & Arvinen-Barrow, M. (2019). A preliminary investigation into the use of humor in sport psychology practice. *Journal of Applied Sport Psychology*, *31*(4), 494–502. https://doi.org/10.1080/10413200.2018.1514428

Rata, G., Rata, B. Rata, M., Mares, G., & Melinte, M. (2012). Verbal and non-verbal communication during hammer throw training and competitions. *Ovidius University Annals Series Physical Education and Sport/Science Movement and Health*, *Supplement*, *12*(2), 370–377.

Rosenfeld, L., & Wilder, L. (1990). Communication fundamentals: Active listening. *Sport Psychology Training Bulletin*, *1*(5), 1–8.

Silverman, J. (2021). Coaching the coaches: Improving communication between collegiate coaches and athletes at risk for the development of eating disorders. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, *82*(8-B).

Smith, R. E., & Smoll, F. L. (1996). *Way to go, coach!: A scientifically-proven approach to coaching effectiveness*. Warde.

Sullivan, P. M., & Feltz, D. L. (2006). The preliminary development of the Scale for Effective Communication in Team Sports (SECTS). *Journal of Applied Social Psychology*, *33*(8), 1693–1715. https://doi.org/10.1111/j.1559-1816.2003.tb01970.x

Thelwell, R. C., Wagstaff, C. R., Rayner, A., Chapman, M., & Barker, J. (2017). Exploring athletes' perceptions of coach stress in elite sport environments. *Journal of Sports Sciences*, *35*(1), 44–55. https://doi.org/10.1080/02640414.2016.1154979

Wachsmuth, S., Jowett, S., & Harwood, C. G. (2017). Conflict among athletes and their coaches: What is the theory and research so far? *International Review of Sport and Exercise Psychology*, *10*(1), 84–107. https://doi.org/10.1080/1750984X.2016.1184698

Weinberg, R. S., & Gould, D. (2019). *Foundations of sport and exercise psychology* (7th ed.). Human Kinetics.

Whitmore, J. (2017). *Coaching for performance: The principles and practice of coaching and leadership* (5th ed.). Nicholas Brealey Publishing.

Yukelson, D. (2010). Communicating effectively. In J. M. Williams (Ed.), *Applied sport psychology: Personal growth to peak performance* (6th ed., pp. 149–165). McGraw-Hill.

Zourbanos, N., Hatzigeorgiadis, A., & Theodorakis, Y. (2007). A preliminary investigation of the relationship between athletes' self-talk and coaches' behavior and statements. *International Journal of Sports Science and Coaching*, *2*(1), 57–66. https://doi.org/10.1260/174795407780367195

Zourbanos, N., Hatzigeorgiadis, A., Tsiakaras, N., Chroni, S., & Theodorakis, Y. (2010). A multimethod examination of the relationship between coaching behavior and athletes' inherent self-talk. *Journal of Sport and Exercise Psychology*, *32*(6), 764–785. https://doi.org/10.1123/jsep.32.6.764

THE IMPORTANCE OF 'WE' AND 'US' IN TEAM SPORT

Developing a Shared Social Identity

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For teams to succeed in sport, they need to comprise athletes that have the necessary talent and physical competencies. However, talent alone is insufficient, and as we illustrate in this chapter, teams must also develop a shared sense of social identity – a sense of 'us' and that 'we're in this together' – that spurs them to achieve their collective goals. As Janine Beckie, a member of the 2021 Olympic Gold medal winning Canadian women's football/soccer team, noted in describing their team's chemistry:

> I think it goes without saying that culture is definitely our X-factor…And our relationships off the field – I think we did the best job we ever have of bringing them onto the field and having that camaraderie and the connection on the pitch like we do off.
>
> *(cited in Johnson, 2021)*

In this chapter, we explain the importance of developing a shared identity within sport teams, and articulate how those concerned with team development/performance in sport can develop such a sense of togetherness, through the provision of theory-driven, evidence-informed strategies.

We begin by providing a brief overview of the theoretical framework that informs these practical recommendations, widely referred to as the 'social identity approach' (Haslam et al., 2020). We subsequently provide a brief synopsis of the current empirical evidence base that incorporates a range of observational (i.e., non-experimental) and experimental approaches. Through appraisal of this evidence base, we consider how social identities contribute to individual and team outcomes in sport and explain how they can be targeted through intervention. We also endeavor to identify gaps in current knowledge and highlight pressing directions for future 'applied' research.

The Social Identity Approach

The social identity approach is concerned with examining the psychological processes involved when people are members of, and contribute to, groups. Over 50 years ago, the French Psychologist Henri Tajfel found that when individuals were allocated to groups, based on quite arbitrary criteria such as a coin toss, that they immediately developed conceptions of a group identity in terms of a sense of 'us' or 'we' (Tajfel, 1970). From those early beginnings, the social identity approach evolved to explicate how a person's sense of self becomes intertwined with the various social groups with which one is a member, or perceives oneself to be a member, as well as the cognitive, affective, and behavioral consequences

that result in relation to both intra-group (e.g., becoming more cohesive), as well as inter-group (e.g., displaying strong aversion toward one's rivals) behavior.

The social identity approach comprises two distinct, but complementary theories, namely social identity theory (Tajfel & Turner, 1979) and self-categorization theory (Turner et al., 1987). Social identity theory was originally developed to elucidate the psychological processes that form when people perceive themselves to be, or are actually, members of one social group in contrast to other groups that might exist within one's milieu. That is, social identity theory was initially concerned with understanding *inter-group processes*, and in particular how people perceive and act toward members of 'other groups' (i.e., out-groups) in contrast to members of their own social groups (i.e., in-groups). Such in-group favoritism and out-group rejection are widely recognized as established psychological phenomena that explain human behavior in a wide range of settings (Everett et al., 2015).

The second theoretical framework within the social identity approach and one that represents the primary focus for the remainder of this chapter corresponds to self-categorization theory (Turner et al., 1987). In contrast to social identity theory, self-categorization theory is concerned to a greater extent with *intra-group processes*, and in particular, how and why people come to psychologically align themselves with various social groups (Turner et al., 1987, 1994) and the constituent members of those social groups. Of particular relevance for this chapter, self-categorization theory provides a conceptual framework that can inform how social identities can be developed *within* teams. According to self-categorization theory, people categorize themselves and others on the basis of various attributes that are salient to them and make appraisals about the extent to which they are similar or dissimilar (person X is 'like me' or 'not like me') to each other on the basis of those categorizations.

In terms of how self-categorization processes unfold and influence subsequent human behavior, this takes place via a series of psychological processes whereby certain social categories are made *salient* (Oakes et al., 1994). Specifically, for a social category (e.g., age, gender, cultural markers, and nationality) to become salient, it must be immediately *accessible* to the person in question, which means that it is valued to some extent, held as important, and conspicuous. Accessibility is sometimes referred to as a person's *readiness* to make use of a particular social categorization. This accessibility/readiness often arises through ongoing socialized processes (team culture or norms) or cultural surroundings (e.g., media influences and educational upbringing). In addition to psychological accessibility, the second component of category salience corresponds to 'fit' (Oakes et al., 1994). Fit manifests itself as people invariably make comparisons between themselves and others within a social group such as a sports team, and between their social group/team and others. One can see that these psychological processes play out in elite-level sport, in which athletes develop strong identities associated with their provincial, state-level, or professional club teams based on shared experiences of adversity/success, team norms/culture, and playing philosophy that brings about fierce competition with other teams. When the very best athletes from those teams are then selected for their national teams, this represents an important challenge for the managers and coaches of those teams to develop a sense of 'us' that reflects a higher-level social identity based on commonalities, or salient categorizations, among team members.

An insightful example of this comes from the sport of (field) hockey, where the Great Britain team (Team GB) comprises athletes from England, Scotland, and Wales. In recognition of the lack of togetherness, infighting, and lack of co-ordination that existed prior to 2006, Team GB developed a legally binding framework, and document, around a theme called 'Great Britain Primacy' in which all three nations would formally commit to putting the collective goals of Team GB above each separate nation's goals (Juggins & Stainthorpe, 2017). As Sally Munday, chief operating officer of Great Britain Hockey, remarked after the meteoric improvement of the women's team after winning the Gold Medal at the 2016 Rio Olympics:

> I cannot stress enough the significance of that framework agreement and what it has allowed us to do... It stopped all of the political shenanigans that were going on between England, Scotland and

Wales and it has stood the test of time. Great Britain is first and the athletes are at the center. That fundamentally is what has really changed.

(Juggins & Stainthorpe, 2017, p. 20)

It is important to note, from a theoretical perspective that social identities can develop organically (i.e., naturally) through intra- and inter-group interactions, but can also be shaped through the explicit efforts of key social agents (e.g., coaches and team captains) to foster a sense of 'us', as well as through formal intervention, such as the GB 'framework agreement'. Whether developed naturally or as a result of formal intervention, if and when athletes perceive that the attributes and behaviors within a given social group are congruent with their own conceptions of self then 'fit' is posited to occur. In a similar regard, if and when people perceive themselves to be *similar* to one another (either organically or through intervention) on sport teams in relation to accessible attributes, this process acts as a basis to develop salient social identities (Turner et al., 1994). It should also be noted, however, that the relations between intragroup perceived similarity and social identity formation also exist in a bi-directional manner, insofar as when people believe that they share social identities in common with one another they increasingly adopt each other's perspectives and perceive themselves to be more similar to each other (Haslam & Turner, 1992). When a person's sense of self is highly intertwined with the social groups of which they are a part (including sports teams) and hold social identities associated with these groups as salient (through conceptions of fit and accessibility), and share these with other group members (via perceived similarity), these processes act as powerful forces that connect that person to the group. In turn, when group members strongly identify with those groups, as we illustrate in the next section, this provides a catalyst to drive individual members' efforts as well as intra-team co-ordination, teamwork, well-being, and group outcomes (e.g., team performance).

Social Identity Processes in Sport: The Current State of Evidence

Research in sport settings underpinned by the social identity approach has grown exponentially over the past ten years (Haslam et al., 2020). It is beyond the scope of this chapter to provide expansive coverage of the full breadth and depth of this empirical work (interested readers are encouraged to read Haslam et al., 2020); however, in this section, we provide a very brief synopsis of research that provides a compelling rationale for why those concerned with optimizing team functioning in sport should prioritize the development of social identities on sport teams. First, with regard to observational (i.e., non-experimental) evidence, when athletes strongly identify with the teams of which they are members this is associated with greater cohesion (Chamberlain et al., 2021), higher levels of confidence in their collective capabilities (Fransen et al., 2014), as well as superior performance outcomes (Thomas et al., 2019).

Although the accumulated correlational evidence to date points to the accrual of enriched social identities being linked with improved team functioning/performance as well as putative mechanistic processes such as collective efficacy and team cohesion, this evidence base is unable to provide evidence of causality. It is to this experimental evidence that we turn, which sheds light on both the capacity of social identity processes to *influence* pertinent team outcomes, as well as *causal antecedents* of identity development. Two studies by Katrien Fransen and her colleagues stand out; one conducted in a basketball setting (Fransen et al., 2015), with another in football/soccer (Fransen et al., 2016). In both studies, the researchers had athlete leaders (who were confederates in the studies) display either high or low confidence in the capabilities of four-member teams. In the former study, performance was operationalized via team members' performance in a free throw shooting competition that was ostensibly presented to participants as a national competition. In the latter study, performance was operationalized through participants' achievement on a football-based dribbling and shooting task. In both studies,

when the athlete leaders displayed confidence in their teammates, those teammates displayed improved confidence in their collective capabilities, via a confidence contagion effect, and improved athletic performance.

In both studies, the extent to which team members socially identified with the team explained (i.e., mediated) the effects of leaders' confidence in the team on collective efficacy. What this means from a practical perspective is that athlete leaders such as team captains are able to bolster the confidence in their team members as well as their personal performance contributions, and this occurs by encouraging team members to strongly identify with the team (social identification acts as an important intermediary process). Of particular note, the catalyst for enhancing intra-team social identification in both studies corresponded to leaders displaying confidence in their teammates' capabilities. From a social cognitive theory perspective, Bandura (1997) proposed several sources of efficacy-enhancing information that could be targeted to convey *other-efficacy* (i.e., confidence in other people's capabilities). These include verbal persuasion in which leaders (e.g., coaches and athlete leaders) articulate a compelling vision to followers of their capabilities. We return to some of these practical strategies in the next section.

In addition to this experimental evidence that has examined the capacity of specific strategies (e.g., athlete leaders conveying confidence in team members), some recent work has sought to examine the potential of *multi-component* (social) identity enhancing interventions to enhance intra-team dynamics and motivation among team members. For example, Fransen and colleagues (2020) recently proposed a multi-stage leadership development program for use in sport settings, informed by social identity theorizing, that was designed to help (a) identify the most appropriate team members for leadership roles, and (b) provide those athlete leaders with the competencies to effectively lead their teams. Specifically, this program, named the *5R Shared Leadership Program* (*5R^S*), was designed to identify the relevant team structure (leadership role identification) via a shared leadership mapping exercise (involving social network analysis) and by bolstering the leadership competencies of those athlete leaders through five sequential stages, namely *Readying*, *Reflecting*, *Representing*, *Realizing*, and *Reporting*. After initially identifying and appointing athlete leaders to take on various task, social, motivational, and external leadership roles, via social network analysis, the next phase of the program involves targeting each of the five 'Rs' through three experiential workshops.

In brief, *Readying* involves providing workshop participants with an explanation of the conceptual bases that underpin the program and articulating the potential of social identity processes on sport teams. *Reflecting* involves having participants reflect on the important social groups and bonds that provide the basis for them to psychologically thrive. *Representing* reflects an aspirational stage whereby members are encouraged to consider what they want to be collectively and identify shared values and idealized norms. *Realizing* involves identifying the behavioral strategies needed to achieve those goals identified in the previous stage. The final stage, *Reporting*, involves teams identifying the steps required to monitor team progress toward those earlier specified goals (for a detailed overview see Fransen et al., 2020, or Mertens et al., 2021). Initially, Fransen and colleagues (2020) provided evidence for program feasibility/acceptability based on interviews with participants from one organizational team and one sports team. Mertens et al. (2020) subsequently conducted a quasi-experimental intervention study in which four intervention and four control basketball teams were compared, to ascertain program efficacy. Although the study did not randomize teams to different conditions (conditions were determined based on whether coaches were interested in participating in the *5R^S* program or not) the study provided preliminary evidence for the capacity of the 5Rs program to enhance the identity leadership of athlete leaders on sports teams as well as the extent which team members socially identified with their respective teams.

In perhaps the most robust test of the efficacy of this multi-component intervention framework, Mertens et al. (2021) conducted a randomized trial in which 16 competitive basketball teams were randomized to either an intervention or wait-list control condition. The results revealed that teams who were exposed to the *5R^S* program displayed elevated social identification with their respective teams

compared to controls along with improved social support, intrinsic motivation, and confidence (among other outcomes). There were null effects for a measure of team performance, although it should be noted that this was assessed using a single-item self-report indicator. Other research from the sport of basketball has used objective performance indicators (Christie & Barling, 2010) and so future work would seem worthwhile to examine the extent to which the $5R^S$ program is able to bolster team performance outcomes, as well as putative explanatory variables/mediators (e.g., cohesion, collective efficacy, and co-ordination). Nevertheless, what the $5R^S$ program offers is a theoretically informed framework that can be utilized to guide programs and coaching initiatives that are concerned with developing a sense of 'us'. In the next section, we draw from social identity theorizing and the above extant evidence-based, to highlight practical recommendation for readers interested in team development in sport.

From Theory and Research to Applied Practice

In light of the observational and experimental research evidence linking social identities to facilitative intermediary psychological states (e.g., cohesion, collective efficacy, and teamwork) and enhanced performance outcomes, those concerned with team functioning will likely be interested in the practicalities of "how do I go about effectively building a sense of 'we' or 'us'?" As a starting point, the $5R^s$ framework described above provides a sound conceptual model that begins with identifying which leaders should be assigned specific leadership roles, and then guides teams to build bespoke strategies (e.g., having teams formalize shared team norms), and evaluating goal achievement. As a complement to this stage-based approach, Steffens et al. (2020) presented a conceptual model that describes the different *behaviors* that athlete leaders can utilize to build a sense of togetherness. These behaviors can be utilized by those assigned to formal leadership roles, or those who operate as informal (emergent) leaders. These behaviors are described in Table 39.1.

In addition to nurturing the behaviors (described in Table 39.1) of those in leadership positions (e.g., via personal and professional development activities), to create shared identities there are a number of

Table 39.1 Identity Leadership Behaviors (from Steffens et al., 2020)

Dimension	Description
Identity entrepreneurship	This involves actions in which leaders create a sense of shared social identity. This can be done by articulating a unique and compelling vision (as illustrated in the quote at the beginning of this chapter) and using language that reflects shared bonds/experiences within teams (as distinct from other/different teams).
Identity prototypicality	This occurs when leaders behave, and are seen, as displaying the values of the team and are seen as 'one of us' by their teammates. This can be done by leaders positioning themselves as equal to, rather than above, other team members, authentically interacting with team members in the same way that other (non-leader) members interact with each other.
Identity advancement	This occurs when leaders engage in activities that place the interests of the group above those of themselves. This might involve taking concerns/requests from junior team members to coaches for resolution, or actively supporting the development of other team members (e.g., via mentorship and personal coaching) who play the same position, even if this means relinquishing any competitive advantage over that teammate (e.g., for starting status).
Identity impresarioship	This occurs when leaders create unconventional or novel strategies to optimize the experience of shared identities on a team. An example of this corresponds to the English men's football/soccer team manager, Gareth Southgate, who wrote an open letter to the country titled 'Dear England' with a view conveying a vision for the team, and one that involved the country supporting the team's collective efforts (Southgate, 2021).

additional practical strategies that teams can utilize. The first is to disperse or share leadership roles across a team. An excellent example of this relates to the dual-management model implemented by the New Zealand All Blacks (men's rugby union) team in the build-up to winning the 2011 Rugby World Cup. This model reflects the active involvement of players, along with coaches, in contributing to training, the development of on-field game plans, as well as off-field activities (Hodge et al., 2014). The sharing of leadership across team members serves (at least) three purposes. First, from a pragmatic perspective, it lessens the burden of placing all of the leadership responsibilities on a single person. Second, it helps to create several 'in-group champions' that can foster a sense of ownership to advance the interests of the group (Haslam et al., 2011). Third, assigning leadership to multiple team members can foster a sense of empowerment, and convey to those athletes that the coach believes in them.

A second strategy, born out from the two experimental studies by Fransen et al. (2015, 2016) described above, corresponds to leaders overtly conveying confidence in team members. The studies by Fransen et al. involved athlete leaders conveying that confidence, but the same could similarly be done by coaches. Theorizing from social cognitive theory (Bandura, 1997) can inform this process, whereby coaches and athlete leader can draw from shared experiences of (individual and collective) success (i.e., mastery experiences) to articulate strongly held beliefs in the team members' (individual and collective) capabilities.

In light of meta-analytic evidence linking group cohesion to performance outcomes in sport (Filho et al., 2014), and the consistent association linking social identification to group cohesion in sport (Chamberlain et al., 2021), Carron and Spink's (1993) implementation model for developing group cohesion offers additional insights for developing social identities in sports teams. The first corresponds to developing a sense of 'distinctiveness' in contrast to other (rival) teams. This reflects the meta-contrast principle embedded within self-categorization theory (Turner et al., 1987), whereby a sense of 'us' (as an entity) is magnified to the extent that a team is *different from* other competitor/comparator teams. This can be done using clothing/attire, symbols/slogans, or developing a unique style of play (or playing philosophy), a point that was identified in an analysis of leaders' (i.e., Chef de Mission and Performance Directors) media communications at the London 2012 Olympic Games (Slater et al., 2015). Another corresponds to harnessing the experience of 'sacrifice', whereby the team might draw from the shared experience of adversity and hardship (for example, sharing in painful losses that they do not wish to be repeated) as a means of pulling the team together in pursuit of its collective goals. Carron and Spink (1993) also highlight the importance of developing shared norms, which is comparable to the processes subsumed within the 'Representing' stage in the above *5R^s* model, and also highlighted the importance of cohesion-informed 'interactions' and 'communication' which closely align with 'Realizing' within the above Fransen et al.'s (2020) model. In sum, a number of practical strategies are available to coaches and those concerned with team development to build a sense of togetherness.

Social Identity Informed Applications: Two Caveats and a Final Note

Balanced against the promotion and application of the strategies discussed in the previous section, two important caveats exist. First, while the development of social identities can build cohesion and adaptive/prosocial outcomes, social identities can also be appropriated to foster dysfunctional behaviors such as hazing. Hazing (sometimes referred to as player 'initiations') occurs when athletes take part in ritualized abusive behavior that derives from a strong sense of belonging that exists in teams (Johnson et al., 2018). From a social identity perspective, Bruner et al. (2014) found that dysfunctional antisocial behaviors occurred among adolescent athletes when they experienced stronger social identification among team members. These findings should act as an important cautionary note, to ensure that any social identities that are targeted (through intervention) are also nurtured around ideals of psychological safety (as per Fransen et al., 2020), supportiveness, and citizenship.

The second caveat associated with the application of social identity informed initiatives derives from the concept of *authenticity*. Recent theoretical work from a social identity perspective has highlighted the importance of authenticity as an indispensable facet of 'fit' for a given environment (Schmader & Sedikides, 2018). Although the perceived authenticity of embodied social identities (as a result of training and intervention) has yet to be examined within sport settings, some research in sport has found that when coaches were perceived to be authentic by their athletes this was associated with greater trust and enjoyment (Bandura & Kavussanu, 2018). As one example, the New Zealand All Blacks have carefully cultivated values about putting the team first and displaying behaviors that reflect that vision. One of their mantras corresponds to 'sweeping the shed [changing room]' (Kerr, 2013) which reflects an ideology in which no individual is bigger than the team, and this includes senior players and those in leadership roles. In order to effectively translate these principles to another sport/context (as part of a team development program), one needs to do so in an authentic manner. Without such authenticity (perhaps by simply telling athletes to 'just do what the All Blacks do!'), perhaps akin to a form of *pseudo-identity leadership*, the potential of identity leadership training will likely fail to be maximized. In future, researchers might consider examining whether embedding 'authenticity' within identity-informed interventions results in added potency.

As a final note with regard to applied researchers, there remain considerable opportunities to identify the *optimal delivery mechanisms* related to social identity informed interventions and evaluate those through process evaluation research and use of experimental designs. For example, the *5R⁵* framework is proposed to be developed using a three-workshop format (Fransen et al., 2020), and while initial evaluation research provided good evidence for program efficacy (Mertens et al., 2021), it would be useful to ascertain the optimal frequency and dose of contact, as well as content, to maximize intervention effects. In addition, most of the intervention-based research to date, underpinned by the social identity approach, has taken place within teams derived from Western cultures (mainly from teams of European origins), and in future it would be useful to examine the extent to which the correlational and intervention-based findings describe above might replicate with sports teams from non-WEIRD (Western, Educated, Industrialized, Rich, Democratic; Henrich et al., 2010) countries. See Box 39.1 for a summary of the key points from this chapter.

Box 39.1 Summary of Key Points about Developing a Shared Social Identity

- Social identities represent that part of one's self that is intertwined with the social groups of which people are members.
- Social identities are an important determinant of athlete psychological well-being, as well as their capacity to contribute to team functioning and performance.
- Although social identities are related to a number of adaptive and prosocial behavioral and psychological outcomes, one should be aware that social identities can also be harnessed to serve maladaptive outcomes (e.g., hazing). Those concerned with supporting team development should be aware of, and act to intervene, to ensure that such toxic cultures do not manifest, as well as social identities that reinforce such attitudes and behaviors.
- Experimental research provides compelling evidence that social identities can be developed through intervention, and subsequently leads to superior athlete and team outcomes.
- The social identity approach represents a practically-useful and evidence-informed framework that can be used to develop strategies to create, and enhance, a collective sense of 'us' and 'we' on sport teams.

References

Bandura, A. (1997). *Self-efficacy: The exercise of control*. Freeman.

Bandura, C. T., & Kavussanu, M. (2018). Authentic leadership in sport: Its relationship with athletes' enjoyment and commitment and the mediating role of autonomy and trust. *International Journal of Sports Science & Coaching*, *13*(6), 968–977. https://doi.org/10.1177/1747954118768242

Bruner, M. W., Boardley, I. D., & Côté, J. (2014). Social identity and prosocial and antisocial behavior in youth sport. *Psychology of Sport and Exercise*, *15*(1), 56–64. https://doi.org/10.1016/j.psychsport.2013.09.003

Carron, A. V., & Spink, K. S. (1993). Team building in an exercise setting. *The Sport Psychologist*, 7(1), 8–18. https://doi.org/10.1123/tsp.7.1.8

Chamberlain, J. J., Hall, C. R., & Benson, A. J. (2021). How team socialization processes relate to youth ice hockey players' social identity strength and cohesion. *Sport, Exercise, and Performance Psychology*, *10*(4), 475–488. https://doi.org/10.1037/spy0000262

Christie, A. M., & Barling, J. (2010). Beyond status: Relating status inequality to performance and health in teams. *Journal of Applied Psychology*, *95*(5), 920–934. https://doi.org/10.1037/a0019856

Everett, J. A. C., Faber, N. S., & Crockett, M. (2015). Preferences and beliefs in ingroup favoritism. *Frontiers in Behavioral Neuroscience*, *9*, Article e15. https://doi.org/10.3389/fnbeh.2015.00015

Filho, E., Dobersek, U., Gershgoren, L., Becker, B., & Tenenbaum, G. (2014). The cohesion–performance relationship in sport: A 10-year retrospective meta-analysis. *Sport Science for Health*, *10*(3), 165–177. https://doi.org/10.1007/s11332-014-0188-7

Fransen, K., Coffee, P., Vanbeselaere, N., Slater, M., De Cuyper, B., & Boen, F. (2014). The impact of athlete leaders on team members' team outcome confidence: A test of mediation by team identification and collective efficacy. *The Sport Psychologist*, *28*(4), 347–360. https://doi.org/10.1123/tsp.2013-0141

Fransen, K., Haslam, S. A., Steffens, N. K., Mallett, C., Peters, K., Mertens, N., & Boen, F. (2020). All for us and us for all: Introducing the 5R shared leadership program. *Psychology of Sport and Exercise*, *51*, Article e101762. https://doi.org/10.1016/j.psychsport.2020.101762

Fransen, K., Haslam, S. A., Steffens, N. K., Vanbeselaere, N., De Cuyper, B., & Boen, F. (2015). Believing in "us": Exploring leaders' capacity to enhance team confidence and performance by building a sense of shared social identity. *Journal of Experimental Psychology: Applied*, *21*(1), 89–100. https://psycnet.apa.org/doi/10.1037/xap0000033

Fransen, K., Steffens, N. K., Haslam, S. A., Vanbeselaere, N., Vande Broek, G., & Boen, F. (2016). We will be champions: Leaders' confidence in 'us' inspires team members' team confidence and performance. *Scandinavian Journal of Medicine & Science in Sports*, *26*(12), 1455–1469. https://doi.org/10.1111/sms.12603

Haslam, S. A., Fransen, K., & Boen, F. (2020), *The new psychology of sport and exercise: The social identity approach*. Sage.

Haslam, S. A., Reicher, S. D., & Platow, M. J. (2011). *The new psychology of leadership: Identity, influence and power*. Psychology Press.

Haslam, S. A., & Turner, J. C. (1992). Context-dependent variation in social stereotyping: The relationship between frame of reference, self-categorization and accentuation. *European Journal of Social Psychology*, *22*(3), 251–277. https://doi.org/10.1002/ejsp.2420220305

Henrich, J., Heine, S., & Norenzayan, A. (2010). Most people are not WEIRD. *Nature 466*(7302), 29. https://doi.org/10.1038/466029a

Hodge, K., Henry, G., & Smith, W. (2014). A case study of excellence in elite sport: Motivational climate in a world champion team. *The Sport Psychologist*, *28*(1), 60–74. https://doi.org/10.1123/tsp.2013-0037

Johnson, J., Holman, M., Chin, J., Guerrero, M., & Signer, M. A. (2018). An examination of hazing in Canadian intercollegiate sports. *Journal of Clinical Sport Psychology*, *12*(2), 144–159. https://doi.org/10.1123/jcsp.2016-0040

Johnson, M. (August 16, 2021). Beckie says Canada still fighting for respect after Olympic gold medal. *The Sports Network*. Retrieved from https://www.tsn.ca/meaghen-johnson-janine-beckie-says-canada-still-fighting-for-respect-after-olympic-gold-medal-1.1682269

Juggins, S., & Stainthorpe, R. (2017). *The history makers: How Team GB stormed to a first ever gold in women's hockey*. Pitch Publishing.

Kerr, J. (2013). *Legacy: 15 lessons in leadership*. Constable.

Mertens, N., Boen, F., Steffens, N. K., Cotterill, S. T., Haslam, S. A., & Fransen, K. (2020). Leading together towards a stronger 'us': An experimental test of the effectiveness of the 5R Shared Leadership Program (5RS) in basketball teams. *Journal of Science and Medicine in Sport*, 23(8), 770–775. https://doi.org/10.1016/j.jsams.2020.01.010

Mertens, N., Boen, F., Steffens, N. K., Haslam, S. A., Bruner, M., Barker, J. B., Slater, M. J., & Fransen, K. (2021). Harnessing the power of 'us': A randomized wait-list controlled trial of the 5R shared leadership

development program (5RS) in basketball teams. *Psychology of Sport and Exercise*, *54*, Article e101936, https://doi.org/10.1016/j.psychsport.2021.101936.

Oakes, P. J., Haslam, S. A., & Turner, J. C. (1994). *Stereotyping and social reality*. Blackwell.

Schmader, T., & Sedikides, C. (2018). State authenticity as fit to environment: The implications of social identity for fit, authenticity, and self-segregation. *Personality and Social Psychology Review*, *22*(3), 228–259. https://doi.org/10.1177/1088868317734080

Slater, M. J., Coffee, P., Barker, J. B., & Jones, M. V. (2015). Leading for gold: Social identity leadership processes at the London 2012 Olympic Games. *Qualitative Research in Sport, Exercise, and Health*, 7(2), 192–209. https://doi.org/10.1080/2159676X.2014.936030

Southgate, G. (June 8, 2021). *Dear England*. Retrieved from https://www.theplayerstribune.com/posts/dear-england-gareth-southgate-euros-soccer

Steffens, N. K., Fransen, K., & Haslam, S. A. (2020). Leadership. In S. A. Haslam, K. Fransen, & F. Boen (eds), *The new psychology of sport and exercise: The social identity approach* (pp. 41–58). Sage.

Tajfel, H., & Turner, J. (1979). *An integrative theory of intergroup conflict. The social psychology of intergroup relations*. Brooks–Cole.

Thomas, W. E., Brown, R., Easterbrook, M. J., Vignoles, V. L., Manzi, C., D'Angelo, C., & Holt, J. J. (2019). Team-level identification predicts perceived and actual team performance: Longitudinal multilevel analyses with sports teams. *British Journal of Social Psychology*, *58*(2), 473–492. https://doi.org/10.1111/bjso.12277

Turner, J. C., Hogg, M. A., Oakes, P. J., Reicher, S. D., & Wetherell, M. S. (1987). *Rediscovering the social group: A self-categorization theory*. Blackwell.

Turner, J. C., Oakes, P., Haslam, S. A., & McGarty, C. (1994). Self and collective: Cognition and social context. *Personality and Social Psychology Bulletin*, *20*(4), 445–463. https://doi.org/10.1177/0146167294205002

40

UNDERSTANDING AND MANAGING CONFLICT IN SPORT

Mathew A. Grey, Dean Cooper, Tomas Tapper, and Clifford J. Mallett

The sporting context is often highly emotive and contested, and therefore, conducive to heightened tension and subsequent conflict (Wachsmuth et al., 2017). The relative certainty of conflict occurring in sporting contexts necessitates the need to better understand it, and more specifically, to know how to manage it effectively. Despite the recent emergence of literature for understanding and managing conflict in sport, a major limitation of this research has been the inadequacy to accept and manage conflict as a complex and dynamic construct. A large proportion of research has seemingly overlooked the processes that may underpin conflict, instead focusing on providing broad outcome-based approaches and strategies (i.e., a definitive 'fix' or solution for the outcome). To address this, the current chapter will look to review and make sense of previous research in this space (i.e., the foundations), before proposing a more process-based approach – using an Acceptance and Commitment Therapy (ACT) framework – to explore conflict and conflict management in sport.

Understanding Conflict in Sport

Defining Conflict

Barki and Hartwick (2004) define conflict as "a dynamic process that occurs between interdependent parties as they experience negative emotional reactions to perceived disagreements and interference with the attainment of their goals" (p. 234). This definition highlights three integral aspects that are necessary for an interaction or situation to be considered as conflict:

- *Disagreement* regarding or following a perceived difference in opinion, perspective, understanding, goals, objectives, or values.
- *Negative emotions* toward the circumstance that may include emotions toward the other party/parties involved, and/or the situation.
- *Interference* through behaviors that inhibit the other party/parties from reaching and achieving their goals, objectives, or values.

When a situation does not elicit perceived repercussions relating to all three properties, the situation is not deemed to be conflict (Barki & Hartwick, 2004). For example, consider two competing athletes with opposing objectives and goals (i.e., each wanting to win; *disagreement*), and who continue to inhibit

and prevent the other from reaching these objectives (*interference*). Without any negative emotion toward their interactions (outside of competition), the situation would be considered a rivalry and not an interpersonal conflict. Likewise, consider a coach and athlete with differences in character and/or approach (*disagreement*) that has led to frustration and disconnect toward the relationship (*negative emotions*). If there is no effort by either party to interfere with the other (in achieving their goals), the situation would be distinguished as a feud or a difference, rather than an intragroup conflict. Although some situations may not meet this classification at a particular moment, there is always the potential for circumstances to fluctuate between situations that do and do not meet these criteria. Such is the dynamic and complex nature of conflict.

Forms and Types of Conflict

Different forms of conflict include intrapersonal (i.e., within an individual), interpersonal (i.e., between two or more individuals), intragroup (i.e., between two or more individuals within the same group), intergroup (i.e., between different groups), as well as conflict between an individual and situational factors (LaVoi, 2007; Mallett, 2010). Although most research on conflict/conflict management in sport has focused on interpersonal conflict – perhaps due to its pervasiveness, or the ease at which it can be recognized and measured compared to other forms of conflict – within a sporting context, there is the potential for all forms of conflict to develop. Across the various forms, conflict can also be categorized into two overarching types: *task* and *relational*,[1] each with three distinct subtypes (Bendersky et al., 2010). Incorporating Barki and Hartwick's (2004) interpretation, *task* conflict can be defined as a process between interdependent parties that elicits a perceived disagreement, negative emotion/s, and interference, relating to a task (Holt et al., 2012; Mellalieu et al., 2013). Task conflict can be further categorized into the subtypes: *divergent conflict* (i.e., relating to the ideas and opinions about the task), *convergent conflict* (i.e., relating to the process and outcomes of the task), or *logistical coordination conflict* (i.e., relating to the logistics and management of the task; Bendersky et al., 2010). Likewise, *relational* conflict can be defined as a process between interdependent parties that elicits a perceived disagreement, negative emotion/s, and interference, relating to personal differences (Holt et al., 2012; Mellalieu et al., 2013). *Relational* conflict also has three subtypes: *status conflict* (i.e., relating to the rank and stature of those involved), *compatibility conflict* (i.e., relating to personal incompatibilities between those involved), or *commitment conflict* (i.e., relating to the responsibility and engagement of those involved; Bendersky et al., 2010). To illustrate, see Box 40.1 for various situations that can arise (and commonly do) in sporting teams, using the example of a football team.

One challenge that continues to inhibit a clear understanding of conflict in sport is associated with the fluid nature of the conflict itself. Conflict can arise at any time and has the potential to shift and evolve across all forms and types (Kerwin et al., 2017). A major reason for this is due to the perception/s of the conflict from the party/parties involved. For instance, conflict could initially develop from a task-related issue, say, between a coach and an athlete, regarding the athlete's recent performance. This could quickly transform into relational conflict if the player interprets the coach's comments and feedback as a personal attack, or the ensuing disagreement becomes personal at any point from either party. In cases like this, the conflict-type is contingent on how the party/parties perceive and interpret the disagreement in that moment, and this can be shaped by several additional factors, including their belief systems, mindset, values, and mood.

Factors that Contribute to Conflict in Sport

The determinants of conflict relate to the different aspects that can increase the possibility and promote the development of conflict. These can be grouped into three primary categories: *intrapersonal*

Box 40.1 Examples of Conflict by Various Forms and Types

Form	Example (with Type)
Intrapersonal	A player is conflicted about whether to stay at their current club/team or pursue playing opportunities elsewhere. In this instance, the player may be struggling with competing values or motives that align with either decision (e.g., favoring loyalty, safety, or predictability in staying with the team, versus favoring greater playing time, financial stability, or further opportunities for development in leaving the team). As the focus is on the player's playing career, and the different perspectives on this career, this would be considered an example of *divergent-task* conflict.
Interpersonal	Conflict may arise between a player and their coach, after the coach decides to bench the player for an upcoming match. In this instance, the coach believes the player has not been working hard enough, and recently made some comments to the player at training about the player's work ethic, resulting in a heated exchange between the two. Here the conflict stems from the player and their perceived effort, therefore, this would be an example of *commitment-relational* conflict.
Intragroup	Intragroup conflict may occur within a particular sector – say, the support staff – of the team, when different disciplines have conflicting opinions on an interrelated issue. In this instance, both the physiotherapist and strength and conditioning coach may be working with a player who is returning from injury, and they disagree on the best approach for the athlete to return to play. As the method and approach for return is at the center of the disagreement, this would be considered a *convergent-task* conflict. Now, imagine the physiotherapist then met with the strength and conditioning coach to try and resolve their differences, but the strength and conditioning coach continued to talk over the top of the physiotherapist and disregarded the physiotherapist's point of view. If this interaction became the new focus of the conflict, it would now be considered *status–relational* conflict.
Intergroup	The team may endure intergroup conflict with another club/organization they are competing against. In this instance, the two teams are not only rivals challenging for the championship, but there is also animosity and hostility between the two following a fiery encounter earlier in the season. With the two teams despising one another, and there being considerable differences between them (e.g., in culture or values), this would be an example of *compatibility-relational* conflict.
Between Individual and Situational Factors	This form of conflict may be experienced by the team's coach, who is struggling to manage/balance the long hours and immense workload that is required for the role, with a healthy home/family life. The coach remains conflicted between trying to do what is necessary for the team, versus being there with, and for the family. The coach continues to wrangle with the contest in either situation (e.g., feeling guilty that they are not working when at home and feeling guilty that they are not at home when working), and as a result, this inhibits the coach from thriving in either role. As the conflict arises from the coach's competing responsibilities, and relates to the management of their time, this would be considered a *logistical coordination–task* conflict.

factors, *interpersonal factors*, and *external factors* (Wachsmuth et al., 2017). *Intrapersonal factors* relate to those within or involving the individual, and can include the individual's upbringing, personality, general temperament, circumstantial emotions, character, belief systems, competence, and personal philosophy. *Interpersonal factors* refer to those between individuals/groups, including perceived differences, negative emotions, misunderstanding and ambiguity, maladaptive communication styles, misaligned leadership styles, power struggles, adversity, competition/rivalry, and identity-membership division. *External factors* incorporate all other aspects that can contribute to the development of conflict but are not accounted for by the previous two categories. These can include scarcity of resources, scheduling issues, societal and/or organizational culture, the general team environment, the coaching environment/climate, and the structural formation of the organization (see Holt et al., 2012; Mallett, 2010; Paradis et al., 2014; Wachsmuth et al., 2017; Zheng et al., 2019).

Any of these factors can operate alone or in conjunction with others (Mallett, 2010), and each can influence or play a role in the development of any form and type of conflict, depending on the setting and circumstances of the situation. Yet, with so many things to consider – and some factors functioning outside the control of particular parties (e.g., a coach would unlikely have any authority over the structural formation of an organization that they were employed to work for) – it would be impossible and impractical to try to monitor and control all situations to prevent conflict from occurring. At times, it will be unavoidable. Therefore, the top priority should focus on managing the conflict (Wachsmuth et al., 2018).

Managing Conflict in Sport

Outcomes of Conflict in Sport

Another reason why it is important to manage conflict in sport is due to the stark differences in outcomes that can emerge based on how the conflict is handled. Unmanaged or ineffectively managed conflict is likely to lead to unfavorable outcomes, whereas effectively managed conflict can offset some of the adverse effects that the conflict introduces, and lead to functional and favorable outcomes in some situations (Holt et al., 2012; Wachsmuth et al., 2018). The negative and dysfunctional outcomes extend beyond just the fundamental characteristics of conflict (i.e., *disagreement*, *negative emotion/s*, and *interference*) and can include *intrapersonal* outcomes (e.g., increased psychological distress, isolation and withdrawal, maladaptive coping strategies, feelings of inadequacy or helplessness; and decreases in health and well-being, satisfaction, and/or confidence), *interpersonal* outcomes (e.g., relationship ruptures, abuse and/or bullying, employment termination, dropout, lack of cohesion, distrust, and disrespect), and *external* outcomes (e.g., toxic culture, decreases in performance, and lack in environmental stability; see Holt et al., 2012; Kerwin et al., 2017; Mellalieu et al., 2013; Wachsmuth et al., 2017, 2018). Contrastingly, conflict that has been well-managed can reduce the occurrence and ramifications of the fundamental characteristics, and promote positive *intrapersonal* outcomes (e.g., increased focus, motivation, resilience, and self-efficacy, more effective problem-solving and decision-making, improvements in productivity and creativity), *interpersonal* outcomes (e.g., increased cohesion and trust, receptiveness to other perspectives, open communication, a unified sense of purpose and direction, and a shared identity), and *external* outcomes (e.g., increased overall performance, innovation, stronger culture, and a psychologically safe environment; see Holt et al., 2012; LaVoi, 2007; Paradis et al., 2014; Wachsmuth et al., 2017, 2018). The significance of these findings has led to the consideration that effectively managed conflict may be a necessary catalyst for rejuvenation and change (Hamm-Kerwin & Doherty, 2010).

The ease at which conflict can be guided toward positive, rather than negative outcomes may also be influenced by the type of conflict that develops. Research into the outcomes by type has shown *relational* conflict to be more associated with negative consequences (Hamm-Kerwin & Doherty, 2010; Paradis et al., 2014), often because of the personal nature of the disagreements being harder to accept

or tolerate. *Task* conflict is slightly more complicated – as the type is associated with positive outcomes in some instances, but not in others (Hamm-Kerwin & Doherty, 2010; Paradis et al., 2014). However, reasons for this inconsistency could involve the misinterpretation of the conflict (i.e., internalizing the conflict as relational instead of task; Hamm-Kerwin & Doherty, 2010), or the severity and length of the conflict (which can act as moderators of the relationship; Holt et al., 2012; Wachsmuth et al., 2018).

Limitations to the Current Approaches to Managing Conflict in Sport

In trying to establish valid and effective means for managing conflict in sport, various theoretical models and practical recommendations have been proposed within the literature. Most of these approaches attempt to either address the factors underpinning the conflict, or work toward desired outcomes for the party/parties involved (see Holt et al., 2012; LaVoi, 2007; Mallett, 2010; Paradis et al., 2014; Wachsmuth et al., 2018, 2020). Still, with the number of factors that can contribute to the development of conflict, and the number of outcomes that can eventuate from it, it is perhaps unsurprising that a single, agreed upon approach to managing conflict has yet to be found. Even with such myriad approaches, many people in sporting contexts still prefer and choose to handle conflict with avoidance (Holt et al., 2012; Mellalieu et al., 2013; Wachsmuth et al., 2018). Yet, most of the potential benefits that can arise from avoiding conflict tend to be short-lived, as avoidance does not allow for the underlying issue/s to be directly managed, nor does it necessarily help the party/parties to move past the conflict. This preference for avoidance may be due to the party/parties wanting to evade the uneasy and often distressing feelings that can emanate from conflict (Mallett, 2010). Alternatively, it could be that avoidance is a far simpler option than addressing the issue directly and trying to match the most effective strategy to the situation at hand, particularly if there are time-pressures present.

The success of pairing the appropriate strategy to the conflict situation is contingent on all parties agreeing on the factors driving the conflict, and/or congruency in desired outcomes. That is, if two players believe that a conflict has developed from different factors, then employing an effective strategy that caters to both players can become difficult. Similarly, if the two players want incompatible outcomes from the conflict, then a single strategy might be unfeasible to effectively manage the situation/issue. Both concerns highlight a notable limitation to the proposed strategies for conflict management in sport – namely, the rather static nature of the strategies themselves. Conflict is a dynamic process. It can constantly fluctuate and change as the situation unfolds. Suddenly being open to different perspectives isn't necessarily going to alter how an individual has interpreted previous negative interactions with another, nor does it address barriers that may get in the way to doing so. In the same manner, removing power imbalances in an organization may not eliminate the dominant relationships and habitual behavioral tendencies that have already formed, while the hierarchical structures were in place. Process-based issues (like conflict) require a process-based approach – one that can acknowledge and understand the evolution of the problem and can facilitate process-based strategies to manage the issue/s at hand.

The application of process-based approaches to conflict have been reported in non-sport settings. For instance, Greco and Eifert (2004) explored the implementation of processes from ACT to understanding and managing family-based conflict. Such process-based approaches hold promise for understanding and managing conflict in sport; however, research has yet to investigate this in depth.

Toward an Acceptance and Commitment Therapy (ACT) Approach

What Is ACT?

ACT is a psychological and behavioral approach, developed from the scientific philosophy of functional contextualism (see Hayes et al., 2012). In brief, ACT provides a framework to better understand the

reasons for behavior, the barriers to engaging with helpful/workable behaviors, uses intrinsic moti-vators for change (values), and develops skills to make these changes happen. The function of these skills is to equip individuals to develop and strengthen their abilities within the six core processes of ACT, to ultimately cultivate psychological flexibility (Hayes et al., 2012). From an ACT perspective, psychological flexibility is central to healthy human functioning, and refers to being open to internal experiences (e.g., thoughts, feelings, memories, and sensations) while adapting to external experiences, using values–guided behavior (Harris, 2019). The six core processes of ACT consist of:

1 *Acceptance*. Acceptance is associated with having openness to internal experiences, rather than try-ing to control, distract, avoid, or remove them.
2 *Defusion*. Defusion is the ability to distance oneself from cognitions, rather than getting attached and letting them dictate behavior.
3 *Self-as-context*. Self-as-context is the ability to differentiate between thoughts (or feelings) and the person who notices the thought (or feeling) occurring.
4 *Contacting the present moment*. Contacting the present moment is the mindful, conscious aware-ness of the here and now, and the ability to flexibly control and manage attention to the present moment.
5 *Committed action*. Committed action is the values–guided behavioral response within a particular moment, and not a mere reaction to the situation at hand.
6 *Values*. Values describe *who* we want to be and *how* we desire to behave. They are chosen life direc-tions that serve as a guide and give our lives a sense of meaning and purpose (Harris, 2019).

These processes are often displayed as a 'Hexaflex' (see Figure 40.1) to show the ongoing connection and relatedness of skills (Hayes et al., 2012). However, if an individual is not open to their internal ex-periences (i.e., *experiential avoidance*, *fusion*, and/or *self-as-content*), not adapting to external experiences (i.e., *lack of contact with present moment* and/or *unworkable action*), and/or not using values–guided behavior (i.e., *lack of values contact/clarity*), they are experiencing psychological inflexibility (Figure 40.1).
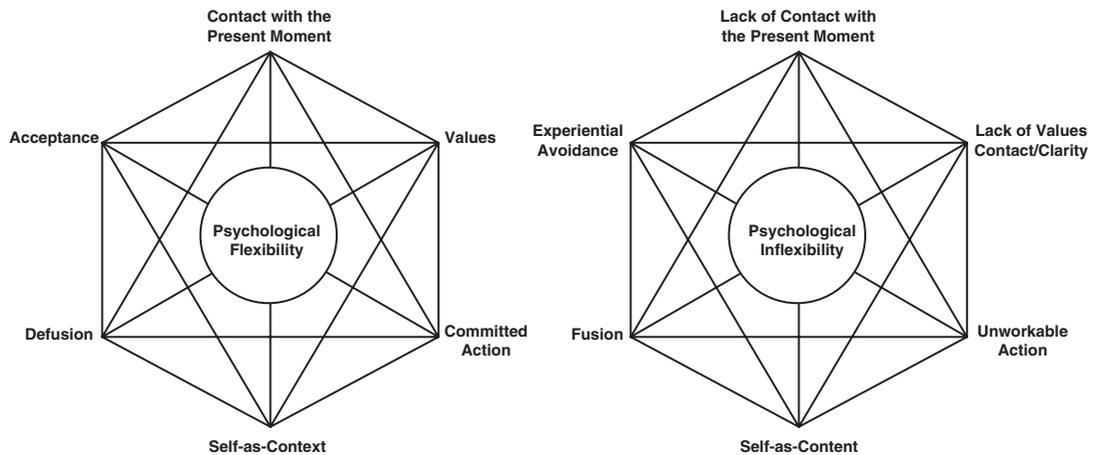
Figure 40.1   The ACT Hexaflex of Psychological Flexibility and Inflexahex of Psychological Inflexibility

Note: The ACT *Hexaflex* illustrating the six intersecting processes that contribute to psychological flexibility (left), and the converse *Inflexahex* illustrating the six intersecting processes that contribute to psychological inflexibility (right). Adapted from Hayes et al. (2012).

Understanding Conflict in Sport through ACT

As mentioned, Greco and Eifert (2004) demonstrated how family based conflict can be understood through ACT – specifically as a manifestation of various processes of psychological inflexibility. This comprehension can be further extended across all core processes of ACT, and into a sporting context. To elaborate, Box 40.2 will unpack the six core processes of psychological inflexibility and illustrate how they may function in relation to conflict in sport.

As evidenced here, each individual process of psychological inflexibility can provide a base understanding of the processes of conflict in sport. However, it is also important to recognize that these processes can interact and/or operate in tandem (Hayes et al., 2012), and this may need to be considered

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Box 40.2 Conflict in Sport as a Process of Psychological Inflexibility

Experiential Avoidance
Experiential avoidance is the engagement with behaviors with the purpose of avoiding unwanted internal experiences (Hayes et al., 2012). However, it is not the thoughts or feelings that are necessarily the problem, but rather the unhelpful consequences of the actions that have occurred as a result. For example, consider an athlete who is feeling vulnerable or embarrassed after making a mistake and tries to escape these feelings by reacting with aggressive-like behaviors or acting out in frustration. Or a coach of an underperforming team who thinks they aren't good enough and is worried they might be sacked, overcompensates, and starts micromanaging the players and support staff to a point where it leads to clashes with the other parties. Often trying to avoid these internal experiences just exacerbates them, and based on how the other party internalizes these behaviors, can potentially lead to conflict in certain situations.

Fusion
Fusion is an attachment to cognitive processes, where an individual holds their thoughts, ideas, and beliefs as a point of 'truth' or 'fact' (Hayes et al., 2012), and as a result, they can control the individual's behavior (Harris, 2019). For example, consider a head coach fused with the idea that hierarchy is synonymous with expertise (i.e., the coach knows best, and the athlete/s should listen and comply), leading the coach to adopt a 'my way or the highway'-type attitude. Or an athlete returning from injury fused with the thought that their body has not fully recovered (particularly if rehabilitation has left the athlete feeling sore and uncomfortable), leading the athlete to hesitate or abstain from participating despite assurances from the support staff. Such fusion can make perspective taking, receiving feedback, and learning new ways of thinking and behaving difficult – all of which could cause fractures in various working relationships that can lead to conflict.

Self-as-Content
Self-as-content refers to the process whereby an individual becomes fused with a self-concept, leading to the individual feeling as if it is fundamentally who they are (Harris, 2019). For example, consider an athlete being dropped from the starting line-up, greatly impacting their self-worth, and inciting an attachment with the negative self-evaluation that they are not good enough. Fusion to this self-concept can reduce confidence, decrease motivation, and lead to disengagement/withdrawal, negative emotions, and potential identity issues. Alternatively, consider an athlete who – after a streak of wins – is fused with a self-concept that they are unbeatable. Such a positive self-evaluation could lead to an unhealthy level of arrogance, a reluctance to take on feedback/advice, and an unwillingness to practice with excess effort. In instances like these, both the self-as-content process and the resulting issues can play a central role in the development of conflict – for the individual themselves, and/or with those around them.

Lack of Contact with Present Moment

Lack of contact with the present moment (or 'inflexible attention') is the inability to remain in the here and now, due to being psychologically stuck in the past, future, or elsewhere (Hayes et al., 2012). This can typically culminate in the form of distraction, disengagement, and disconnection (Harris, 2019). For example, consider an athlete struggling to maintain present-moment focus after making a costly error in a prior passage of play. The athlete may find their attention rooted in self-criticism, regressing to previous mistakes they have made, over-analyzing the experience, and/or catastrophizing about what the mistake will mean – all of which inhibit the athlete's ability to return to the current passage of play, and can have an influential role in the development of various forms of conflict.

Unworkable Action

Unworkable action is the patterns of behavior that continue or exacerbate struggles, keeping an individual or group 'stuck', and preventing them from working toward or doing what is important and valuable to them (Harris, 2019). Consider a coach that continues with autocratic leadership and communication styles, despite the team feeling despondent, becoming unresponsive, and performances declining. Or an athlete who persists with using drugs/alcohol to cope with the stress and pressures of elite sport, despite the range of health- and performance-related problems (including addiction and abuse) that can arise. As unworkable action can be the behavioral output for any of the processes of psychological inflexibility (Harris, 2019), there are many ways it can develop into conflict in sporting context, along with preventing or undermining the management and/or resolution of a conflict incident that is in motion.

Lack of Values Contact/Clarity

A lack of values contact/clarity refers to the detachment or misalignment of behaviors from the values of an individual or group in their moment-to-moment choices – often from competing values (within an individual/group), or conforming to the environment (to avoid criticism, exclusion, or seek approval, acceptance, Hayes et al., 2012). For example, consider a coach that values a nurturing and developmental environment for his/her players, but is under enormous pressure from a results-oriented administrative board, who demand immediate success. The coach faces a tough decision – either conform to the values and expectations of the organization (i.e., results over development) against his/her own values, continue coaching in accordance with his/her own values and risk losing employment, or quit (that may also go against the coach's values). Depending on the outcome, this could provoke various forms of conflict for the coach.

when understanding and/or managing conflict. For example, consider an athlete who goes through the same pre-race routine prior to each competition, as they are *fused* with the idea that they must do so to perform favorably. Completing this ritual highlights a *lack of contact with the present moment*, as the athlete is fixated on previous instances where they have completed the routine and performed well, and instances where they did not perform the routine and performed poorly. It also acts as a form of *experiential avoidance*, as the athlete is trying to avoid the negative internal experiences (e.g., anxiety, nervousness, and stress) that emerge leading into a race and the routine 'helps' to settle. If the athlete is unable to carry out the routine, they may become distressed, lose confidence, and/or lose motivation, and depending on the resulting behaviors (e.g., emotional outburst, disengagement/withdrawal, poor performance), could lead to various forms of conflict.

Managing Conflict in Sport through ACT

Building on the understanding of conflict as a process of psychological inflexibility, managing conflict in sport can then be understood as a matter of developing psychological flexibility (rather than

psychological rigidity). Akin to the previous section, managing conflict in this manner can be explored across all six core processes individually. Additionally, with collective ACT strategies such as mindfulness, conflict can also be analyzed across multiple processes simultaneously.

Acceptance

In circumstances where experiential avoidance is present or influencing actions and contributing to the conflict process, practicing acceptance can help the individual to acknowledge the difficulty and discomfort of their experiences, understand that it makes sense why there is an urge to behave in a certain way (based on these experiences), and recognize that there is a choice in their behavior. In short, this acceptance can be developed through three steps: (1) building an awareness of the experiential avoidance; (2) assessing the workability of the experiential avoidance; and (3) moving toward acceptance (often using metaphors; see Luoma et al., 2017).

Defusion

In conflict-related circumstances where fusion is dominating decisions/behavior, defusion can allow the individual to remove the restraints and move toward more flexible, values-driven action. This can include helping the individual to be less emotional and reflect more objectively on their thoughts/feelings, increase their understanding of the situation and of other views, be more engaged and responsive in the process, and communicate and problem-solve more effectively. Defusion can be developed through building curiosity (toward the cognitions that are hooking the individual), openness (acknowledging the workability of these cognitions), and flexibility (based on their workability, deciding whether to continue holding on to the cognitions or letting them go; Harris, 2019).

Self-as-Context

Self-as-context is a process that generates skills in flexible perspective taking and self-awareness (Luoma et al., 2017). These skills can be particularly useful in conflict-related events, as the ability to step back and observe a situation, and distance oneself from the automatic thoughts/emotions that arise, can provide opportunities to better understand the personal objectives of both self and others. Such an awareness can then help to promote empathy and (self-)compassion (Luoma et al., 2017) – both helpful processes in managing conflict. Developing self-as-context can be achieved through various processes and strategies, including hierarchical framing, defusing from self-evaluations, distinguishing between experiences (thoughts/feelings) and the experiencer (observing/noticing self), and unhooking from the conceptualized self (see Luoma et al., 2017).

Contact with Present Moment

Often, individuals/groups dwell on past mistakes (both their own and others) or worry over what might come next, and while this may seem productive at times, it inhibits from living in the present and recognizing the opportunities it may provide. The skills of present-moment awareness, recognizing how individual behaviors are impacting on the situation, and deciding how to behave within the moment, are vital in successfully navigating conflict. In situations where an individual is focused on past transgressions or potential future consequences, it is very difficult for conflict to be managed or resolved, as both are processes embedded in the present. Present-moment contact can be developed through helping individuals/groups return to the 'now' from a conceptualized past or future (e.g., grounding exercises), building skills to attend to experiences in a flexible and voluntary manner, and

helping to notice important information about their lives and relationships in any moment (Luoma et al., 2017).

Committed Action

The aim of this process is to create new, more helpful/workable behavioral patterns, rather than those that lead to problematic consequences. Awareness of valued behaviors enables an individual in conflict-related situations to utilize behavioral cues to recognize whether they are moving toward or away from what is important and adapt their actions accordingly. While this may not necessarily prevent conflict from occurring, it does allow for flexible action that can help to problem-solve and manage the situation more effectively. Committed action can be developed through four steps: (a) creation of values-based goals, (b) coaching to assist with adherence to commitments, (c) working through barriers to committed action using different ACT processes (e.g., defusion and acceptance), and (d) repetition of the prior three steps until consistent committed action is achieved (see Luoma et al., 2017).

Values

In periods of conflict, individuals/groups often act in ways that do not align with their values, and consequently, are confronted with considerable suffering (Luoma et al., 2017). However, being attuned to one's own values, as well as the values of other parties, can help with perspective taking, setting healthy boundaries, and guiding appropriate ways to communicate and behave. It can also provide clear, intrinsic reasoning to change behaviors even if it seems difficult to do so. Having visual aids (e.g., using values cards) can often be helpful to bring attention, add clarity, and effectively prioritize what is important regarding interpersonal situations.

Mindfulness

Mindfulness is the process of bringing attention to the present moment, purposefully, and without judgment (Harris, 2019). It is a key skill within ACT that can be used to address defusion, acceptance, contacting the present moment, and self-as-context, by helping individuals connect with themselves (e.g., building an understanding of how they feel, think, and react), with others (on a deeper and more intimate level), and as a way of consciously influencing personal behaviors and responses (Harris, 2019). Within conflict situations, mindfulness can assist with flexible attention, perspective taking, bringing awareness to thoughts/feelings/emotions and the urges they generate, unhooking from these internal experiences, and facilitating conscious choices in behavior rather than reacting out of sheer emotion. Mindfulness, like all ACT skills, can be refined through education, training, and continual practice, to increase willingness to experience discomfort and reduce struggles with, or acting on unwanted thoughts/feelings. A key element across all ACT processes is self-awareness. If an individual is not conscious of their 'stuck-ness' and how it may be controlling their cognitions and behaviors, then moving toward mindful, values-guided action is not possible.

The Role of Sport Psychology Practitioners in the Conflict Process

When conflict arises within sporting contexts, it has become somewhat customary to have a sport psychology practitioner (SPP) mediate and manage the issue (Holt et al., 2012; Wachsmuth et al., 2020). Acting as an impartial and detached party, SPPs are considered a trusted neutral person to assist, support, and direct the management of conflict toward positive outcomes for all (if/where possible). Research assessing the work of SPPs in managing conflict has identified six distinct roles they can

perform: educator, consultant, counselor, protector, analyst and action planner, and facilitator (see Wachsmuth et al., 2020). In addition, SPPs may also look to employ pre-emptive training and preparation for individuals/teams/organizations prior to conflict formation as a preventative measure (Holt et al., 2012). With conflict being an inevitable and often functional process (LaVoi, 2007), the primary focus for the SPP is to equip themselves and those around them with the knowledge, skills, and means necessary to effectively deal with conflict when it arises. However, SPPs have also reported several challenges in navigating their roles and responsibilities in conflict management, including potential risks to ongoing relationships, time constraints, rigid beliefs, difficulty remaining objective, and a lack of clarity around professional responsibilities (Wachsmuth et al., 2020).

While ACT shows great capacity to effectively understand and manage conflict, its utility may extend even further – providing a foundation from which the challenges commonly experienced by SPPs can also be addressed. For instance, consider the challenge of trying to manage conflict between parties with rigid beliefs. Such inflexible beliefs involve an intense attachment to an idea that precludes anyone from challenging it, or for the individual to accept opposing ideas or views. Through ACT, rigid beliefs can potentially be understood as tightly held ideas that the individual feels attached to (i.e., *fusion*), an aversion to alternative thoughts and ideas that may be distressful or uncomfortable (i.e., *experiential avoidance*), or something that an individual may define themselves by (i.e., *self-as-content*). Comparably, consider the challenge for SPPs to remain objective when managing conflict. Through an ACT lens, this challenge could potentially be understood as the SPP assessing the conflict/parties based on past encounters (i.e., *lack of contact with the present moment*), allowing personal experiences to interfere with what might be best for all parties involved (i.e., *lack of values contact*), or an inability to choose values-guided action for those in conflict (i.e., *unworkable action*). As demonstrated across these two challenges, each of the core processes of psychological inflexibility could be in effect, and the same can hold true for other challenges. In any of these instances, various ACT skills can be employed to manage the underlying rigidity. This suggests that adopting an ACT approach in conflict situations has the capacity to not only understand and manage the conflict, but also address many of the major challenges posed to SPPs. Through the adoption of ACT principles, and the implementation of relevant ACT skills and processes, SPPs have the capacity to improve their own conflict management abilities, the abilities of individuals/groups facing conflict, and the process of conflict itself.

Conclusion

Conflict within sport is inevitable. However, preferences to adopt outcome-based approaches are unlikely to address conflict as the dynamic process it is. Alternatively, we have advocated for a process-based approach; specifically, an ACT approach to better manage conflict in sport settings that will contribute to the quality of the sporting experience. See Box 40.3 for a summary of the key points from this chapter.

Box 40.3 Summary of Key Points about Managing Conflict in Sport

- Sport is a context that is conducive to the development of conflict, and as a result, conflict in sporting settings is deemed inevitable.
- There are many forms and types of conflict; however, conflict is a fluid process that can shift and evolve, depending on how the party/parties involved perceive and interpret the situation and the behaviors/actions of the other party/parties.

- There are various intrapersonal, interpersonal, and external factors that can increase the likelihood of conflict developing. These factors can operate independently or in conjunction with one another, and can influence the development of any form or type of conflict.
- Due to the sheer number of factors that can play a role in the development of conflict (and cannot be controlled for), and the different outcomes (both positive and negative) that can emerge as a result of how the conflict is handled, conflict management should be the top priority.
- Despite the many approaches and strategies that have been put forward for managing conflict in sport, many people still prefer to avoid dealing with the issue. This could be due to the static nature of the approaches/strategies themselves. Process-based issues require process-based approaches for management.
- ACT is a process-based approach that has demonstrated effectiveness in understanding conflict in other settings (outside of sport), and as illustrated here, can effectively be used to understand and manage conflict in sport.
- ACT may also be helpful in assisting with other factors that influence the success of conflict management, including challenges commonly faced by SPPs.

Note

1 Bendersky et al. (2010) classified the dimensions as *task* and *interpersonal*. However, as the term *interpersonal* also represents a *form* of conflict, this was substituted with *relational* to reduce any ambiguity.

References

Barki, H., & Hartwick, J. (2004). Conceptualizing the construct of interpersonal conflict. *International Journal of Conflict Management*, *15*(3), 216–244. https://doi.org/10.1108/eb022913

Bendersky, C., Behfar, K. J., Weingart, L. R., Todorova, G., Bear, J., & Jehn, K. A. (2010, June). *Revisiting the dimensions of intra-group conflict: Theoretical and psychometric construct refinement* [Paper presentation]. Annual International Association of Conflict Management (IACM) Conference 2010, Boston, Massachusetts, United States. https://doi.org/10.2139/ssrn.1611845

Greco, L. A., & Eifert, G. H. (2004). Treating parent-adolescent conflict: Is acceptance the missing link for an integrative family therapy? *Cognitive and Behavioral Practice*, *11*(3), 305–314. https://doi.org/10.1016/S1077-7229(04)80045-2

Hamm-Kerwin, S., & Doherty, A. (2010). Intragroup conflict in nonprofit sport boards. *Journal of Sport Management*, *24*(3), 245–271. https://doi.org/10.1123/jsm.24.3.245

Harris, R. (2019). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*. New Harbinger Publications.

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change* (2nd ed., pp. 62–63). Guilford Press.

Holt, N. L., Knight, C. J., & Zukiwski, P. (2012). Female athletes' perceptions of teammate conflict in sport: Implications for sport psychology consultants. *The Sport Psychologist*, *26*(1), 135–154. https://doi.org/10.1123/tsp.26.1.135

Kerwin, S., Walker, M. B., & Bopp, T. (2017). When faultlines are created: Exploring the conflict triggering process in sport. *Sport Management Review*, *20*(3), 252–260. https://doi.org/10.1016/j.smr.2016.10.003

LaVoi, N. M. (2007). Interpersonal communication and conflict in the coach–athlete relationship. In S. Jowett & D. E. Lavallee (Eds.), *Social psychology in sport* (pp. 29–40). Human Kinetics.

Luoma, J. B., Hayes, S. C., & Walser, R. D. (2017). *Learning ACT: An acceptance and commitment therapy skills training manual for therapists*. Context Press.

Mallett, C. J. (2010). Conflict management. In S. J. Hanrahan & M. B. Andersen (Eds.), *Routledge handbook of applied sport psychology: A comprehensive guide for students and practitioners* (pp. 335–344). Routledge.

Mellalieu, S., Shearer, D. A., & Shearer, C. (2013). A preliminary survey of interpersonal conflict at major games and championships. *The Sport Psychologist*, *27*(2), 120–129. https://doi.org/10.1123/tsp.27.2.120

Paradis, K., Carron, A. V., & Martin, L. J. (2014). Athlete perceptions of intragroup conflict in sport teams. *Sport and Exercise Psychology Review*, *10*(3), 4–18. https://www.researchgate.net/publication/265412921

Wachsmuth, S., Jowett, S., & Harwood, C. G. (2017). Conflict among athletes and their coaches: What is the theory and research so far? *International Review of Sport and Exercise Psychology*, *10*(1), 84–107. https://doi.org/10.1080/1750984X.2016.1184698

Wachsmuth, S., Jowett, S., & Harwood, C. G. (2018). Managing conflict in coach—athlete relationships. *Sport, Exercise, and Performance Psychology*, 7(4), 371–391. https://doi.org/10.1037/spy0000129

Wachsmuth, S., Jowett, S., & Harwood, C. G. (2020). Third party interventions in coach-athlete conflict: Can sport psychology practitioners offer the necessary support? *Journal of Applied Sport Psychology*, *34*(1), 178–203. https://doi.org/10.1080/10413200.2020.1723737

Zheng, J., Lau, P. W. C., Chen, S., Dickson, G., De Bosscher, V., & Peng, Q. (2019). Interorganisational conflict between national and provincial sport organizations within China's elite sport system: Perspectives from national organizations. *Sport Management Review*, *22*(5), 667–681. https://doi.org/10.1016/j.smr.2018.10.002

41

SPORT-RELATED BULLYING AND HAZING

Leslee A. Fisher and Lars Dzikus

Sport-related bullying and hazing are widespread phenomena (Fisher & Dzikus, 2010, 2018; Waldron, 2020). Sport psychology consultants (SPCs) can become those who help identify, prevent, and address these behaviors; they can also become part of larger movements to make the culture of sport more inclusive. In other words, we call upon SPCs to become advocates and agents of change. In fact, *all* stakeholders should examine their ethical commitments and the role of power in sport. To guide this process, we present Nery and colleagues' (Nery et al., 2020) multi-level framework with specific suggestions for change; embedded in this discussion is the role of power at play in sport contexts, specifically the lack of power that athletes have to make changes to their conditions. Additionally, we provide a set of critical questions for SPC self-reflection (see also Fisher and Anders, 2019). But first, we outline definitions of bullying and hazing.

Bullying

Bullying is "…any repeated, hostile, or demeaning behaviour intended to cause harm, fear or distress, including physical or psychological harm" (Government of Alberta, 2015, p. 1). A more updated definition is "…repeated mean, cruel, hurtful behaviours done on purpose by someone with more power" (Government of Alberta, 2021). The latter definition adds the criterion of power. According to Rigby (2002), bullying involves a combination of "a desire to hurt + hurtful action + a power imbalance + (typically) repetition + an unjust use of power + evident enjoyment by the aggressor and generally a sense of being oppressed on the part of the victim" (p. 51). Contested aspects of defining bullying are whether or not it has to involve repetition and/or intentionality (see Nery et al., 2020); in addition, emphasizing the criterion of unjust use of power, Rigby noted that a powerful person or institution might use aggression that is legitimate and just, for example, in crime prevention.

Specific forms of bullying can occur before, during, and after sport-related events in the form of verbal taunts, social exclusion, physical attacks, and cyber harassment (Nery et al., 2020). More specifically, sport bullying can include (a) repeated unwarranted yelling directed at the target; (b) continually criticizing the target's abilities in a way that is hurtful; (c) repeatedly blaming the target for mistakes; (d) repeatedly making unreasonable demands; (e) repeated insults or put downs of the target; (f) repeated threats to remove or restrict opportunities or privileges; (g) repeatedly denying or discounting the target's accomplishments; (h) threats of and actual, physical violence; and (i) e-mails or texts containing insults or threats (see Government of Alberta, 2015, p. 1). In addition, bias- or

prejudice-based bullying—focusing on a target's perceived identity (e.g., race, gender, sexual identity, or disability)—can be particularly common in sport (Nery et al., 2020); insults or put-downs of athletes are often homophobic, focusing on personal attacks related to athletes' sexual orientation, femininity, or masculinity (Anderson, 2005; Baiocco et al., 2018; Terret, 1999).

Hazing

Young (2013) referred to hazing as "one of the worst kept secrets in all of sport" (p. 75). He described it as "the required performance by neophyte athletes of often traumatic initiation rituals in the pursuit of a new group identity and induction into a new team setting" (p. 75). More broadly, Crow and Macintosh (2009) defined hazing in sport as follows:

> Any potentially humiliating, degrading, abusive, or dangerous activity expected of a junior-ranking athlete by a more senior team-mate, which does not contribute to either athlete's positive development, but is required to be accepted as part of a team, regardless of the junior-ranking athlete's willingness to participate. This includes, but is not limited to, any activity, no matter how traditional or seemingly benign, that sets apart or alienates any team-mate based on class, number of years on the team, or athletic ability.
>
> *(p. 449)*

Anderson et al. (2011) identified four common forms of hazing: "(a) physical acts of violence; (b) anti-social behavior; (c) excessive alcohol consumption; and (d) same-sex sexual activities" (p. 430). Testing neophyte athletes' willingness to take risk and obey hierarchical team structures, such rituals often include humiliating and degrading activities, drinking contests, and potentially illegal activities (Allan & DeAngelis, 2004; Anderson et al., 2011).

More recent scholars have illustrated how common hazing is in a variety of sport contexts, including high school and college athletics in the United States (Parks & DeLorenzo, 2019), how hazing and peer sexual abuse works in sport (Jeckell et al., 2018), and how new teammates are degraded and harmed during hazing (Waldron, 2020). Research about the phenomenon in Canada has been particularly productive; examples include adventure-based team orientations as alternatives to sport hazing (Johnson & Chin, 2016), an examination of harassment policies in Canadian youth sport (Donnelly et al., 2014), and the role of alcohol in Canadian university sport hazing (Chin et al., 2020).

Sport Bullying and Hazing Reduction and Prevention: A Multi-Level Approach

Nery and colleagues (Nery et al., 2020) have put forth a multi-level reduction and prevention approach to sport bullying and hazing. They are interested in reducing bullying and other types of aggressive behaviors defined as "…unsanctioned aggression and violence in amateur sport" (p. 230). Violent behaviors are multifaceted and occur along a continuum (i.e., from individual to situational to contextual and sociocultural). Interpersonal and peer-violence are abusive behaviors related to *power* and social group dynamics.

Embedded in larger issues (e.g., discrimination, athletes' rights, and well-being), sport-related bullying and hazing are complex issues that require complex solutions. Nery et al. (2020) believed that bullying—and by extension, hazing—cannot be attacked using random strategies. To diminish the occurrence of these behaviors, we need to create more inclusive and accepting sport environments as well as consistent policies operating within these environments. This work takes time, and in some cases, it needs to be undertaken by a qualified professional. The hope is that by creating such environments, athletes are able to develop to their fullest emotional and motor levels (Nery et al., 2020). Undergirding their model is Bronfenbrenner's Ecological Systems Theory (1979, 1996).

Ecological Systems Theory

Nery and colleagues (Nery et al., 2020) provide an excellent summary of the work of developmental psychologist Uri Bronfenbrenner (Bronfenbrenner, 1979, 1996) whose framework they use to under- gird their own. Bronfenbrenner called attention to a wide range of influences—operating at various levels—on child development; he labeled these levels *systems* and posited that these systems were not only complementary but played off of each other. His theoretical framework contained four systems; he called this framework *Ecological Systems Theory* (Bronfenbrenner, 1979, 1996). Below, the four systems are described briefly.

1 *Micro-system*. A location or setting where the individual establishes face-to-face interactions (such as in the sport system, between athletes and coaches, and athletes and athletes) is called the *micro- system*. In this system, interpersonal relationships, social roles, and leisure activities are the elements exerting the most influence on psychological development (Nery et al., 2020).
2 *Meso-system*. The interactions between the various social settings that the individual participates in make up the *meso-system*. In this system, the interaction between at least two social settings (i.e., sport and school settings) is the element exerting the most influence on psychological development (Nery et al., 2020).
3 *Exo-system*. At least one or more social settings where the individual does not actively participate— but where they are influenced indirectly—is called the *exo-system*. The exo-system can include how sport, schools, etc.—and by extension, the individual—are affected by national policies, for example.
4 *Macro-system*. The consistency experienced between all the previously mentioned systems (i.e., micro-, meso-, and exo-systems) within a culture or subculture is called the *macro-system*. In the macro-system, ideology or belief systems are the elements exerting the most influence on psycho- logical development (Nery et al., 2020). The difference between the exo-system and the macro- system is that in the macro-system, the focus is on "…general prototypes existing in the different cultures rather than a specific setting"; such prototypes, however, surely influence the activities and structures occurring in the actual levels (Nery et al., 2020, p. 56). In relation to sport, examples include cultural norms and beliefs, community norms, the social environment, religious affilia- tion, community policies, social values, community disorganization, habits, culturally accepted violence and aggression, sport mentality, and sexual stereotypes.

A Multi-Level Reduction and Prevention Approach to Sport Bullying and Hazing

Drawing on the work of Bronfenbrenner then, Nery and colleagues (Nery et al., 2020) developed a multi-level approach with specific recommendations for change to sport bullying and hazing. Since we are focused on providing suggestions to SPCs in this chapter, and the micro-level focuses on face- to-face interactions, we first address the micro-level. At this level, Nery and colleagues suggest how SPCs could work with athletes who have been bullied, those who have bullied, bystanders, teams, and coaches. We also describe potential intervention at the meso-level, where we illustrate how SPCs can work with parents.

SPCs Working at the Micro-Level: General Recommendations

At the micro level of their model, Nery and colleagues (Nery et al., 2020) focus on *measures and policies* related to bullying (and, by extension, other abusive behaviors such as hazing) *developed within the team and for its stakeholders* (i.e., coaches, players, parents, and leaders). General interventions at this level

include *education and training* about abuse, violence, and discrimination, with particular regard to developing a team policy for prevention and intervention.

For example, scholars have noted that the following factors contribute to the culture of gendered exploitation: (a) a toxic and corrosive environment, (b) normed sex-based discrimination and misogyny, (c) harassment from men in positions of power, (d) elements of a "celebrity" culture, (e) a "bystander" culture, and (f) silence as a condition of inclusion (Garcia-Navarro, 2017). Further, scholars have suggested that National Collegiate Athletic Association Division I (NCAA DI) coaches' perceptions and utilization of self-described caring coaching practices "…were really forms of domination and control over collegiate athlete bodies (i.e., monitoring their diets and body fat"; Gearity et al., 2021). In a related vein, scholars have explored athlete mistreatment and abuse in USA Gymnastics (Fisher & Anders, 2019); specifically, they critically reflected on how systemic athlete mistreatment and sport abuse are perpetuated in sport spaces where athletes compete and train "…in relations of force that privilege structures and practices to which athletes are subordinate" (p. 1). They focused on the *everyday* decision-making, systems, and practices that lead to gendered oppression and the perpetuation of sport systemic violence.

Therefore, SPCs could help all sport constituents (i.e., coaches, athletes, parents, and sport administrators) think about the security and dignity of athlete bodies in competitive spaces (Fisher & Anders, 2019). It is important to educate athlete, parents, and coaches about what sport-related bullying and hazing really is and that it is not appropriate under any circumstances. Parents in particular need to be informed about sport-related bullying and hazing team policies and rules, ways to communicate with the coach and other stakeholders about abusive occurrences, and how they can best support their children throughout their entire sporting experience (Nery et al., 2020).

Critical discussion questions could include:

> Under what conditions are athletes that you are working with training? Are those in power abusing athletes? Are athletes training in an environment that includes bullying, hazing, racism, sexism, homophobia, etc.? Are athletes encouraged and validated for speaking up and speaking out when someone is abused (i.e., physically, psychically, emotionally)? Is inclusion on the team dependent on obedience, submission, or silence? And are athletes (and other sport stakeholders like parents) responding to those in power as celebrities?
>
> *(see Fisher & Anders, 2019)*

Nery et al. (2020) suggest that policies could then be written at the micro level about anti-bullying, peer group norms, the moral atmosphere, codes of conduct, and ways to report abuses. The goal is to change attitudes toward violence and abuse using an athlete-centered approach. In this way, all sport constituents will know how to treat each other with respect, manage bullies, take care of victims, and who to report to when bullying occurs.

SPCs Working at the Micro Level: Specific Recommendations

SPCs Working with Athletes Who Have Been Bullied

If and when bullying or hazing does occur, there are several specific ways that trained professionals can help (Nery et al., 2020). For those SPCs *with clinical training* working with athletes who have been bullied, the following strategies could be useful: (a) rational problem-solving and/or assertiveness training to improve victims' coping strategies, to help them with their social skills, and to become more integrated into the peer group/team; and (b) therapeutic interventions to reduce anxiety and depression; this is helpful because victimization and depression are strongly related (Nery et al., 2020).

SPCs Working with Those Who Have Bullied Others

For those SPCs working with bullies, the main goal is to reduce bullying by the perpetrator. This is what Nery at al. (2020) call a *reactive strategy*, one that happens after bullying has already occurred. Two approaches appear fruitful in this regard: (a) giving the perpetrator some meaningful role on the team such as team captain, coach helper, and mentor; and (b) using motivational interviewing (MI) to help the bully explore and resolve why they are bullying. In terms of assigning the bully a meaningful role like team captain, this can help them feel more valued and respected, and give them another motivation other than bullying teammates. However, this meaningful role approach needs to be undertaken with great care so that bullies don't abuse their newly granted power; the goal is to move their behavior to-ward more pro-moral and social ends. In addition, by using MI with the bully, SPCs can help bullies uncover why they are abusing their teammates, how they can change their motivation, and explore the next steps to take (Nery et al., 2020).

SPCs Working with Bystanders

In terms of SPCs working with those who witness bullying and hazing, it is important to first help them acknowledge that these behaviors have occurred. Often, witnesses do not feel as though they are involved in bullying or hazing; however, their actions (i.e., rejection or acceptance of the behavior) will impact the amount of those behaviors that occurs (Nery et al., 2020). In fact, it is crucial to work with witnesses and encourage them to reject these abusive behaviors on behalf of the victims; developing bystander intervention programs is one way that teammates can feel that they are making a difference (Nery et al., 2020).

SPCs Working with Teams

For those SPCS working with whole teams where bullying or hazing has occurred, Nery et al. (2020) suggested at least three strategies that can be utilized. The first is to help the team develop *injunctive norms* (Nery et al., 2020). Injunctive norms relate to those behaviors that teammates should expect of each other when they interact together. Injunctive norms are associated with codes of conduct or defin-ing and standardizing behaviors expected from all team stakeholders; this should include what is okay and what is not as well as how to de-normalize abusive behaviors. The second strategy is to develop *descriptive norms*. Descriptive norms describe what most athletes actually do in sessions together. This is important to define because of the importance of the social climate on the team; each teammate is influenced by the social climate that is set by its leaders (Nery et al., 2020). This includes how train-ing is organized, how coach-athlete and athlete-athlete relationships are handled, etc. Finally, abusive behaviors are more likely to occur in areas that are less supervised. Therefore, teaching teammates and coaches to monitor "hot spots" (e.g., the locker room) is essential. This type of "surveillance" can be conducted either directly (e.g., the coach is in the locker room when athletes are) or indirectly (e.g., the team captain reports to the coach what occurs in the locker room in terms of abusive behaviors; Nery et al., 2020).

SPCs Working with Coaches

Coach training about abusive behaviors is essential. Information can be delivered to coaches in the form of workshops, handouts, booklets, newsletters, or other teaching tools that educate coaches about what abusive behaviors like sport-related bullying and hazing are (Nery et al., 2020). Information about

the signs of bullying, hazing, victimization, and how to help athletes and stakeholders cope with and help prevent abusive behaviors is crucial. It is also important to educate coaches about how to discuss the harm created by abusive behaviors, how to stop it, and how parenting and coaching styles relate to bullying and hazing. Most importantly, coaches need to understand their role in preventing and intervening against abusive sport behaviors.

SPCs Working at the Meso-Level: Specific Recommendations

SPCs Working with Parents

Nery et al. (2020) noted that one way (but not the only way) to work at the meso-level to combat abusive sport behaviors is to work to improve coach–parent communication. Here, the target for SPCs could be to improve the overall coach–parent relationship by helping them create a well-established and standardized way of communicating with each other. Nery et al. (2020) suggested what they call a "school for parents", specifically:

> Managed by a sports psychologist, who is able to inform parents about the importance of the parent–coach relationship, appropriate level of involvement of parents, the nature of bullying and other forms of abuse and violence, and how to contribute to improve the training process from the parents' perspective.
>
> *(p. 239)*

In addition, they call our attention to the very real lack of coach–parent meetings in most sport contexts (Nery et al., 2020). That is why it is essential to schedule regular individual and group meetings with parents so that coaches' overall philosophies and teaching strategies can be discussed, and the fostering of parent support and cooperation can be developed. As they note, parents' participation—and a good relationship with parents—is vital; to be sure, parents help with travel, training, food, support, etc., related to their children's experience. Parents can also report on abusive behaviors that they see occurring that coaches may not catch.

Ethical Investment by SPCs: Practicing Critical Self-Reflexivity

In the larger discourse on ethical practice in sport spaces, as SPCs we must ask ourselves about what our ethical commitments really are related to sport-related bullying and hazing in sport. Further, we need to explore tools that we could use for advocating for the reduction of athlete maltreatment. These tools can help us disrupt as well as interrogate systemic athlete disempowerment and cultures of sport exploitation. They can also help us think through our *own* moral and ethical convictions, and the kind of aspirational and reflexive cultural praxis we would like to engage in.

In reality, SPCs are subjected to the effects of hegemony and majoritarian narratives in sport spaces (e.g., "hazing is a just a part of sport"; Solorzano & Yosso, 2002) as are all sport stakeholders. Learning to interrogate and resist these narratives is no easy feat; it requires continuous commitment and action (Fisher & Anders, 2019). Related to sport-related bullying and hazing—as well as to all forms of athlete maltreatment— as SPCs, we must learn to ask ourselves the following types of ethical questions: (a) *what is at stake for athletes when they are in subordinate positions in relationships with significant sport others (e.g., coaches and teammates) who devalue, bully, or haze them? (b) how does bullying and hazing become systemic? (c) what happens to athletes' senses of self when a trusted authority figure is also a bully or hazer? (d) to*

what extent is the field of sport psychology privileging elite athlete performance and performance enhancement above athlete well-being? (e) how do we interrogate the effects of patriarchy, cis-heteronormativity, sexism, ableism, and racism in our own belief systems and acknowledge our complicity? (f) how do we practice aligning values and moral commitments across our personal and professional lives? (g) as practitioners and researchers, how might we disrupt methods, methodologies, and theories that reproduce patriarchal power and hierarchies in sport and align with our work with moral commitments? (h) are we ourselves contributing to a culture of sport abuse by our inaction? and (h) how do we cultivate a commitment to athletes that begins with an awareness of the intersections of interpersonal and institutional power in their lives and demands incisive examinations of its deployment? (emphasis added; see Fisher and Anders, 2019).

The Role of SPCs in Abolishing Sport Bullying and Hazing: Beyond Ethical Codes

Nery et al.'s (2020) work is fruitful when we think about ethical commitments related to bullying and hazing in sport spaces. For example, these authors invite us to consider the larger discourses and power structures we traffic in when they call attention to the very notions of "levels of abuse", "bystander", and "complicity" status in the sport context. In their model, we find the levels we want to use to explore athletes' lived experiences of sport-related bullying and hazing and to situate ourselves as SEP scholars and practitioners among these levels. These levels include (a) *the individual level* (i.e., one's personal values, the amount of obsessive passion or "the degree to which an athlete identifies with the culture of sport practiced" [p. 231], and the demographic factors of gender and age. We're also interested in the visceral experience of sport-related bullying and hazing at this level); (b) *the situational level* (i.e., situational dominance, conflictual interactions, and bystanders. We're also interested in the political/institutional level of denial/disregard, another form of bullying and hazing); (c) *the contextual level* (i.e., the type and level of sport); (d) *the sociocultural level* (i.e., the moral atmosphere, the amount of moral disengagement, social learning, and masculinity values within the society. We're also interested in the larger discourses of heteropatriarchy and sexism—yet another layer of bullying and hazing; Nery et al., 2020); and (e) the lack of media coverage—another level of sport-related bullying and hazing (see also Brackenridge, 2001; Fisher & Anders, 2019; Raj, 2002).

Finally, like Nery and colleagues (Nery et al., 2020) as well as others (Rodkin & Gest, 2011), we take important lessons from Bronfenbrenner's work. For example, we, too, believe that "…microsystems are critical", especially peer micro-systems (like sport) because they "…involve children interacting, influencing, socializing with each other"; further, the "…effects of…distal systems are weaker, typically mediated by the microsystem" (Rodkin & Gest, 2011, p. 78). So, it is critical for SPCs to pay attention to what is going on in the sport micro-system.

Conclusion

For the purpose of this chapter, we focused on definitions of sport bullying and hazing before launching into the micro- and meso-levels of intervention suggested by Nery and colleagues in their framework for ending harmful sport behaviors. Given the systemic role of power in all forms of abuse and discrimination, however, SPCs will also have to engage with sport constituents in asking critical questions related to athlete bodily safety and dignity. These discussions and activities help to create norms and policies which hold stakeholders accountable for creating a better sporting environment. See Box 41.1 for a summary of the key points from this chapter.

Box 41.1 Summary of Key Points about Bullying and Hazing

- Obtain and share information about the psycho-social conditions that contribute to abuse and exploitation in sport as well as the psychological effects of bullying and hazing.
- Examine the role of power in the culture of sport.
- Develop ethical commitments and engage in critical self-reflection.
- Consider sport-related bullying and hazing in a socio-ecological framework.
- Support the adoption of anti-bullying and hazing policies.
- Facilitate workshops to educate coaches, athletes, and parents about bullying and hazing.
- Contribute to the development of coaching certification programs.
- Help teams develop healthy and appropriate initiation or bonding alternatives.
- Intervene by treating or referring out when observing abusive behavior.
- Become advocates and agents of change.

References

Allan, E. J., & DeAngelis, G. (2004). Hazing, masculinity, and collision sports: (Un) becoming heroes. In J. Johnson & M. Holman (Eds.), *Making the team: Inside the world of sport initiations and hazing* (pp. 61–82). Canadian Scholars' Press.

Anderson, E. (2005). *In the game: Gay athletes and the cult of masculinity*. State University of New York Press.

Anderson, E., McCormack, M., & Lee, H. (2011). Male team sport hazing initiations in a culture of decreasing homohysteria. *Journal of Adolescent Research*, *27*(4), 427–448. https://doi.org/10.1177/0743558411412957

Baiocco, R., Pistella, J., Salvati, M., Ioverno, S., & Lucidi, F. (2018). Sports as a risk environment: Homophobia and bullying in a sample of gay and heterosexual men. *Journal of Gay & Lesbian Mental Health*, *22*(4), 385–411. https://doi.org/10.1080/19359705.2018.1489325

Brackenridge, C. (2001). *Spoilsports: Understanding and preventing sexual exploitation in sport*. Routledge.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.

Bronfenbrenner, U. (1996). Forward. In R. B. Cairns, G. H. Elder Jr. & E. J. Costello (Eds.), *Developmental science* (pp. ix–xvii). Cambridge University Press.

Chin, J. W., Johnson, J., Signer-Kroeker M. A., & Holman, M. (2020). From the bottom of a bottle: A sociological examination of the use of alcohol in varsity sport hazing. *International Review for the Sociology of Sport*, 55(7), 991–1008. https://doi.org/10.1177%2F1012690219861607

Crow, R. B., & Macintosh, E. W. (2009). Conceptualizing a meaningful definition of hazing in sport. *European Sport Management Quarterly*, *9*(4), 433–451. https://doi.org/10.1080/16184740903331937

Donnelly, P., Kerr, G., Heron, A., & DiCarlo, D. (2014). Protecting youth in sport: An examination of harassment policies. *International Journal of Sport Policy and Politics*, *8*(1), 33–50. https://doi.org/10.1080/19406940.2014.958180

Fisher, L. A., & Anders, A. D. (2019). Engaging with cultural sport psychology to explore systemic sexual exploitation in USA Gymnastics: A call to commitments. *Journal of Applied Sport Psychology*, *32*(2), 129–145 https://doi.org/10.1080/10413200.2018.1564944

Fisher, L. A., & Dzikus, L. (2010). Bullying and hazing in sport teams. In S. J. Hanrahan & M. B. Andersen (Eds.), *Routledge handbook of applied sport psychology* (pp. 355–364). Routledge.

Fisher, L. A., & Dzikus, L. (January, 2018). Bullying in sport and performance psychology. In E. Acevedo (Ed.), *Oxford research encyclopedia of psychology*. Oxford University Press. https://doi.org/10.1093/acrefore/9780190236557.013.169

Garcia-Navarro, L. (2017). Sexual harassment: Have we reached a cultural turning point? *National Public Radio*, Show aired on November 19, 2017. Retrieved from https://www.npr.org/2017/11/19/564987076/special-report-a-cultural-turning-point-on-sexual-harassment

Gearity, B., Fisher, L. A., Yandt, A., Perugini, A., Knust, S. K., Bejar, M. P., Shigeno, T. C., Larsen, L. K., & Fynes, J. F. (2021). Deconstructing caring in the coach–athlete relationship: A gentler form of domination. *Sports Coaching Review*, Advanced online publication. https://doi.org/10.1080/21640629.2021.1936959

Government of Alberta (2015). *Bullying prevention in sports*. Retrieved fromhttps://open.alberta.ca/publications/ncn1603

Government of Alberta (2021). *Bullying—Know what it is*. Retrieved from https://www.alberta.ca/bullying-know-what-it-is.aspx

Jeckell, A. S., Copenhager, E. A., & Diamond, A. B. (2018). The spectrum of hazing and peer sexual abuse in Sports: A current perspective. *Sports Health*, *10*(6), 558–564. https://doi.org/10.1177%2F1941738118797322

Johnson, J., & Chin, J. W. (2016). Seeking new glory (d)haze: A qualitative examination of adventure-based, team orientation rituals as an alternative to traditional sport hazing for athletes and coaches. *International Journal of Sports Science & Coaching*, *11*(3), 327–341. https://doi.org/10.1177%2F1747954116643648

Nery, M., Neto, C., Rosado, A., & Smith, P. K. (2020). *Bullying in youth sports training: New perspectives and practical strategies*. Routledge.

Parks, G. S., & DeLorenzo, N. (2019). Hazing in high school athletics: An analysis of victims. *Marquette Sports Law Review*, 29(2), 451–504.

Raj, R. (2002). *Women at the intersections: Indivisible rights, identities, and oppressions*. Center for Women's Global Leadership, Rutgers the State University of New Jersey.

Rodkin, P. C., & Gest, S. D. (2011). Teaching practices, classroom peer ecologies, and bullying behaviors among school children. In D. L. Espelage & S. M. Swearer (Eds.), *Bullying in North American schools* (2nd ed., pp. 75–90). Routledge.

Solorzano, D. G., & Yosso, T. J. (2002). Critical race methodology: Counter-storytelling as an analytical framework for education research. *Qualitative Inquiry*, *8*(1), 23–42. https://doi.org/10.1177/107780040200800103

Terret, T. (1999). Learning to be a man: French rugby and masculinity. In T. Chandler & J. Nauright (Eds.), *Making the rugby world: Race, gender, commerce* (pp. 63–87). Routledge.

Waldron, J. J. (2020). Degrading and harming new teammates during hazing: "Athletes will be athletes". In M. Laing (Ed.), *Routledge handbook of athlete welfare* (pp. 119–127). Routledge.

Young, K. A. (2013). *Sport, violence and society*. Routledge.

42

DEATH OF A TEAMMATE

Ruth Anderson

It is inevitable that the tragic circumstances that occur in life will also occur in sport, and sport psychology consultants may play pivotal roles when working with teams to ensure that athletes' psychological needs are addressed on and off the sporting field. The death of a teammate is not a situation commonly discussed within sport or in the sport psychology literature. Perhaps to some people it seems an unlikely scenario; however, as with all tragic situations, it often happens when it is least expected, and the effects can be far-reaching. Death is a reality of life, and the death of an athlete will have a profound and lasting influence on any sporting team. Deaths in sport will occur, and it is important to be adequately prepared to support a team in managing the diverse and complex issues that will arise when a teammate dies (Buchko, 2005; Vernacchia et al., 1997).

There are many examples from around the world of athletes dying suddenly and tragically from illness, accidents, and suicide (among other causes; Buchko, 2005). Training accidents across many sports have claimed the lives of athletes. Teams have been involved in accidents, and athletes have witnessed the deaths of teammates. In Australia, the nation was shocked at the news of a road accident involving a team of six Australian elite cyclists (https://www.amygillett.org.au/). The team was on a training ride in a small European town preparing for an upcoming race when a car veered across to the wrong side of the road and crashed straight into the group. It took the life of one cyclist, leaving the five other athletes critically injured. This accident happened without warning, and the Australian sport community was faced with a tragedy on a scale that it had not dealt with previously. A rapid and comprehensive response was coordinated, and a team of staff immediately traveled to Europe to facilitate recovery and to assist athletes in coping with the death of their friend. It is not only in training that an unexpected tragedy can occur. In an Australian Cricket match live on television, a cricketer was fatality injured by a ball strike and passed away in hospital a few days later (Brukner et al., 2018). These examples are just two of many tragedies that can occur in sport. Unthinkable and unexpected situations that occurred outside of anyone's control that required a rapid response. In these types of scenarios, the sport team and organization tend to immediately look to the sport psychology consultant for direction on the appropriate strategies and services to best manage the critical incident. Athletes, coaches, and staff are confronted with emotions not usually encountered, when faced with the death of a teammate, and the loss will have an intense effect on the team (Buchko, 2005). Understanding the complexities of grief, providing grief counseling support, and designing a helpful intervention plan for the team will be critical in facilitating recovery.

Managing Team Dynamics Following the Death of a Teammate

Limited information has been written specifically on the management of a death of a teammate in sport (Simpson & Elberty, 2018); however as grief and loss is a universal experience, it is imperative to look beyond sport psychology literature. We can learn from the breath of information developed over many years by experts in the field, and the intervention strategies to deal with the impact of the loss on an individual, along with the recommendations on coping with grief in family units and groups, provide guidelines on how to manage the issues that will arise in sport teams.

As with all groups, the distress of one member will directly influence team functioning (Buchko, 2005). Athletes may be reluctant to acknowledge the effects of the death of a teammate, adopting the notion of "soldiering on" while grieving privately. Sustaining effective team functioning begins with well-functioning individuals within the team. Encouraging the use of grief counseling services will assist in athletes developing adaptive coping skills, which will contribute back to a healthy team environment. Psychological services in the team may be provided by the sport psychology consultant; however, if the consultant is not a psychologist or trained counselor, with competency in managing grief and loss, it will be critical to enlist the support of external expertise. Providing the opportunity for the team to assertively manage the grief process will assist in recovery and strengthen the team dynamic.

When dealing with the death of a teammate, practitioners should consider ways for the team to:

- recognize the death of the athlete and accept the reality of the loss;
- acknowledge the effects of the loss on each individual and the team as a whole;
- access psychoeducation on grief and loss, and grief counseling;
- reorganize the team following the loss because roles may need to be reassigned and strategies put in place for the team to continue to function without the athlete's contribution;
- recognize the memory of the teammate to assist the team to move forward without feeling the guilt of moving on without that person; and
- establish common goals or tasks for the team to work on to assist in rebuilding the team dynamic following the loss (Gilbert, 1996).

Understanding Grief and Loss

Loss is an inescapable part of life, and people experience considerable distress when confronted by the reality of death. Grief is defined as "the pain and suffering experienced after loss" (Humphrey & Zimpfer, 2008, p. 1). Grief is a normal emotional reaction to death and has significant psychological and physical effects on individual functioning (Raphael, 1994). Although grief is a universal response to loss, there will be individual differences in how each athlete and coach cope with and resolve the loss (Humphrey & Zimpfer, 2008). Grief is an intensely personal experience, and how an individual works through the grieving process will be influenced by a multitude of factors, including the relation-ship to the person who has died, the way it happened, individual personality dispositions, and cultural beliefs about death. There is no correct way to grieve or specific timeframes in which grief is resolved (Kübler-Ross & Kessler, 2005). A range of physical, cognitive, emotional, and behavioral symptoms are commonly present in an uncomplicated grief reaction (Simpson & Elberty, 2018; Worden, 2018), including any of the following:

- *Emotions*. Sadness, anger, guilt, anxiety, loneliness, fatigue, shock, numbness;
- *Physical sensations*. Tightness, in the chest, breathlessness, lack of energy, agitation, dryness in the mouth, fatigue, sense of depersonalization;

- *Cognitions*. Disbelief, confusion, helplessness, hopelessness, preoccupation with thoughts of the deceased, poor memory, loss of control; and
- *Behaviors*. Sleep disturbance, appetite disturbance, absentminded behavior, social withdrawal, avoidance of reminders of the deceased, crying, bad dreams.

Stages of Grief

A variety of models have been used to explain the complex reactions following loss (Humphrey & Zimpfer, 2008). Observations that symptoms of grief were often characteristic throughout specific time periods related to the loss, resulted in the development of theories about the experience of grief at certain stages following the loss (Stroebe & Stroebe, 1987). The Kübler-Ross (1993) stage theory is perhaps the most widely recognized. This theory originally focused on the grief process for those who were dying, but in later work was developed to explain the grief process following loss (Humphrey & Zimpfer, 2008; Kübler-Ross & Kessler, 2005). The five stages of grief give insight into the emotional experience of grieving, thereby providing a guide for support throughout the counseling process (Kübler-Ross & Kessler, 2005).

Denial

The first stage helps individuals to unconsciously manage feelings, therefore assisting to initially survive the loss. Denial arises because it is difficult to believe that the individual is gone and won't be seen again. The response may be feelings of shock and numbness, and the questioning process begins on how and why it would happen. As individuals ask these questions, denial begins to fade, and the reality of the loss begins to be accepted. The movement away from denial begins the healing process, and the feelings previously denied will start to be experienced (Kübler-Ross & Kessler, 2005).

Anger

There are diverse ways individuals may experience the second stage. Anger appears when individuals are feeling safe and able to survive the emotion. Anger will not be logical and can be directed at the one lost, at others for allowing it to happen, or toward themselves for the inability to be able to do something to have prevented the death. Anger presents at the front of many other feelings such as sadness, panic, hurt, loneliness, or guilt. Behind anger is the pain of the reality of being abandoned and of dealing with the loss. Individuals may experience anger throughout the different stages of the grieving process (Kübler-Ross & Kessler, 2005).

Bargaining

It is a natural instinct to want to return to life as it was, and remaining in the past becomes a way of avoiding the hurt. The *if only* or *what if* questions arise as bargaining is used as a means of escape from the pain of the reality. The experience of guilt may arise when questioning what could have been done differently. Although individuals may not always believe the bargaining, it provides temporary relief from the pain and keeps other strong emotions at a distance (Kübler-Ross & Kessler, 2005).

Depression/Sadness

As the reality that the loved one is gone is accepted, feelings of sadness may become overwhelming. Life may feel pointless, and the individual may withdraw and struggle with the daily activities of life. The

feeling of sadness is not a sign of mental illness at this point, but a natural response to a tragic reality. This feeling is a necessary step of the recovery process and needs to be experienced to work through the meaning of the loss. It enables individuals to slow down and confront the reality of the loss, allowing for the exploration of thoughts and feelings (Kübler-Ross & Kessler, 2005).

Acceptance

The final stage is when individuals accept that the individual has gone permanently. Learning to live with the new reality and adjusting to living life in a world without the individual become key issues. Ways to remember and commemorate the loss are explored, as individuals reinvest in life (Kübler-Ross & Kessler, 2005).

The stages of grief are intended to be a conceptualization of the process of grieving, not set rules or strict guidelines on where an individual is placed along a prescribed course (Stroebe et al., 2001). Kübler-Ross and Kessler (2005) argued that the stage model has often been misunderstood. It was never intended to be a model that compartmentalizes grief, where emotions were neatly packaged into specific stages. The model provides a framework for understanding a complex process experienced while learning how to cope and then live with the loss. There is no typical grief response. Not everyone will go through all of the stages, and there is no simple timeline or structured progression through them (Kübler-Ross & Kessler, 2005). Grieving is a fluid process and individuals may pass both backward and forward among the stages of grief (Raphael, 1994).

Counseling Principles When Working with Grief and Loss

The aim of grief counseling is to facilitate the process of uncomplicated grieving, supporting the individual to adjust to the loss (Stroebe et al., 2001). Worden (2018) has applied grief and loss theory into a counseling framework, providing counselors with guidelines on the practical application of theory to practice when working with grief.

Goals of Grief Counseling

Worden (2018) suggested that the primary goal of grief counseling is to assist the client to identify, and work through, the four key tasks of mourning. The first task is the cognitive acceptance that the individual has died and will not return. The second task is to experience the affect, pain, and behavioral responses that are an inescapable part of the grieving process. The third task is to learn to adapt to the environment without the deceased. And finally, find a way to remember the deceased while becoming comfortable in reinvesting in life by engaging in other relationships and activities.

General Counseling Strategies

The counseling process encourages the client to experience the pain of grief, rather than avoid or deny it (Humphrey & Zimpfer, 2008). There are no timeframes for the course of a grief reaction, and issues that may need resolution will vary with the individual (Stroebe & Stroebe, 1987). No prescribed number of sessions for grief is recommended, because it will vary according to a range of influencing factors, including the individual's personality and coping skills, the nature of the loss, and the social support available. General counseling principles developed by Worden (2018) provide the practitioner with guidelines to help the client work through the experience of grief (see Table 42.1).

Table 42.1 Grief Counseling Guidelines

- Help to actualize the loss to assist clients in gaining awareness of the reality of the death.
- Support clients to identify the feelings that may not be recognized, and encourage clients to experience the emotions.
- Assist clients to adapt to living without the deceased.
- Find ways to help clients find meaning in the loss.
- Facilitate the process whereby clients are able to emotionally accept the loss and find a place for the memory of the deceased in their lives to allow the clients to move forward and form new relationships.
- Provide time for clients to grieve.
- Interpret normal behavior to clients so they do not fear there is something wrong.
- Allow for individual differences in the behavioral responses to grief.
- Examine coping styles to help clients develop adaptive coping responses to effectively manage their distress.
- Identify pathology or abnormal reactions that are triggered by the loss and refer on to specialist services. Further assessment from specialist services would be required when the time course and intensity of symptoms differ from what is considered to be a typical grief reaction.

Source: Based on Worden (2018).

Uncomplicated and Complicated Grief Reactions

Successful adaption to grief results from the interaction of environments, personal resources, the circumstances of the death, and how an individual appraises and copes with the event. Factors found to facilitate an uncomplicated grief reaction include personality and coping variables, circumstances of the death, relationship to the deceased, social support, and positive family functioning (Schaefer & Moos, 2001). Burnell and Burnell (1989) recognized that unresolved grief can lead to pathological symptoms. Unresolved grief may develop if individuals do not recognize the significance of the loss, display an extreme reaction that is beyond what is considered culturally normal, or have a lack of movement through the grief process and recovery fails to take place

It is difficult to make the distinction between what is considered to be a normal grief reaction, and when the reaction becomes pathological, or a complicated grief reaction, because grief reactions do not fit into simple diagnostic criteria. A complicated grief reaction is defined as occurring when the reactions differ from what is considered to be the cultural norm in both the intensity of symptoms or time course of symptoms (Stroebe et al., 2001). Prolonged grief reflects the experience of an acute grief response that is not resolved and can be differentiated from the symptoms of a major depression. Persistent Complex Bereavement-Related Disorder occurs when the specified symptoms that meet the criteria of the Diagnostic and Statistical Manual of Mental Disorders-5 are experienced, to a clinically significant degree, daily, intensely, and are associated with functional impairment for at least 12 months after the death (American Psychiatric Association, 2013).

Identification of Individuals at Risk of a Complicated Grief Reaction

Preventative intervention will reduce the likelihood of a complex bereavement outcome (Raphael, 1994). Practitioners should identify individuals with unresolved grief issues and those people who may be vulnerable to complicated grief reactions, to ensure that they are directed to the appropriate support services (Burnell & Burnell, 1989; Stroebe & Schut, 2001). Factors identified as influencing the likelihood of the development of a poor bereavement outcome include an ambivalent attachment or dependent relationship with the deceased, previous psychiatric history, a sudden, unexpected, and untimely death, concurrent stress or crisis, and previous losses (particularly if they have been poorly resolved in

the past) and exposure to trauma (Burnell & Burnell, 1989; Lobb, et al., 2010). The therapeutic goal is to help the client proceed through the grieving process, and counseling intervention will assist in shifting the complicated grief reactions to normal responses to grief (Raphael, 1994). Grief-focused Cognitive Behavioral Therapy has been shown to gain better outcomes than supportive counseling or interpersonal psychotherapy for the treatment of complicated grief (Boelen, de Keijser, & can den Bout, 2007; Sheer et al., 2005).

Dealing with Traumatic Deaths

Loss through violent deaths such as a traumatic accident or suicide may lead to the development of trauma reactions, intensifying the grieving processes for athletes and teams (Bonanno & Kaltman, 1999). Grief over suicide is a unique type of grief. The complex emotions of anger, guilt, fear, and shame are present alongside the stigma that surrounds suicide, and people may be reluctant to discuss suicide. These issues need to be acknowledged in the team, and athletes encouraged to discuss them openly and honestly. The key role of the practitioner is to assist athletes to understand the complexity of emotions that suicide presents and provide an intervention model that supports athletes to work through their grief (Buchko, 2005, Humphrey & Zimpfer, 2008).

Unexpected loss when associated with the witnessing of traumatic events has been found to be a predictor of a complex grief response (Parkes, 2001). Athletes involved in an accident that results in the death of a teammate will not only be dealing with the loss, but also the trauma of the event. Although relieved to have survived the accident, athletes may feel guilt at surviving the event in which a team-mate died. Commonly referred to as survivor's guilt, this emotion can be intense, where individuals feel that their survival was at the cost of another's life (Raphael, 1994). A common reaction is suppressing or denying what happened, which serves as an adaptive function to protect individuals from both confronting the reality of the threat of death to themselves, and identifying with the victim (Raphael, 1994). Intervention in these cases requires careful consideration because trauma is not just loss. The initial focus of the athletes tends to be on their survival of the event, and the athletes will then confront the loss of those who did not survive (Humphrey & Zimpfer, 2008). Individuals will potentially be dealing with both trauma reactions and bereavement (Green, 2000). The role of the counselor is to assess which processes are primary and need attention first. The effects of the trauma will need to be acknowledged before athletes can process the meaning of the loss (Humphrey & Zimpfer, 2008). Exposure to trauma can have significant psychological and physical effects (Vernacchia et al., 1997). Athletes will be dealing with a complex range of emotions in response to many varied issues, including a sense of powerlessness, identifying with the victim, and the implications of witnessing the event or being involved in the process of trying to save the individual. A fear of returning to training or participating in similar activities to the accident may become overwhelming. If the issues associated with the trauma are overlooked, it could leave individuals at risk of developing complicated or pathological grief reactions, or other psychiatric problems such as post-traumatic stress disorder (Humphrey & Zimpfer, 2008). Due to the complexity of trauma and grief reactions, long-term psychological support options need to be available to facilitate recovery from the event over the timeframe needed by the athletes.

Dealing with Grief and Loss in Sport: Coordinating a Response

On receiving the news of the death of an athlete, the sport organization often will look to the sport psychology consultant for guidance in managing the aftermath. There are practical considerations when establishing the plan for intervention to make certain the range of issues that may arise will be efficiently and effectively handled.

Practical Considerations

- *Establish who the clients are.* It is important to clarify who the primary clients are, and how best to provide services to other parties involved. It is not only athletes and coaches who may need assistance. Consideration needs to be given to what level of intervention is required by family members and staff from the sport organization. Decide with whom you will be working, and how the other parties can receive support if needs are beyond the scope of your practice or workload capacity.
- *Define the services provided.* Be clear in what services you can provide for the team and what your limitations are. If you are working only with athletes, establish referral options for those with whom you will not be directly working, such as family members and staff. Ensure processes put in place and the services provided are culturally specific. If you cannot cater for cultural needs, then use outside resources (Stroebe et al., 2001).
- *Education of the team/organization on service provision.* Inform staff and management within the organization on the types of services that facilitate the process of dealing effectively with the loss. Don't assume people will understand the effect of the death on an athlete or the potential implications for the team. Provide education on the grieving process to highlight the complexity of the nature of grief, thereby assisting in gaining support for the services available over time.

Designing Your Intervention

- *Provide a comprehensive assessment.* Any plans for intervention should be based on a comprehensive assessment of the effect of the loss on athletes and the current needs of the team. The assessment should include the circumstances of the death, the nature of the relationship with the deceased, and the potential effects of the loss on both individual and team functioning. Because grief will affect individuals and groups in different ways, tailor the interventions to fit the unique requirements of the team. Provide the opportunity to have individual athletes assessed to ensure that there are no significant mental health risks present.
- *Design the intervention plan.* Using the assessment as the foundation, design the intervention plan to meet the identified needs of the team. Although there is not a set of prescribed interventions for managing the effects of the death of a teammate, there are key elements of psychological service provision that will facilitate the recovery process. Educate the team on the nature and effects of grief and the support available to them. Develop strategies for working with all involved, including athletes, coaches, the team, staff, and family members, by either the direct provision of counseling services or establishing referral options to external psychological services. In collaboration with coaching staff develop strategies for the management of the team dynamics and critical issues. The ongoing monitoring of athletes should ensure that any complicated grief reactions are identified and managed. Make provision for longer-term counseling support options. As with all interventions, monitor the outcomes and re-evaluate the intervention plan as required.
- *Call in for assistance.* If you are not experienced in delivering grief counseling services, or it is beyond the scope of your role within the team, call in a specialist to assist with service provision. Alternatively, establish a referral system for athletes to access grief counseling.

Memorials

The funeral is a public and a final statement that commemorates death and provides an opportunity to acknowledge the life, express grief, and share thoughts and feelings about the deceased with the support of others (Raphael, 1994). Memorials are often used to perpetuate the memory of the deceased for the

team (Simpson & Elberty, 2018). Annual trophies, sporting scholarships, and game day rituals have all been used to mark the memory of the achievements of the athlete. There are always significant anniversaries following a loss such as the athlete's birthday, last game played, and anniversary of the death. People often don't know how to respond and may say nothing in fear of hurting others or bringing up unwanted feelings (Kübler-Ross & Kessler, 2005). It is important to mark the significance of the death by establishing ways for the team to acknowledge the loss at poignant times, particularly at the first-year anniversary of the death. Be mindful that there will be individual differences with athletes within the team in how to publicly acknowledge the loss, and for how long the loss should be commemorated.

Conclusion

Allow for individual differences in the way athletes will cope with and respond to intervention strategies. Emphasizing the importance of open and honest communication, and respect for each other's individual reactions to grief, will contribute to the successful management of the team's response to the death. It is critical that coaches receive support during this time, in both coping with the loss and working with the team. Grief has no timeframe for resolution, so ensure that strategies can be implemented across time and until the team feels it can move forward. See Box 42.1 for a summary of the key points from this chapter.

Box 42.1 Summary of Key Points for Helping a Team Deal with the Death of a Teammate

- The sport psychology consultant will play a pivotal role in the coordination of the response to a traumatic event, so be prepared to manage the wide range of situations and dynamics that will confront a team following the death of a teammate.
- Understand the complex nature of grief and loss to ensure that useful services are provided to facilitate the recovery of individuals and the team.
- Coordinate a comprehensive response that addresses the practical aspects of service delivery within the sport organization and develop an intervention plan detailing the services to meet the needs of individual athletes and the team as a whole.
- Ensure grief counseling is accessible to assist athletes in working through the grieving process.
- Be mindful of the need to identify athletes who may be at risk of a complicated grief reaction, or who have been through a traumatic event, and refer to specialist services.
- Manage the team dynamics by establishing strategies that address the key aspects of the grief process, allowing the team to grieve, adjust to the loss, commemorate the memory of the athlete, and then unify to move forward.
- Every individual and team will respond differently to loss. Understanding how grief will affect the team enables the sport psychologist to develop targeted interventions to provide comprehensive support and facilitate the recovery of the team following the death of a teammate.

References

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing. https://doi.org/10.1176/appi.books.9780890425787

Boelen, P. A., de Keijser, J., can den Bout, J. (2007). Treatment of complicated grief: A comparison between cognitive behavioral therapy and supportive counselling. *Journal of Consulting and Clinical Psychology*, *75*(2), 277–284. https://doi.org/10.1037/0022-006X.75.2.277

Bonanno, G. A., & Kaltman, S. (1999). Towards an integrative perspective on bereavement. *Psychological Bulletin*, *125*(6), 760–776. https://doi.org/10.1037/0033-2909.125.6.760

Brukner, P., Gara, T. J., & Fortington, L. V. (2018). Traumatic cricket-related fatalities in Australia: A historical review of media reports. *Medical Journal of Australia*, *208*(6), 261–264. https://doi.org/10.5694/mja17.00908

Buchko, K. J. (2005). Team consultation following an athlete's suicide. *The Sport Psychologist*, *19*(3), 288–302. https://doi.org/10.1123/tsp.19.3.288

Burnell, G. M., & Burnell, A. L. (1989). *Clinical management of bereavement: A handbook for health professionals*. Human Science Press.

Gilbert, K. R. (1996). We've had the same loss, why don't we have the same grief? Loss differential grief in families. *Death Studies*, *20*(3), 269–283. https://doi.org/10.1080/07481189608252781

Green, B. L. (2000). Traumatic loss: Conceptual and empirical links between trauma and bereavement. *Journal of Loss and Trauma*, *5*(1), 1–17. https://doi.org/10.1080/10811440008407845

Humphrey, G. M., & Zimpfer, D. G. (2008). *Counselling for grief and bereavement*. Sage.

Kübler-Ross, E. (1993). *On death and dying*. Collier.

Kübler-Ross, E., & Kessler, D. (2005). *On grief and grieving*. Scribner.

Lobb, E. A., Krisjanson, L. j., Aoun, S. M., Monterosso, L., Halkett, G. K. B., & Davis, A. (2010). Predictors of complicated grief: A systematic review of empirical studies. *Death Studies*, *34*(8), 673–698. https://doi.org/10.1080/07481187.2010.496686

Parkes, C. M. (2001). A historical overview of the scientific study of bereavement. In M. S. Stroebe, R. O. Hansson, W. Stroebe & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping, and care* (pp. 25–46). American Psychological Association.

Raphael, B. (1994). *The anatomy of bereavement*. Rowman & Littlefield.

Schaefer, J. A., & Moos, R. H. (2001). Bereavement experiences and personal growth. In M. S. Stroebe, R. O. Hansson, W. Stroebe & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping, and care* (pp. 145–168). American Psychological Association.

Shear, K., Frank, E., Houck, P. R., & Reynolds, C. F. (2005). Treatment of complicated grief: A randomized controlled trial. *JAMA*, *293*(21), 2601–2608. https://doi.org/10.1001/jama.293.21.2601

Simpson, D., & Elberty, L. P. (2018). A phenomenological study: Experiencing the unexpected death of a team mate. *Journal of Clinical Sport Psychology*, *12*(2), 97–113. https://doi.org/10.1123/jcsp.2017-0026

Stroebe, M. S., Hansson, R. O., Stroebe, W., & Schut, H. (2001). Introduction: Concepts and issues in contemporary research on bereavement. In M. S. Stroebe, R. O. Hansson, W. Stroebe & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping, and care* (pp. 3–22). American Psychological Association.

Stroebe, W., & Schut, H. (2001). Risk factors in bereavement outcome: A methodological and empirical review. In M. S. Stroebe, R. O. Hansson, W. Stroebe & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping, and care* (pp. 349–371). American Psychological Association.

Stroebe, W., & Stroebe, M. S. (1987). *Bereavement and health*. Cambridge University Press.

Vernacchia, R. A., Reardon, J. P., & Templin, D. P. (1997). Sudden death in sport: Managing the aftermath. *The Sport Psychologist*, *11*(2), 223–235. https://doi.org/10.1123/tsp.11.2.223

Worden, J. W. (2018). *Grief counseling and grief therapy: A handbook for the mental health practitioner* (5th ed.). Springer.

43

LEADERSHIP

Joanna Line

Contemporary research on leadership on sport teams indicates that athletes contribute to leadership through informal and formal roles. Additionally, appointment to a formal role such as captain does not ensure that teammates perceive an athlete as the best leader on the team (Fransen et al., 2014, 2015). Yet, a hierarchical leadership structure persists on sport teams (Benson et al., 2016; Fransen et al., 2015). This leadership structure limits which athletes' contributions are formally recognized and restricts the ways in which athletes are encouraged to engage in leadership. Furthermore, assigning leadership through formal roles may hinder the leadership development of athletes who are not assigned a role. In this chapter, I offer *coaction* (Suyemoto & Ballou, 2007) as a different approach to sport leadership that prioritizes collaboration among all team members. Informed by the tenets of self-determination theory (Deci & Ryan, 1985) and Batliwala's (2011) Feminist Leadership Diamond (FLD), I examine how collaborative approaches to leadership can enable individual athletes to develop their leadership efficacy while simultaneously maximizing the collective capacity of their team as they work toward shared goals.

Applying a cultural sport psychology perspective, guiding athletes' development as collaborative leaders requires consideration of how individuals' experiences are shaped by societal and team norms, organizational structures, and relational dynamics between and among team members. Exploring the relationship between these factors and individuals' behaviors offers insight into why athletes do or do not assert themselves as leaders, and why certain ways of leading are encouraged or normalized on a team. I conclude this chapter with recommendations for sport psychology consultants to guide team members' cultivation of a collaborative team structure and encourage inclusive ways of interacting that can enable team members to engage in coaction (Suyemoto & Ballou, 2007).

Self-Determination Theory

Self-determination theory (Deci & Ryan, 1985) indicates that a sense of competence, autonomy, and relatedness are three psychological needs that are foundational to a person's motivation. A sense of competence refers to a person's belief in their abilities and their capacity for growth, a person's sense of autonomy refers to their belief that they can act on their own volition, and a sense of relatedness refers to their sense of connection with others. Motivation occurs on a continuum, from the least self-determined to most self-determined forms of motivation; from amotivation, to extrinsic motivation, to intrinsic motivation (Ryan & Deci, 2002).

Satisfaction of the three psychological needs will foster a person's intrinsic motivation (Deci & Ryan, 1985). Consequently, a sport team would benefit from all athletes seeing themselves as competent, albeit developing, leaders with assets that team members recognize and value, and which contribute to team efforts to achieve their shared goals. Correspondingly, if an athlete does not relate to their teammates they see selected as captains, they may not believe that they themselves could also be recognized as a leader. Athletes who have been relegated to followership may simply accept their role as a follower and not be motivated to pursue leadership opportunities (i.e., leadership competence has been quashed) (Konoval et al., 2019). Additionally, if they feel disconnected or undervalued by their teammates, this also may hinder their sense of autonomy. They may feel like they cannot assert themselves as a leader because team members might not be receptive to their leadership. If a team waits for leaders to emerge, they may not only overlook, but also hinder, many teammates' contributions to the team's collective work. Consequently, for a team to maximize their collective capacity, it would be advantageous to engage in a collaborative approach to leadership in which all team members are involved in leadership.

When self-determination theory (Deci & Ryan, 1985) is applied as a framework to understand motivation to be a leader, it becomes evident that members of a team who do not see people like themselves selected as leaders, or are told that they must change to be a leader, are unlikely to be intrinsically motivated to lead. However, those who have seen leaders who look or act like themselves will be more likely to be intrinsically motivated to lead. Additionally, it has been suggested that appointment as a team leader can lead to an athlete's enhanced athletic performance (Day et al., 2004). This will likely reinforce the current formal leader's intrinsic motivation and enable team members' greater confidence in the formal leader's leadership abilities. Meanwhile, the team is not investing in developing other team members' leadership abilities. A lack of leadership, or only a select few athletes asserting their aim to serve as leaders, cannot be attributed to athletes' lack of motivation. Instead, we must consider the root of the issue: athletes' psychological needs.

The Traditional Approach to Leadership

A leader is expected to guide the team's development of a culture that enables the team to work together effectively to achieve their goals (Schein, 2004). Sport teams often have a hierarchical leadership structure (Benson et al., 2016; Fransen et al., 2015). Such a structure allocates the responsibilities of establishing a team culture and determining team strategies to achieve their goals to one or a few team leaders. Typically, a coach oversees the athletes, and team captains serve as intermediaries between the coach and the athletes. Furthermore, the title of captain is awarded to one or a few athletes, based on criteria established by the coach, a team election process, or a combination of these. As a collegiate coach, I have heard coaches and athletes say that team leaders "rise up" and "stand out" from other team members due to their exemplary performance and behavior. This conceptualization of leadership suggests that people who are intrinsically motivated to be a leader become recognized as competent leaders. However, this process is counter to self-determination theory (Deci & Ryan, 1985), which indicates that an athlete's sense of competence, autonomy, and relatedness are precedents to their intrinsic motivation to lead.

Selecting one, or a small group, of athletes to be responsible for determining the ideal culture for the team and team strategies assumes that they know what is best for all team members. This implies that a limited number of athletes have the knowledge and skills to guide the team to success. Such an assumption may hinder other athletes' sense of competence. As athletes comply with designated leaders' directions rather than voice their perspectives, it also may hinder their sense of autonomy. Additionally, if an athlete's interests and well-being are not supported by the imposed team culture or strategies, their sense of relatedness may be diminished.

Athletes' sense of relatedness also may be impacted by whether they see people like themselves in leadership roles. Leadership has been defined as a process (Northouse, 2021), and several task-oriented

and relations-oriented behaviors that demonstrate leadership have been identified (Behrendt et al., 2017). Accordingly, it is possible for anyone to engage in leadership (Northouse, 2021). However, an examination of representation in leadership positions in sport suggests otherwise. The dominant conceptualization of leadership in sport privileges cisgender, heterosexual, White, masculine, men (LaVoi & Glassford, 2022; National Collegiate Athletics Association, 2021; Schull & Kihl, 2019). According to the National Collegiate Athletics Association's (NCAA) Demographics Database (2021), 24% of athletic directors and 25% of head coaches across all divisions are women, and only 4% of both leadership positions across all divisions are filled by women of color. Additionally, LaVoi and Glassford (2022) tracked the number of NCAA coaches' professional biographies that included information about same-sex partners among all head coaches of women's NCAA Division I teams. Only 0.05% of the biographies mentioned same-sex partners. This is not representative of LGBTQ+ coaches, but rather the heteronormativity within college sport culture (LaVoi & Glassford, 2022). Leadership is consistently described as engaging in specific behaviors, and yet people with specific identities are consistently privileged as leaders. If athletes, who are likely candidates for professional leadership positions in sport, do not see people like themselves in leadership positions, it may be difficult for them to recognize their capacity for leadership and assert themselves as leaders (Lockwood, 2006).

Collaborative Leadership

A large body of research has advocated for collaborative leadership as an alternative to a hierarchical approach to leadership. Athletes perceive multiple team members as leaders, and different leaders play different roles on their team. Additionally, athletes in informal leadership roles are often perceived as better leaders than the captain, and athlete leaders are often perceived as better leaders than the coach (Fransen et al., 2014; Fransen et al., 2015). These findings highlight the importance of informal leadership on a team and coach-athlete collaboration to support the success of the team.

Is it possible for a team to engage in collaboration if not everyone on the team believes that they can lead and is given the opportunity to do so? Leadership development programs tend to prioritize the development of people who are in formal leadership roles, rather than supporting the development of all team members (Fransen, Haslam, Steffens et al., 2020). To address this gap, Fransen, Haslam, Steffens et al. (2020) proposed the *5R Shared Leadership Program* (*5R^S*) which consists of five phases: *Readying*, *Reflecting*, *Representing*, *Realizing*, and *Reporting*. These phases guide all team members in a process to identify their team's core values, cultivate a shared sense of identity and goals, and establish a team structure that will enable them to work together to achieve their goals. As part of this process, all team members rate one another on their perceived capacity to fulfill each of four leadership roles. These roles were previously identified by Fransen et al. (2014) and include the *task leader*, the *motivational leader*, the *social leader*, and the *external leader*. Athletes are assigned to these roles based on these ratings and their desire to accept the appointment to the role for which they were highly rated.

5R^S involves all team members in establishing expectations for the team and enables several team members to be involved in shared formal leadership by taking on different responsibilities that are allocated through each of the four roles. This program highlights that athletes may have different strengths, and this diversity of strengths is advantageous for the team because team members can fulfill different roles required for the team's success. Furthermore, roles are distributed among athletes, rather than expecting team captains to fulfill all the roles that the team needs. Additionally, *5R^S* may enable athletes to become aware of their strengths they had not yet recognized by receiving feedback from their team (Fransen, Haslam, Steffens et al., 2020).

This collaborative approach to leadership is likely to enhance athletes' intrinsic motivation to lead (Fransen, Haslam, Steffens et al., 2020). The mechanisms for this enhanced intrinsic motivation are clear when considered within the framework of self-determination theory (Deci & Ryan, 1985). Athletes'

sense of competence may be bolstered through the affirmation of their ability to fulfill a leadership role on the team. The recognition of their abilities, and the expectation that each leadership role is important for the team's success, also may enhance their sense of relatedness. Additionally, sharing leadership responsibilities through different roles provides athletes with the opportunity to make decisions pertaining to their role, thereby contributing to their sense of autonomy. This model also incorporates evaluation of how the team is working together. Consequently, who is in assigned leadership roles and the way team members are working within their roles can develop and shift over time as challenges or new insights arise. This also can contribute to athletes' sense of competence as they expand their leadership skills and engage in collaborative strategy development.

There are some possible barriers to athletes' intrinsic motivation and opportunities to lead when using this approach to leadership. According to $5R^S$, teammates' perceptions are the first determinant of an athletes' assignment to a leadership position. How do teammates know a team member's skill set if they have not yet had opportunities to demonstrate these skills? An athlete also may not have asserted their interest in certain roles because they did not perceive themselves as capable, even though they have the potential to develop their capabilities. Furthermore, some team members may not be appointed to any of the leadership roles if they are not highly rated. So, while the $5R^S$ can enhance athletes' motivation to lead, it also is dependent on an athlete's initial motivation to do so. Additionally, the leadership roles to which athletes are assigned are subject to other teammates' perceptions, which may be biased or lack fundamental information about their team members' skills and interests. They also may reflect political or interpersonal conflicts among team members.

New team members, in particular, have been described as sitting in an ambiguous position that may hinder them from asserting themselves as a leader (Benson et al., 2016; Gottlieb et al., 2021). For example, coaches tend to expect new team members to assume the role of follower and to learn how things are done on their new team from senior members. Meanwhile, coaches also support new team members sharing their ideas with them (Benson et al., 2016). Additionally, coaches have indicated that they are more receptive to dissent when it is expressed by more senior athletes or those with higher status such as captains (Benson et al., 2016). Coaches especially preferred that athletes express dissent one-on-one when the athlete was a newer member of the team (Gottlieb et al., 2021). A new team member may bring a fresh, and potentially more critical, perspective to the team because they are not steeped in team norms. However, if they feel pressured to emulate currently established leadership behaviors to be perceived as a leader, and current team norms conflict with their own values or leadership expectations, this may diminish their sense of competence, autonomy, and relatedness. While coaches may intend to encourage all team members to engage in leadership, the expectation for new team members to assume the role of a follower and express dissent one-on-one may lead to conformity rather than development of an assertive, innovative leader.

Shifting from Leadership to Coaction

As the previous discussion indicates, identifying a select few athletes as leaders due to their own assertion, election by teammates, or seniority can diminish other team members' view of their own capacity to lead. As a result, a team may miss out on some athletes' potential contributions that could enhance the team's collective efforts. To engage team members in collaborative work that maximizes the team's collective capacity, the conceptualization of leadership must shift from a role that is earned based on the perception of others to an ongoing collaborative process in which all team members learn to engage. Through this process, athletes' sense of competence, autonomy, and relatedness can be cultivated, leading to increased intrinsic motivation to engage in the process.

Batliwala (2011) developed the FLD, which is a model that highlights the interrelationships among team members and how they contribute to, and are impacted by, the dominant way that leadership is

Recommendations to Facilitate Coaction

The following recommendations offer steps sport psychology consultants can take to facilitate coaction among members of a team.

1 At the beginning of each season, facilitate a team dialogue to identify a set of shared values that will guide all team members' actions as they work together (Batliwala, 2011; Fransen, Haslam, Steffens et al., 2020). The process of identifying shared values must account for individual members' needs (Fransen, Haslam, Steffens et al., 2020). As the FLD highlights, everyone brings their full self to the team and power dynamics among team members may impact whose perspectives are typically prioritized (Batliwala, 2011). So, during this process, encourage athletes to evaluate why each of these values are important for the team, and how they support each team members' athletic success and overall well-being.

    Start by asking everyone to identify their top three to five values. Invite each athlete and coach to share their values with the team and why they are important to them. Then, ask the team to create a set of shared guiding values. Once these values are named, ask the team to define them and discuss examples of actions that demonstrate these values, to ensure that everyone has a common understanding of the values. Inviting team members to consider why certain values guide team practices can enable team members to voice alternative perspectives if they do not view the values that have been prioritized as conducive for working together in a way that is inclusive of all team members.

    Athletes' comfort with sharing their perspective will be dependent upon how power operates among team members (Batliwala, 2011). Facilitating this dialogue at the beginning of the season encourages the involvement of all team members, regardless of seniority, to contribute to shaping team norms. Beginning each season with this activity also ensures that the values are agreed upon by all team members as team goals, individual perspectives and needs, and team membership all evolve. This can enhance athletes' senses of autonomy, competence, and relatedness because each athlete will contribute to the rationale for the team's current approach to working together.

2 Identify athletes' qualities that are not specific to a role or athletic performance but enable them to contribute to the team. Provide opportunities for athletes to share what strengths they believe they have, as well as opportunities for athletes to tell their teammates what strengths they perceive them to have. For example, one athlete may be an excellent listener, and athletes know that they can go to them when they need to discuss a challenge they are facing. Another athlete may have a good sense of humor and can always lighten the mood when teammates are feeling down. Identifying these qualities for all athletes can foster their sense of relatedness, because it emphasizes that they are valued on the team beyond the completion of tasks or competitive success.

    Provide moments throughout the season to reflect on athletes' contributions that are not accounted for through celebrating performance goals. This could include informal opportunities such as affirming an athlete when they provide encouragement to their teammate after they faced a challenge, or formal opportunities such as asking every athlete to write down a non-results-based compliment for each teammate (Reilly-Boccia, 2014). As a team, discuss how these contributions are facilitating the team's work toward their goals. This activity serves to affirm that athletes do not have to *become* a leader; each person is already a coactor, contributing to team efforts in meaningful ways through their interactions with teammates. For some, this affirmation may spark their sense of competence, enhancing their motivation to further engage in coaction. Discussion about different athletes' contributions also can serve as a learning opportunity about a variety of ways athletes can be a coactor. The following recommendation also provides a way to emphasize that there are always opportunities to learn new skill-based ways of coaching.

3 Give all athletes opportunities to take on team responsibilities throughout the season. If the team is accustomed to having formal leaders such as captains, consider how other athletes might contribute

to, or take turns fulfilling, responsibilities typically assigned to captains. Additionally, identify other roles that athletes can fulfill, based on the team's needs. Have athletes take turns fulfilling these different roles so that they can develop new skills. Survey athletes about skills that they perceive to be their strengths, as well as skills that they would like to develop. Pair an athlete who feels less competent in a skill with an athlete who feels competent, so they can collaborate and learn from one another. Rotate which athletes are paired or are in small groups when responsibilities among athletes are rotated, so they learn skills with and from different athletes. Enabling athletes to identify roles that support the team's needs and skills that they would like to develop can enhance their sense of autonomy. Sharing responsibilities and co-learning skills can cultivate athletes' sense of competence and relatedness.

Coaction also should include coaches and sport psychology consultants. It may seem counter-productive to suggest that a coach or sport psychology consultant should be a coactor alongside athletes rather than a superior leader that oversees and guides the team. However, athletes' perceptions of their coach's leadership are enhanced when athletes are engaged in shared leadership (Fransen, Mertens, Cotterill et al., 2020). By collaborating with athletes, a coach or sport psychology consultant may cultivate more trust with athletes because athletes feel seen and heard.

Conclusion

If a team wants to maximize their collective capacity as they work toward shared goals, all team members' strengths should be accounted for and further developed. Assigning a limited number of athletes to leadership roles may hinder other team members' motivation to contribute their strengths. Additionally, assigning athletes leadership roles based on teammates' and coaches' perceptions of their leadership places the onus of learning to lead and asserting oneself as a leader on the individual. This does not account for social factors that may influence an athletes' perception of their leadership abilities and their intrinsic motivation to lead. Alternatively, a sport psychology consultant can facilitate coaction among team members to cultivate each athlete's intrinsic motivation to lead and enable them to cultivate their leadership skills. By engaging in coaction, team members can develop collaborative strategies to achieve team goals that incorporate the unique strengths that athletes bring to the team. Simultaneously, they can learn with and from one another to continue to grow as coactors and adapt as a team to further enhance their collaborative efforts. See Box 43.1 for a summary of the key points from this chapter.

Box 43.1 Summary of Key Points about Engaging in Coaction

- The fulfillment of the three psychological needs is a precursor to an athletes' intrinsic motivation to lead.
- Leadership is contextual. How leadership is practiced on each team is dependent upon which values and goals are prioritized and which practices are encouraged and rewarded.
- To engage athletes in collaborative work that maximizes the team's collective capacity, the conceptualization of leadership must shift from a role that is earned and assigned to being a coactive process in which all athletes are engaged in diverse ways.
- Coaction is ongoing and dynamic. From season to season and over the course of each season, the most effective ways for team members to engage in coaction should be discussed, evaluated, and adjusted to team members' and the collective team's current needs and goals.

References

Batliwala, S. (2011). Feminist leadership for social transformation: Clearing the conceptual cloud. *CREA*. https://www.uc.edu/content/dam/uc/ucwc/docs/CREA.pdf

Behrendt, P., Matz, S., & Göritz, A. S. (2017). An integrative model of leadership behavior. *The Leadership Quarterly*, *28*(1), 229–244. https://doi.org/10.1016/j.leaqua.2016.08.002

Benson, A. J., Hardy, J., & Eys, M. (2016). Contextualizing leaders' interpretations of proactive followership. *Journal of Organizational Behavior*, *37*(7), 949–966. https://doi.org/10.1002/job.2077

Day, V. D., Sin, H-P, Chen, T. T. (2004). Assessing the burdens of leadership: Effects of formal leadership roles on individual performance over time. *Personnel Psychology*, *57*(3), 573–605. https://doi.org/10.1111/j.1744-6570.2004.00001.x

Deci, E. L., & Ryan, R. M. (1985). *Intrinsic motivation and self-determination in human behavior.* Plenum Press.

Fransen, K., Haslam, S. A., Steffens, N. K., Peters, K., Mallett, C. J., Mertens, N., & Boen, F. (2020). All for us and us for all: Introducing the 5R shared leadership program. *Psychology of Sport and Exercise*, *51*, 1–13. https://doi.org/10.1016/j.psychsport.2020.101762

Fransen, K., Mertens, N., Cotterill, S. T., Vande Broek, G., & Boen, F. (2020). From autocracy to empowerment: Teams with shared leadership perceive their coaches to be better leaders. *Journal of Applied Sport Psychology*, *32*(1), 5–27. https://doi.org/10.1080/10413200.2019.1617370

Fransen, K., Vanbeselaere, N., De Cuyper, B., Vande Broek, G., & Boen, F. (2014). The myth of the team captain as principal leader: Extending the athlete leadership classification within sports teams. *Journal of Sports Sciences*, *32*(14), 1389–1397. https://doi.org/10.31236/osf.io/8prhg

Fransen, K., Van Puyenbroeck, S., Loughead, T. M., Vanbeselaere, N., De Cuyper, B., Vande Broek, G., & Boen, F. (2015). Who takes the lead? Social network analysis as a pioneering tool to investigate shared leadership within sports teams. *Social Networks*, *43*, 28–38. https://doi.org/10.1016/j.socnet.2015.04.003

Gottlieb, M., Eys, M., Hardy, J., & Benson, A. J. (2021). Valued insight or act of insubordination? How context shapes coaches' perceptions of challenge-oriented followership. *Journal of Sport and Exercise Psychology*, *43*(6), 488–496. https://doi.org/10.1123/jsep.2021-0122

Konoval, T., Denison, J., & Mills, J. (2019). The cyclical relationship between physiology and discipline: One endurance running coach's experiences problematizing disciplinary practices. *Sports Coaching Review*, *8*(2), 124–148. https://doi.org/10.1080/21640629.2018.1487632

LaVoi, N. M., & Glassford, S. L. (2022). "This is our family": LGBTQ family narratives in online NCAA D-I coaching biographies. *Journal of Homosexuality*, *69*(10), 1631–1654. https://doi.org/10.1080/00918369.2021.1921506

Lockwood, P. (2006). "Someone like me can be successful": Do college students need same-gender role models? *Psychology of Women Quarterly*, *30*(1), 36–46. https://doi.org/10.1111/j.1471-6402.2006.00260.x

National Collegiate Athletic Association (2021). NCAA demographics database [Data visualization dashboard]. *NCAA*. https://www.ncaa.org/about/resources/research/ncaa-demographics-database

Northouse, P. G. (2021). *Leadership: Theory and practice* (9th ed.). SAGE Publications.

Reilly-Boccia, C. (2014). *Finished it: A team's journey to winning it all.* iUniverse.

Ryan, R. M., & Deci, E. L. (2002). Overview of self-determination theory: An organismic-dialectical perspective. In E. L. Deci & R. M. Ryan (Eds.), *Handbook of self-determination research* (pp. 3–33). University of Rochester Press.

Schein, E. H. (2004). *Organizational culture and leadership* (3rd ed.). Jossey-Bass.

Schull, V. D., & Kihl, L. A. (2019). Gendered leadership expectations in sport: Constructing differences in coaches. *Women in Sport and Physical Activity Journal*, *27*(1), 1–11. https://doi.org/10.1123/wspaj.2018-0011

Suyemoto, K. L., & Ballou, M. B. (2007). Conducted monotones to coacted harmonies: A feminist (re)conceptualization of leadership addressing race, class, and gender. In J. L. Chin, B. Lott, J. K. Rice & J. Sanchez-Hucles (Eds.), *Women and leadership: Transforming visions and diverse voices* (pp. 35–54). Blackwell Publishing Ltd.

Inclusion in Sport Psychology

44

CHILDREN

Scott Pierce, Emily Wright, and Melissa A. Chase

Sport is often viewed as an optimal environment to provide children with opportunities for the development of physical, social, and psychological skills and qualities. In fact, the Aspen Institute in the United States has recently presented their Children's Bill of Rights in Sports that suggest adults are obligated to create an environment to support the holistic development of young athletes (Aspen Institute, 2021). A group of human rights and sports policy experts proclaimed that children have the right to (1) play sports; (2) safe and healthy environments; (3) qualified program leaders; (4) developmentally appropriate play; (5) share in the planning and delivery of their activities; (6) an equal opportunity for personal growth; (7) be treated with dignity; and (8) enjoy themselves. Applied sport psychology practitioners are not only positioned to support positive sport experiences for children focused on participation, personal development, and performance (Côté et al., 2007), but should also embrace the opportunity to support the satisfaction of these rights. In this chapter, we will focus on the practice of sport psychology with children aged 6–12 years. We will outline key theoretical considerations for developmentally appropriate applied sport psychology and present applied implications for practicing sport psychology in the youth sport ecology.

Developmentally Appropriate Applied Sport Psychology

Applied sport psychology practitioners have traditionally geared their work toward high performance or elite athletes with a focus on their sport performance. While research supporting the effectiveness of applied sport psychology with children has been sparse, youth athletes introduced to sport psychology principles and psychological skills training (PST) at an early age are more likely to use such services than mature elite athletes (Blom et al., 2003). For this reason, it is necessary to continue to advocate for PST with the millions of children around the world who regularly participate while acknowledging the need to adapt interventions and practices for young athletes. In a systematic review on talented youth athletes under 18 years of age, Dohme et al. (2019) identified psychological skills and characteristics (PSCs) that were perceived as facilitative for their development. Psychological skills included goal setting, social support seeking, realistic self-evaluation, imagery, relaxation, maintaining a sense of balance, performance routines, and self-talk. Psychological qualities included hard-work ethic, emotional control, confidence, interpersonal competencies, motivation, focus, competitiveness, positivity, resilience, independence, and sport intelligence. While these lists provide valuable insights about what to focus on in applied sport psychology practices, developmentally appropriate approaches are required

when working with children. The psychological needs of adult and youth athletes should be distinguished and proactively and systemically developed (Dohme et al., 2019), with recognition of the value of these PSCs beyond the sporting realm. Guided by theory and research, the following section will encourage practitioners to understand their "*why*" for working with children, highlight "*what*" the key developmental considerations are for practitioners working with children, and provide recommendations for "*how*" services and provisions can be delivered to children.

Understand Your "Why" When Working with Children

PST is defined as the systematic and consistent practice of mental or psychological skills for the purpose of enhancing performance, increasing enjoyment, or achieving greater self-satisfaction. PST with children should, therefore, position athletic performance as one of multiple potential outcomes of effective and successful practice. The Personal Assets Framework (Côté et al., 2007) suggests that PST can facilitate the development of competence, confidence, connection, and character, with the "4C's" having the potential to enhance participation, performance, and personal development of children. Beyond a focus on participation and performance, doing PST with children enables practitioners the opportunity to educate young athletes about the purposes, principles, and nature of PST while also exposing them to valuable life skills that may be transferred to other contexts for positive outcomes beyond the sport domain (see Chapter 21). Conversely, practitioners should also be cognizant that skills and qualities learned in sport (e.g., aggression and ego-oriented climates) may have detrimental impacts on performance, personal development, and experiences outside of sport. For this reason, practitioners should not only be encouraged to consider how their approach to PST with children contributes to psychosocial development (e.g., the 4Cs) and subsequently supports the young athlete's participation, performance, and personal development, but should also be challenged to ensure that personal development is prioritized alongside or in addition to sport performance. That is, if practitioners claim to support the holistic and personal development of young athletes, they should be able to explain how their consulting philosophy aligns with their consulting practices to achieve this goal.

Key Developmental Considerations Working with Children

While it may sound cliché, young children are not "miniature adults" when it comes to implementation of PST. Enhancing young children's mental performance should be viewed as a long-term plan, whereby practitioners are cognizant of developmental characteristics (e.g., physical, cognitive, social, and emotional) that may impact a child's ability to use and benefit from PST (Vernon, 2004; Visek et al., 2009). During youth, developmental characteristics change and evolve over time through associated developmental stages (i.e., mid-childhood [6–11 years], early adolescence [10–14 years], mid-adolescence [15–17 years]; Piaget, 1952). Young children present a broader range of development variability compared with adults (McCarthy et al., 2020), and this is particularly notable when considering implications for PST within the mid-childhood stage (6–11 years).

Given their evolving development, it has been suggested that younger athletes (6–12 years) may benefit even more from learning psychological skills than older athletes. Younger children also implicitly hold different understandings about abstract psychological skills (e.g., goal setting, imagery, and relaxation) than older, more mature children. For example, when defining imagery, younger children describe the visual sense (e.g., "seeing yourself achieving") rather than viewing imagery as a multisensory skill. Consequently, practitioners must adapt these skills to the developmental level of the child to facilitate more effective PST programs for this target population (McCarthy et al., 2020; Visek et al., 2013; see Table 44.1).

Table 44.1 Mid-Childhood (6–11 years) Developmental Characteristics

Development	Characteristics
Physical	Able to master most motor skills; become more agile; some children begin puberty by the end of period
Cognitive	Concrete thinkers; logical; generally don't reason abstractly or consider possibilities; challenging to distinguish between effort, luck, and ability – making self-awareness inconsistent at times; evaluate self-worth and develop self-esteem based on a limited number of sources of competence information from a global sense; limited attention span; language becomes more sophisticated
Social	Emphasize strong connection with parents and other significant adults, which lead to a need to seek adult approval; socialization with peers is important; less egocentric; more prosocial; peer pressure; rejection; approval; conformity.
Emotional	Start to become sensitive to and aware of their and others complex emotions (e.g., guilt and shame) but still limited in ability to think abstractly and consider long-term consequences; begin to become more sensitive, empathetic

Note: Information contained in this table was adapted from Vernon (2004).

For practitioners, understanding a child's physical development relative to PST is pertinent. While children may be within the same chronological age range, there may be considerable variability in their physical development (e.g., size and maturity). Malina et al. (2004) suggest that differences in physical size may contribute to risk of injury, aspects of socialization, feelings of isolation, degrees of self-consciousness, and levels of confidence – all of which may be important factors to consider when delivering PST to young children. From a cognitive perspective, the way in which children think, explore, and problem solve differs from that of adults. Specifically, children depend largely on their sensory experience to learn and understand, whereas adults can use their more superior cognitive ability like abstract thinking to comprehend and infer (Piaget, 1952). With this information in mind, for example, a practitioner might modify their teaching of relaxation techniques by using cooked versus raw spaghetti to describe relaxed versus tense muscles (Orlick, 2004), or ask children to pretend that there is a balloon in their bellies that they have to blow up (inhale) and deflate (exhale) (Kajander & Peper, 1998). In this case, the practitioner accounts for the child's cognitive development, recognizing the need to facilitate PST in a concrete way that the child will understand.

Nicholls' (1989) achievement goal theory is useful to understand a key feature of cognitive development salient for practitioners to consider when working with children under age 12: their inability to distinguish between effort and ability. Specifically, Nicholls' contends that children associate ability with learning through effort, so the more effort a child makes, the more learning (and ability or competence) they will achieve. Because of this, children often use significant others (e.g., parents and coaches) referenced criteria (e.g., "I played well today because my parents said so") to inform their competence. From a practitioner standpoint, it is critical to acknowledge this feature of children's cognitive development in relation to one's PST delivery. If, for example, you are working with a child with low perceived competence, remember that developmentally, children under ten years tend to use their parents, spectator feedback, and the outcome of the competition as primary sources to determine their own competence. These developmental factors presented above may serve as valuable starting points for addressing a child's competence within a PST program.

Finally, from an emotional perspective, children gradually become more sensitive to and aware of their and other's complex emotions. At the same time, however, children still have limited ability to think abstractly and fully consider the long-term consequences of their own actions and cope with

different situations in constructive ways (Visek et al., 2013). For example, an eight-year-old child may not be fully aware of how their unsportsmanlike behavior toward teammates can impact the feelings of others and the overall team dynamic (e.g., cohesion and teamwork). Accordingly, practitioners can support children's emotional development by helping them understand both short and long-term consequences of their actions (on and off the field), while also guiding the practice of self-regulation skills (e.g., controlling impulses, managing reactions to emotions, and refocusing attention) within their PST session(s). Taken together, it is imperative that practitioners are aware of developmental considerations among children when delivering PST services.

Implementing Sport Psychology Services with Children

While the child-practitioner relationship and the specific PST teaching approaches are key elements in the implementation of sport psychology services for children (see the Facilitating Developmentally Appropriate PST with Children subsection below), practitioners should first gain a socio-ecological understanding of the youth sport system and the factors influencing the psychological development of children in sport. Specifically, the youth sport system consists of parents, siblings, peers, coaches, organizations, communities, and societies that may influence and be influenced by athletes' behaviors, experiences, and psychological outcomes in youth sport (Dorsch et al., 2022). Practitioners should, therefore, be aware of the multiple socio-ecological systems influencing PST approaches with children and integrate stakeholders (e.g., parents and coaches) as necessary. For example, it may be beneficial for practitioners to adopt a family systems approach to frame interventions with children (see Chapter 22). This approach acknowledges the importance of viewing people and contexts that surround a child collectively rather than independently. Adopting a family systems approach may promote greater holistic development and account for the variety of social relationships in children's sport (Dorsch et al., 2022).

To understand and address the practical nuances of planning, implementing, and evaluating sport psychology services with children, Visek et al. (2009) presented the Youth Sport Consulting Model (YSCM). The six phases of the YSCM integrate educational consultation models, factors for practitioners to consider when designing a PST program, and stages of group development for children, to aid practitioners in their work with youth athletes. The specific phases include (1) practitioner considerations (i.e., determination of athlete age group and the consulting philosophy); (2) initiating contact (i.e., gaining entry and establishing respect); (3) doing sport psychology (i.e., confidentiality, assessment, observation, implementing and practicing skills); (4) wrapping up the season and consultation (i.e., closure and evaluation); (5) assessing the consulting relationship (i.e., using evaluations and implementing off-season PST); and (6) termination and continuation (i.e., working with same or different team). Ultimately, when considering how to effectively practice sport psychology with children, the socio-ecological and YSCM frameworks emphasize the need to understand and embrace a range of factors and interactions beyond the practitioner's relationship with individual youth athletes.

Applied Implications for Practicing Sport Psychology with Children

As practitioners, it is beneficial to use an approach that is player-centered and both coach- and parent-supported while considering multiple levels of the youth sport ecology. Consequently, recognizing that children do not function in isolation and instead influence and are, in turn, influenced by individuals (e.g., parents, coaches, and peers) and the environment in which they are situated is important (Dorsch et al., 2022). This section will examine the role of the youth sport culture, parents, and coaches with implications and recommendations for promoting effective PST in the youth sport system. Developmentally appropriate approaches for PST with children will then highlight the role the practitioner can play in the youth sport experience.

The Role of the Youth Sport Culture

A critical issue of concern in children's sport today relates to the professionalization of youth sport (versus the adoption of a holistic, child-centered focus). Over the last 40 years sport in general, and youth sport has become increasingly privatized, expensive, performance-oriented, and highly structured in terms of practice and competition schedules (Gould, 2019). The youth sport industry is a full-fledged commercial enterprise with critical developmental considerations for youth and high financial stakes for parents, administrators, and communities (Dorsch et al., 2022). This type of sport culture may affect children's perceptions of competence, development of self-esteem, values, and beliefs. As practitioners, now more than ever, it is imperative that emphasis is placed on holistic, developmental objectives, given the progressively professionalized climates where intense competition and privatization are becoming the norm. Moreover, identifying ways in which some of these professionalized characteristics contribute to a child's concerns (e.g., perceived pressure to perform, confidence, and anxiety/nerves) may be helpful when planning and implementing PST sessions. For example, given the rising costs of participation for competitive leagues and sport experiences, a child may feel that they need to perform well to return on their parent's investment. In this case, the child's need to perform well may manifest itself as perceived pressure, which may negatively impact his or her overall sport experience.

The Role of Parents

From a practitioner's standpoint, working with children is unique because it involves communication, coordination, and maintenance of relationships among multiple adults, all of whom are invested stakeholders in the child's sport experience (Blom et al., 2013). Notably, parents are highly visible and serve to socialize, interpret, and provide their child's sport experience while also being influenced themselves (Dorsch et al., 2022). Sport psychology practitioners should, then, observe and interpret the interactions between parents and children to help them understand the children's behaviors, thoughts, and feelings in the sport context. While parents want their child to benefit from the positive aspects of sport (e.g., make new friends, learn new skills, be physically active, have fun, and improve), sometimes it can be difficult to keep a perspective about what sport is meant to be for children when navigating an increasingly professionalized youth sport landscape.

As children's goal orientations are often significantly related to the goal orientation adopted by their parents (Harwood & Swain, 2002), a good place to start with parents is to discuss their expectations for their child's sport experience and ensure focus is placed on defining their child's success relative to participation outcomes such as having fun and self-improvement rather than performance successes or failures. Practitioners must also recognize that involvement can be expressed differently across parents (positively and/or negatively) and account for this when working with children. Often, problems arise when parents' interest and involvement in their child's sport experience result in negative, unproductive attitudes and behaviors. Practitioners should develop an awareness of and plan for navigating parents' unproductive behaviors (e.g., being overly critical and coaching from the sidelines), which may undermine the child's PST experience. In this case, providing clear expectations of the parents' roles in the consultation process and trying to engage parents in open, two-way communication, while encouraging them to foster a healthy sport climate that will enhance their child's enjoyment and personal development is necessary.

It may even be worthwhile to consider including parents in an educational intake session with their child and engage them in a discussion highlighting ways in which they can create a worthwhile sport experience for their child while still being involved (Harwood & Swain, 2002). For example, Vincent and Christensen (2015) conducted a series of parent workshops as part of a sport psychology program for youth athletes focused on understanding their role as parents, building self-awareness regarding how

their behaviors/attitudes impact children, defining their role within the coach–athlete–parent triangle and how this may change across the child's development, and discussing issues related to managing the demands of youth sport. Accordingly, recommendations for a practitioner to promote positive, productive parent involvement include:

1 Encouraging attitudes and behaviors that emphasize enjoyment and mastery experiences.
2 Facilitating open lines of communication between children, family, and coaches.
3 Maintaining a balanced focus on participation, personal development, and performance – winning isn't everything!
4 Defining children's success in sport relative to mastery experiences and enjoyment.

The Role of Coaches

Providing both instruction and assessment, coaches are critical socializing agents who may influence a youth athlete (Gould, 1983). Coaches understand that sport performance results from a combination of excellence in both physical and psychological skills. While all coaches aim to give their athletes the tools necessary to be successful, some may be unsure of what they can do to help improve a child's psychological performance or they may show uncertainty or resistance about engaging them in PST. Other coaching barriers might include misperceptions regarding sport psychology and lack of role clarity and understanding how PST will be integrated within the coaching staff and team.

To provide support to coaches, Blom et al. (2013) suggest education about the theoretical and practical aspects of sport psychology to enhance their understanding of how youth athletes' sport experiences and performances can be improved through PST. Practitioners should coach the coaches on how to talk about PST with their athletes and work with coaches to help them integrate PST into their team's physical practices. Gould (1983) identified some strategies that coaches can use to assist in the development of psychological skills in youth athletes:

- Define the objectives of PST
- Convey the objectives of PST to athletes via individual and team discussions
- Implement systematic goal-setting procedures
- Use effective role models
- Employ a positive and sincere approach to communication
- Develop educational programs for parents of youth athletes

Taken together, the best relationships between practitioners and coaches involve a shared purpose to help children. Therefore, engaging in open communication and establishing healthy relationships with coaches is vital for producing a productive partnership and successful PST experience for the child.

Facilitating Developmentally Appropriate PST with Children

Consulting with children can be challenging, as it requires a certain understanding of their needs and ability to deliver PST in a way that provides them with useful information, while also showing them one cares and keeping them engaged and interested. As Orlick and McCaffrey (1991) stated:

> To be effective with children we must draw from their qualities and strengths, listen to their perspectives, use their input and, perhaps most important, care about them; otherwise, we will never give them the special treatment they need and deserve. More than any other group, children want to know that you care before they care what you know.

(p. 324)

Table 44.2 Example Guidelines and Structure for a PST Intervention with Children

1 Engage in a discussion with parents or coaches about their expectations for what PST can accomplish.
2 Provide a clear explanation about what you can provide in a PST session and privacy policies with athletes, coaches, and parents.
3 Observe the sport environment; consider athletes' interactions with coaches, teammates, and parents to gain a better understanding of the social context.
4 Conduct an intake session with the child to answer questions, identify the purpose of the PST session(s), and learn about their goals, strengths, weaknesses, fears, etc. Begin to build strong rapport and a caring attitude and discuss confidentiality.
5 Identify the purpose of the PST sessions and develop a plan that meets the specific needs of the child. PST should be individualized and entertaining; based on clear and simple communication; and integrates deliberate and interactive activities. Remember, the purpose should guide the delivery approach.
6 Based on the child's needs identify how often you should meet to discuss progress (e.g., weekly and monthly), make refinements, and add new skills while encouraging consistent practice of mental skills just as the child would practice his or her physical skills.
7 Share these mental skills with parents or coaches so that they can help reinforce, model, and integrate skills into their everyday routines.
8 Regularly check in and evaluate whether the PST session is fun for the child and meeting his or her needs.
9 Revisit numbers 1 and 2 with parents or coaches so expectations and implementation are congruent.

There are many ways to structure and implement PST with children. Table 44.2 provides an example of a consulting sequence for PST with children, which highlight general guidelines as a possible structure for implementing PST with children. This table is then followed by three specific strategies that practitioners should include when developing a plan for PST sessions.

Individualized and Entertaining Skills Training

When working with children, it is best to keep strategies simple, individualized, and fun. For example, if the strategy is for a child to stop engaging in unproductive self-talk, you might ask them to image themselves flushing their unproductive self-talk down the toilet and replace it with a more productive statement. Or, as silly as this sounds, you might actually have a mini toilet in physical form that makes a noise when it flushes. This is even better as it can be presented in a concrete manner that the child understands, and you often get a good laugh out of them because it's fun! Keeping fun in mind is key as it is something that will help you foster the child's attention and participation during sessions. Another way to keep PST fun for children is to allow them to use their imaginations. For example, when discussing a situation in which a child tensed up and got anxious due to a mistake (e.g., turnover) made in basketball, you may introduce the "comic strip activity," which allows the child to express their creative nature by telling the story of how it unfolded. In this case, as the practitioner, you can guide the activity by asking the child to draw themselves in the situation (e.g., turning the ball over), identify their thoughts ("how could you mess up that pass?") and feelings (e.g., anxious and tense) in that moment, and then discuss the situation with the child and teach them psychological skills (e.g., cognitive restructuring and develop a cue word like "next play") to help manage the situation. This activity will stimulate reflection, develop cognitive and behavioral responses to different scenarios, while also maintain a fun and productive learning experience.

Clear and Simple Communication

When working with children, a practitioner should also consider use of language, making sure to keep things clear and simple versus complex. For example, when describing arousal and activation, use words

such as "excite" and "energize." Or, when teaching a psychological skill to help a child focus, have them come up with a simple cue word/s to direct their behavior (e.g., "stay in the moment"). When working to enhance a child's confidence, you might ask them to write a simple letter to themselves starting with "Dear [insert child's name]" and have them list reasons why they should be confident in their sport and ability. In line with these points, building rapport, trust, and strong communication skills with children is necessary. Communication involves both verbal and nonverbal cues. For example, it is helpful to speak on the same level as the child, which might involve physically lowering oneself to a level that is "eye to eye."

Deliberate and Interactive Activities

Regarding session length, children may be better suited for shorter (e.g., 15–30 minutes) but more frequent sessions (Visek et al., 2013). Given children's limited attention spans and varied developmental growth, the content of these sessions should be more activity-based, including experiential, hands-on learning exercises. For example, when teaching imagery, one might start by providing the child with an object associated with their sport (e.g., a golf club and basketball) to hold in their hand and have them practice recreating an image of that object incorporating its shape, color, texture, and other tactile senses associated. Debriefs, then, should follow principles of basic counseling (e.g., open-ended questions and active listening) with a small number of prompts being carefully selected to not overwhelm the young athlete (Visek et al., 2009).

Conclusion

Applied sport psychology practitioners and other adults involved with youth sport have an obligation to support an optimal sport environment and positive experience for all participants. Research has examined the value of PST with youth sport athletes since the 1980s (Gould, 1983) and findings over the last three decades are clear. PST is beneficial for youth athletes when the approach is developmentally appropriate, when practitioners understand their "*why*" for working with children, and when practitioners understand *how* PST can be delivered to children. Consulting with children can be challenging and at the same time rewarding. Sport psychology practitioners should embrace their opportunity to foster a creative approach while playing a key role in supporting children in their current and future athletic endeavors. See Box 44.1 for a summary of key messages from this chapter.

Box 44.1 Summary of Key Points about Applied Sport Psychology with Children

- Practitioners should aim to position athletic performance as one of multiple potential outcomes (e.g., participation, performance, and personal development) from the youth sport experience. Sport psychology practitioners play a critical role is supporting holistic athlete development.
- Children are not miniature adults. Mental performance should be viewed as a long-term plan, whereby practitioners utilize a developmental perspective that considers the influences of psychological, physical, cognitive, and social/emotional factors within the context of youth sports.
- When implementing PST programs with children, utilize an approach that is player-centered and both coach- and parent-supported. Sport psychology practitioners are working in a youth sport system where children do not function in isolation, and instead influence and are influenced by individuals (e.g., parents, coaches, and peers) and their environment.
- To effectively facilitate PST programs with children, practitioners should aim to integrate individualized and fun skills training, clear and simple communication, and short, frequent (e.g., 15–30 minutes) interactive sessions

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References

Aspen Institute (2021). *Children's rights and sports.* Retrieved from: https://www.aspenprojectplay.org/childrens-rights-and-sports

Blom, L. C., Hardy, C. J., Burke, K. L., & Joyner, A. B. (2003). High school athletes' perceptions of sport psychology and preferences for services. *International Sports Journal*, 7(2), 18–24.

Blom, L. C., Visek, A. J., & Harris, B. S. (2013). Triangulation in youth sport: Healthy partnerships among parents, coaches, and practitioners. *Journal of Sport Psychology in Action*, *4*(2), 86–96. https://doi.org/10.1080/21520704.2012.763078

Côté, J., Strachan, L., & Fraser-Thomas, J. (2007). Participation, personal development, and performance through youth sport. In N. L. Holt (Ed.), *Positive youth development through sport* (pp. 48–60). Routledge.

Dohme, L. C., Piggott, D., Backhouse, S., & Morgan, G. (2019). Psychological skills and characteristics facilitative of youth athletes' development: A systematic review. *The Sport Psychologist*, *33*(4), 261–275. https://doi.org/10.1123/tsp.2018-0014

Dorsch, T. E., Smith, A. L., Blazo, J. A., Coakley, J., Côté, J., Wagstaff, C. R., Warner, S., & King, M. Q. (2022). Toward an integrated understanding of the youth sport system. *Research Quarterly for Exercise and Sport*, *93*(1), 1–15. https://doi.org/10.1080/02701367.2020.1810847

Gould, D. (1983). Developing psychological skills in young athletes. In N. Wood (Ed.), *Coaching science update* (pp. 4–13). Coaching Association of Canada.

Gould, D. (2019). The current youth sport landscape: Identifying critical research issues. *Kinesiology Review*, *8*(3), 150–161. https://doi.org/10.1123/kr.2019-0034

Harwood, C., & Swain, A. (2002). The development and activation of achievement goals within tennis: II. A player, parent, and coach intervention. *The Sport Psychologist*, *16*(2), 111–137. https://doi.org/10.1123/tsp.16.2.111

Kajander, R., & Peper, E. (1998). Teaching diaphragmatic breathing to children. *Biofeedback*, *26*(3), 14–17.

Malina, R. M., Bouchard, C., & Bar-Or, O. (2004). *Growth, maturation, and physical activity*. Human Kinetics.

McCarthy, P., & McCann, B. (2020). Innovations in mental skills training for young athletes. In M. Bertollo, E. Filho & P. Terry, (Eds.), *Advancements in mental skills training* (pp. 224–235). Routledge.

Nicholls, J. G. (1989). *The competitive ethos and democratic education*. Harvard University Press.

Orlick, T. (2004). *Feeling great: Teaching children to excel at living* (3rd ed.). Creative Bound Inc.

Orlick, T., & McCaffrey, N. (1991). Mental training with children for sport and life. *The Sport Psychologist*, *5*(4), 322–334. https://doi.org/10.1123/tsp.5.4.322

Piaget, J. (1952). *The origins of intelligence in children*. International University Press.

Vernon, A. (2004). Working with children, adolescents, and their parents: Practical application of developmental theory. In A. Vernon (Ed.), *Counseling children and adolescents* (pp. 1–34). Love Publishing.

Vincent, A. P., & Christensen, D. A. (2015). Conversations with parents: A collaborative sport psychology program for parents in youth sport. *Journal of Sport Psychology in Action*, *6*(2), 73–85. https://doi.org/10.1080/21520704.2015.1054535

Visek, A. J., Harris, B. S., & Blom, L. C. (2009). Doing sport psychology: A youth sport consulting model for practitioners. *The Sport Psychologist*, *23*(2), 271–291. https://doi.org/10.1123/tsp.23.2.271

Visek, A. J., Harris, B. S., & Blom, L. C. (2013). Mental training with youth sport teams: Developmental considerations and best-practice recommendations. *Journal of Sport Psychology in Action*, *4*(1), 45–55. https://doi.org/10.1080/21520704.2012.733910

45

MASTERS ATHLETES

Bradley W. Young

Masters Athletes (MAs) compete in rule–based competitive activities that are organized for people beyond the age of normative peak performance in a sport. They are generally over 35 years old, though some Masters sports (MSs) begin at younger ages. Many adult athletes compete well into their 80s. MAs are characterized by formal registration for a competition/event and a pattern of training ahead of competitions (Young, 2011). MS has become increasingly commodified, with services increasingly marketed to adults. Moreover, many MAs search out resources and supports, such as coaches and clubs, to support their passion.

One of the unexplored services/supports for MAs is applied sport psychology. This chapter is crafted with possibilities in mind and seeks to engage readers interested in how the needs of MAs may be accommodated in mental training in sport. In light of scant research understanding MAs' needs and preferences in terms of mental training, this chapter will interpret the few emerging works to conceive a working framework for applied practice with MAs. Within this model, there will be an effort to outline various nuances for how applied consultants might tailor their services to Masters clients.

Current Research Understandings on Applied Practice with Masters Athletes

Scant empirical work interrogates what mental training looks like and how it is approached with adult athletes. Only two studies have aimed to understand more fully the prospects for sport psychology consultation in MS. Makepeace et al. (2021) interviewed eight Canadian MAs (age range: 38–62) from individual sports like swimming and Nordic skiing. Some of these MAs were very serious–minded and highly competitive, others less so, and all reported at least moderate levels of doing adult sport for experiential and lifestyle purposes. Interviews focused on how they used sport psychology for personal enhancement. Makepeace and Young (2022) also interviewed ten professional Mental Performance Consultants,[1] all certified with the Canadian Sport Psychology Association, who had experience with MA clientele. Makepeace and Young questioned the consultants about what they targeted in their practice and approaches to delivering services. Findings from these studies will be used to populate a working model for applied sport psychology later in this chapter.

Conceptualization of Mental Training with Masters Athletes

There exists no conceptualization of mental training for MAs. Thus, this chapter borrows Vealey's (2007) *Framework for Understanding Mental Skills Training* and will populate it with what the literature

tells us for MS. It is a poignant scaffolding because it considers knowledge–based and procedural components of a mental training program. It designates *content areas*, or key *mental training targets* for consulting. It considers how the *socio-cultural context* impacts content and athletes' participation in mental training. It details key facets of the *mental training process* and positions *consultant effectiveness* as a mediator between the process and how the target areas are satisfactorily addressed. This framework is predicated on "interpersonally and technically–skilled consultants who are able to personally and professionally fit mental training programs to meet the *special needs* of athletes" (p. 295; italics added). This chapter posits a working model tailored to the special needs and realities of life circumstances of MAs (Figure 45.1).

Social Cultural Context around Masters Athletes

MS is a unique social ethos that demands investments, sacrifices, and personal entanglements characterizing a subculture (Dionigi, 2008; Stevenson, 2002). Practitioners might consider four prevailing narratives to understand where they locate their services.

Resisting Aging

Dionigi has published many works interpreting the experiences of older athletes and what their pursuits mean for aging (Dionigi, 2008). These works note traditional social norms around aging as a time
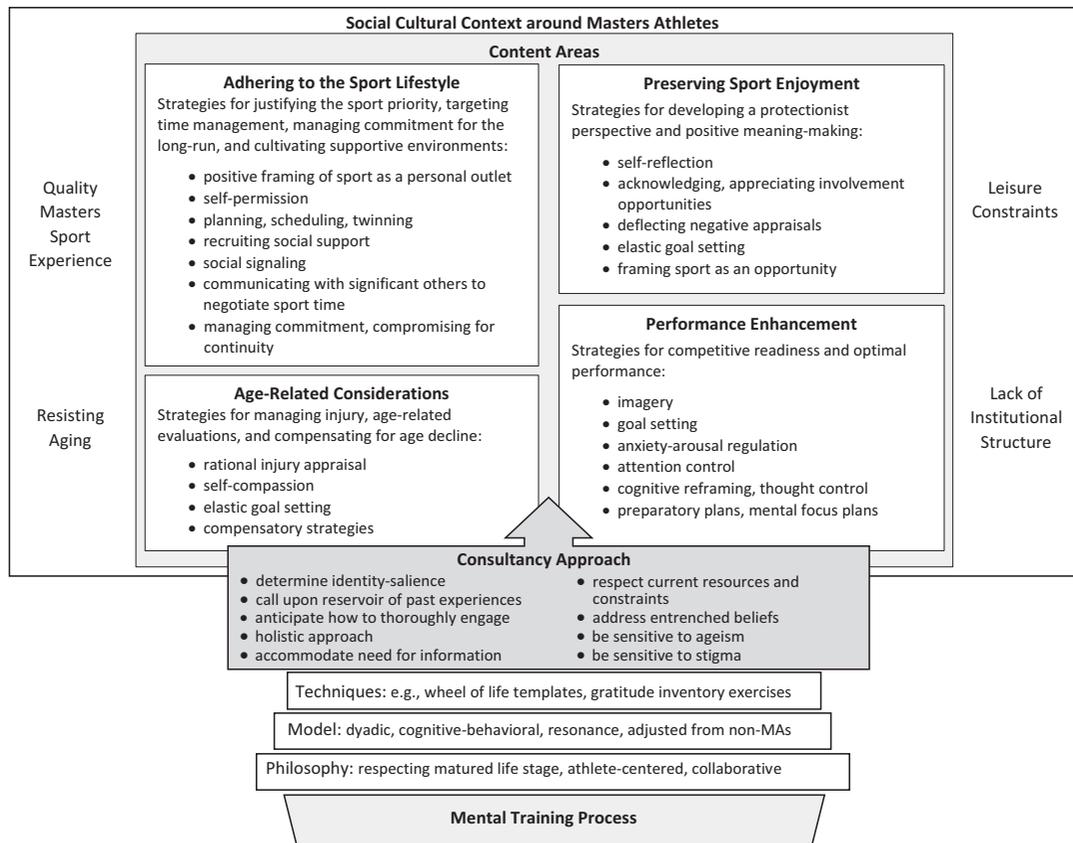
Figure 45.1   Working Model for Mental Training with Masters Athletes

to slow down, of feebleness, in which older persons are discouraged from competing. Social norms typically ascribe a participatory discourse for aging adults in sport, that is, being involved for involvement's sake, for fun and fair play. Yet, Dionigi's work illustrates that many MAs are motivated to defeat such participatory expectations and instead embody a discourse associated with competitiveness, and working their bodies in intentional ways to master skills, to become better performers. Many MAs are motivated to resist norms of aging and take pride in projecting a youthful image.

Dionigi et al. (2013) described four narratives that athletes over age 55 embodied:

> 'There's no such thing as old' (a story of *avoiding* old age); 'keep moving' (*fighting* the ageing process); 'fun, fitness, friendship... [and] competing' (*redefining* self and 'old age') and; 'making the most of your life... with the capabilities that you still have' (*adaptation and acceptance*).
>
> *(p. 375; italics added)*

Sport psychology consultants (SPCs) are tasked with clients' narratives that variably relate to resisting performance deterioration, revisiting the athletic self as it relates to the aging self, and encouraging some MAs to accept and adapt to aging to make the most of sport with what they have.

Quality Masters Sport Experience

Based on their interpretation of broader literature on the psychology of the MA and coaching MAs, Young et al. (2021) offered eight hallmarks of a Quality Masters Sport Experience. They recognized that (1) MAs have multifaceted perspectives on *meaningful competition*; (2) MAs pursue *mastery* and derive perceived competency when they fulfill goals related to learning, improving, and giving effort; (3) MAs like to *test and assess themselves*; (4) MAs are motivated to search for, and benefit from, *quality relationships* in sport; (5) MAs are motivated for *fun and fitness*; (6) MAs are interested in *intellectual stimulation* to become "students of their sport"; (7) MAs like *feeling empowered*. A notable hallmark was (8): MAs appreciate *feeling validated*, meaning that they need to feel that their investments in sport are being reciprocated and legitimized by the quality of consulting, coaching, practice, and programming they receive. MAs wish to feel that their sport commitment is understood by significant others around them, and that their sacrifices are justified.

Leisure Constraints

This topic relates to how an individual negotiates circumstances to commit to a serious leisure pursuit when they have a constellation of other duties/activities that may cause tension with this commitment (Jackson et al., 1993). Most MAs are busy people with many responsibilities. Becoming a serious MA means engaging in a complex relationship between a desired level of involvement and what can be achieved within the constraints of family, work, romantic, and caregiving commitments, with immersion in MS associated with increasing demands on an athlete's time (Stevenson, 2002).

Serious MAs use different strategies to secure time to train. Barrell et al. (1989) explained that they *took time* (i.e., an athlete controlled their schedule and dictated when their sport time occurred in family/work spheres), *bought time* (an athlete bargained for sport time, so it impinged less on family time or respected the leisure time of significant others), and *shared time* (the athlete considered how their sport pursuit impacts expectations to equally share leisure pursuits or familial responsibilities). The embodiment of these strategies depends on gender roles, whether one is single or not, the complexity of household structure, and familial relationships. A take-away is that strategies to find time and/or to guard against the encroachment of sport time into other life spheres are implicated in consultation with MAs. Moreover, familial resentment/conflict resulting from ineffective negotiation of leisure

constraints could be a concern. Well-being is predicated on a MA's sport demands/needs being harmonious with other aspects of their lives (Medic, 2010).

Relative Lack of Institutional Structure in Masters Sport

Adolescent athletes have regularly scheduled practices and games mandated by organizations and social norms/obligations in relation to teammates, coaches, and parents, that serve to structure involvement. In collegiate or national team settings, structural supports are arguably much greater. Yet, sport is not institutionalized across the lifespan. MS participation is often driven by intermittent large-scale events that draw competitors from afar, with formal infrastructure and support in individual communities being much less consistent (Callary et al., 2021). Due to this less formalized grassroots structure, there may be greater or more nuanced self-regulatory demands on each MA for sustaining their involvement.

Content Areas for Mental Training in Masters Sport

Adhering to the Sport Lifestyle

In Makepeace et al. (2021) and Makepeace and Young (2022),[2] the SPCs described helping MAs develop the capability to "prioritize sport" in healthy and personalized ways. This prioritization was critical for sport adherence and sustaining the idea of being an athlete. SPCs worked to help them effectively manage time, to habitually organize their time to consistently fit sport into their busy lives. This entailed various skills/strategies, including:

a *Planning/scheduling*, including coaching MAs to implement "flip days" (Makepeace et al., 2021, p. 207), time charting exercises using "wheel of life templates" (Makepeace & Young, 2022, p. 5), or "twinning" (Makepeace et al., 2021, p. 206) training with other responsibilities, such as commuting or time at children's sport.

b *Self-permission*, or justifications centered on being okay with putting oneself first, but at the same time bringing awareness to "owning that decision", without feeling guilt.

c *Positive framing*, or reminder strategies of how sport is an outlet for personal fulfillment/release. Discussions about living authentically and embodying an authentic self were meaningful.

d *Communication skills* with significant others to negotiate time for one's sport without resentment and conflict. Respectful communication with spouses and/or family is critical for MAs to gain active support, which is healthier than permissive support, and it may be the distinguishing factor for successfully "taking time" and "sharing time" around sport. *Social signaling* to alert friends/coworkers, which involves communicating early and consistent expectations/boundaries to protect one's sport activity, was used effectively by many MAs.

e *Managing commitment and compromising for the sake of continuity.* The SPCs often counseled adults to appraise the ebb and flow of their commitments toward non-sport responsibilities. They brought awareness to the reality that "the sport priority" might not be a realistic constant in one's life and the merits of adults compromising on short-term investments in sport (e.g., scaling back training expectations from five to four times weekly, adjusting competitive expectations) if it meant they could successfully meet these expectations during busy periods when they felt they could not realistically invest as they would like. Compromise and sustaining participation was more important than disruption and failing.

The SPCs also worked with MAs on *recruiting social support* (e.g., enlisting co-participants) and benefitting from social accountability to teammates in a functional/encouraging rather than controlling way.

Bradley W. Young

They advised MAs to recognize sport as a social opportunity, to explore meaning in their Masters community, to cultivate a supportive social ethos. Overall, the emphasis that SPCs place on supporting a MA's priority and self-permission may depend upon the extent of self-actualization each athlete derives from their sport and the athlete's level and types of social support/constraint, considered alongside their responsibilities to important others.

Protecting Enjoyment of Sport

The primary reason for which many MAs sought SPCs was because they had lost the joy they attached to their sport. The SPCs discussed an overriding strategy of helping MAs develop a "*protectionistic*" *perspective* (Makepeace & Young, 2022, p. 6). They noted how most MAs would recount how they have at some point consciously decided that sport is "what they do", or that "it's their idea of enjoyment". To honor this decision/idea, the SPCs would ask them to commit to proactive steps to deliberately gather information, including through their self-appraisals, to reinforce enjoyment. To this end, the SPCs frequently asked the MAs to engage in *self-reflection* and specific gratitude inventory exercises to catalogue evidence of enjoyment and what they appreciate about their activity.

The protectionist perspective also meant developing strategies *to deflect risks of negative information and negative self-appraisals*. For example, in the face of threatening information (e.g., negative race result), the MAs developed cognitive strategies to identify alternative reasons to be content. It also meant identifying irrational self-pressures where sport enjoyment was predicated upon other peoples' expectations/happiness, interrogating what that meant for one's experience, and redirecting toward self-expectations. Overall, both proactively positive, and deflecting/reacting strategies, were couched in a discussion about how MAs are in charge of the "meaning making" attached to their sport. Sport enjoyment needed to be addressed along with adherence: if a MA is effectively adhering because of their priority, but the priority is not enjoyable, then they are in sport "only because of habit" (Medic, 2010, p. 390), which does not serve the adult's well-being.

Elastic goal setting was integral. One SPC described this as "stretching out your goals and not making them so inflexible and narrow, so they increase chances of success" (Makepeace & Young, 2022, p. 6). This approach was characterized by diversifying personal, realistic goals, combining goal levels (difficulty), short- and somewhat longer-term goals, and different types of performance and self-progress goals. Elasticity also meant undertaking practices to (a) locate these goals within broader well-being and self-care goals, (b) explore new types of goals they might find meaningful as older adults (e.g., setting experiential goals to compete in a "destination" race at a bucket-list location), and (c) integrate flexibility to compromise and/or give oneself another opportunity to pursue goals should one fall short.

The more involvement opportunities that MAs can attach to adult sport, the more likely they are to enjoy sport (Young et al., 2015). Thus, the SPCs would commonly ask a MA to express gratitude toward one's sporting opportunities, *acknowledging opportunities* that they have been failing to recognize or discovering "taken-for-granted facets" (Makepeace & Young, 2022, p. 6) that are unique to sport. They would invite a MA to acknowledge opportunities related to learning, growth, and contributing to a Masters community. Gratifying words/phrases from these exercises were integrated into self-talk scripts that the MA could use when in a less than ideal headspace.

Managing Age-Related Considerations

Managing injury, including questions around return from injury and pain management, was a common topic. The SPCs had conversations around risk-reward evaluations to ensure *rational injury appraisal*, decision-making and altering of training regimes. The consequences of injury were

444

potentially very substantial when they related to the loss of other possibilities (e.g., not being able to do things with one's children) or infringement on non-sport responsibilities. When injury significantly interrupted sport activity, the SPCs sometimes engaged in "priority redirection" (Makepeace, 2020, p. 145). They encouraged MAs to acknowledge their feelings around injury but directed discussion toward how their sport priority may have precluded other opportunities they could reconnect with while rehabilitating, such as trying new hobbies, or keeping in touch with friends. Some MAs have a very difficult time disengaging from their sport and feel compelled to continue despite injuries and overtraining, and experience significant withdrawal when they do (Medic, 2010).

A common topic was MAs making unfavorable comparisons to their former/younger self ("I can no longer do this as I used to") or to younger competitors. The SPCs saw this as maladaptive and took an approach informed by *self-compassion* (Allen & Leary, 2014). They encouraged the athlete to reflect and accept present limitations attributable to getting older, to non-critically judge these limits by being kind to oneself, and to normalize age-decline/limitations as not being unique to oneself. They adapted exercises with younger athletes (Mosewich et al., 2019) to older clientele. Cognitive reframing, including *elastic goal exercises* that related to their more "immediate space", was important. For example, they used goal setting with a "within-season lens" on performance (not across consecutive seasons) and often with specific reference to age-graded tables. Addressing inevitable age-related decline meant considering adherence and enjoyment in tandem. Adherence, or continuous training, facilitates performance retention over the years and can give rise to an athlete's performance gains within a season. However, a protectionist perspective on enjoyment is integral, which may mean helping a MA adjust (and downgrade) where performance-based goals fit within their goal hierarchy as they age. This latter consideration is often pronounced when MAs move into later stages in a competitive age bracket (i.e., when they turn 54 in the 50–54 group) (Medic et al., 2013).

While self-compassion exercises encouraged clients to accept, adapt, and redefine their sport activities, the MAs often simultaneously sought mental training to "cheat" age-decline. An example of such *compensatory strategies* included the older golfer who had lost driving distance and was now investing in mental training around his short game to maintain performance. This is the art of consulting MAs, that an SPC may be simultaneously working with an athlete on adapting to aging realities while also helping them to resist these realities.

Performance Enhancement

The Canadian studies revealed that SPCs were asked to frequently deliver traditional mental skills training for the purpose of competitive readiness and for optimizing performance, using imagery, goal setting, attentional control, and arousal-anxiety regulation. Goal setting often was used to address self-imposed (and unrealistic) competitive expectations. Positive-self talk and cognitive reframing were key in enhancing competitive efficacy. Altogether, many skills were integrated into a multi-modal approach. The MAs typically asked for homework from consultants for integrating these skills and strategies into on-site, pre-competitive focusing routines/scripts and refocusing plans, and into mental focus plans they could rely on during races.

Other Content Areas?

Almost no attention has been devoted to Masters teams, hence the absence of group dynamics content in our model. Skills related to team confidence, cohesion, leadership, and social communication are important, though how they might need to be nuanced differently with MAs should be a future

consideration. Additionally, whether personal development skills, or life skills (Vealey, 2007), could be added to our model is for debate. Some SPCs call "all" the things they work on with MAs "life skills" (Makepeace, 2020, p. 116), though others caution that many MAs do not wish to have conversations about how what they do in sport can better their functioning elsewhere.

Mental Training Process

The process starts with the *philosophical foundations* of the consultant. The Canadian SPCs saw their role as a "collaborator" and acknowledged that MAs were "experts of themselves" (Makepeace & Young, 2022, p. 7). They predominantly used cognitive-behavioral *models* they felt worked with younger athletes, adjusting for MAs. Some were grounded in resonance models (Newburg et al., 2002), prompting the MAs to consider "how do you want the sport experience to feel?". By having clients first project to an ideal state, they then employed self-reflection (Collins & Durand-Bush, 2014) and gratitude practices (Gabana et al., 2019), and worked on self-regulatory strategies to protect enjoyment. Most of the SPCs adopted dyadic models, though they sometimes delivered group sessions (Makepeace & Young, 2021).

In addition to the *strategies and techniques* illustrated thus far, the SPCs usually integrated some step for performance profiling they liked at intake. Although Makepeace and Young (2022) found the SPCs capably elaborated on technical aspects of mental skill use, the MAs were less articulate in the "how" of mental skills techniques, instead speaking of the benefits of, and circumstances for their use (Makepeace et al., 2021). It is not well understood whether/how any techniques within a consultant's "tool-box" need to be specifically modified to accommodate unique content areas for MAs.

Consultancy Approach

As outcomes of "consultant effectiveness" (Vealey, 2007) have yet to be validated with MAs, this section instead focuses on describing the nature of the approaches that the Canadian SPCs believed were applicable with MAs. Foremost, the SPCs believed in taking an *identity-salient approach* to explore how central "being a MA" was to an adult, their pride in projecting their ideal of a MA, and the extent to which a middle-to-older-aged adult juggled identities (e.g., manager, mother, and caregiver). Understanding the values and ethic that an athlete attached to dominant identities was essential on intake and infiltrated the entire process. In situations where a consultant had rapport with a client, they saw merit in respectfully challenging an athlete's identity as part of gratitude exercises, with statements such as "if doing adult sport is so unenjoyable, who do you bother still investing in it?". The MAs were viewed as "story-tellers" (Makepeace & Young, 2022, p. 7), and were afforded space to elaborate their personal stories, which helped these adults make their sense of self more explicit/coherent.

The adults' *reservoir of past experiences*, implicated by their matured self-concept, and a heightened capability for self-awareness and reflection on their experiences, facilitated free flowing discussion. The SPCs called upon many prior sport and non-sport scenarios to contextualize exercises and problem-solving in meaningful ways. Many of the SPCs pursued a *holistic consulting approach* in which they considered the human and not the performer, with some using strategies to illustrate to MAs the applicability of mental skills in multiple life domains.

The SPCs had to *anticipate how to thoroughly engage the MAs*, who were generally seen as actively invested clients who had better "buy in" to services, and who got to work implementing skills more quickly, than younger clientele. This was partly explained by the fact that MAs are not generally referred to, but seek, consultants. The MAs were perceived as inquisitive, with a *need for information* to inform their strivings, which meant the SPCs were ready to accommodate more questions and explain the rationale for their methods.

The SPCs respected the habits and routines a MA already used and bracketed against assuming these were deficient until co-exploration with an adult indicated such. Phrases such as "fine-tune it" or "re-tuning" (Makepeace & Young, 2022, p. 8) and other cohort-sensitive metaphors were helpful. The SPCs started where the MA was, which meant *knowing an adult's current resources and constraints.* When they addressed a MA who was entrenched in their beliefs, the SPCs often opened up dialogue on whether the client may have taken certain facets for granted (inviting re-exploration), adopting a dialogue around the efficacy of change, including substantiating their recommendations with "what the science says".

The Canadian SPCs were *sensitive to conveying ageist assumptions.* For example, when opening a workshop with MAs, an SPC could announce that they are delivering many of the same mental skills/ strategies as they would with younger, elite athletes. The risk was that this tact could be variably interpret as ageist – "Why are you not giving me content that relates to people my age?" while others in the same crowd might criticize "Why don't you apply the same performance-enhancement features from younger athletes equally to my competitive aspirations?" The SPCs were *aware of the possible stigma* on a MA who seeks their services. Many MAs saw approaching a consultant as being stigmatized as "needing help" or as conveying they "were too serious about their sport". Many SPCs therefore began their consulting in less formal settings (e.g., chatting while playing a golf round) to build comfort.

Overall, the SPCs customized services based on the age-specific needs of each adult, recognizing the heterogeneity among MAs. Even within these individualized approaches of the SPCs, there were parallels with several principles applied by coach practitioners working with MAs (Callary et al., 2021), including the adult's need to know; self-directedness of adults; prior experiences of adults; considering an adult's readiness to learn; orienting learning to problems and meaningful issues; considering various motives to learn.

Conclusion

The working model was mostly informed by two Canadian studies (Makepeace et al., 2021; Makepeace & Young, 2022). It may not embody the heterogeneity of MAs more broadly and does not address the influence of life stage within the cohort. While the Canadian SPCs spoke of clients in their 40s and 50s, MAs compete into older years. It is possible that aspects of sport adherence could be unhealthy, especially for a minority of MAs who continue sport because they wish to fix regrets or are desperate to obtain longstanding unaccomplished goals. Such a case could prompt consultants to introspect on the ethics of advocating for the sport priority. Unending sport adherence could also be unhealthy for some MAs, prompting questions about a consultant's role in transitions to retirement and helping adult athletes with rapprochement around forfeiting a lifelong identity. The current perspective derives from research that explored how others can help the MA hold themselves to account for regular sport training, however, there needs to be more examination of how a MA negotiates lifelong sport while being socially accountable to important non-sport actors. Finally, the model is a psycho-educational template that has neither considered other analytical/clinical paradigms, nor group counseling models.

The emerging literature demonstrates the importance of addressing MAs' special needs, preferences, and realities. Creating integral, valued-added services for MS requires consultation tailored toward unique target areas and nuances in approaches with middle-to-older-aged adults. The model aligns with narratives on counseling older adults, which recommend approaches be informed by the social systems within which they function, using cohort-based strategies, that recognize maturational characteristics of the clientele (Knight & Sartre, 1999). This model for mental training with MAs can hopefully serve as a foundation for further scholarly inquiry, refinement, and applied discourse. See Box 45.1 for a summary of the key points from this chapter.

Box 45.1 Summary of Key Points about Working with Masters Athletes

- Scant research has examined what Masters Athletes want and need from applied sport psychology practitioners, and whether and how consultants adapt services to the middle-to-older aged cohort.
- The working model of mental training outlines targeted content areas for consultation, key considerations that can be integrated into the process of delivering a mental training program, and key considerations in consultancy approaches for MAs.
- Consultants should be aware of narratives in the Masters culture in which they will locate and deliver their services, including resisting aging, hallmarks of a Quality Masters Sport Experience, the need for self-regulatory strategies due to less institutional sport infrastructure, and the negotiation of leisure constraints.
- Canadian consultants helped Masters clients to prioritize their sporting lifestyle in healthy and sustaining ways, to manage age-related considerations and protect their joy of sport, and to apply mental skills to enhance competitive readiness and performance.
- An adult-oriented consultancy approach adopts identity-salient strategies that leverage an adult's past experiences, that respect their matured self-concept, and their need for information, empowerment, and validation. This approach is holistic, frames topics in terms that relate to an adult's concerns, and considers the resources and constraints of an adult, while being sensitive to ageist insinuations.

Notes

1 In Canada, educationally based (non-clinical) applied practitioners are referred to as Mental Performance Consultants, with the term sport psychologist reserved for practitioners who have registered licensure with a psychology board. See www.cspa-acps.com. For coherency with other chapters, we will employ sport psychology consultants (SPCs).
2 For the remainder of this chapter, all themes and text presented are based on interpretations merged from Makepeace et al. (2021) and Makepeace and Young (2022), unless explicitly referenced otherwise. Any exact phrasing from an article has been referenced appropriately.

References

Allen, A. B., & Leary, M. R. (2014). Self-compassionate responses to aging. *The Gerontologist*, *54*(2), 190–200. https://doi.org/10.1093/geront/gns204

Barrell, G., Chamberlain, A., Evans, J., Holt, T., & Mackean, J. (1989). Ideology and commitment in family life: A case study of runners. *Leisure Studies*, *8*(3), 249–262. https://doi.org/10.1080/02614368900390261

Callary, B., Young, B. W., & Rathwell, S. (Eds). (2021). *Coaching masters athletes: Advancing research and practice in adult sport*. Taylor & Francis.

Collins, J., & Durand-Bush, N. (2014). Strategies used by an elite curling coach to nurture athletes' self-regulation: A case study. *Journal of Applied Sport Psychology*, *26*(2), 211–224. https://doi.org/10.1080/10413200.2013.819823

Dionigi, R. A. (2008). *Competing for life: Older people, sport and ageing*. Verlag Dr. Müller.

Dionigi, R. A., Horton, S., & Baker, J. (2013). Negotiations of the ageing process: Older adults' stories of sports participation. *Sport*, *Education & Society*, *18*(3), 370–387. https://doi.org/10.1080/13573322.2011.589832

Gabana, N. T., Steinfeldt, J., Wong, Y. J., Chung, Y. B., & Svetina, D. (2019). Attitude of gratitude: Exploring the implementation of a gratitude intervention with college athletes. *Journal of Applied Sport Psychology*, *31*(3), 273–284. https://doi.org/10.1080/10413200.2018.1498956

Jackson, E. L., Crawford, D. W., & Godbey, G. (1993). Negotiation of leisure constraints. *Leisure Sciences: An Interdisciplinary Journal*, *15*(1), 1–11. https://doi.org/10.1080/01490409309513182

Knight, B. G., & Sartre, D. D. (1999). Cognitive behavioral psychotherapy with older adults. *Clinical Psychology: Science & Practice*, *6*(2), 188–203. https://doi.org/10.1093/clipsy.6.2.188

Makepeace, T. (2020). *Exploring traditional and novel applications for sport psychology in masters sport*. University of Ottawa, Canada. https://ruor.uottawa.ca/bitstream/10393/40658/3/Makepeace_Tyler_2020_thesis.pdf

Makepeace, T., & Young, B. W. (2021). Sport psychology and masters athletes: Implications for coaches. In B. Callary, B. W. Young, & S. Rathwell (Eds.), *Coaching masters athletes: Advancing research and practice in adult sport* (pp. 78–92). Taylor & Francis.

Makepeace, T., Young, B. W., & Rathwell, S. (2021). Masters athletes' views on sport psychology for performance enhancement and sport lifestyle adherence. *The Sport Psychologist*, *35*(3), 200–212. https://doi.org/10.1123/tsp.2020-0110

Makepeace, T., & Young, B. W. (2022). Mental performance consultants' perspectives on content and service delivery to masters athletes. *Journal of Aging & Physical Activity*, *30*(4), 666–677. https://doi.org/10.1123/japa.2021-0141

Medic, N. (2010). Masters athletes. In S. J. Hanrahan & M. B. Andersen (Eds.), *Routledge handbook of applied sport psychology: A comprehensive guide for students and practitioners* (pp. 387–395). Routledge.

Medic, N., Young, B. W., & Grove, J. R. (2013). Perceptions of five-year competitive categories: Model of how relative age influences competitiveness in masters sport. *Journal of Sports Sciences & Medicine*, *12*(4), 724–729. https://www.jssm.org/volume12/iss4/cap/jssm-12-724.pdf

Mosewich, A. D., Sabiston, C. M., Kowalski, K. C., Gaudreau, P., & Crocker, P. R. (2019). Self-compassion in the stress process in women athletes. *The Sport Psychologist*, *33*(1), 23–34. https://doi.org/10.1123/tsp.2017-0094

Newburg, D., Kimiecik, J., Durand-Bush, N., & Doell, K. (2002). The role of resonance in performance excellence and life engagement. *Journal of Applied Sport Psychology*, *14*(4), 249–267. https://doi.org/10.1080/10413200290103545

Stevenson, C. L. (2002). Seeking identities: Towards an understanding of the athletic careers of masters swimmers. *International Review for the Sociology of Sport*, *37*(2), 131–146. https://doi.org/10.1177/1012690202037002001

Vealey, R. S. (2007). Mental skills training in sport. In G. Tenenbaum & R. C. Eklund (Eds.), *Handbook of sport psychology* (pp. 287–309). Wiley & Sons.

Young, B. W. (2011). Psycho-social perspectives on the motivation and commitment of masters athletes. In N. L. Holt & M. Talbot (Eds.), *Lifelong engagement in sport and physical activity* (pp. 125–138). Routledge & ICSSPE.

Young, B. W., Bennett, A., & Séguin, B. (2015). Masters sport perspectives. In M. M. Parent & J-L. Chappelet (Eds.), *Routledge handbook of sports event management: A stakeholder approach* (pp.136–162). Routledge.

Young, B. W., Rathwell, S. & Callary, B., (2021, January). Giving due deliberation to masters athletes: The time has come. *SIRCuit Magazine (online)*. https://sirc.ca/blog/giving-due-deliberation-to-masters-athletes/

46

PROFESSIONAL ATHLETES

Angus Mugford

The work of sport psychology consultants (SPCs) in the professional sport landscape is nuanced, and this chapter aims to help practitioners navigate and be aware of factors influencing effectiveness. Professional athletes make their living through sport, some as employees and others as self-employed independent contractors. Unlike many members of the work force, professional athletes' earning potential, public visibility, and experience of high-risk factors can provide a dangerous combination, leading to access to unlimited spending and exposure to people with ulterior and selfish motives. These circumstances can bring a highly complex and dynamic context that includes important stakeholders. Navigating this array of stakeholders and the different demands across the continuum of mental health and mental performance can create many ethical, organizational, and professional issues rarely faced in other domains. Many practitioners apply their scope at the individual level of player care; however, organization leaders also look for leverage for player and coach acquisition, hiring, advising, and development. This chapter provides a forum to enhance practitioners' self-awareness, and considerations for doing good work in a sometimes unforgiving environment.

Current Theoretical and Research Understanding

The question, *'what makes an effective sport psychology consultant,'* has been researched by numerous academics (Fortin–Guichard et al., 2018; Gould et al., 1991; Sharp & Hodge, 2011). These studies emphasize the importance of an effective consulting relationship, a trusted connection, and meeting an athlete's needs. Much of this research has examined college and elite sport, but not necessarily professional athletes, unsurprising given the constraints of gaining access in the professional sport environment. However, the focus around developing quality relationships, deemed important in non-professional domains, seems to be relevant, in addition to understanding the deliverables and impact that professional sports organizations seek to achieve.

Schinke and Hackfort (2016) identified five themes for working in professional sport: *cultural competence, knowledge underpinnings, coaching is a team sport, business context,* and *being highly inquisitive.* Cultural competence (see Chapter 53) can sometimes be gained from having played or coached in the professional environment, although it can also be gained from being an astute observer and sensitive to understanding the context of the sport. Knowledge underpinnings describe the specialist training in sport psychology techniques and use of effective interventions. The third theme, coaching is a team sport, means that SPCs need to work effectively within an interdisciplinary support team (e.g., coaching

staff, medical team, management team, and others supporting the athletes). Business context is the financial element to performance that creates consequences for the livelihood of athletes and others. A team losing money may be more likely to restructure and cut jobs, resulting in enormous stress. The business of sport has high stakes, not just in terms of revenue won or lost, but also for personal risk of employment and professional status for people across the organization. The fifth theme is the need for effective practitioners to be highly inquisitive and seek continued growth, development, and access to recent knowledge and best practice.

Opportunities for SPCs in professional sports appear to be increasing. There has been a shift toward greater provision of health and wellness services which are seen as providing competitive and economic advantages in professional sport (Finlay et al., 2020). This has led to organizations restructuring performance departments, investing more, and integrating health and wellness staff and programs. Also, leagues (e.g., National Basketball Association [NBA], National Football League [NFL]) have published mental health policies and requirements for player access to sport psychology services has appeared in collective bargaining agreements (e.g., Major League Baseball [MLB]).

The Context of the Journey in Professional Sport: The Player, the Organization, Mental Health, and Performance

The psychological needs of professional athletes are as diverse as non-athletes but applying a normal model to these high-performing individuals seems naïve. Working in professional sport may be attractive to many SPCs; however, the challenges may be underestimated. For some SPCs, the experience can be more like a fan enjoying the spotlight and glamour, and they may be unaware of the consequences of expectations and losing. For intrinsically motivated practitioners, the ability to help individuals realize their potential can be exhilarating, as it is for coaches, scouts, and other support staff. The pressure of achieving performance outcomes can impact various stakeholders differently. Consultants can help these individuals manage pressure and expectations, although helping different people can lead to conflicts of interest (examples appear later). SPCs need self-awareness and self-management, in this demanding environment which can be easy to misjudge.

Table 46.1 illustrates the player's life cycle, alongside corresponding organization-related decisions and implications for mental health and performance, based on my experience in professional sport. As shown, the career stages influence mental health and performance, with each area interacting and providing a backdrop to SPCs working in this space. While Table 46.1 is simplified for the purpose of a mental model, the overarching points may be valuable for understanding the kinds of resources and services that may benefit people, along with the organization-related decisions that go along with those resources.

Forging a Framework for Mental Health and Mental Performance

An important assumption to clarify for stakeholders is what people mean when referring to *Sport Psychology*. Sport psychology means different things to different people, although in this chapter, I use the American Psychology Association (APA, 2022) definition, Sport psychology is a proficiency that uses psychological knowledge and skills to address optimal performance and well-being of athletes, developmental and social aspects of sports participation, and systemic issues associated with sports settings and organizations. Psychology is a protected and licensed profession in many places around the world; however, there are concepts that differentiate mental health and mental performance in athletes. These differences are important to understand, especially since they fall on a mental health continuum. Hillary Cauthen and I developed a model (Association for Applied Sport Psychology, 2021; Figure 46.1) that is inclusive of both *illness* and *wellness*. In this model, mental health encompasses both positive and

Table 46.1 A Model Detailing an Athlete's Life-cycle, Associated Organizational Decision, and Aspects Related to Mental Health and Performance

Career Stages	Organizational Decisions	Mental Health	Mental Performance
Prospect	Assessing and acquiring talent at the most optimal cost	Evaluation of behavioral risks, and recommendation for resources/support	Evaluation of readiness or psychological factors for competition
Early career	Developing and maximizing the potential of talent	• Transition support • Coping skills • Expectation management • On-going support across wellness/ illness continuum	• On-boarding • Self-awareness & learning support • Mental skills: (inc. motivation, confidence, attention control, emotional regulation, arousal regulation)
Veteran	Managing individuals into a collective winning entity	As above, but perhaps additional emphasis on family & relationship support	As above, but perhaps additional emphasis on leadership development
Retirement	Transitioning a roster and assets to manage payroll	Life skills & planning for next phase	Transferability of skills
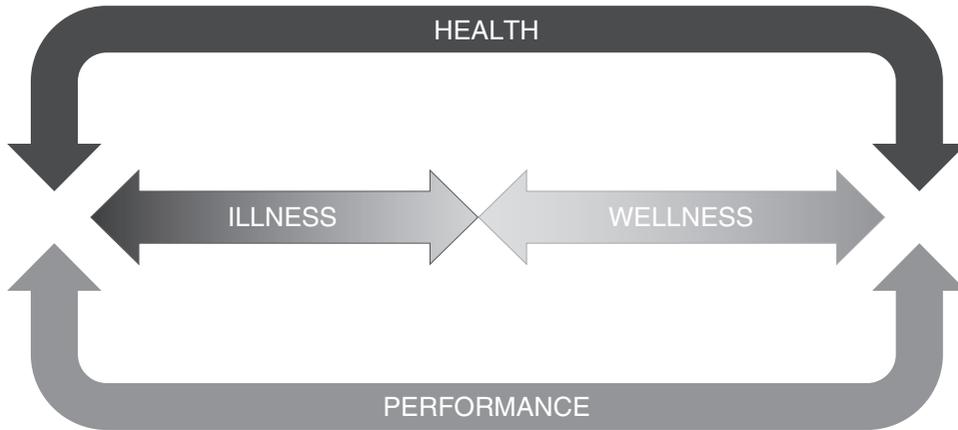
Figure 46.1   Wellness Continuum

negative dimensions. Specifically, mental health spans a continuum, from mental wellness (thriving) to mental illness (disrupting a person's functioning and performance). The relationship between health and performance, as well as the illness to wellness continuum is depicted in the model.

Performance refers to an individual's capacity to use mental skills, such as attention control, emotional regulation, motivation, and confidence (Kamphoff et al., 2021), to help perform the physical skills required of their sport or domain. Performing under pressure, against high-level opponents, includes physical, mental, and emotional aspects. There is not always a direct relationship between health and performance, although they are clearly related (Schinke et al., 2018). For example, an individual's mental performance may not be correlated with their mental wellness or illness. An athlete could be struggling in life but doing well in their performance. In this case, they may benefit specifically from a mental health provider who is licensed and trained to help someone manage their health.

While the scope of practice for licensed psychologists embraces athlete health, there is a further dimension of mental performance. Certified Mental Performance Consultants (CMPCs) are credentialed in North America to work with athletes and performers to optimize performance and do not need full licensure in psychology. Although regulations differ across the world, having some practitioners licensed within the scope of mental illness, whereas other non-licensed individuals are equipped to deal with wellness and mental performance is a common model in organizations. The existence of hybrid-trained individuals is less common. Acknowledging a practitioner's expertise helps organization leaders decide how the person fits their needs.

Exploring Talent Management

The journey of each professional athlete can be varied; however, when looking through an organizational lens, the stages in Table 46.1 are predictable and decisions that need to be made are similar. This decision-making can be labeled as either *talent management*, an area focused on how to maximize humans as talent (or more coldly 'assets') or *human investment* that is understood as maximizing value. Professional athletes are no different than any other employee in this respect; however, the amount of money, public visibility, and the ability to be traded from one organization to another without consent add complexities to their employment.

There are different approaches to developing talent (Chamorro-Premuzic & Kirschner 2020; Michaels et al., 2001), but at its simplest level, leaders in professional sport organizations approach players via the chronological steps of talent identification, acquisition, development, management, and exit (see Figure 46.2; Maqueira-Marin et al., 2019). Different sports have different ways of identifying and acquiring talent. For example, the United States Olympic & Paralympic Committee has a wide variety of entry points for athletes. Professional sport organizations in the NBA, NFL, NHL, and MLB have a process of drafting eligible amateur players and free agent professionals. While it is unrealistic to explore the nuances here, stakeholders value players with certain psychological attributes and decisions to assess and acquire this talent come with some cost. Deciding how much a player is worth, or what risk is acceptable is an important consideration, and one that SPCs are often asked to support, from both a mental health and mental performance lens. Given the ethical issues involved, consultants need to clarify their role during recruitment.

The subsequent phases of helping players develop and manage their careers are perhaps more traditional spaces where SPCs support clients. Whether through mental skills education or psychological intervention, assistance involves addressing the needs of the performer and their context. However, this model also involves understanding the stakeholders' needs. The issue, *who is the client*, is an important and familiar one. The employer paying the SPC is often the person (e.g., team owner or manager)

TALENT ID & ACQUISITION	TALENT DEVELOPMENT	TALENT MANAGEMENT	TALENT EXIT
• Recruitment & selection • Requirement analysis • Assessment of potential	• On-boarding • Training for job • Personalized training plans	• Creation of commitment & motivation • Salary & personal incentives • Roster management	• Exit management • Outplacement
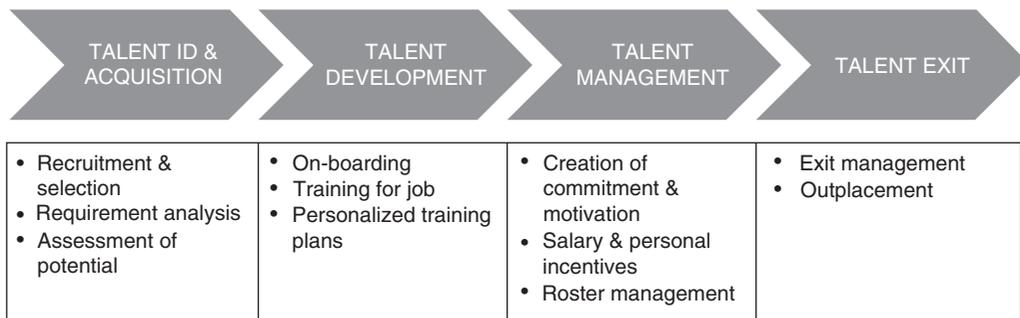
Figure 46.2   Stages in Developing and Managing Talent

trying to decide whether or not to acquire or keep an athlete. Although organization leaders care about nurturing talent, or 'assets,' business implications mean that they must also maximize financial return. Awareness of when these competing needs conflict is an important one for SPCs. Most of the time, these may seem aligned, in that the player's success equates to organizational success. However, there are times when needs do not align, such as when players negotiate salaries. For example, at the end of their careers, players may be managing anxiety, pressure to perform, and an organization wanting to reduce the salary costs of an expensive veteran. Here, the SPC's roles with the player and organization may be at odds. When in doubt, discussing the organization leaders' philosophies and approaches to supporting athletes before these situations occur is critical. For many consultants, this involves athlete-direct service support and maintaining player confidentiality from management. More about this sensitive issue appears below.

The Player's Journey

The talent management model above (Figure 46.2) mirrors the journey of the player who typically steps through each of the stages during their career trajectory. Since stakeholder management is such a key piece of how SPCs support both player and organization, it seems helpful to differentiate between the views different stakeholders may have on the player's experiences. The evolution of the player includes *prospect*, *rookie*, *early career*, *veteran (typically having achieved a coveted 'second' contract),* and *retirement*, and there are many implications at each stage. In North American sports in particular, financial security can play a significant role that can add layers of complexity, pressure, and opportunity with each of these different stages.

This financial context can be a key lens into the respective transitions associated with players' developmental journeys. Money and earning potential can influence the behavior of others, including the guidance players receive from agents, families, peers, and players' unions. However, assisting players in making career decisions involving significant money or stakes in financial security can be stressful, but it is also an opportunity to support their mental and emotional well-being.

Organizational decision-makers are navigating investments and roster decisions at each juncture of a player's career and invest a great deal of time, energy, and resource into each of these contractual windows. These decisions require expertise from testing and assessments to mental health service delivery. Also, mental performance optimization operates at individual, team, and coach levels, and embraces a broad spectrum of skills, credential, and expertise as previously mentioned. However, arguably, the most enlightened and resourceful organizational leaders are already exploring and adopting practitioners in these areas to gain competitive advantages, in the direct attempt to win, but also to acquire, develop, and retain the best talent. From this perspective, the future for SPCs not only looks bright, but also sustainable.

The context and skills described here are not included in many graduate programs for applied sport psychology, leaving practitioners unprepared for the scope and opportunities in the professional sport environment. Nesti (2016) highlighted this gap between SPC training and real-world experience in the English Premiership League (EPL) soccer environment, which seems consistent with many North American leagues.

Applied Implications for Practitioners

Athletes experience wellness and illness across their mental health and mental performance continuum. Having SPCs who are aware of and can work across this continuum with other professionals (e.g., mental health providers, medical staff, coaches, and strength and conditioning coaches) means that communication and interdisciplinary work are critical. It is also important to acknowledge that role

clarity and scope can become increasingly complex, especially as many professional sports have large staff and complex management structures. That aside, here are some implications to stimulate thought and insights for effective practice.

Got 'Feel': Role of Emotional Intelligence

While controversy exists over emotional intelligence (EQ) as a predictive model, EQ correlates with effective leadership and individual performance (Mayer et al., 2008). In professional sports, SPC's expertise will often come a distant second in importance to 'fitting' into the environment (Gould et al., 1991). This may sometimes be labeled as '*personality,' 'fit,' 'feel,'* or and any number of things. Goleman (2005) included as part of EQ *self-awareness*, *self-regulation*, *social skill*, *empathy*, and *motivation*. Self-awareness and self-regulation clearly delineate knowledge and mastery of oneself. Social skill and empathy identify the ability to manage and utilize emotional information from others to guide relationships. Understanding the motives of oneself and others can foster questions, clarify assumptions, and gain insight to ensure effective work as a practitioner. Further, understanding the motivations of others helps navigate complex environments which comprise of multiple stakeholders.

The assumption is that EQ contributes to better informal interactions between the SPC and player (or other stakeholders). The dynamic nature of these relationships and the openness of the environment around locker rooms, medical treatment rooms, weight rooms, and practice facilities can make it difficult to have formal interactions. In more traditional and clinical settings, for example, many clinicians expect clients to agree to established office hours and meetings in a clinician's office. However, it is more common in applied sport psychology that meetings occur at the field/court, team-bus, or in a training room, and the parameters and timing of interactions are fluid. This flexibility presents more opportunities for effective and timely consultation; however, it can also lead to poorly timed and ineffective interactions that reduce trust, lead to unintended consequences, or raise ethical considerations. With limited EQ, managing complexity is significantly harder, and teams often prioritize this attribute (consciously or not) over knowledge and expertise. Improving EQ includes enhancing awareness through reviewing videos of interactions, as well as checking for understanding, reflecting, and debriefing during supervision, but these can be hard to execute in sessions with clients and can further increase both practitioner and athlete discomfort.

Time spent becoming self-aware and sensitive to interpersonal relationships is valuable. There are many key stakeholders in professional sport environments, and these often involve many complex and dynamic relationships and power differentials. Working in professional sport may include a lack of job security and high visibility of negative consequences. Professional sport can be an 'unforgiving' environment, and most organizations likely have examples of consultants or staff members who were fired or not invited back after what might seem like an innocuous interaction in other less pressurized environments.

Trust, Confidentiality, and Boundaries

The legal and ethical parameters for confidentiality in professional psychology are clear (APA, 2017) and protect the integrity of the practitioner-client relationship. For in-house psychological support, it is common for blurred boundaries and potential areas of conflict to arise between the client, as an individual employee, and the organization leaders who may be paying for the service. In sport, for example, a player admitting significant anxiety may be less likely to make a team lineup if the manager is aware of this self-doubt. Breeches of confidentially leading to professional athletes being pulled from a starting lineup, or a team performance, can directly impact trust and the effectiveness of practitioner-client relationships. Clarity around limits of confidentiality and boundaries is critically important and should be

well discussed in advance. The framework used here has been that of trust rather than confidentiality. Sometimes when the parameters of confidentiality are consistently threatened, it can also feel like a lack of collaboration exists within an organization. Whether its coaches, performance staff, or front office staff who are accountable for deployment and investment of resources, all people play a role and are accountable for helping support that player's success. When framed as trust, all stakeholders are consulted ahead of time as to their needs and understanding on the boundaries and limits of confidentiality to protect the integrity of individual support.

A model of trust that has resonated with me and seems particularly applicable to professional sport is described by Covey and Merrill (2006). They defined trust as confidence, 'When you trust people, you have confidence in them – in their integrity and in their abilities' (2006, p. 5*)*. As Covey and Merrill expand, trust includes *character* and *competence*. *Character* is composed of integrity and intent, while *competence* is driven by capability and results. For example, there can be trust in another person's *competence*, but not in their *character*, which may impact relationships in a different way than distrust of someone's *competence*, but not their *character*. Every interaction can increase or decrease trust and it can be conveyed and demonstrated in many different behaviors (which can be trained). Interestingly, Covey and Merrill describe trust as a foundation to collaborative environments and high-performing teams: 'In a high-trust relationship you can say the wrong thing, and people will still get your meaning. In a low-trust relationship, you can be very measured, even precise, and they'll still misinterpret you' (Covey & Merrill, p. 6). In highly pressurized professional sport environments, distrust can exacerbate miscommunication and unravel the very fabric of teamwork for the practitioner, players, and staff, hence why it is critical to be aware of, and consider, the role of confidentiality, boundaries, and trust.

Supporting Talent

Individual Athletes

It's common for players to feel like 'assets,' although some owners might suggest that this is to the financial advantage of those players. Whether a staff member or player, and regardless of their status, each member of an organization is human. This recognition is perhaps the most important beginning and end of this reminder. While the purpose of integrating sport psychology services could be driven by performance goals, overall health, league mandates, or a combination of these factors, the underlying goal of all is to be in service and support of people. Particularly for players, the pressure can sometimes come from the belief they have super-human skills, and do not feel the emotions and vulnerabilities of normal humans. Fans and even players themselves can sometimes buy into this belief and make assumptions about athletes' humanity. Valuing humanity, seeing the person, and respecting all people are simple, yet powerful.

A human-centered approach to working with professional athletes is as appropriate as for non-athlete populations. I have discussed the features of the professional sport environment, but the universal factors impacting all relationships and therapeutic factors remain true, even in this context. The Rogerian principles of unconditional positive regard, genuineness, and accurate empathic understanding, along with goal-focused collaboration, account for up to 70% of therapeutic outcomes in a normal population (Imel & Wampold, 2008), and it does not seem a stretch to extrapolate to the professional sport context. Bottom line: the method of therapy or intervention is less likely to be the determining value compared to the core components of the practitioner's relationship with athletes.

Teams

While many practitioners may choose to focus their attention and provide primarily individual support, there are many who provide group- or team-focused intervention and support. The opportunity to

facilitate team discussions or provide education and group interventions can be effective and efficient when delivered in professional sport. While each context has different constraints, the opportunity for impact is worth exploring, while making sure there is alignment with head coaches, managers, or gatekeepers.

Matching the strengths of the consultant with the needs of the organization is a particularly helpful strategy, especially at the beginning of a relationship when credibility and trust are being earned. In team settings, there are often opportunities for positional groupings or sub-teams, for example, pitchers in baseball; goalkeepers in soccer; or offense, defense, and special teams in American football. These clusters and natural groups can provide convenient and targeted audiences, and compared with full team, it may be easier to schedule events and organically integrate sport psychology concepts and education in non-threatening and value-added ways (especially if endorsed or supported by coaching staff and those running meetings). Co-designing sessions with coaching staff or being driven by player feedback can create a strong foundation for success. Poorly run interventions or those that ignore context or lack buy-in with a large group of players and stakeholders can do much to discredit services. Full group or team sessions can be a high-stakes undertaking and a poor performance by the SPC may be catastrophic to their role, in the same way that players and coaches share high stakes in an outcome-driven environment. With that said, practicing what you preach and modeling the mental skills and qualities you may be coaching others on will be observed with scrutiny, so be aware of this and try to utilize the opportunities to build credibility rather than lose it.

Coaches and Support Staff

While focus and emphasis rightly fall on the players, coaches and the performance staff can sometimes be overlooked. This would be a mistake. Often, the keepers and amplifiers of culture are staff members who dictate the schedule and reinforce the behaviors and conduct of people, whether implicitly or explicitly. The stress and hours of operation of staff, such as athletic trainers, clubhouse attendants, or strength coaches, are often more heightened than those experienced by the players, and support is often far less. Helping build perceptions that all these individuals are 'performers' can be helpful. For example, at the Toronto Blue Jays MLB team, organization leaders used a common framework for both players and staff, embracing performance routines for all staff with the phases, *prepare*, *compete*, *and recover*. As a rule, many of these staff members were diligent in their preparation, and invested a lot in their roles during competition; however, their efforts to recover were far poorer than the players. Supporting these individuals can help across a wide spectrum of psychological constructs, but seeing them as humans and performers can be a helpful starting point. Support can be attained by helping staff create routines or explore strategies to help them prepare or recover effectively. Many of the mental skills training techniques available to players through motivation, confidence, attention, emotional, and arousal control are just as applicable to these other performers. The tools of the SPC are a valuable resource, so broadening the parameters of who is a 'performer' can create more opportunities.

Organizational Leadership and Front Office

As mentioned earlier in this chapter, there are many decisions and transitions in a player's career that are impacted by front office decision-makers. From acquisitions and resource deployment for development to roster construction and management, there are thousands of micro-decisions (e.g., game roster lineup) and higher visible macro-decisions (e.g., a number one draft pick) that influence a player's career. The psychological factors that go into effective decision-making across this spectrum are worth noting and support for organizational leaders and front office staff can be fruitful. For example, scouting meetings can require significant mental endurance, and the opportunity to impact attention control,

and examine systems thinking, biases, decision fatigue, etc., can lead to significant improvement. The overlapping ecosystems of players, coaching staff, and front office staff may add challenges, but the opportunities to impact both person and performer remain true.

Clarify Model of Service Provision

The structure and ways of working for organizations are as diverse as in any other industry. Even different teams in the same sport and league operate in different ways. From being owned by an individual billionaire (e.g., LA Clippers – NBA), being owned by a corporation (e.g., Toronto Blue Jays – MLB), or even being publicly owned (e.g., Green Bay Packers – NFL), various ownership structures have different implications for how organizations are run. For example, leadership preferences lead to differences in organizational structure, including whether sport psychology services are a part of medical staff, coaching staff, or a broader performance department. Sometimes, these differences result in SPCs being hired as external contractors (e.g., similar to physicians), consultants (e.g., special assistants or subject matter experts), or in-house support (e.g., coaches or trainers). Even with an in-house model, there are many examples of part-time service support, in contrast to full-time support integrated within a specific department.

While there may be organizational preferences, practitioners should also consider the advantages and disadvantages of these formats. Depending on the financial and job security implications, some of these formats may provide advantages for making an impact. For example, a full-time embedded SPC may lead to better access to players, whereas a part-time consultant may have greater flexibility. These differences may have unintended consequences, like the advantage of being an in-house resource with close relationships with the team staff, compared to the perceived 'objectivity' of an external resource. Nevertheless, what may be an advantage in one context may be a disadvantage in another. There is no single way of operating; however, finding your most authentic way of working aligned with the key stakeholders' expectations and needs of those receiving services will be critical to any long-term success.

Conclusion

This chapter has attempted to explore and define the continuum of applied sport psychology work, from *wellness* to *illness*, which impact the training and role of the sport psychology professional, and the scope of services offered. The type of work is also dependent on the journey of the professional athlete, and the high-leverage organizational decisions made across this timeline. While professional sport can be a complex and volatile environment to navigate, taking the time to respect the complexity and understand the stakeholders can go a long way to setting up both practitioner and program for success. Indeed, core pillars for this process include cultivating awareness of self and others, developing trusting relationships, and defining the scope of work to areas that serve the needs of players and the organization. There is no *one* way to do it. In fact, the philosophical framework for practice can take many forms, but perhaps what is key here is that it is authentic to the practitioner and aligned with the organizational stakeholders. See Box 46.1 for a summary of the key points from this chapter.

Box 46.1 Summary of Key Points about Professional Athletes

- The professional sport environment is complex, dynamic, and often has many key stakeholders, so taking your time to understand the context and expectations are important.

- Understanding the scope and resources around mental health (composed of illness and wellness), as well as mental performance can assist both players and staff with helpful language and models for providing applied sport psychology services.
- Where a player is in their career timeline can help provide context to the opportunities for psychological support and resources.
- Self-awareness, as well as awareness of others is a valuable part of being effective. It's not only the content of your work, and what others may say to you, but having the sensitivity and awareness to take in all sources of information and apply deep meaning and understanding in any given situation.
- Vulnerability is not synonymous with a professional sport environment. Yet trust is perhaps the most important commodity of successful practice, which can take time to build and seconds to lose. Building proactive parameters and boundaries for how you work, and the importance of trust can help create invaluable buy-in and long-term successful relationships.
- Professional sports are extremely performance-driven, and often leave health and well-being second. Treating all stakeholders, players, and staff alike as humans first can go a long way to keeping perspective and sustainability.
- While the complexity and nuances of the environment may be very specific in professional sport, the competencies and practice of an effective practitioner are the same as in any environment.
- There is no *one-way* to do things, but alignment of your philosophy of practice with the organizational expectations and scope of service is key in setting the conditions for success.

References

American Psychological Association (2017). *Ethical principles of psychologists and code of conduct.* Retrieved from https://www.apa.org/ethics/code/

American Psychological Association (2022, June 1). *Sport psychology as a proficiency.* Retrieved from https://www.apa.org/ed/graduate/specialize/sports

Association for Applied Sport Psychology (2021, August). *AASP statement on the continuum of mental health & relationship to performance: A response of support to Naomi Osaka and Simone Biles.* Retrieved from https://appliedsportpsych.org/media/news-releases-and-association-updates/aasp-statement-on-the-continuum-of-mental-health-and-relationship-to-performance-a-response-to-the-conversation-supporting/

Chamorro-Premuzic, T., & Kirschner, J. (2020). How the best managers identify and develop talent. *Harvard Business Review*, *9*, 1–5. https://hbr.org/2020/01/how-the-best-managers-identify-and-develop-talent

Covey, S. R., & Merrill, R. R. (2006). *The speed of trust: The one thing that changes everything.* Simon and Schuster.

Finlay, O., Mugford, A., Bredin, S., Taunton, J., & Warburton, D. (2020). Managing change and the related performance dimensions of multiple discipline science and medical services departments in high performance sports organizations: A systematic review. *Research & Investigations in Sports Medicine*, 7(2), 608–619. https://doi.org/10.31031/RISM.2020.07.000659

Fortin-Guichard, D., Boudreault, V., Gagnon, S., & Trottier, C. (2018). Experience, effectiveness, and perceptions toward sport psychology consultants: A critical review of peer-reviewed articles. *Journal of Applied Sport Psychology*, *30*(1), 3–22. https://doi.org/10.1080/10413200.2017.1318416

Gardner, F. L. (2001). Applied sport psychology in professional sports: The team psychologist. *Professional Psychology: Research and Practice*, *32*(1), 34–39. https://psycnet.apa.org/doi/10.1037/0735-7028.32.1.34

Goleman, D. (2005). *Emotional intelligence.* Bantam.

Gould, D., Tammen, V., Murphy, S., & May, J. (1991). An evaluation of US Olympic sport psychology consultant effectiveness. *The Sport Psychologist*, *5*(2), 111–127. https://doi.org/10.1123/tsp.5.2.111

Imel, Z. E., & Wampold, B. E. (2008). The importance of treatment and the science of common factors in psychotherapy. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (4th ed., pp. 249–262). Wiley.

Kamphoff, C., Fifer, A., Schumacher, J., & McAlarnen, M. (2021). Mental skills and tools related to performance. In S. C. Sackett, N. Durand-Bush, & L. Tashman (Eds.), *The essential guide for mental performance consultants*. Human Kinetics.

Maqueira, J. M., Bruque, S., & Uhrin, Á. (2019). Talent management: two pathways to glory? Lessons from the sports arena. *Employee Relations*, *41*(1), 34–51. https://doi.org/10.1108/ER-11-2017-0271

Mayer J. D., Roberts R. D., & Barsade S. G. (2008). Human abilities: Emotional intelligence. *Annual Review of Psychology*, *59*, 507–536. https://doi.org/10.1146/annurev.psych.59.103006.093646

Michaels, E., Handfield-Jones, H., & Axelrod, B. (2001). *The war for talent*. Harvard Business Press.

Nesti, M. S. (2016). Working within professional football. In R. J. Schinke & D. Hackfort (Eds.), *Psychology in professional sports and the performing arts* (pp. 206–218). Routledge.

Schinke, R. J., & Hackfort, D. (Eds.) (2016). Psychology in professional sports and the performing arts: Challenges and strategies. Routledge.

Schinke, R. J., Stambulova, N. B., Si, G., & Moore, Z. (2018). International society of sport psychology position stand: Athletes' mental health, performance, and development. *International Journal of Sport and Exercise Psychology*, *16*(6), 622–639. https://doi.org/10.1080/1612197X.2017.1295557

Sharp, L. A., & Hodge, K. (2011). Sport psychology consulting effectiveness: The sport psychology consultant's perspective. *Journal of Applied Sport Psychology*, *23*(3), 360–376. https://doi.org/10.1080/10413200.2011.583619

47

SPORT PSYCHOLOGY AT THE OLYMPICS

Anne Marte Pensgaard

"At the Olympics, everything is a performance issue," the legendary US sport psychology consultant Sean McCann stated in his classic article in the *International Journal of Sport and Exercise Psychology* from 2008 (McCann, 2008). It has become a highly cited statement, which is frequently referred to when consultants prepare for the Games, and it is also used as an important argument when the education of future sport psychology consultants is discussed. After attending seven Olympics myself and consulting from a distance in another six Olympics, I too find this statement valid and still very relevant today, over a decade later. However, my take on the Olympic Games is slightly different because I find it useful to view working at the Olympic as going on an expedition, and I also use this analogy when working with athletes. Why is that, you may wonder? Well – there are many similarities between attending the Olympic Games and embarking on an expedition, and I will, in the following, try and guide you through my lenses on this rather peculiar world.

The Selection Processes

There is no doubt that for many athletes, the selection process prior to the Games is almost more stressful than competing in the Olympic Games itself. Often, the athlete has problems with meeting the qualification criteria (national or Olympic) or there are so many skilled athletes within the same sport in one nation that it is difficult to qualify since each nation has a predefined quota for each sport. This is the case for athletes from many nations; for example, to be one of the chosen athletes on the Chinese rifle shooting team or the team from India, there is immense competition. The same is the case for Norwegian cross-country skiers where many of the athletes who do not qualify to represent Norway would be clear medal candidates if they just had the chance to compete. Different nations have different procedures when it comes to selection processes and this can lead to major distractions prior to the Games, and, in my experience, the Olympic Medal can be both won and lost already at this stage. How is that the case? The major challenge is that the athlete must prepare and taper toward both qualification competitions and the Olympic Games. That is mentally and physically challenging and can be exhaustive. Another concern is that many selection procedures create controversies, especially if the criteria are diffuse or even overruled by the coaches or Olympic Committees. I have observed several situations where both the selected athlete and the one who was not picked are left with a bad feeling and even traces of guilt among those who have been picked under somewhat controversial circumstances. There will probably never be a completely fair selection process no matter how clear the criteria are before

the selection is done. But it is important that sport psychology consultants understand how much strain and energy leakages it can create both for the athletes and for the coaches who also find this process challenging (Duval, 2016).

A less discussed topic is the selection of support personnel in general and in our case, selection of sport psychology consultants, specifically. During the annual Association for the Advancement of Sport Psychology (AASP) conferences, sport psychology consultants from around the world meet and share experiences from working with Olympic athletes. Senior sport psychology consultants from the United States Olympic & Paralympic Training Center and esteemed colleague, Peter Haberl, have managed to create a forum where first-time Olympic Games participants can absorb knowledge from their more senior colleagues, and it is also extremely interesting to learn how different nations address the logistics when it comes to serving their athletes during the Games. Typically, it seems like host nations increase substantially the support of their athletes when competing on home ground. Further, some countries seem to focus more on crisis management during the Games, while others have a focus on performance psychology. Both seem to be highly relevant, given what we know from the history of the Games. Getting an accreditation is a key question when it comes to the Olympic Games because it influences the access and possibilities you have, to work with the athletes face to face. An accreditation card gives you access to the sites, the Olympic Village, venues, and events during the Olympic Games so that you can perform your role under optimal circumstances because you are close to the athletes and the coach at all times. During the Olympics in Tokyo and in Beijing, when the COVID-19 pandemic made it even more challenging, a new trend emerged with digital counseling, and the use of zoom or other digital software became more and more common. During the world championships in Freeski in the USA in 2021, I found myself consulting (FaceTime) with one of the athletes in between two runs, when the skier was taking the ski lift. Thus, new solutions emerge when crises occur. However, both athletes and I do prefer to meet in person, because there are several cues you are not able to pick up on via digital conversations. So being selected to go the Olympic Games as an accredited sport psychology consultant becomes an issue. And there is a "fight" between professions as to who should go and who can stay at home. As a sport psychology consultant, you may fall between two chairs because you may be regarded as medical personnel or as part of the performance team. Again, it seems like different nations solve this differently. In Norway, the sport psychology consultants are regarded to be part of the performance team and not the medical team. However, since two of our staff are also clinical psychologists, they also attend medical meetings and are part of the crisis team. This seems to be a functional solution although it is important to recognize that other nations may have found other solutions which works at least as well for them.

In Norway, there is also an undisputable criterion that to go to the Olympic Games, the sport psychology consultant has to have a well-established relationship with key athletes and the national coach must clearly express that they want the consultant to be present during the Games. Norway typically has an Olympic Squad of around 100–120 athletes, in both Summer and Winter Games, and three to four sport psychology consultants have been present during the Games since the Olympic Games in Vancouver 2010. In addition, there will be two or three sport psychology consultants working from home via digital solutions.

Pre-Olympic Preparations for the Sport Psychology Consultant

As soon as you know that you are going to go to the Games as a sport psychology consultant, there are several things you need to prepare ahead of departure. In Norway, it is decided rather late who is going to the Games as support personnel, so you need to start your preparations even before you know whether you are going or not. Your passport must be valid, your vaccinations should be in place, and your family should also be prepared for you to be away for a long period of time. It is challenging, but

you should try to have some time off *before* you travel to the Games, because when you are there, your work hours will be 24/7 for more than 14 days, typically. I have now attended seven Olympic Games and it is safe to say that you are rather drained when you embark on the journey home, so you should prepare your family that you might not be the most talkative or social person the first week after attending the Olympics.

There are things you can prepare for the athletes ahead of departure. If you work with athletes who have several qualification events and competitions during the Games, it is wise to prepare some activities that can be carried out while in the village. For some athletes, the village life can be perceived as monotonous and frankly boring, so team activities are welcomed to break up the day. Here, each sport will have different schedules and activity levels, but one piece of advice would be to also challenge the athletes to come up with ideas as to what activities can be of interest. Audiobooks, podcasts, music, and television shows are always important to stack up and quizzes and games are also highly valued. I also try to figure out a small symbolic, but significant present to give to the athletes and coaches when the timing is right. Candy and chocolate from your home country are a huge hit and in the Norwegian headquarters we also always have waffles and brown cheese (a rare cheese which most Norwegians typically love) available. All this needs to be prepared in advance and this is indeed paralleled to going on an expedition: "The success is grounded in the preparations," the Norwegian explorer Roald Amundsen claimed. He was the first person to reach the South Pole in 1911 and was a master in preparations (Amundsen, 1912).

The weeks before departure is also the period when the last athletes are trying to qualify for the Games either in individual sports or to be part of a prequalified team. In some sports like rifle shooting and sailing, athletes can win national quota places during the year prior to the Olympic Games, but since these are not personal spots, they may experience a competing athlete and teammate being picked for competing in the Games if they prove to be in better condition when the Games approach. This can be challenging to handle for some athletes because they feel they deserve the spot, especially if the athletes are equally skilled. To be able to take good care of the athletes who are *not* picked also becomes an important part of the preparations. These athletes have spent years of their lives working toward that goal and it can be devastating to see it dissolve in front of their eyes. Being prepared to handle a rollercoaster of emotions prior to the Games is useful advice.

Challenges for Rookies at the Olympic Games

It has been stated numerous times and it still holds true: the Olympic Games are like no other competitions! And since they are held only every fourth year, there is a clear limit as to how many Olympics an athlete will be able to attend throughout their careers. Few athletes have participated in more than four Olympic Games, and among those who have competed more than six times (approx. 150 athletes), more than half of them have competed in sports like shooting, equestrian, sailing, and fencing. Hence, it is wise to learn from other athletes' experiences if you work with rookies. Facilitating such meetings has been a core task when working with athletes who attend the Olympics for the first time. The US Snowboarder and 3x Olympic Gold medalist winner Shaun White, according to *The New York Times* February 2006, described it well when he participated in his first Olympic Games in Turin 2006, "I am feeling all weird and Olympic-y." At some point during the Games, most athletes suddenly realize that they are taking part in something that differs from everything else – yet – at the same time – the competition itself is business as usual, so there is a rare mix of something new and something very familiar. If it is your first Olympic Games as a sport psychology consultant, the same advice is relevant and that is to learn from more experienced colleagues. I still remember what the legendary consultant Dan Gould told me before my first, full Olympic Games in Sydney 2000: "Don't be over enthusiastic and feel that you must be active all the time. It is important to be available, but not a nuisance." This is the best,

yet not so easy to follow, advice I have been given. Remember, there is an ongoing discussion about whether sport psychology consultants are needed at the Olympics or not (McCann, 2008) and at least until recently, health care for athletes has traditionally mainly included physical and somatic issues like injury and illnesses (Budget, 2013). One could argue that the psychological work and preparation of the athlete should be finished prior to the Games, and that therefore, there is no need for a sport psychology consultant to be present during the Games. When picked to go, there is therefore a natural urge to demonstrate to everyone that you are indeed needed, so it is tempting to overstate your workload. The paradox is that the best-case scenario is that either you or the medical doctor is never needed during the Games. However, we know that things will happen and that stressful situations will occur, and to do an optimal job, being present at the Games allows consultants to be effective.

It is also important to know that some athletes who attend the Olympic Games for the first time, perform far better than expected and even win, and this may be since they feel they have nothing to lose. They are mainly there to learn, and gain experience, and the *next* Olympics is their real goal. So, there is a balance between preparing athletes for a very different event and potential distractions, and at the same time not creating unnecessary concerns because some athletes cope very well with the new and unexpected. Having a flexible mindset seems to be a key ingredient to possess.

Likely Obstacles to Overcome during the Games

The most critical phase for most expeditions is half-way through when the first excitement has settled, but there is still a long way ahead before you reach the finish line. As a consultant at the Games, you typically follow more than one sport so your daily routine will consist of early mornings and late evenings. It is expected that you are available 24/7 and it is therefore very valuable to be able to debrief with colleagues on a regular basis, at least every other day, to feel that you solve the tasks you meet in a sound manner. There are somewhat different challenges when you work with a team versus athletes in an individual sport. A team will typically have several games within a group setting before they reach the medal stages. This means that you have more than one match to prepare for and you also know that there may be some rivalry within the team to get playing time. There is a strange mix of contentedness, disappointment, and even jealousy among the players, all dependent upon how they have performed. You also know that you will spend at least a week in the village so you feel that you will have plenty of time to become familiar with the place. In individual sports, you may only attend a qualification part in the morning, and then, the qualifiers compete in the finals in the afternoon (e.g., air rifle shooting). Everything is finished in one day. This also affects the atmosphere in the village, and it can be pretty tense the evening before the competition. The Norwegian track and field coach Leif Olav Alnes, who coaches the Olympic Gold medalist on 400 m hurdle from Tokyo 2020, Karsten Warholm, claims that making jokes and having a good humor are both key ingredients for making high performances (Miøen, 2021). This often seems to be forgotten during an Olympics and as a consultant you need to try to be one who does not get caught up in the stress but manages to stay calm and positive and have a warm sense of humor among all the serious participants. We also need to remember that athletes who compete toward the end of the Games will typically not arrive before the second half of the Games, and they deserve to be met with the same energy and thoughtfulness as the athletes who arrived early received.

One question that always comes up is whether the athletes who are present at the start of the Games should take part in the opening ceremony. For many athletes, this is what separates these competitions from other events because you are part of a national squad of athletes coming from different sports, and the opening ceremony reassembles the unity across both sports and nations. In addition, the opening ceremony typically is a spectacular cultural show unlike anything else you will probably experience in your lifetime; so obviously, many athletes want to be part of it. From a performance perspective, it is

somewhat a mixed picture (McCann, 2008). Clearly, taking part in the opening ceremony can create strong motivation and positive energy. However, it can also be straining and exhaustive, and maybe the cost outweighs the positive effects. There is no clear answer to this dilemma. The Norwegian Olympic Gold medalist winner in downhill, Aksel Lund Svindal, was adamant in taking part and stated, after attending the opening ceremony at the 2010 Vancouver Winter Games, that he *finally* got the Olympic feeling he had been missing and that it was "enormous" to be part of the ceremony (Haugli, 2010). He was supposed to compete the day after (Saturday), but the downhill was postponed to Monday. The athletes should be part of the conversation when it comes to whether they shall take part or not since it also most likely will affect them differently.

As a sport psychology consultant at the Games, you are in a good position to monitor the general mood and team climate. It is a fact that the results will impact both the mood and self-confidence of the whole squad so when the performances are *lower* than expected you can help both coaches and athletes to focus on their strengths and preparations to avoid being smitten/overwhelmed by a negative mindset. Having positive outcome expectancies prior to a potentially stressful situation are shown to predict better results (Pensgaard & Duda, 2003), so it is therefore good advice to focus on relevant tasks you can influence rather than on everything that can go wrong. Reminding athletes (and coaches) of past, good performances and their values can help get them back on track again, focus-wise.

There are many challenges to overcome for the athletes during the Games and there is a constant reminder that it is four years until their next shot, given that they manage to qualify, so they better take good care of the chance they have "here and now." As mentioned, anything can happen, and an injury or a slight touch of a cold or another illness can tear down a potential medal race or competition. During the Olympics in Tokyo 2020(21) and Beijing 2022, there was the additional stress of avoiding a COVID infection both prior to and during the Games. Being tested every day and handling the uncertainty of both whether the competition in fact will be held and whether you have been infected, adds to an already stressful life situation (Schinke et al., 2020). A sport psychology consultant must be ready to circumnavigate both known and unknown obstacles and challenges and should therefore be comfortable themselves to be in such an uncertain situation and hopefully function as a "safe heaven" for athletes, coaches, and leaders. An important aspect of such a role is to help decide what topics need to be attended to and which should be left for now and dealt with later. Prioritizing the *most* important issues is job number one and keeping an optimistic and calm appearance is job number two.

Mental Health and Well-Being among Olympic Athletes and Coaches

In the last couple of years, there has been an increased focus on the mental health status of Olympic-level athletes, and the IOC's consensus statement from 2019 (Reardon et al., 2019) pointed to several important concerns regarding the toll a life in an elite sport environment may take. This came even before the onset of the pandemic where postponements of competitions and drastic changes in both athletes' and ordinary people's lives emerged. It has been a great concern that the current times would have a huge negative effect on elite athletes' mental health since both the economic circumstances and a massive increase in uncertainty would likely cause great stress and ill health among athletes. The results so far, however, seems to reveal that many athletes have coped well with the current situation and some athletes have even reported that the postponements of the Tokyo 2020 games and the reduction of competitions have been a welcomed break in their lives (Pensgaard et al., 2021). It may also be the case that since mental health has become a more common topic among athletes, coaches, and support staff lately, the stigma has diminished, and more athletes than previously have received the help and assistance they need. This became especially evident during the Tokyo 2020 Games where the focus on mental health among Olympic athletes was high (Asmelash, 2022). And when world-class gymnast Simone Biles from

the USA announced that she pulled out from five finals, and later admitted that she should have quit a long time before the Games (Felix, 2021), it quashed the myth that elite athletes are superhumans.

Simone Biles pointed to another fact which consultants also must be aware of: as a black woman, she felt she just must be greater and do better than other athletes, adding an additional stressor (Felix, 2021). Insight and knowledge into the meaning of race and diversity are paramount when working with athletes (Hanrahan & Tshube, 2017) and has also become a compulsory part of an increasing number of sport psychology education programs. This underscores the complexity of being a consultant "on the road." There are several ethical dilemmas you must consider, as Haberl and Peterson (2006) have pointed out, which makes a workday seem very different from an ordinary psychology consultation practice. You meet the athletes at the breakfast table and often topics are brought up which you normally would discuss during therapy sessions in the office. Multiple relationship issues are also a concern since often two (or more) athletes compete for the one spot on the team and you consult with both – *and* their coach. However, there are benefits of working the way we do, and it might even open the way for new approaches in similar contexts. So, although we must always reflect upon our way of work in light of ethical considerations, we should also be curious about how we also can develop the efficiency of our work further.

Post-Olympic Blues

Regardless of the outcome at the Olympics, there comes a time after the closing of the Games which seems to affect athletes and coaches in different ways. For some athletes, there is a huge feeling of emptiness and lack of meaning: Was that all? Especially for athletes who have attended their first Olympics, this feeling can be quite dominant since there can be a big gap between what they expected and what they experienced. For those athletes who have had their eyes set on the Games and refused to see far beyond them to avoid losing their focus, the aftermath can be very stressful. What now? If they reached their goal, there are most likely more tasks that follow, but then it can be difficult to find new motivation if you have already reached your ultimate goal at your first attempt. For athletes who did not meet their expectations, and for coaches who had their contract ended after the Games, it can be a challenging time. This period, the time after the Olympic Games, is called *The Post Olympic Blues* (Howells & Lucassen, 2018) and points to a period which has often been overlooked by both sport psychology consultants and other support personnel. In their unique article from 2021 where the Olympic medalist from the UK, Holly Bradshaw, is the first author (Bradshaw et al., 2022), 14 Olympians discuss and describe how they experienced the time after the Olympics. A feeling of commodification was expressed by several of the participants and there was a unified wish for support after the Olympic Games, not particularly from consultants, but from former Olympians who can share their experiences. This provides an interesting and new avenue for sharing experiences not only prior to, but also after the Olympics are over.

As we have learned, working as sport psychology consultants at the Olympic Games starts a long time prior to the Games and lasts for a long period after the Games are closed. Self-preservation becomes an issue, and it is important that the consultant takes good care of oneself, both physically and mentally, to be capable to make sound decisions. Regular exercise, mindfulness practice, a nutritional diet, and enough sleep should be natural ingredients in a consultant's schedule in general. At the Olympics, it becomes even more vital, and it cannot be overestimated how important it is to maintain these routines, and in some sense, be as a captain on a ship, keeping an overview of the situation, intervening when needed, but maybe most important of all, staying calm, if you enter a hurricane. My daily routine during the Tokyo 2020 Games was to start the day early – around 0630 am with 30 minutes Yoga in the park (I was sometimes joined by some athletes) before breakfast. Then it was off to the sporting arena where I spent most of the day with the rifle shooting team with whom I was working. We had

either lunch or dinner when we got back. Every other day, we had a social activity where everybody was responsible for one activity each, after which the rest of the evening went by with one-on-one consultations, team meetings, and a late afternoon/evening walk with a colleague to debrief the day. If any athlete within the Norwegian squad had earned a medal, there was cake and celebrations in the small team office area. This is a very nice tradition which we have had for years at the Summer and Winter Games. It creates a good atmosphere and bonding within the group. I believe we sometimes underestimate the force it provides and motivational aspects it contributes when we create a psychologically safe, yet ambitious social environment surrounding the athletes.

Conclusion

If we go back to the expedition analogy we know, for a fact, that disasters and accidents very often are a result of either rushed decisions due to time pressure, or a lack of preparations (see, e.g., Krakauer, 1997). It is seldom a consequence of pure bad luck. The same can be said about performances in sport. They happen seldom by chance and the sport psychology consultant can be a small, but important part of the team that may help an athlete stay mentally on track before, during, and after the Olympics. See Box 47.1 for a summary of the key points from this chapter.

Box 47.1 Summary of Key Points about Working at the Olympic Games

- "Everything" can influence a performance so be prepared for the unexpected.
- The selection process can be stressful for all parties, the coach, the selected athlete, and the one who did not qualify or was not picked.
- Enter the Olympic Games with energy and be well rested – it will be an intense experience.
- Stay calm, friendly, and be accessible "all" the time.
- Be aware of the Post-Olympic Blues and follow up the athletes after the Olympic Games has ended.

References

Amundsen, R. (2012). *Sydpolen. Den norske sydpolsfærd med Fram 1910–1912. [The South Pole. An account of the Norwegian Antarctic expedition in the fram, 1910–1912.]* Kristiania 1912.

Asmelash, L. (2022, February 15). Mental health is on full display at the Winter Olympics. *CNN.* https://edition.cnn.com/2022/02/12/sport/athletes-mental-health-winter-olympics-cec-wellness-spt/index.html

Bradshaw, H., Howells, K., & Lucassen, M. (2022). Abandoned to manage the post-Olympic blues: Olympians reflect on their experiences and the need for a change. *Qualitative Research in Sport, Exercise and Health*, *14*(5), 706–723. https://doi.org/10.1080/2159676X.2021.1993974

Budgett, R. (2013). Health care challenges at the Olympic games. *British Journal of Sports Medicine*, *47*(7), 401. https://doi.org/10.1136/bjsports-2013-092364

Duval, A. (2016). Getting to the games: The Olympic selection drama(s) at the court of arbitration for sport. *International Sports Law Journal*, *16*, 52–66. https://doi.org/10.1007/s40318-016-0089-9

Felix, C. (2021, September 27). Simone Biles chose herself "I should have quit way before Tokyo". *New York Magazine.*

Haberl, P., & Peterson, K. (2006). Olympic-size ethical dilemmas: Issues and challenges for sport psychology consultants on the road and at the Olympic Games, *Ethics & Behavior*, *16*(1), 25–40. https://doi.org/10.1207/s15327019eb1601_4

Hanrahan, S., & Tshube, T. (2017). Cultural perspectives to sport psychology: Experiences of working with national teams in Botswana. *African Journal for Physical Activity and Health Sciences (AJPHES)*, *23*(3), 498–509.

Haugli, K. B. (2010, October 16). Svindal feiret med rødvin og Bjørgen. *Aftenposten*.

Howells, K., & Lucassen, M. (2018). "Post-Olympic blues" –the diminution of celebrity in Olympic athletes. *Psychology of Sport and Exercise 37*, 67–78. https://doi.org/10.1016/j.psychsport.2018.04.008

Krakauer, J. (1997). *Into thin air*. Anchor Books.

McCann, S. (2008). At the Olympics, everything is a performance issue. *International Journal of Sport and Exercise Psychology*, *6*(3), 267–276. https://doi.org/10.1080/1612197X.2008.9671871

Mjøen, J. (2021, August 8). Tar favorittstempelet «hver dag i uka» - kan takle det på ulike måter. *EUROSPORT*. https://www.eurosport.no/friidrett/tokyo-2020/2021/tar-favorittstempelet-hver-dag-i-uka-kan-takle-det-pa-ulike-mater_sto8466551/story.shtml

Pensgaard, A. M., & Duda, J. L. (2003). Sydney 2000: The interplay between emotions, coping, and the performance of Olympic-level athletes. *The Sport Psychologist*, *17*(3), 253–267. https://doi.org/10.1123/tsp.17.3.253

Pensgaard A. M., Oevreboe, T. H., Ivarsson, A. (2021). Mental health among elite athletes in Norway during a selected period of the COVID-19 pandemic. *BMJ Open Sport & Exercise Medicine*, *7*, Article e001025. https://doi.org/10.1136/bmjsem-2020-001025

Reardon, C. L., Hainline, B., Aron, C. M., et al. (2019). Mental health in elite athletes: International Olympic Committee consensus statement. *British Journal of Sports Medicine*, *53*, 667–699. https://doi.org/10.1136/bjsports-2019-100715

Schinke, R., Papaioannou, A., Henriksen, K., Liwei Zhang, G. S., & Haberl, P. (2020). Sport psychology services to high performance athletes during COVID-19. *International Journal of Sport and Exercise Psychology*, *18*(3), 269–272. https://doi.org/10.1080/1612197X.2020.1754616

48

INCLUSIVE EXCELLENCE

Embracing Diverse Sexual and Gender Identities in Sport

Mallory E. Mann, Vikki Krane, and Kerrie Kauer

Sport has long been described as having a homonegative climate, one that is disinviting and often hostile toward lesbian, gay, bisexual, transgender, and queer (LGBTQ) athletes and coaches (Griffin, 1998; Smits et al., 2021). Although there are signs that some sport environments are becoming welcoming and comfortable (Mann & Krane, 2018; White et al., 2021), it is probably safe to assume that many sport environments are grounded in heteronormativity and cisnormativity (Krane, 2019a). That is, acknowledgment of sexual or gender identities other than heterosexual and cisgender typically does not occur. In a heteronormative climate, there is an

> Ever-present cultural bias favoring heterosexuality and omitting other forms of sexuality. It is a privileging so common and pervasive that it seems normal and is rarely questioned, which leads to rendering sexual orientations other than heterosexuality as invisible and unnoticed.
>
> *(Krane, 2019b, p. 243)*

Cisnormativity is "the assumption that a person's assigned birth gender corresponds with a mutually exclusive set of masculine or feminine attributes, aptitudes, abilities, and desires" (McBride & Neary, 2021, p. 1). It privileges people who "identify with their assigned birth gender and fosters restrictive ideas about gender expression" (McBride & Neary, 2021, p. 1). When such assumptions permeate sport environments, intentionally or not, they send messages that LGBTQ athletes are not welcome.

In this chapter, we emphasize *inclusive excellence* for sport participants of all sexual and gender identities. Inclusive excellence is a concept introduced by the Association of American Colleges and Universities that re-envisions diversity and inclusion to reflect new forms of excellence in learning (Williams et al., 2005). Diversity is a systematic process that engages differences and transforms learning environments with a primary aim toward reflecting, supporting, and sustaining goals of inclusion and excellence. In other words, excellence is achieved by embracing multicultural and diverse individuals. We believe that this concept is particularly appropriate for challenging hetero- and cisnormative sport environments. Excellence already is a common goal in sport, and inclusiveness reflects the group dynamics within a team vying for excellence (Krane & Kaus, 2014).

Embracing inclusive excellence includes challenging normative assumptions about gender and sexual identities, as well as recognizing the vast diversity of identities. Sexual identity is one's "enduring emotional, romantic, and/or sexual attraction toward other people" (Krane, 2019b, p. 247). Gender identity is "a person's internal and deeply held sense of their gender" typically labeled as transgender or cisgender

(Krane, 2019b). Transgender people have "a gender identity that differs from the sex assigned at birth" (Enke, 2012, p. 19). Cisgender refers to "individuals whose gender identity and expression matches their biological sex in ways that society deems acceptable" (Kauer & Rauscher, 2019, p. 52). One's gender expression is how they convey their gender via, for example, attire, hair style, comportment, and name (Krane, 2019b). We believe that it is essential to include gender identity when addressing homonegativism because often homonegative discrimination and bullying are based on the lack of adherence to "appropriate" gender presentation or gender nonconformity (Brown & Stone, 2017). Males and females not fitting traditional masculine and feminine characteristics, respectively, often are labeled as gay or lesbian (Krane & Kaus, 2014). It is gender expression, not sexual identity per se, that often leads to biased, discriminatory, and possibly violent interactions (e.g., differently masculine males may be heterosexual, yet still taunted with homonegative epithets). Individuals in an inclusive climate recognize and value the diversity of self-expression relative to gender and sexual identities. For example, over the past several years, in professional sports, athletes' attire has served as a way for them to mark and represent their gender and sexual identities. During the 2021 Women's National Basketball Association (WNBA) playoffs, Diamond DeShields, a star player for the Chicago Sky, unapologetically wore a gender-neutral leather jacket and pants fashioned after a look first worn by singer Lenny Kravitz. Soccer/football star Megan Rapinoe and WNBA player Layshia Clarendon also have worn gender ambiguous clothing in recent years, while National Basketball Association (NBA) guard, Russell Westbrook, donned a white skirt during the New York fashion week in 2021. These examples are both a product of inclusion and help affirm inclusive sport cultures. However, in homonegative climates, gender expression often is conflated with identity and when behaviors and dress do not match gender expectations, bullying and harassment take root. Carl Joseph Walker-Hoover, an 11-year-old American football player from Springfield, Massachusetts who did not identify as gay, was the target of severe homonegative taunting. Because of his choice in clothing and commitment to schoolwork, his classmates repeatedly called him "gay." He hung himself in March 2009.

Consistent with our previous work (e.g., Krane & Kauer, 2007; Krane & Kaus, 2014), a social identity perspective grounds our approach for creating inclusive excellence. Our primary focus in this chapter will be the development of new team social norms that encourage productive assimilation of all team members en route to team goals. Such a focus can benefit team dynamics as well as lead to improved team productivity and performance. A major premise of social identity perspective is that when individuals adopt new social identities, such as becoming members of a new team, they will learn the expected values and behaviors of the group and their behaviors will become consistent with these team norms (Turner et al., 1987). Such actions will increase the likelihood of acceptance and approval from established team members and will enhance team pride.

Fitting in is a strong motivator for athletes, which leads to the adoption of team norms (Waldron & Krane, 2005). Ideally, athletes embrace productive team norms. Creating inclusive excellence depends on athletes accepting norms supporting inclusion. The team is the superordinate identity for many athletes; it is the overarching identity that joins everyone together. Embracing individual differences among team members can be a strong foundation for maintaining a sense of belonging to the team (Cunningham, 2019; Rink & Ellemers, 2007). This sense of belonging, then, will enhance motivation and commitment (Krane & Kaus, 2014). Inclusive teams appreciate sexual and gender diversity, as well as, for example, multiplicity in race and religion, and consider them team strengths. The rest of this chapter will focus on how to develop inclusive excellence, especially as it relates to creating inclusive norms regarding sexuality and gender diversity on sport teams.

Developing Inclusive Norms and Positive Team Climates

In this section, we provide a variety of suggestions that sport psychology practitioners can use with coaches and athletes. An important first step is attentiveness to language used to refer to LGBTQ people

and respect for people's preferred identities and pronouns (Krane et al., 2021). Sexual identity, for example, may include lesbian, gay male, bisexual, pansexual, omnisexual, queer, or asexual. "Transgender or gender diverse athletes may identify as transgender, trans, trans female, or trans male; or as non-conforming, non-binary, or genderqueer" (Krane et al., 2021, p. 102). This is not an exhaustive list and identity labels change over time based on cultural or personal proclivities. Sport psychology consultants can and should check websites that provide contemporary terminology, such as the Human Rights Campaign (2021).

Being Proactive: Creating Inclusive Excellence

> Jabari, a sport psychology practitioner, is approached by a new coach who wants to improve team cohesion. As Jabari begins a 360-degree assessment of the program and team, he learns that many athletes and coaches feel like they only matter "in between the lines" and that, who they are as individuals, is not welcome in the program. During a meeting with the head coach, Jabari asks about what she has done in previous years to affirm her athletes and communicate an inclusive environment. The coach stammers and her face turns red. She seems shy and afraid of Jabari's response. After being reassured, the coach shares that she has witnessed previous players making homonegative comments about their opponents, but never about their teammates. She also admits that she has watched other team members grow quiet after such moments, but that she does not know how to intervene or communicate her own feelings of acceptance. She asks Jabari for advice.

A practitioner initiating work with a team can establish the goal of developing inclusive excellence. *Inclusion* can be explained as acceptance of any differences among players' religion, race and ethnicity, body size/shape, skill level, age, and sexual and gender identities. Then, when the coach and practitioner address the concerns voiced by the coach, they can be framed within the context of inclusive excellence. Making it clear that discrimination based on any social identity will impede achievement of team goals lays a foundation for guiding productive team behavior. For example, practitioners can begin a discussion about what makes a team successful (Barber & Krane, 2005). Athletes most likely will mention characteristics such as being cohesive, having good communication, trusting players, and being supportive. These concepts easily can be extended and applied to the development of inclusive excellence.

Typically, silence is the foundation for heteronormativity, cisnormativity, and expectations of homo- and transnegative reactions from coaches and teammates, whereas creating safe spaces for dialogue about individual difference is a key aspect of inclusive excellence. Often, silence is the outcome of not knowing how to address LGBTQ issues or being fearful of offending a player or teammate. Therefore, signs of acceptance are needed to create LGBTQ-inclusive climates:

> Create a 'positive space' where you practice sport. This involves publicly declaring, through visible signs, that physical premises such as your offices, team rooms, locker rooms, classroom, or the entire facility, are 'positive spaces'. Respect is mandatory in such a space and lesbian and gay persons and other minorities can expect to feel welcome and secure in a safe space. The simple act of putting up posters or stickers can be extremely empowering for the minorities who participate in your programs and facilities, and sends an important message that the area is a welcoming space to lesbian and gay people.
>
> *(CAAWS, 2012, p. 9)*

Another component of inclusive excellence is providing overt support for diverse individuals. Many colleges and universities have "safe zone" programs that provide resources and training for faculty and staff. Coaches who have participated in this or similar programs can display a sign or sticker indicating

their commitment to inclusiveness. A single safe-zone training, by itself, will not lead to cultural change; however, it is a good starting point for learning foundational information that can lead to creating climates supporting inclusive excellence (Krane & Barber, 2019).

Having books about diverse topics in sport on their bookshelves also sends a subtle yet important message (Barber & Krane, 2005). Examples include *Strong Women, Deep Closets: Lesbians and Homophobia in Sport* (Griffin, 1998), *Out in Sport: The Experiences of Openly Gay and Lesbian Athletes in Competitive Sport* (Anderson et al., 2016), *Fair Play: How LGBT Athletes are Claiming their Rightful Place in Sports* (Zeigler, 2016), or any of a number of recent biographies and memoirs of gay male athletes (e.g., O'Callaghan, 2019; Rippon, 2019; Tuaolo, 2006), lesbian female athletes (e.g., Borders, 2017; King, 2021; Wambach, 2016), and trans athletes (Cook, 2018; Worley & Schneller, 2019).

As Hornsey and colleagues (Hornsey & Hogg, 2000; Hornsey & Jetten, 2004) suggested, embracing individual differences, and establishing individual distinctions as part of the foundation supporting team success, creates a strong framework for cohesion and productive team norms. One step toward such inclusion is showing interest in the activities of diverse team members. For example, during ordinary conversation, coaches can mention the Gay Games, if they are in the news, or talk about openly LGBTQ athletes, such as athletes competing professionally or in the Olympics (e.g., British Olympic diver Tom Daley; US football/soccer player Megan Rapinoe; Gus Kenworthy, Olympic freestyle skier; Quinn, Canadian football/soccer player; Layshia Clarendon, WNBA). Awareness of pronoun use and unintended hetero- or cissexist inferences is another strategy for normalizing diverse gender and sexual identities. For example, making it a habit to mention pronouns when doing introductions cues people that not everyone is cisgender. Using the term partner instead of boyfriend allows lesbian athletes to become part of a conversation. Adopting the pronoun "they" to refer to all people without indicating a gender includes all team members in the conversation. Such language may open athletes' minds to the possibility that a teammate may be transgender or nonbinary or have a same-sex partner. Importantly, such language also sets a tone of inclusion. Applying an inclusive excellence model begins to change the atmosphere of the team. As Rink and Ellemers (2007) found, when athletes recognize individual characteristics and identities, they acknowledge that they are meaningful contributions to team success.

Teachable Moments

> Avery was out to many friends in his high school, but the team climate on his club basketball team made him fearful to tell anyone connected to the team. Almost daily, in practices and in the locker room, Avery heard his teammates and coaches use words such as faggot, sissy, and homo as well as make other derogatory comments about gay males. Although he hated hiding his partner from his teammates, who he considered close friends, he did not feel it would be safe to come out to them.

Often, coaches and athletes do not recognize the power of their words or the implicit messages they send. Given the often-heteronormative climate of sport, it is likely that many athletes assume that everyone on the team is heterosexual, and, in many sport environments, using homonegative language is standard (Curry, 1991; Johnson et al., 2018). Having a commitment from coaches, as well as sport psychology practitioners, is integral to changing homonegative and heterosexist environments. Having the coach's 100% active backing of anti-homonegative language and environment would be ideal; however, this might not always be the case. Practitioners may want to consult with the coach regarding their role in creating an environment that works toward inclusion with the intent of creating excellence. Within the framework of inclusive excellence, athletes are challenged to confront unproductive team norms, and a supportive structure is cultivated.

For this example, we offer two suggestions for practitioners: (a) challenging athletes to consider that not all male athletes are straight, and (b) changing team norms surrounding their language. An

important first step in making these changes is talking about the issue. Initiating such a conversation for the first time may feel uncomfortable or intimidating. However, there are several ways to introduce the topic. If the practitioner is just beginning to work with a team, a statement noting their discomfort with the commonly used homonegative language could provide an opening. Alternatively, if the practitioner hears a comment directed at a particular player, that may provide an opportunity for dialogue. For example, during conditioning, Pete starts complaining. John replies, "Quit being such a fag, suck it up and keep going." One reaction by the coach or consultant can be to point out that such language is unacceptable. The coach or consultant also can reframe the comment: "Hey John, what do you want from Pete? How do you want him to behave? Okay, let's replay that moment and this time, comment on the behavior rather than the person." Further discussion, perhaps after the conditioning drill, could address the stereotypes inherent within John's comments (e.g., why do we assume that gay men are weak or unathletic or that gay men do not belong in sport). Obviously, a single exchange will not change common attitudes and language. However, the door has been opened for further discussion and for reproaching subsequent use of homonegative language.

It is critical that team leaders model and encourage acceptable language as well as constructively point out when teammates use insensitive words (Krane & Kaus, 2014). Practitioners and coaches can, and should, teach positive leadership. Athlete leaders should be taught to consider it their responsibility to encourage respect of all players. Providing athlete leaders with pre-determined statements in response to homonegative language will be especially helpful. Consider how practitioners teach athletes to use thought stoppage to change unproductive thoughts; an initial step is to determine acceptable replacement thoughts. In this situation, athlete leaders can brainstorm acceptable responses to teammates' cavalier homonegative commentary. To carry the thought stoppage analogy further, all team members can be instructed to say STOP anytime they say or hear a homonegative comment. In this way, teammates encourage each other to change unacceptable language. Concurrently, alternative phrases need to be introduced. Replacement terms such as doofus or dingbat may get a laugh, but at the same time, athletes will begin to recognize that homonegative language is as unacceptable. Although not easy, changing team norms is possible; challenging athletes to take responsibility for redirecting team norms is an important step in creating inclusive excellence.

> Lindsey is a member of a high-profile university field hockey team. She has been in a relationship with another female athlete on campus for several years but has never mentioned it to her teammates. One day, as the team is jogging off the practice field to the locker room, a few of the players run by their coaching staff whispering about Lindsey and her girlfriend. They make a homonegative joke loud enough for the coaches to hear and then look at the head coach who freezes and, in an effort to avoid controversy, smiles. In this moment, she knows she has condoned the behavior even though it does not match her own beliefs. The team continues running to the locker room and the coach calls a meeting with her staff, so they can strategize how to intervene and address this situation.

It seems that too often, coaches are not willing to take a strong stand upon hearing about intra-team conflict regarding sexual identity. Often, coaches believe that it is not their place to discuss athletes' personal lives or that other professionals should address these issues (Krane & Barber, 2005). However, coaches, using an inclusive excellence framework, accept responsibility for making sport a safe place for all athletes. Gaining coach *buy-in* may be challenging; yet, sport psychology practitioners can garner support from coaches when they explain the potential benefits of supporting inclusion. For example, embracing the individuality and skills of all team members can lead to improved team communication, motivation, and performance (Krane & Kaus, 2014).

Within an inclusive excellence approach, the sport psychology practitioner can assist the coach in addressing the team climate. In this example, the coach and sport psychology practitioner decide that

the coach will meet with Lindsey before talking with the whole team. She will state her support for Lindsey, give her a head's up that the issue will be talked about with the team that afternoon, and give her a choice of whether she wants to be at the meeting. Next, the coach and practitioner develop a plan for approaching the team as a whole.

Taking an educational approach, the coach expresses her disappointment with the discriminatory nature of the comments and explains why it is not productive among teammates striving toward the same goals. For some groups, it may be helpful to connect this discussion to team goals. Players can be asked to reiterate their aspirations and to highlight how each athlete contributes to team excellence. Then, if not mentioned by the athletes, the sport psychology practitioner can explain how homonegativism among teammates will interfere with team goals – that is, impede inclusive excellence. Further, if needed, the coach or sport psychology practitioner can talk about how LGBTQ athletes are competing openly at all levels. Negative commentary referring to sexual identity or gender identity is insensitive and unacceptable. Throughout the conversation, the focus on inclusive excellence will point athletes toward productive behaviors and may initiate attitude changes among team members.

Dialogue about Gender Identity

> Tracy is a member of a high-level track club. Consistently, they are one of the top sprinters on the team and her current goal is to compete at the national level. For years, Tracy has grappled with their gender identity. They have never felt comfortable *being female*. Most of their teammates and coaches assume Tracy is a lesbian even though Tracy is not attracted to women. They started changing their appearance and now wears baggier clothes and short hair and has asked that male pronouns be used.

An aspect of inclusive excellence is appreciation for diversity within gender identity. The team sport psychology practitioner can work with Tracy to help him feel comfortable discussing these issues with teammates. Alternatively, the sport psychology consultant can act as a resource and assist team members in understanding Tracy's gender identity. Very likely, a combination of these approaches will be helpful. Perhaps framing the issue as relating to team dynamics and inclusive excellence will help team members understand the significance of supporting their teammates. Focusing on inclusive excellence can reinforce a climate in which Tracy can focus on performance, rather than manage criticism and bigotry.

The sport psychology practitioner working with the team should lead a discussion about trans athletes and assist in dispelling misinformation. If needed, they can refer to web resources (see Table 48.1) or seek out assistance at a local or university LGBTQ resource center, women's center, or multicultural center. A common concern is that trans females should not be allowed to compete with cisgender females or that trans males benefit unfairly from taking testosterone. The Canadian Centre for Ethics in Sport (2023) report outlines the nuanced data on hormone-related performance effects. In Tracy's situation, he is not undergoing any hormonal changes, his body is no different than it was previously,

Table 48.1 Web-Based LGBTQ Educational Materials

• Athlete Ally	www.athleteally.org
• Pride Sports	pridesports.org.uk
• Pride in Sport	www.prideinsport.com.au
• Transathelte.com	www.transathlete.com
• You can Play	www.youcanplayproject.org

and there are no performance advantages. The sport psychology practitioner can frame the discussion to focus on the benefits of inclusion (i.e., reaffirming inclusive excellence). By supporting Tracy, the team will be reinforcing norms of inclusion as well as continuing progress toward team performance goals.

Conclusion

In this chapter, we challenge sport psychology consultants to embrace inclusive excellence and work toward eliminating heterosexism, cisgenderism, homonegativism, and transnegativism in sport. Because language creates a structure for understanding the norms in sport (Sykes, 1998), a prominent focus in this chapter has been to challenge and change hetero- and cisnormative language on sport teams. Employing the strategies provided in this chapter can work toward this end. Heterosexism, cisgenderism, homonegativism, and transnegativism negatively affect all participants in sport. These institutionalized and systematic behaviors and norms create unproductive team climates and further embed hetero- and cisnormativity in sport. Applying an inclusive excellence model to sport provides concrete examples for how to approach these issues.

Inclusive excellence provides a framework for sport psychology consultants to address issues of diversity within sport teams. Combined with our social identity perspective, developing productive team norms while viewing individual difference as a team strength can create a sense of belonging for all team members. Thus, all members, regardless of gender and sexual expression, can feel part of a larger structure that values and supports them. Within this context, sport provides social and psychological benefits to all participants.

Sport psychology practitioners who embrace inclusive excellence will help change the existing cis- and heteronormative culture of sport. Although changing established team climates will be challenging, we believe that sport psychology practitioners can and should be at the forefront of such a movement. It is our hope that this chapter will allow existing and future professionals to rise to that challenge and work toward a type of excellence that values each team member and embraces everyone who shares a common love – sport! See Box 48.1 for strategies to support inclusive excellence.

Box 48.1 Strategies to Embrace Inclusive Excellence

- Establish a superordinate identity as "team member" that embraces all athletes.
- Recognize diversity in gender identity, sexual identity, race, religion, and other social identities as a team strength.
- Use inclusive language and avoiding assumptions that everyone on the team is heterosexual, cisgender, or gender-normative.
- Encourage open conversation about individual differences.
- Openly display signs of support for diverse sexual and gender identities (e.g., with "safe zone" stickers and LGBT-focused books).
- Educate team members about the diversity among gender and sexual identities.
- Refer to available resources (e.g., campus organizations, websites such as athlete ally, you can play, or transathlete.com) as necessary (see Table 48.1).
- Encourage athletes, especially team leaders, to model productive-inclusive behaviors and challenge unproductive team norms.

References

Anderson, E., Magrath, R., & Bullingham, R. (2016). *Out in sport: The experiences of openly gay and lesbian athletes in competitive sport*. Routledge.

Barber, H., & Krane, V. (2005). The elephant in the locker room: Opening the dialogue about sexual orientation on women's sport teams. In M. B. Andersen (Ed.), *Sport psychology in practice* (pp. 259–279). Human Kinetics.

Borders, I. J. (2017). *Making my pitch: A woman's baseball odyssey*. University of Nebraska Press.

Brown, C. S., & Stone, E. A. (2017). Gender stereotypes and discrimination: How sexism impacts development. In S. S. Horn, M. D. Ruck & L. S. Liben (Eds.), *Advances in child development and behavior* (Vol. 50, pp. 105–133). Academic Press, Elsevier.

Canadian Association for the advancement of Women and Sport and Physical Activity (CAAWS) (2012). *Seeing the invisible, speaking about the unspoken*. Retrieved from https://womenandsport.ca/wp-content/uploads/2020/03/Position-paper-on-Homophobia-in-Sport_Canadian-Women-Sport.pdf

Canadian Centre for Ethics in Sport (E-Alliance). (2023). Transgender women athletes and elite sport: A scientific review. https://www.cces.ca/transgender-women-athletes-and-elite-sport-scientific-review.

Cook, S. (2018). *Not today: How i chose life*. Sophie Cook Talks.

Cunningham, G. (2019). *Diversity and inclusion in sport organizations* (4th ed.). Routledge.

Curry, T. J. (1991). Fraternal bonding in the locker room: A profeminist analysis of talk about competition and women. *Sociology of Sport Journal*, *16*(2), 119–135. https://doi 10.1123/ssj.8.2.119

Enke, A. (2012). Introduction: Transfeminist approach. In A. Enke (Ed.), *Transfeminist perspectives: In and beyond transgender and gender studies* (pp. 1–15). Temple University Press.

Griffin, P. (1998). *Strong women, deep closets: Lesbians and homophobia in women's sport*. Human Kinetics.

Hornsey, M. J., & Hogg, M. A. (2000). Assimilation and diversity: An integrative model of subgroup relations. *Personality and Social Psychology Review*, *4*(2), 143–156. https://doi 10.1207/S15327957PSPR0402_03

Hornsey, M. J., & Jetten, J. (2004). The individual within the group: Balancing the need to belong with the need to be different. *Personality and Social Psychology Review*, *8*(3), 248–264. *https:*//doi 10.1207/s15327957pspr0803_2

HumanRightsCampaign(2021).*Resources:Glossaryofterms.*Retrievedfromwww.hrc.org/resources/glossary-of-terms

Johnson, A., Miranda, L., & Lee, M. (2018). Play to win: Improving the lives of LGBTQ youth in sports. *Human Rights Campaign* (HRC). Retrieved from https://www.hrc.org/resources/lgbtq-people-and-sports

Kauer, K. J., & Rauscher, L. (2019). Negotiating gender among LGTBQI athletes: Sport as a space for disruption and reproduction. In V. Krane (Ed.), *Sex, gender, and sexuality in sport: Queer inquiries* (pp. 49–66). Routledge.

King, B. J. (2021). *All in: An autobiography*. Random House.

Krane, V. (2019a). Introduction: LGBTIQ people in sport. In V. Krane (Ed.), *Sex, gender, and sexuality in sport: Queer inquiries* (pp. 1–12). Routledge.

Krane, V. (Ed.) (2019b). *Sex, gender, and sexuality in sport: Queer inquiries*. Routledge.

Krane, V., & Barber, H. (2005). Identity tensions in lesbian college coaches. *Research Quarterly for Exercise and Sport*, *76*(1), 67–81. *https:*//doi 10.1080/02701367.2005.10599263

Krane, V., & Barber, H. (2019). Creating a new sport culture: Reflections on queering sport. In V. Krane (Ed.), *Sex, gender, and sexuality in sport: Queer inquiries* (pp. 223–237). Routledge.

Krane, V., & Kauer, K. J. (2007). Out on the ball fields: Lesbians in sport. In E. Peele & V. Clark (Eds.), *Out in psychology: Lesbian, gay, bisexual and transgender perspectives* (pp. 273–290). Wiley.

Krane, V., & Kaus, R. J. (2014). Gendered social dynamics in sport. In M. Beauchamp & M. Eys (Eds.), *Group dynamics advances in sport and exercise psychology: Contemporary themes* (2nd ed., pp. 335–349). Routledge.

Krane, V., Prewitt-White, T., & Whitley, M. A. (2021). It is not a checking off of boxes: Creating LGBTQ inclusive spaces and policies in community sport. In B. Ives, L. Gale, P. Potrac & L. Nelson (Eds.), *Community sports coaching: Policies and practice* (pp. 97–111). Routledge.

Mann, M. E., & Krane, V. (2018). Inclusion and normalization of queer identities in women's college sport. *Women in Sport and Physical Activity Journal*, *26*(2), 76–88. *https:*//doi.org/10.1123/wspaj.2017-0033

McBride, R.-S., & Neary, A. (2021). Trans and gender diverse youth resisting cisnormativity in school. *Gender & Education*, *33*(8), 1190–1107. *https:*//doi.org/10.1080/09540253.2021.1884201

O'Callaghan, R., & Zeigler, C. (2019). *My life on the line: How the NFL damn near killed me and ended up saving my life*. Edge of Sports.

Rink, F., & Ellemers, N. (2007). Diversity as a basis for shared organizational identity: The norm congruity principle. *British Journal of Management*, *18*(s1), s17–s27. *https:*//doi.org/10.1111/j.1467-8551.2007.00523.x

Rippon, A. (2019). *Beautiful on the outside: A memoir*. Grand Central Publishing.

Smits, F., Knoppers, A., & Elling-Machartzki, A. (2021). 'Everything is said with a smile': Homonegative speech acts in sport. *International Review for the Sociology of Sport*, *56*(3), 343–360. https://doi.org/10.1177%2F1012690220957520

Sykes, H. (1998). Turning the closets inside/out: Towards a queer-feminist theory in women's physical education. *Sociology of Sport Journal*, *15*(2), 154–173. https://doi.org/10.1123/ssj.15.2.154

Tuaolo, E. (2006). *Alone in the trenches: My life as a gay man in the NFL*. Sourcebooks.

Turner, J. C., Hogg, M. A., Oakes, P. J., Reichter, S. D., & Wetherell, M. S. (1987). *Rediscovering the social group: A self-categorization theory*. Basil Blackwell.

Waldron, J. J., & Krane, V. (2005). Whatever it takes: Health compromising behaviors in female athletes. *Quest*, *57*(3), 315–329. https://doi.org/10.1080/00336297.2005.10491860

Wambach, A. (2016). *Forward: A memoir*. Dey Street.

White, A. J., Magrath, R., & Emilio Morales, L. (2021). Gay male athletes' coming-out stories on Outsports. com. *International Review for the Sociology of Sport*, *56*(7), 1017–1034. https://doi.org/10.1177/1012690220969355

Williams, D. A., Berger, J. B., & McClendon, S. A. (2005). *Toward a model of inclusive excellence and change in postsecondary institutions*. Retrieved from https://www.aacu.org/sites/default/files/files/mei/williams%5fet%5fal.pdf

Worley, K., & Schneller, J. (2019). *Woman enough: How a boy became a woman and changed the world of sport*. Random House Canada.

Zeigler, C. (2016). *Fair play: How LGBT athletes are claiming their rightful place in sports*. Edge of Sports Books.

49

RURAL CLIENTS

Damien Clement, William Way, and Jack C. Watson II

Over the past three decades, the topic of rural practice has become more commonplace in psychology literature (Goodwin et al., 2021; Lints–Martindale et al., 2018). The production and circulation of journals like the *Australian Journal of Rural Health*, the *Journal of Rural Community Psychology*, and the *Journal of Rural Health* aim to address issues unique to individuals living and working in rural areas and support research on rural health policy, health care delivery, and population health. Their existence has further cemented the importance and significance of working with this population. The profession of sport psychology, however, has been slow to address working with this specific population. Limited references exist in the sport psychology literature that focus on working with rural populations. Due to the scarcity of research and writing in this area, the goal of this chapter is to present sport psychology consultants (from this point forward referred to as practitioners) with useful information related to working in rural settings and with rural clients, including but not limited to athletes, coaches, and teams, using materials primarily gathered from the parent field of psychology.

Prior to proceeding, the authors would like to state that the characteristics and references regarding rural populations presented in this chapter are based upon generalizations from the literature. We acknowledge that not all individuals who reside in rural areas possess the same characteristics or experience the same issues. That being said, the authors have chosen to define the term "rural" using a multidimensional perspective, as an area that satisfies the rural triad (i.e., ecological, occupational, and sociocultural components). Murray and Keller (1991) defined rural areas as those in which the population is relatively sparse and isolated from metropolitan areas, most economic activity tends to come from agriculture or extracting industries, and values such as self–reliance and ethnocentricity form the basis of community interactions. Although this definition is dated, the literature appears to be devoid of more recent or comprehensive conceptualizations.

Cultural Considerations for Working with Rural Clients

According to Malone (2011), rural communities are becoming increasingly diverse due to the outward migration of younger residents coupled with the influx of immigrants and refugees into these areas. Despite these demographic changes, rural communities have been found to have greater levels of poverty, a lower socioeconomic status, fewer employment opportunities, less access to health care services, higher rates of disability, and fewer mental health resources when compared with urban areas (Goforth et al., 2017; Goodwin et al., 2021). However, despite these characteristics, rural residents,

on average, have been able to maintain their own culture, traditions, and values (Goforth et al., 2017) which include, but are not limited to, being stoic and self-reliant, believing that they should cope with their problems and suffer in silence (Bolien, 2021), relying on family and friends (Goodwin et al., 2021), avoiding conflict and discussion of feelings, and having high religious involvement (Riding-Malon & Werth, 2014).

Rural residents may prefer to solve their own problems and frequently delay seeking assistance from strangers (Boilen, 2021). If they do seek out help, many rural residents tend to keep their problems "in-house" by speaking to family and close friends (Malone, 2011) or clergy members (Riding-Malon & Werth, 2014). However, given that the specific scope and nature of sport psychology services typically fall outside the competency of clergy members, a referral to a trained professional would be ethically and professionally appropriate. It must be noted that when rural individuals first meet with a helping professional, they may not be totally forthcoming about the gravity of their current situation and their reasons for seeking services. This can be due to a distrust of outsiders that may be present in some rural communities (Goodwin et al., 2021). Furthermore, rural residents might present with denial, suppression of emotions, or have difficulty with emotional regulation when initially meeting with helping professionals (Riding-Malon & Werth, 2014). As a result, maneuvering through resistance and trust issues are often critical for building effective consultation relationships with rural residents.

Practitioners working in rural settings should also be cognizant of the time and work demands often present in these communities. Individuals who reside in rural communities may be faced with financial strain (Goodwin et al., 2021) and because of the industries in which they work, may struggle to get time away from work to bring their children to regularly scheduled sessions or attend sessions themselves. For this reason, rural residents may be less consistent than other clients and may be late or leave sessions early. The financial burden associated with sport psychology sessions may sometimes necessitate creative fee structures. Practitioners may want to consider the use of a sliding fee scale or bartering to enhance the accessibility of their services.

Members of rural communities may have limited knowledge of and exposure to psychology and psychologists and will likely seek the services of professionals in other fields first (Riding-Malon & Werth, 2014). Therefore, from the onset of the consultation, practitioners should aim to explain what sport psychology is, and to address any associated myths, stereotypes, and stigmas. If practitioners are proactive in addressing these concerns early, the likelihood of receiving referrals and of individuals entering into and continuing with sessions will increase. Scholar-practitioners in mental health (Helbok, 2003) and sport psychology (Christensen et al., 2008) have agreed that traditional, urban models of delivery are not normally a good fit in rural communities. As such, it would be wise for practitioners to tailor their approach to meet the needs of rural clients.

Applied Suggestions for Working with Rural Clients

According to Sutherland and Chur-Hansen (2014), a practitioner's first step in tailoring their approach to better meet the needs of rural clients is to learn about and understand rural culture. Sutherland and Chur-Hansen (2014) further explained that attempting to understand local customs, traditions, colloquialisms – and their relative importance to each client – substantially improves a practitioner's ability to provide culturally competent services. Furthermore, Riding-Malon and Werth (2014) indicated that some rural individuals may be unaccustomed with discussing their emotions, and due to their high involvement in religious activities, may want to incorporate religious concepts into their treatment goals or interventions. Understanding and acting consistently with these tendencies can potentially facilitate practitioners' collaborative partnerships with rural individuals.

Practitioners' efforts to understand local cultural climates may be especially important as other aspects of athletes' cultural identities intersect with their rural status. For instance, practitioners should

be mindful that cultural climates and belief systems in some rural communities could expose LGBTQ athletes to more discrimination than their peers in urban or suburban communities (Kosciw et al., 2020). As another example, practitioners should be aware that rural athletes who belong to an Indigenous ethnic group may have unique cultural needs, values, and customs that would be foundational for a successful consulting relationship (Johnson et al., 2020). Ultimately, practitioners' insight to rural and other intersecting cultural identities aids in reducing the stigma associated with seeking help, building rapport, and developing person-centered treatment plans.

To supplement their cultural competency, practitioners can also promote strong working relationships with rural athletes and teams by developing a familiarity with the sport psychology literature that has focused on this population. Contrary to what some might expect, clients growing up in rural communities may actually have *more* access to developmental assets that promote elite talent development relative to youth in urban settings. These developmental assets can include the creativity, self-efficacy, and intrinsic motivation found in unstructured play; a strong sense of belonging within small peer groups and communities; and opportunities to participate in and grow from a variety of activities outside of sport (MacDonald et al., 2009; Santos et al., 2016; Weissensteiner et al., 2009). Practitioners could use a strengths-based approach to affirm these assets and to help rural athletes leverage them in pursuit of their goals.

Practitioners may also want to be primed for the unique challenges that some rural teams face. For instance, interventions focused on energy management, rest, and recovery could be helpful amid the intensive travel required of rural teams to get to/from competitions in major metropolitan areas (Dubé et al., 2007). As another point of consideration, rural communities can be highly invested in and supportive of local teams. However, this can also create a sense of pressure for rural athletes when they are not playing well (Dubé et al., 2007), and could foreseeably provoke increased worry during pivotal competitions (Hoover et al., 2017). Subsequently, practitioners could tailor interventions to help rural athletes manage expectations and productively channel competitive anxiety. Finally, career transitions can evoke a host of emotions for many athletes, and practitioners can be mindful of the unique transitions that rural athletes face. Transitioning into college or major metropolitan areas to pursue new academic and/or athletic opportunities can be a big change for rural athletes (Johnson et al., 2020), and contemplating these opportunities requires complex decisions about oneself, community, and values (San Antonio, 2016). Further, for rural athletes who receive academic or athletic scholarships, maintaining that scholarship could be a source of concern if they do not have the financial means to attend college otherwise (DiClementi et al., 2017) or have not had the same level of preparation for college that may exist in more urban schools (e.g., access to advance placement and multiple course options). From these findings, practitioners can develop plans to help rural clients manage stress, mobilize supports, and navigate decisional balances amid transitions.

Ethics and Professional Practice Issues

The idiosyncrasies of rural populations and service delivery give rise to a number of ethical and professional practice issues for practitioners – including those who reside in the local community, those who travel to provide services within rural communities, and those who consult from afar. Thematically, many of these ethical issues are akin to those encountered in other niche settings (e.g., collegiate campus setting and military base), but take on a unique nuance in practice with rural clients. Some key issues include confidentiality, multiple relationships, and training/supervision, which are outlined below.

Confidentiality

Concerns about stigma and privacy can be present in some rural communities, so practitioners may want to pay special attention to the confidentiality of their services. As such, when rural athletes/teams

prefer to meet in-person, the meeting location should be selected with intentionality. On the one hand, providing consultation in a central location could enhance accessibility; on the other, such locations come with the potential for visibility with the practitioner. Rural practitioners with a physical office space (e.g., private practice or in a high school) could attempt to co-locate their office with other, less stigmatized supports such as community medical practices or a high school's athletic training room (Riding-Malon & Werth, 2014).

Rural practitioners may find themselves immersed in the same social spheres as the athletes, teams, and coaches with whom they consult. Although the connectedness of living in a small community can be appealing for some, this can pose another challenge to maintaining confidentiality in the milieu of rural practice. For instance, it could be difficult for a rural practitioner to remember if they came upon a piece of information through informal conversation with others in the community, through community news, or in the confidence of a consulting session (Helbok, 2003). Therefore, rural practitioners may need to navigate social conversations by speaking with a degree of vague ambiguity to avoid unintentionally sharing information that they learned while bound to confidentiality. Ultimately, practitioners are encouraged to clearly and preemptively educate athletes and other stakeholders about confidentiality and its limitations. This can be important because coaches, athletic trainers, or other stakeholders who refer athletes to sport psychology services might presume a degree of access to confidential information about the consulting relationship. Though well intended, these tugs on confidentiality could be amplified in rural communities where there is already an expectation that information will be shared freely through informal channels (Helbok, 2003). In these situations, sharing some vague, superficial details about the consulting relationship can promote trust and rapport by helping rural community stakeholders to feel like they are "in the loop" (Andersen et al., 2001, p. 15). However, practitioners *must* have permission from their clients to do this, which necessitates discussion about what specifically can/cannot be shared and with whom. Best practice would be for practitioners to document this permission in a release of information form signed by their client.

Multiple Relationships

While navigating social situations with a certain amount of vigilance, rural practitioners may feel as though the lines between their personal and professional lives are especially hard to distinguish. Multiple relationships can be inevitable for rural practitioners (Boilen, 2021), and are said to occur when practitioners function in some other role/relationship with a client or with someone who is also closely connected to that client (APA, 2017). Rural practitioners could also expect that they might encounter current or former clients at the store, in a place of worship, at a local sports bar, and so forth. To the extent possible, practitioners and their clients can plan for inadvertent contact outside of consultation by discussing an agreed upon protocol (e.g., the practitioner will not acknowledge the client unless the client initiates), and again, what – if anything – can be shared about their working relationship with interested others (Wachsmuth et al., 2022). In the event of an awkward and unforeseen boundary crossing, practitioners can express that the situation is uncomfortable for them too, join with the client in normalizing it to the extent possible, and then create space to process the situation during their next session (Andersen et al., 2001).

On top of reasonable efforts to avoid extraneous out-of-session contact with their clients, rural practitioners should take care to avoid multiple roles/relationships to the extent that they can (Helbok, 2003). An unchecked multiple relationship could cloud practitioners' objectivity, hinder the effectiveness of their services, and risk harm to or exploitation of the client (APA, 2017). As such, practitioners are encouraged to talk with their clients about the issues that can arise with multiple roles and clearly define appropriate role boundaries (Helbok, 2003). Further, self-reflection, consideration of potential worst-case scenarios, and frequent case-consultation with trusted colleagues can be especially helpful exercises for all practitioners, especially those who work in rural settings.

Collaboration and Training/Supervision

Having a network of trusted colleagues and opportunities for regular case-consultation can be helpful for ethical decision-making (Harowski et al., 2006). However, a rurally situated practitioner might find that they are the only sport psychology professional in their region. As such, Harowski et al. (2006) asserted that, "interdisciplinary collaboration has to become the norm in rural areas, not the exception" (p. 160). With these sentiments in mind, practitioners might consider how they could utilize support (for themselves and the rural athletes they serve) through collaborative efforts with health care providers or other support figures in the community. Interested readers are referred to examples of culturally informed and community-based approaches to sport psychology service delivery that have been documented (Christensen et al., 2008; Hodge et al., 2011).

At present, there is little data about the extent to which sport psychology students gain exposure to the complex and collaborative nature of rural practice during their training. The development of rural sport psychology training programs could be modeled after efforts to develop rural internship opportunities for psychologists and school psychologists (Hess & Carrizales, 2021). Preliminary steps include identifying areas in which sport psychology services could be utilized (e.g., rural schools and community sport organizations); personnel who could provide local and remote supervision/mentorship; sources for necessary funding; and other potential logistical constraints such as housing, adequate internet bandwidth, or access to social support for rural trainees. Following foundational coursework and practica, sport psychology students could then depart for rotations at established rural community training sites. During their rural rotation, trainees could receive supervision from a local practitioner along with remote seminars and case-consultation with faculty or cohort members in other locations.

With the proliferation of videoconferencing and telesupervision, rural sport psychology trainees may now have access to guidance and support not previously available. For instance, videoconferencing could allow for real-time supervision of novice rural practitioners who are just starting to work with athletes and teams. Use of the chat function during a live remote session would enable a mentor/supervisor to provide discreet suggestions or guidance to novice practitioners while they are in session (Slipp, 2021). As an added benefit, receiving remote mentorship/supervision from outside of one's own small, rural community could help to alleviate concerns about multiple relationships and objectivity (Slipp, 2021). Although the above suggestions are framed for the training of neophyte practitioners, social networking and videoconferencing could also open doors to provide collaborative sport psychology consultation to professionals in other disciplines who support rural athletes.

Use of Telepsychology

Traditionally, fewer practitioners are located in rural areas. However, telepsychology services are growing as a service option for individuals who live in these settings. Essentially telepsychology refers to the use of technology to help with the provision of services from a distance. The technology utilized can vary greatly, but most commonly involves the use of voice, text, and/or video options, with quickly growing interest in the use of virtual reality. Given the pace with which new technologies are evolving, options for telepsychology are growing, but also present new and interesting challenges to consider. Overall, telehealth services have been shown to be effective and can even provide several advantages to traditional treatments such as convenience, decreased stigma, and access to specialty care providers (Hancock et al., 2016). The provision and acceptance of telepsychology grew greatly as a result of the COVID-19 pandemic (Goodwin et al., 2021). When personal interactions were cutoff, jurisdictional licensing boards overwhelmingly approved the use of telepsychology to allow practitioners to provide services to clients in need, even across jurisdictional boundaries. This was extremely important, as the

pandemic increasingly isolated individuals, often leading to an intensification of the struggles they were experiencing.

Although not specific to sport psychology, the Psychology Interjurisdictional Compact (PSYPACT) was created in 2019 in the United States by the Association of State and Provincial Psychology Boards (ASPPB) with a goal of increasing the number of practitioners available to individuals, including those living in rural communities (PSYPACT, nd). PSYPACT has a developed criteria and an E.Passport necessary to allow practitioners who live in specific jurisdictions to practice across jurisdictional lines using telepsychology or in-person on a temporary basis. Although this compact does not allow for practice across all jurisdictional boundaries, it is a step in the right direction and provides a model for how jurisdictions can work together to help all individuals gain access to quality providers. Additionally, such access may provide opportunities for professional organizations or individuals to develop partnerships with national/international sport organizations (e.g., little league softball and baseball) for the provision of programming within rural communities.

When providing telepsychology services, it is important that practitioners are aware of the associated benefits, risks, and potential ethical challenges. The most cited risks are associated with confidentiality, security, and emergency management. These risks should be clearly communicated to clients. To ensure that practitioners are practicing effectively, they should familiarize themselves with appropriate telepsychology guidelines such as those established by the American Psychological Association (APA) in partnership with ASPPB and APA Insurance Trust (APAIT) in 2013, and those created by the International Society for Mental Health Online (2000). These guidelines provide information for practitioners related to issues such as informed consent, confidentiality, security and transmission of data, competency with the technology itself and its use in practice, and appropriate modalities for service provision.

When used appropriately and all ethical and legal guidelines are followed, telepsychology provides a wonderful opportunity for individuals who live in rural communities to access quality sport psychology services. However, these services should be entered into with caution and full knowledge and understanding of the associated benefits, challenges, and the ethical issues associated with them. Many of these issues contain nuance, which is beyond the scope of this chapter, but for further information, readers may consider reading (APA, 2013).

Conclusion

Although rural clients are probably more similar to urban clients than they are different, it would be a mistake for practitioners to treat them the same. Rural athletes and teams are exposed to cultural, economic, and social systems within their communities that are often different from those present in urban communities. Therefore, it is important for practitioners to be knowledgeable about these potential differences and have strategies for dealing with them.

In this chapter, we have outlined areas for practitioners to consider in their work with rural clients. Knowledge of these areas should be used as a basis for inquiry to help practitioners understand their clients, their presenting concerns, and their potential options for intervention. It should not be assumed that models for consultation with urban athletes/teams will necessarily be effective in rural settings. Although these models may be effective with rural clients, there is the possibility that the cultural, economic, and social differences from their communities warrant different approaches. We have also identified several ethical issues that practitioners should be aware of when working with rural clients either in-person or via telepsychology. Although the same ethical principles apply for consultation with rural and urban clients, practitioners who work with rural clients may be more likely to encounter dilemmas with multiple roles, confidentiality, and collaborative training/supervision. See Box 49.1 for a summary of the key points from this chapter.

Box 49.1 Summary of Key Points about Working with Rural Clients

- Be aware of the potential for unique characteristics such as self-reliance, distrust for outsiders, and stigmatic attitudes toward seeking help when working with rural clients.
- Be mindful of the unique social, economic, and cultural experiences of rural clients.
- If planning to work with rural clients, obtain training (coursework, internships, supervision, continuing education) to prepare for working with this population.
- Telepsychology may be one option that enables work with rural clients when face-to-face sessions are not feasible.
- When consulting with telepsychology communications, ground rules must be established to avoid miscommunications and to deal effectively with communication mishaps.
- Be especially cautious to adhere to appropriate ethical codes, especially when using telepsychology.

References

American Psychology Association (2013). *Guidelines for the practice of telepsychology.* Retrieved from https://www.apa.org/practice/guidelines/telepsychology

American Psychological Association (2017). *Ethical principles of psychologists and code of conduct.* Retrieved from http://www.apa.org/ethics/code

Andersen, M. B., Van Raalte, J. L., & Brewer, B. W. (2001). Sport psychology service delivery: Staying ethical while keeping loose. *Professional Psychology: Research and Practice*, *32*(1), 12–18. https://doi.org/10.1037/0735-7028.32.1.12

Boilen, S. (2021). *Ethics in rural psychology: Case studies and guidance for practice.* Routledge.

Christensen, S. A., Lamont-Mills, A., & Annis-Brown, P. (2008, January). *Sport psychology for regional, rural, and remote pre-elite adolescent athletes.* Paper presented at the APS Victorian Sport Psychology Conference, Melbourne, Australia.

DiClementi, J. D., Reese, A., & Borsa, T. (2017). Stress of the off-season may be greater for the student-athlete than during competition: A pilot study. *Journal of Behavioral and Brain Science*, 7(7), 304–310. https://doi.org/10.4236/jbbs.2017.77022

Dubé, T. V., Schinke, R. J., Hancock, D. J., & Dubuc, N. G. (2007). The social support experiences of major junior ice hockey players in a physically removed region of Canada. *Journal of Sports Science and Medicine*, *6*(4), 393–400.

Goforth, A. N., Yosai, E. R., Brown, J. A., & Shindorf, Z. R. (2017). A multi-method inquiry of the practice and context of rural school psychology. *Contemporary School Psychology*, *21*, 58–70. https://doi.org/10.1007/s40688-016-0110-1

Goodwin, S. L., Lints-Martindale, A., Conan, M. C., Kinley, J., & Rahman, T. (2021). Rural psychology and the COVID-19 pandemic: Highlighting strengths and future directions. *Canadian Psychology*, Advanced online publication. https://doi.org/https://psycnet.apa.org/doi/10.1037/cap0000308

Hancock, S. L., Stark, K. S., & Kreiner, D. S. (2016, December 14). A brief look at telepsychology in the age of the internet. *The Amplifier Magazine.* https://div46amplifier.com/2016/12/14/a-brief-look-at-telepsychology-in-the-age-of-the-internet/

Harowski, K., Turner, A. L., LeVine, E., Schank, J. A., & Leichter, J. (2006). From our community to yours: Rural best perspectives on psychology practice, training, and advocacy. *Professional Psychology: Research and Practice*, *37*(2), 158–164. https://doi.org/10.1037/0735-7028.37.2.158

Helbok, C. M. (2003). The practice of psychology in rural communities: Potential ethical dilemmas. *Ethics & Behavior*, *13*(4), 367–384. https://doi.org/10.1207/s15327019eb1304_5

Hess, R. S., & Carrizales, K. (2021). If you build it, they will come: Creating psychology internships in rural communities. *School Psychology Training and Pedagogy*, *38*(3), 1–11.

Hodge, K., Sharp, L. A., & Heke, J. I. (2011). Sport psychology consulting with indigenous athletes: The case of New Zealand Māori. *Journal of Clinical Sport Psychology*, *5*(4), 350–360. https://doi.org/10.1123/jcsp.5.4.350

Hoover, S. J., Winner, R. K., McCutchan, H., Beaudoin, C. C., Judge, L. W., Jones, L. M., Leitzelar, B., & Hoover, D. L. (2017). Mood and performance anxiety in high school basketball players: A pilot study. *International Journal of Exercise Science*, *10*(4), 604–618. https://digitalcommons.wku.edu/ijes/vol10/iss4/13

International Society for Mental Health Online (2000). *Suggested principles for the online provision of mental health services*. Retrieved from *http://ismho.org/resources/archive/suggested-principles-for-the-online-provision-of-mental-health-services/*

Johnson, S. R., Crosschild, T., Poudrier, J., Foulds, H. J., McHugh, T, L., Humbert, L., & Ferguson, L. J. (2020). "It's a big adjustment coming from the reserve to living in a totally different society": Exploring the well-being of First Nations athletes playing sports in an urban mainstream context. *Psychology of Sport & Exercise*, *47*, 1–10. https://doi.org/10.1016/j.psychsport.2019.101614

Kosciw, J. G., Clark, C. M., Truong, N. L., & Zongrone, A. D. (2020). *The 2019 national school climate survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools*. GLSEN.

Lints-Martindale, A., Carlson, A., Goodwin, S. L., & Thompson, S. (2018). Putting recommendations into practice: Improving psychological services in rural and northern Canada. *Canadian Psychology*, *59*(4), 323–331. https://doi.org/10.1037/cap0000158

MacDonald, D. J., Cheung, M., Côté, J., & Abernethy, B. (2009). Place but not date of birth influences the development and emergence of athletic talent in American football. *Journal of Applied Sport Psychology*, *21*(1), 80–90, https://doi.org/10.1080/10413200802541868

Malone, J. L. (2011). Professional practice out of the urban context: Defining Canadian rural psychology. *Canadian Psychology/Psychologie Canadienne*, *52*(4), 289–295. https://doi.org/10.1037/a0024157

Murray, J. D., & Keller, P. A. (1991). Psychology and rural America: Current status and future directions. *American Psychologist*, *46*(3), 220–231. https://doi.org/10.1037/0003-066x.46.3.220

Psychology Interjurisdictional Compact (n.d.). *About us*. Retrieved from https://psypact.site-ym.com/page/About.

Riding-Malon, R., & Werth Jr., J. L. (2014). Psychological practice in rural settings: At the cutting edge. *Professional Psychology: Research and Practice*, *45*(2), 85–91. https://doi.org/10.1037/a0036172

San Antonio, D. M. (2016). The complex decision-making processes of rural emerging adults: Counseling beyond dualism. *Peabody Journal of Education*, *91*(2), 246–269. http://dx.doi.org/10.1080/0161956X.2016.1151749

Santos, A. J., Carvalho, H. M., & Gonçalves, C. E. (2016). Effects of three competitive settings on youth male soccer athletes' assets and sport attitudes across a competitive season. *Kinesiologia Slovenica*, *22*(2), 22–30.

Slipp, M. (2021). Support to rural, remote, and Northern counsellors: The unique features inherent to video-conferencing technology. *Open/Technology in Education, Society, and Scholarship Association Journal*, *1*(1), 1–21. https://doi.org/10.18357/otessaj.2021.1.1.2

Sutherland, C. R., & Chur-Hansen, A. (2014). Knowledge, skills and attitudes of rural and remote psychologists. *Australian Journal of Rural Health*, *22*(6), 273–279. https://doi.org/10.1111/ajr.12152

Wachsmuth, S., Jowett, S., & Harwood, C. G. (2022). Third party interventions in coach-athlete conflict: Can sport psychology practitioners offer the necessary support? *Journal of Applied Sport Psychology*, *34*(1), 178–203. https://doi.org/10.1080/10413200.2020.1723737

Weissensteiner, J., Abernethy, B., & Farrow, D. (2009). Towards the development of a conceptual model of expertise in cricket batting: A grounded theory approach. *Journal of Applied Sport Psychology*, *21*(3), 276–292. https://doi.org/10.1080/10413200903018675

50

ATHLETES WITH PHYSICAL AND SENSORY DISABILITIES

Vista L. Beasley and Jeffrey J. Martin

Athletes with physical and sensory disabilities (PSDs) face challenges in sport that are similar to those experienced by athletes without PSDs. However, those sport-specific challenges may be exacerbated for athletes with PSD who, typically, are already coping with disability-related challenges (e.g., reduced income, transportation access, and chronic pain). The purpose of this chapter is to present recent research about psychological factors that are unique to the disability sport context so that applications of sport psychology can take these factors into account. While this knowledge might typically be applied by sport psychology consultants (e.g., psychologists and certified consultants), it is also meant to inform the practices of coaches and other personnel in disability sport who support athletes with PSD at all levels of competition. This appears essential given few applied sport psychology consultants work with athletes with PSD (Martin, 2017).

In this chapter, we focus on recent research that has yielded new insights into psychological factors pertaining to athletes with PSDs rather than reiterate what is already known about the wide range of psychological skills that could be employed (e.g., mental routines). Therefore, we encourage consultants to review other texts that address past research on skills not discussed herein (Martin, 2017). We start by discussing two factors pertaining to most athletes with PSDs: the ramifications of traumatic events that results in disabilities, and dignity. We then zero in on coach-specific factors given their above-mentioned role in supporting athletes with PSDs. The last three psychological factors we discuss are goal-setting, stressors, and cohesion. Though these factors are well-known in literature about able-bodied athletes, there are nuances to be considered when working with athletes with PSDs.

The Influence of a Traumatic Event

The most significant difference that coaches and sport psychologists are likely to encounter in working with athletes with PSD is linked to their disability. While athletes with PSD may have been born with an impairment such as cerebral palsy, as much as 85% of athletes with PSD have an acquired disability as the result of a traumatic event (e.g., skiing accident). As might be expected, such adverse life events, particularly events which occurred recently, are often linked to identity and personality changes (e.g., openness, neuroticism, and agreeableness; Guerrero & Martin, 2018; Lockenhoff et al., 2009; Martin, 2017). Some psychological and emotional changes include heightened anger, hostility, and frustration, and reduced efforts to cooperate and de-escalate conflicts; these characteristics are similar to those of individuals with post-traumatic stress disorder (PTSD; Lockenhoff et al., 2009). Hence, it is

important to recognize that some athletes with PSD may be managing PTSD-like feelings or sub-clinical PTSD feelings. In contrast, other athletes further removed from a traumatic life event may be so well-adjusted that they are described as experiencing post-traumatic growth (Galli & Vealey, 2008). However, some researchers have questioned the veracity of some elements of post-traumatic growth (Howells & Fletcher, 2016). They propose that self-deception sometimes occurs as individuals attempt to persuade themselves of positive growth; yet, doing so exemplifies wishful thinking and avoidance. It may be that both "illusory growth" and "adversarial constructive growth" thinking can be present (Howells & Fletcher, 2016). Time periods close to the adverse event are most likely to produce illusory growth; when further removed from the event, more constructive growth seems to appear. Given the above information it seems appropriate to promote a consultant mindset of openness, acceptance, and grace. Enhancing dignity seems to be of particular importance for this group of athletes.

Dignity

Dignity is experienced when one feels a sense of worth derived, in part, from being respected by others. Threats to dignity of people with disabilities occur when they are made to feel that they are stereotyped, pitied, viewed negatively (e.g., incompetent), or subjected to behaviors that are offensive (e.g., staring) or which induce embarrassment. Indeed, some people with disabilities have declined to participate in research about disabilities because they anticipated being embarrassed. Dignity has also been examined in relation to disability awareness programs. Such programs risk threats to dignity when athletes with disability are placed on display with potential objectification. However, Paralympians viewed the programs positively when the focus was demonstration of athletic skills—what they can do—rather than their disabilities—what they can't do (Martin, 2017). Other researchers suggest dignity is threatened when athletes in disability sport feel a lack of respect relative to able-bodied athletes (Martin, 2017). Humor, which can be a positive resource, can also be offensive. For example, an athlete with limited motor skills due to Parkinson's disease joked that he ruled out a career in hand grenade construction (Sheehy et al., 2017). In that context, humor was helpful when shared with people of the same diagnosis, relieving anxiety and fostering belongingness. However, when humor is generated by or engaged in by people who do not have the disability, it can be seen as mocking or bullying (Orr et al., 2018). Consultants are urged to engage in behaviors that promote dignity. One emphasis is privacy. For example, strive to allow athletes to have conversations such that other athletes/people do not overhear. During conversations, seat yourself at eye level with athletes. Avoid carrying out conversations over the heads of athletes in wheelchairs unless the athletes have indicated comfort with this form of communication. Privacy can also be maintained by facilitating removal of people from athletes' private quarters (e.g., bedrooms) or proximity when their presence isn't desired. Educating coaches of athletes with PSD about ways to promote dignity may also be beneficial, as discussed next.

Coaching

In the previous edition of this chapter, it was reported that many athletes with PSD did not have coaches, or coaches lacked training in sport science and parasport. In the ensuing ten years, coach education has been prioritized by some parasport organizations (e.g., wheelchair rugby and wheelchair tennis; McMaster et al., 2012). Knowledge about coaching athletes with PSD has also been advanced by eliciting perceptions of coaches from athletes themselves. Athletes with PSD expressed a need for coaches to possess additional knowledge specific to parasport (e.g., know ways to adapt a sailboat for parasailing; Alexander et al., 2020; Allan et al., 2020). One recommendation was that coaches try the adaptive version of sports they coached (Allan et al., 2020). Athletes also urged coaches to learn the limitations imposed by disabilities (e.g., issues related to posture, bowel, and

incontinence of spinal cord injuries). Yet, coaches also need to learn specifics of athletes' individual disabilities, as two athletes with the same disability can have very different limitations (Alexander et al., 2020; Allan et al., 2020). The latter implies a need for coaches to purposely plan one-on-one time with athletes with PSD to allow issues of a personal, sensitive, or private nature to be discussed (Allan et al., 2020). Coaches, as well as all others aiding athletes with PSD, are also urged to "acknowledge that they do not know something, rather than act as if they do know" (Konig-Bachmann et al., 2019, p. 8) and ask questions of the athletes to learn of their individualized needs (Ferguson & Spencer, 2021).

While much of the findings regarding coaching in disability sport were positive, some negative coaching behaviors could represent threats to dignity. Some athletes perceived coaches as using inappropriate verbiage (e.g., referring to athletes without disabilities as "real" athletes), including verbiage appropriate for children (e.g., reminding adult athletes with PSD to brush teeth and shower), or appropriate to a person with an intellectual disability (Alexander et al., 2020). For example, an athlete with hearing impairment described a coach who spoke to him "as if talking to a dumb guy who doesn't understand any English" (Irish et al., 2018, p. 184). Female athletes with PSD reported inappropriate verbiage in the form of comments about body shapes and weight, as well as inappropriate behaviors (e.g., ass-slapping; Alexander et al., 2020). At times, even verbiage by coaches intended as positive feedback or to foster a sense of competence was perceived negatively, as shown in the beginning of this quote by an amputee who subsequently praised his tennis coaches:

> When someone says, 'You are doing so well', it often comes across as patronizing. But, they came across, so, they had such a brilliant way about them. I thought, they made me really enjoy it, the fact that they were saying all the right things, without sounding patronizing. They made me feel good. It's a fine line. Some people have got it, and some people haven't. And they had it.
>
> *(Wadey & Day, 2018, p. 257)*

Similarly, persons with PSD expressed dissatisfaction when coaches were viewed as being too overprotective (Orr et al., 2018; Wadey & Day, 2018), expressing a preference for those that "help you when you really need it and let you struggle when they know that you can fight through" (Orr et al., 2018, p. 43). Athletes also expressed discomfort when coaches appeared to feel sorry for the athletes or praise athletes excessively for ordinary feats such that the praise appeared unwarranted (Alexander et al., 2020; Martin, 2019). Another negative coaching behavior was a coach's lower willingness to invest in athletes with PSD whose focus is enjoyment rather than successful performance at higher-level, formal competitions (Allan et al., 2018).

One set of negative coaching behaviors was specific to settings in which athletes with PSD trained alongside athletes without disabilities or athletes with less-severe impairments. In these mixed settings, there was a perception that coaches prioritized (e.g., allocating time, attention, and training feedback) athletes without disabilities over athletes with PSD (Allan et al., 2020). Coaches also failed to give athletes with PSD the opportunity to develop skills, selecting students with better skills or minimizing the roles of those with disabilities (Allan et al., 2018; Orr et al., 2018). For example, a baseball coach placed a player with a disability "in the farthest outfield where none of the other players could hit the ball, so that his deficits in hand-eye coordination would not be an 'issue' for the game" (Orr et al., 2018, p. 47). It can be hard to determine whether these coaching behaviors reflect discrimination. This is illustrated by a deaf athlete on a university basketball team who did not know if he was not given playing time because he lacked sufficient skill and was "not even 6 feet" tall or due to his impairment (Irish et al., 2018, p. 184). Likewise, athletes with less-severe disabilities were perceived as being prioritized over athletes with more-severe disabilities (e.g., an athlete with quadriplegia felt "brushed to the side" when he trained alongside paraplegic athletes; Allan et al., 2020, p. 559) because those with less-severe

disabilities were expected to medal (Ferguson & Spencer, 2021). Thus, mixed settings are more apt to result in cessation of sport participation.

These findings have ramifications for the practice of sport psychology in disability contexts. If a coach with expertise in all three areas (i.e., sport science; parasport; and disability) is not available, sport psychology consultants may take on the role of a resource coordinator, prompting athletes to identify people who can contribute. For example, a person who played wheelchair rugby before may lend expertise specific to the parasport, while a local engineer may volunteer time developing wheelchair adaptations. A sport psychology consultant may take on additional roles as needed for self-coached athletes (e.g., video-record practice) especially during travel to competitions (e.g., run errands and assist with transfer from wheelchair to taxi). Sport psychology consultants may also focus on enhancing the coach-athlete relationship. A start may be to educate coaches about the above findings, prompting them to act accordingly (e.g., try adaptive sport equipment; seek one-on-one time to discuss topics of a sensitive nature; ask questions about athletes' lives outside of sport; avoid congratulating athletes for doing tasks that are of an ordinary, everyday, mundane nature for the athletes). Consultants can also observe coach-athlete interactions to identify inappropriate treatment. Sport psychology consultants may also implement some of the suggestions aimed at coaches for themselves, such as trying out the adaptive equipment. Given the potential negative impacts of professionalization of parasports (e.g., maladaptive coaching styles of coaches who prioritize winning; Martin et al., 2017), sport psychology consultants may endeavor to ensure coach's behaviors are conducive to well-being rather than solely win outcomes.

Goal-Setting

Sport psychology consultants may benefit from an awareness of goals that are unique to living with disability. For some athletes with PSD, sport participation is a means to acquire other goals, such that achieving goals within sport, in and of itself, may not be the primary goals. In some instances, the goal is to elicit positive perceptions of others. This is illustrated by goal-setting sessions conducted with Paralympic athletes who created goals regarding "how they want to be seen, and how they want to be respected" (Falcao et al., 2015, p. 213). As another example, in the United States, people with disabilities involved in child custody disputes have a need to demonstrate to court officials that they have adapted successfully to the disability so that custody is not automatically awarded to the unimpaired parent. For them, sport proficiency is a means to demonstrate successful adaptation to court officials. Likewise, women with PSDs who become pregnant, or want to, may face negative bias of health professionals involved in maternity services who doubt their parenting ability (Konig-Bachmann et al., 2019). Achieving sport proficiency is a means for countering such bias and gaining acceptance as mothers. Athletes with newly acquired disabilities (e.g., spinal cord injuries) who participate in parasport may do so as a means to achieve the goal of recovery from the disability (e.g., walking again). Such goals may have potentially negative psychological implications when the hoped-for recovery does not occur. Goals involving improvement of some function to achieve other goals (e.g., improve arm strength in order to write in wife's birthday card and improve bladder and bowl control to enable prolonged trips from home) positively affected some athletes with PSD. Thus, sport may be a means for achieving rehabilitation goals, and, vice versa, rehabilitation programs may be viewed as a means for achieving sport goals. As one person with a double-leg amputation stated, an aim of participating in sport may be, simply, to "feel less disabled" or to feel more competent than those who do not have disabilities: "I do things that a cripple cannot. Cripples don't get in canoes on the Hudson [River], big waves shaking the boat around" (Shirazipour & Latimer-Cheung, 2020, p. 572).

For athletes with PSD who do have goals specific to sport participation, another caveat to goal-setting pertains to task and ego orientations per achievement goal theory (Martin, 2017). Typically,

athletes with an ego orientation view themselves as successful when they achieve goals related to winning and performing better than other athletes, whereas athletes with task orientation define success as working hard, demonstrating personal improvement, and learning. Researchers have indicated that a task orientation is more adaptive. After all, the ability to work hard and improve is more controllable and realistic than winning and being more competent than others. However, some elite athletes with PSD often score high in both orientations (Martin, 2017). Also, Paralympian swimmers' happiness was related to placing higher than others (e.g., winning a gold medal instead of bronze) and ranking higher than others, whereas happiness was not related to improving one's performance (Martin et al., 2019). These findings suggest that some athletes with PSD want to achieve goals of out-performing others. Indeed, female athletes with PSD indicated positive perceptions of coaches who encouraged them to try out for more senior positions/teams (Ferguson & Spencer, 2021). Military veterans with PSD expressed pride and a sense of accomplishment from representing their country again by being selected to participate in national and international events (e.g., Paralympics; Shirazipour & Latimer-Cheung, 2020). But to be selected for the senior positions and national teams, these female athletes and military veterans must out-perform others. In this way, an ego orientation is understandable. An ego orientation may have high salience in disability sport, too, because this context gives athletes with PSD the opportunity to feel more competent than able-bodied people, as illustrated by this military veteran:

> I had my friends and my family try wheelchair basketball, and it's not until they try it that they see how difficult it is, and so they then appreciate even more. They can get a basket in when they're standing up, but you put them in a chair and they're like, 'How do you do this?'…So being disabled doesn't mean to say that you can't do things better than someone who's able-bodied.
>
> *(Shirazipour & Latimer-Cheung, 2020, p. 573)*

Given the salience of an ego orientation for some athletes with PSD, sport psychology consultants should not discount the importance of an ego orientation even though enhancing a task orientation is typically the focus of sport psychology interventions. When athletes' abilities diminish (e.g., athlete's disability condition worsens and age-induced performance decrements), such that they no longer outperform others, consultants may emphasize alternative sources of a sense of competence. For example, they may be encouraged to coach, as the number of athletes with PSD who transition into coaching is low.

Stressors

As expected, athletes with PSD can employ the same stress management skills (e.g., self-talk, imagery, and mental routines) as able-bodied athletes. However, sport psychology consultants may benefit from an awareness of stressors unique to athletes with PSD.

Common stressors faced by people with disabilities involve environmental barriers which limit access to training facilities (e.g., no wheelchair ramp to pool deck and locker rooms and showers with too-narrow door width for wheelchairs). The lack of adaptive gyms has been magnified for athletes with PSDs during the COVID-19 pandemic in which facilities were closed and events (e.g., training camps) were cancelled. For instance, research with 166 Polish athletes training for the 2020 Paralympics indicated that only 5.4% reported having access to sport facilities due to COVID-19 restrictions (Urbański et al., 2021). Their hours of training were cut in half, and some athletes (12%) stopped training completely. Able-bodied athletes could resort to use of outdoor training spaces, but such may be unsuited for athletes with PSDs (e.g., slippery, uneven surfaces), so they struggled to identify alternative training sites.

Another unique stressor is the athletes' experiences with the parasport classification system in which athletes' level of impairment is evaluated to determine the grouping in which athletes will compete. Though the aim is to ensure that athletes compete against athletes with similar levels of impairment, there can be a perception that competition outcomes are predictable: athletes with the least-severe impairments within a class are expected to win (International Paralympic Committee, n.d.). This topic is exemplified by classifications in judo in which partially sighted athletes compete against blind athletes; yet, partially sighted athletes have significantly higher competition placings, suggesting that they are advantaged by the classification method. One athlete with a bilateral, above-knee amputation described feeling discouraged when classified to race against an athlete who only had a single, below-knee amputation: "I was despondent and left after the first race…If it's all going to be about races, at least pair me with someone equivalent to race against" (Wadey & Day, 2018, p. 257). Stress may also derive from the perception that some athletes may fake a more-severe impairment during evaluations, causing athletes to compete against people who actually have less-severe disabilities (Molik et al., 2017). Classification evaluations can also produce stress for athletes who are reminded of what they cannot do (e.g., being asked to perform movements during the evaluation though it is known the athlete can't do the movement) or when the athlete learns no progress has been made since the last evaluation. Re-classification to classes of higher impairment can be stressful, highlighting further degeneration of athletes' conditions (Sheehy et al., 2017). The classification system is also a stressor when criteria change, such that some athletes become ineligible to compete.

Another stressor unique to athletes with PSD involves the visibility of disabilities. For examples, athletes with amputated legs report discomfort with being "stared at". Others report using fanny packs to conceal colostomy bags to prevent such stares.

Finally, a stressor unique to disability sport contexts pertains to support personnel, consisting of people who help athletes with PSD during their sport performance (e.g., bocce sport assistants and cycling pilots; Falcao et al., 2015). The performance of these support personnel directly impacts the athletes' performance. For example, a task of tappers is to warn swimmers with visual impairments when they are near the pool's wall; the tapper taps the swimmer (e.g., back and head) with an item (e.g., pole), notifying the swimmer of the need to turn. If the tapper fails to correctly gauge the swimmer's speed and distance from the wall, or is distracted from performing the tap, swimmers may collide with the wall at top speed, or execute turns awkwardly, losing time (World Paraswimming, n.d.). For shooters with cerebral palsy, performance is affected by assistants who are responsible for rapidly loading guns. Support personnel also indirectly affect athletes with PSD. As one coach stated, "Often the first person the athletes go to, even before the coach, is the support personnel" (Falcao et al., 2015, p. 214). Therefore, sport psychology consultants may consider developing interventions aimed at support personnel so they are less susceptible to stressors of competitive events and can assist athletes with stress management.

Cohesion

Some athletes with PSD reported training solo and living far from other athletes (Falcao et al., 2015; Ferguson & Spencer, 2021). In these cases, their interactions with teammates were limited to occasional training camps and national/international competitions. While coaches tended to view practice as the best use of this limited time together, some athletes believe that formal opportunities to connect with other athletes and teammates were needed (e.g., team-building activities in between practices instead of athletes solely spending time training, competing, and then in separate hotel rooms) at these settings (Falcao et al., 2015). Likewise, cohesion-building activities between camps and competitions were desired. In the case of teammates who lived far apart or with limited ability to travel, technology (e.g., Facebook; Zoom; and email) was used to facilitate cohesion (Falcao et al., 2015; Ferguson & Spencer, 2021). Some highlighted support for an intervention which consisted of athletes sharing origin stories

of how they started parasport (Ferguson & Spencer, 2021). However, there is caution in employing such interventions as shown by an amputee who "reported experiencing burnout from always having to tell their inspiring story, smile, and put on a positive persona, and continually listen to other people's negative stories…It's tiring, telling the same old story. I need a break from it" (Wadey & Day, 2018, p. 256). Cohesion-building activities may also benefit athletes in mixed settings, including those training alongside athletes without disabilities (Allan et al., 2020; Irish et al., 2018). This also applies to teams consisting of female and male athletes with PSD. For example, a team's plans and decisions were sometimes made without females being present (e.g., in male dressing room), particularly national teams (e.g., Paralympics) on which there are typically fewer female members (Ferguson & Spencer, 2021). Thus, cohesion-building activities may be aimed at integrating members of teams. For example, activities emphasizing communication can highlight the need for, and ensure, inclusion of all team members in decision-making. Currently, cohesion-building activities for athletes with PSD tend to consist primarily of social activities (e.g., dinners, movies, playing cards, and going to bars; Allan et al., 2020; Falcao et al., 2015). Yet, there are barriers to such activities. For example, team meals require advance planning to enable transportation of athletes to restaurants and ensure facilities can accommodate gatherings of athletes with PSD (e.g., room at table for wheelchairs). Sport psychology consultants may incorporate activities focused on enhancing both social and task cohesion while also minimizing such barriers.

Conclusion

In this chapter, we provided recommendations inferred from research regarding psychological factors of athletes with PSD. When sport psychology consultants, coaches, and other personnel in disability sport are aware of the effects of traumatic events that lead to disabilities, provide a dignity-supportive environment, avoid negative coaching behaviors, elicit athletes' underlying goals, understand the unique stressors of disability, and support cohesion-building, they may contribute to positive sport experiences for athletes with PSD. See Box 50.1 for suggestions for sport psychology consultants.

Box 50.1 Practical Suggestions for Sport Psychology Consultants Working with Athletes with Physical and Sensory Disabilities

- Understand the potential post-traumatic changes (e.g., identity, personality, psychological, and emotional) resulting from disability-onset injury.
- Engage in and promote behaviors that create dignity-supportive climates.
- Facilitate education of coaches specific to psychological needs and well-being of athletes.
- Be aware of the array of goals specific to disability, including goals that are a product of sport proficiency.
- Teach stress management skills specific to stressors in disability sport contexts (e.g., facility limitations, and classification system) to athletes and support personnel.
- Enhance efforts to increase social cohesion before and during competitions, as well as in mixed settings (e.g., athletes with and without disabilities and male and female athletes).
- Emphasize inclusion of female team members in decision-making pertaining to team activities.
- Be prepared to assist athlete in identification of resources (e.g., transportation, coaches, and equipment adaptations).

References

Alexander, D., Bloom, G. A., & Taylor, S. L. (2020). Female Paralympic athlete views of effective and ineffective coaching practices. *Journal of Applied Sport Psychology*, *32*(1), 48–63.

Allan, V., Smith, B., Cote, J., Martin Ginis, K. A., & Latimer-Cheung, A. E. (2018). Narratives of participation among individuals with physical disabilities: A life-course analysis of athletes' experiences and development in parasport. *Psychology of Sport and Exercise*, *37*, 170–178. https://doi.org/10.1016/j.psychsport.2017.10.004

Allan, V., Blair Evans, M., Latimer-Cheung, A. E., & Côté, J. (2020). From the athletes' perspective: A social-relational understanding of how coaches shape the disability sport experience. *Journal of Applied Sport Psychology*, *32*(6), 546–564.

Falcao, W. R., Bloom, G. A., & Loughead, T. M. (2015). Coaches' perception of team cohesion in paralympic sports. *Adapted Physical Activity Quarterly*, *32*(3), 205–222. https://doi.org/10.1123/APAQ.2p14-0122

Ferguson, J. J., & Spencer, N. L. I. (2021). "A really strong bond": Coaches in women athletes' experiences of inclusion in parasport. *International Sport Coaching Journal*, *8*(3), 283–292. https://doi.org/10.1123/iscj.2020-0052.

Galli, N., & Vealey, R. S. (2008). "Bouncing back" from adversity: Athletes' experiences of resilience. *The Sport Psychologist*, *22*(3), 316–335. https://doi.org/10.1123/tsp.22.3.316

Guerrero, M., & Martin, J. (2018). Para sport athletic identity from competition to retirement: A brief review and future research directions. *Physical Medicine and Rehabilitation Clinics*, *29*(2), 387–396. https://doi.org/10.1016/j.pmr.2018.01.007

Howells, K., & Fletcher, D. (2016). Adversarial growth in Olympic swimmers: Constructive reality or illusory self-deception? *Journal of Sport and Exercise Psychology*, *38*(2), 173–186. https://doi.org/10.1123/jsep.2015-0159

International Paralympic Committee (n.d.). *What is classification?* Retrieved from https://www.paralympic.org/classification#:~:text=Challenging%20the%20interests%20of%20Para,impaired%20athlete%20always%20wins.&text=Therefore%2C%20for%20classification%20to%20minimise,classification%20must%20be%20sport%20specific

Irish, T., Cavallerio, F., & McDonald, K. (2018). "Sport saved my life" but "I am tired of being an alien": Stories from the life of a deaf athlete. *Psychology of Sport and Exercise*, *37*, 179–187. https://doi.org/10.1016/j.psychsport.2017.10.007

Konig-Bachmann, M., Zenzmaier, C., & Schildberger, B. (2019). Health professional' views on maternity care for women with physical disabilities: A qualitative study. *BMC Health Services Research*, *19*, Article e551. https://doi.org.brockport.idm.oclc.org/10.1186/s12913-019-4380-y

Lockenhoff, C. E., Terracciano, A., Patriciu, N. S., Eaton, W. W., & Costa Jr., P. T. (2009). Self-reported extremely adverse life events and longitudinal changes in five-factor model personality traits in an urban sample. *Journal of Traumatic Stress*, *22*(1), 53–59. https://doi.org/10.1002/jts.20385

Martin, J. J. (2017). *Handbook of disability sport and exercise psychology*. Oxford University Press.

Martin, J. J. (2019). Mastery and belonging or inspiration porn and bullying: Special populations in youth sport. *Kinesiology Review*, *8*(3), 195–203. https://doi.org/10.1123/kr.2019-0013

Martin, J., Vassallo, M., Carrico, J., & Armstrong, E. (2019). Predicting happiness in paralympic swimming medalists. *Adapted Physical Activity Quarterly*, *36*(3), 309–324. https://doi.org/10.1123/apaq.2018-0140

McMaster, S., Culver, D., & Werthner, P. (2012). Coaches of athletes with a physical disability: A look at their learning experiences. *Qualitative Research in Sport, Exercise and Health*, *4*(2), 226–243. https://doi.org/10.1080/2159676X.2012.686060

Molik, B., Laskin, J. J., Golbeck, A. L., Kosmol, A., Rekowski, W., & Morgulec-Adamowicz, N. (2017). The international wheelchair basketball federation's classification system: The participants' perspective. *Kinesiology*, *49*(1), 117–126. https://doi.org/10.26582/k.49.1.1

Orr, K., Tamminen, K. A., Sweet, S. N., Tomasone, J. R., & Arbour-Nicitopoulos, K. P. (2018). "I've had bad experiences with team sport": Sport participation, peer need-thwarting, and need-supporting behaviors among youth identifying with physical disability. *Adapted Physical Activity Quarterly*, *35*(1), 35–56. https://doi.org/10.1123/apaq.2017-0028

Sheehy, T. L., McDonough, M. H., & Zauber, S. E. (2017). Social comparisons, social support, and self-perceptions in group exercise for people with Parkinson's disease. *Journal of Applied Sport Psychology*, *29*(3), 285–303. https://doi.org/10.1080/10413200.2016.1266711

Shirazipour, C. H., & Latimer-Cheung, A. E. (2020). Understanding quality participation: Exploring ideal physical activity outcomes for military veterans with a physical disability. *Qualitative Research in Sport, Exercise and Health*, *12*(4), 563–478. https://doi.org/10.1080/2159676X.2019.1645037

Urbański, P., Szeliga, Ł., & Tasiemski, T. (2021). Impact of COVID-19 pandemic on athletes with disabilities preparing for the Paralympic Games in Tokyo. *BMC Research Notes*, *14*, Article e223. https://doi.org/10.1186/s13104–021–05646–0

Wadey, R., & Day, M. (2018). A longitudinal examination of leisure time physical activity following amputation in England. *Psychology of Sport and Exercise*, *37*, 251–261. https://doi.org/10.1016/j.psychsport.2017.11.005

World Paraswimming (n.d.). *How do visually impaired swimmers know where their opponents are*? Retrieved from https://www.paralympic.org/news/how–do–visually–impaired–swimmers–know–where–their–opponents–are

51

ATHLETES WITH INTELLECTUAL IMPAIRMENT

Melanie J. Gregg

Athletes with an intellectual impairment "have a restriction in intellectual functioning and adaptive behaviour […] which affects conceptual, social and practical adaptive skills required for everyday life. This Impairment must be present before the age of 18" (International Paralympic Committee, 2016, p. 6). Individuals with intellectual impairment are generally described using adaptive behaviors, including conceptual, social, and practical skills (Schalock et al., 2021). For the applied sport psychology consultant, familiarity with athletes' adaptive behaviors is more relevant than the classification of the degree of their intellectual impairment. Understanding the needs and abilities of athletes, both those with and without intellectual impairment, is necessary for effective service delivery.

When considering organized sport, the most widely available resources for athletes with intellectual impairment are the Special Olympics programs. Founded in 1968, these programs have grown to include more than 5 million athletes, in over 170 countries (Special Olympics homepage, 2021). The mission of the Special Olympics centers on participation with the added intentions of enhancing fitness levels, motor skills, confidence, and self-concept. Sport participation at elite levels takes place through Virtus: World Intellectual Impairment Sport. Virtus fosters competitive sport environments for athletes who choose open competition governed by the rules of the international sport federations with a focus on involvement in the Paralympic movement. Athletes may participate in events hosted by either, or both, organizations.

In recent years, there has been an uptick in research assessing the cognitive abilities of athletes with intellectual impairment in relation to sport. This is due, in part, to the re-inclusion of athletes with intellectual impairment in the Paralympic movement in 2012 and the requirement of a robust athlete classification system that must demonstrate the effect of the impairment on sport performance. From a sport psychology consultant standpoint, this is a helpful development as it furthers the understanding of the abilities and needs of these athletes to ensure better service delivery.

In addition to the increased body of research related to cognitive abilities and sport performance, the Special Olympics is now including psychological aspects as part of their inclusive health mandate. They have developed an emotional health program called Strong Minds. "Strong Minds is an interactive learning activity focused on developing adaptive coping skills. Competition provides a natural opportunity to develop active strategies for maintaining emotional wellness under stress, such as: thinking positive thoughts, releasing stress and connecting with others" (Special Olympics Strong Minds, 2022). This is a welcome addition to a program that traditionally has focused primarily on physical health. Included in the Strong Minds program are resources that coaches, athletes, and caregivers can access

and implement with athletes and their families. Practical considerations for working with athletes with intellectual impairment are examined throughout this chapter and include self-regulation, communication and feedback, mental skills, motivation, and group interactions.

Abilities

Athletes with intellectual impairment are unique *individuals* who have their own strengths and personality characteristics. There are, however, some factors common among athletes with intellectual impairment and should be considered to enhance the consulting experience. A growing body of research has looked at differences in performance and physical characteristics of the athletes (see Burns, 2015). The focus in this chapter instead will be the relevant *psychological* characteristics and needs that a consultant would want to consider to optimize the effectiveness of the interaction.

By definition, athletes with intellectual impairment have limitations in adaptive behaviors and intellectual function (Gilderthorp et al., 2018). These lower cognitive abilities, in particular limitations with executive function, can result in difficulties with pacing, or the regulation of effort, in sport. This difficulty with pacing has been shown for athletes with intellectual impairment in individual sports (track running, Van Biesen et al., 2016) and in team sports (basketball, Khudair et al., 2021; soccer, Schmitz et el., 2020). Smits et al. (2014) view pacing to be the result of continuous decision making. The decision making is influenced by one's sense of effort. Brick et al. (2016) also highlight focus of attention (attending to relevant cues) as an essential contributor to effective pacing. Pacing is relatively complex and to do it effectively athletes must pay attention to internal cues (e.g., heart rate) and external cues (e.g., distance from finish line) while ignoring irrelevant cues (e.g., a competitor who has started too quickly).

Ultimately successful pacing is a case of successful self-regulation. This difficulty with self-regulation was evident in soccer players with intellectual impairment who were unable to accurately rate their perceived level of exertion, meaning they over (or under) estimated how much physical effort they were putting out (Schmitz et al., 2020). The difficulty seems to be the result of slower cognitive processing speed (Schmitz et al., 2020); in other words the athletes have the correct information available, but they are not able to make decisions quickly enough. For sports that require shifts in attention, athletes must be able to attend to the correct cues at the right moment; this is a challenge when cognitive processing is delayed. This slow shift of attention can have negative outcomes on performance (Burns, 2015). This is particularly important in reactive sports such as basketball or soccer; if an athlete reacts too slowly to a cue, they may find their opponent has scored.

To help athletes with intellectual impairment make faster (not necessarily better) decisions, consultants and coaches should assist in the development of race or game plans for the athletes to follow, provide opportunity for rehearsal of strategy, and frequent repetition of key sport skills. Providing tools to help athletes self-regulate effort (energy expenditure) such as deep centered breathing exercises will result in better performance and positive affective states.

Communication and Feedback

Sport is often a safe setting where athletes with intellectual impairment may be challenged and take risks (Travis & Sachs, 1991). It is important to acknowledge the athletes' abilities and help them to cope with challenges rather than taking on a protective role (Gorely et al., 2002). A parental approach to communication and the consultation process is not useful (Travis & Sachs, 1991) and will hinder the practitioners' rapport with athletes (Farrell et al., 2004). Some athletes may be non-verbal, posing challenges to communication. Others may have limited verbal and written communication skills. These challenges to communication will require creativity on the part of the sport psychology consultant to

develop novel and effective methods of conveying their messages and to ensure they are clearly receiving the athletes' communications. Using slow and steady speech with emphasis placed on key words, keeping sentences simple, short, and free of jargon, and using pictures to reinforce points are examples of ways to maximize communication. Athletes indicate they want input into their training and for coaches to be open to their ideas (Farrell et al., 2004); it would not be unreasonable for athletes to have the same expectations for their sport psychology consultants. Much of the advice in this chapter applies to both coaches teaching physical skills and sport psychology consultants instructing athletes in cognitive and emotional techniques for their sports.

Sport psychology consultants may find that athletes with intellectual impairment have a propensity for acquiescence, or a tendency to answer positively. Though potentially problematic, with careful planning acquiescence can be circumvented (Matikka & Vesala, 1997). A combination of observation and interviews or questioning techniques is more likely to provide a complete picture rather than using only one technique (Mactavish et al., 2000). Questions that require dichotomous (yes/no) responses should be avoided, because these types of questions are most likely to lead to acquiescent responses (Matikka & Vesala, 1997). Questions that require athletes to consider their answers allow consultants to garner valuable information (e.g., "Can you tell me a time when the cue word 'ice' might be useful?"; Gorely et al., 2002, p. 361). Asking athletes to repeat instructions back to the practitioner is another useful strategy (Travis & Sachs, 1991). Working with athletes' communication strengths will help build rapport and lead to better information. For example, when working with athletes who have limited verbal communication or writing skills, using visual cues such as pictures or having the athletes draw may be more effective methods for the athletes to express themselves than oral interviews or written questionnaires.

As Hanrahan (1998) suggested, s*pecific* praise and feedback are core consultant behaviors when working with athletes with intellectual impairment. Using abstract terms such as "Great!" or "Do your best" are too vague and may be confusing. Instead, tell the athlete precisely what was great (e.g., "Your cue words 'go, go, go!' are really good.") or what is expected of them (e.g., "When you breathe in make your tummy stick out."). Keep concepts simple, particularly when teaching a new skill, and break these skills into parts (Hanrahan, 2007). Repetition of instructions and practicing parts of the skill may be necessary. Concepts that are generally assumed to be understood may need to be explained and this is best done in a straightforward manner (Cybulski et al., 2016); it is important to adapt coaching and teaching styles to the level of the individual's understanding (Hanrahan, 2004). For example, in the middle of an interval on the track an athlete with an intellectual impairment may stop to tie their shoe in the lane rather than moving to the side of the track out of the way of the other runners. Corrective feedback, such as "stand here [gesture to a spot off the track] to tie your lace" would solve the issue. Being direct helps to maintain structure and means the issue can be addressed immediately (Cybulski et al., 2016).

The Special Olympics has developed a tip sheet for working with athletes with intellectual impairment and readers who would like additional information may find this useful (see Special Olympics, 2017). Athletes have differing degrees of intellectual impairment and varying levels of understanding – slow down your speech and put things into simpler terms (e.g., instead of saying penultimate stride in the long jump simply say on the second last step). Like many people, fear of the unknown can cause anxiety, and giving some information to the athletes ahead of time can help decrease this fear. Tell them what the plan is for the session you will be doing that day, or when you will see them next, and an example of the type of activity you will do together. It is not necessary to provide all of the details, but a little bit of information can often mean putting the athletes at ease. This is also a good time to answer questions the athletes may have and build rapport.

Athletes with intellectual impairment often have self-doubts and benefit from the reassurance and support from important others. Frequent positive feedback and praise can lead to feelings of competence

and control (Farrell et al., 2004) and are important for developing and maintaining motivation. As with all athletes, positive feedback and praise should outnumber instances of negative feedback. Support from important others leads to the sense that the athletes' participation in sport is valued (Farrell et al., 2004).

Mental Skills for Performance Enhancement

In the past, the literature in sport psychology and athletes with disabilities has mostly focused on descriptive profiles of these competitors and comparisons to athletes without disabilities (Zoerink & Wilson, 1995). Though there is still limited exploration of the effectiveness of psychological skills training for athletes with intellectual impairment there has been increased interest in psychosocial factors and sport performance, this may be partly due to the inclusion of athletes with intellectual impairment in the Paralympics (Pineda et al., 2022). It is important to modify psychological skills training programs to meet the needs of any individuals, but these modifications may be particularly salient for athletes with intellectual impairment where a textbook approach may be suboptimal (Hanrahan, 2004).

In one of the few published reports of psychological skills interventions with athletes with intellectual impairment, Gregg et al. (2004) successfully modified existing interventions with three athletes in a Special Olympics track and field program. Several modifications suitable to the functioning levels of the athletes were made (e.g., emojis rather than Likert rating scales were used to describe goal attainment). The athletes engaged in the psychological skills of goal setting, self-talk, and imagery of goal achievement. Following the intervention, the participants spent more time on-task, had overall increases in work output, and were successful in setting and achieving their practice goals. Gregg et al. suggested that although it is possible to use a standard packaged approach when delivering psychological skills to athletes with intellectual impairment, it may be more pragmatic to use psychological skills one at a time rather than in combination, such as imagery alone. It is most efficacious for the athletes to learn one psychological skill at a time and have the athletes integrate those skills into their regular training program. Similarly, Gorely et al. (2002) recommended limiting the use of psychological skills to include only the most pertinent ones and pointed out that interrelated skills are likely to be most effective and easier for the participants (athletes and coaches) to manage.

Goal setting may help direct athletes' attention, improve effort, encourage athletes to persist for longer, and enhance athletes' sense of independence and self-efficacy, leading to feelings of autonomy (Hanrahan, 1998). The effectiveness of goals is improved by setting cooperative goals and through record keeping. Cooperatively set goals are more effective than assigned or self-selected goals (Hanrahan, 1998); to foster goal effectiveness the coach or sport psychology consultant should assist the athlete to set realistic goals. In preparation for the state championships for athletes with intellectual impairment, a men's basketball team used team goal setting to help direct effort and clarify roles (Gorely et al., 2002). Sprint times over 100m improved for two Special Olympic athletes following a schedule of goal setting, performance feedback and positive reinforcement (Luiselli, 2013). Tracking goals by using audio recordings, instead of written logs, may avoid issues with literacy and writing ability (Hanrahan, 2004). Gorely et al. (2002) used audio recordings to remind athletes how and when to use their cue words to help them relax, focus, and listen; to use deep centered breathing; and to replace negative thoughts with positive ones.

Athletes with intellectual impairment, like other athletes, often experience anxiety prior to competition, and this anxiety may adversely affect their performances (Porretta et al., 1992). Gorely et al. (2002) successfully used cue words and deep centered breathing to teach relaxation to basketball players with intellectual impairment. The players reported using the techniques in basketball as well as in daily life, including "when frustrated, when trying to sleep, and before free throws" (Gorely et al., 2002, p. 358). The keys to the success of the techniques were the coaches' reinforcement and repetition

throughout training sessions and at competitions. Guided progressive muscle relaxation also has been used successfully with athletes with intellectual impairment (Hanrahan, 2004). Relaxation and anxiety management techniques provide the athletes with direction rather than simply leaving the athletes on their own to manage their anxieties, but repetition and reminders may be required. When teaching relaxation skills, remember that any pre-existing self-management skills may be limited due to "shortened attention spans, indecision about what to do, or inability to remember the process" (Hanrahan, 1998, p. 352). Abstract concepts can be challenging for athletes with intellectual impairment; using concrete instructions and examples will allow the athletes to be more successful in their anxiety management (e.g., "put your hand on your belly and notice as you breathe out your belly slowly goes down"; Hanrahan, 2004).

Pre-competition plans help athletes enter competition confidently and minimize stressors. These plans should include elements such as travel arrangements, food, water, competition schedule, equipment and uniforms, and general and specific on-site physical and mental warm-up activities. Planning may help athletes feel autonomous and reduce reliance on others for assistance prior to competition (Hanrahan, 1998). Given that athletes with intellectual impairment often have difficulties making decisions, developing alternatives in case things do not go as planned (e.g., competition is behind schedule resulting in a need for a longer physical warm-up) should help athletes cope with the changes. Familiarity with facilities and routines leads to feelings of comfort (Hanrahan, 1998) resulting in less pre-competition anxiety. Coaches and sport psychology consultants should assist athletes in developing pre-competition plans and their alternatives, have the athlete practice the plans in training before entering the competition environment, and give feedback and suggest modifications to the plans. Making recordings of the pre-competition plans can be helpful because it will prompt athletes to follow their plans, and may help athletes overcome challenges with memory and staying on task (Hanrahan, 1998).

Imagery is a commonly used mental skill in interventions for individuals with intellectual impairment (Gorely et al., 2002). Athletes have a clearer image of their physical skills when they combine their physical practice with imagery practice. Imagery combined with physical practice improves performance beyond physical practice alone (Porretta & Surburg, 1995). Porretta and Surburg (1995) suggested that imagery helps athletes with intellectual impairment to anticipate appropriate responses and overcome limitations of attention capacity, with almost an immediate influence on performance. Furthermore, Porretta and Surburg stated that "imagery practice in conjunction with physical practice seems to provide [participants] with the time needed to attend to the task as long as they are given direction by the teacher or coach" (p. 1180). Providing concrete cues while requesting the athlete to engage in imagery practice helps direct the athlete's attention to task-relevant cues. Gregg et al. (2004), for example, provided athletes with a picture of the athletic facility to help them to imagine participating in that venue.

Research has described athletes with intellectual impairment using imagery of specific sport skills, such as a start in running events (Gregg et al., 2004). Imagery may also be used for mastery experiences such as imagining oneself in a difficult situation, and then imagining overcoming that difficulty (e.g., seeing oneself behind at the start of a race and then successfully catching the pack). These types of images can help increase athletes' self-efficacy. Imagery and modeling (also termed observational learning) are commonly used together to improve sport performance and increase self-efficacy. Gorely et al. (2002) suggested that the use of videos may be helpful to aid athletes with intellectual impairment in forming images. More recently, video modeling has been used effectively to teach children with intellectual impairment fundamental movement skills (Obrusnikova, & Cavalier, 2017). Qualities such as being relaxed, focused, and confident may be modeled by others; athletes may learn to image and perform these qualities by observing and imitating the model. Modeling can also be used to teach life skills; for example, modeling good sport behavior by shaking hands with opponents (Cybulski et al., 2016).

Maintaining focus and managing distractions is necessary when coaching or consulting with athletes with intellectual impairment. Gregg et al. (2004) used a psychological skills training program (i.e., self-talk, goal setting, and imagery) to reduce the duration and frequency of off-task behaviors of the athletes (e.g., talking to other athletes during intervals other than scheduled rest periods). Similarly, Spassiani and Fraser-Thomas (2010) implemented a four-week mental and social skills development program with Special Olympic track and field athletes to successfully improve adaptive behaviors (i.e., positive self-talk, focus and task involvement, and leadership qualities) while decreasing maladaptive behaviors (i.e., negative self-talk and time off task). Activities aimed at improving concentration should be modified to a suitable level, so the athletes do not get frustrated trying to do a task that is overly difficult (Hanrahan, 1998).

Creative approaches may be useful in assessing an individual athlete's understanding of mental skills and how to apply them. Practice situations, such as competition simulations where the athletes try to apply the techniques, can provide information about the consolidation of the skills (Gorely et al., 2002). Gregg et al. (2004) used logbooks and one-on-one interviews to check for understanding. A simpler method, particularly when working with a large group of athletes, is to ask questions to test for understanding. When athletes are taught mental skills that are modified for their needs and abilities, systematically integrated into practice and competition settings, and frequently reinforced, these skills can help the athletes achieve success in their sport performance and facilitate enjoyment of their sport experiences.

Participation Motives and Group Interactions

Athletes with intellectual impairment participate in sport for similar reasons as athletes without disabilities: fun, fitness, affiliation, competency, and to experience success (Farrell et al., 2004; Shapiro, 2003). Athletes have many motives for participating in sport, but generally they can be grouped into task, ego, or social approval orientations of competence (Shapiro, 2003). Athletes with strong task orientations are driven by a desire to develop competence, test themselves, and compare themselves to their own standards or previous levels of performance. Individuals with strong ego orientations compare themselves to others, play to win, and compete against others. Athletes participating for social incentives seek recognition from important others and feelings of relatedness. Athletes with intellectual impairment from a variety of sports rate task and social motives as more influential to participation than ego-oriented motives (Shapiro, 2003).

Farrell et al.'s (2004) interviews with 38 Special Olympians, training and competing in a variety of sports, revealed that the athletes preferred to train in an autonomous or self-determined environment and to have input in their training programs. Coaches who listen to their athletes, take their suggestions on board, are flexible and knowledgeable about the sport, and value the participants' experiences and ideas, are favored. Assigning roles to athletes to give them opportunities to act as leaders and provide input to their programs will go a long way to meeting the needs of the athletes and fostering their motivation.

The need for relatedness and social support may be more important for athletes with intellectual impairment than autonomous experiences and feelings of competence because these athletes generally have smaller social networks than athletes without intellectual impairment (Farrell et al., 2004). The sport environment provides opportunities for interaction and striving for achievement as a team (Požėrienė et al., 2008). Part of this motivation results from the positive feeling of belonging associated with involvement in a social group (Požėrienė et al., 2008). Sport participation by athletes with intellectual impairment facilitates social integration, leading to a greater sense of autonomy when athletes feel as though their input into the program is valued (Farrell et al., 2004). Enhanced social skills that transfer to daily life outside of sport may also result. In particular, sport participation leads to the development of friendships with teammates and competitors. These social relationships are significant because

individuals with intellectual impairment often experience difficulties making friends and tend to have limited social circles (Zoerink & Wilson, 1995). Social approval for participating in sport, coming from friends, family, support workers, and coaches, helps to enhance the athletes' feelings of self-efficacy and lead to positive emotions (Farrell et al., 2004).

Opportunities for socializing should be built into sport programs, and team building can be used to help develop relationships. To partially address the need for social connectedness, the Special Olympics introduced the Unified Sports program. The Unified Sports program integrates athletes with intellectual impairment and partners without intellectual impairment through common practice sessions and team games (Wilski et al., 2012). Participation in the program led to increases in self-confidence, self-esteem, and enhanced communication skills. Notably many athletes indicated they were better able to establish social contacts outside of sports activities after participation in the Unified Sports program (Wilski et al., 2012).

Conclusion

In this chapter, I examined practical considerations for working with athletes with intellectual impairment. Many of the recommendations in this chapter are suitable for athletes with and without intellectual impairment. Consultants should not shy away from working with athletes with intellectual impairment; by making minor modifications and planning in advance, this challenge is rewarding and fosters innovation. To enhance the effectiveness of sport psychology programs consultants should encourage the athletes to take active roles in the process. Athletes can, and should, make decisions and provide input into the program. Consultants must check for their own understanding, as well as the athletes', to ensure effective communication in both directions. Using concrete statements and repetition will improve the clarity of instructions and enhance the acquisition of mental skills such as relaxation techniques. Athletes will be motivated to participate in the program if they have opportunities to master tasks and to engage in social interaction. Athletes can benefit from mental skills training, but to be effective the programs need to be modified to suit individual needs. See Box 51.1 for a summary of practical suggestions for sport psychology consultants working with athletes with intellectual impairment.

Box 51.1 Practical Suggestions for Consultants Working with Athletes with Intellectual Impairment

- Provide opportunities to experience and develop autonomy.
- Avoid acquiescence with creative approaches to assessment.
- Focus on and work within athletes' abilities.
- Provide frequent, positive, and specific feedback and praise.
- Speak in simple, concrete terms.
- Provide opportunities for socializing.
- Focus on and reinforce a limited number of psychological skills.
- Assist athletes in setting goals.
- Guide athletes through relaxation exercises.
- Use routines to help alleviate stressors.
- Combine imagery with video and physical practice.
- Provide instruction to help athletes attend to appropriate cues.

References

Brick, N. E., MacIntyre, T. E., & Campbell, M. J. (2016). Thinking and action: A cognitive perspective on self-regulation during endurance performance. *Frontiers in Physiology*, 7, Article e159. https://doi.org/10.3389/fphys.2016.00159

Burns, J. (2015). The impact of intellectual disabilities on elite sports performance. *International Review of Sport and Exercise Psychology*, 8(1), 251–267, https://doi.org/10.1080/1750984X.2015.1068830

Cybulski, S., Culver, D. M., Kraft, E., & Formeris, T. (2016). Special Olympics coaches: Examining the strategies they use to encourage their athletes to develop life skills. *International Journal of Coaching Science*, 10(2), 3–23.

Farrell, R. J., Crocker, P. R. E., McDonough, M. H., & Sedgwick, W. A. (2004). The driving force: Motivation in Special Olympians. *Adapted Physical Activity Quarterly, 21*(2), 153–166. https://doi.org/10.1123/apaq.21.2.153

Gilderthorp, R., Burns, J. H., & Jones, F. (2018). Classification and intellectual disabilities: An investigation of the factors that predict the performance of athletes with intellectual disability. *Journal of Clinical Sport Psychology*, 12(3), 285–301. https://doi.org/10.1123/jcsp.2017-0018

Gorely, R., Jobling, A., Lewis, K., & Bruce, D. (2002). An evaluative case study of a psychological skills training program for athletes with intellectual disabilities. *Adapted Physical Activity Quarterly*, 19(3), 350–363. https://doi.org/10.1123/apaq.19.3.350

Gregg, M. J., Hrycaiko, D., Mactavish, J. B., & Martin, G. L. (2004). A mental skills package for Special Olympics athletes: A preliminary study. *Adapted Physical Activity Quarterly*, 21(1), 4–18. https://doi.org/10.1123/apaq.21.1.4

Hanrahan, S. J. (1998). Practical considerations for working with athletes with disabilities. *The Sport Psychologist*, 12(3), 346–357. https://doi.org/10.1123/tsp.12.3.346

Hanrahan, S. (2004). Sport psychology for athletes with disabilities. In T. Morris & J. Summers (Eds.), *Sport psychology: Theory, application and issues* (2nd ed., pp. 572–583). Wiley.

Hanrahan, S. J. (2007). Athletes with disabilities. In G. Tenenbaum & R. C. Eklund (Eds.), *Handbook of sport psychology* (3rd ed., pp. 845–858). Wiley.

International Paralympic Committee (2016, September). *International standard for eligible impairments*. Retrieved from https://www.paralympic.org/sites/default/files/document/161007092455456_Sec+ii+chapter+1_3_2_subchapter+1_International+Standard+for+Eligible+Impairments.pdf

Khudair, M., van Biesen, D., Pérez-Tejero, J., & Hettinga, F. J. (2021). The importance of pacing in basketball players with intellectual impairment: Input for evidence-based classification. *Journal of Sports Sciences*, 39(sup1), 116–124. https://doi.org/10.1080/02640414.2021.1881303

Luiselli, J. K., Duncan, N. G., Keary, P., Godbold Nelson, E., Parenteau, R. E., & Woods, K. E. (2013). Behavioral coaching of track athletes with developmental disabilities: Evaluation of sprint performance during training and Special Olympics competition. *Journal of Clinical Sport Psychology*, 7(4), 264–274. https://doi.org/10.1123/jcsp.7.4.264

Mactavish, J. B., Lutfiyya, Z. M., & Mahon, M. J. (2000). "I can speak for myself": Involving individuals with intellectual disabilities as research participants. *Mental Retardation*, 38(3), 216–227. https://doi.org/10.1352/0047-6765(2000)038<0216:icsfmi>2.0.co;2

Matikka, L. M., & Vesala, H. T. (1997). Acquiescence in quality-of-life interviews with adults who have mental retardation. *Mental Retardation*, 35(2), 75–82. https://doi.org/10.1352/0047-6765(1997)035<0075:aiqiwa>2.0.co;2

Obrusnikova, I., & Cavalier, A. (2017). The effects of video modeling on fundamental motor skill performance of middle school children with intellectual disabilities. *Journal of Developmental and Physical Disabilities*, 29(5), 757–775. https://doi.org/10.1007/s10882-017-9554-0

Pineda, R. C., Krampe, R. T., Vanlandewijck, Y., & Van Biesen, D. (2022). Cognitive-motor multitasking in athletes with and without intellectual impairment. *Scandinavian Journal of Medicine & Science in Sport*, 32(2), 424–434. https://doi.org/10.1111/sms.14088

Porretta, D., Moore, W., & Sappenfield, C. (1992). Situational anxiety in special Olympics athletes. *Palaestra*, 8, 46–50.

Porretta, D. L., & Surburg, P. R. (1995). Imagery and physical practice in the acquisition of gross motor timing of coincidence by adolescents with mild mental retardation. *Perceptual and Motor Skills*, 80(3), 1171–1183. https://doi.org/10.2466/pms.1995.80.3c.1171

Požėrienė, J., Admomaitienė, R., Ostasevičienė, V., Rėklaitienė, D., & Kragnienė, I. (2008). Sport participation motivation of athletes with intellectual disabilities. *Baltic Journal of Sport and Health Sciences*, 3(70), 69–75. https://doi.org/10.33607/bjshs.v3i70

Schalock, R. L., Luckasson, R., & Tasse, M. J. (2021). *Intellectual disability: Definition, diagnosis, classification, and systems of supports* (12th ed.). American Association on Intellectual and Developmental Disabilities.

Schmitz, G., Meis, J. M., Hafferkamp, M., & Schmitz, S. (2020). Competencies for rating perceived exertion in amateur soccer players with and without intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, *33*(2), 248–257. https://doi.org/10.1111/jar.12668

Shapiro, D. R. (2003). Participation motives of Special Olympics athletes. *Adapted Physical Activity Quarterly*, *20*(2), 150–165. https://doi.org/10.1123/apaq.20.2.150

Smits, B. L. M., Pepping, G. J., & Hettinga, F. J. (2014). Pacing and decision making in sport and exercise: The roles of perception and action in the regulation of exercise intensity. *Sports Medicine*, *44*(6), 763–775. https://doi.org/10.1007/s40279-014-0163-0

Spassiani, N. A., & Fraser-Thomas, J. L. (2010). Evaluating the effectiveness of a skill building intervention in competitive athletes with developmental delays. *Journal of Exercise, Movement, and Sport*, *41*(1). Abstract #172, https://www.scapps.org/jems/index.php/1/article/view/172

Special Olympics (2017). *Working with special Olympics athletes*. Retrieved from https://media.specialolympics.org/resources/health/disciplines/Working-With-Our-Athletes.pdf

Special Olympics (2021). *Special Olympics homepage*. Retrieved from http://www.specialolympics.org/

Special Olympics (2022). *Strong minds (emotional health)*. Retrieved from https://resources.specialolympics.org/health/strong-minds

Travis, C. A., & Sachs, M. L. (1991). Applied sport psychology and persons with mental retardation. *The Sport Psychologist*, *5*(4), 382–391. https://doi.org/10.1123/tsp.5.4.382

Van Biesen, D., Hettinga, F. J., McCulloch, K., & Vanlandewijck, Y. (2016). Pacing profiles in competitive track races: Regulation of exercise intensity is related to cognitive ability. *Frontiers in Physiology*, 7, Article e624. https://doi.org/10.3389/fphys.2016.00624

Wilski, M., Nadolska, A., Dowling, S., McConkey, R., & Hassan, D. (2012). Personal development of participants in Special Olympics unified sports teams. *Human Movement*, *13*(3), 271–279. https://doi.org/10.2478/v10038-012-0032-3

Zoerink, D. A., & Wilson, J. (1995). The competitive disposition: Views of athletes with mental retardation. *Adapted Physical Activity Quarterly*, *12*(1), 34–42. https://doi.org/10.1123/apaq.12.1.34

52

ATHLETES WITH SENSORY DISABILITIES

Staci Mannella, Becky Clark, and Michael L. Sachs

Almost all the material one reads about sport psychology is based on work with able-bodied athletes, including those with no or minimal sensory deficits. And yet, there are millions of individuals who have sensory deficits, specifically visual and hearing impairments. Some individuals compensate quite well for these deficits, with glasses/contact lenses or hearing aids/lip reading skills, whereas others have deficits that are not amenable to such corrections. The majority of adult individuals have some visual impairment (people using glasses/contact lenses) or some degree of hearing loss (fewer wear hearing aids, but many do). These losses don't affect the ability of most of these individuals to compete in athletic endeavors.

Although there are exceptionally few elite athletes who are blind/visually impaired (VI) or deaf/hard of hearing (HOH), there are many who do participate on a regular basis, some in competition with sighted/hearing athletes, and many others as part of disability-specific groups such as the International Blind Sports Federation, United States Association of Blind Athletes (USABA), Confederação Brasileira de Desportos dos Surdos (CBDS), Deaf Sports Australia (DSA), Japanese Deaf Sports Federation (JDSF), or USA Deaf Sports Federation (USADSF). A few athletes who are blind/VI or deaf/HOH have competed in the Olympic Games. They include Tony Ally (UK – synchronized diving), Frank Bartolilo (AUS – fencing), Tamika Catching (USA – basketball), Chris Colwill (USA – diving), Diksha Dagar (IND – golf), Juri Jaanson (EST – rowing), Drew Kilber (USA – swimming), Assunta Legnante (ITA – athletics), Jakob Nosek (CZE – bobsled), Terrance Parkin (USA – swimming), Hugo Passos (POR – wrestling), Marla Runyan (USA – athletics), and David Smith (USA – indoor volleyball) (Deaflympics, 2021a). One elite VI athlete, Marla Runyan (who has Stargardt's disease), has competed as an Olympian and a Paralympian in middle distance running (and as the dust jacket of her book [2001] notes, the "first legally blind athlete to compete in the Olympic Games"). Deaflympian and 3× Paralympian Rebecca "Becca" Meyers (USA – swimming, S12/S13 classifications) is perhaps the most well-known deafblind athlete/swimmer globally. This chapter, however, is not oriented toward the professional/elite athlete per se, but toward all athletes with visual and hearing sensory impairments, whether they compete in elite competition or recreational sport events.

Athletes Who Are Blind/Visually Impaired

The following section will provide some tools and tips for sport psychology consultants to consider when working with athletes who are blind or VI. It is important to note that VI athletes might present

with a variety of different visual abilities. Some may have enough vision to drive a car (with some assistive technology) and read regular-size print, while others may be completely blind or fall somewhere in between. Vision loss may impact an athlete's visual acuity (i.e., the distance they are able to see clearly) and/ or visual field (i.e., their central or peripheral vision). When working with VI athletes, consultants should utilize resources, such as The American Foundation for the Blind (2020), to obtain more in-depth information on specific conditions that might cause visual impairments. Athletes who are blind or VI might be involved in sport at different levels ranging from recreational activities to elite level Paralympic sport. Consultants may reference sport organizations such as the International Blind Sports Federation (2021) and the United States Association of Blind Athletes (2021), for more information about organizational support to facilitate participation for VI athletes.

While many athletes who are blind/VI participate in sport recreationally, for those who choose to take part in elite sport, they must go through classification to be eligible to compete as a VI athlete. Individuals are tested on their visual acuities and visual fields, and athletes are deemed eligible or ineligible to compete. Although classification varies, many sports use a three-category system which includes athletes classified as B1 (totally blind), B2 (partially blind with less sight), or B3 (partially blind with more sight; Powis & Macbeth, 2020). Because of the range in abilities and sport needs, how VI athletes participate in sport might vary. For example, some athletes participate on their own (as in the case of some VI sprinters), while others are required to participate alongside sighted guides (for example, VI alpine skiers). How athletes participate in sport might impact the support they need from consultants.

Sport psychology consultants should be comfortable observing athletes and engaging in one-on-one conversations about their impairments. When observing and conversing, it may be helpful to learn more about how much vision the athlete has, whether one eye is stronger than the other, the degree to which the athlete relies more heavily on central or peripheral vision, which color contrasts work best for the athlete, and whether their impairment is acquired or congenital. Consultants should feel comfortable asking direct questions such as, "What is your vision like?" to provide a better idea of how the client experiences the world. Conversations about the athlete's visual impairment should be approached with sensitivity, respect, and genuine interest. Some athletes may be more comfortable discussing their impairments than others, so proceed with conversations accordingly. While many athletes may be eager to speak with consultants about their needs and circumstances, others may be more distant and reluctant to share details. In the case of the latter, observational skills may be called upon more heavily until the athlete feels comfortable enough to talk openly. Understanding the athletes' strengths, needs, and challenges is central for establishing positive rapport, providing helpful support, and implementing effective interventions.

Given the critical role communication plays in the relationship between sport psychology consultants and athletes, consultants should consider some additional implications when communicating with VI athletes. When first encountering athletes, consultants should introduce themselves by name rather than assuming that the athlete will be able to see and recognize them. An emphasis on descriptive, accurate, and verbal communication is critical. It is best that any live or video-taped demonstrations, pictures, or other visual media are accompanied by accurate descriptions of what is being depicted. Consultants should minimize background noise to allow athletes to focus on their voices or the voices of others. Furthermore, when engaged in group discussions in which individuals are taking turns to speak, consultants should call upon VI athletes by name rather than using nonverbal cues such as pointing or head nods. Consultants should use descriptive terms such as "to the right," "to the left," "forward," or "backward" rather than vague terms such as "over here" or "over there." In addition, any directional gestures such as pointing should be accompanied with clear directional terminology.

When providing interventions or using electronic communication, consultants should consider the accessibility related needs of people with visual impairments (for example, some athletes might use magnification or screen reader software). Consultants should learn from the athletes to understand how

they can best interact with the materials (Allan et al., 2020). Some options include providing materials in large print, different color contrasts, electronic formats, or braille (if the athlete can read braille). Regardless of the format that is most appropriate, make these arrangements ahead of time so that the athletes can take part in the session at the same time as their teammates (rather than the VI athletes having to wait until a later time to view or hear the material).

Aside from emphasizing verbal communication, working with VI athletes should feel similar to working with any other athlete. Sport psychology consultants commonly introduce imagery and mental practice activities with both individuals and teams (Cogan, 2019). Given the usually visual nature of imagery, some consultants may erroneously presume that VI athletes cannot participate in and benefit from imagery exercises. However, many people with visual impairments either have or used to have some visual ability, so they may be able to benefit from and appreciate such sensory information. In addition, imagery is most effective when salient sensory information is included. Thus, for a VI athlete (and any other athletes for that matter), the inclusion of auditory, olfactory, and kinesthetic information, along with some visual images, might be helpful (Mycock & Molnar, 2020). VI athletes can play an active role in creating these images by describing their world as they "see" it, feel it, smell it, and so forth.

Like other athletes, at times consultants might find a need to focus on relationships between athletes and team-building skills. As mentioned before, some VI athletes participate in sport alongside sighted guides. Consultants should consider the intricacies of athlete-guide partnerships when working with athletes and guides individually and together (Bundon & Mannella, 2022). Consultants should encourage open and honest communication between athletes and guides that explicitly addresses their individual and collective goals, commitments to the partnership, communication skills, and coping strategies. With respect to team-building activities, consultants need to take care ahead of time to be sure that activities are adapted to enable VI athletes to participate fully and safely. Of particular emphasis might be team-building activities focused on enhancing verbal communication among teammates during practice and competition. Given the challenges VI athletes may face with nonverbal communication, it is helpful for teams to develop and practice effective, agreed upon, verbal communication strategies (Powis, 2020). Consultants may consider helping the athletes develop and practice a system of code or cue words that can be easily communicated to one another in competitive situations, as well as practicing speaking loudly enough to one another so that they deliver information accurately. It may also be important to facilitate practice situations that simulate competition, complete with game-day noises in the background, so that all team members are comfortable communicating with one another in this context.

At one time or another, it is likely that VI athletes might express a certain degree of anxiety about having to travel to and navigate new and unfamiliar practice or competition facilities. Navigating in unfamiliar environments may be a highly anxiety-provoking experience for people who are blind or VI because there are fewer opportunities for them to go on autopilot while traveling (Wong, 2018). Consultants may be called upon to assist athletes in alleviating some of their anxiety. By supporting VI athletes when navigating new spaces, athletes are likely to have higher energy levels to better prepare for the competitions rather than worrying about finding the restrooms or not tripping up and down stairs. If possible, travel with the athletes to the new facility to provide them with opportunities to become familiar with their surroundings. Consultants may also assist in identifying members of the teams with whom the athletes are comfortable and who can assist the athletes with getting around the facility once they arrive. Consultants might also help athletes identify the navigational/mobility skills they possess and use in the community and discuss how these skills can be used when transitioning to new sport contexts.

Athletes Who Are Deaf/Hard of Hearing (DHH)

There is a dearth of research on the psychological skills of DHH athletes despite excellent opportunities for sport psychology consultants to work with this population (Glezer & Schliermann, 2021). The

world population for people with hearing loss was estimated to be 400 million in 2020 and expected to increase to 2.5 billion in 2050 (WHO, 2021). Chances are high that sport psychology consultants will encounter athletes with these "hidden" disabilities at some point in their careers. Hearing loss is considered a hidden disability in that without visual external devices such as hearing aids and cochlear implants, it is invisible to others. Furthermore, not all athletes benefit from these listening devices and those who do, often do not wear them while competing, for any number of reasons (e.g., lack of sweat-proof devices, vulnerability of breaking, and rules banning them from competition). Athletes who are DHH may share many characteristics in common with hearing athletes, but they may also exhibit some unique characteristics.

Athletes who are DHH are a diverse population with varying degrees of hearing loss, cultural and educational backgrounds, different communication methods, and athletic skills. How athletes feel about their hearing loss plays an important part in their personal identification. Some athletes with a hearing loss will identify themselves as Deaf, deaf, or HH (Foster et al., 2019; Mesch & Clark, in press). For example, athletes who were born deaf, communicate in native sign language (e.g., British [BSL], Chinese [ZGS], Israeli [ISL], Kenyan [KSL], and Mexican [MSL]), and socialize mainly with the deaf community may identify themselves as Deaf. The uppercase Deaf refers to a cultural and linguistic minority rather than a medical condition to which the lowercase deaf refers (Harrison, 2014; Mesch & Clark, in press).

The audiological definition of hearing loss ranges from mild to profound and involves age of onset and the ability of the individual to use any hearing for communication purposes. HH individuals tend to have mild-to-moderate hearing loss and are able to make use of hearing aids and assistive listening devices for communication purposes. Most often these individuals communicate orally (speech) although some use sign language. Deafness is medically defined as a severe profound hearing loss and the inability to rely on hearing for communication. These individuals may or may not identify themselves with the deaf community. Deaf/HH athletes may have some hearing and may be able to hear some sounds. Some learn to speak well; some do not. Some depend on lipreading, and others immerse themselves in Deaf culture and learn to communicate in their native sign languages (there are 121 sign languages in the world). DHH athletes compete in sports and exercise for the same reasons other people do – for fitness, fun, socialization, and competition (Clark & Mesch, 2018, Irish et al., 2018; Mesch & Clark, in press). These athletes are "able-bodied" and do not have a physical or mental disability that prevents them from participating in sports and exercise activities with their hearing competitors. There are no changes in rules or special classifications. Visual and/or tactile cues are substituted in place of auditory cues. For example, a flashing light or wave of a flag/hand is used simultaneously with a starter's gun to signal the beginning of a race.

Elite DHH Athletes

Just as there are elite hearing athletes who compete in the Olympics, there are some exceptional elite DHH athletes who have competed in the Olympics as well as the Deaflympics. The governing body of deaf sport, the International Committee of Sports for the Deaf (ICSD), formerly Comité International des Sports des Sourds (CISS), identified the top Deaflympians and/or Olympians, including (CISS, 2015) David Smith (USA – indoor volleyball, Drew Kilber (USA – swimming), Diksha Dagar (IND – golf), Jakub Nosek (CZE – bobsled), 4× Olympian Gold medalist Tamika Catching (USA – basketball; and also inducted in the Naismith Memorial Basketball Hall of Fame and Women's Basketball Hall of Fame [Class of 2020]), Chris Colwill (USA – diving), Tony Ally (UK – synchronized diving), Frank Bartolillo (AUS – fencing), Olympian Juri Jaanson (Estonia – rowing), and Terrance Parkin (RSA – swimming) (Deaflympics, 2021b).

Athletes who compete in competitions sanctioned by ICSD must have a minimum of a 55-decibel per tone average hearing loss in their better ear (Clark & Woodson-Smith, 2018)). Any kind of

amplification gives an unfair advantage for those who can use them (e.g., the sound of the bat or hand on the ball provides auditory information on how hard or soft the ball was hit or hearing a teammate shout "pick" on a defensive play); thus, hearing aids and external cochlear implant parts are banned in deaf sport competitions (e.g., Deaflympics, Deaf World Championships, and European Deaf Swimming Championships). Athletes do not need to know sign language to participate in Deaf Sport events, although it is encouraged. For more in-depth information about ICSD, its history (including co-founder of the International Paralympics), listings of DHH athletes, sporting events, national sports governing bodies, and volunteer opportunities, and so forth, please visit the ICSD website (www.deaflympics. com).

Communication Strategies

Sport psychology consultants may work with DHH athletes as part of a team or one-to-one. Frequently, the first encounters with these athletes are when they are part of a hearing team as opposed to a team of all DHH athletes. Generally, there are no differences in delivery of psychological skills training or counseling services with these athletes as part of an all deaf or mixed team of deaf and hearing athletes. As with all athletes, it is important to establish good rapport and, to do this, one must have good communication skills. Keep in mind, this population is diverse and may also have different communication needs. Do not be afraid to ask the athlete questions about their hearing loss. In terms of DHH athletes, consultants need to find out the specific communication methods they use (Clark & Woodson-Smith, 2018). These methods may range from spoken language to sign language or a combination of both. Do not assume that all DHH athletes can lip read. Even the best lip readers miss a lot of information due to not all phonemes of spoken language being visible on the lips. Ask the athletes what their desired communication methods are. For those who lip read, do not exaggerate your lip movements. Speak clearly and make sure you are facing the athletes when you are talking. Be mindful of anything obstructing the view of your lips (e.g., facial hair, chewing gum, hands, and clipboards).

When working with athletes who communicate in sign language (this does *not* mean gesturing), learn the specific sign language of the athletes or use qualified sign language interpreters. Sign language is learned at the same rate as any other language and one's fluency depends on using the language (signing) regularly. Consultants can learn sign language at local universities and through nonprofit-/profit-making agencies that offer courses. There are private teachers/tutors, as well as various media/internet products/services that offer sign language classes. One can hire sign language interpreters through most university offices of students with disabilities, or via businesses that provide interpreting services. A consultant should talk directly to the DHH athlete when using an interpreter. Video Remote Interpreting (VRI) is available for free or at a low cost and requires a web camera, TV or computer monitor, and telephone access number. There are a variety of different new technologies in which VRI or direct communication (sign to sign) is accessible. Please note that even in English-speaking countries (e.g., the UK, the USA, and Australia), their sign languages are different. Furthermore, in the USA, American sign language has various regional signs. For example, the word "anxiety" is signed away from the body in New York but close to the body in Texas. One needs to be aware of these types of regional "accents" of sign language that are present in many large countries.

When working with two or more athletes who sign, or in situations where sign language may be understood by hearing athletes, coaches, trainers, or spectators, the consultant needs to be sensitive about communicating confidential information. Sign language is visual and anyone who knows it can see what is being discussed. So, if the information being shared is confidential, then the consultant needs to be sure to communicate with the athlete privately.

When preparing for competition in mainstream environments, one should consider ahead of time the challenges the athletes might face (e.g., "hearing" a call to report to a certain place for an event);

coaches, sport psychology consultants, and support staff can anticipate some of these challenges and make plans ahead of time to ensure the athletes are where they need to be. DHH athletes will not be able to hear a consultant when they are actively performing; therefore, staff need to give their instructions prior to performance (e.g., warm–up, time–out, and half–time). Some athletes may have had some hearing in the past, thus allowing them the advantage of using memory of auditory cues in imagery and relaxation exercises. HH athletes have some hearing that they can use when working with consultants. Consider the degree to which the athletes can hear the crowd and use this information when helping the athletes develop strategies to either block out the noise or use the crowd noise to "psych up" for performance. Given the highly visual nature of DHH athletes, be mindful of possible visual distractions in training and competition and work with the athletes to develop strategies to manage these distractions.

Some HH athletes can hear music and use various auditory relaxation methods. For deaf athletes who are not able to use the regular "sound" modes of relaxation such as music and audio/video recordings, alternative methods include self-guided progressive muscular relaxation, deep breathing exercises, and massage/tactile relaxation methods. Consultants can conduct relaxation and imagery exercises with DHH athletes using either written or signed instructions first, then light, vibrations, and/or appropriate tactile (touch) methods (with or without eyes opened) in lieu of sound. However, boundaries must be established, and discussion should take place regarding the type of touch that is acceptable to use for purposes of communication. Also be cognizant of the "speed" of your signs, which can assist in the relaxation and imagery process. For example, a sport psychology consultant using his/her calming, soothing voice on a relaxation tape with hearing athletes can also achieve the same in sign language by signing in a soothing, calm manner.

Intervention Strategies

For DHH athletes, make eye contact and otherwise get their attention. A wave of the hand, a touch on the shoulder, flashing lights, or waving flags are some practical ways of gaining athletes' attention. Be mindful of the position of the light or sun when talking and/or signing. If the sun or light is behind you, it will impair the athlete's view. Facial/body language should be consistent with the consultant's sign/verbal language. Use visual communication tools, such as computers, smart phones, and chalkboards, in your work with this population. If working with large groups, divide into smaller groups to facilitate ease of communication. You can also demonstrate your instructions and ask the athletes to mirror your movements or ask them to repeat instructions to check for understanding.

When working with these athletes on hearing teams, team-building exercises can assist the DHH athlete(s) to feel included, and aid in overall cohesiveness of the team. These methods may entail instructing hearing teammates about visual cues, signs, and gestures that help facilitate communication. DHH athletes should also be encouraged to inform teammates and coaches of their specific needs. These athletes have similar performance issues as hearing athletes, and it should not be assumed that performance problems are related to their deafness. Please note when using sport psychology tests/inventories with Deaf athletes whose native language is not English (or the specific spoken language of these tests), videotaped translations in the athletes' native sign language or qualified sign language interpreters should be provided (Clark & Sachs, 1991).

Deaf/HH athletes are a diverse population who share many of the same characteristics as hearing athletes. The difference in working with this population may be in communication methods and the highly visual nature of DHH athletes. These athletes seek optimal performance enhancement and mental well-being as much as other athletes. Consultants have many opportunities to provide mental skills training, counseling, and other services for this generally underserved group of athletes.

Athletes Who Are DeafBlind

Sensory impairments may occur in combinations, as seen in athletes who are deafblind. There are different personal identity (culturally and linguistically) definitions of deafblind. Similarly, many different communication methods must be used, depending on the deafblind person (Morrison & Johnson, 2020). For example, some deafblind athletes have more hearing and poor vision, thus relying on speech and sounds for communication; others are deaf but have some vision and communicate in sign language. Other deafblind athletes have some vision, some hearing; some have neither and communicate via tactile means. The bottom line in working with deafblind athletes is to begin with the strategies indicated above for blind/VI and DHH athletes, but then tailor specific strategies to the needs of the individuals with whom you are working. Establishing and working with the athlete's preferred communication methods are essential.

The category of deafblind as a disability is officially recognized and included as part of the Paralympics. There are active deafblind athletes at different levels in many competitive sports, such as swimming, tandem cycling, speed skating, lawn bowling, running, and judo. Rules are altered as needed for deafblind participation. Rebecca "Becca" Meyers (USA – swimming S12/S13 classifications) is one of the world's renowned deafblind athletes. She is a Deaflympian and 3× Paralympian, 6× medalist, 15× world champion medalist, multi-world record holder and 2× ESPY winner for Best Female with a Disability.

Conclusion

The content of sport psychology sessions with athletes who are blind/VI or DHH will be similar to sessions held with athletes without sensory impairments. The main differences will be in terms of the methods of communication. Competent professionals providing sport psychology services for athletes with sensory impairments will be aware of these similarities and differences and use them to their advantage in working most effectively with these athletes. See Boxes 52.1 and 52.2 for a summary of the key points from this chapter.

Box 52.1 Summary of Key Points about Working with Athletes who are Blind/ Visually Impaired (VI)

- Talk with and observe the athletes to better understand the nature of their vision loss, as well as their strengths and challenges.
- Be sure that communications with athletes with VI are highly descriptive, accurate, and verbal.
- In using print or electronic media when working with athletes with VI, be sure to use methods that are compatible with the athletes' capabilities and resources.
- Athletes with VI may be able to appreciate the inclusion of visual information in imagery exercises because many currently have some visual ability or have had it at some point in time.
- Assist athletes with VI and their fellow athletes in developing clear and effective on-field verbal communication strategies.
- Assist athletes with VI in preparing for travel to new, unfamiliar facilities for practice and/or competition. This preparation may help athletes reduce anxiety associated with the transition, thus allowing for increased attention on their athletic endeavors.
- Planning and consulting with the athletes regarding any adaptations that may be necessary helps to ensure that athletes with VI are able to participate safely and as fully as possible alongside their athlete peers in any interventions that are implemented

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Box 52.2 Summary of Key Points about Working with Athletes who are Deaf/HH

- Find out from the athletes what their preferred communication methods are. If the athletes communicate in sign language, then learn sign language or use a qualified sign language interpreter. Note that different sign languages are used in different countries, even those that speak the same language (e.g., the UK, the USA, and Australia).
- Speak clearly and slowly but do not exaggerate your lip movements.
- For athletes who lip read, be sure to face the athlete when speaking. Also be aware of anything obstructing the view of your face/lips.
- Be aware of the position of the sun or light when communicating with all deaf/HH athletes. If the sun or light is behind the sport psychologist, it will block the athlete's view. Therefore, the consultant should make sure the light is in front or to the side of him/her.
- Make eye contact with, and otherwise get the attention of, the athlete. A wave of the hand, a touch on the shoulder, flashing lights, and waving flags are some practical ways of gaining the deaf/HH athlete's attention.
- Use visual communication tools – such as computers, phone apps, chalkboards, flipcharts, text messaging, captioned and/or signed videos, web cameras, video relay service, and written, typed, or signed instructions.
- If working in large practice groups, divide into smaller groups because this tactic will facilitate ease of communication.
- Demonstrate instructions and ask the athletes to mirror your movements.
- Be aware that deaf/HH athletes will not be able to hear you when they are actively performing. Give your instructions prior to performance (e.g., warm-up and time-out).

References

Allan, V., Blair Evans, M., Latimer-Cheung, A. E., & Côté, J. (2020). From the athletes' perspective: A social-relational understanding of how coaches shape the disability sport experience. *Journal of Applied Sport Psychology*, *32*(6), 546–564. https://doi.org/10.1080/10413200.2019.1587551

American Federation for the Blind (2020). Retrieved from https://www.afb.org/blindness-and-low-vision

Bundon. A., & Mannella S. (2022). Seeing without sight: Exploring the experiences of visually impaired skiers and their guides. In B. Powis, J. Brighton & P. D. Howe (Eds.), *Researching disability sport: Theory, method, and practice*. Routledge.

Clark, B., & Mesch, J. (2018). A global perspective on disparity of gender and disability for deaf female athletes, *Sport in Society*, *21*(1), 64–75. https://doi.org/10.1080/17430437.2016.1225808.

Clark, B., & Woodson-Smith, A. (2018). Sport for all: Considerations when coaching in disability sport. In R. Thelwell & M. Dicks (Eds.), *Professional advances in sports coaching: Research and Practice* (p. 78–100). Routledge.

Clark, R. A., & Sachs, M. L. (1991). Challenges and opportunities in psychological skills training in deaf athletes. *The Sport Psychologist*, *5*(4), 392–398. https://doi.org/10.1123/tsp.5.4.392

Cogan, K. D. (2019). *Coaching Olympic athletes with sport psychology* (Vol. 71, No. 2, p. 86). Educational Publishing Foundation.

Deaflympics (2021a). *Deaflympics: Frederick, MD*. Retrieved from www.deaflympics.com

Deaflympics (2021b). *Eligibility. Deaflympics: Frederick, MD.* Retrieved from www.deaflympics.com/athletes/?ID=239

Foster, R., Fitzgerald, H., & Stride, A. (2019). The socialization and participation of deaflympians in sport. *Sport in Society*, *22*(12), 1904–1918. https://doi.org/10.1080/17430437.2018.1530219

Glezer, A. & Schliermann, R. (2021). *Sport psychological skills training (PST) in elite deaf sport: Diagnostic and other intervention - related challenges*. Paper presented at the International Symposium of Adapted Physical Activity (ISAPA) June 2021, Jyväskylä, Finland.

Harrison, S. (2014). *Same spirit – Different team: The politicisation of the deaflympics*. Action Deafness Books.

Irish, T., Cavallerio, F., & McDonald, K. (2018). "Sport saved my life" but "I am tired of being an alien!": Stories from the life of a deaf athlete. *Psychology of Sport and Exercise*, *37*, 179–187. https://doi.org/10.1016/j.psychsport.2017.10.007

International Blind Sports Federation (2021a). *Vancouver: IBSA*. Retrieved from http://www.ibsa.es

International Blind Sports Federation (2021b). *Medical classification*. Vancouver: IBSA. Retrieved from http://www.ibsa.es/docinteres/HTM/MedicalClassification.htm

Mesch, J., & Clark, B. (in press). *Deaf sport*. Routledge Encyclopedia of Sport Studies. Routledge.

Morrison, S., & Johnson, N. (2020). Pilot study: Understanding how deafblind people make meaning of their avowed and ascribed identities. *Deaf Studies Digital Journal*, *5*, 1–9. https://doi.org/10.3998/15499139.0005.004

Mycock, D., & Molnar, G. (2020). 'The blind leading the blind'-A reflection on coaching blind football. *European Journal of Adapted Physical Activity*, *14*(3), 1–13. https://doi.org/10.5507/euj.2020.011

Powis, B. (2020). *Embodiment, identity and disability sport: An ethnography of elite visually impaired athletes*. Routledge.

Powis, B., & Macbeth, J. L. (2020). "We know who is a cheat and who is not. But what can you do?": Athletes' perspectives on classification in visually impaired sport. *International Review for the Sociology of Sport*, *55*(5), 588–602. https://doi.org/10.1177/1012690218825209

Runyan, M. (2001). *No finish line: My life as I see it*. Putnam.

United States Association of Blind Athletes (2021). *Colorado Springs, CO: USABA*. Retrieved from http://www.usaba.org

World Health Organization (2021). *World report on hearing [online]*. Retrieved from: https://www.who.int/publications/i/item/world-report-on-hearing

Wong, S. (2018). Traveling with blindness: A qualitative space-time approach to understanding visual impairment and urban mobility. *Health & Place*, *49*, 85–92. https://doi.org/10.1016/j.healthplace.2017.11.009

53

CULTURALLY COMPETENT PRACTITIONERS

Stephanie J. Hanrahan

In this book, there are chapters about counseling skills, various frameworks and theories of therapy, issues experienced by individuals and teams, traditional mental skills, and population considerations. One factor overarching all these elements is culture, or perhaps more accurately, cultures. The population chapters touch on cultures in terms of age, level of sport (e.g., professional sports and Olympics), sexual orientation, community (i.e., rural communities), and disability. The authors of several chapters specifically mentioned culture, but cultures are a factor in every human interaction (and therefore every sport psychology session).

Norms, Beliefs, Values, and Behaviors

We are all cultural beings. Both we and our clients have norms, beliefs, values, and behaviors that have been molded by cultures. Norms are the patterns, models, or standards regarded as typical within a particular culture. For example, when meeting people the cultural norm may be to shake hands, kiss, or just nod. In terms of psychology, in many mainstream cultures the norm for assessment and diagnosis is to use standardized and validated assessment instruments and a diagnostic manual such as the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013). The validity and reliability of standardized assessment instruments, however, may not consider cultural differences. Compulsory psychiatric inpatient admissions are more than twice as common for Black individuals than White individuals, and migrants are 1.5 times more likely to experience compulsory psychiatric admission than non–migrants (Barnett et al., 2019). These unequal admissions may be due to cultural biases of assessment instruments and/or of the people doing the admitting. If these forms of assessment and diagnosis are culturally invalid, practitioners may need to rely more on observation and input from the family or community. Even the measurement of physical activity needs to be culturally sensitive. Cultural norms for physical activity vary. Many questionnaires used to measure physical activity were constructed for use in high–economic countries and are not valid in some low–economic countries. The exclusion of physical activity related to work and transport, culturally biased lists of possible activities, and cultural assumptions of the energy costs of various activities (e.g., light farming in sub–Saharan Africa versus the United States or walking on smooth pavement at sea level versus rugged trails at altitude) can all result in inaccurate measures (Hanrahan, 2015).

Beliefs are opinions or convictions, confidence in the truth or existence of something not immediately susceptible to rigorous proof. Cultures differ in beliefs, for example in terms for and representation

of God(s). Examples related to psychology and cultures include beliefs in evidence-based treatment, traditional healers, or healing rituals. Examples of beliefs related to sport include beliefs about the use and effects of various substances, the best methods of training, or even what defines success. Exercise can also be influenced by beliefs. For example, recent migrants to the UK of Pakistani and Indian origins believed increased heart and respirations rates and sweating during exercise to be signs of illness and therefore avoided (Caperchione et al., 2009).

Values refer to relative worth, merit, or importance. Higher education, life experience, age, and accumulation of wealth are examples of values that vary by culture. Western psychologists tend to value particular models (e.g., medical or biopsychosocial). In other cultures, where moral and spiritual laws are valued, psychological problems may be perceived to result from transgressing these laws. Within sport, values have been shown to be related to doping (Ring et al., 2020). Values-based behavior is also a major component of acceptance and commitment therapy that is more frequently being used to help athletes enhance performance in sport (Lundgren et al., 2020).

Cultural behaviors are relatively objective, observed aspects of life such as language, dress, and what and how one eats. In terms of one-on-one psychological consultations, culture can influence punctuality, preferred distance from the practitioner, and whether or not eye contact is made. Norms, beliefs, values, and behaviors are interrelated. For example, in a team in which the time of each member is valued equally, there may be the belief that everyone (e.g., athletes, managers, and coaches) should be treated equally, and team members should behave in accordance by arriving at the time a meeting is scheduled to begin. Another team's beliefs, where the time of senior group members is valued more than that of junior members, likely reflect that team members have different levels of status, with senior staff and athletes regarded as having the most to offer to team decisions. In this case, junior team members may arrive to team meetings before senior members, with a meeting only beginning after the senior members have arrived.

Culture: More than Just Nationality or Race

We often tend to think of cultures in terms of people in different countries having different cultures. A Japanese kimono, Italian risotto, or Cuban salsa (the dance, not a sauce) are internationally recognized representations of different cultures. With the globalization of society, chances are slim that everyone on a team will have the same national heritage. Even a team that visually appears to be of similar heritage may be of English, German, and Swedish heritage or Ethiopian, Liberian, and Kenyan heritage (although here I would like to point out, for example, there are Black Germans and White Kenyans). Aside from race and nationality, cultures are also determined by factors such as religion, socio-economic status, gender identity, sexuality, (dis)ability, type of sport, club tradition, neighborhood, and even family. Through socialization, groups of people who live in close proximity and/or under similar living conditions develop shared values, beliefs, and norms, as well as behaviors that are conducive to the particular situation.

We have all been enculturated; we have been socialized. We have learned the customs of the society in which we live and the ways of specific social groups within that society. For example, we have learned roles, norms, values, beliefs, and attitudes from family, peers, school, media, coaches, and society in general. How we act can change depending on the social environment in which we find ourselves. For example, I think most of us would have some variance in our behaviors (e.g., dress, tone of voice, and specific actions) depending on whether we were in a cathedral, a pub, a hospital, a plane, or a rock concert. Similarly, cultural norms vary by sport (e.g., synchronized swimming, boxing, surfing, and archery). We can consider these sports as different microcultures. Most people have experienced multiple microcultures.

When individuals experience a different macroculture, they begin a process of acculturation where they start to adopt a culture other than their original culture. When living in a new culture, some

individuals retain the practices of their original culture and live in a community with others who have the same background and traditions; some retain their customs and language, but also integrate some of the customs and language of the new culture; bicultural individuals balance the two cultures; and finally, acculturated individuals fully adopt the ways of the new culture (Thomason, 1991). Because our clients can be in different places along this continuum of acculturation, we cannot assume what their values, norms, and beliefs might be just by being familiar with their culture of origin. It is also possible that clients, in a state of flux and confusion while in the process of acculturation, may benefit from the direct exploration of the differences in values of the culture of origin and the adopted culture. Children of first-generation immigrants may struggle with family friction that can develop because children tend to acculturate at a more rapid rate than their parents do (Roemer & Orsillo, 2009).

Within a single team, not only may people have different national heritages, if they are originally from another country (as an aside, 30% of the Australian population was born in a country other than Australia), they will have different enculturation experiences, different levels of acculturation, and different exposure to a potentially huge variety of different microcultures. Identifying a client's cultural background requires a lot more than simply knowing where they were born. Before worrying about the cultural factors that may influence our clients, however, we should begin with a bit of self-reflection. Particularly true for those of us who are members of the mainstream macroculture (i.e., the majority), we are often unaware of our own cultural identities. Nevertheless, as cultural beings, our values, beliefs, and behaviors are influenced by our cultures.

Collectivistic and Individualistic Cultures

The dominant cultural groups in Western societies such as Europe and the United States are individualistic. Characteristics of individualistic societies include independence, individual achievement, self-expression, individual thinking, personal choice, flexibility in roles, private property, and individual ownership (Ranzijn et al., 2009). The dominant cultural groups in many Eastern countries and most Indigenous cultures in the world are classified as collectivistic. Characteristics of collectivistic societies include interdependence, group success, adherence to norms, respect for authority and elders, group consensus, hierarchical roles, shared property, and group ownership (Ranzijn et al., 2009).

Conflicts or misunderstandings can occur when people are unaware of, or do not accept, the different ways of thinking and acting that can occur when a team has individuals from both individualistic and collectivistic cultures. Athletes from individualistic cultures may be used to people owning their own gear, striving for personal bests, taking responsibility for their own fitness or strength training, and making decisions regarding strategy. Those from collectivistic societies may be accustomed to equipment being accessible to anyone, focusing only on team performance, waiting for others to guide them in all aspects of fitness training, and relying on the coach or extremely experienced players to determine strategy. An athlete from a collectivistic culture may use someone else's equipment (in a team in an individualistic country) with the belief it is there for use by everyone, but the owner of the gear may think of the action as disrespectful or even theft. What one person may interpret as being slack and not taking responsibility or ownership may be perceived by another as being respectful to those of higher status. How athletes define success and whether one-on-one or group-based psychological interventions are most effective depend in part on whether they are from an individualistic or collectivistic culture.

As practitioners we need to be aware of biases we might have, and be vigilant that we do not try to influence our clients to act in ways that are consistent with our own values. For example, consultants from individualistic cultures may value personal fulfillment and engagement in personally meaningful activities, whereas athletes from collectivistic cultures may value providing for extended families and contributing to the community. I worked with an athlete from a collectivistic culture who began to miss training sessions and put in less than full effort when at training. Before exploring the situation

with the athlete, I was assuming that either he was losing interest in the sport or that he was having issues with motivation. In reality, he was feeling guilty for putting time and effort into his own personal performance when he could be spending time with his family or using the time and energy to do something that might directly benefit his extended family and community.

An area recently gaining attention, particularly in Japan, is the effect of the interaction of individualistic and collectivistic ideals. A syndrome called "modern-type depression" characterized by a situation-dependent depressive state, blaming others, and strong avoidance tendencies may be related to individuals in collectivist societies encountering individualistic performance-based systems, something commonly found in sport (Kato & Kanba, 2017).

In addition to collectivism versus individualism, cultures also have been classified in terms of their degrees of power distance, masculinity, and uncertainty avoidance (Hofstede, 2001). Power distance refers to the power differential between the rulers and those being ruled. Generally, democratic societies have a low power distance, and autocratic societies have a high power distance. If individuals from a culture with a low power distance find themselves in a culture with a high power distance, they may be seen as arrogant, aggressive, or rude, when their intentions were only to contribute to the team. Masculinity denotes how much value a culture places on traditionally male attributes (e.g., dominance and competitiveness) over female attributes (e.g., nurturing and fostering relationships). Within many sports, masculinity is valued (even in women's teams). Sometimes, coaches who have backgrounds in men's sports may find it challenging to coach women when competitiveness is valued, but athletes still may want to foster relationships. Uncertainty avoidance refers to how much cultures rely on well-established rules of behavior to resist change (Hofstede, 2001). Sport psychology consultants may face uncertainty avoidance when first working with a club or sport with strongly established traditions that do not include the development of psychological skills or communication. As with any aspect of culture, these classifications (i.e., individualistic/collectivistic, power distance, masculinity, uncertainty avoidance) only describe tendencies and do not predict individuals' behaviors and attitudes.

Cultural Influences on Personal Space and Time

We tend to feel uncomfortable when people crowd our personal space, yet may feel there is something wrong with us if people stay too far away. Cultural challenges may arise because the interpersonal space at which people feel comfortable can vary by more than four feet. A distance that is too close in one culture may be perceived as too far away in another. Norms for personal space also vary depending on the sport (i.e., the microculture). It is worth noting people may now prefer greater personal space because of the COVID-19 pandemic compared to before the pandemic, particularly for individuals who are worried about COVID-19 (Zapetis et al., 2021). As consultants, we should take the lead from our clients in terms of personal space, rather than imposing our own norms onto our clients. In addition to the amount of space between client and consultant, we should also be aware of furniture arrangements and the setting. In some cultures, it may be preferable to sit at an angle beside the client rather than face-to-face in one-on-one situations (Dudgeon et al., 2000). Meeting in an office may be uncomfortable for some (and impractical in some sporting situations). In some cultures (e.g., in Buenos Aires), seeing a psychologist is an accepted, common behavior. In other cultures (e.g., in rural areas in the United States and Australia), people may not want to be seen entering a psychologist's office because of a feeling of shame in having to seek help.

Cultures also influence concepts of time. The two main ways to conceptualize time are clock-based and event-based. In clock-based time (adhered to in Western mainstream cultures), people organize their schedules according to the clock with appointments scheduled to begin (and often end) at particular times. Clock-based time has advantages in situations where people are juggling meetings with different people in different places. There are, however, cultural differences in terms of clock-based

time. In many Latin American cultures, schedules are made based on clock time, yet it is not unusual for the actual start time to be 30 or 45 minutes after the specified time. Arriving 30 minutes after the scheduled time is not considered as being late. In Ghana, GMT refers to Ghana Maybe Time (instead of Greenwich Mean Time); individuals can turn up an hour after an arranged time and not be late (Diehl et al., 2009).

Event-based time involves organizing a schedule using a relational strategy with the order of events established, but with no clear tie to the clock. Event-based time allows individuals to prioritize the process of a meeting and the exchange of ideas without keeping an eye on the clock, resulting in less-hurried exchanges. When we are working with people who have concepts of time that are different from our own, we need to discuss the issue openly and arrive at an agreed understanding, rather than get upset because others are late, assume lack of punctuality means a lack of interest or a lack of respect, or be confused because of others being upset by our behaviors.

Communication

To be useful consultants we need to be able to communicate effectively with the teams and athletes with whom we work (see Chapters 2 and 38). Psychological practice is reliant on communication. Just as with other behaviors and norms, aspects of communication are influenced by culture. Language is the most noticeable culturally affected component of communication. In addition to obviously different languages (e.g., English, Spanish, and Mandarin), there also are differences in terminology and pronunciation in different countries or regions that speak the same language (e.g., English in Mississippi, Newfoundland, Dublin, Johannesburg, and Sydney; Spanish in Barcelona, Buenos Aires, Havana, Panama City, and Santo Domingo). Even seemingly simple words can have multiple meanings. In response to a question, "yes" may mean someone wants to be obliging and thought well of, someone has heard the question, or that someone agrees (Hanrahan, 2009).

Cultures can also differ in how information is obtained or conveyed, even if limiting the situation to one-on-one and in person. During intake interviews, practitioners may tend to directly question clients, with the aim of obtaining answers to specific questions. For clients from cultures with strong oral traditions, a narrative approach that invites individuals to use their own words to tell their own stories would probably be more effective than a question-and-answer format. Although relying on hints and indirect questions may seem time consuming, this approach can sometimes obtain more information than direct questioning, which can result in clients shutting down because of a feeling of being interrogated.

Many of us probably have worked with teams and have used a variety of methods to reach team consensuses about various issues (e.g., training times, uniforms, team captains, team rules and responsibilities, and team cohesion). Athletes from different cultures may vary in their willingness to express firm opinions. Athletes may not respond to a comment or question, not because they don't have an opinion, but because they feel they are not in a position to make a comment (Dudgeon et al., 2000). For example, athletes may not feel it is warranted to express their opinions in front of the coach, even if the coach is directly asking them a question. Some individuals may be unwilling to state their opinions in a team meeting even if the coach is not present, particularly if they perceive their views to conflict with the opinions of others. As consultants, we need to ensure we do not assume a lack of response means a lack of interest. One way around this potentially problematic situation is to use post-it note voting or other methods of obtaining viewpoints anonymously.

Eye contact is another component of communication whose meaning varies across cultures. Many of us were probably taught in basic counseling courses to make eye contact with clients because it shows you are paying attention and are interested in what they have to say. In some cultures, eye contact is part of being polite (e.g., the parental demand to "Look at me when I'm talking to you"). In other cultures,

avoiding eye contact is a sign of respect. In yet other cultures prolonged eye contact may be considered offensive, intrusive, aggressive, or even an attempt at seduction (Dudgeon et al., 2000). The key, as with many other cultural differences, is to take our cues from our clients and/or openly discuss the issue.

A Continuum of Cultural Competence

Wells (2000) developed a series of six stages from cultural incompetence to cultural proficiency. The first three stages, cultural incompetence, knowledge, and awareness, make up the cognitive phase and emphasize acquiring knowledge and understanding. The final three stages, cultural sensitivity, competence, and proficiency, form the affective phase and focus on changes in attitudes and behaviors as a result of applying the knowledge obtained in the cognitive phase. Wells argued that individuals (or institutions) must actually experience working with individuals from other cultures to progress through the affective stages. See Table 53.1 for a description of the six stages.

As an individual, it is difficult to develop cultural competence if working within a culturally incompetent organization. Wells (2000) would argue that it is not viable for an individual to be culturally proficient within a culturally incompetent organization. It may be almost impossible to engage in culturally appropriate practices if management has rigid structures in place that do not allow for individual variations. The value of a culturally competent practitioner could be undermined by a culturally incompetent receptionist. A challenge for all of us may be to consider how we might increase the cultural competence of the organizations and institutions within which we work. Providing information about culture(s) can help with the cognitive phase of development, but the affective phase requires interactions, discussions, and experience. In some sporting clubs where cultural differences are ignored, or worse, a cause for bullying, we may be able to model cultural competence; reinforce instances of cultural awareness, sensitivity, or competence in others; or challenge rules, regulations, or policy that get in the way of the development of a culturally proficient organization.

Worldviews

We all hold worldviews, or mental representations of the world, that are developed by socialization and life experiences. Worldviews help us make sense of what we observe and what we do, providing

Table 53.1 A Continuum of Cultural Competence (based on Wells, 2000)

Phase	Stage	Description
Cognitive	Cultural incompetence	No knowledge of the cultural influences or implications of behavior
	Cultural knowledge	Learning the components of culture and their role in determining behavior
	Cultural awareness	Recognizing and understanding the cultural influences and implications of behavior
Affective	Cultural sensitivity	The integration of cultural knowledge and awareness into behavior
	Cultural competence	The routine application of culturally appropriate practices and interventions
	Cultural proficiency	The integration of cultural competence into professional practice, teaching, and research of the individual and the organization

a feeling of security due to some sense of predictability. We tend to assume, unconsciously, that our worldview, or concept of reality, is the correct one. When we stay predominantly within one culture, we tend not to be aware of our worldviews because the main components are shared by those around us and are therefore not brought into question. As Ranzijn et al. (2009) noted:

> Trying to describe our own worldview is like a fish trying to describe what water is: a fish could not describe water, since it is immersed in water all of the time. However, if you take a fish out of water it knows instantly what water is, since it now experiences what water is not. … Similarly, we may find it hard to describe our own worldview until it is challenged, perhaps through interacting with or encountering people with very different worldviews.
>
> *(p. 14)*

Cognitively it is relatively easy to understand that others' worldviews have as much validity and value as our own, but emotionally it may be challenging to accept the values, beliefs, and concepts of worldviews that are dramatically different from our own. Our worldviews filter how we interpret the behaviors of others. When people from different cultures attempt to understand each others' worldviews, they do so through their own filters, making it potentially impossible to truly understand. As consultants, we need to be aware of how our own worldviews may be filtering what our clients say and the behaviors we observe. The good news is that immersing ourselves in other cultures, whether for an hour at a local community center or for months in another country, can open us to the worldviews of others (and perhaps begin to change our own). Getting to know each of our clients as individuals, with regular checks of our own assumptions, can result in a respectful relationship and be a step toward cultural competence. See Table 53.2 for additional suggestions for improving cultural awareness, sensitivity, and competence.

Conclusion

Almost all of us are working, or will work, with individuals from a variety of macrocultures. All of us do work with individuals from an array of microcultures, and we should strive not only for cultural awareness, but also cultural competence (and ideally working within organizations that are culturally proficient). We need to reflect on how our own cultural backgrounds can influence how we perceive and interact with our clients. By being genuinely interested in and interacting with individuals, we can get an idea of their worldviews and how their cultural backgrounds might influence the client–practitioner relationship. Although I recommend sport psychology consultants become familiar with

Table 53.2 Suggestions for Improving Cultural Awareness, Sensitivity, and Competence

- If the client's first language in not your language of practice, learn a few words of the client's language.
- If working in a culture other than your own, observe cultural norms such as eye contact, dress, personal distance, and social hierarchies.
- Learn about the culture of your client, but avoid ascribing cultural stereotypes to your client.
- Ask questions – many individuals enjoy discussing their culture with people who are genuinely interested.
- Take advantage of opportunities to experience a variety of cultures.
- Reflect on how your own cultural values or beliefs influence your interactions with others.
- Be aware of potential differences in privilege and power.
- Avoid making assumptions.
- Remember, every interaction with another person is a multicultural interaction, at least at the micro level.

Source: Based on Hanrahan (2021) and Hanrahan and Lee (2020).

ethical guidelines related to culture provided by their professional organizations (American Psychological Association, 2003; Ryba et al., 2013), reading and having a cognitive understanding of culture are only the first steps. For effective multicultural practice (i.e., all practice), we need to experience other cultures, reflect on our own, and learn to apply routinely the knowledge we have gained in the form of culturally appropriate practices and interventions. See Box 53.1 for a summary of the key points from this chapter.

Box 53.1 Summary of Key Points about Culture

- We and our clients have been molded by cultures.
- Norms, beliefs, values, and behaviors are influenced by cultures. These norms, beliefs, values, and behaviors influence how we practice psychology.
- Cultural identity is difficult to determine because many of us have been exposed to multiple macro-cultures, and all of us have experienced numerous microcultures.
- Characteristics we value may not be valued by some of our clients, because of cultural differences such as individualism/collectivism, power distance, masculinity, and uncertainty avoidance.
- Clients may differ in how they conceptualize time, the interpersonal space they find to be comfortable, and the settings in which they prefer to meet for consultations. The key is to discuss these issues openly and come to a shared understanding.
- Cultural backgrounds influence how people communicate. Language, terminology, pronunciation, questioning, stating opinions, and eye contact are just some of the facets of communication affected by culture.
- The development of cultural competence has cognitive and affective components. Cultural proficiency requires individual as well as organizational cultural competence.

References

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed., text Rev.). https://doi.org/10.1176/appi.books.9780890425596

American Psychological Association (2003). Guidelines on multicultural education, training, research, practice and organizational change for psychologists. *American Psychologist*, *58*(5), 377–402. https://doi.org/10.1037/0003-066x.58.5.377

Barnett, P. Mackay, E. Matthews, H., Gate, R., Greenwood, H., Ariyo, K., Bhui, K., Halvorsrud, K., Pilling, S., & Smith, S. (2019). Ethnic variation in compulsory detention under the mental health act: A systematic review and meta-analysis of international data. *The Lancet. Psychiatry*, *6*(4), 305–317. https://doi.org/10.1016/S2215-0366(19)30027-6

Caperchione, C. M., Kolt, G. S., & Mummery, W. K. (2009). Physical activity in culturally and linguistically diverse migrant groups in Western society: A review of barriers, enablers and experiences. *Sports Medicine*, *39*, 167–177. https://doi.org/10.2165/00007256-200939030-00001

Diehl, C., Hegley, A., & Lane, A. M. (2009). Working with Ghanaian athletes. In R. J. Schinke & S. J. Hanrahan (Eds.), *Cultural sport psychology* (pp. 173–183). Human Kinetics.

Dudgeon, P., Garvey, D., & Pickett, H. (2000). *Working with indigenous Australians: A handbook for psychologists.* Gunada Press.

Hanrahan, S. J. (2009). Working with Australian Aboriginal athletes. In R. J. Schinke & S. J. Hanrahan (Eds.), *Cultural sport psychology* (pp. 185–192). Human Kinetics.

Hanrahan, S. J. (2015). Running across borders: Cross-cultural exercise psychology. In M. B. Andersen & S. J. Hanrahan (Eds.), *Doing exercise psychology* (pp. 33–45). Human Kinetics.

Hanrahan, S. J. (2021). Minorities. In M. Bertollo, E. Filho & P.C. Terry (Eds.), *Advancements in mental skills training* (pp. 201–211). Routledge.

Hanrahan, S. J., & Lee, S. M. (2020). Cultural considerations in practice. In D. Tod & M. Eubank (Eds.), *Applied sport, exercise, and performance psychology* (pp. 181–196). Routledge.

Hofstede, G. (2001). *Cultural consequences: Comparing values, behaviors, institutions, and organizations across nations* (2nd ed.). Sage.

Kato, T. A., & Kanba, S. (2017). Modern-type depression as an "adjustment" disorder in Japan: The intersection of collectivistic society encountering an individualist performance-based system, *The American Journal of Psychiatry, 174*, 1051–1053 https://doi.org/10.1176/appi.ajp.2017.17010059

Lundgren, T., Reinebo, G., Naslund, M., & Parling, T. (2020). Acceptance and commitment training to promote psychological flexibility in ice hockey performance: A controlled group feasibility study. *Journal of Clinical Sport Psychology, 14*, 170–181. https://doi.org/10.1123/jcsp.2018-0081

Ranzijn, R., MacConnochie, K., & Nolan, W. (2009). *Psychology and indigenous Australians: Foundation of cultural competence*. Palgrave Macmillan.

Ring, C., Kavussanu, M., & Gurpinar, B. (2020). Basic values predict doping likelihood. *Journal of Sports Sciences, 28*(4), 357–365. https://doi.org/10.1080/02640414.2019.1700669

Roemer, L., & Orsillo, S. M. (2009). *Mindfulness- & acceptance-based behavioral therapies in practice*. Guilford.

Ryba, T. V., Stambulova, N. B., Si, G., & Schinke, R. J. (2013). ISSP position stand: Culturally competent research and practice in sport and exercise psychology. *International Journal of Sport and Exercise Psychology, 11*(2), 123–142. https://doi.org/10.1080/1612197X.2013.779812

Thomason, T. C. (1991). Counseling Native Americans: An introduction for non-native American counselors. *Journal of Counseling and Development, 69*(4), 321–327. https://doi.org/10.1002/j.1556-6676.1991.tb01514.x

Wells, M. I. (2000). Beyond cultural competence: A model for individual and institutional cultural development. *Journal of Community Health Nursing, 17*(4), 189–199. https://doi.org/10.1207/S15327655JCHN1704_1

Zapetis, S., Nasiriavanaka, Z., Hughes, D., De Toro, N., Pace-Schott, E. F., Tootell, R. B. H., & Holt, D. J. (2021). Changes in personal space during the COVID-19 pandemic. *Biological Psychiatry, 89*(9), S324–S325. https://doi.org/10.1016/j.biopsych.2021.02.809

54
WORKING WITH NON-SPORTING POPULATIONS

Hayley McEwan and David Tod

The journey toward expertise is similar across domains such as sport, performing arts, and medicine (Preckel et al., 2020). Kneebone (2020) suggested that the journey consists of three phases. Initially, learners engage in much practice to develop domain-related competencies. With competence, individuals have the flexibility to adapt to different situations and deliver high-quality performances. With much experience and creativity, people master the domain and may leave a legacy, such as Serena Williams, Marie Curie, Muhammad Ali, or Jimi Hendrix. Expertise results from the interactions of physical, psychological, social, and cultural factors, although the ways these factors express themselves and their relative contributions vary across domains (Olszewski-Kubilius et al., 2019).

One cluster of factors are psychosocial attributes, which are characteristics that contain psychological components, have social effects, and can be acquired via learning and practice (Olszewski-Kubilius et al., 2019). Psychosocial attributes frequently linked to expertise include creative risk-taking, social skills, meta-cognitive self-regulation, motivational self-regulation, emotional self-regulation, cognitive self-regulation, and insider knowledge (Olszewski-Kubilius et al., 2019). These psychosocial attributes parallel the psychological skills frequently discussed in sport psychology (Krane et al., 2021).

The observation that psychosocial attributes span multiple domains underlies beliefs that sport psychology practitioners can help performers outside of sport (Jones, 2002). Nevertheless, consulting with performers from diverse arenas is not straightforward. Clients from various domains face different challenges. Further, challenges common to most performance domains, such as anxiety, are expressed and handled differently (Hays, 2002). For example, athletes and performing artists interact with audiences in different ways (Hays, 2002). Practitioners benefit from reflecting on the match between their competencies and clients' needs and situations. With due deliberation, practitioners can diversify their client base and help individuals from performance territories adjacent to and beyond the sporting landscape. The purpose of the current chapter is to (a) discuss client issues common to diverse performance domains, (b) detail consulting issues relevant to practice across arenas, and (c) suggest ways practitioners can enhance their competencies.

Client Issues Common to Various Domains

The issues below are examples of those appearing across domains, although they have greater or less salience for each arena. Practitioners may come across any of these issues regardless of the area in which they work. For example, athletes, performing artists, and military personnel experience high rates of

eating disorders compared with the general population (Arcelus et al., 2014; Bartlett & Mitchell, 2015; Bratland-Sanda & Sundgot-Borgen, 2013). The way these issues manifest reflects features of both clients and the cultures surrounding them. Practitioners need to understand the science associated with the issues and the way the context shapes their appearance. The research examining how these issues display in specific contexts is sometimes limited, increasing the challenge to operate in an evidence-based manner. In such cases, practitioners can reflect on relevant research from other domains to help their decision-making.

Performance and Outcome

Common across performance domains is the need for individuals to perform to elevated levels and produce results. At the elite level, performance domains are results-driven with individuals being encouraged explicitly or implicitly to do whatever it takes. Under this pressure, individuals may realize that the reasons they entered a domain have become divorced from the business of being a performer. Competition figures strongly, such as increasing market share, winning an acting role, or securing military objectives. Performers experience frequent feedback, criticism, and evaluation, from both the knowledgeable (e.g., coach, director, or line manager) and uninformed (e.g., spectators, fans, or critics). The direct consequences of inferior performance can be severe, including death, disablement, or public humiliation. Indirect consequences can involve deselection, unemployment, relationship failure, or bankruptcy. Given the consequences, practitioners do not need to ask if performers will experience anxiety, but instead how much, how debilitating, and how to cope?

People Operate in a Context

When reflecting on his experiences in helping performers in sport and business, Jones (2002) suggested, "organizational issues probably have the biggest impact on performance in both environments. Gone are the days when sport psychologists, whether working in sport or in business, dealt solely in mental skills training" (p. 279). An organization is seldom a unified entity, but instead is a collection of individuals. People within an organization have goals that sometimes align and sometimes conflict with the objectives of other people in the organization. The fluctuating alignment of goals among people helps explain why organizational issues can constrain performance, resulting in a lack of resources, poor communication, rigid hierarchies, toxic cultures, and *realpolitik* governance. To navigate these challenges, practitioners benefit from learning the organization's language, culture, power structure, and hierarchy (Wagstaff, 2016).

Talent Development

In pursuing optimal performance, stakeholders across performance domains debate the best ways to recruit, raise, reconfigure, and retain talented individuals. To contribute to the way an organization manages talent, practitioners will benefit from understanding how individuals become expert performers. Many scientists have examined how people become skilled performers, and Kneebone's (2020) theory is just one of many synthesizing the research. This knowledge has value if practitioners can take the general principles and apply them to their clients' specific contexts.

Practitioners will also benefit from understanding stakeholders' beliefs about how to best manage, support, develop, inspire, and keep talented individuals (Evans et al., 2019). For example, one key belief is about whether talent is innate or acquired, because the answer will influence organizational practice (Meyers et al., 2013). At the extreme, if talent is viewed as being innate then organizations will focus on identifying and recruiting skilled individuals, not on developing existing people. This approach focuses

on matching roles to existing traits (personal strengths). There will be a bidding war for talented performers, with the aim to source these individuals before competitors. Further, organizations will train existing staff only when necessary and in areas that will not benefit competitors if individuals leave. At the other extreme, if talent is viewed as being acquired (e.g., through practice), then more emphasis will be given to nurturing rather than sourcing elite performers. The organization may be more willing to offer training and draw on various criteria when hiring (not just expertise, but also coachability and fit). This approach is about releasing the talent of those people with potential. It is also concerned with enabling everyone to perform to their personal best. Most organizations will not display either extreme but will have a balance that reflects compromises among the stakeholders.

The issues presented above are just examples of those crossing performance domains. Other examples include appearance and self-presentation concerns, maintaining mental health and well-being in the face of adversity, and learning to navigate a career across an unstable terrain (e.g., market fluctuations, political unrest, and changing fashions). One common change is physical or mental decline. For example, performers will eventually be unable to perform at the highest level, and individuals may experience these career transitions as a symbolic death. Career transitions in any working life can destabilize identity (see Chapter 29). Practitioners can assist individuals to rework their identity by way of activities, relationships, and narratives (Ibarra, 2004). For example, individuals can practice refining their story about why and how their career transition makes sense (e.g., transferring expertise from an athlete to a coaching role).

Common Consulting Issues

Performers Are People

Performance environments are typically governed by a results-driven ethos, including winning military campaigns, saving lives, returning profits for stakeholders, or winning competitive events. In such high-performance cultures, practitioners who remember that clients have multiple dimensions, any of which may influence or be influenced by their performance outcomes, are able to provide empathy and understanding. Comprehensive services embrace the performer's physical, emotional, mental, social, and spiritual dimensions (Loehr & Schwartz, 2001). Performers wish to be treated as people, not objects. Increasingly, practitioners recognize that treating performers as people requires understanding their cultural backgrounds (Hanrahan & Lee, 2020; see Chapter 53). Practitioners failing to appreciate performers as individuals risk becoming complicit in toxic organizations where people are treated as objects to be manipulated, rather than living, breathing, sentient humans.

Relationships and Ethics

Relationships are the heart of applied psychology and effective practitioners strive to build strong interpersonal bonds with clients, along with clear goals, tasks, and responsibilities (see Chapters 1 and 9). Relationship dynamics give rise to several interactional ethics issues, including informed consent, confidentiality, dual roles, boundary crossing, and fee structure (Hays, 2006). It is beyond the scope of the current chapter to explore these issues, and readers are referred to Chapter 6. Nevertheless, as practitioners diversify their client base, they realize there are few rigid rules to guide professional behavior; instead, ethical decision-making is dynamic, and they need to balance stakeholders' competing demands. For example, aside from romantic or sexual involvement, many codes of conduct governing practitioners do not forbid dual or multiple roles with clients, because they are sometimes unavoidable. In rural settings for example, practitioners may also hold coaching, teaching, religious, or civic responsibilities. The consequences of dual relationships, however, exist on a continuum from destructive to

therapeutic (Moleski & Kiselica, 2005). To assist with decision-making around multiple relationships, practitioners need to consider (a) the power imbalance between themselves and clients, (b) the duration and frequency of contact between the parties, and (c) the clarity of termination (Gottlieb, 1993). Aside from relationship or interactional ethical issues, practitioners may need to grapple with other matters related to their professional conduct, such as level of competence, marketing, titles, and identifying the relevant ethical code to apply.

Time and Space Boundaries

According to Ken Ravizza (US sport psychology practitioner):

> The ideal situation is to be in your office and have the athlete come in, and you've got two hours together, and you really get into it. But a lot of work is when you're traveling with a team. It's in a hotel lobby, it's on a bus, it's 5 minutes here, 6 minutes there, and in these little blocks of time you can do a lot.
>
> *(Simons & Andersen, 1995, p. 459)*

Performance psychology consulting is not a traditional 9 to 5 job where practitioners are based in a clinic and see clients for 50 minutes. Ravizza's quote reveals the flexible time and space boundaries that come with helping clients (Andersen et al., 2001). Regarding time boundaries, practitioners may need to work in the evening or on weekends, and they may need to spend days, weeks, or months with a client, team, or organization. In some cases, practitioners will need to be available around the clock, such as during competitive events, like the Olympics. Regarding space boundaries, performance psychology occurs at a wide range of locations, including offices, hotel lobbies, cafes, on buses, at performance arenas, clients' houses, court houses, the factory floor, on stage, on airplanes, and on the side of the road. Practitioners and clients may not be in the same hemisphere, with the rise of technology that allows meetings to happen in cyberspace (e.g., zoom, teams, email, social media, text messages, and telephone calls). Trainees and qualified practitioners sometimes find the need to be flexible in meeting clients a surprising aspect of the work.

"Hanging out" is a feature of flexible time and space boundaries (Andersen, 2000), and involves spending time in the client's domain and practitioners may, or may not, have predefined behaviors or tasks to achieve. Inexperienced practitioners or trainees may find hanging out unnerving if they do not believe they are doing anything that demonstrates their competence or justifies their presence. Hanging out can allow practitioners to develop contextual intelligence – a key factor in successful consultations (Brown et al., 2005). Contextual intelligence is the tacit knowledge we acquire from being part of a context. For example, the language used in the environment and understanding how the domain works. Hanging out allows practitioners to enter a client's world and become part of the performance domain. The practitioner's informal presence helps clients become familiar and comfortable with the individual. As clients start to learn about the practitioner and see them as a friendly approachable person, they may start to seek that individual's assistance. For practitioners, they get to learn about the performance domain, observe their clients, and demonstrate their commitment, interest, and usefulness to the organization.

Hanging out and the flexible time and space boundaries, however, come with costs and issues. The work can be exhausting and if not monitored can threaten practitioners well-being. For example, when practitioners share their contact details with clients, they may also consider discussing boundaries around availability and response time to messages. Practitioners may wish to consider how time and space boundaries in their practice influence their own well-being and explore ways to engage in self-care. More broadly, researchers have explored practitioner self-care in recent years and readers will learn more in Chapter 9.

Enhancing Practitioner Competence

Effective practitioners report being voracious learners (Jennings & Skovholt, 1999). Practitioners need to engage in lifelong learning to maintain their abilities to help clients (Tod, McEwan et al., 2020). The demands for continual learning increase when practitioners wish to diversify their client base. The following strategies can aid individuals in preparing themselves for assisting new populations.

Undertake Regular Self-Assessment

Practitioners moving into novel domains will have strengths and weaknesses regarding their skills, knowledge, and interpersonal characteristics. A starting point is for them to reflect on those skills, knowledge, and attributes they already possess or need to acquire. To illustrate, practitioners hoping to assist people leaving the armed services might use performance profiling (see Chapter 14) to (a) make explicit their views on the attributes needed for effective consulting in that context, (b) evaluate themselves against those characteristics, and (c) inform a professional development action plan. A performance profile need not be a solitary exercise. Practitioners might seek input from other people with experience and knowledge about transitioning out of the armed services.

Address Knowledge Deficits

The FIT acronym describes areas of knowledge practitioners need to allow them to help clients (Hays, 2006). The acronym includes *foundational* knowledge about psychological service delivery, an understanding of the client *issues* relevant to a performance arena, and awareness of the *tacit* or contextual knowledge that helps practitioners fit and work in the domain.

Foundational knowledge includes understanding about psychological service delivery, including the components of helping relationships, typical interventions, theoretical orientations, and the causes of and processes underlying client change (Tod, Eubank et al., 2020). Although foundational knowledge provides practitioners with principles to guide their endeavors in helping clients, they typically need to accumulate much experience before understanding how to apply the information to the specific clients they help and the contexts in which they work (see Chapter 3). For example, Person-Centered Therapy outlines how practitioners can help clients self-heal through providing non-directive counseling via a suitable psychological atmosphere (see Chapter 16). Often, however, trainees find it challenging to know when and how to adapt person-centered therapy methods in performance domains where clients expect more directive approaches from practitioners.

Issue knowledge embraces the typical challenges clients discuss when seeking out practitioners (e.g., difficulties with line managers, coaches, superior officers, clients, stockholders, and subordinates). Often, people can acquire knowledge about these issues from a combination of sources, such as the scientific literature, performer biographies, internet webpages, podcasts, conference presentations, and networking. For example, the scientific literature provides information describing anxiety and depression symptoms, diagnostic criteria, prevalence, incidence, and prognosis (see Chapters 31 and 32). Other sources, such as autobiographies, give practitioners insights into how these conditions manifest in specific performance domains (Itzkoff, 2019). These various sources help practitioners learn how clients live as they cope with having depression and anxiety. Observing and helping people is another way to develop issue-specific knowledge, a reminder that practitioners learn just as much as clients during service delivery.

Tacit or contextual knowledge covers understanding the organizations, cultures, and communities in which performers operate. Frequently, contextual knowledge is absent in the scientific literature. Practitioners acquire such knowledge by spending time in the performance domain or by speaking to

insiders. The SPAM acronym (Structure, Patterns, Attitudes, and Means of influence) spells out types of information practitioners can learn to build their contextual knowledge (Brown et al., 2005).

- *Structure.* Practitioners can observe the formal and informal relationships and structures in an organization and find out if these boundaries and hierarchies are rigid or flexible.
- *Patterns* refer to the way a system works, the timing and sequencing of actions, people's behavior, and flow of information.
- *Attitudes* embrace an organization's values and culture, along with prevailing predispositions, beliefs, and prejudices of the people involved. Understanding the match between the client's and the organization's attitudes guides practitioners' decisions about how to proceed.
- *Means of influence.* Practitioners can explore how people interact and influence each other in positive and negative ways. Influence is not tethered to authority necessarily, and practitioners can examine what options exist for clients to affect the organization.

Document Training

Documenting training is good risk management, because practitioners compile evidence they are competent to help clients (Hays, 2006). Practitioners benefit from showing they have had training in topics relevant to their clients or that did not get covered sufficiently during formal education. Examples of topics that practitioners may benefit from learning about, outside of the sport psychology knowledge-base, can include safeguarding, working with children, first aid, mental health, and suicide prevention. Documenting additional training is also relevant if practitioners apply for jobs in domain-related organizations such as institutes, conservatoires, consulting firms, and academies.

Gain Supervised Experience in the New Domain

Practitioners across most psychological domains, including sport, state they learn the most about how to help clients by actually helping them (McEwan et al., 2019). Experience alone, however, is an unreliable predictor of expertise, chiefly because the ambiguity inherent in helping clients means that clear direct feedback is often absent. Clear feedback on how practitioners helped clients will assist professional development. Practitioners starting in new performance domains can accelerate their professional development by drawing on principles from deliberate practice (Rousmaniere et al., 2017). A starting point is to routinely include outcome and process measures as part of service delivery, particularly from the client's perspective. Outcome and process data allow practitioners to identify where they are effective and where they can improve. Then practitioners target the areas of improvement that will have a greatest influence on their competence. The effectiveness of deliberate practice is enhanced when combined with the guidance from a supervisor.

Role plays let practitioners participate in simulated service delivery. As an analogy, role playing parallels simulation training from sport or improvisation exercises from the performing arts. Role plays are a safe space where practitioners can explore, make mistakes, and receive support from colleagues and peers. Practitioners, especially trainees, can find role plays uncomfortable because they are displaying their professional abilities in front of knowledgeable peers (see Chapters 3 and 9). Participants can create a safe and encouraging environment in several ways. For example, instead of describing practitioners' actions as right or wrong, colleagues can explore how these behaviors are helpful (or unhelpful) to clients, relieving individuals from feeling like they must act in rigid, correct ways. Also, supervisors, colleagues, and teachers can tell practitioners it is okay to make mistakes, and everybody involved understands the demands of helping relationships and they can empathize, be supportive, and offer alternative viewpoints to be discussed. Participants can stop role plays at any moment to explore matters

that arise; for example, if the practitioner is unsure how to proceed. Discussing matters arising before, during, or after role plays enhances learning, such as helping practitioners explore how ethical issues might express themselves, how specific practitioner behaviors (e.g., self-disclosure) influence clients, or how to adapt interventions to suit different contexts and performance domains.

Along a related line, videos of role plays exist on the internet. Practitioners can watch these recordings to enhance their understanding of how to help clients. For example, a person wishing to learn how to employ a person-centered model can watch Carl Rogers or other practitioners in action. People watching these videos can stop them after each client utterance and explore how they would react or what they would say next to demonstrate empathy and unconditional positive regard. These videos become unfolding case studies that can stimulate rich discussion during supervision or peer consultation.

Build a Supportive Network

Supportive networks include individuals from a range of backgrounds and disciplines. Trainees can seek supervision from supervisors with experience in the performance domain, and qualified practitioners can receive peer consultation from suitable colleagues (see Chapters 3 and 9). Supervisors and colleagues, for example, can help practitioners work through ethical and other complex decisions. People who perform or work in a performance domain can offer informational, tangible, or emotional support, especially when practitioners are first stepping into an arena. Practitioners can also develop a network of professionals for referral purposes when clients have issues beyond the realm of performance psychology or the practitioner's competencies (e.g., medical staff, clinical psychologists, sport scientists, physiotherapists, athletic trainers, lawyers, careers counselors, physiologists, nutritionists, religious leaders, and tax accountants).

Experience Performing in Competitive or Evaluative Situations

The strategies above focus on a practitioner's intellectual understanding of a performance domain. Outstanding performance, however, involves the cognitive, emotional, social, physical, and behavioral aspects of being a person, and the more of these components that practitioners can draw on the better they are able to help clients. For example, knowing that rugby union is a contact sport is different to engaging in a tackle, scrum, or ruck. A cognitive understanding of trading is dissimilar to realizing that the financial worth of yourself and your clients has just improved or decreased because of your actions. Experiencing these activities yields insights that are not possible to attain intellectually.

Participating in different performance domains adds to the variety and quality of a practitioner's personal and professional life. Among other benefits, when testing themselves during intense moments that involve social evaluation, practitioners experience performance anxiety, the euphoria of peak performance, and being a member of high (or low) functioning teams. Testing oneself in performance realms gives practitioners insights into the demands faced by their clients and such understanding can enhance empathy and unconditional positive regard.

Despite the above suggestion, it is not necessary for practitioners to have participated in the same performance domains as their clients or even the same level. There are advantages if practitioners have no experience in an activity, such as being less likely to overstep boundaries of competence. For example, practitioners who have been performers in the activity may be tempted to give coaching advice or share their own experiences, which may conflict with the client's needs. Also, some clients prefer to talk with a practitioner with no experience because they perceive the individual to be a neutral outsider (Anderson et al., 2004). Nevertheless, there are some professional advantages for practitioners who strive to develop themselves in an activity that involves social or competitive evaluation.

Conclusion

Trainees sometimes do not realize they can apply the skills, knowledge, attributes, and competencies they are developing beyond the sport domain. Their lack of understanding may limit their view of the various performers, clients, and organizations they can assist. Alternatively, their lack of knowledge may prevent them from stepping off the deep end and drowning in a sea of mistakes and anxieties, thereby averting a curtailed career. Although practitioners do have expertise, skills, knowledge, and intrapersonal characteristics to assist clients from diverse performance domains, a simple translation of sport psychology methods is insufficient to ensure effective, ethical, and safe service delivery. Instead, practitioners can diversify their client base successfully if they consider the match between themselves and the domains they wish to enter. The current chapter can help practitioners reflect on the extent to which they are ready to help performers from domains other than sport, by alerting them to the types of client issues that arise in various performance settings, examples of the consulting considerations that facilitate service delivery, and possible professional development activities to help them prepare themselves to help people and gain satisfaction from their careers. See Box 54.1 for a summary of the key points from this chapter.

Box 54.1 Summary of Key Points about Working with Non-Sporting Populations

- Sport psychology practitioners have relevant knowledge, skills, and competencies that can assist them in helping clients across diverse performance domains.
- Applying sport psychology knowledge and interventions across domains is possible if undertaken with suitable reflection and consideration for the context-specific demands on each arena.
- Engage in regular self-assessment to establish existing levels of competence to work in novel domains.
- Strive to ensure adequate knowledge regarding (a) psychological service delivery, (b) typical client issues, and (c) domain-specific contextual demands performers face.
- Engage in and document supervision and continued professional development training undertaken to evidence competence.
- Build a network of individuals inside and outside of the domains in which you help clients.
- Reflect on your experiences of striving for excellence in performance domains to enhance empathy and unconditional positive regard for clients.

References

Anderson, A., Miles, A., Robinson, P., & Mahoney, C. (2004). Evaluating the athlete's perception of the sport psychologist's effectiveness: What should we be assessing? *Psychology of Sport and Exercise*, *5*(3), 255–277. https://doi.org/10.1016/S1469-0292(03)00005-0

Andersen, M. B. (2000). Beginnings: Intakes and the initiation of relationships. In M. B. Andersen (Ed.), *Doing sport psychology* (pp. 3–16). Human Kinetics.

Andersen, M. B., Van Raalte, J. L., & Brewer, B. W. (2001). Sport psychology service delivery: Staying ethical while keeping loose. *Professional Psychology: Research and Practice*, *32*(1), 12–18. https://doi.org/10.1037//0735-7028.32.1.12

Arcelus, J., Witcomb, G. L., & Mitchell, A. (2014). Prevalence of eating disorders amongst dancers: A systemic review and meta-analysis. *European Eating Disorders Review*, *22*(2), 92–101. https://doi.org/10.1002/erv.2271

Bartlett, B. A., & Mitchell, K. S. (2015). Eating disorders in military and veteran men and women: A systematic review. *International Journal of Eating Disorders*, *48*(8), 1057–1069. https://doi.org/10.1002/eat.22454

Bratland-Sanda, S., & Sundgot-Borgen, J. (2013). Eating disorders in athletes: Overview of prevalence, risk factors and recommendations for prevention and treatment. *European Journal of Sport Science*, *13*(5), 499–508. https://doi.org/10.1080/17461391.2012.740504

Brown, C. H., Gould, D., & Foster, S. (2005). A framework for developing contextual intelligence (CI). *The Sport Psychologist*, *19*(1), 51–62. https://doi.org/10.1123/tsp.19.1.51

Evans, M., Arnold, J., & Rothwell, A. (2019). *From talent management to talent liberation: A practical guide for professionals, managers and leaders.* Taylor & Francis.

Gottlieb, M. C. (1993). Avoiding exploitive dual relationships: A decision-making model. *Psychotherapy: Theory, Research, Practice, Training*, *30*(1), 41–48. https://doi.org/10.1037/0033-3204.30.1.41

Hanrahan, S. J., & Lee, S.-M. (2020). Cultural considerations in practice. In D. Tod & M. Eubank (Eds.), *Applied sport, exercise, and performance psychology: Current approaches to helping athletes* (pp. 181–196). Routledge.

Hays, K. F. (2002). The enhancement of performance excellence among performing artists. *Journal of Applied Sport Psychology*, *14*(4), 299–312. https://doi.org/10.1080/10413200290103572

Hays, K. F. (2006). Being fit: The ethics of practice diversification in performance psychology. *Professional Psychology: Research and Practice*, *37*(3), 223–232. https://doi.org/10.1037/0735-7028.37.3.223

Ibarra, H. (2004). *Working identity: Unconventional strategies for reinventing your career.* Harvard Business Review Press.

Itzkoff, D. (2019). *Robin.* Pan.

Jennings, L., & Skovholt, T. M. (1999). The cognitive, emotional, and relational characteristics of master therapists. *Journal of Counseling Psychology*, *46*(1), 3–11. https://doi.org/10.1037/0022-0167.46.1.3

Jones, G. (2002). Performance excellence: A personal perspective on the link between sport and business. *Journal of Applied Sport Psychology*, *14*(4), 268–281. https://doi.org/10.1080/10413200290103554

Kneebone, R. (2020). *Expert: Understanding the path to mastery.* Penguin.

Krane, V., Williams, J. M., & Graupensperger, S. A. (2021). Psychological characteristics of peak performance. In J. M. Williams & V. Krane (Eds.), *Applied sport psychology: Personal growth to peak performance* (8th ed., pp. 159–175). McGraw Hill.

Loehr, J., & Schwartz, T. (2001). The making of a corporate athlete. *Harvard Business Review*, *79*(1), 120–129.

McEwan, H. E., Tod, D., & Eubank, M. (2019). The rocky road to individuation: Sport psychologists' perspectives on professional development. *Psychology of Sport and Exercise*, *45*, Article e101542. https://doi.org/10.1016/j.psychsport.2019.101542

Meyers, M., van Woerkom, M., & Dries, N. (2013). Innate or acquired? Theoretical considerations and their implications for talent management. *Human Resource Management Review*, *23*(4), 305–321. https://doi.org/10.1016/j.hrmr.2013.05.003

Moleski, S. M., & Kiselica, M. S. (2005). Dual relationships: A continuum ranging from the destructive to the therapeutic. *Journal of Counseling & Development*, *83*(1), 3–11. https://doi.org/10.1002/j.1556-6678.2005.tb00574.x

Olszewski-Kubilius, P., Subotnik, R. F., Davis, L. C., & Worrell, F. C. (2019). Benchmarking psychosocial skills important for talent development. *New Directions for Child and Adolescent Development*, *168*, 161–176. https://doi.org/10.1002/cad.20318

Preckel, F., Golle, J., Grabner, R., Jarvin, L., Kozbelt, A., Müllensiefen, D., Olszewski-Kubilius, P., Schneider, W., Subotnik, R., & Vock, M. (2020). Talent development in achievement domains: A psychological framework for within-and cross-domain research. *Perspectives on Psychological Science*, *15*(3), 691–722. https://doi.org/10.1177/1745691619895030

Rousmaniere, T., Goodyear, R. K., Miller, S. D., & Wampold, B. E. (2017). *The cycle of excellence: Using deliberate practice to improve supervision and training.* Wiley.

Simons, J. P., & Andersen, M. B. (1995). The development of consulting practice in applied sport psychology: Some personal perspectives. *The Sport Psychologist*, *9*(4), 449–468. https://doi.org/10.1123/tsp.9.4.449

Tod, D., Eubank, M., & Brewer, B. W. (2020). Theoretical orientations in service delivery. In D. Tod & M. Eubank (Eds.), *Applied sport, exercise, and performance psychology: Current approaches to helping clients* (pp. 1–11). Routledge.

Tod, D., McEwan, H., Chandler, C., Eubank, M., & Lafferty, M. (2020). The gravitational pull of identity: Professional growth in sport, exercise, and performance psychologists. *Journal of Sport Psychology in Action*, *11*(4), 233–242. https://doi.org/10.1080/21520704.2020.1825024

Wagstaff, C. (2016). *The organizational psychology of sport: Key issues and practical applications.* Routledge.

SECTION VII

Mental Skills

55

AROUSAL MANAGEMENT

Robert S. Weinberg and Kathleen T. Mellano

Pressure-filled moments where athletes are expected to execute high-level skill for successful performance are inevitable in sport. These moments are part of what make sport entertaining, but the performance expectations placed on athletes by themselves and others are often anything but amusing. These high-pressure situations in sport can lead athletes to experience changes in arousal levels, which can negatively impact performance when not controlled. Many athletes will experience inappropriate levels of arousal but those feelings do not necessarily have to define the outcomes of their sport experiences. More successful athletes tend to rise above sport-related arousal issues because they are able to appropriately manage their psychological and physiological responses to pressure. The purpose of this chapter is to introduce current theoretical and research understandings of arousal in sport and offer applied considerations for those working with athletes.

Definitions of Arousal and Anxiety

It is common for people in sport to use the terms "arousal" and "anxiety" interchangeably. However, definitional clarity is necessary for scholars and practitioners intending to accurately measure these experiences, design and implement psychological interventions, and share their findings with others. Though overlap exists, there are conceptual differences between these terms that must be acknowledged.

Arousal is defined as a blend of physiological and psychological activity in a person falling along a continuum from deep sleep to intense excitement (Gould et al., 2002). An athlete might be on the low end of the arousal continuum at 6:00 am when they drag themselves into the weight room for training. Alternatively, athletes might be on the opposite end of the continuum and experience high arousal right before a league championship game. Further, arousal is not automatically associated with either pleasant or unpleasant events. For example, an athlete could become highly aroused hitting the game-winning shot or being called for a flagrant foul. Finally, arousal experiences are individualized. A regular starter might be moderately aroused heading into a match, while a bench player, who has never played before, may experience high arousal levels. Regardless of these differences, increases in arousal are associated with sympathetic nervous system activation, whereas it is the parasympathetic nervous system that is engaged when an athlete becomes more relaxed.

Anxiety is a negative emotional state characterized by nervousness, worry, and apprehension and associated with activation or arousal of the body (Weinberg & Gould, 2019). A two-dimensional approach to understanding anxiety includes a thought component (e.g., worry and apprehension) called

cognitive anxiety and physiological component (e.g., increased heart rate and generalized muscle tension) called somatic anxiety. Anxiety can manifest as a stable behavioral disposition to perceive situations as threatening (trait anxiety) or as a temporary, ever-changing, situation-specific emotional state of perceived feelings of apprehension and tension (state anxiety) (Spielberger, 1979). Athletes characterized by higher levels of trait anxiety tend to have higher state anxiety in competitive situations than their low trait anxiety counterparts. For example, two soccer players with equal ability under identical pressure (e.g., taking a penalty kick to win the game) can experience dramatically different state anxiety because of differences in their levels of trait anxiety.

Assessment of Arousal/Anxiety

Determining athletes' arousal levels can be done by assessing physiological, cognitive, and behavioral symptoms. Observing objective physiological markers of arousal may be one of the most accurate methods though it is not without drawbacks. Arousal levels can be captured with lab and field-based instruments like heart rate monitors, biofeedback (BFB) devices, and electrodermal activity sensors. Physiological markers can be observed during training and competition, but it is also possible for athletes to mask the physiological reactions. Practitioners who are not regularly watching the athlete perform may miss symptoms of problematic arousal levels as they are not familiar enough with the athlete's typical physiological responses in sport. Given these limitations, this method still offers fairly objective means for understanding an individual's arousal levels and has great value in practice. It is instructive to know typical physiological reactions to increases in arousal that directly involve the cardiovascular system and the classic "flight or fight" response. Typical sympathetic physiological reactions include (a) accelerated heart rate, (b) increases in sweating, (c) increased blood pressure, (d) nausea/abdominal distress, (e) shortness of breath, (f) increased generalized muscle tension, (g) trembling or shaking, and (h) feeling dizzy/lightheaded. Though informative, directly measuring some physiological arousal symptoms can be time-consuming, inconvenient, expensive, and occasionally invasive.

Although not as observable, some cognitive and behavioral symptoms of increases in arousal include (a) excessive worry and apprehension, (b) difficulty concentrating, (c) difficulty making decisions, (d) rumination, (e) withdrawal/isolation, and (f) difficulty staying on task. Some of these can be assessed using self-report questionnaires that are easily administered and scored. The subjectivity of these measures is greater than other arousal assessments, but they are able to capture athletes' perceptions of arousal and trait/state anxiety. These perceptions are often captured using a Likert scale response format to indicate the current intensity of their arousal and anxiety. Popular self-report measures include the Sport Competition Anxiety Test (Martens, 1977) and the Sport Anxiety Scale-2 (Smith et al., 2006) that can be used by practitioners to capture the multidimensional nature of athletes' general sport-related anxiety. The Competitive State Anxiety Inventory-2 (Martens et al., 1990) assesses three dimensions of state anxiety (somatic anxiety, cognitive anxiety, and self-confidence) and can be administered just prior to or during practice and competition.

Authentic assessment of athletes' arousal levels requires repeated measures over time that capture multiple facets of arousal. It is important to determine a physiological baseline that allows practitioners and athletes to easily identify problematic deviations from this norm. For example, a field hockey player could wear a heart rate monitor just prior to and during trainings to capture regular fluctuations in heart rate leading up to and during active play. Monitoring additional physiological reactions, cognitive symptoms, and behavioral markers as well as details about the event and one's interpretation of arousal symptoms may help determine when an athlete's physiological reactions are indicative of suboptimal, optimal, or excessive arousal.

Arousal-Performance Relationship

Arousal-performance theories have been proposed, modified, and critiqued for decades. Each of these theories has aimed to explain the complex relationship between arousal and/or state anxiety and performance. No one model or theory successfully accounts for all factors that would explain how arousal links to performance, but some have greater capacity to guide practice and should serve as core resources to sport psychology professionals. The current section addresses the theoretical development of the arousal-performance relationship by first briefly reviewing some of the earlier theories then highlighting those with the greatest practical utility.

Early Arousal-Performance Theories

Early theoretical conceptualizations offered fairly simplistic models for understanding the arousal-performance relationship. One model is the inverted-U hypothesis (Yerkes & Dodson, 1908) which holds that as arousal increases, so does performance – up to an optimal point where best performance occurs, however, beyond this point further arousal will cause performance to decline gradually. Sport psychology consultants have leaned on the inverted-U hypothesis but rely more heavily on other, more contemporary approaches.

Cusp Catastrophe Model

The catastrophe model (Hardy, 1990, 1996) introduces an additional variable for consideration. Specifically, this model suggests that performance depends on a complex interaction between physiological arousal and cognitive anxiety. Cognitive anxiety is the toggle switch in this approach. When an athlete's cognitive anxiety is low, physiological arousal predicts minor performance fluctuations resulting in an inverted-U relationship. Alternatively, if cognitive anxiety levels are high, increases in physiological arousal are hypothesized to lead to performance benefits up to a certain critical point ("cusp"), then there is a rapid drop in performance ("catastrophe") with increases in cognitive anxiety. Self-confidence may act as a buffer, resulting in lower levels of worry allowing athletes to endure greater levels of arousal. Thus, consultants adhering to this model may want to consider interventions targeting confidence as a means to delay or avoid the performance consequences of high levels of cognitive anxiety.

Individual Zones of Optimal Functioning

Informed by initial consulting work and supporting empirical research, Hanin (1997) proposed a model called the individualized zones of optimal functioning (IZOF). This approach found that what is considered an optimal arousal level (anxiety levels in particular) for best performance will vary among individuals along a continuum. For example, some athletes might have a zone of optimal functioning at the lower end of the continuum (calm and cool), some in the midrange, and others at the higher end (pumped up). Hanin not only introduced the concept of individual differences to finding athletes' optimal arousal levels, but also suggested that optimal arousal is not a single point but rather a bandwidth or zone. This approach was expanded to studying optimal zones for different emotions and feeling states. Hanin has argued that there are pleasant states that may have positive influences on performance (e.g., energetic), pleasant states that may have negative influences on performance (e.g., easygoing), unpleasant states that may have negative influences on performance (e.g., sluggish), and unpleasant states that may have positive influences on performance (e.g., angry). This popular approach has some of the greatest practical implications for those working directly with athletes dealing with arousal concerns

(Ruiz et al., 2017). The IZOF model emphasizes that coaches need to find each athlete's optimal zone and then teach them how to alter their anxiety levels to get them in their optimal zone.

Interpretation of Arousal

The approaches previously discussed have focused primarily on how the level or intensity of arousal and anxiety relate to performance. However, reversal theory (Apter, 1989; Kerr, 1997) and the directional interpretation hypothesis (Jones, 1995; Jones et al., 1994) emphasize that it is not just the amount of arousal or anxiety one feels, but rather the individual's interpretation of the arousal that is significant. According to reversal theory, arousal can be interpreted as either pleasant excitement or unpleasant anxiety. An athlete may perceive arousal as positive in one moment and reverse the interpretation to negative the next moment. Similarly, the directional interpretation hypothesis holds that the anxiety felt by an athlete can be viewed as facilitative or debilitative to performance. For example, two athletes are going through their pregame warm-ups and they each experience a queasy feeling in their stomachs. However, one athlete interprets this queasy feeling as facilitative ("I'm ready to go"), whereas the other athlete perceives it as debilitative ("I'm so nervous, I hope I don't mess up"). Unsurprisingly, perceiving arousal and state anxiety as pleasant excitement and facilitative is encouraged as it predicts best performance, according to these two interpretations. Therefore, athletes might benefit from being taught to interpret their arousal symptoms in a positive manner as well as develop techniques that will help them be optimally ready for competitions.

Matching Best Performance with Arousal

Athletes should discover their optimal zone of functioning to later recreate that state to increase the likelihood of performance success for future events. This exploration will require assessment of both arousal and performance. Initially, it is necessary to find what level of arousal is associated with high levels of performance. For example, Hanin (1997) used an anxiety questionnaire, and later an emotion states questionnaire, just before several competitions (or retrospectively after several competitions), to find an athlete's IZOF. The previously discussed assessment of arousal and anxiety are valuable resources athletes and practitioners can lean on for this determination. Practitioners and athletes are encouraged to create an arousal profile by conducting quite a few assessments of sport-related arousal that captures its multidimensional nature. However, quantifying arousal levels is only part of what is needed; over several competitions, performance should also be assessed.

Performance is a broad term that can be challenging to operationalize and measure, but it should be done in professional practice nonetheless. Depending on how athletes and practitioners elect to define performance, it can be assessed objectively or subjectively. For example, in assessing basketball performance, one could look at a player's objective performance in relation to such things as scoring, assists, rebounds, steals, and so forth to develop a composite performance assessment. Certain sports lend themselves to this method of assessment more so than others (e.g., gymnastics all-around competitions). Alternatively, a more subjective method could require athletes (or the coach) to rate their performances in relation to how they normally play from "1" (much worse than usual) to "10" (much better than usual). The assessments of arousal and performance as they are described here can be easily applied to the IZOF model.

A few interrelated ideas can be drawn from these various models: (a) sport-related arousal can have an influence on performance, (b) the direction of arousal's influence on performance depends on the individual and the situation, and (c) an individual's psychological and physiological responses to a situation and their interpretation of that arousal determine said direction. Taken together, these key tenants reinforce the value of assessing physiological and psychological arousal as well as performance and matching the two to understand individual arousal–performance relationships. Considering these

conceptualizations collectively, one can postulate that sometimes arousal/state anxiety needs to be reduced, at other times maintained, and possibly even facilitated.

Arousal Management Strategies

Nearly every person has had feelings of arousal or anxiety outside their norm during a performance. Athletes are not immune to these experiences and are keenly aware that those who manage their arousal best have greater success. Performance consequences associated with such experiences has led researchers and practitioners to explore how to help athletes manage fluctuations in their arousal. These efforts have led to countless strategies that are broadly categorized as either arousal reducing or inducing methods. In general, performers need to decrease the amount of arousal they are experiencing more often than they need to increase it. As a result, there are more strategies aimed at bringing arousal levels down than there are to bring them up. However, one will notice that the utility of these methods depends largely on how an athlete implements them as some strategies can reduce as well as induce arousal.

Arousal Reducing Strategies

There are many potential negative effects of high arousal, both physical (e.g., muscle tension) and mental (e.g., poor decision making), that can produce performance decreases. Practitioners working with athletes should be cognizant that an arousal management technique should be matched to meet individual needs. A number of situational factors (e.g., perceived event importance, uncertainty, type of sport, and time to competition) as well as athlete factors (e.g., trait anxiety, perfectionism, self-handicapping, and athletic identity) have been identified as antecedents of heightened sport–related arousal and anxiety (Weinberg & Gould, 2019). If practitioners and athletes are afforded ample time to work on preventing the development of excess arousal, then it would be essential to address the relevant aforementioned factors. There are, however, instances when excessive amounts of arousal need to be managed quickly and the strategies used to achieve this should be practiced systematically beforehand.

Breath Control

One of the quickest ways to observe physiological change is by attending to one's breath. High-pressure moments associated with overarousal often bring on disruptions to breathing patterns leading to inefficient breathing (e.g., breathe rapidly). Deliberate breathing is a muscle-to-mind strategy athletes can easily learn to control and implement regularly. It can lead to a more relaxed state because it directly stimulates the parasympathetic nervous system. Every breath has inhalation and exhalation phases with inhalation producing tension and exhalation producing relaxation. Athletes using breath control to reduce arousal levels will want to keep the inhalation phase shorter than the exhalation phase (1:2 ration is often used). It is not only important to attend to the pace of one's breathing, but also the physical act of breathing itself. Specifically, athletes should engage their diaphragm by drawing the breath fully into the lower part of the lungs. To experience diaphragm engagement, athletes can:

1   Lay on their back with their feet planted and knees pointing to the sky.
2   Place a hand on the abdomen and a hand on their chest.
3   Breathe slowly and rhythmically.
4   Feel their belly rise and lower while the hand on their chest moves a minimal amount.

After athletes determine they are able to engage their diaphragm when breathing, they should work on slow, deep, and deliberate breaths. They can imagine their lungs are divided into three levels and

their deep breath fills the lower, then middle, and finally upper level. This imagery and breathing are complemented with abdominal movement, an expanding ribcage and chest cavity, and finally a slight raising of the chest and shoulders. A slow exhalation should begin by pulling the abdomen in and lowering the shoulders and chest. This deeper breathing should contribute to a greater sense of stability, centeredness, and relaxation. Other breathing techniques include:

1   *Rhythmic breathing*: Inhale to a count of four, hold for a count of four, exhale for a count of four, and hold for a count of four before repeating.
2   *Sighing*: Exhale through mouth making an audible sigh, close mouth and inhale through nose, hold breath for a count of seven where tension can be felt, then audibly sigh.
3   *5-to-1 count*: Taking slow deep breaths, mentally count down and visualize the number while saying "I am more relaxed than I was at number X." Continue pattern until the number 1 is reached.

Variations of the breath control techniques outlined above can be trained outside the competition space but are particularly useful to implement during a break in action or prior to performing a specific skill, such as serving in tennis or hitting a golf ball and before starting a gymnastic routine or figure skating program. Finally, although breathing generally is a somatically based strategy, if athletes focus on their breathing, it has the added benefit of reducing negative thoughts. Cognitions such as mentally counting the seconds of inhalation and exhalation keep one focused on numbers and breathing so there is little room for other unwanted thoughts.

Progressive Muscular Relaxation

A second muscle-to-mind strategy typically viewed as the "gold standard" is progressive muscular relaxation (PMR; Jacobson, 1938). PMR holds a number of basic assumptions: (a) it is possible to learn the difference between tension and relaxation in the muscles, (b) tension and relaxation are mutually exclusive – it is not possible for a muscle to be tense and relaxed at the same time, (c) relaxation of the body through decreased muscle tension will lead to fewer anxious thoughts because one cannot be worried and relaxed at the same time. When performing PMR, an athlete progressively contracts and relaxes each major muscle group until all muscle groups are relaxed. While focusing on the different sensations, an athlete will cycle through maximally contracting one muscle group followed by relaxing that same muscle group as much as possible. With training, athletes should be able to intentionally reduce tension when they detect it in a specific area of the body (e.g., shoulders) by conducting a quick body scan.

Relaxation Response

A clinically validated way of reducing arousal and inducing relaxation is called the relaxation response (Benson & Proctor, 1984). This method applies the basic principles of meditation and mindfulness interventions. The state of mind produced by this technique is characterized by keen awareness, effortlessness, relaxation, spontaneity, and focused attention. The four basic steps can be completed within a 20–30-minute session:

1   Find a quiet environment with external distractors at a minimum.
2   Settle into a comfortable position that can be held for the duration of the procedure.
3   Focus on a mental device, single thought or word (e.g., ease, calm, and relax) and repeating it in conjunction with exhaling.
4   Simply let unwanted thoughts go out of mind without attending to them and refocus attention on mental devices.

Imagery

Another effective way to reach a relaxed state is through imagery or the creation or recreation of an experience in the mind. Specifically training and implementing imagery focusing on feelings of relaxation will allow athletes to let their bodies unwind (Martin et al., 1999). For example, an athlete can consciously imagine the experience of relaxation in their muscles by imagining drinking a warm liquid and feeling it seep through their body, relaxing their arms, legs, shoulders, neck, and back. The use of mastery-focused imagery can also contribute to higher levels of self-efficacy for an upcoming event. This is important because it can reduce feelings of uncertainty, which is a leading source of high arousal. For example, a snowboarder participating in a half-pipe competition could spend some time imagining themselves successfully completing their run, including each skill, from start to finish. Finally, mentally recreating an experience where an athlete has experienced excessive arousal (e.g., kicking a critical field goal at the end of the game) and see themselves coping with the overarousal may be helpful. Imagery is a mental skill with great utility, but it is most effective if practiced before implementing (see Chapter 56 for more information).

Self-Talk

A mind-to-muscle technique essential for managing arousal is self-talk, which is what people say to themselves out loud or inside their heads (Hardy, 2006). Self-talk can be generally categorized as positive, negative, or instructional, and serves many functions (see Van Raalte et al., 2016, and Chapter 59, for a review). The basic idea of using some sort of positive/instructional self-talk is that athletes gain the ability to talk themselves into calming down, putting forth effort, or staying focused. For example, a sprinter could state, "You've got this! Head down and explode out of the blocks." It is often assumed that negative events cause stress, but it is the negative thoughts following the event that cause stress. For example, after dropping a routine fly ball in right field, a softball player might say "I'll never play in college." This type of statement could result in feelings of stress, anxiety, frustration, and hopelessness. Given the same situation, however, another player might say "I just need to slow down and watch the ball into my glove," which could result in increased effort, motivation, and optimism. Taken together, changing negative self-talk to authentic, positive, or instructional can not only help alleviate stress but may also enhance performance.

Other forms of self-talk that may help reduce arousal are often task-irrelevant and serve to distract the athlete from what may be contributing to heightened arousal (e.g., dissociative self-talk, counting, making "to do" lists, and singing to oneself). For example, a marathon runner may choose to deliberately distract themselves with their inner dialogue instead of using self-talk that focuses on bodily sensations that accompany extreme fatigue.

Biofeedback Training

Athletes can learn how to voluntarily control their arousal levels through BFB training. BFB specifically provides athletes with information about their physiological or mental reactions to various situations (Schwartz, 1979), and can include measures of (a) heart rate, (b) muscular activity, (c) brain wave activity, (d) respiration, (e) blood pressure, (f) skin temperature, and (g) sweat gland activity. These markers of activation are captured through the use of special BFB equipment that can be used in a variety of settings. Athletes participating in BFB training can improve their ability to become aware of and actively influence their mind and physical states to help them decide when to mentally engage and shift attention to where it is needed most. This self-awareness can be achieved by implementing other strategies to regulate physiological responses during training and transferring these skills into

practice. For example, a baseball player might use breath control during BFB training in a lab setting to address the disconnect between their mind and body indicative of overarousal. The same player may recognize similar feelings when stepping into the batter's box and is able to step out and implement a quick breathing technique to reach an optimal arousal level. This training is becoming increasingly popular in the sport context with advances in and accessibility of BFB technology (e.g., HeartMath, EliteHRV, and Muse™). Athletes also enjoy seeing the objective feedback that is rarely observed in mental performance training.

Arousal-Inducing Strategies

Though less common, there are instances when athletes need arousal to be increased. Raising arousal in sport training and competition should be done in a deliberate fashion with awareness of optimal states. Some signs of suboptimal arousal might include (a) constantly wandering thoughts, (b) feeling bored or uninterested, (c) heavy feeling in extremities, (d) moving slowly, and (e) lacking anticipation/enthusiasm. There are a number of strategies that can be systematically implemented to foster meaningful and immediate increases to athletes' energy.

Increase Breathing Rate

Deliberate breathing is not only effective for reducing arousal, but also for energizing athletes. Increasing breathing rate can be a key source for greater energy, and the physiological response is immediate. Breathing patterns should focus on inhalation rather than exhalation. Inhalation should be quick, shallow, and powerful, which will quickly increase one's heart rate. Pranayama breathing techniques in yoga can be used to increase an athlete's arousal:

1 Take one long, deep breath in and out through the nose as an initial "cleansing" breath.
2 Rapidly inhale and exhale through the nose completely and forcibly ten times while engaging the diaphragm.
3 Complete three rounds of this pattern of one longer cleansing breath and ten quick breaths.

Imagery

The popular mental skill of imagery is not only reserved for arousal reducing purposes. Specific forms of imagery that utilize a variety of senses can also increase arousal. For example, certain motivational forms of imagery can energize an individual. Athletes may feel empowered and experience increases in arousal when recreating and playing back a personal sporting highlight reel in their mind just prior to play. Others may lean on more specific goal-oriented imagery (e.g., winning a gold medal). The following quote by Olympic judo gold medalist, Kayla Harrison, could be considered an example of energizing imagery, "I picture myself…standing on top of the podium and watching the flag go up and feeling the gold medal go around my neck and hugging my coach."

Self-Talk

Mindful communication with oneself can have activating effects leading up to and during performance. Deliberately constructed and authentic self-talk can help induce arousal when necessary. The use of intense cue words can function as motivators (e.g., go, energy, and yes), as well as instructional prompts (e.g., quick feet), and associate with energy build up. Additionally, positively worded statements (e.g., I've got this!) can raise arousal levels, but the statements have to be believable to the athlete using them.

For example, if an athlete exhibits lower self-esteem, they might be more doubtful or uncomfortable with these positive self-statements (Wood & Perunovic, 2009). Therefore, it is important to check in with athletes to determine the statement's effectiveness.

Upbeat Music

Listening to music can function as a stimulant when consumed pre-competition (Terry et al., 2020). Personal listening preferences as well as specific features of music (e.g., tempo, beat, and rhythm) can influence arousal levels. Athletes might want to craft a playlist they believe makes them feel energized and listen to it just prior to training and competition. If possible, those responsible for playing music in a team setting should be mindful of how it might contribute to optimal levels for all athletes. Not everyone will respond to the same music in the same way.

Conclusion

This chapter offers a cursory understanding of arousal in sport. Specifically, this chapter provided a definition for sport-related arousal, highlighted key arousal-performance theories, and offered practical methods to regulate arousal levels. See Box 55.1 for a summary of the key points from this chapter.

Box 55.1 Summary of Key Points about Arousal Management

- The terms arousal, anxiety, and stress are often used interchangeably, but they are distinct constructs.
- Understanding one's arousal/anxiety will require assessing cognitive components and physiological reactions.
- Evaluating performance and arousal/anxiety is essential to understanding the relationship between the two.
- Compared to the traditional intensity of arousal symptoms, the interpretation as facilitative or debilitative appears more critical to performance.
- All athletes have their own optimal zone of arousal where they experience top performances.
- Typical arousal-inducing strategies include increased breathing rate, energizing imagery, cue words, and upbeat music.

References

Apter, M. J. (1989). *Reversal theory: Motivation, emotion and personality*. Routledge.

Benson, H., & Proctor, W. (1984). *Beyond the relaxation response*. Berkeley.

Gould, D., Greenleaf, C., & Krane, V. (2002). The arousal-athletic performance relationship: Current status and future directions. In T. Horn (ed.), *Advances in sport psychology* (2nd ed., pp. 119–142). Human Kinetics

Hanin, Y. L. (1997). Emotions and athletic performance: Individual zones of optimal functioning. *European Yearbook of Sport Psychology*, *1*, 29–72.

Hardy, L. (1990). A catastrophe model of performance in sport. In G. Jones & L. Hardy (Eds.), *Stress and performance in sport* (pp. 81–106). Wiley.

Hardy, L. (1996). Testing the predictions of the cusp catastrophe model of anxiety and performance. *The Sport Psychologist*, *10*(2), 140–156. https://doi.org/10.1123/tsp.10.2.140

Hardy, J. (2006). Speaking clearly: A critical review of the self-talk literature. *Psychology of Sport and Exercise*, 7(1), 81–97. https://doi.org/10.1016/j.psychsport.2005.04.002

Jacobson, E. (1938). *Progressive relaxation*. University of Chicago Press.

Jones, G. (1995). More than just a game: Research developments and issues in competitive anxiety in sport. *British Journal of Psychology*, *86*, 449–478. https://doi.org/10.1111/j.2044-8295.1995.tb02565.x

Jones, G., Hanton, S., & Swain, A. B. J. (1994). Intensity and interpretation of anxiety symptoms in elite and non-elite sports performers. *Personality and Individual Differences*, *17*(5), 657–663. https://doi.org/10.1016/0191-8869(94)90138-4

Kerr, J. H. (1997). *Motivation and emotion in sport: Reversal theory*. Psychology Press.

Martens, R. (1977). *Sport competition anxiety test*. Human Kinetics.

Martens, R., Burton, D., Vealey, R. S., Bump, L. A., & Smith, D. E. (1990). Development and validation of the competitive state anxiety inventory-2. *Competitive Anxiety in Sport*, *3*(1), 117–190.

Martin, K., Moritz, S., & Hall, C. (1999). Imagery use in sport: A literature review and applied model. *The Sport Psychologist*, *13*(3), 245–268. https://doi.org/10.1123/tsp.13.3.245

Ruiz, M. C., Raglin, J. S., & Hanin, Y. L. (2017). The individual zones of optimal functioning (IZOF) model (1978–2014): Historical overview of its development and use. *International Journal of Sport and Exercise Psychology*, *15*(1), 41–63. https://doi.org/10.1080/1612197X.2015.1041545

Schwartz, G. E. (1979). Biofeedback and the behavioral treatment of disorders of disregulation. *The Yale Journal of Biology and Medicine*, *52*(6), 581–596.

Smith, R. E., Smoll, F. L., Cumming, S. P., & Grossbard, J. R. (2006). Measurement of multidimensional sport performance anxiety in children and adults: The Sport Anxiety Scale-2. *Journal of Sport and Exercise Psychology*, *28*(4), 479–501.

Terry, P. C., Karageorghis, C. I., Curran, M. L., Martin, O. V., & Parsons-Smith, R. L. (2020). Effects of music in exercise and sport: A meta-analytic review. *Psychological Bulletin*, *146*(2), 91–117. https://doi.org/10.1037/bul0000216

Van Raalte, J. L., Vincent, A., & Brewer, B. W. (2016). Self-talk: Review and sport-specific model. *Psychology of Sport and Exercise*, *22*, 139–148. 10.1016/j.psychsport.2015.08.004

Weinberg, R. S., & Gould, D. (2019). *Foundations of sport and exercise psychology* (7th ed). Human Kinetics.

Wood, J. V., Elaine Perunovic, W. Q., & Lee, J. W. (2009). Positive self-statements: Power for some, peril for others. *Psychological Science*, *20*(7), 860–866. https://doi.org/10.1111/j.1467-9280.2009.02370.x

Yerkes, R. M., & Dodson, J. D. (1908). The relation of strength of stimulus to rapidity of habit-formation. *Journal of Comparative Neurology and Psychology*, *18*(5), 459–482. https://doi.org/10.1037/h0073415

56

IMAGERY

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Regulating one's emotions, thoughts, and behaviors (i.e., self-regulation) is critical to an athlete's success in sport. Imagery is a self-regulation technique that is under the athlete's voluntary control and involves internally creating or recreating experiences from long-term memory (Morris et al., 2005). Although commonly known as "visualization" by coaches and athletes, imagery is a multisensory experience that doesn't require the presence of a real-life stimulus. For this reason, imagery has been described as "perception without sensation" (Moran, 2004, p. 133), and athletes are able to see; feel movements and sensations; and experience smell, taste, or sounds as multisensory images without experiencing the real thing (White & Hardy, 1998). It is also different from dreaming because athletes are awake and conscious during this mental activity. In this chapter, we provide an overview of how imagery works from a neurocognitive perspective as well as Lang's Bioinformational Theory of emotional imagery (Lang, 1979). This chapter also focuses on the application of imagery guided by the revised applied model of deliberate imagery use (RAMDIU; Cumming & Williams, 2013) and PETTLEP model (Holmes & Collins, 2001; Wakefield et al., 2013). It concludes with suggestions for furthering research into the application of imagery with sports performers.

How Imagery Works

There are different explanations for how imagery works (Morris et al., 2005). From a neuroscience perspective, imaging movement engages an athlete's motor system in the absence of physical movement (Guillot et al., 2021). There are now many brain and behavioral studies indicating that imagery and real execution of movement recruit similar (i.e., overlapping but not identical) brain networks, elicit comparable patterns of autonomic physiological responses, and share similar behavioral characteristics (Debarnot et al., 2021; Guillot et al., 2021; Roberts et al., 2019). Evidence of this equivalency typically comes from mental chronometry experiments showing a similar duration of imaged and actual execution of a series of movements and/or speed-accuracy trade-offs (Decety & Jeannerod, 1996). Applying this neuroscientific explanation to optimize imagery interventions, Holmes and Collins (2001) developed the PETTLEP model to provide recommendations on seven practical considerations: Physical, Environment, Task, Timing, Learning, Emotion, and Perspective (Wakefield & Smith, 2012; Wakefield et al., 2013) (see Table 56.1 for explanations and examples of each element of the PETTLEP model).

Table 56.1 Explanation and Examples of PETTLEP Checklist

PETTLEP★ Item	Explanation	Examples
Physical	Make the imagery into a physical experience by incorporating kinesthetic, tactile, and somatic sensations, sporting equipment and clothing, as well as small movements or gestures associated with real-life performance.	A rugby fly-half rehearses taking a penalty kick wearing team kit while adopting physical starting position of pre-kick routine and including relevant somatic and muscular sensations responses.
Environment	Image in the place where the real-life performance would occur; if not possible, use alternative ways to provide environmental cues.	An injured diver uses photos and videos of past performances to develop a realistic image of pool environment when unable to train.
Task	Make the image content appropriate for the skill level AND individual preferences of the athlete (e.g., attentional focus).	An elite golfer focuses on the shape of their swing and the flight of the ball when imaging driving off the tee.
Timing	Perform imagery in real-time when timing is required for successful execution of skill; use slow/fast motion imagery as appropriate to the intervention goals.	A swimmer alternates between imaging the achievement of a personal best time in the 100 m freestyle event and slowing down the image to focus on making a technical correction to their flip turn.
Learning	Adapt imagery content as individual becomes more skilled.	A figure skater's imagery is updated when they start to add more rotations to their jumps and spins in practice.
Emotion	Involve realistic and facilitative emotions associated with the real-life performance.	A water polo player imagines being calm and confident when guarding the opposing team's center forward.
Perspective	Adopt the same viewpoint used during the physical performance to meet the goals of the task (internal visual imagery or external visual imagery).	A cricket fast bowler uses external visual imagery to check the position of their upper body, bowling shoulder, and foot position in relation to the crease, but then switches to internal visual imagery to image pitching the ball to a precise position on the wicket.

Note: ★Each letter of the PETTLEP acronym represents a checklist item for practitioners to consider when developing and tailoring the delivery of an imagery intervention to meet the specific needs of an athlete (Holmes & Collins, 2001; Wakefield & Smith, 2012).

In the 20 years since the model was published, PETTLEP-informed imagery interventions have been found to be effective for improving different aspects of performance such as balance, strength, and technical skills (Smith et al., 2020; Wright & Smith, 2007). This evidence-base shows the importance of closely matching the imaged and actual learning/performance environments, which is referred to as "behavioral matching" (Wakefield et al., 2013). For example, Lu et al. (2020) used videos of intermediate skilled basketball players' own performances of the three-point shot as an external stimulus to imaging this action (Task) on a basketball court (Environment) as part of an eight-week PETTLEP imagery + physical practice intervention. Other PETTLEP elements were integrated into the intervention by asking the players to receive and hold the basketball (Physical), make images as quick as real competition (Timing), have similar feelings as in competition (Emotion), and emphasize learning the three-point shot. After viewing their personal film and imaging the action, the players then actually performed the three-point shot five times at different angles (0, 45, 90, 135, and 180°). Compared to a control group

who only did physical training, only those players who did PETTLEP imagery significantly improved their performance from pre- to post-test. These findings add further support for incorporating PETT-LEP elements into an imagery intervention.

A criticism of PETTLEP research has been it overlooks the personal relevance of the imagery (Collins & Carson, 2017), with realistic and meaningful imagery instructions/scripts predicted to result in better performance, than generic/experimenter-derived instructions/scripts (Wilson et al., 2010). In addition to neuroscience explanations of why imagery works, the PETTLEP model is also informed by the Bioinformational Theory of emotional imagery (Lang, 1979). According to this theory, imaging an emotion-evoking stimulus (e.g., medal podium) will activate a network of stored information associated with the real-life experience (e.g., standing on top of a medal podium to receive a gold medal) and lead to relevant and measurable physiological responses (Lang, 1979). This associative network consists of (a) stimulus information (i.e., sensory-based perceptions such as the size, shape, and color of the medal podium); (b) response information (i.e., behavioral, physiological, and linguistic reactions to the stimulus such as excitement, racing heart, tears, smiling); and (c) meaning information (i.e., semantic and nonsemantic information about what the athlete's response to the stimulus means, such as success and joy). Imagery that activates this associative network can be used as an "as-if real" template for rehearsing and changing emotional and behavioral responses when this same stimulus is encountered in real life (Ji et al., 2016).

In sum, the application of imagery in sport has been informed by different explanations for why imagery works. Two of the dominating explanations arise from cognitive neuroscience and the psychology of emotion processing, which have informed the PETTLEP model (Holmes & Collins, 2001; Wakefield & Smith, 2012; Wakefield et al., 2013) as well as RAMDIU (Cumming & Williams, 2013). Turning our attention now to RAMDIU, the next section of this chapter will focus on why, where, when, what, and how athletes use deliberate and meaningful imagery to achieve desired outcomes.

RAMDIU

Drawing from Bioinformational Theory as well as integrating important aspects of earlier applied models (Guillot & Collet, 2008; Martin et al., 1999), the RAMDIU describes nine components to consider when developing effective imagery interventions: (a) who; (b) where; (c) when; (d) why; (e) what; (f) how; (g) personal meaning; (h) imagery ability; and (i) outcomes (Cumming & Williams, 2013).

Why, What, and How Athletes Image

Imagery function refers to the reasons why a person uses imagery (Cumming & Williams, 2013). Paivio (1985) argued that imagery can serve cognitive and motivational purposes, operating at both general and specific levels, thereby resulting in a 2×2 conceptual framework: cognitive specific (CS), cognitive general (CG), motivational specific (MS), and motivational general (MG; see Figure 56.1). Hall et al. (1998) further subdivided MG into motivational general–arousal (MG-A) and motivational general–mastery (MG-M). CS imagery is for learning and improving skills, whereas CG imagery is for learning and improving game strategies, plans, and routines. MS imagery is for setting and achieving goals and providing motivational reinforcers for goal achievement, MG-A imagery is for regulating arousal and emotions, while MG-M imagery is for regulating attentional focus and performance-related cognitions such as confidence and mental toughness. An extensive body of literature supports Hall et al.'s (1998) revised framework and indicates that imagery can improve skills, increase motivation and confidence, regulate emotions, and result in athletes effectively planning and problem solving (Cumming & Williams, 2013). It is also increasingly recognized that imagery can serve more functions than what is captured by this framework, such as increasing muscular strength, promoting healing and

	Cognitive	**Motivational**	
Specific	A gymnast images a back tuck to improve performance of this skill.	A rower images winning gold at the national championships to motivate themselves.	
General	An ice-skater images their new short program to learn this routine.	**Arousal** A golf player images feeling calm and focused before their tournament to regulate their anxiety.	**Mastery** A football player images feeling confident and focused before a penalty kick to increase their confidence.

Figure 56.1 2 × 2 Framework of Imagery Functions (see Hall et al., 1998; Paivio, 1985)

pain management, and serving aesthetic or artistic functions like helping to imagine roles and characters (Cumming & Williams, 2012; 2013).

According to the RAMDIU, the imagery function will influence the affective, cognitive, and/or behavioral outcomes obtained as a direct result of the content (i.e., what is imaged, such as details of the task and the environment in which the task is performed). Moreover, the personal meaning the athlete attaches to the imagery will determine what content will serve which function(s) for that athlete. For many athletes, the content will closely relate to the function or purpose of that imagery. A gymnast might imagine landing a difficult pass during their floor routine (i.e., skill-based imagery) to master this tumbling sequence (i.e., CS function). However, the same content can be used for different desired outcomes; for example, this same pass imagined prior to competition might help the gymnast to feel confident and focused (i.e., MG-M function). The same imagery content can also serve different functions to different athletes depending on the situation. For instance, imagining successfully landing the tumbling sequence before competing might increase confidence in one gymnast but might increase anxiety in a different gymnast. In other words, the reasons why someone images are not always synonymous with the content imaged and the same imagery content can serve multiple functions. It is important that applied practitioners take an individual approach to designing interventions and determine what content will be more meaningful for serving the intended function(s) of the imagery for the athlete (Cumming & Williams, 2013).

Why and what an athlete images also shares a close relationship with how it is imaged (Cumming & Williams, 2013). Each generated image can be characterized in different ways, such as by its agency (e.g., self or others), color, deliberateness (e.g., planned vs. spontaneous), duration, frequency, sensory

modality (e.g., visual, kinesthetic, auditory, tactile, and gustatory), speed (e.g., slow motion, real time, and fast motion), and visual perspective. For example, images can be viewed from either a first–person (internal visual imagery; IVI) or a third person (external visual imagery of the self or others; EVI) perspective, which, in turn, can be viewed by different angles (e.g., from the left, right, and above). Athletes can also adapt the characteristics of their image. To optimize their imagery, elite golfers were found to modify the speed of their images to obtain relevant information (Bernier & Fournier, 2010). Finally, the PETTLEP model can inform what and how an athlete images through incorporation of the seven elements such as by having athletes wear the clothing they would perform in or having them conduct the imagery in the location where the real–life skill would occur.

Who, Where, and When Athletes Image

Imagery is an accessible psychological tool that can be used by almost anyone, anywhere, and at any time. However, personal characteristics such as age, gender, ability/playing level, type of sport played, as well as dispositional tendencies of the athlete will likely affect the different components of RAMDIU (Cumming & Williams, 2013). Taking age as an example, children have an ability to image from five years onward, but imagery ability and preferences for imaging may change with age (Spruijt et al., 2015). Following a PETTLEP imagery intervention, older children scored higher on EVI and kinesthetic imagery than younger participants (Quinton et al., 2014). Young athletes have been found to use imagery similarly to older athletes, although differences also exist. In a study, 7- to 14-year-old female and male athletes described using imagery in both practice and competition situations and for Paivio's (1985) cognitive and motivational functions. But only older female athletes (aged 11–12 and 13–14 years) discussed using imagery to experience excitement and relaxation (MG-A function), whereas male athletes aged 7–14 years and female athletes aged 7–10 years did not. Also, only females aged 9–14 years described using imagery for mental toughness, focus, and confidence (MG-M function) (Munroe-Chandler et al., 2007).

Athletes use imagery before, during, or after practice or competition; and when resting, injured, traveling, or during their downtime at home. According to RAMDIU, the function of this imagery may differ according to the setting and timeframe (Cumming & Williams, 2013). In training, athletes might use imagery during practice to consolidate skill learning and stay motivated during challenging drills, whereas they might use imagery just before competing to mentally prepare themselves for the event. Slimani et al. (2016) demonstrated that CS and CG imagery training can enhance performance in football players during practice, but in competition settings, MG-A, MG-M, and MS imagery training have the most beneficial effect on performance. Additionally, differences in imagery use have been found at different points during the season, with athletes engaging in less imagery during their off-season or the beginning of the season, but more imagery during the latter part of their season to aid competitive performance (Cumming & Williams, 2013).

Personal Meaning

RAMDIU posits that personal meaning forms a bridge between imagery function and content, with meaning describing the extent to which an image is facilitative (i.e., helpful) or debilitative (i.e., unhelpful) for achieving the intended outcomes (Cumming & Williams, 2013). Historically, positive imagery content (e.g., scoring a penalty kick in soccer) has been regarded as facilitative and leading to positive outcomes, and negative content (e.g., missing a penalty kick in soccer) as debilitative and leading to negative outcomes. However, positive images may not always be perceived as facilitative (e.g., for a soccer player who experiences high and debilitative anxiety intensity taking penalty kicks) and negative images as debilitative (e.g., a novice soccer player who sees a near miss as progress; Nordin &

Cumming, 2006; Quinton et al., 2018). Research confounding these terms has often not included a measure of imagery meaning, but rather assumed that positive content is facilitative and vice versa without manipulation checks (Cumming & Quinton, 2022). In contrast, Quinton et al. (2018) examined how imagery meaning and content affected putting performance, anxiety, and confidence in expert and novice golfers. Participants were randomly assigned to either imagine missing the target by 20 cm ("near miss") or 40 cm ("far miss"). Based on manipulation checks, those who perceived imagery as more debilitative performed worse compared to those who perceived imagery as facilitative. Additionally, novices found the imagery more helpful than experts. Since the model's conception, imagery meaning is now applied to consider how all components of the model interact. For example, Quinton et al. (2018) showed a direct link with the "who" (skill level) and "outcome" (performance) components.

Outcomes

Whether imagery is used as a stand-alone technique or part of a mental skills training package, there is evidence of its effectiveness for enhancing learning and performance as well as for managing performance-related thoughts and emotions (Ong & Chua, 2021; Simonsmeier et al., 2021). Recent meta-analyses show that imagery is effective for enhancing sport outcomes such as the performance of sport-specific motor skills (Lindsay et al., 2021; Simonsmeier et al., 2021). For example, Simonsmeier et al. (2021) found that imagery had an overall effect size of $d = 0.431$, and the effects were causal rather than correlational and evident across a variety of different participant, intervention, and outcome characteristics. Importantly, combining imagery with physical practice was more effective than physical practice alone, reinforcing the idea that imagery enhances the benefits of physical practice. These reviews also add further evidence that imagery is more effective than no practice, the benefits can be retained over the long-term, and imagery can be used as an alternative or substitute type of practice when needing to reduce physical practice (e.g., tapering) or not able to train due to injury, illness, traveling, or other restrictions placed on training. The benefits of using imagery also goes beyond performance enhancement, with imagery also being effective for improving athletes' well-being (Kouali et al., 2020), and can also be a valuable life skill that is transferable to other parts of the athletes' life, such as school (Jacobs & Wright, 2016).

Implications of RAMDIU

According to RAMDIU, researchers and practitioners should consider how the nine components will interact to determine whether effective imagery will occur. When designing an imagery intervention, the specific outcome or range of outcomes to be achieved need to be first identified. To ensure that the imagery will be effective for achieving the outcome(s), what is imaged and how it is imaged needs to be appropriate for both the individual and the situation (i.e., meaningful imagery). Furthermore, the individual will need to have the ability to generate, control, and maintain this imagery for a sufficient length of time to see the intended benefits (Cumming & Eaves, 2018). Athletes are more likely to select imagery content and characteristics that they find easier to image, and greater imagery ability is associated with better intervention outcomes (Cumming & Williams, 2013). It is therefore important to consider potential aids to support their imagery, such as by incorporating the different PETTLEP elements. In the next section, we also consider personalized guided imagery scripts as well as evidence-based techniques to improve athletes' imagery ability.

Applying and Evaluating Imagery

Because athletes will vary in their ability to image and this will influence what, why, and how they image as well as the outcomes achieved, applied researchers have developed different techniques to

improve how images are generated, inspected, transformed, and maintained. Layered stimulus response training (LSRT) is one such approach with evidence to support its effectiveness in athletes with low imagery ability (Cumming et al., 2017; Williams et al., 2013). Based on Bioinformational Theory (Lang, 1979), LSRT encourages athletes to build rich and vivid imagery experiences by adding different stimulus, response, and meaning propositions in progressive layers. Starting with a simple image, this training is done in cycles of (a) imaging, (b) reflecting on the image, and (c) adding a new layer of detail to the image. Taking the example of an U13 junior elite tennis player, LSRT might involve initially focusing on what they see from an IVI perspective when imaging a serve. Once they are able to vividly generate and control this visual image, the next layer could be to focus on tactile sensations of the racquet and ball, the following layer adding on the physical sensations of the serve action, and so forth until the image is complete. An alternative approach is Retrogressive Imagery (RETI; Fazel et al., 2018), which begins with the complete image and contextual elements are then taken away in phases. In support, Fazel et al. (2018) found that basketball players who received RETI improved their free throw shooting performance more than those in progressive (an adapted version of LSRT) or routine imagery (i.e., unchanged imagery) conditions. But it should be noted that experimenters decided which elements to add/remove on a weekly basis over the intervention in contrast to the more participant-led approach used in LSRT. Removing core elements of LSRT (e.g., reflection and personalization of the added layers) may explain why it was less effective in Fazel et al. (2018)'s study and further research is needed to compare LSRT and RETI to determine which approach is effective for who and under what conditions.

One of the most common ways to encourage athletes' use of imagery is by developing a personalized imagery script. To optimize meaningfulness and effectiveness of this script, Williams, Cooley, Newell, et al. (2013) developed a checklist based on the 5 W's of imagery found in RAMDIU (also see Munroe et al., 2000): (a) *who* will use the script (e.g., an U13 junior elite tennis player with good visual and kinesthetic imagery ability and a preference for IVI perspective); (b) *where* and *when* the script will be used (e.g., on-court during training sessions); (c) *why* (e.g., to improve serve velocity as well as concentration and intrinsic enjoyment of serve drills); and (d) *what* the script will include with respect to content (e.g., details of the task to be imaged with accompanying physiological and emotional responses), sensory modality (e.g., visual, kinesthetic, and auditory imagery), and specific details to aid personalization of the script (e.g., description of training environment and weather conditions). Aligned with RAMDIU, the aim of the checklist is to ensure that the imagery is serving its intended function(s), with the length and content of the script aligned to the characteristics and imagery preferences of the athlete and their situation. To achieve this goal, athletes should be involved in selecting the content, wording, and delivery mode of the script so that it is relevant and appropriate for them (Williams, Cooley, Newell et al., 2013). Imagery scripts can also take different forms (e.g., key words/phrases, narratively describing a specific situation, and music/video clips) and be delivered in flexible ways (e.g., read, audio-recorded, and video-recorded). Moreover, the accompanying instructions can further enhance the imagery process such as by encouraging the athlete to image vividly and to incorporate physical aspects such as adopting a stance or making small movements/gestures (i.e., embedding PETTLEP elements).

Conclusion

We conclude this chapter on imagery by offering some suggestions for further research and applied practice of this important self-regulation technique. Our focus to this point has been on deliberately generated imagery that has intended affective, cognitive, and behavioral outcomes for the athlete, but we also recognize that images can occur involuntarily and may impede performance and well-being. Outside of sport, for example, individuals with high trait anxiety experience involuntary debilitative images in response to anxiety-provoking situations that contribute to further anxiety and impaired

performance. In response, high trait anxious individuals are then likely to use maladaptive emotion regulation strategies such as attempts to suppress these images. As athletes have been known to experience both trait competitive anxiety and intrusive images (Martinent & Ferrand, 2007; Parker et al., 2015), a next step for sport imagery research would be to evaluate the effectiveness of techniques such as image rescripting. Cumming and Quinton (2022) propose that high trait anxious athletes could be taught how to rescript their original intrusive imagery by either changing how they respond to the situation and/or the meaning of their response to the situation.

Further research is also needed on image meaning. First, researchers must use the correct terminology to ensure imagery meaning and content are differentiated for imagery interventions to be effective at eliciting facilitative outcomes (Quinton et al., 2018). Second, imagery meaning must be explicitly assessed. This could be through manipulation checks in "homework" diaries, such as "Did you perceive the imagery script as being helpful or unhelpful towards your reactions to competition?" and keeping a spontaneous imagery log to track details of facilitative and debilitative imagery (Cumming & Quinton, 2022). Addressing these two recommendations will advance the literature on imagery meaning and ensure consistency and rigor of future research. See Box 56.1 for a summary of the key points from this chapter.

Box 56.1 Summary of Key Points about Imagery

- Imagery is an effective self-regulatory tool for enhancing learning and performance as well as for managing performance-related thoughts and emotions.
- The revised applied model of deliberate imagery use (RAMDIU) and the PETTLEP checklist can guide the application of imagery.
- Imagery is not always used effectively by athletes and different factors such as a mismatch between imagery function and content can influence the benefits achieved.
- Personalized imagery scripts can be developed by aligning the who, where, when, and why the script will be used with the content.
- Different techniques, including layered stimulus response training (LSRT) and retrogressive imagery (RETI), have been developed to improve how athletes generate, inspect, transform, and maintain images.

References

Bernier, M., & Fournier, J. F. (2010). Functions of mental imagery in expert golfers. *Psychology of Sport and Exercise*, *11*(6), 444–452. https://doi.org/10.1016/j.psychsport.2010.05.006

Collins, D., & Carson, H. J. (2017). The future for PETTLEP: A modern perspective on an effective and established tool. *Current Opinion in Psychology*, *16*, 12–16. https://doi.org/10.1016/j.copsyc.2017.03.007

Cumming, J., Cooley, S. J., Anuar, N., Kosteli, M.-C., Quinton, M. L., Weibull, F., & Williams, S. E. (2017). Developing imagery ability effectively: A guide to layered stimulus response training. *Journal of Sport Psychology in Action*, *8*(1), 23–33. https://doi.org/10.1080/21520704.2016.1205698

Cumming, J., & Eaves, D. L. (2018). The nature, measurement, and development of imagery ability. *Imagination, Cognition and Personality*, *37*(4), 375–393. https://doi.org/10.1177/0276236617752439

Cumming, J., & Quinton, M. L. (2022). Improving the reporting of sport imagery interventions with TIDieR. *Asian Journal of Sport and Exercise Psychology*. Advance online publication. https://doi.org/10.1016/j.ajsep.2022.07.003

Cumming, J., & Williams, S. E. (2012). The role of imagery in performance. In S. Murphy (Ed.), *Oxford handbook of sport and performance psychology* (pp. 213–232). Oxford University Press.

Cumming, J., & Williams, S. E. (2013). Introducing the revised applied model of deliberate imagery use for sport, dance, exercise, and rehabilitation. *Movement & Sport Sciences - Science & Motricité*, (82), 69–81. https://doi.org/10.1051/sm/2013098

Debarnot, U., Perrault, A. A., Sterpenich, V., Legendre, G., Huber, C., Guillot, A., & Schwartz, S. (2021). Motor imagery practice benefits during arm immobilization. *Scientific Reports*, *11*(1), 1–12. https://doi.org/10.1038/s41598-021-88142-6

Decety, J., & Jeannerod, M. (1996). Mentally simulated movements in virtual reality: Does Fitts's law hold in motor imagery? *Behavioural Brain Research*, *72*(1–2), 127–134. https://doi.org/10.1016/0166-4328(96)00141-6

Fazel, F., Morris, T., Watt, A., & Maher, R. (2018). The effects of different types of imagery delivery on basketball free-throw shooting performance and self-efficacy. *Psychology of Sport and Exercise*, *39*, 29–37. https://doi.org/10.1016/j.psychsport.2018.07.006

Guillot, A., & Collet, C. (2008). Construction of the Motor Imagery Integrative Model in Sport: A review and theoretical investigation of motor imagery use. *International Review of Sport and Exercise Psychology*, *1*(1), 31–44. https://doi.org/10.1080/17509840701823139

Guillot, A., Rienzo, F. D., Frank, C., Debarnot, U., & Macintyre, T. E. (2021). From simulation to motor execution: A review of the impact of dynamic motor imagery on performance. *International Review of Sport and Exercise Psychology*. Advance online publication. https://doi.org/10.1080/1750984x.2021.2007539

Hall, C. R., Mack, D. E., Paivio, A., & Hausenblas, H. A. (1998). Imagery use by athletes: Development of the Sport Imagery Questionnaire. *International Journal of Sport Psychology*, *29*(1), 73–89.

Holmes, P. S., & Collins, D. J. (2001). The PETTLEP approach to motor imagery: A functional equivalence model for sport psychologists. *Journal of Applied Sport Psychology*, *13*(1), 60–83. https://doi.org/10.1080/10413200109339004

Jacobs, J. M., & Wright, P. M. (2016). An alternative application of imagery in youth sport: Promoting the transfer of life skills to other contexts. *Journal of Sport Psychology in Action*, *7*(1), 1–10. https://doi.org/10.1080/21520704.2015.1123205

Ji, J. L., Burnett Heyes, S., MacLeod, C., & Holmes, E. A. (2016). Emotional mental imagery as simulation of reality: Fear and beyond – A tribute to Peter Lang. *Behavior Therapy*, *47*, 702–719. https://doi.org/10.1016/j.beth.2015.11.004

Kouali, D., Hall, C., & Deck, S. (2020). Examining the effectiveness of an imagery intervention in enhancing athletes' eudaimonic well-being. *Journal of Imagery Research in Sport and Physical Activity*, *15*(1), Article e20200003. https://doi.org/10.1515/jirspa-2020-0003

Lang, P. J. (1979). A Bio-Informational Theory of Emotional Imagery. *Psychophysiology*, *16*(6), 495–512. https://doi.org/10.1111/j.1469-8986.1979.tb01511.x

Lindsay, R. S., Larkin, P., Kittel, A., & Spittle, M. (2021). Mental imagery training programs for developing sport-specific motor skills: A systematic review and meta-analysis. *Physical Education and Sport Pedagogy*, 1–22. https://doi.org/10.1080/17408989.2021.1991297

Lu, F. J. H., Gill, D. L., Lee, Y.-C., Chiu, Y.-H., Liu, S., & Liu, H.-Y. (2020). Effects of visualized PETTLEP imagery on the basketball 3-point shot: A comparison of internal and external perspectives. *Psychology of Sport & Exercise*, *51*, Article e101765. https://doi.org/10.1016/j.psychsport.2020.101765

Martin, K. A., Moritz, S. E., & Hall, C. R. (1999). Imagery use in sport: A literature review and applied model. *The Sport Psychologist*, *13*(3), 245–268. https://doi.org/10.1123/tsp.13.3.245

Martinent, G., & Ferrand, C. (2007). A cluster analysis of precompetitive anxiety: Relationship with perfectionism and trait anxiety. *Personality and Individual Differences*, *43*(7), 1676–1686. https://doi.org/10.1016/j.paid.2007.05.005

Moran, A. P. (2004). *Sport and exercise psychology: A critical introduction*. Routledge.

Morris, T., Spittle, M., & Watt, A. P. (2005). *Imagery in sport*. Human Kinetics.

Munroe, K. J., Giacobbi, P. R., Hall, C., & Weinberg, R. (2000). The four Ws of imagery use: Where, when, why, and what. *The Sport Psychologist*, *14*(2), 119–137. https://doi.org/10.1123/tsp.14.2.119

Munroe-Chandler, K. J., Hall, C. R., Fishburne, G. J., & Strachan, L. (2007). Where, when, and why young athletes use imagery. *Research Quarterly for Exercise and Sport*, *78*(2), 103–116. https://doi.org/10.1080/02701367.2007.10599408

Nordin, S. M., & Cumming, J. (2006). The development of imagery in dance Part II: quantitative findings from a mixed sample of dancers. *Journal of Dance Medicine & Science*, *10*(1 & 2), 28–34.

Nordin, S. M., Cumming, J., Vincent, J., & McGrory, S. (2006). Mental practice or spontaneous play? Examining which types of imagery constitute deliberate practice in sport. *Journal of Applied Sport Psychology*, *18*(4), 345–362. https://doi.org/10.1080/10413200600944124

Ong, N. C. H., & Chua, J. H. E. (2021). Effects of psychological interventions on competitive anxiety in sport: A meta-analysis. *Psychology of Sport and Exercise*, *52*, Article e101836. https://doi.org/10.1016/j.psychsport.2020.101836

Paivio, A. (1985). Cognitive and motivational functions of imagery in human performance. *Canadian Journal of Applied Sport Sciences*, *10*(4), 22–28.

Parker, J. K., Jones, M. I., & Lovell, G. P. (2015). An investigation into athletes' intrusive visual imagery. *Sport & Exercise Psychology Review*, *11*(1), 34–42.

Quinton, M. L., Cumming, J., Allsop, J., Gray, R., & Williams, S. E. (2018). Imagery meaning and content in golf: Effects on performance, anxiety and confidence. *International Journal of Sport and Exercise Psychology*, *16*(4), 382–397. https://doi.org/10.1080/1612197X.2016.1242150

Quinton, M. L., Cumming, J., Gray, R., Geeson, J. R., Cooper, A., Crowley, H., & Williams, S. E. (2014). A PETTLEP imagery intervention with young athletes. *Journal of Imagery Research in Sport and Physical Activity*, *9*(1), 47–59. https://doi.org/10.1515/jirspa-2014-0003

Roberts, J. W., Welsh, T. N., & Wakefield, C. J. (2019). Examining the equivalence between imagery and execution: Do imagined and executed movements code relative environmental features? *Behavioural Brain Research*, *370*(16), Article e111951. https://doi.org/10.1016/j.bbr.2019.111951

Simonsmeier, B. A., Andronie, M., Buecker, S., & Frank, C. (2021). The effects of imagery interventions in sports: A meta-analysis. *International Review of Sport and Exercise Psychology*, *14*(1), 186–207. https://doi.org/10.1080/1750984x.2020.1780627

Slimani, M., Bragazzi, N. L., Tod, D., Dellal, A., Hue, O., Cheour, F., Taylor, L., & Chamari, K. (2016). Do cognitive training strategies improve motor and positive psychological skills development in soccer players? Insights from a systematic review. *Journal of Sports Sciences*, *34*(24), 2338–2349. https://doi.org/10.1080/02640414.2016.1254809

Smith, D., Romano-Smith, S., Wright, D. J., Deller-Rust, B., & Wakefield, C. J. (2020). The Effects of combining PETTLEP imagery and action observation on bicep strength: A single-case design. *Journal of Applied Sport Psychology*, *32*(4), 377–391. https://doi.org/10.1080/10413200.2018.1560372

Spruijt, S., van der Kamp, J., & Steenbergen, B. (2015). Current insights in the development of children's motor imagery ability. *Frontiers in Psychology*, *6*, Article e787. https://doi.org/10.3389/fpsyg.2015.00787

Wakefield, C., & Smith, D. (2012). Perfecting practice: Applying the PETTLEP model of motor imagery. *Journal of Sport Psychology in Action*, *3*(1), 1–11. https://doi.org/10.1080/21520704.2011.639853

Wakefield, C., Smith, D., Moran, A. P., & Holmes, P. (2013). Functional equivalence or behavioural matching? A critical reflection on 15 years of research using the PETTLEP model of motor imagery. *International Review of Sport and Exercise Psychology*, *6*(1), 105–121. https://doi.org/10.1080/1750984x.2012.724437

White, A., & Hardy, L. (1998). An in-depth analysis of the uses of imagery by high-level slalom canoeists and artistic gymnasts. *The Sport Psychologist*, *12*(4), 387–403. https://doi.org/10.1123/tsp.12.4.387

Williams, S. E., Cooley, S. J., & Cumming, J. (2013). Layered stimulus response training improves motor imagery ability and movement execution. *Journal of Sport and Exercise Psychology*, *35*(1), 60–71. https://doi.org/10.1123/jsep.35.1.60

Williams, S. E., Cooley, S. J., Newell, E., Weibull, F., & Cumming, J. (2013). Seeing the difference: Developing effective imagery scripts for athletes. *Journal of Sport Psychology in Action*, *4*(2), 109–121. https://doi.org/10.1080/21520704.2013.781560

Wilson, C., Smith, D., Burden, A., & Holmes, P. (2010). Participant-generated imagery scripts produce greater EMG activity and imagery ability. *European Journal of Sport Science*, *10*(6), 417–425. https://doi.org/10.1080/17461391003770491

Wright, C. J., & Smith, D. K. (2007). The effect of a short-term PETTLEP imagery intervention on a cognitive task. *Journal of Imagery Research in Sport and Physical Activity*, *2*(1), Article e1. https://doi.org/10.2202/1932-0191.1014

57

MOTIVATION AND GOAL SETTING

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The study of motivation attempts to answer the question "what energizes and directs human behaviors?" (Deci & Ryan, 1985). If we look at the question closer, there are two parts to this process; energy implies that the behavior has strength and direction implies behaviors have purpose, usually toward a goal or outcome. In an attempt to answer this question, many motivational theories have been proposed with accompanying assumptions about the nature of humans and about the factors that motivate behaviors. Among all the motivational theories, Self-Determination Theory (SDT; Deci & Ryan, 2000) and Achievement Goal Theory (AGT; Nicholls, 1989) are the most dominant theories in the study of competitive sport motivation.

Goal setting is an effective technique in enhancing sport performance at all levels. However, by applying the steps involved for effective goal setting may be too simplistic because it ignores what energizes the behavior in the first place. Theoretical approaches in relation to goal setting consider both the motivation provided by goals (e.g., Goal Setting Theory GST; Locke & Latham, 2019) and the underlying reasons why individuals are pursuing goals (e.g., Self-Concordance Model; Sheldon & Elliot, 1999).

In the first part, this chapter examines key theories that relate to both the "what" and "whys" of motivation and goal setting in sport. In the second part, we will provide links between these theories and wider motivational theories related to goal setting. In the third part, this chapter will outline the applied implications and offer some take home messages for athletes, coaches, and sport psychology practitioners.

Self-Determination Theory

According to SDT, there are different types and sources of motivation that may result in variations in behaviors (Deci & Ryan, 2000). Typically, there are three types of motivation – intrinsic, extrinsic, and amotivation. Intrinsically motivated behaviors are performed for their own sake, or out of interest or satisfaction derived from participation. Extrinsically motivated behaviors, however, are behaviors that are performed as a means to an end and not for their own sake. There are four different behavioral regulations within extrinsic motivation: integrated, identified, introjected, and external. Integrated regulation is the most self-determined form of extrinsic motivation. It involves behaviors that are performed in harmony with one's beliefs and values. Identified regulation involves acting out because behavior is seen as personally important. Intrinsic, integrated and identified regulations are considered to be autonomous forms of motivation as these behaviors are carried out volitionally. Introjected regulation

refers to behavior that is carried out due to internally controlling or self-imposed emotions, such as guilt, shame, contingent self-esteem, or to attain ego-enhancements such as pride. External regulations are behaviors that are controlled by external forces, such as punishment or rewards. Introjected and external regulations are controlled motivations as they involve intra- or interpersonal coercion in which the actions may not be congruent with respect to the person's sense of self. Amotivation is placed as a separate category at the external end of the continuum. People are amotivated when they perceive a lack of contingency between their own actions and outcomes, or a lack of competence.

According to SDT, autonomous motivation leads to more positive motivational consequences, whereas controlled motivation is associated with more negative outcomes. Many studies have provided empirical support for these theoretical postulates in sport (Pope & Wilson, 2012). Athletes who are autonomously motivated in the sport can sustain their motivation, perform better, and have higher levels of well-being than those with controlled motivation (Gillet et al., 2013; Halldorsson et al., 2012).

Achievement Goal Theory

Another area of research that is closely linked to SDT and GST is the way the goals are framed in achievement settings such as sport. AGT, proposed by Nicholls (1989), assumes that the goal of action in achievement settings is to demonstrate competence, and therefore the perception of ability is a central variable. There are two ways to define competence/success. The first focuses on self-referenced mastery or learning how to do the task and is labeled by terms such as "mastery" and "task-involved" goals. The second emphasizes the normative comparison of ability or performance relative to others and is labeled by terms such as "performance" and "ego-involved" goals. Variations in these goal perspectives are linked to different cognition, affect, and behavior. In other words, success and failure are not concrete standards of attainment or excellence in achievement settings. Instead, success and failure are considered as psychological states depending on the perception of individuals of whether they have reached their goals (Maehr & Nicholls, 1980).

Task involvement is presumed to elicit adaptive motivational responses, that is, to engage in behaviors conducive for long-term accomplishment and enhanced performance, irrespective of individuals' perceived ability; for example, effort exertion, persistence, improved performance, positive affect, and choosing challenging tasks rather than easy ones (Nicholls, 1989). In contrast, ego-involved individuals are concerned with gaining positive judgments of their ability and avoiding negative ones. Therefore, for ego-oriented athletes who doubt their ability, it is predicted that they will exhibit helpless responses such as effort reduction, lack of trying, negative affect, dropping out of the activity, impaired performance and choosing extreme tasks in terms of the perceived challenge. However, for those ego-oriented athletes with high perceived ability, it is predicted that they will show similar adaptive behavioral patterns to task-involved individuals. They will also choose challenging tasks of normative difficulty where success would reinforce their level of ability. AGT states that individual's goal involvement state is influenced by their goal dispositions, that is, the proneness to task and/or ego involvement, as well as situational factors such as the motivational climate.

Another key variable in determining the goal state of athletes is the situational antecedents of goal involvement and the resulting motivation patterns in the achievement context (Ames, 1992). In essence, athletes are more likely to perceive an ego-involving climate when interpersonal competition is emphasized, mistakes are punished, and high normative ability is rewarded. However, they are more likely to perceive a task-involving climate when the situational cues emphasize learning and improvement, effort is rewarded, mistakes are seen as part of learning, and choice is provided (Ames, 1992). Research has shown that when athletes perceived their coaching climate as task-involving, they showed more adaptive motivational patterns, such as the use of effective learning strategies, selection of more challenging tasks, and beliefs that effort leads to success (Duda & Balaguer, 2007). In contrast, athletes who

perceived an ego–involving climate were more likely to report greater anxiety, and lower self–esteem, well–being, and competence.

Links between SDT and AGT

These goal states, dispositions, or situational motivational antecedents might be linked to intrinsic and extrinsic motivation and many researchers have speculated about the nature of such a link (Nicholls, 1989; Rawsthorne & Elliot, 1999). For example, Nicholls (1989) argues that intrinsic motivation is evident when people do something for its own sake. Task (mastery) goals are therefore predicted to promote intrinsic motivation because involvement in the activities is experienced as an end itself. With its emphasis on developing competence, these goals are likely to lead to processes such as working hard, challenge seeking, persistence, and task involvement, thereby increasing the intrinsic motivation of the task itself.

Ego (performance) goals, however, are predicted to have a negative relationship with intrinsic motivation because the experience in engagement of the tasks is taken as a means to an end. In this case, the focus is to demonstrate competence rather than to enjoy the task as an end in itself (Nicholls, 1989). Ego goals produce external pressures to perform well leading to an increase in anxiety, which should diminish intrinsic motivation (Nicholls, 1989).

Goal Setting Theory

The most prominent theoretical approach to goal setting in sport is goal setting theory, proposed and developed by Locke and Latham (2019). This theory relates to the "whats" of goal pursuit: the mechanisms through which goals are effective and the moderators of the goal setting – performance relationship. Locke and Latham define a goal as an objective or aim of action that an athlete is trying to accomplish, usually within a specified time limit. Originally developed in business and organizational settings before being applied to sport and exercise contexts (Locke & Latham, 1985), within GST it is proposed that there are four mechanisms through which goals operate. First, through setting goals individuals may focus their efforts toward goal–related actions, thus ignoring irrelevant activities. Second, goals provide energy, which allows individuals to invest effort in pursuit of their goals. Third, setting goals impacts persistence, with it being suggested that more difficult goals result in higher effort. Fourth, goal setting allows for the discovery and development of task–relevant strategies. According to GST, there appear to be two cognitive determinants of behavior: values and intentions (goals). For goals to be effective, individuals must place high value on the goals and have the desire to achieve them. These goals will then direct individuals' attention and action. In addition, accomplishing the goals can lead to satisfaction and further motivation, or frustration and lower motivation if the goals are not accomplished (Locke & Latham, 2019).

Within GST, it is proposed that five goal characteristics impact the effect of goal setting: goal difficulty, goal specificity, goal proximity, goal source, and goal types (Locke & Latham, 2019). Specifically, Locke and Latham (2019) proposed that more difficult (but achievable), specific goals would lead to greater performance than easier or vague goals. In addition, setting both short- and long-term goals helps to facilitate goal attainment. Regarding goal sources, it is proposed that goals can either be self-set (e.g., set by an athlete themselves), assigned (e.g., set by a coach), or participatively set (e.g., a coach and athlete working in collaboration to set goals).

Related to the final goal characteristic, Locke and Latham (2019) suggest that there were two main types of goals; performance goals which focus on attaining important performance-related outcomes and learning goals where the focus is to develop task-relevant strategies. These terms are not commonly used in sport settings, where coaches and athletes may be more familiar with setting process (focusing

on improving technique or strategy), performance (focusing on improving a measurable performance such as obtaining a personal best), and outcome goals (focusing on attaining a specific outcome such as winning an important event). These three types of goals can be set in isolation; however, research has shown there to be benefits of using a combination of process, performance, and outcome goals (Filby et al., 1999).

There are also moderators that could affect the relationships between goals and performance. Locke and Latham (2019) argued that higher levels of commitment should lead to higher levels of performance. In addition, choice in the process of setting goals would lead to greater commitment. To enhance one's goal commitment, goal attainment, and self-efficacy are important. That is, the athlete must value the goal and believe that they have the ability to attain it. Second, feedback is needed so that the individual knows about the progress in relation to the goal set. It also allows for adjustment of strategies and effort or revision of goals to avoid failure. Finally, task complexity may also influence the relationship between goals and performance. Goal setting may be less effective for complex tasks as the ability to discover appropriate task strategies may be more important than the level of goal difficulty in goal attainment.

While the propositions of GST have shown efficacy in business and organizational settings, there are mixed findings in relation to studies which have employed this theory in sport contexts (Jeong et al., 2021). When compared to not setting goals, there is strong evidence that goal setting enhances athletic performance and motivation. However, there is a lack of high-quality studies from which to draw definitive conclusions or recommendations, particularly in relation to goal specificity, goal difficulty, and the use of short- and long-term goals.

Self-Concordance Model

One other theory that links goal setting to motivation is the Self-Concordance Model (SCM Model; Sheldon & Elliot, 1999). Grounded in SDT, the SC model states that there are two broad motives in goal striving: autonomous motives and controlled motives. Autonomous goal motives relate to when an individual is striving for goals for reasons of fun, interest, and personal value. Individuals are self-determined in achieving these goals. However, controlled goal motives relate to pursuing goals for reasons that are associated with controlled motivation, such as the expectations of important others, to gain rewards or prizes, to avoid punishments, or to avoid feelings of guilt, shame, and embarrassment. Sheldon and Elliot (1999) suggest that when goals are underpinned by autonomous motives, individuals exert more effort and persistence in goal pursuit, and thus lead to better performance and benefits for well-being. While controlled goal motives might lead to initial effort, this is unlikely to be sustained over time, thus not leading to goal attainment. Studies have also shown that athletes can pursue goals with different combinations of both autonomous and controlled motives (i.e., high levels of both autonomous and controlled motives; Healy et al., 2016, 2020).

Research has provided empirical support of the SC model in sport. For example, autonomous goal motives are positively linked to effort, goal attainment, and well-being, while controlled goal motives are either negatively or unrelated to these variables (Martínez-González et al., 2021a; Smith et al., 2007). Autonomous goal motives are also associated with task-oriented coping, while controlled goal motives are linked to disengagement-oriented coping strategies (Ntoumanis et al., 2014).

SDT, AGT, and the SCM model coalesce to reveal the impact of the social environment on goal achievement. For example, athletes are likely to pursue goals with autonomous motives if they are exposed to another individual who is also pursuing a goal with motives which are aligned with their own values and interests (Ntoumanis et al., 2014). Specifically, when exposed to a motivational prime where an actor was describing pursuing a goal with autonomous motives, athletes demonstrated higher levels of persistence toward an increasingly difficult goal, as well as reporting greater interest in engaging in

similar tasks in the future, and higher levels of positive affect, than those who were exposed to a controlled motives prime. There have also been associations found between coach behaviors and athlete goal motives. Specifically, when coaches use behaviors which support athlete autonomy and create task-involving climates which empower athletes (Duda, 2013; Mageau & Vallerand, 2003), athletes are more likely to pursue goals with autonomous motives. Conversely, when coaches adopt a controlling interpersonal style or create a climate which is disempowering (Bartholomew et al., 2010; Duda, 2013), motives for goal pursuit are more likely to be controlled (Martínez-González et al., 2021b). Research has also shown associations between goal orientations (i.e., task- or ego-orientation) and goal motives (i.e., autonomous or controlled) in sport settings. Athletes with a high task orientation are more likely to report pursing goals with higher autonomous and lower controlled motives, respectively, whereas those with a high ego orientation were likely to strive for goals with controlled motives (Martínez-González et al., 2022).

Practical Implications

Recommendations can be made for promoting adaptive forms of motivation and setting effective goals in sport contexts. It is important to acknowledge the need for flexibility in recommendations, given recent reviews of the goal setting literature in sport (Jeong et al., 2021) and physical activity (Swann et al., 2020, 2022) suggest that recommendations may need to be adapted to reflect the complex nature of goal pursuit in these domains. For instance, Jeong et al. (2021) highlighted that it is unlikely that there is a "one-size-fits-all" solution to goal setting in athletic populations, whereby difficult, specific goals might be suitable for advanced athletes, but there may be times where other goal types are more appropriate, such as when learning a new skill or routine, or for athletes at an earlier stage of development. Athletes may also have different preferences for the types of goals set, and how often they set these (i.e., weekly, monthly, and season-long). Furthermore, Swann et al. (2020, 2022) critiqued goal setting practice in physical activity contexts, arguing that the case for using the SMART acronym to set Specific, Measurable, Achievable, Realistic, Timebound goals is not aligned with or supported by theory or empirical evidence, and that other goal types might be beneficial for those who are insufficiently active given the complexity of physical activity. Nevertheless, athletes, and those supporting them in goal pursuits such as sport psychology practitioners and coaches, may benefit from considering the following suggestions when pursuing goals in their sport.

Empowering Motivational Climates

The social environment has been shown to have an influential role on both an athlete's motivation and the motives with which they pursue their goals. Therefore, to foster adaptive motivation and goal pursuit coaches are encouraged to create a motivational climate that empowers athletes (Duda, 2013). Specifically, coaches should strive to create an environment which is task-involving, autonomy-supportive, and socially supportive. With regard to creating a task-involving motivational climate, coaches are encouraged to demonstrate to athletes that they place value on working hard and "doing your best," as well promoting cooperation between athletes. Autonomy-supportive behaviors include providing choice within specific rules and limits, providing a rationale for an activity, and acknowledging athletes' feelings and perspectives. Specifically in relation to goal pursuit, this might entail involving athletes in the selection of goals to pursue, recognizing their preferences in relation to goal pursuit, and acknowledging their perspective throughout the goal striving process. This might be particularly important when experiencing challenges in pursuit of a highly valued goal. In situations where it is not possible or practical to involve athletes in the selection of goals, coaches and sport psychology practitioners might offer a rationale as to why the goal is personally important. For example, in a team

context, goals might be agreed by coaches and senior players such as a team captain. In these circumstances, providing reasons as to why the goal is important for the team, and the individuals within the team, may help to promote autonomous goal motives across the team. In addition, coaches also provide structure and experiences for success to enhance competence, and support personally relevant and meaningful goal setting (Balaguer et al., 2018). Further, offering social support – a coach showing athletes that they are valued as a person as well as a competitor – is an important feature of creating an empowering motivational climate. In the context of goal setting and striving, this may involve coaches proactively reinforcing their respect and value for the athlete irrespective of progress (or lack thereof) toward their goals.

Set the Right Goals for Each Individual

Commonly, advice is given based on facets of GST to set specific, challenging/moderately difficult (but achievable) goals and to use a combination of short- and long-term goals to enhance athletic performance. However, given that a recent review has shown limited support for these aspects in applied goal setting interventions (Jeong et al., 2021), it may be more prudent to advise that factors such as the types of goals set, the level of difficulty and the timeframe over which goals will be pursued are individually tailored to the needs and preferences of different athletes. This should allow for athletes to feel involved in the goal setting process (thus enhancing autonomous motivation for goal pursuit), to pursue goals which align with their own preferences, and are most appropriate for their specific context.

Use Appropriate Feedback Regarding Goal Progress

A recent review of the application of GST to goal setting interventions in sport found equivocal evidence in support for the proposed goal characteristics and moderators (Jeong et al., 2021). For example, it was not clear from the studies reviewed that setting more difficult and specific goals resulted in greater performance or higher levels of goal attainment in an athletic population. There was also mixed evidence that setting a combination of short- and long-term goals was beneficial, or that different sources of goal setting (i.e., set by a coach, the athlete themselves or in conjunction) resulted in performance gains. However, the provision of feedback was one moderator that appeared to be important in applied goal setting. Specifically, it appears that athletes can be provided with effective feedback on their goal progress through the purposeful monitoring of performance and other related aspects such as motivation and commitment. Therefore, it is recommended that coaches and applied practitioners explore ways to provide feedback that is individualized to both the athlete and their current goals. This might include the use of diaries or other measures to track goal progress, as well as feedback being provided by coaches and other support staff during training and competition about how an athlete is moving toward achieving their important targets. Based on the principles of SDT (Deci & Ryan, 2000), there would also be advantages to using competence-based, non-controlling feedback (e.g., "I can see how much your technique has improved as a result of your practice in serving") as this is like to also foster autonomous motives for goal pursuit (Healy et al., 2014; Mageau & Vallerand, 2003).

Promote Autonomous Goal Motives

There are clear benefits to pursuing goals with autonomous motives, such as for reasons of enjoyment and personal importance. As demonstrated within this chapter, when athletes pursue goals underpinned by autonomous motives, there are likely to be benefits for performance, goal attainment, and well-being. As such, it is important that athletes consider the reasons why they are trying to achieve their goals.

There are several ways in which autonomous motives for goal pursuit might be facilitated. Involving athletes in the goal setting process, including allowing them to set their own goals, is likely to promote athletes' sense of autonomy and volition. In circumstances where goals may need to be assigned rather than self- or participatively set, providing information to athletes about the personal benefits goal pursuit may bring to them can foster goal commitment. As well as promoting autonomous motives, it is recommended that coaches and sport psychology practitioners take steps to limit controlled goal motives when pursuing important goals. This may include limiting external rewards associated with goal attainment, avoiding controlling feedback (e.g., "You are making good progress, but I expect you to have made even more by our next training session"), encouraging athletes to reframe perceptions from they "should" be pursuing certain goals to reasons for personal endorsement, and avoiding the use (or threat) of punishments should progress not be made in pursuit of goals.

Conclusion

In this chapter, we have shown that the environments created within sport are key considerations in influencing the motivation and goal setting practices of athletes. Social environments which are autonomy-supportive and task-oriented are likely to facilitate greater levels of autonomous motivation in athletes, which, in turn, may lead to higher levels of performance and benefits for well-being. In relation to goal setting, considering the individual needs and preferences of athletes is important, as is encouraging athletes to pursue their goals with autonomous goal motives. See Box 57.1 for a summary of the key points from this chapter.

Box 57.1 Summary of Key Points about Motivation and Goal Setting

- Promote autonomous motivation leads to more positive motivational consequences, whereas controlled motivation is associated with more negative outcomes.
- Task (mastery) goals promote intrinsic motivation because involvement in the activities is experienced as an end itself, compared to ego (performance) goals.
- With their emphasis on developing competence, these task goals are likely to lead to processes such as working hard, challenge seeking, persistence and task involvement (Nicholls, 1989), thereby increasing the intrinsic motivation of the task itself.
- Autonomy-support coaching style increases athletes' needs satisfaction and facilitates the internalization process.
- Provide feedback to athletes on their progress toward their goals.
- Promote autonomous goal motives so that athletes have "ownership" of their goals.

References

Ames, C. (1992). Achievement goals and the classroom motivational climate. In D. H. Schunk & J. L. Meece (Eds.), *Student perceptions in the classroom* (pp. 327–348). Erlbaum.

Balaguer, I., Castillo, I., Cuevas, R., & Atienza, F. (2018). The importance of coaches' autonomy support in the leisure experience and well-being of young footballers. *Frontiers in Psychology*, *9*, Article e840. https://doi.org/10.3389/fpsyg.2018.00840

Bartholomew, K. J., Ntoumanis, N., & Thogersen-Ntoumani, C. (2010). The controlling interpersonal style in a coaching context: Development and initial validation of a psychometric scale. *Journal of Sport & Exercise Psychology*, *32*(2), 193–216. https://doi.org/10.1123/jsep.32.2.193

Deci, E. L., & Ryan, R. M. (1985). *Intrinsic motivation and self-determination in human behavior.* Plenum Press.

Deci, E. L., & Ryan, R. M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry*, *11*(4), 227–268. https://doi.org/10.1207/S15327965PLI1104_01

Duda, J. L. (2013). The conceptual and empirical foundations of Empowering Coaching™: Setting the stage for the PAPA project. *International Journal of Sport and Exercise Psychology*, *11*(4), 311–318, https://doi.org/10.1080/1612197X.2013.839414

Duda, J. L., & Balaguer, I. (2007). The coach-created motivational climate. In D. Lavalee & S. Jowett (Eds.), *Social Psychology of Sport* (pp. 117–138). Human Kinetics.

Filby, W. C. D., Maynard, I. W., & Graydon, J. K. (1999). The effect of multiple-goal strategies on performance outcomes in training and competition. *Journal of Applied Sport Psychology*, *11*(2), 230–246. https://doi.org/10.1080/10413209908404202

Gillet, N., Vallerand, R. J., & Paty, B. (2013). Situational motivational profiles and performance with elite performers. *Journal of Applied Social Psychology*, *43*(6), 1200–1210. https://doi.org/10.1111/jasp.12083

Halldorsson, V., Helgason, A., & Thorlindsson, T. (2012). Attitudes, commitment and motivation amongst Icelandic elite athletes. *International Journal of Sport Psychology*, *43*(3), 241–254. https://doi.org/10.7352/IJSP.2012.43.241

Healy, L. C., Ntoumanis, N., Veldhuijzen van Zanten, J. J., & Paine, N. (2014). Goal striving and well-being in sport: The role of contextual and personal motivation. *Journal of Sport & Exercise Psychology*, *36*(5), 446–459. https://doi.org/10.1123/jsep.2013-0261

Healy, L. C., Ntoumanis, N., & Duda, J. L. (2016). Goal motives and multiple-goal striving in sport and academia: A person-centered investigation of goal motives and inter-goal relations. *Journal of Science and Medicine in Sport*, *19*(12), 1010–1014. https://doi.org/10.1016/j.jsams.2016.03.001

Healy, L. C., Ntoumanis, N., & Arthur, C. A. (2020). Goal motive and well-being in student-athletes: A person-centered approach. *Journal of Sport & Exercise Psychology*, *42*(6), 433–442. https://doi.org/10.1123/jsep.2019-0125

Jeong, H. K., Healy, L. C., & McEwan, D. (2021). The application of Goal Setting Theory to goal setting interventions in sport: A systematic review. *International Review of Sport and Exercise Psychology*, Advance online publication. https://doi.org/10.1080/1750984X.2021.1901298

Locke, E. A., & Latham, G. P. (1985). The application of goal setting to sports. *Journal of Sport Psychology*, 7(3), 205–222. https://doi.org/10.1123/jsp.7.3.205

Locke, E. A., & Latham, G. P. (2019). The development of goal setting theory: A half century retrospective. *Motivation Science*, *5*(2), 93–105. https://doi.org/10.1037/mot0000127

Maehr, M. L., & Nicholls, J. (1980). Culture and achievement motivation: A second look. In N. Warren (Ed.), *Studies in cross-cultural psychology* (Vol. 3, pp. 221–267). Academic Press.

Mageau, G. A., & Vallerand, R. J. (2003). The coach-athlete relationship: A motivational model. *Journal of Sports Sciences*, *21*(11), 883–904. https://doi.org/10.1080/0264041031000140374

Martínez-Gonzáles, N., Atienza, F. L., Tomás, I., Duda, J. L., & Balaguer, I. (2021a). The impact of Coronavirus disease 2019 lockdown on athletes' subjective vitality: The protective role of resilience and autonomous goal motives. *Frontiers in Psychology*, *11*, Article e612825. https://doi.org/10.3389/fpsyg.2020.612825

Martínez-Gonzáles, N., Atienza, F. L., Tomás, I., & Balaguer, I. (2021b). Perceived coach-created motivational climates as predictors of athletes' goal reengagement: The mediational role of goal motives. *Frontiers in Psychology*, *12*, Article e740060. https://doi.org/10.3389/fpsyg.2021.740060

Martínez-González, N., Atienza, F. L., Duda, J. L., & Balaguer, I. (2022). The role of dispositional orientations and goal motives on athletes' well- and ill-being. *International Journal of Environmental Research and Public Health*, *19*(1), Article e289. https://doi.org/10.3390/ ijerph19010289

Nicholls, J. G. (1989). *The competitive ethos and democratic education.* Harvard University Press.

Ntoumanis, N., Healy, L. C., Sedikides, C., Duda, J., Stewart, B., Smith, A., & Bond, J. (2014). When the going gets tough: The "why" of goal striving matters. *Journal of Personality*, *82*(3), 225–236. https://doi.org/10.1111/Jopy.12047

Pope, J., & Wilson, P. (2012). Understanding motivational processes in university rugby players: A preliminary test of the hierarchical model of intrinsic and extrinsic motivation at the contextual level. *International Journal of Sports Science and Coaching*, 7(1), 89–108. https://doi.org/10.1260/1747-9541.7.1.89

Rawsthorne, L. J., & Elliot, A. J. (1999). Achievement goals and intrinsic motivation: A meta-analytic review. *Personality and Social Psychology Review*, *3*(4), 326–344. https://doi.org/10.1207/s15327957pspr0304_3

Sheldon, K. M., & Elliot, A. J. (1999). Goal striving, need satisfaction and longitudinal well-being: The self-concordance model. *Journal of Personality and Social Psychology*, *76*(3), 482–497. https://doi.org/10.1037/0022-3514.76.3.482

Smith, A.L., Ntoumanis, N., & Duda, J. (2007). Goal striving, goal attainment, and well-being: Adapting and testing the self-concordance model in sport. *Journal of Sport & Exercise Psychology*, *29*(6), 763–782. https://doi.org/10.1123/jsep.29.6.763

Swann, C., Jackman, P. C., Lawrence, A., Hawkins, R. M., Goddard, S. G., Williamson, O., Schweickle, S. J., Vella, S. V., Rosenbaum, S., & Ekkekakis, P. (2022). The (over)use of SMART goals for physical activity promotion: A narrative review and critique. *Health Psychology Review*, Advance online publication. https://doi.org/10.1080/17437199.2021.2023608

Swann, C., Rosenbaum, R., Lawrence, A., Vella, S. A., McEwan, D., & Ekkekakis, P. (2020). Updating goal-setting theory in physical activity promotion: A critical conceptual review. *Health Psychology Review*, *15*(1), 34–50. https://doi.org/10.1080/17437199.2019.1706616

58

ATTENTION IN SPORT

Joe Causer

What Is Attention?

When playing, coaching, or officiating sport, much of the information from the environment is ignored, and instead we focus on only a few specific information sources – this is *attention*. From a cognitive psychology perspective, attention can refer to two distinctive processes: (a) selective attention and (b) divided attention. First, *selective attention* is the preferential detection, identification, and recognition of information (Woods, 1990). In other words, it is the process by which certain information is prioritized over other sources. For example, in tennis, it is the receiver's ability to focus their attention on the postural cues and ball strike, while disregarding extraneous information. Second, *divided attention* refers to the ability of an athlete to regulate their limited attentional resources across several concurrent actions. For example, a soccer player dribbling a ball while simultaneously scanning the pitch for teammates, opponents, and space. While attention can be difficult to directly measure, shifts in, and allocation of, attention can be accurately inferred by analyzing eye movements (Cohen, 2014).

Visual Attention

When we carry out, or attempt to learn, a unique or complex skill, we quickly become overwhelmed by the information in the environment, as well as trying to control our action. This is because our attentional capacity is finite, and therefore we can only process a certain amount of information before we reach our limit. Once we reach this capacity, our performance starts to be negatively impacted. To overcome these attentional constraints, expert performers develop refined *perceptual-cognitive skills* to more effectively and efficiently select and process environmental information (Mann et al., 2019). *Perceptual-cognitive skill* encompasses a range of abilities, including anticipation, decision-making, and pattern recognition/recall. However, all of these are underpinned by how the athlete uses their vision. Experts use their eyes to scan an environment to pick out the most relevant information, based on previous experiences, knowledge, or the saliency of those particular cues (Mann et al., 2019).

Visual Search Strategies

Knowing where, when, how long, and what order to look at certain environmental cues are all aspects of skilled performance (Mann et al., 2007). This *visual scanning* or *visual search strategy* has been of interest

to scientists and practitioners for several decades and understanding how individuals direct their visual attention can allow us to better understand how performance can be improved. Recent technological advancements have made it much easier to track athletes' eye movements *in situ*. There are several different types of lightweight glass-mounted binocular eye-tracking systems that allow practitioners to view what the athlete sees from a first-person perspective, while overlaying a gaze cursor at the point where the athlete is fixating their attention (Panchuk et al., 2015). With this information, practitioners can calculate the number of fixations, how long these fixations are, the location of fixations as well as the order of these fixations (*scan paths*). The most effective visual search strategies for a particular task vary based on the task-constraints. For example, for a soccer goalkeeper facing a penalty kick, a strategy consisting of a few fixations of a long duration directed at the hips, non-kicking foot, and ball maximizes the chances of picking up the relevant information to save the ball (Causer et al., 2017). However, a scenario when a football midfielder is out of possession requires a slightly different strategy, with a lot of shorter fixations to multiple locations, such as the player in possession, opponent and teammate positions, and space (Roca et al., 2011).

Gaze Anchors

Athletes can process information using their foveal (central) vision or peripheral vision depending on the constraints of the sporting task, but the type of eye movement they use can determine the amount of information they can take in. When we move our eyes rapidly from one location to another, eye moment is called a *saccade*. During this shift of attention, our vision is suppressed and limited information is processed. Therefore, a visual search strategy that consists of longer fixations and fewer shifts allows athletes to process more information, and subsequently enables a more accurate decision/action. This strategy is particularly important in temporally constrained tasks, such as facing a penalty in hockey.

There are three visual attention strategies that attempt to overcome the processing limitation associated with saccadic eye movement: *foveal spot*, *gaze anchor*, and *visual pivot* (Vater et al., 2020). First, *foveal spot* is a stable gaze strategy by which the individual fixates their central vision toward an information source that requires a high level of accuracy. For example, the center of a target in archery. Second, a *gaze anchor* involves an individual directing their central vision between multiple information sources so that they can all be processed simultaneously. For example, in judo, an athlete may fix their attention on the middle of the chest, where there are no specific cues available, but this central point allows information to be processed from multiple sources in the periphery. Third, a *visual pivot* involves an athlete anchoring their gaze on a central cue and using peripheral vision to monitor various streams of information. However, this strategy differs from the *gaze anchor* in that once relevant information is detected, the individual reallocates their vision to this cue rather than processing in their peripheral vision. For example, a soccer midfielder out of possession may use the player in possession as a visual pivot and then move their attention to opponents, teammates, open space but always returning to the player in possession as a central focus.

Quiet Eye

As well as gaze anchors, there is another eye movement variable that has been consistently associated with successful performance – the *quiet eye period* (QE). The QE (Vickers, 1996) is the final fixation on a target or object for more than 100 ms before the initiation of a critical action. In other words, it is the last thing you look at before you kick a ball, hit a putt, or shoot an arrow. For example, during a golf putt, the expert QE characteristics would include a long final fixation on the back of the ball for approximately 2,500 ms, with a stable dwell in the same location until the end of the forward swing. This is to ensure that there is an accurate club-ball contact, which will lead to a more consistent outcome (Carey et al., 2017).

Currently, there is still some debate in the scientific community as to why this final fixation is so important (Wilson et al., 2016) and what the underlying mechanisms are (Gonzalez, Causer, Miall et al., 2017). However, a longer QE has been shown to be associated with superior performance (Wilson et al., 2015), as well as a characteristic of expertise (Lebeau et al., 2016) in a range of sporting tasks. There are currently three main hypotheses for why the quiet eye seems to be associated with better performance, but these are not necessarily mutually exclusive.

First, the *pre-programming hypotheses* postulate that the QE enhances information processing and during this time the athlete can optimally program the movement parameters for a particular action. For example, an athlete taking a basketball free throw may have a long QE on the front of the rim to process the distance, angles, and forces that are needed to accurately complete the throw. Second, *inhibition hypothesis* suggests that the prolonged QE duration inhibits alternative and less-optimal response or action from being executed. Third, *attentional focus hypothesis* states that the QE enables goal-directed or task-relevant information to be prioritized and helps distraction control. Irrespective of why QE works, longer QE durations have been shown to shield athletes from the many factors that can negatively impact on attentional control and performance (Gonzalez, Causer, Miall et al., 2017). For example, engaging in a longer QE has been shown to insulate athletes from 'choking' under high-anxiety situations (Vickers & Williams, 2007).

Anxiety and Attention

There are several factors that influence an individual's ability to effectively attend to relevant information. These include skill level, fatigue, internal and external distractions, and motivation. However, the most severe impact on an athlete's ability to attend to task-relevant information is from *anxiety*.

Anxiety is experienced when a current goal is threatened; this causes attention to be allocated to detecting its source and deciding how to respond (Power & Dalgleish, 1997). As a result, attentional focus in the primary task is diverted away from task-relevant stimuli and toward task-irrelevant stimuli. This is assumed to be the case irrespective of whether these stimuli are internal (e.g., worrisome thoughts) or external (e.g., environmental distracters). Attentional control theory (Eysenck et al., 2007) suggests that this anxiety disrupts the balance between the two attentional systems: goal-directed (top-down control) and stimulus-driven (bottom-up control; Corbetta & Shulman, 2002). Increases in anxiety are associated with an increased influence of the stimulus-driven attentional system and a decrease in the goal-directed attentional system. For example, rather than attending to information related to ball strike or a golf hole, attention is reallocated to the crowd, a scoreboard, or an opponent.

Researchers have reported that an increase in anxiety produces less-efficient visual search behaviors (Causer et al., 2011). This reduced efficiency manifests itself with higher search rates, characterized by more fixations of shorter duration. The higher search rates employed as a function of anxiety represent an increase in attempts to extract information via the fovea (typically not task-related stimuli) and, consequently, a decline in efficiency (Williams et al., 2002). With anxiety disrupting an athletes' control over where their attention is allocated, understanding how individuals experience anxiety could be the key to ensure that performance does not decline in highly competitive situations.

Emerging research suggests that anxiety can affect performance on different levels of operational control (i.e., attentional, interpretational, and physical), which has implications for movement, situational awareness, and decision-making (Nieuwenhuys & Oudejans, 2017). How an individual interprets situational and dispositional factors can determine how anxiety impacts them (Nieuwenhuys & Oudejans, 2012). For example, an athlete can actively decide to increase their mental effort to combat the negative effects of anxiety. To do so, an individual can try to re-enforce goal-directed processes or suppress the negative effects of the stimulus-driven system. Therefore, if a practitioner understands how their athlete interprets or appraises certain situations, this can enable training programs to be developed to overcome anxiety in competition.

Training Interventions

Perceptual-Cognitive Training

Engagement in *deliberate practice* and *deliberate play* (Ericsson, 2008) can increase an athlete's task-specific knowledge base and lead to the development and refinement of perceptual-cognitive skills. However, research suggests that athletes need to engage in thousands of hours of deliberate practice to reach a level of expertise. Therefore, researchers have explored whether there is scope for perceptual-cognitive skills that underpin expert performance to be trained via other techniques in order to expedite the pathway to expertise (Williams et al., 2011). *Perceptual-cognitive training programs* should not only highlight expert search patterns as models of perceptual performance, but also include tasks which contribute to the development of a comparable knowledge base upon which visual search strategies are based (Causer et al., 2012).

Early research focused on the possibilities of improving individual's anticipation and decision-making using video-based representative tasks. By using such methods, researchers can expose individuals to key scenarios that they would experience in competition, but in a more repetitive manner than normal (Broadbent et al., 2015). These training programs attempt to highlight the links between important environmental cues and eventual outcome of a movement. For example, in a penalty kick, the practitioner may highlight the angle of the hip region and its relationship with the direction the ball will travel. The structure of these perceptual-cognitive training programs is also important (Broadbent et al., 2019). For example, when trying to train multiple skills or versions of the same skill, it is suggested not to use repetitive actions during practice. Instead, it is recommended that practitioners structure multiple skills in a random order during practice to increase long-term learning and transfer (Broadbent et al., 2017).

Quiet Eye Training

Given the importance of the QE for successful performance in aiming and interceptive tasks, researchers have explored the efficacy of QE training programs (Causer et al., 2012). The idea is that if we know the optimal QE characteristics, then it may be possible to train less-skilled athletes to use the same strategies. Using a combination of feedback and instructions, researchers have shown that QE characteristics can be trained, and these adaptations in eye movements lead to improved performance outcomes in a range of sports (Vine et al., 2014). Furthermore, by simply training QE, there are other potential performance benefits, such as reduced heart rate variability, decreased muscle activation, and less variable movement kinematics (Moore et al., 2012). These adaptations have been shown to be relatively quick to train, lead to long-lasting improvements as well as being transferable to similar skills (Gonzalez, Causer, Grey et al., 2017).

QE training programs should aim to abide by the following six-step model (Vickers, 2007; see Figure 58.1). First, practitioners should establish an 'expert QE prototype'. This involves identifying the optimal QE fixation location, onset, final critical moment, offset, and overall duration used by experts when performing a specific task. For example, in a golf putt, you would collect QE characteristics of a PGA professional (or highest possible level you have access to). Second, repeating step 1, but this time with your athlete to establish how their QE behaviors differ from the experts. Third, your athlete views the gaze footage from the expert and is taught the five QE characteristics in a frame-by-frame analysis. In the golf example, you would teach the expert golfers characteristics using the video model and instructions; for example, holding a longer QE dwell period after ball-putter contact. Fourth, video feedback of the athlete's QE behaviors from step 2 is presented visually and compared side-by-side to the expert's footage. For golf putting, it may be that the QE location is not on the back of the ball, the onset or offset of QE is earlier/later, or the overall QE duration is shorter. Fifth, the athlete engages in
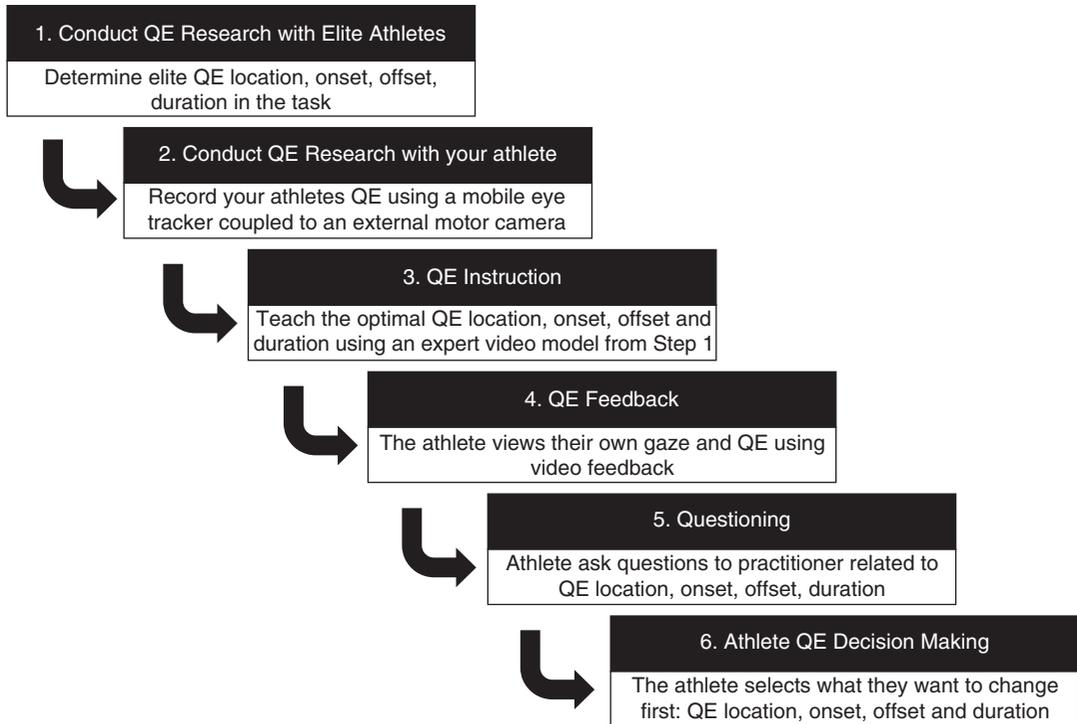
Figure 58.1   Quiet Eye Training Process (Adapted from Vickers, 2007)

a questioning phase alongside the practitioner on where the differences in QE are and link to performance outcome; for example, a longer QE dwell time leading to more central ball–putter contact. Six, the athlete decides on which of the five QE characteristics they would prefer to work on first. Once that skill has been optimized, the athlete chooses another QE characteristic to work on, and this continues until they are as close as possible to the expert model.

Anxiety Training

While QE training has been shown to help negate the negative effects of anxiety upon performance, training under heightened anxiety could also be a method by which individuals acquire the skills to perform consistently in a high–pressure environment (Nieuwenhuys et al., 2011). The idea is that the coaches/practitioners develop scenarios or environments that induce anxiety to a similar level as competition during practice. This can be done organically by the use of incentives, audiences, or having selection-coaches present, or artificially, by other anxiety-inducing means, such as performing at a height, or with high-uncertainty (Alder et al., 2019).

It is suggested that the acclimatization that occurs with high-pressure training may be a quick process whereby an individual may recalibrate existing skills to new constraints; thus, fewer resources are needed for the primary task when put into a high-pressure situation. This then allows more resources to be invested in strategies to counteract the negative effects of anxiety (Eysenck et al., 2007). In other words, the athlete adapts and gets use to completing their primary task (e.g., putting the golf ball) with minimal attention resources, similar to a *flow state*, and which enables the spare attention to identify and deal with any external threats to performance (e.g., cameras flashing or the flag waving in the wind).

Traditional Psychological Interventions

As well as perceptual-cognitive training programs, more traditional sport psychology approaches can be used to improve attentional control in sport.

Goal-Setting

The use of *goal-setting*, particularly related to *performance goals* (e.g., having a 95% pass competition rate in football) and *process goals* (e.g., having a smooth gun barrel movement in skeet shooting), is an effective and commonly used tool. This technique can have a motivational effect on the athlete and focus their attention on the task, rather than attending to external or internal distractors (Kyllo & Landers, 1995; see also Chapter 57).

Pre-Performance Routines

When you watch elite athletes, particularly in skills that are self-paced (e.g., a tennis serve or place kick in rugby), you will notice that they undergo a very deliberate and multi-stage routine before executing their actions. For example, in tennis, it may be that they set their stance, look at a specific spot on the court, bounce the ball deliberately and slowly a certain number of times (starting again if it does not 'feel' right), and then initiate the serve sequence. These *pre-performance routines* can serve multiple purposes, such as *visualization* of the skill to be performed (e.g., imagining the ball traveling toward to hole in golf), getting the body into the correct physiological state (e.g., slowing heart rate) for the action, focusing on the specific target (e.g., quiet eye on an archery target; Cotterill, 2010). These routines also allow athletes to slow down the match/performance and take back control over the situation (see also Chapter 62).

Imagery

A key component of pre-performance routines is visualization or *imagery*, but this can also be a very important stand-alone skill for focusing attention in sport. Imagery can be used in many ways, from different perspectives and to serve many different purposes, such as anxiety control, priming of key attentional cues to attend to, control over the movement, prediction of likely scenarios, and also to maintain a goal-directed focus (Milley & Ouellette, 2021; see also Chapter 56).

Self-Talk

There is a lot of literature devoted to the potentially facilitative effects of positive self-talk and the debilitative effects of negative self-talk (Galanis et al., 2016). Relating to attention, self-talk and *trigger-words* can be an especially useful way to ensure that an athlete maintains their focus on key information at critical times of the game. For example, a trigger-word or phrase, such as 'watch the ball' for a cricket batter, can ensure that attentional focus is directed to goal-directed information rather than potential distractors. A recent study (Galanis et al., 2021) reported that self-talk can improve reaction times and accuracy by directing attention to these cues. Therefore, when considering attentional training programs self-talk may be a simple way to facilitate performance improvement during a game when other techniques are not possible (see also Chapter 59).

Conclusion

Given the dynamic and transient nature of sport, effective allocation of attention is critical to the successful performance of athletes and officials. Where we direct our attention can significantly impact on

how effectively we are able to identify and respond to critical information within the environment. By understanding the key areas and time when this information becomes available, practitioners can design systematic training programs to direct attention toward these more pertinent cues. See Box 58.1 for a summary of the key points from this chapter.

Box 58.1 Summary of Key Points about Attention

- The ability to allocate attention to goal-directed information, while ignoring distractions, can significantly improve performance.
- Attention can be negatively impacted by several variables, such as fatigue, motivation, anxiety, and saliency.
- Using a deliberate and systematic eye movement strategy can enable attention to be allocated to key areas of information, while minimizing internal and external distractors.
- Typically, longer fixations on key areas allow for more information to be extracted from an area, and the movement response for a particular action to be accurately developed.
- Perceptual-cognitive training interventions can help athletes reallocate their visual attention to more pertinent cues in the environment and lead to more effective information processing and better performance outcomes, while allows self-organizing the movement itself.
- Other, more traditional, psychological skills training approaches, such as imagery, visualization, and self-talk can also be used to improve attention allocation.

References

Alder, D., Causer, J., & Poolton, J. M. (2019). Training under pressure: Current perspectives and future directions. In A. M. Williams & R. C. Jackson (Eds.), *Anticipation and decision making in sport* (pp. 359–374). Routledge.

Broadbent, D., Causer, J., Williams, A. M., & Ford, P. R. (2015). Perceptual-cognitive skill training and its transfer to expert performance in the field: Future research directions. *European Journal of Sport Science*, *15*(4), 322–331. https://doi.org/10.1080/17461391.2014.957727

Broadbent, D. P., Causer, J., Ford, P. R., & Williams, A. M. (2019). Training perceptual-cognitive expertise: How should practice be structured? In A. M. Williams & R. C. Jackson (Eds.), *Anticipation and decision making in sport* (pp. 286–305). Routledge.

Broadbent, D. P., Ford, P. R., O'Hara, D. A., Williams, A. M., & Causer, J. (2017). The role of contextual information during perceptual-cognitive skill simulation training in sport. *PloS one*, *12*(3), e0174311. https://doi.org/10.1037/xhp0000375

Carey, L. M., Jackson, R. C., Fairweather, M. M., Causer, J., & Williams, A. M. (2017). Perceptual-cognitive expertise in golf putting. In M. Toms (Ed.), *Routledge handbook of golf science* (pp. 173–183). Routledge.

Causer, J., Holmes, P. S., Smith, N. C., & Williams, A. M. (2011). Anxiety, movement kinematics, and visual attention in elite-level performers. *Emotion*, *11*(3), 595–602. https://doi.org/10.1037/a0023225

Causer, J., Janelle, C. M., Vickers, J. N., & Williams, A. M. (2012). Perceptual training: What can be trained? In N. J. Hodges & A. M. Williams (Eds.), *Skill acquisition in sport: Research*, *theory and practice* (pp. 306–324). Routledge.

Causer, J., Smeeton, N. J., & Williams, A. M. (2017). Expertise differences in anticipatory judgements during a temporally and spatially occluded dynamic task. *PloS One*, *12*(2), Article e0171330. https://doi.org/10.1371/journal.pone.0171330

Cohen, R. A. (2014). *The neuropsychology ot attention*. Springer.

Corbetta, M., & Shulman, G. L. (2002). Control of goal-directed and stimulus-driven attention in the brain. *Nature Reviews Neuroscience*, *3*, 201–215. https://doi.org/10.1038/nrn755

Cotterill, S. (2010, 2010/09/01). Pre-performance routines in sport: Current understanding and future directions. *International Review of Sport and Exercise Psychology*, *3*(2), 132–153. https://doi.org/10.1080/1750984X.2010.488269

Ericsson, K. A. (2008). Deliberate practice and acquisition of expert performance: A general overview. *Academic Emergency Medicine*, *15*(11), 988–994. https://doi.org/10.1111/j.1553-2712.2008.00227.x

Eysenck, M. W., Derakshan, N., Santos, R., & Calvo, M. G. (2007). Anxiety and cognitive performance: Attentional control theory. *Emotion*, 7(2), 336–353. https://psycnet.apa.org/doi/10.1037/1528-3542.7.2.336

Galanis, E., Hatzigeorgiadis, A., Zourbanos, N., & Theodorakis, Y. (2016). Why self-talk is effective? Perspectives on self-talk mechanisms in sport. In M. Raab, P. Wylleman, R. Seiler, A.-M. Elbe & A. Hatzigeorgiadis (Eds.), *Sport and exercise psychology research* (pp. 181–200). Academic Press. https://doi.org/https://doi.org/10.1016/B978-0-12-803634-1.00008-X

Galanis, E., Hatzigeorgiadis, A., Comoutos, N., Papaioannou, A., Morres, I. D., & Theodorakis, Y. (2021). Effects of a strategic self-talk intervention on attention functions. *International Journal of Sport and Exercise Psychology*, Advance online publication. https://doi.org/10.1080/1612197X.2021.1963304

Gonzalez, C. C., Causer, J., Grey, M. J., Humphreys, G. W., Miall, R. C., & Williams, A. M. (2017). Exploring the quiet eye in archery using field- and laboratory-based tasks. *Experimental Brain Research*, *235*, 2843–2855. https://doi.org/10.1007/s00221-017-4988-2

Gonzalez, C. C., Causer, J., Miall, R. C., Grey, M. J., Humphreys, G., & Williams, A. M. (2017). Identifying the causal mechanisms of the quiet eye. *European Journal of Sport Science*, *17*(1), 74–84. https://doi.org/10.1080/17461391.2015.1075595

Kyllo, L. B., & Landers, D. M. (1995, 01 Jun. 1995). Goal setting in sport and exercise: A research synthesis to resolve the controversy. *Journal of Sport and Exercise Psychology*, *17*(2), 117–137. https://doi.org/10.1123/jsep.17.2.117

Lebeau, J. C., Liu, S., Saenz-Moncaleano, C., Sanduvete-Chaves, S., Chacon-Moscoso, S., Becker, B. J., & Tenenbaum, G. (2016). Quiet eye and performance in sport: A meta-analysis. *Journal of Sport & Exercise Psychology*, *38*(5), 441–457. https://doi.org/10.1123/jsep.2015-0123

Mann, D. L., Causer, J., Nakamoto, H., & Runswick, O. R. (2019). Visual search behaviors in expert perceptual judgements. In A. M. Williams & R. C. Jackson (Eds.), *Anticipation and decision making in sport* (pp. 59–78). Routledge.

Mann, D. T. Y., Williams, A. M., Ward, P., & Janelle, C. M. (2007). Perceptual-cognitive expertise in sport: A meta-analysis. *Journal of Sport & Exercise Psychology*, *29*(4), 457–478. https://doi.org/10.1123/jsep.29.4.457

Milley, K. R., & Ouellette, G. P. (2021, 2021-April-16). Putting attention on the spot in coaching: Shifting to an external focus of attention with imagery techniques to improve basketball free-throw shooting performance. *Frontiers in Psychology*, *12*, Article e918. https://doi.org/10.3389/fpsyg.2021.645676

Moore, L. J., Vine, S. J., Cooke, A., Ring, C., & Wilson, M. R. (2012). Quiet eye training expedites motor learning and aids performance under heightened anxiety: The roles of response programming and external attention. *Psychophysiology*, *49*(7), 1005–1015. https://doi.org/10.1111/j.1469-8986.2012.01379.x/abstract

Nieuwenhuys, A., & Oudejans, R. R. D. (2012, November 01). Anxiety and perceptual-motor performance: Toward an integrated model of concepts, mechanisms, and processes. *Psychological Research*, *76*(6), 747–759. https://doi.org/10.1007/s00426-011-0384-x

Nieuwenhuys, A., & Oudejans, R. R. D. (2017). Anxiety and performance: Perceptual-motor behavior in high-pressure contexts. *Current Opinion in Psychology*, *16*, 28–33. https://doi.org/10.1016/j.copsyc.2017.03.019

Nieuwenhuys, A., Vos, L., Pijpstra, S., & Bakker, F. C. (2011). Meta experiences and coping effectiveness in sport. *Psychology of Sport & Exercise*, *12*(2), 135–143. https://doi.org/10.1016/j.psychsport.2010.07.008

Panchuk, D., Vine, S. J., & Vickers, J. N. (2015). Eye tracking methods in sport expertise. In J. Baker & D. Farrow (Eds.), *Routledge handbook of sport expertise* (pp. 176–187). Routledge.

Power, M. J., & Dalgleish, T. (1997). *Cognition and emotion: From order to disorder*. Psychology Press.

Roca, A., Ford, P. R., McRobert, A. P., & Williams, A. M. (2011). Identifying the processes underpinning anticipation and decision-making in a dynamic time-constrained task. *Cognitive Processing*, *12*(3), 301–310. https://doi.org/10.1007/s10339-011-0392-1

Vater, C., Williams, A. M., & Hossner, E.-J. (2020). What do we see out of the corner of our eye? The role of visual pivots and gaze anchors in sport. *International Review of Sport and Exercise Psychology*, *13*(1), 81–103. https://doi.org/10.1080/1750984x.2019.1582082

Vickers, J. N. (1996). Visual control while aiming at a far target. *Journal of Experimental Psychology: Human Perception & Performance*, *22*(2), 342–354. https://psycnet.apa.org/doi/10.1037/0096-1523.22.2.342

Vickers, J. N. (2007). *Perception, cognition and decision training: The quiet eye in action*. Human Kinetics.

Vickers, J. N., & Williams, A. M. (2007). Performing under pressure: The effects of physiological arousal, cognitive anxiety, and gaze control in biathlon. *Journal of Motor Behavior*, *39*(5), 381–394. https://www.tandfonline.com/doi/pdf/10.3200/JMBR.39.5.381-394?needAccess=true

Vine, S. J., Moore, L. J., & Wilson, M. R. (2014). Quiet eye training: The acquisition, refinement and resilient performance of targeting skills. *European Journal of Sport Science*, *14*(s1), s235–s242. https://doi.org/10.1080/17461391.2012.683815

Williams, A. M., Ford, P. R., Eccles, D. W., & Ward, P. (2011). Perceptual-cognitive expertise in sport and its acquisition: implications for applied cognitive psychology. *Applied Cognitive Psychology*, *25*(3), 432–442. https://doi.org/10.1002/acp.1710

Williams, A. M., Vickers, J. N., & Rodrigues, S. T. (2002). The effects of anxiety on visual search, movement kinematics, and performance in table tennis: A test of Eysenck and Calvo's processing efficiency theory. *Journal of Sport & Exercise Psychology*, *24*(4), 438–455. https://doi.org/10.1123/jsep.24.4.438

Wilson, M., Causer, J., & Vickers, J. N. (2015). Aiming for excellence: The quiet eye as a characteristic of expertise. In D. Farrow & J. Baker (Eds.), *Routledge handbook of sport expertise* (pp. 22–37). Routledge.

Wilson, M., Wood, G., & Vine, S. J. (2016). Say it quietly, but we still do not know how quiet eye training works–comment on Vickers. *Current Issues in Sport Science*, *1*, 117. https://doi.org/10.15203/CISS_2016.117

Woods, D. L. (1990). The physiological basis of selective attention: Implications of event-related potential studies. In J. W. Rohrbaugh, R. Parasurasman & R. Johnson (Eds.), *Event-related brain potentials* (pp. 178–209). Oxford University Press.

SELF-TALK

Judy L. Van Raalte and Andrew Vincent

"Alright, nice play." "Come on! Focus up!" "All good – get the next one!" If you have spent any time around sports, it is likely that you have heard these kinds of phrases. It is also likely that at some point, the people who you heard speaking were directing these comments at themselves. In fact, the sight of athletes talking to or even yelling at themselves does not appear out of place in a sporting context. This phenomenon is referred to as self-talk and it is one of the most heavily researched areas in the field of sport psychology.

There is a clear and intuitive logic that may have contributed to the appeal of self-talk as a topic for researchers, sport psychology practitioners, and athletes alike. The idea involves two key components: (a) people talk to themselves during sport and some of that self-talk is related to sport performance; (b) if self-talk is related to sport performance, then it is possible for athletes to find the "right things" to say to themselves to boost their performance and attain their highest level. This argument has obvious merit. In fact, a great deal of the self-talk research has been focused on the development of categorization schemes designed to provide insight into the question of how different types of self-talk affect performance (Hatzigeorgiadis et al., 2011; Tod et al., 2011; Van Raalte et al., 2016). Although this approach to self-talk research and application has generated findings and interventions that continue to be useful to practitioners, coaches, and performers, it overlooks several important and fundamental questions about the phenomenon of self-talk.

Questions such as "what exactly is self-talk?" "if we already know everything we know, then why do we talk to ourselves at all?" or "if I'm the one talking to myself, why does it feel like my self-talk is an internal argument?" have begun to receive more attention in the self-talk literature and have contributed to new approaches to the study and application of self-talk (Thibodeaux & Winsler, 2018; Van Raalte, Vincent, & Dickens, 2019; Van Raalte, Vincent, Dickens, & Brewer, 2019). This chapter will use a number of these "fundamental self-talk questions" to guide the way through the self-talk in sport literature. Sections will focus on providing a deeper understanding of both the "what" of self-talk – that is, the nature of the phenomenon – and the "how" of using self-talk and an understanding of self-talk to improve experiences in sport.

What Is Self-Talk?

At first glance, self-talk may seem like an easy phenomenon to define. When you start to consider how self-talk is similar to and different from other thinking, gestures, imagery, and body language, it

becomes clear that to define self-talk effectively, it is necessary to go beyond a simple definition (Hardy, 2006). Van Raalte et al. (2016) defined self-talk as a syntactically recognizable articulation of an internal position, expressed either internally or out loud, where the sender of the message is also the receiver. Breaking down some of the components of this definition of self-talk can provide some additional clarity.

First, self-talk is described in this definition as being a type of "internal position." This fundamental element is meant to point to self-talk as something subjective that originates in and derives its meaning from the experiences of a given individual. For instance, a certain self-talk statement such as "you are the worst!" should not be taken at face value as this phrase can mean different things to different people depending on history of the person and the context in which the statement is made. For one person, this statement could be a pained expression that reflects their belief that they are a poorer performer than anyone else. For another person in a different situation, "you are the worst" could be exclaimed gleefully after the execution of something cheeky and skillful that has humiliated an opponent.

The second element of the definition of self-talk worth reflecting on is the description of self-talk as a syntactically recognizable articulation. The use of the word articulation suggests that the internal position has been verbalized or put into the form of language. This part of the definition identifies self-talk as different from other types of internal positions, such as images or unsymbolized thinking that originate in someone's experience (Hurlburt & Akhter, 2008). The assertion that self-talk is syntactically recognizable suggests that it should have some kind of identifiable sentence structure that follows the rules of language. Upon review, the suggestion that self-talk is always syntactically recognizable may overstate the importance of syntax in defining self-talk. An athlete who angrily says to herself, "–that – failure – STINKING – stink!" has uttered self-talk even though what was said was not in proper English language syntax. Separating self-talk from other types of internal positions that do not involve language, however, is clearly an important component of defining and of understanding self-talk.

Finally, self-talk is defined as being expressed either internally or out loud, where the sender of the message is also the receiver. This means that self-talk can be both private, something athletes say silently to themselves in their own minds, or it could be said or even shouted aloud so that others can hear (e.g., "come on!"). Whether or not others can hear it, talk that is directed to the self is self-talk, talk that is directed at teammates or others is not self-talk.

Research using an approach called Descriptive Experience Sampling (DES) has provided additional insight into the full spectrum of inner experiences that include, but are not limited to, self-talk (Dickens et al., 2018; Hurlburt & Akhter, 2006; Hurlburt & Heavey, 2002). DES uses a random beeper and non-leading questions to get a "pristine" sense of what is going on in an individual's inner world at a given time. For example, a golfer playing a round of golf would carry a beeper and when the beeper goes off randomly would be asked to record "what was in their experience at the moment of the beep." There is a range of what people experience in any given moment, from detailed awareness of their outer and inner environments and experiences to absolutely nothing at all. With regard to self-talk, what has been gleaned from DES research in sport is that self-talk, or "inner speaking," is one of five frequent phenomena along with inner seeing (imagery), sensory awareness (bodily sensations such as pain and hunger), feeling (emotions), and unsymbolized thinking ("thinking a particular, definite thought without the awareness of that thought's being conveyed in words, images, or any other symbols") (Heavey & Hurlburt, 2008, p. 802).

DES research has also helped us understand some important information about the frequency with which people have self-talk as part of their inner experience (Hurlburt & Melancon, 1987). At times, self-talk has been treated by sport psychology researchers and practitioners as pervasive phenomenon in the context of sport – something that is occurring for most athletes most of (if not all of) the time. However, research using DES has shown that this is not the case. In fact, a study by Dickens et al. (2018)

examining the inner experiences of golfers found self-talk was not the predominant experience and some participants reported no self-talk at all.

Defining self-talk can help people understand what self-talk is and what self-talk is not. Self-talk is defined as self-directed statements or conversations that express an internal position. Self-talk can be said either out loud or privately in the mind and is one of several frequent inner phenomena that occur during sport performance. Although similar to thinking and imagery in some ways, self-talk is a distinct phenomenon.

Are There Different Types of Self-Talk?

Sport psychology researchers have taken a variety of approaches to categorizing and understanding different types of self-talk. For instance, some researchers have focused on descriptive categorizations which put research into categories based on features such as emotional valence, function, or overtness (Hatzigeorgiadis et al., 2008; Hatzigeorgiadis et al., 2011; Tod et al., 2011; Van Raalte et al., 2017). Other researchers have associated self-talk with what is known about information processing processes (Kahneman, 2003; 2011). Finally, some researchers have viewed self-talk through the lens of dialogical consciousness, the idea that our self-talk takes place as part of a conversation between a variety of internalized "voices" (Van Raalte, Vincent, & Dickens, 2019). Each of these perspectives comes with particular benefits that can provide athletes, coaches, and sport psychology practitioners with additional insight into the phenomenon of self-talk.

Descriptive Categorizations

Positive vs. Negative Self-Talk

Positive self-talk like "great shot!" differs from negative self-talk such as "what is wrong with you?" in both tone and content. Many early research studies on self-talk compared the effects of positive and negative self-talk on sport or sport task performance (Harvey et al., 2002; Van Raalte et al., 1995). The assumption was that positive self-talk would help performance and negative self-talk would hurt performance, however not everyone is comfortable using positive self-talk (Wood et al., 2009). Further, the bad reputation of negative self-talk may be overstated. Some people like negative self-talk and use negative self-talk to increase their motivation and energize performance (DeWolfe et al., 2021). A systematic review of the self-talk literature showed that in many studies, negative self-talk did not impede performance and some people performed better when they used negative self-talk (Tod et al., 2011). Categorizing self-talk as positive and negative and assuming that the effects of positive self-talk will be good and the effects of negative self-talk will be bad is a limited approach that fails to fully capture how self-talk works.

Instructional and Motivational Self-Talk

Instructional self-talk involves directing attention to the task at hand by saying such things a "bend your knees" or "follow through." Motivational self-talk such as "you can do it" and "go for it!" is designed to increase effort, confidence, and energy. Findings from Hatzigeorgiadis et al.'s (2011) meta-analysis indicate that both instructional and motivational self-talk enhance sport performance. Further, both instructional and motivational self-talk are most helpful when they are practiced and when they are used for learning new skills. A systematic review of the self-talk literature confirmed instructional and motivational self-talk work for a variety of sport tasks and matching the type of self-talk to the type of sport task does not consistently improve the effectiveness of self-talk interventions (Tod et al., 2011).

Overt vs. Covert Self-Talk

Many people wonder if self-talk that is said out loud (overtly) differs meaningfully from self-talk that is said silently to oneself (covertly). Research suggests that both overt and covert self-talk can benefit performance (Hong et al., 2020). Interestingly, people are more likely to express their negative self-talk ("nothing works today!") out loud and their positive self-talk ("I'm on a roll now") privately (Van Raalte et al., 1994).

Benefits and Limits of Self-Talk Categorization

Breaking self-talk into these kinds of easily distinguishable categories can allow athletes to track their self-talk to get a sense of which types of self-talk are most frequent and how the different types affect them. Examining the effects of different categories/types of self-talk is helpful for researchers as it allows them to identify specific types of self-talk that can help people perform well and to share those findings with athletes, teams, and coaches. There are also limitations of self-talk categorization. It can be difficult to be sure exactly in what category self-talk fits. As noted previously, "you are the worst!" could be negative self-talk or a positive affirmation of a cheeky move (Van Raalte et al., 2014). Categories of self-talk that are most frequent may not be the most effective, important, or meaningful. Putting self-talk into categories does not help us understand how self-talk works.

Information Processing

From ancient times to modern ones, scholars have noticed an interesting aspect of human thought. That is, some information is processed by the brain very quickly and with almost no effort, such as when spotting a snake and thinking "yikes! a snake." This rapid type of thinking often reflects gut feelings and impressions and requires little effort to reach a conclusion. The "yikes!" upon seeing a snake might feel almost automatic. This "thinking fast," rapid type of thinking has been named "System 1" (Kahneman, 2003). Another type of thinking that is also commonly experienced involves more effort and mental processing power, such as when a student considers going to university and weighs the various options. This labor-intensive thinking has been described a "thinking slow" and named "System 2" (Kahneman, 2011).

System 1 and System 2 Self-Talk

Self-talk has been categorized in a similar manner to System 1 and System 2 thinking (Van Raalte et al., 2016). Self-talk that occurs almost spontaneously ("can't believe you missed that!!") is categorized as System 1. Self-talk that requires more intention or effort ("bend your knees and follow through") is considered to be System 2 self-talk.

System 2 self-talk is the type of self-talk that has been most studied, is intentionally used by athletes and coaches, and has been shown to enhance performance. Although intentionally using self-talk can help people perform well, it is important to note that using System 2 self-talk takes effort and mental energy. One benefit of committing to System 2 self-talk use is that athletes can use System 2 self-talk to focus on the right things ("play faster") and improve their motivation "I've got this," when their mental energy is high. When people are mentally tired, however, they can become unable to use System 2 self-talk effectively and may find that System 1 self-talk ("I stink") emerges. Indeed, is not uncommon to hear people swearing (System 1 self-talk) when they are losing or performing poorly in sport. To reap the benefits of System 2 self-talk and minimize the risks of overusing System 2 self-talk and experiencing a System 1 self-talk rebound, it can be good to use as much System 2 self-talk as you need to perform but no more.

Benefits of Information Processing Approaches to Self-Talk

Information processing approaches highlight the ways in which people experience self-talk. System 1 self-talk occurs almost spontaneously as an in–the–moment reaction. System 2 self-talk requires mental effort (Van Raalte et al., 2016). Although coaches and sport psychology practitioners put a good deal of time into designing System 2, intentionally used self-talk interventions, it might be important to recognize that much of our self-talk is System 1, spontaneous self-talk that is not chosen at all. Happily, much of our System 1 self-talk is fleeting. Recognizing that some self-talk occurs spontaneously and may not have deep meaning or strong effects can be helpful in allowing some self-talk and some concerns about self-talk to pass (Van Raalte et al., 2017).

Dialogical Consciousness

Another way of looking at different types of self-talk is through the lens of dialogical consciousness. Theories of dialogical consciousness differ from traditional approaches to understanding self-talk because of their view that our inner experience takes place as a conversation between many internalized voices rather than consisting of a singular voice (Hermans, 2003). This focus on multiple voices is an extension of how proponents of dialogical consciousness view the self – as multifaceted and shaped by context and experience (Hermans & Hermans–Konopka, 2010; Hermans et al., 1992). The idea is that as we move through the world and have different experiences, these experiences shape the ways we see ourselves and create different perspectives or voices within the larger conversation of consciousness.

An example of multifaceted self would be an athlete who experiences both self-confidence and self-doubt. In a traditional approach that focuses on a singular self it is hard to make sense of this contradiction that comes with feeling both confident and doubtful, however with a multifaceted self we can look at an individual's history and see how their past has shaped the perspectives of doubt and confidence such that both exist in their inner dialogue. For instance, an athlete may have had past failures where they saw themselves as incapable. In a perspective where self is multifaceted, this incapable self can live on as a part or facet of the self that is experienced as doubt in the larger conversation of consciousness. Similarly, feelings of confidence may stem from past success and a view or facet of self that is capable and skilled. Returning to the topic of self-talk, we might say that doubtful or negative self-talk is the voice of the incapable facet of the self while confident or positive self-talk would be the voice of the capable facet of the self.

Not all the different voices in consciousness come from facets of the self, and looking back to types of self-talk, proponents of dialogical consciousness highlight a few different places where self-talk voices can originate from interlocutors, I-positions, and cultural narratives (Puchalska–Wasyl, 2015; Van Raalte, Vincent, Dickens, 2019). Interlocutors refer to the internalizing of external figures such as coaches, parents, friends, or teammates. When a certain individual or comment is very meaningful or impactful, it can occur to an individual as a voice within the larger conversation of their consciousness. For example, an athlete may have a very supportive and encouraging mentor who they think of in moments of self–doubt, and whose voice becomes part of their supportive or encouraging self-talk. Another example would be an athlete who develops a highly critical self-talk voice after having a coach who is highly critical. Have you ever heard an athlete say something such as, "I could hear my coach inside my head saying…" this is an example of an interlocutor.

I–positions are voices that come from different facets of the self. For instance, in the example with the confident and doubtful athlete above, the capable self and incapable self would be seen as different I-positions (Van Raalte, Vincent, Dickens, 2019). One common way that I-positions occur for athletes is in the form of internal argument, such as "this is too much pressure, you're going to mess this up – no, you can do it, just focus on playing your game." This kind of internal argument can be described as conflict between two different I-positions.

Finally, cultural narratives serve as the origin of some of the different voices in our self-talk. Cultural narratives refer to common stories or ideas that exist within a culture or group of people. Examples of this could be the idea that "all men should be tough and strong" or within sport something like "be your own biggest critic – focusing on success will make you complacent!" These narratives are not defined by their truth but by their ubiquity – many ideas that come to us through cultural narratives are limiting or even hurtful. For people within a culture, it may be hard to avoid messages that communicate a certain story. Over time, constant exposure to these ideas allows them to become voices in your consciousness. These might occur to us in the form of should statements such as "I should be acting more like…" or sometimes as references to an unnamed "they" such as "what would they think if I did…"

Benefits of Dialogical Consciousness

One of the primary benefits of viewing our self-talk through the lens of dialogical consciousness is that it allows us some separation from our self-talk and helps us to see that our self-talk comes from many places. People who believe that all of their self-talk comes only from themselves and represents the absolute truth can find their self-talk overwhelming. Being able to associate different voices and perspectives of our self-talk with different people, moments, or ideas can give us more space for reflection and evaluation. At times, this separation can allow us to move on from voices that are hurtful to us or break free from voices that are limiting – allowing us to be more authentic and present in how we approach ourselves and our sport.

How Should I Go about Designing a Self-Talk Intervention?

With all the information about self-talk that is available, it can be hard to know how to apply the findings to your own sport experience. Consider following these guidelines as you design your self-talk intervention plan.

1 *Start with a goal*: We know that self-talk can serve multiple different functions so it is important to decide what the outcome of the self-talk intervention will be: to learn a skill, to generate a certain feeling such as confidence or calm, to motivate?
   a If the goal is to perfect a certain *skill* such as a free throw, then selecting a few "key words" to direct attention to the goal "rim and shoot" can be a good approach. Selecting meaningful and simple key words provides System 2 self-talk benefits without using up too much mental energy.
   b To cue a feeling like being calm, use self-talk like "smooth" or "flow" that matches the desired feeling state.
   c To increase *motivation*, consider individual preferences. Strong language like "go big or go home!" is inspirational and motivational for many people.
2 *Choose self-talk that is meaningful*: This is the most important part of a self-talk intervention. Additionally, make sure that the self-talk feels right. There are individual differences in how self-talk affects people and the self-talk that is right for one person may not work for another. Athletes using self-talk to improve a skill should feel like the cues make sense and are comfortable for them. Athletes using self-talk to increase their motivation should find their chosen self-talk to be motivating.
3 *Don't be cliché*: There is some self-talk that sounds good when other people say it, like "play with swagger." If "play with swagger" doesn't seem comfortable to use, then it's not truly meaningful. Sometimes people choose self-talk that is cliché because that's what they've heard, or it is something that coaches or teammates tell them they should be thinking or feeling. Sometimes athletes use clichés because they don't actually have a clear enough sense of their goals to find self-talk that

is personally meaningful. If a cliché really resonates– that's great. But don't just use it because it is supposed to help or because it is the first thing that comes to mind.

4   *Don't overdo*: While some self-talk can be helpful, too much self-talk can use up your mental resources and be overwhelming if it is System 2 self-talk. Choosing short phrases or words is a good approach, especially in competition. When practicing, athletes may have enough mental energy to use somewhat more complex self-talk.

5   *Practice makes permanent*: Self-talk is like any other skill, practice helps.

What If I Can't Stop My Negative Self-Talk?

Although the overall impact of negative self-talk is frequently overstated, harsh self–criticism and internal insults can interfere with an athlete's motivation, performance, and ability to enjoy sport. Here are a few ideas for athletes who are struggling with negative self-talk that won't seem to go away.

1   *Understand the effects of negative self-talk*: Negative-self-talk is not problematic in and of itself – it becomes problematic when it undermines confidence, shifts focus toward worries and mistakes, or contributes to frustrated or anxious emotional states. Notice the areas undermined by negative self-talk and consider strategies for developing in these areas. For example, if negative self-talk shifts attention to worries and mistakes, developing skills for staying focused on key performance tasks may be more beneficial than fighting to stop the negative self-talk.

2   *Understand what triggers the negative self-talk*: Noticing the events or situations that trigger negative self-talk can give important information. Does negative self-talk become more frequent or intense in moments of high pressure? After a mistake? When the team starts losing? If there is a consistent pattern, consider exploring the underlying issue. For instance, if self–criticism increases under pressure, it may be worth exploring what makes pressure situations difficult and why they undermine confidence.

3   *Seek support*: Feeling trapped in an internal world filled with frustration, insults, and harsh self-criticism is exhausting and emotionally painful. Athletes don't need to go through this alone. Talking to friends, family members, or coaches about this experience can help athletes feel less alone. Athletes are often the toughest on themselves, and it is likely that others might provide an alternative perspective on performances that can help athletes better recognize their strengths or good moments. Sport psychology practitioners and mental health professionals are trained to help people through these kinds of concerns and can also be an important resource.

What If Self-Talk Just Isn't For Me?

This one is simple – don't use it! Everyone is different and if self-talk doesn't feel right, then there is no need to implement strategies that focus on self-talk.

Conclusion

Self-talk has been an important part of the sport psychology literature since the 1960s and it is likely that it will continue to be a popular as theories provide new avenues for research and applied interventions. Athletes, coaches, and sport psychology practitioners will benefit from knowledge of self-talk that extends beyond categorization schemes. Deeper insights into the nature of self-talk in sport can be used to improve athletes' experiences in sport. See Box 59.1 for a summary of the key points from this chapter.

Box 59.1 Summary of Key Points about Self-Talk in Applied Sport Psychology

- **What is self-talk?**
  - an internal position
  - expressed in words internally or out loud
  - directed to the self
- **Categorizing and understanding self-talk**
  - Self-talk categories include instructional, motivational, positive, negative, overt, and covert
  - Information processing approaches show that self-talk involves both "thinking fast" (System 1 self-talk) and "thinking slow" (System 2 self-talk)
  - Dialogical consciousness highlights internalized voices and inner conversations that are part of self-talk
- **How to use self-talk to enhance sport performance**
  - Start with a goal – design a self-talk intervention that helps you reach your goals
  - Use self-talk that is meaningful to you
  - Don't be cliché
  - Don't overdo – a few key words are usually enough
  - Practice your self-talk
- **Negative Self-Talk**
  - Understand what triggers your negative self-talk and how the negative self-talk limits you
  - Seek support if you are overwhelmed by your negative self-talk

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References

DeWolfe, C. E. J., Scott, D., & Seaman, K. A. (2021). Embrace the challenge: Acknowledging a challenge following negative self-talk improves performance. *Journal of Applied Sport Psychology*, *33*(5), 527–540. https://doi.org/10.1080/10413200.2020.1795951

Dickens, Y. L., Van Raalte, J., & Hurlburt, R. T. (2018). On investigating self-talk: A descriptive experience sampling study of inner experience during golf performance. *The Sport Psychologist*, *32*(1), 66–73. https://doi.org/10.1123/tsp.2016-0073

Hardy, J. (2006). Speaking clearly: A critical review of the self-talk literature. *Psychology of Sport and Exercise*, 7(1), 81–97. https://doi.org/10.1016/j.psychsport.2005.04.002

Harvey, D. T., Van Raalte, J. L., & Brewer, B. W. (2002). Relationship between self-talk and golf performance. *International Sports Journal*, *6*(1), 84–91.

Hatzigeorgiadis, A., Zourbanos, N., Goltsios, C., & Theodorakis, Y. (2008). Investigating the functions of self-talk: The effects of motivational self-talk on self-efficacy and performance in young tennis players. *The Sport Psychologist*, *22*(4), 458–471. https://doi.org/10.1123/tsp.22.4.458

Hatzigeorgiadis, A., Zourbanos, N., Galanis, E., & Theodorakis, Y. (2011). Self-talk and sport performance: A meta-analysis. *Perspectives on Psychological Science*, *6*(4), 348–310. https://doi.org/10.1177/1745691611413136

Hermans, H. J. M. (2003). The construction and reconstruction of a dialogical self. *Journal of Constructivist Psychology*, *16*(2), 89–130. https://doi.org/10.1080/10720530390117902

Hermans, H., & Hermans-Konopka, A. (2010). *Dialogical self theory: Positioning and counter-positioning in a globalizing society*. Cambridge University Press.

Hermans, H. J. M., Kempen, H. J. G., & Van Loon, R. J. P. (1992). The dialogical self: Beyond individualism and relationism. *American Psychologist*, *47*(1), 23–33. https://psycnet.apa.org/doi/10.1037/0003-066X.47.1.23

Hong, X., Liao, Y., Shi, Y., Qi, C., Zhao, M., & Van Raalte, J. L. (2020). An empirical test of the self-talk dissonance hypothesis: The effects of self-talk overtness and personality on performance. *The Sport Psychologist*, *34*(3), 173–176. https://doi.org/10.1123/tsp.2019-0134

Hurlburt, R. T., & Akhter, S. A. (2006). The descriptive experience sampling method. *Phenomenology and the Cognitive Sciences*, *5*, 271–301. https://doi.org/10.1007/s11097-006-9024-0

Hurlburt, R. T., & Akhter, S. A. (2008). Unsymbolized thinking. *Consciousness and Cognition*, *17*(4), 1364–1374. https://doi.org/10.1016/j.concog.2008.03.021

Hurlburt, R. T., & Heavey, C. L. (2002). Interobserver reliability of descriptive experience sampling. *Cognitive Therapy and Research*, *26*, 135–142. https://doi.org/10.1023/A:1013802006827

Hurlburt, R. T., & Melancon, S. M. (1987). How are questionnaire data similar to, and different from, thought sampling data? Five studies manipulating retrospectiveness, single-moment focus, and indeterminacy. *Cognitive Therapy and Research*, *11*, 681–704. https://doi.org/10.1007/BF01176005

Kahneman, D. (2003). A perspective on judgment and choice: Mapping bounded reality. *American Psychologist*, *58*(9), 697–720. https://psycnet.apa.org/doi/10.1037/0003-066X.58.9.697

Kahneman, D. (2011). *Thinking, fast and slow*. Farrar, Straus, and Giroux.

Puchalska-Wasyl, M. M. (2015). Self-talk: Conversation with oneself? On the types of internal interlocutors. *The Journal of Psychology: Interdisciplinary and Applied*, *149*(5), 443–460. https://doi.org/10.1080/00223980.2014.896772

Thibodeaux, J., & Winsler, A. (2018). What do youth tennis athletes say to themselves? Observed and self-reported self-talk on the court. *Psychology of Sport and Exercise*, *38*, 126–136. https://doi.org/10.1016/j.psychsport.2018.06.006

Tod, D., Hardy, J., & Oliver, E. J. (2011). Effects of self-talk: A systematic review. *Journal of Sport & Exercise Psychology*, *33*(5), 666–687. https://doi.org/10.1123/jsep.33.5.666

Van Raalte, J. L., Brewer, B. W., Rivera, P. M., & Petitpas, A. J. (1994). The relationship between observable self-talk and competitive junior tennis players' match performances. *Journal of Sport & Exercise Psychology*, *16*(4), 400–415. https://doi.org/10.1123/jsep.16.4.400

Van Raalte, J. L., Brewer, B. W., Lewis, B. P., Linder, D. E., Wildman, G., & Kozimor, J. (1995). Cork! The effects of positive and negative self-talk on dart throwing performance. *Journal of Sport Behavior*, *18*(1), 50–57.

Van Raalte, J. L., Cornelius, A. E., Copeskey, M. K., & Brewer, B. W. (2014). Say what? An analysis of spontaneous self-talk categorization. *The Sport Psychologist*, *28*(4), 390–393. https://doi.org/10.1123/tsp.2014-0017

Van Raalte, J. L., Vincent, A., & Brewer, B. W. (2016). Self-talk: Review and sport-specific model. *Psychology of Sport and Exercise*, *22*, 139–148. https://doi.org/10.1016/j.psychsport.2015.08.004

Van Raalte, J. L., & Vincent, A. (2017). Self-talk in sport and performance. In O. Braddick (Ed.), *Oxford research encyclopedia of psychology*. American Psychological Association & Oxford University Press. https://doi.org/10.1093/acrefore/9780190236557.013.157

Van Raalte, J. L., Vincent, A., & Brewer, B. W. (2017). Self-talk interventions for athletes: A theoretically grounded approach. *Journal of Sport Psychology in Action*, *8*(3), 141–151. https://doi.org/10.1080/21520704.2016.1233921

Van Raalte, J. L., Vincent, A., & Dickens, Y. (2019). Dialogical consciousness and descriptive experience sampling: Implications for the study of intrapersonal communication in sport. *Frontiers in Psychology*, *10*, Article e653. https://doi.org/10.3389/fpsyg.2019.00653

Wood, J. V., Perunovic, W. Q., & Lee, J. W. (2009). Positive self-statements: Power for some, peril for others. *Psychological Science*, *20*(7), 860–866. https://doi.org/10.1111%2Fj.1467-9280.2009.02370.x

60

CONFIDENCE

Robin S. Vealey and Corinne T. Zimmerman

Athletes know two things about confidence. One, confidence makes them feel bulletproof. When they believe in themselves – that they have the resources, particularly abilities, to perform successfully – their performance flows automatically and easily. However, athletes also know that confidence is fragile. Certain circumstances, such as failure in a critical competitive moment, can lead to chinks in athletes' bulletproof armor, or even a total collapse of confidence and inability to successfully perform a skill in competition. Although confidence is a mental skill possessed by successful, elite athletes (Bull et al., 2005), even world-class performers are susceptible to factors that debilitate their confidence (Hays et al., 2009).

Confidence is usually defined as a belief or degree of certainty that athletes possess about their abilities to be successful (Vealey & Chase, 2008). Much research on confidence in sport has emanated from self-efficacy theory, where *self-efficacy* is defined as belief in one's capabilities to organize and execute the actions required to successfully complete specific tasks (Bandura, 1997). For simplicity, the term confidence is used in this chapter, even when discussing research findings on self-efficacy in sport.

How Confidence Enhances Performance

Confident athletes perform better than less confident athletes (Vealey & Chase, 2008), confident teams perform better than less confident teams (Fransen et al., 2017), and confident coaches perform better than less confident coaches (Myers et al., 2005). But *how* does confidence help us perform better? A good way to remember this is to think about how confidence enhances our ABCs: affect, behavior, and confidence.

- *Confidence helps athletes manage their emotions (Affect).* In psychology, the term "affect" means feelings or emotions – so it's the A in our ABC formula for how confidence works. Athletes who have strong beliefs about their abilities can manage the emotions associated with competition more efficiently than athletes who lack confidence. This is because confidence influences how we interpret life events, which can be positive, neutral, or emotionally upsetting (Bandura, 1997). A lack of confidence in sport has been associated with anxiety, depression, and dissatisfaction (Hays et al., 2009; Robinson & Lewis, 2016).

  This is not to say that confident athletes don't experience anxiety and stress. They do, but they are less likely to allow that anxiety to overwhelm them and interfere with their performance. Confidence enables athletes to perceive their anxiety as helpful and controllable (Hanton et al., 2004). Legendary golfer Tiger Woods has said:

Am I ever nervous? Are you kidding me? I'm nervous on the very first shot. I'm nervous through the entire day. But it's how I channel it, how I harness it. How do I put that energy into deeper focus or deeper intensity? That's something we all can do.

<div align="right">*(Morrice, 2019, p. 58)*</div>

- *Confidence enhances athletes' goal choices, effort, and persistence (Behavior).* The B in the ABCs for how confidence works is Behavior. Confident athletes tend to work harder than less confident athletes. Specifically, confident athletes (Hays et al., 2009) and teams (Fransen et al., 2017) set more challenging goals, choose to try more challenging activities, exert more intense effort in training, and persist longer despite obstacles and setbacks when compared to athletes who lack confidence. An elite athlete explained: "When I feel confident, it just drives me on more and makes me try harder, and it raises my game and the intensity of my effort" (Hanton et al., 2004, p. 487). Teams mired in losing streaks often lack the confidence needed to come from behind and give in by saying "here we go again" when faced with losing.
- *Confidence enables athletes to think better (Cognitions).* The C in the ABCs for how confidence enhances performance is Cognitions, which means thoughts or thinking. Confidence enables athletes to focus on competition as opposed to being distracted by negative thoughts (Baykose et al., 2019; Hays et al., 2009) and make better decisions (Hepler, 2016) than those lacking in confidence. Confidence helps athletes and teams think productively no matter what happens. Consider a skier's perspective:

On race day at the Olympics, it was very flat light, very foggy, which is not pleasant in downhill. The first thing I did was say to myself, "You're good in flat light; you're one of the best skiers in flat light. This is your opportunity right now – go for it! Although I don't like it more than anyone else, I can still be aggressive and I can still ski like I want to ski."

<div align="right">*(Orlick, 2016, p. 55)*</div>

What Do Athletes Need to Be Confident About?

Confidence is multidimensional, meaning athletes need to believe in multiple abilities required to meet the challenges in their sports (Hays et al., 2007; Machida et al., 2017; Thomas et al., 2021). A most basic type of confidence is confidence in *skill execution*. Athletes must believe that they can execute the coordinated body movements to successfully perform their specific sport skills (e.g., serving a volleyball). Athletes also need confidence in their *physical attributes*, such as strength, aerobic capacity, or agility. The perceptual demands of sport require athletes to be confident about their *focus and decision-making*. A volleyball setter must engage in lightning-quick decisions about where to set the ball based on the constantly changing position of her hitters and the opposing defense. Athletes also need to be confident about their *mental resilience* to regain focus after errors, to bounce back from performing poorly, and to perform under pressure. An athlete explained how this feels: "I think I'm very good in certain situations on the pitch, for example if we're not playing well, I know how to weather the storm so to speak and get through" (Thomas et al., 2021).

A Model for Building Confidence

To demonstrate how to build confidence in athletes, we've illustrated what research and best practices has taught us in Figure 60.1. Following are four major principles derived from the model that can help us understand confidence and how to influence it.

1 *There are four broad categories to draw from in building confidence*: The boxes on the left side identify the four main sources of confidence in sport (Bandura, 1997; Hays et al., 2007; Thomas et al., 2021;
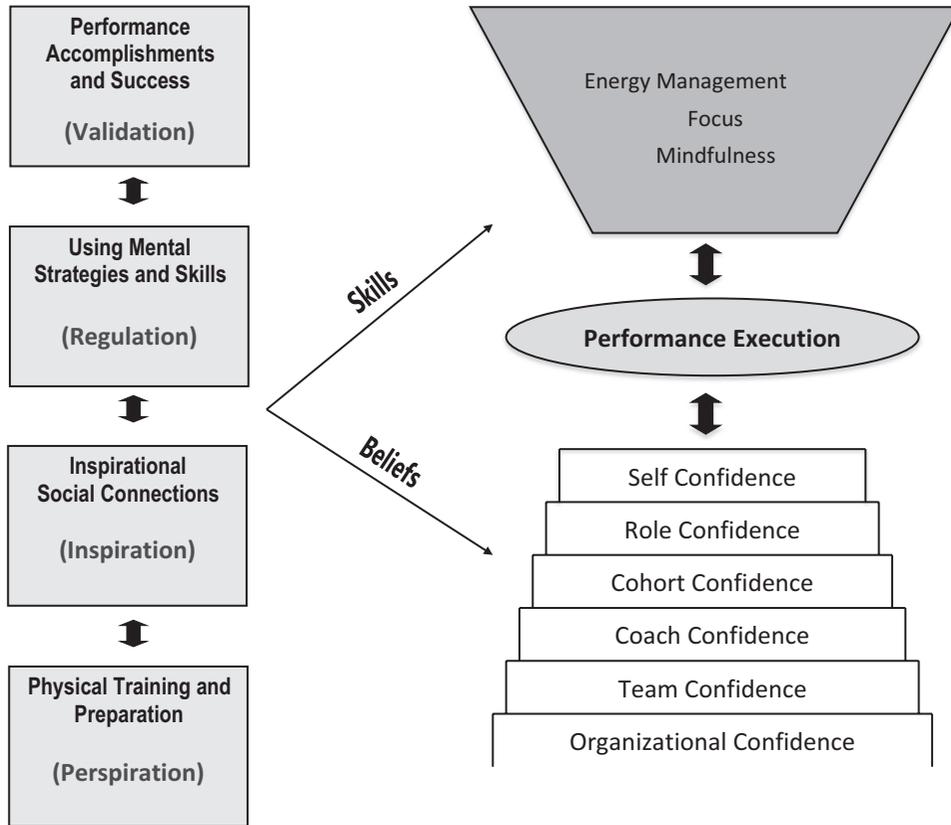
Figure 60.1   A Model of Sport Confidence

Vealey et al., 1998). How do athletes build confidence? They (a) achieve success and perform well, (b) engage in mental strategies (e.g., self-talk, imagery, energy management, and behavior monitoring) to habituate productive responses in competition (Marshall & Gibson, 2017; Williams, 2018), (c) gain inspiration and support from others (e.g., teammates, family, and coaches), and (d) physically train and prepare exhaustively. Or a more colorful way to describe it is to say that athletes gain confidence through *validation* (performing well and succeeding), *regulation* (mental training), *inspiration* (social support from others), and *perspiration* (hard work).

2   *Athletes' self-confidence is nested within different levels or social contexts and building confidence in athletes should consider all these levels of confidence*: This is illustrated by the "stairsteps" on the right side of Figure 60.1. Athletes' self-confidence is embedded within increasingly broader social layers, such as their confidence in their abilities to succeed in their role (e.g., point guard in basketball) and within their specific cohort (e.g., line in hockey and doubles partner in tennis) as well as their confidence in their coach, team, and organization.

An abusive coach, team conflict that negatively impacts performance, and/or a dysfunctional athletic department or organization can undermine an athlete's confidence or sabotage attempts to build self-confidence in athletes. Coach confidence leads to team confidence (Atkinson et al., 2018; Vargas-Tonsing et al., 2004), and coach, self, and team confidence have all been shown to be related (Magyar et al., 2004; Watson et al., 2001). Organizational confidence (e.g., athletic departments,

universities, and professional sport franchises) affects individual members' sense of mission and purpose, commitment, resilience, and satisfaction (Bohn, 2010).

3   *The* direct *pathway to building confidence is using the four sources of confidence to create and enhance strong, resilient beliefs* about one's abilities *(lower long arrow) that enhance athletes' confidence in themselves and others*: These strong and resilient beliefs about abilities, or confidence, enable athletes to engage in successful performance execution. This pathway is best thought of as *building confidence for performance success.*

4   *The* indirect *pathway to building confidence is to build one's physical and mental skills (upper long arrow) that lead to effective energy management, optimal focus, and mindfulness*: These qualities are controllable mental skills that lead to optimal performance execution, which then enhances confidence. The premise is that even if an athlete's belief system (feelings/thoughts about abilities and probability for success) is less than optimal (as when one lacks confidence), he or she can use their physical and mental training to focus on relevant cues, manage energy, and think productively to successfully perform. Successful performance execution then builds confidence, which then enhances performance, and so on, and so on. This pathway is best thought of as *building performance success for confidence.*

This indirect pathway is important because confidence is a difficult skill to mend once it has been shaken by failure or poor performance, because the main source of confidence is performance success. Through systematic physical and mental training, athletes can develop an automatic performance response that will allow them to succeed, even when their confidence is shaky. This application of mental skills to enhance performance at a time of shaky confidence is aptly described by Peter Vidmar, U.S. Olympic gold medalist in gymnastics:

> I was petrified... because I missed my first two routines. I was starting to panic thinking I might not make the Olympic team, even though I was still in third place. All of a sudden, I just calmed down and started thinking straight. Just as I started thinking, things started to click for me. It turned out to be the best routine of my life up to that point. I don't have that type of panic anymore. As the years went on, I got rid of that element of panic because I triggered myself somehow into saying, 'Okay, something is wrong now. What can I do about it?' as opposed to saying, 'Something's wrong. I can't believe it's happening!.'
>
> *(Ravizza, 1993, p. 96)*

The remainder of this chapter provides specific strategies for building confidence based on the four main sources shown on the left in Figure 60.1.

Building Confidence through Validation

The strongest source of confidence is success, which validates self-belief. Most all of us are confident in our abilities if we have succeeded in the past in a particular area. Achieving success is the most direct evidence of athletes' capabilities – it's tangible proof that they can do it because they've done it before. Obviously, past failures can weaken confidence for the same reason – we question our ability because we have yet to be successful.

Performance accomplishments can be a gradual accumulation of mastery experiences, as explained by a successful professional golfer: "It took time to believe in myself. I had to win a few things before I really believed I could perform out here… The whole experience weathered me and proved to myself that I have those skills" (Valiante & Morris, 2013, p. 135). The strengthening effect of performance accomplishments on confidence can also occur in a single, crystallizing event, which serves as a touchstone memory that supercharges an athlete's confidence as explained by another successful professional golfer:

I hit a 1-iron on the last hole of the NCAA… for us to win the tournament by a shot. I was really nervous, but I was able to do it. It started everything! It was the biggest thing in my life and I pulled it off. I'll never forget it because… I knew what the shot meant. I hit it in there 8 feet and made the putt and that is what I always went back to after that because I knew I could hit shots that only a few other people in the world could hit.

(Valiante & Morris, 2013, p. 135)

Validation as a source of confidence for athletes can take many forms. Athletes can define success in many ways and should define it for themselves as opposed to allowing others (e.g., media and parents) define success for them. One of the biggest reasons that athletes lose and lack confidence is that they allow others to define success for them. Each athlete should develop a personalized goal map that identifies very specific and individualized outcome, performance, and process goals, as well as time-bound goal achievement strategies to pursue the goals. Athletes who buy into their personal goal maps gain control over their own success, which is critical to building confidence. Coaches must reinforce progress and achievement for each individual athlete based on their personal goal maps. Particularly in relation to self-confidence, athletes may need help in identifying and pursuing aggressive yet achievable goals. All athletes should be encouraged to push their limits and extend their performance and skills, but not at ridiculously unrealistic levels and not defined by others.

To help inform their goal maps, ask your athletes to write down three examples of Definitions of My OWN Success. For example, a golfer might write down quality ball-striking, effective shot decision-making and commitment, and patiently grinding close to par when struggling. Athletes can put these definitions in a prominent place where they can see them every day.

Building Confidence through Regulation

Regulation as a source of confidence shown in Figure 60.1 involves developing and using mental strategies and skills to optimize focus and confidence. Just like the endless physical training repetitions that athletes undergo to hone their physical skill execution, they must also undergo vigilant mental repetitions to systematically train productive responses to competitive demands. This could include many of the mental strategies presented in this book, including self-talk training, imagery, energy management, and the development and use of focus plans. Below are a few specific tips about how to "package" various self-regulatory skills to enhance confidence.

1 *Fake it 'til you make it*: Athletes should always exude a physical or behavioral level of confidence no matter what. Athletes must control their body language, facial expressions, and posture so that they always convey a sense of confidence and personal control. This should be explained, practiced, and monitored in training sessions, as physical poise and behavioral confidence is an essential part of a team culture or program "code." Responding with outer poise or confidence makes it easier to respond with inner confidence, or to believe in yourself. Professional tennis star Serena Williams stated, "I always try to send the message of being confident and fierce."

   Research shows that nonverbal body language of dominance increased athlete (Hays et al., 2009) and team (Seiler et al., 2018) confidence, and that athletes gained confidence when observing defeated nonverbal behavior and posture in opponents (Furley & Schweizer, 2014). Soccer referees were viewed as less confident and were more likely to be questioned when they showed less confident body language (Furley & Schweizer, 2016).

2 *Develop personal Confidence Profiles* (Hays et al., 2010): The Confidence Profile attempts to move confidence beyond the general idea of "being confident" to a more self-aware understanding of

specific performance behaviors to be confident about and personal strategies to enhance confidence in those areas. Athletes can follow these steps:

a   What do I need to be confident about?

b   What is an important source of confidence for this? (For each area identified in "a.")

c   Rating of each type of confidence needed (1 = not at all confident, 10 = extremely confident)

d   Ideas to increase ratings where needed (How I could do this?)

e   A good first step to take on this (increasing my rating) would be to…

3   *Identify triggers that hijack confidence*: We all have personal triggers that make us feel less confident. It might be a poor warmup, a specific opponent, a mistake or lapse in performance, or critical feedback from a coach. Athletes should take time to thoughtfully assess what triggers lapses in their confidence. They can then develop a brief response to the trigger and practice it repeatedly using imagery to habituate the response. A useful general response is the affirmation "I respond with confidence," which can be used with a Power Breath to immediately remind athletes to walk strong and think productively in response to a negative trigger. Endurance athletes can prepare and mentally train for productive responses to fatigue and pain, knowing that these feelings will develop and having a go-to strategy to maintain confidence for when they do. Here is an example of a response plan that athletes could develop and train for those moments when they lose focus, make a critical error, or feel like they are "choking":

ACT

The acronym ACT gives athletes three steps to follow in responding with confidence: Accept, Center, Task. *Accept* the dreadful feelings, and tell yourself that it's okay, you understand what's happening and expected that you could feel this way. Don't try to suppress or hide the bad feelings – acknowledge them. Own them, or they will own you.

Center yourself physically. Create a confident posture, inhale deeply thinking about infusing your body with feelings that you need (e.g., strength, readiness, and relaxation) and then exhale the tension, negative thoughts, and bad feelings.

Focus on your *Task* in the present moment intentionally by directing your thoughts to your "go-to" self-talk strategy. This should be on specific controllable aspects of performance and the *process* of performance. Examples are thinking "strong (legs) and soft (arc of shot)" on a basketball free throw or "smooth and through" as you visualize and feel your golf swing. Continuously occupy your mind by focusing on your specific task, instead of letting your thoughts wander in unproductive ways.

Athletes should ACT, not just fall victim to random thoughts and feelings that enter their mind. Athletes can successfully ACT if they have planned productive mental responses to specific situations that hurt their confidence and focus, and then mentally practice this response over time to make it habitual.

4   *Create and recreate personal images of successful experiences*: Athletes should "see" what they want to happen (successful performance) and replay past successes. Many athletes today have personal highlight tapes of themselves to view, a motivational and confidence-building technique. In addition to using technology in this way, athletes should create their own *mental* personal highlight tapes using creative imagery. Athletes can create whatever highlight tape they want, but a good formula to follow is to make about a minute or two highlight of a previous peak performance or combination of highlights from the past (Selk, 2009). Then immediately follow that up by creating an image of how you will feel, think, and perform in an upcoming competition. Relive past success. Imagine future success. See, believe, and do it.

Building Confidence through Inspiration

The third source of confidence is the social connections that provide encouragement, motivation, and support for athletes to believe in themselves. The idea is that confidence can be inspired in athletes through their social associations with significant people in their lives. Team building and communication activities not only may enhance team cohesion, but also team and athlete confidence. Consultants and coaches should choose team building activities that focus on trust, personal self-disclosure, understanding and embracing diversity, and creating a collective sense of team identity.

The leadership, decision-making, and feedback effectiveness of coaches are important sources of confidence for athletes (Boardley et al., 2008; Forlenza et al., 2018; Vealey et al., 1998). Frequent, yet short and concise team meetings to consistently reinforce productive interpersonal patterns might be helpful. For example, five minutes at the end of training sessions could be available for team members to give feedback and evaluate the quality of the workout as well as the team's progress. Questions might include: What went well? What needs work? How can coaches help you? How can teammates help you?

Confidence in teams is also enhanced by having strong athlete leaders. Coaches should initiate team discussions around leadership, to specifically identify what it means to be a leader for this group and what the team needs in terms of leadership. Coaches can also prepare experienced team members to set the tone for how athletes conduct themselves in the program. The group norm that is set for effort and performance in training, responses to adversity, and body language is a powerful social influence on athlete and team confidence.

Building Confidence through "Perspiration"

Confidence must be earned. Athletes have to earn the right to be confident through persistent, deliberate practice and training (or "perspiration"). This fourth source of confidence shown in Figure 60.1 means there are no shortcuts or quick fixes when it comes to confidence. Systematic physical preparation allows athletes to trust themselves in executing their skills during the pressure of competition. An elite athlete explained how it felt without having preparation to instill confidence, "There have been times when I've gone in there not fully fit or fully prepared. I haven't done enough, and therefore, you're at a 5–10% disadvantage straight away because you're thinking that in your head" (Hays et al., 2009, p. 1193). Here are some specific ways to build confidence through "perspiration."

1 *Incorporate training strategies that simulate pressure situations and create unexpected situations to train adaptability*: Practice against a six-player defense in basketball, incorporate wet-weather drills in football, incorporate demanding interval work in track and swimming, use multiple balls and rapid-fire sequencing in volleyball defensive drills, turn the heat up (literally!), systematically practice last-minute plays and strategies, and use the scoreboard to create specific situations for athletes (e.g., down by six points with a minute left and up by two points with a minute left). The intent is that competition will never be more intense than the training.
2 *Set up a team or programmatic mantra or attitude that defines the work ethic of the team and how they can "live" this work ethic*: Work with team leaders to create the "how we do it here" norm for training intensity and practice expectations. An example of this is 100% +10. Athletes buying into this give their full selves and effort to all training sessions, without *any* shortcuts *ever* (100%). Then they find ways to do a little extra (+10), whether it's staying after practice, coming in early to work on something, adding a few extra reps in a weight workout, or mentally rehearsing a new technique in front of a mirror in their room. Adhering to the 100% + 10 mantra provides the foundation for solid confidence built from the ground up, so that under pressure athletes' subconscious allows them to "relax and trust" their skill because they've done the work, and then some.

3   *Teach athletes to focus on performing at their best level THAT DAY*: Perspiration is particularly needed by athletes on those days when things don't go easy for them. Confidence affects our effort and persistence, without us even realizing it. Athletes must understand how important it is for them to focus and "grind" out their best performances when they aren't "in the zone" or when they are not feeling automatically confident. Challenge them to focus on performing at their best *for that day*. If they feel like they're not at 100%, focus on the 80% that they have. This is the ultimate mental test for athletes. Great athletes don't wait until they feel like performing great; they attempt to perform great all the time even when they don't feel like it. An important part of athletes' confidence is their beliefs in their abilities to perform well on "off" days. Push athletes to focus and refocus in training sessions on days when they are struggling with physical skills. If they're only firing at 75%, challenge them to give their *best* 75% for that practice.

4   *Ask athletes to assess their preparation and commitment to training*: In a team meeting, ask athletes to grade (A, B, C, D, or F) their team's commitment to physical conditioning, physical skill execution, and mental skill development. Then post all the team members' scores on a chalkboard for all to see. Lead a discussion about the various grades assigned to each category. Then, in small groups followed by a collective team discussion, have athletes generate ideas about how to raise the team's grade in each category.

Conclusion

The overall goal for athletes is not a quick fix of confidence here and there to keep them going. Strong and resilient confidence is based on a challenging physical training foundation, practiced self-regulatory skills, strong leadership and a supportive team/organizational culture, and success that is personally validating of one's abilities and achievement. But athletes must accept that confidence is not a shatterproof shield or magical state. It is not invincible. What is important is that athletes believe that they have multiple ways to gain or restore confidence and their performance abilities. See Box 60.1 for a summary of the key points from this chapter.

Box 60.1 Summary of Key Points about Self-Confidence

1   Athletes gain confidence through (a) performance accomplishments and success, (b) self-regulatory strategies to habituate productive responses in competition, (c) inspirational social connections with significant others, and (d) physical training and preparation.

2   Athletes' self-confidence is nested within broader social layers, including confidence in their roles, cohorts, teams, coaches, and organizations.

3   Confidence is built directly by creating and enhancing strong resilient beliefs about one's abilities and is also built indirectly by applying physical and mental training to achieve performance success which then leads to greater confidence.

4   Specific activities and techniques may be utilized based on the four confidence-building strategies of Validation, Regulation, Inspiration, and Perspiration.

References

Atkinson, F., Short, S. E., & Martin, J. (2018). College soccer players' perceptions of coach and team efficacy. *The Sport Psychologist*, *32*(3), 237–243. https://doi.org/10.1123/tsp.2017-0066

Bandura, A. (1997). *Self-efficacy: The exercise of control*. Freeman.

Bayköse, N., Şahin, F., Şahin, A., & Eryücel, M. E. (2019). Is self talk of athletes one of the determinants of their continuous sportive confidence level? *Journal of Education and Training Studies*, 7(2), 192–197. https://doi.org/10.11114/jets.v7i2.3999

Boardley, I. D., Kavussanu, M., & Ring, C. (2008). Athletes' perceptions of coaching effectiveness and athlete-related outcomes in rugby union: An investigation based on the coaching efficacy model. *The Sport Psychologist*, 22(3), 269–287. https://doi.org/10.1123/tsp.2016-0159

Bohn, J. G. (2010). Development and exploratory validation of an organizational efficacy scale. *Human Resources Development Quarterly*, 21(3), 227–251. https://doi.org/10.1002/hrdq.20048

Bull, S. J., Shambrook, C. J., James, W., & Brooks, J. E. (2005). Toward an understanding of mental toughness in elite English cricketeers. *Journal of Applied Sport Psychology*, 17(3), 209–227. https://doi.org/10.1080/10413200591010085

Forlenza, S., Pierce, S., Vealey, R.S. & Mackersie, J. (2018). Coaching behaviors that enhance confidence in athletes and teams. *International Sport Coaching Journal*, 5, 1–8. 10.1123/iscj.2017-0040.

Fransen, K., Mertens, N., Feltz, D., & Boen, F. (2017). Yes we can! A review on team confidence in sports. *Current Opinion in Psychology*, 16, 98–103. https://doi.org/10.1016/j.copsyc.2017.04.024

Furley, P., & Schweizer, G. (2014). "I'm pretty sure that we will win!": The influence of score-related nonverbal behavioral changes on the confidence in winning a basketball game. *Journal of Sport & Exercise Psychology*, 36(3), 315–319. https://doi.org/10.1123/jsep.2013-0199

Furley, P., & Schweizer, G. (2016). Nonverbal communication of confidence in soccer referees: An experiential test of Darwin's leakage hypothesis. *Journal of Sport & Exercise Psychology*, 38(6), 590–597. https://doi.org/10.1123/jsep.2016-0192

Hanton, S., Mellalieu, S. D., & Hall, R. (2004). Self-confidence and anxiety interpretation: A qualitative investigation. *Psychology of Sport and Exercise*, 5(4), 379–521. https://doi.org/10.1016/S1469-0292(03)00040-2

Hepler, T. J. (2016). Can self-efficacy pave the way for successful decision-making in sport? *Journal of Sport Behavior*, 39(2), 147–159.

Hays, K., Maynard, I., Thomas, O., & Bawden, M. (2007). Sources and types of confidence identified by world class sport performers. *Journal of Applied Sport Psychology*, 19(4), 434–456. https://doi.org/10.1080/10413200701599173

Hays, K., Thomas, O., Maynard, I., & Bawden, M. (2009). The role of confidence in world-class sport performance. *Journal of Sport Sciences*, 27(11), 1185–1199. https://doi.org/10.1080/02640410903089798

Hays, K., Thomas, O., Butt, J., & Maynard, I. (2010). The development of confidence profiling for sport. *The Sport Psychologist*, 18(3), 373–392. https://doi.org/10.1123/tsp.24.3.373

Machida, M., Otten, M., Magyar, T. M., Vealey, R. S., & Ward, R. M. (2017). Examining multidimensional sport-confidence in athletes and non-athlete sport performers. *Journal of Sports Sciences*, 35(5), 410–418. https://doi.org/10.1080/02640414.2016.1167934

Magyar, T. M., Feltz, D. L., & Simpson, I. P. (2004). Individual and crew level determinates of collective efficacy in rowing. *Journal of Sport & Exercise Psychology*, 26(1), 136–153. https://doi.org/10.1123/jsep.26.1.136

Marshall, E. A., & Gibson, A. M. (2017). The effect of an imagery training intervention on self-confidence, anxiety and performance in acrobatic gymnastics—A pilot study. *Journal of Imagery Research in Sport & Physical Activity*, 12(1), 13–22. https://doi.org/10.1515/jirspa-2016-0009

Morrice, P. (2019, August). Tiger at large. *Golf Digest*, 70, 57–59.

Myers, D., Vargas-Tonsing, T. M., & Feltz, D. L. (2005). Coaching efficacy in intercollegiate coaches: Sources coaching behavior, and team variable. *Psychology of Sport & Exercise*, 6(1), 129–143. https://doi.org/10.1016/j.psychsport.2003.10.007

Orlick, T. (2016). *In pursuit of excellence* (5th ed.). Human Kinetics.

Ravizza, K. (1993). An interview with Peter Vidmar, member of the 1994 U.S. Olympic gymnastics team. *Contemporary Thought in Performance Enhancement*, 2, 93–100.

Robinson, A., & Lewis, V. (2016). Social physique anxiety: An exploration of influence on sporting confidence and participation. *Journal of Applied Biobehavioral Research*, 21(1), 46–59. https://doi.org/10.1111/jabr.12046

Seiler, K., Schweizer, G., & Seiler, R. (2018). Do the effects of nonverbal behaviour on team outcome confidence in team sports depend on the availability of additional performance information? *Psychology of Sport and Exercise*, 36, 29–40. https://doi.org/10.1016/j.psychsport.2017.12.007

Selk, J. (2009). *10 minute toughness*. McGraw-Hill.

Thomas, O., Thrower, S. N., Lane, A., & Thomas, J. (2021). Types, sources, and debilitating factors of sport confidence in elite early adolescent academy soccer players. *Journal of Applied Sport Psychology*, 33(2), 192–217. https://doi.org/10.1080/10413200.2019.1630863

Valiante, G., & Morris, D. B. (2013). The sources and maintenance of professional golfers' self-efficacy beliefs. *The Sport Psychologist*, *27*(2), 130–142. https://doi.org/10.1123/tsp.27.2.130

Vargas-Tonsing, T. M., Warners, A. L., & Feltz, D. L. (2004). The predictability of coaching efficacy on team efficacy and player efficacy in volleyball. *Journal of Sport Behavior*, *26*(4), 396–407.

Vealey, R. S., & Chase, M. A. (2008). Self-confidence in sport. In T. S. Horn (Ed.), *Advances in sport psychology* (3rd ed., pp. 65–97). Human Kinetics.

Vealey, R. S., Hayashi, S. W., Garner-Holman, M., & Giacobbi, P. (1998). Sources of sport-confidence: Conceptualization and instrument development. *Journal of Sport & Exercise Psychology*, *20*(1), 227–243. https://doi.org/10.1123/jsep.20.1.54

Watson, C. B., Chemers, M. M., & Preiser, N. (2001). Collective efficacy: A multilevel analysis. *Personality and social psychology bulletin*, *27*(8), 1057–1068. https://doi.org/10.1177%2F0146167201278012

Williams, R. (2018). Confidence interventions: Do they work? *Asian Journal of Humanity, Arts and Literature*, *5*(2), 123–134. https://doi.org/10.18034/ajhal.v5i2.536

61

SELF-REGULATION

Natalie Durand-Bush and Jonathan Lasnier

Former figure skater, Kristi Yamaguchi, is reputed to have said: "An athlete gains so much knowledge by just participating in a sport. Focus, discipline, hard work, goal setting and, of course, the thrill of finally achieving your goals. These are all lessons in life" (http://www.picturequotes.com/). As reflected in Kristi Yamaguchi's quote, sport is a powerful medium to develop mental performance competencies that serve athletes well in both their athletic endeavors and general life. Within this context, mental performance refers to the capability with which individuals use cognitive processes (e.g., perception, decision-making, and reasoning) and mental/self-regulation competencies (e.g., motivation, confidence, resilience, and communication) to perform and reach their goals in a constantly changing environment (Durand-Bush et al., 2022). This chapter provides an overview of self-regulation and positions this construct as a key mental performance competency that should be prioritized by Mental Performance Consultants (MPCs) to positively impact learning, performance, and mental health. Mental health represents a state of psychological, emotional, and social well-being leading individuals to enjoy life, cope with stress, work productively, realize their potential, and contribute to their community (Westerhof & Keyes, 2010). Additional competencies such as self-awareness and mindfulness are also addressed in this chapter and linked to applied models and interventions that can be integrated by practitioners to help performers strengthen their ability to manage themselves and their environment.

Self-Regulation

An important construct at the heart of human functioning and performance is self-regulation. Self-regulation is one of the most important skills that MPCs can strive to develop in the sport environment (Association for Applied Sport Psychology, 2022; Durand-Bush et al., 2022). It reflects performers' capacity to plan, manage, and adapt their thoughts, feelings, and actions in the face of changing demands and contexts to achieve personal goals (Zimmerman, 2000). Several processes such as goal-setting, planning, self-control, self-observation, self-monitoring, and self-reflection come into play when engaging in effective self-regulation. These processes are contingent upon sound self-motivational beliefs (i.e., self-efficacy, outcome expectations, intrinsic interest or valuing, goal orientation), which influence the extent to which individuals perceive to have the means to learn or perform effectively and the extent to which they can motivate themselves to implement the processes necessary to attain desired outcomes (Zimmerman, 2000). Goals provide direction in self-regulatory efforts, and by being the object of behavior, they provide crucial comparative points allowing individuals to determine where
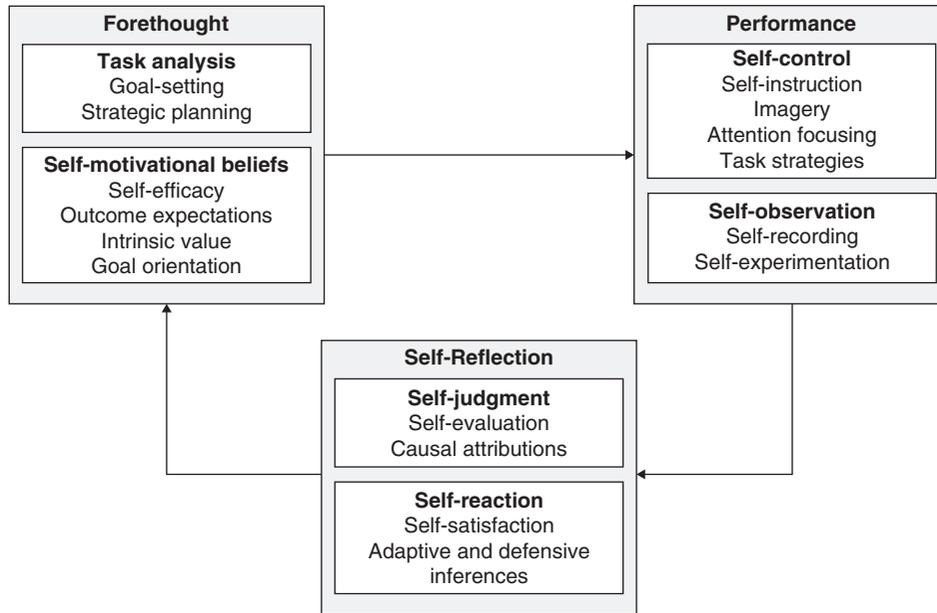
Figure 61.1   Self-Regulated Learning Model (SLM; see Zimmerman, 2000)

they are in relation to where they want to be. Personal and environmental factors are constantly changing during learning and performance. As such, self-regulation is highly cyclical whereby internal and external feedback information from previous performances is used to make adjustments during current and future regulation efforts (Zimmerman, 2000).

In an attempt to conceptualize self-regulation, Zimmerman (2000) put forth the Self-Regulated Learning Model, which is grounded in social–cognitive theory (see Figure 61.1). Zimmerman postulated that what distinguishes effective from ineffective self-regulation are the quality and quantity of regulatory processes implemented before, during, and after performance. Processes are grouped under the following three phases—forethought (i.e., preparation), performance (i.e., execution), and self-reflection (i.e., evaluation). These phases are highly relevant in the sport context given the frequent periodization of performance and learning (Durand–Bush et al., 2015; 2022; Zimmerman, 2000).

The *forethought phase* (e.g., planning to perform sport-related tasks) precedes performance and consists of examining individuals' motivational beliefs (e.g., values, motives, expectations, and outcomes of learning or performance along with their personal competencies to achieve expectations and outcomes), analyzing tasks to be executed, setting personal standards and goals, and establishing action plans and strategies to perform tasks to the best of their ability. Given that intrapersonal (e.g., knowledge and skills), interpersonal (e.g., relationships and teamwork), and contextual (e.g., equipment, weather, and policies) conditions vary across time and contexts, self-regulated individuals must continuously adjust their goals and choice of strategies (Durand–Bush et al., 2022; Zimmerman, 2000).

The *performance phase* (e.g., performing and monitoring sport-related tasks) is characterized by self-control and self-observation. Self-control allows individuals to focus on tasks (e.g., using attentional control and imagery) and direct their effort (e.g., by means of self-instruction) by implementing the task strategies they identified in the forethought phase. Self–observation, however, allows individuals to track and evaluate their efforts to self-regulate as well as the outcomes produced by these efforts. Self-observation strategies include self-recording (e.g., via videotaping and journaling), self–experimentation

(e.g., by testing suggestions and hypotheses), and self-monitoring (e.g., through self-questioning; Durand-Bush et al., 2015; Zimmerman, 2000).

The *self-reflection phase* occurs after performance and consists in engaging in self-evaluative processes such as self-judgment and self-reaction. Self-judgment involves using data collected during the performance phase to make comparisons against some standard (e.g., a preferred standard or goal, a prior performance). It also concerns causal attributions (e.g., perceptions regarding what caused success or failure), which have an impact on motivation and self-efficacy. Self-reactions refer to individuals' level of satisfaction as well as positive and negative affect, thus they promote or discourage future self-regulatory efforts. They also encompass adaptive or defensive responses—while adaptive reactions enable individuals to adjust regulatory strategies to increase effectiveness, defensive reactions serve to protect their self-image and can lead them to avoid performance situations (Durand-Bush et al., 2015; Zimmerman, 2000).

Self-regulation has been associated with positive experiences and success in sport (Cleary & Zimmerman, 2001; Kermarrec & Pasco, 2009). This is logical given that competition outcomes are considered to be a test of "the effectiveness of the athlete's skill in self-directed thinking and behaving" (Kirschenbaum, 1984, p. 159), or in other words, a test of an athlete's ability to self-regulate. Self-regulatory competence in this context has been positively linked with:

- Performance (Cleary & Zimmerman, 2001)
- Self-efficacy (Zimmerman & Kitsantas, 1996)
- Learning (Toering et al., 2011; Zimmerman, 2002)
- Mental health (Dubuc-Charbonneau & Durand-Bush, 2018; McNeill et al., 2020)

Of relevance for practitioners, self-regulation capacity can be developed via individual (Dubuc-Charbonneau & Durand-Bush, 2018; McNeill et al., 2020) and group (Collins & Durand-Bush, 2010; Lussier-Ley & Durand-Bush, 2009) person-centered interventions. Person-centered interventions are beneficial because they can be tailored and adapted to meet athletes' and coaches' needs and interests across time and contexts (Durand-Bush et al., 2015). Intake interviews and questionnaires are valuable to gather initial information to conceptualize self-regulation interventions and regular checks are necessary to make adjustments along the way. Examples of intake questions include: What values, beliefs, motivations, and expectations guide your learning and performance in sport? What do you know about self-regulation? How would you describe it? To what extent can you self-regulate in your sport environment? What personal standards and goals have you set for yourself in your sport? What strategies allow you to effectively manage your thoughts, feelings, and behaviors in different situations and contexts? How does your ability to self-regulate impact your learning, performance, and mental health? What do you need to improve or maintain your ability to successfully self-regulate and achieve your goals (Dubuc-Charbonneau & Durand-Bush, 2018; McNeill et al., 2020)?

While self-regulation is an instrumental competency impacting learning, performance, and mental health in sport, it relies on several other mental skills, including self-awareness, self-talk, imagery, as well as attention, arousal, and emotional control, which can be challenging to track in fluid performance environments. Furthermore, there are other important competencies to consider when attempting to improve self-regulation that are not included in the Self-Regulated Learning Model, such as interpersonal skills (Durand-Bush et al., 2015). These skills involve co-regulation and examples include teamwork, communication, and leadership (Durand-Bush et al., 2022). For this reason, it is useful for practitioners to consider additional models to guide practice. An example of a recent model integrating both intrapersonal and interpersonal competencies that foster self-regulation is the Gold Medal Profile for Sport Psychology (GMP-SP; see Figure 61.2; Durand-Bush et al., 2022).

In comparison to the Self-Regulated Learning Model's pre-, during-, and post-performance phases, the GMP-SP includes three categories of mental performance competencies that are impacted by mental
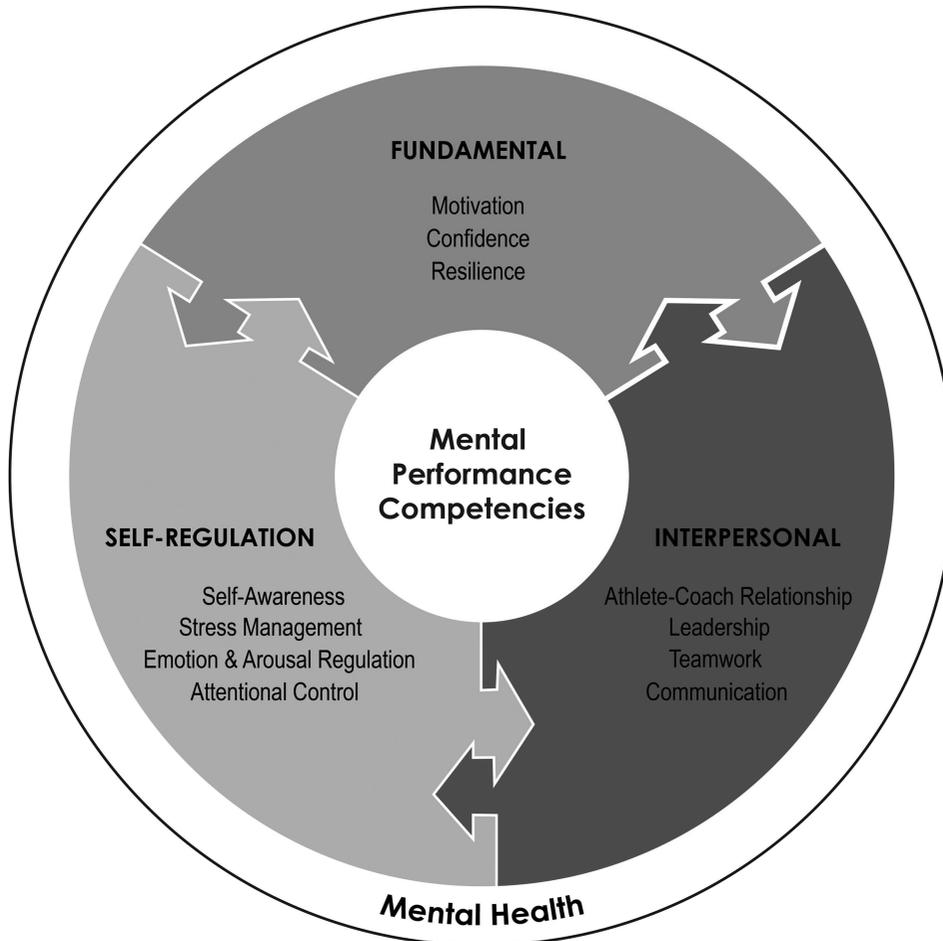
Figure 61.2   Gold Medal Profile for Sport Psychology (GMP-SP)—Mental Performance Competencies Under-
pinning Podium Pathway Performances

Source: (From Durand-Bush et al., 2022. Used with permission.)

health—(a) fundamental (i.e., motivation, confidence, resilience), (b) self-regulation (i.e., self-awareness,
stress management, emotion and arousal regulation, attentional control), and (c) interpersonal (i.e.,
athlete–coach relationship, leadership, teamwork, communication) competencies. The mental perfor-
mance competencies rubric integrating athletes' and coaches' ratings, MPCs' observations, and gap-
closing strategies is useful to assess and monitor progress (Durand-Bush et al., 2022). Together, the
Self-Regulated Learning Model and GMP-SP are valuable frameworks to assist MPCs in the design,
implementation, and evaluation of mental skills training programs to strengthen self-regulation in sport.

Self-Awareness

One particular competency addressed in both the Self-Regulated Learning Model and GMP-SP is self-
awareness. Self-awareness reflects the conscious knowledge that individuals have of their inner states
and behaviors within a particular situation or context—it is thus essential for learning and performing

(Durand-Bush et al., 2022). As a skill, self-reflection is contingent upon individuals' ability to engage in introspection and reflection to understand what is happening within and outside of them (Durand-Bush et al., 2022; Ravizza & Fifer, 2015). To achieve optimal states and outcomes as well as to continually adapt to their fluctuating environment in the sport context, athletes and coaches must remain aware of their performance and mental health standards and goals. A high level of self-awareness allows them to be proactive and recognize when they are in or out of line with what they require to optimally perform and preserve their mental health (Dupee et al., 2016; Durand-Bush et al., 2015).

Self-awareness can be enhanced by multiple mental performance skills and strategies. For instance, it can be nurtured with mindfulness practice through principles of attention, acceptance, and commitment (Gardner & Moore, 2007). Self-awareness can also be cultivated through journaling and performance debriefing facilitated by MPCs or coaches (Chow & Luzzeri, 2019; McNeill et al., 2020). Importantly, a high sense of awareness allows athletes and coaches to mindfully pause during different self-regulatory phases (i.e., preparation, execution, evaluation) to observe and monitor themselves. While such strategies help to gauge success, self-recording through audio or video recordings and note-taking (e.g., via smartphones) further heightens self-awareness by increasing the accuracy of data tracking, which can be used to inform learning and performance (Dubuc-Charbonneau & Durand-Bush, 2018; Durand-Bush & DesClouds, 2018; Zimmerman, 2000).

Research conducted with athletes and coaches (Collins & Durand-Bush, 2010; Dubuc-Charbonneau & Durand-Bush, 2018; Lussier-Ley & Durand-Bush, 2009; McNeill et al., 2020) has shown that deliberate practice is necessary to improve self-awareness. The aforementioned studies highlighted the importance of providing structure and various means (i.e., one-on-one and focus group discussions with MPCs or coaches, observations, reflective journaling) to allow individuals to engage in introspection to improve their self-knowledge and self-understanding. Journal worksheets or exercises with both structured (e.g., What allowed you to feel, think, and behave the way you wanted today?) and open-ended (e.g., What are the most important lessons for you today?) questions are recommended. Of note, athletes and coaches reported a decreased need to engage in systematic reflection over time because they were able to reflect and remain aware in more natural and effortless ways (Durand-Bush et al., 2015).

Mindfulness

Another construct often linked to self-regulation and self-awareness is mindfulness. While mindfulness is not an explicit competency targeted in the Self-Regulated Learning Model and GMP-SP, it is an important skill often used in combination with attention, arousal, and emotional regulation as well as imagery and self-talk. According to Kabat-Zinn (1990), mindfulness is "the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally, to the unfolding experience moment to moment" (p. 8). In comparison to self-regulation interventions in which athletes and coaches typically learn to control or change their internal experiences, mindfulness interventions focus on giving up the desire to control internal experiences. Performers are directed to view their thoughts, emotions, and sensations as normal, non-threatening, and time-limited, and thus not requiring adjustment (Gardner & Moore, 2007). As an example, the Mindfulness-Acceptance-Commitment (MAC) approach (Gardner & Moore, 2007) assists athletes in enhancing mindful awareness and non-judgmental acceptance of present-moment internal experiences. It equally invites them to identify and adopt behaviors that align with their personal values (Gardner & Moore, 2007), which is also common in the preparation phase of self-regulation interventions (McNeill et al., 2020). MAC interventions integrate principles of Acceptance and Commitment Therapy (ACT), an approach that aims to improve psychological flexibility through processes such as defusion, acceptance, contacting the present moment, self-as-context, values, and committed action (Harris, 2009).

Several positive outcomes have been associated with mindfulness-based interventions in sport, including:

- Athletic performance (Bühlmayer et al., 2017; Lundgren et al., 2021)
- Awareness and acceptance (Baltzell et al., 2014; Lasnier, 2022)
- Attention regulation (Lasnier, 2022; Vidic et al., 2017)
- Self-compassion (Hägglund et al., 2021; Lasnier, 2022)
- Emotion regulation (Gross et al., 2018; Josefsson et al., 2019)
- Mental health (Foster & Chow, 2020; Jones et al., 2020)
- Exercise–induced pain management (Lasnier, 2022)

Mindfulness can be fostered through a variety of interventions and exercises (e.g., body scans, meditation, breathing, and self-reflection), which can be delivered by MPCs in both individual (Gardner & Moore, 2007) and group (Baltzell & Summers, 2018) settings or they can be self-directed through apps (e.g., Headspace, Calm, and Muse). Similar to self-regulation interventions, mindfulness programs can be person-centered and integrate flexibility and creativity to accommodate the needs of athletes (e.g., ACT; Harris, 2009) or they can rely on more systematic protocols (e.g., MAC; Gardner & Moore, 2007).

Integration of Self-Regulation, Self-Awareness, and Mindfulness

When comparing and integrating the constructs of self-regulation, self-awareness, and mindfulness, self-awareness can be seen as a precursory competency to effectively engage in self-regulation and mindfulness. However, self-awareness can also be an outcome of self-regulation and mindfulness training. To illustrate, athletes and coaches are, on the one hand, instructed to increase and maintain awareness when performing mindfulness and self-regulation exercises. On the other hand, through ongoing mindfulness and self-regulation practice, athletes and coaches observe and collect data (e.g., thoughts, emotions, sensations, and behaviors) about themselves and their environment that lead to higher levels of self-awareness for learning and performing in different situations. Importantly, when self-awareness is fostered through the self-reflection phase of self-regulation, it provides athletes and coaches instrumental data to identify gaps between their current and ideal states and outcomes (e.g., as they are measured against values, expectations, goals, standards, and/or norms). These gaps then foster motivation to reduce them. In this sense, self-awareness serves as an important self-regulatory resource. However, when examined from a mindfulness perspective, the self-awareness that is cultivated does not involve judgment and allows athletes to act consciously and without reactivity based on intentions and values. If gaps or undesired states or outcomes are noted, they are accepted as is rather than resolved. While different purposes and outcomes are achieved via self-regulation and mindfulness, both are necessary to continuously learn, perform, and manage adversity. Additionally, both rely on the important competency of self-awareness. As such, as indicated in the GMP-SP, self-awareness should be strengthened like all other mental performance competencies typically taught by MPCs (Durand-Bush et al., 2022).

When examining the literature, there is debate among scholars and practitioners on the value and use of self-regulation versus mindfulness approaches. For instance, Henriksen et al. (2020) highlighted that

> The aim of sport psychology interventions is not to help the athletes engage in the futile task of managing and controlling internal life. Rather, it suggests that sport psychology practitioners should work to increase athletes' willingness to accept negative thoughts and emotions in pursuit of valued ends.

This position negates the hundreds of studies having demonstrated the importance and value of traditional mental skills training approaches in sport, which lead to increased self-regulation and

self-control. Self-control fostered through effective self-regulation is indeed indispensable in sport and in life (Baumeister et al., 2007; Durand-Bush et al., 2015; Zimmerman, 2000). It is a key competency in the Self-Regulated Learning Model (Zimmerman, 2000) and the Strength Model of Self-Control (Baumeister et al., 2007), and has been shown to impact athletes and coaches' experiences and outcomes in sport (Cleary & Zimmerman, 2001; Englert, 2016; Furley et al., 2013). Instead of pitting 'older' cognitive-behavioral and 'newer' mindfulness approaches against one another, scholars and practitioners should embrace and promote the complementarity of these approaches and integrate both self-regulation and mindfulness competencies into comprehensive mental performance programs.

When practitioners examine the complex performance and mental health demands that athletes and coaches face on a daily basis, sport psychology interventions cannot be reduced to notions of 'control' versus 'acceptance'. In some situations, it is actually ideal and beneficial for athletes and coaches to exert self-control and shift their thoughts, feelings, or sensations to more desired ones. In other cases, it is best that they accept and 'sit with' their internal experiences without judging them. As an example, just as performers should learn to embrace and tolerate anxiety and view it as a normal condition of living and performing, it is valuable for them to equally know how to de-escalate anxiety in distressing situations by practicing various cognitive techniques (Corey, 2017). Self-awareness and self-reflection are vital for determining when one strategy may be preferable over another. By paying attention to how learning, performance, and mental health are impacted 'in the moment' or 'after the moment', performers come to know which option (e.g., control and change thoughts versus accept thoughts) is ideal for them. As promoted in self-regulation interventions, trial and error as well as adaptation resulting from evolving values, expectations, goals, demands, competencies, and changes in the environment are necessary (Durand-Bush et al., 2015).

All in all, by developing a repertoire of skills and approaches through facilitated or self-directed interventions, performers have the ability, flexibility, and autonomy of implementing what is most useful to them in a particular moment. To suggest that they continuously accept and tolerate painful experiences through mindfulness and not be their own agent of control and change through self-regulation is arguably unethical and could lead to mental health challenges (Corey, 2017; Durand-Bush et al., 2022). Practitioners working in sport must therefore strive to integrate a variety of strategies and techniques to help athletes and coaches improve their mental performance and mental health.

Mental Performance Program Fostering Self-Regulation, Self-Awareness, and Mindfulness

To demonstrate how self-regulation, self-awareness, and mindfulness principles can be combined to support athletes and coaches, we offer an eight-module mental performance program (see Table 61.1) that was recently designed and empirically examined by Lasnier and Durand-Bush (see Lasnier, 2022 for a description of each study and manuscript that resulted from the research as well as the self-regulation and mindfulness programs and exercises).

Endurance athletes completed either a self-directed online self-regulation or mindfulness program that integrated a variety of exercises cultivating self-awareness and other relevant competencies, depending on the program in which they participated. Overall, the athletes reported increased mental performance (e.g., attention regulation and motivation), mental health (e.g., self-compassion and autonomy), and exercise-induced pain management—a prominent psychological demand in high intensity endurance events (i.e., middle-distance events). Benefits were noted across both interventions suggesting that one was not better than the other (Lasnier, 2022). When examining how elite endurance

Table 61.1 Eight-Module Online Self-Regulation and Mindfulness Intervention for Endurance Athletes

Module	Self-Regulation Program	Mindfulness Program
1	Introduction to Self-regulation and gold standards	Introduction to mindfulness
2	Preparation Phase 1: Goal-setting	Defusion (Watch your thinking)
3	Preparation Phase 2: Strategic planning	Acceptance (Open up)
4	Preparation Phase 3: Self-motivational beliefs + Execution Phase 1: Self-talk	Contacting the present moment (Be here now)
5	Execution Phase 2: Focus	Self-as-context (Cultivate pure awareness)
6	Execution Phase 3: Imagery	Values (Know what matters)
7	Execution Phase 4: Self-monitoring	Committed action (Do what it takes) Part 1
8	Evaluation Phase: Self-reflection	Committed action (Do what it takes) Part 2

athletes experienced and managed exercise-induced pain, both self-regulation and mindfulness strategies were identified as being invaluable (Lasnier, 2022). This research provides additional support for considering both self-regulation and mindfulness competencies when designing and implementing mental performance interventions with athletes.

Overall, Table 61.1 provides a holistic view of multiple competencies targeted in the self-regulation program (i.e., goal-setting, planning, self-efficacy, motivation, self-talk, imagery, attentional control, self-monitoring, self-reflection), which was based on Zimmerman's (2000) Self-Regulated Learning Model and previous empirically studied self-regulation interventions in sport (see Durand-Bush et al., 2015 for a summary). The table also depicts the main constructs included in the mindfulness program (i.e., defusion, acceptance, contacting the present moment, self-as-context, values, committed action) which was designed based on the MAC and ACT approaches (Gardner & Moore, 2007; Harris, 2009). Both programs aimed to improve mental performance and mental health (Lasnier, 2022) and can serve as guides for MPCs working with athletes and coaches. Of importance, practitioners should combine the constructs of self-regulation and mindfulness in a flexible manner depending on performers' needs, interests, and time constraints established through sound assessment and case conceptualization (Wagstaff & Quartiroli, 2021), as well as ongoing program evaluation (Sharp & Haberl, 2021). A more specific example of how self-regulation, self-awareness, and mindfulness can be combined and periodized for an athlete preparing for a middle-distance race taking place in four weeks is also provided (see Table 61.2).

Conclusion

Self-regulation, self-awareness, and mindfulness are interrelated constructs that have been associated with favorable mental performance and mental health outcomes in sport. When considering the array of competencies that contribute to athletes' and coaches' overall mental performance, practitioners should strive for 'inclusion/integration' rather than 'exclusion/opposition'. The competencies addressed in the Self-Regulated Learning Model and GMP-SP, including confidence, motivation, imagery, self-talk, as well as attention, emotion, and arousal control impact self-regulation and also influence mindfulness. Self-regulation, self-awareness, and mindfulness principles can and should co-exist within mental performance programs to offer diversity, inclusivity, and versatility in the development and application of competencies. Integrated programs can help athletes and coaches learn and implement notions of self-control and acceptance, both of which are important to succeed in sport. See Box 61.1 for a summary of the key points from this chapter.

Table 61.2 Example of an Integrated Self-Regulation, Self-Awareness, and Mindfulness Program for an Endur-
ance Athlete

Mindfulness	Self-Regulation
Week 1	
Monday	Thursday
Topic: Values	Topic: Goals
Exercise: Knowing what matters to me in sport	Exercise: Establishing values–informed goals
Reflection: 'Today, I'm more aware and capable of …'	Reflection: 'Today, I'm more aware and capable of …'
Week 2	
Monday	Thursday
Topic: Acceptance	Topic: Self-talk
Exercise: Embracing the sensation of pain	Exercise: Motivating myself through kindness
Reflection: 'Today, I'm more aware and capable of …'	Reflection: 'Today, I'm more aware and capable of …'
Week 3	
Monday	Thursday
Topic: Defusion	Topic: Focus
Exercise: Breaking up with my thoughts	Exercise: Sharpening my narrow–external lens
Reflection: 'Today, I'm more aware and capable of …'	Reflection: 'Today, I'm more aware and capable of …'
Week 4	
Monday	Thursday
Topic: Contacting the present moment	Topic: Imagery
Exercise: Grounding my anxiety with '5–4–3–2–1'	Exercise: Giving adversity a high–five during my race
Reflection: 'Today, I'm more aware and capable of …'	Reflection: 'After today and this 4-week program, I'm more aware and capable of …'

Box 61.1 Summary of Key Points about Self-Regulation

- Self-regulation refers to one's capability to plan, manage, and adapt internal experiences (i.e., thoughts, feelings, sensations) and behaviors to achieve personal standards and goals in a constantly changing environment.
- Self-awareness reflects the conscious knowledge of one's inner states and behaviors within a particular context. Self-awareness can be an antecedent and an outcome of self-regulation and mindfulness training.
- Mindfulness involves adopting a structured mindset of being aware of the present moment in an accepting, non-judging, and non–avoiding way.
- The Self-Regulated Learning Model and Gold Medal Profile for Sport Psychology are complementary models highlighting mental performance competencies essential for effective self–regulation in sport.
- Self-regulation, self-awareness, and mindfulness are interrelated constructs that have been associated with positive mental performance and mental health in sport. Self-regulation, self-awareness, and mindfulness principles can be combined to offer comprehensive training programs to athletes and coaches.

References

Association for Applied Sport Psychology (2022). *About the association for applied sport psychology.* Retrieved from https://appliedsportpsych.org/about-the-association-for-applied-sport-psychology/

Baltzell, A., Caraballo, N., Chipman, K., & Hayden, L. (2014). A qualitative study of the mindfulness meditation training for sport: Division I female soccer players' experience. *Journal of Clinical Sport Psychology*, *8*(3), 221–244. https://doi.org/10.1123/jcsp.2014-0030

Baltzell, A., & Summers, J. (2018). *The power of mindfulness: Mindfulness meditation training in sport (MMTS).* Springer International.

Baumeister, R. F., Vohs, K. D., & Tice, D. M. (2007). The strength model of self-control. *Current Directions in Psychological Science*, *16*(6), 351–355. https://doi.org/10.1111/j.1467-8721.2007.00534.x

Bühlmayer, L., Birrer, D., Röthlin, P., Faude, O., & Donath, L. (2017). Effects of mindfulness practice on performance-relevant parameters and performance outcomes in sports: A meta-analytical review. *Sports Medicine*, *47*(11), 2309–2321. https://doi.org/10.1007/s40279-017-0752-9

Chow, G. M., & Luzzeri, M. (2019). Post-event reflection: A tool to facilitate self-awareness, self-monitoring, and self-regulation in athletes. *Journal of Sport Psychology in Action*, *10*(2), 106–118. https://doi.org/10.1080/21520704.2018.1555565

Cleary, T. J., & Zimmerman, B. J. (2001). Self-regulation differences during athletic practice by experts, non-experts, and novices. *Journal of Applied Sport Psychology*, *13*(2), 185–206. https://doi.org/10.1080/104132001753149883

Collins, J., & Durand-Bush, N. (2010). Enhancing the cohesion and performance of an elite curling team through a self-regulation intervention. *International Journal of Sports Science & Coaching*, *5*(3), 343–362. https://doi.org/10.1260%2F1747-9541.5.3.343

Corey, G. (2017). *Theory and practice of counseling & psychotherapy* (10th ed.). Cengage Learning.

Dubuc-Charbonneau, N., & Durand-Bush, N. (2018). Helping student-athletes learn to self-regulate to alleviate burnout: A multiple case study showcasing their challenging but altering experiences. *Qualitative Research in Sport, Exercise and Health*, *10*(3), 273–290. https://doi.org/10.1080/2159676X.2018.1433226

Dupee, M., Forneris, T., & Werthner, P. (2016). Perceived outcomes of a biofeedback and neurofeedback training intervention for optimal performance: Learning to enhance self-awareness and self-regulation with Olympic athletes. *The Sport Psychologist*, *30*(4), 339–349. https://doi.org/10.1123/tsp.2016-0028

Durand-Bush, N., Baker, J., van den Berg, F., Richard, V., & Bloom, G. (2022). The gold medal profile for sport psychology (GMP-SP). *Journal of Applied Sport Psychology*, Advance online publication. https://doi.org/10.1080/10413200.2022.2055224

Durand-Bush, N., & DesClouds, P. (2018). Smartphones: How can mental performance consultants help athletes and coaches leverage their use to generate more benefits than drawbacks? *Journal of Sport Psychology in Action*, *9*(4), 227–238. https://doi.org/10.1080/21520704.2018.1496211

Durand-Bush, N., McNeill, K., & Collins, J. (2015). The self-regulation of sport coaches: How coaches can become masters of their own destiny. In P. Davis (Ed.), *The psychology of effective coaching and management* (pp. 217–265). Nova Publishers.

Englert, C. (2016). The strength model of self-control in sport and exercise psychology. *Frontiers in Psychology*, 7, Article e314. https://doi.org/10.3389/fpsyg.2016.00314

Foster, B. J., & Chow, G. C. (2020). The effects of psychological skills and mindfulness on well-being of student-athletes: A path analysis. *Performance Enhancement & Health*, *8*(2–3), 1–8. https://doi.org/10.1016/j.peh.2020.100180

Furley, P., Bertrams, A., Englert, C., & Delphia, A. (2013). Ego depletion, attentional control, and decision making in sport. *Psychology of Sport and Exercise*, *14*(6), 900–904. https://doi.org/10.1016/j.psychsport.2013.08.006

Gardner, F. L., & Moore, Z. E. (2007). *The psychology of human performance: The mindfulness-acceptance-commitment approach.* Springer.

Gross, M., Moore, Z. E., Gardner, F. L., Wolanin, A. T., Pess, R., & Marks, D. R. (2018). An empirical examination comparing the mindfulness-acceptance-commitment approach and psychological skills training for the mental health and sport performance of female student athletes. *International Journal of Sport and Exercise Psychology*, *16*(4), 431–451. https://doi.org/10.1080/1612197X.2016.1250802

Hägglund, K., Kenttä, G., Thelwell, R., & Wagstaff, C. R. D. (2021). Mindful self-reflection to support sustainable high-performance coaching: A process evaluation of a novel method development in elite sport. *Journal of Applied Sport Psychology*, Advance online publication. https://doi.org/10.1080/10413200.2021.1925782

Harris, R. (2009). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy.* New Harbinger Publications.

Henriksen, K., Hansen, J., & Larsen, C. H. (2020). *Mindfulness and acceptance in sport: How to help athletes perform and thrive under pressure*. Routledge.

Jones, B. J., Kaur, S., Miller, M., & Spencer, R. M. C. (2020). Mindfulness-based stress reduction benefits psychological well-being, sleep quality, and athletic performance in female collegiate rowers. *Frontiers in Psychology*, *11*, Article e572980. https://doi.org/10.3389/fpsyg.2020.572980

Josefsson, T., Ivarsson, A., Gustafsson, H., Stenling, A., Lindwall, M., Tornberg, R., & Böröy, J. (2019). Effects of Mindfulness-Acceptance-Commitment (MAC) on sport-specific dispositional mindfulness, emotion regulation, and self-rated athletic performance in a multiple-sport population: An RCT study. *Mindfulness*, *10*, 1518–1529. https://doi.org/10.1007/s12671-019-01098-7

Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain and illness*. Delacorte.

Kermarrec, G., & Pasco, D. (2009). Self-regulation, training and performance. In C. Chang (Ed.), *Handbook of sports psychology* (pp. 297–313). Nova Science Publishers.

Kirschenbaum, D. S. (1984). Self-regulation and sport psychology: Nurturing an emerging symbiosis. *Journal of Sport Psychology*, *6*(2), 159–183. https://doi.org/10.1123/jsp.6.2.159

Lasnier, J. (2022). *Competitive and high performance endurance athletes' experiences and management of exercise-induced pain, mental performance, mental health, and mental illness symptoms: A mixed methods investigation* [Doctoral dissertation, University of Ottawa]. https://doi.org/10.20381/ruor-27655

Lundgren, T., Reinebo, G., Fröjmark, M. J., Jäder, E., Näslund, M., Svartvadet, P., Samuelsson, U., & Parling, T. (2021). Acceptance and commitment training for ice hockey players: A randomized controlled trial. *Frontiers in Psychology*, *12*, Article e685260. https://doi.org/10.3389/fpsyg.2021.685260

Lussier-Ley, C., & Durand-Bush, N. (2009). Exploring the role of feel in the creative process of modern dancers: A realist tale. *Research in Dance Education*, *10*(3), 199–217. https://doi.org/10.1080/14647890903324154

McNeill, K., Durand-Bush, N., & Lemyre, P-N. (2020). Can learning self-regulatory competencies through a guided intervention improve coaches' burnout symptoms and well-being? *Journal of Clinical Sport Psychology*, *14*(2), 149–169. https://doi.org/10.1123/jcsp.2018-0019

Ravizza, K., & Fifer, A. (2015). Increasing awareness for sport performance. In J. M. Williams & V. Krane (Eds.), *Applied sport psychology: Personal growth to peak performance* (7th ed., pp. 176–187). McGraw-Hill.

Sharp, L., & Haberl, P. (2021). Evaluation of consulting and program effectiveness. In S. Carson-Sackett, N. Durand-Bush & L. Tashman (Eds.), *The essential guide for mental performance consultants [digital resource]*. Human Kinetics.

Toering, T., Elferink-Gemser, M., Jordet, G., Jorna, C., Pepping, G., & Visscher, C. (2011). Self-regulation of practice behavior among elite youth soccer players: An exploratory observation study. *Journal of Applied Sport Psychology*, *23*(1), 110–128. https://doi.org/10.1080/10413200.2010.534544

Vidic, Z., Martin, M. S., & Oxhandler, R. (2017). Mindfulness intervention with a U.S. women's NCAA division I basketball team: Impact on stress, athletic coping skills and perceptions of intervention. *Sport Psychologist*, *31*, 147–159. https://doi.org/10.1123/tsp.2016-0077

Wagstaff, C. R. D., & Quartiroli, A. (2021). Assessment of individuals, teams/groups, and organizations. In S. Carson-Sackett, N. Durand-Bush & L. Tashman (Eds.), *The essential guide for mental performance consultants [digital resource]*. Human Kinetics.

Westerhof, G. J., & Keyes, C. L. M. (2010). Mental illness and mental health: The two continua model across the lifespan. *Journal of Adult Development*, *17*(2), 110–119. https://doi.org/10.1007/s10804-009-9082-y

Zimmerman, B. J. (2000). Attaining self-regulation: A social-cognitive perspective. In M. Boekaerts, P. R. Pintrich & M. Zeidner (Eds.), *Handbook of self-regulation* (pp. 13–42). Academic Press.

Zimmerman, B. J. (2002). Becoming a self-regulated learner: An overview. *Theory Into Practice*, *41*(2), 64–70. https://doi.org/10.1207/s15430421tip4102_2

Zimmerman, B. J., & Kitsantas, A. (1996). Self-regulated learning of a motoric skill: The role of goal setting and self-monitoring. *Journal of Applied Sport Psychology*, *8*(1), 60–75. https://doi.org/10.1080/10413209608406308

62

PRE-PERFORMANCE ROUTINES

Ronnie Lidor and Gal Ziv

Athletes are required to execute a vast arsenal of sport tasks in both practice and competitive settings. They have to practice these tasks repeatedly in order to achieve a high level of proficiency in their given sport. Among the task classifications that have been widely used by both researchers and practitioners in the fields of sport psychology and motor learning is one that classifies tasks by the level of *environmental predictability* – that is, the extent to which the environment is stable and predictable during the actual performance (see, for example, Gentile, 2000; Lidor, 2020; Schmidt et al., 2019).

According to the concept of environmental predictability, tasks performed in sport settings can be classified as either *closed tasks* or *open tasks*. Closed tasks are those that take place in relatively stable and predictable settings, where adequate time is provided to prepare for their execution. Examples of these tasks are putting in golf, shooting a free throw in basketball, and diving. Open tasks are performed in varied and unpredictable environments, for example dribbling in basketball, passing in team handball, and attacking an opponent in judo. In closed sporting tasks, the athlete can activate a plan, a protocol, a routine, or what we term a *pre-performance routine* (PPR) in which control over motor, cognitive, and emotional behaviors is attained.

In this chapter, we focus on the psychological preparation needed to achieve success in the performance of closed tasks in sport. More specifically, we (a) provide a framework for the definition and conceptualization of a PPR used in closed self-paced tasks in sport; (b) review a number of studies examining the effectiveness of PPRs and provide a theoretical basis for their use; (c) demonstrate the use of three psychological techniques – attentional instruction, quiet eye (QE), and motor imagery (MI) – as potential components of PPRs; and (d) provide a number of practical implications for practitioners – coaches and sport psychology consultants – on how to integrate these routines in their applied work with athletes.

A Framework for the Definition and Conceptualization of a PPR

A PPR has been defined as a set of physical and psychological behaviors that are implemented simultaneously prior to the performance of a closed task (Lidor, 2020; Lidor et al., 2014). This set is typically composed of motor, cognitive, and emotional routines that are performed immediately before the execution of a closed task (Anton et al., 2021). The resulting actions are part of an athlete's repertoire when preparing to perform. Since a closed task is performed in relatively stable and predictable settings, the performers (i.e., the athletes) know in advance *what* they are going to do, and therefore can prepare

themselves for the act. However, in order to effectively activate a PPR, the athlete should also be able to determine *when* to initiate the execution of the closed task. That is to say, the closed task should be self-paced and not externally paced. Examples of externally paced tasks are the takeoff in the 100-m dash in track and field, and the penalty throw in water polo.

The following example illustrates the use of a PPR in shooting the free throw in basketball – a closed self-paced task. While standing on the free-throw line, the basketball player is provided with five seconds[1] to prepare for the shot. The player can determine when to shoot the ball during this five-second interval. Since the time provided to the shooter for preparation is fixed, and the shooting settings are stable and predictable – among them the distance between the shooter and the rim, the height of the rim, and the positions of the defensive and offensive players surrounding the shooter, the shooter can apply a planned-in-advance and fixed set of motor, cognitive, and emotional behaviors. They can use this set each time they prepare themselves for the shooting act, regardless of the score of the game, which quarter of the game, or whether the game is being played at home or away. The psychological preparation for a closed self-paced task, such as the free throw in basketball, can be routinely used in practice sessions and in real-game situations as well.

Finally, the free throw in basketball is an example of a micro sporting event (Lidor et al., 2014). A micro event is considered to be a specific event within a macro event – the "big" event in which the athlete is engaged, such as a practice session, a competition, or a game. Prior to the beginning of the macro event (e.g., a basketball game), athletes can also employ routines, such as in a warm-up session. However, in this chapter, we focus on those PPRs that can be activated by athletes prior to a micro sporting event, such as the free throw in basketball, putting in golf, the high jump in track and field, and vaulting events in gymnastics.

Current Theoretical and Research Understanding of the Topic

The main objective of PPR studies is to examine the effectiveness of a task-pertinent PPR on performance quality. That is, the aim of the researcher is typically to compare the results of conditions where a PPR had been taught to the participants in training with those where a PPR was not provided to them. Various effective PPRs were found to enhance the performance of different closed self-paced tasks (Hazell et al., 2014; Lautenbach et al., 2015). Among the psychological components of PPRs that have been examined under laboratory/fields settings are imagery, focusing attention, self-talk, QE, assessment, and feedback provision (if time permits, see Lidor, 2020; Lidor et al., 2012).

In one intervention study, Lautenbach et al. (2015) taught tennis players a non-automated PPR while they were practicing a serve in a high-pressure situation. The PPR was composed of a number of task-relevant routines: (a) looking at the ball to reduce the impact of distractions, (b) breathing in and out while adjusting the strings – used as a relaxation cue, (c) focusing on the service box and the point where the ball will be hit, (d) looking at one's own feet while bouncing the ball a number of times, with the purpose of having to focus attention on task-relevant cues, and (e) verbalizing mentally, used as a word cue, the area where the ball will be hit. It was found in this study that the PPR may have benefited the tennis players, who experienced a drop in performance during high-pressure situations.

In another study, Hazell et al. (2014) examined the effectiveness of a six-step PPR on a penalty kick in soccer. The PPR included the following instructional-psychological steps: (a) understanding the task requirements, (b) making a video of the performance, (c) clarifying the meaning of existing behaviors, (d) developing a function and a focus for each behavioral component, (e) constructing the new routine, and (f) practicing the use of the routine prior to skill execution. The results of this study showed that the PPR enhanced kicking performances by reducing feelings of anxiety prior to performance.

The effectiveness of multi-component PPRs on the performance of various closed self-paced tasks was investigated in additional studies. For example, Moradi (2020) examined a PPR based on Singer's

Five-Step Approach (readying, imaging, focusing attending, executing, and evaluating) and a self-regulation PPR, and yielded similar results: those who were taught how to use a PPR achieved better performance than those who were not provided with the routines' guidance. In most studies on PPRs, two psychological techniques (components) were included in the different PPRs practiced by the participants in the studies – focusing attention and imagery. In the following sections, we focus on these two techniques, as well as on the use of QE in closed self-paced tasks, which has been found to be associated with focusing attention.

Attentional Instructions

To achieve a high level of proficiency in closed self-paced tasks, performers should maximize their ability to attend to the right cues (Lidor, 2020). Since the closed self-paced act occurs in a predictable environment where athletes know in advance what they are going to do, performers are mainly required to focus attention on one relevant environmental cue. In a typical study on attentional focus in closed self-paced tasks, participants are assigned to one of two instructional conditions – internal instructions (e.g., the body's own movements) or external instructions (e.g., the intended movement effect). Empirical evidence emerging from an extensive line of such studies (see Wulf, 2013) has revealed that participants who were taught how to focus *externally* outperformed those who were instructed to attend *internally*.

For example, in one study on putting in golf, Kearney (2015) examined whether adopting a distal external focus of attention will lead to superior putting performances in beginning learners. Following familiarization with the putting task, general putting technique, and the concept of attentional focus (a distal external focus condition, a proximal external focus condition, and an internal focus condition), the participants performed the putting task. It was found that the accuracy of performance was better in the distal external focus condition than that in the proximal external focus and internal focus conditions, and that more participants preferred to use a distal external focus than that which would be expected by chance.

The advantage of using external instructions has been observed in (a) a number of closed self-paced tasks, among them putting in golf and shooting free-throw shots in basketball, (b) different skill levels (i.e., beginning and advanced learners), and (c) various age groups (Wulf, 2013; see also Lidor & Ziv, 2021). In addition, external attention instructions have been shown to impact both immediate *performance* (i.e., in the practice session/s where the instructions were initially introduced to the participants) and in *learning* (i.e., a phase which reflects a more permanent change in the capability to perform the learned skill). Finally, both movement effectiveness (e.g., accuracy, consistency, and balance) and movement efficiency (e.g., muscular activity, force production, and cardiovascular responses) have been shown to improve through the use of external focusing attention guidance.

The benefits of the use of an external focus of attention in closed self-paced tasks have been explained by the constrained action hypothesis. According to this hypothesis, adopting an internal focus of attention disrupts automatic motor control processes, but this does not occur when adopting an external focus of attention (Wulf & Lewthwaite, 2016).

Quiet Eye (QE)

One perceptual-cognitive process that athletes can use during a PPR is a specific type of gaze behavior termed the QE. The QE is defined as the final fixation on a specific location in the visuomotor space within 3° of the visual field (or less) for at least 100 msec. This fixation begins prior to a critical movement of the performed task and lasts until the gaze leaves this specific location by more than 3° of the visual field for at least 100 msec (Vickers, 2016). Studies have shown that for a specific motor task, the QE is longer in experts compared with those who are less expert (Mann et al., 2011; Walters-Symons

et al., 2017) and in successful compared with unsuccessful trials (Williams et al., 2002; Wilson & Pearcy, 2009). For example, Mann et al. (2011) showed that expert golfers (handicap: 0–2) demonstrated longer QE durations and better putting performance compared with near-experts (handicap: 10–12). In addition, Wilson and Pearcy (2009) reported longer QE durations (average 1,693 msec) in holed putts and shorter QE durations (average 1,231 msec) in missed putts. In billiards, regardless of task complexity, longer QE durations accompanied the successful shots (average 561.94 msec) compared with the unsuccessful shots (average 213.61 msec).

The abovementioned findings suggest that long QE duration in one task can be considered short in another task, and therefore the optimal QE during the PPR depends on the task at hand. Finally, a review on gaze behavior in golf putting reported that four out of six studies showed longer QE durations in experts compared with less-experts or novices, and that five out of eight studies showed longer QE durations in golfers who performed successful compared with unsuccessful putts (Ziv & Lidor, 2019).

The fact that longer QE durations are found in experts and in successful trials compared with non-experts and unsuccessful trials, respectively, does not necessarily mean that training individuals to maintain QE during a PPR will lead to improved performance. However, a number of training studies showed that QE can be trained and that such training can lead to improved performance (e.g., in golf putting, Vine et al., 2011; Vine & Wilson, 2011, and in the basketball free throw, Harle & Vickers, 2001; for a review see Vine et al., 2014). For example, Vine et al. (2011) found that participants who were trained to maintain QE duration and who were taught to observe the differences between their gaze and the gaze of an elite athlete they observed on video, holed more putts (60%) in a pressure test compared with a control group (36%). On average, QE durations of the QE-trained group and the control group were 2,794 msec and 1,404 msec, respectively. The participants who were QE-trained also reduced the number of missed putts in an actual competition.

Finally, the effects of QE on performance were examined in two meta-analyses. In one meta-analysis (Mann et al., 2007), a moderate-to-large effect size was found based on five effect sizes from 150 participants in three separate labs. This effect size suggested that experts demonstrate longer QE durations and superior performance compared with less-skilled participants. In another meta-analysis (Lebeau et al., 2016), large and moderate effect sizes were found for differences in QE duration between experts and novices and between successful and unsuccessful performance, respectively. In addition, based on nine intervention studies that aimed at prolonging QE durations, a large effect size in performance was found – suggesting that prolonging QE duration leads to improved performance. In summary, the abovementioned studies and meta-analyses suggest that maintaining a longer QE duration can be a useful perceptual-cognitive strategy in a PPR.

Motor Imagery

Another perceptual-cognitive strategy that can be used as a PPR is MI. MI can be defined as "the mental representation of action without any concomitant body movement" (Guillot & Collet, 2008, p. 31). MI practices, training, and models have been described in the literature (for reviews, see Guillot & Collet, 2008 and Schuster et al., 2011; and also Ruffino et al., 2017 for neural mechanisms related to MI). In addition, a number of studies examined the effects of MI on performance of closed self-paced tasks.

For example, in one study on golf putting performance, Beilock et al. (2001) assigned 126 undergraduate students to seven experimental groups – a control group and six groups of three imagery types (positive, suppression, suppression–replacement) and two imagery frequencies (before each putt, before every third putt). Participants in the positive imagery group were asked to try to see or feel themselves taking the swing and to see the ball rolling and stopping on top of the target. Participants in the suppression group were asked to be particularly careful not to imagine undershooting or overshooting the target. Finally, the participants in the suppression–replacement group were asked in addition, that

if they do imagine the ball stopping short or long of the target, to immediately try to imagine the ball stopping on top of the target. The instructions changed every two putts from avoiding undershooting to avoiding overshooting. All the participants performed five blocks of ten putts from two meters to a 4 X 4 cm target on an artificial green. Putting performances of the participants in the positive imagery group improved regardless of the imagery frequency. However, the performance of the participants in the suppression and suppression-replacement groups declined when imagery was performed before every putt, but improved when it was performed before every third putt. Based on the results of this study, it appears that frequent imagery that involves suppression may hinder performance and trying to replace this negative imagery may not restore performance.

In another study (Guillot et al., 2012), 22 tennis players were randomly assigned to three experimental groups: an imagery group, an imagery-placebo group, and a control group. All the participants performed tennis serves before and after six weeks of training during which they performed 15 tennis serves twice a week. The participants in the imagery and the imagery-placebo groups performed an imagined serve prior to each physical serve. In addition, participants in the imagery-placebo group were provided with an exact duplicate of their own racket but were told that the racket was individually designed specifically to enhance serving performances. The results revealed no differences in serving velocity between groups, but participants in the imagery group improved serving accuracy. Moreover, the participants in the imagery-placebo group further improved their accuracy compared with participants in the imagery group. These findings show the importance of psychological suggestion – a process by which we can influence one's thoughts and behaviors (Michael et al., 2012). In the case of MI, integrating imagery scripts that reinforce the athlete's confidence or self-efficacy may be useful (Guillot et al., 2012).

Finally, it is important to note that one's ability to activate MI can moderate the relationship between MI and performance. The ability to use MI can be measured, for example, with self-report questionnaires (e.g., Vividness of Movement Imagery Questionnaire, Roberts et al., 2008) and with mental chronometry that examines the time it takes to perform MI (for a review, see McAvinue & Robertson, 2008). Robin et al. (2007), for example, showed that imagery improved skilled tennis players' service returns, but more so in those with good imagery abilities. Therefore, if MI, as a part of a PPR, is of importance, athletes' ability to use MI should be measured. Then, if the ability to use MI is low, a training program to improve MI ability can be implemented (see Williams et al., 2013).

The Benefits of PPRs

A PPR functions like a mental scanning instrument, in that it enables the athlete to assess environmental conditions (Lidor, 2020). The PPR can be implemented to calibrate the motor system so that the athlete is appropriately prepared for the execution of a closed self-paced task. In addition, an effective PPR enables athletes to fine-tune their preparation for the task at hand. Based on the studies that examined the contribution of PPRs to achieving success in closed self-paced tasks (Lidor, 2020; Lidor et al., 2014), four main benefits can be observed:

1   PPRs assist athletes to be in control of what they are doing prior to the execution of a closed self-paced task. Since the components of the routine can be practiced repeatedly in practice sessions, athletes feel familiar with the task and comfortable in executing it. PPRs that are regularly practiced in practice sessions can be carried out – almost without any modifications – in competition/game settings.
2   PPRs help athletes to be focused prior to the execution of the closed self-paced task. It is almost impossible to achieve a high level of proficiency in a self-paced task without being totally focused on the task. By focusing on one relevant cue associated with the environment/task, PPRs can help

the performer to block external distractions, such as noise generated by the fans, as well as to min-imize internal distractions such as negative thoughts (e.g., "what will happen if I miss the shot?") and reflections (e.g., "I am in a bad shape. I wish I could spend more time working on my putting skills").

3 PPRs help athletes develop a plan of action. Since PPRs can be implemented immediately before the initiation of the micro event, the athletes can use the components of the routine to perform a last-minute rehearsal of what they are going to do. The routine can be used to review the plan of action that the athlete had developed for the given task.

4 PPRs help athletes reduce stress and cope effectively with anxious situations. Since the athletes practice the PPRs numerous times, they feel in control, and therefore feel less stress about what is expected of them.

Instructional and Psychological Implications for Practitioners

Sport psychology consultants, instructors, and coaches can implement the following suggestions to improve the use of PPRs among athletes:

1 In general, athletes should adopt a set of consistent patterns of a PPR. They should feel comfort-able with the components included in the routine. More importantly, they should synthesize these components naturally with the mechanics of the closed self-paced motor task. For example, while standing on the free-throw line in basketball the shooters can dribble the ball to feel the ball while gazing at the front area of the rim and imaging themselves successfully performing the shooting act. In the case of putting in golf, the golfer can perform a number of continuous practice swings in order to feel the motion of the putt while looking at the hole and verbalizing a meaningful-positive word. Athletes should practice the combined set of the components over and over, so that a full synthetization among these PPR components and the mechanics of the task is reached.

2 While individuals are attempting to learn/perform a closed self-paced motor task, they should be provided with the relevant information on the mechanics/techniques of the given task, combined with preliminary information on basic fundamentals of the PPR. They should be familiar with the task at hand. In the very initial phase of acquisition of the closed self-paced task, individuals should be exposed to the basic components of the PPR. They should experience different components of the PPR – among them focusing attention, imagery, QE, and self-talk – while practicing the task. Different components of PPRs should be presented to the individual. After gaining enough experience with the different components, a number of them should be selected according to the needs and preferences of the athlete. The selected components will then be included in the PPR, and this PPR will be practiced by the athletes each time before they perform.

3 Sport psychology consultants, instructors, and coaches can expose athletes to PPRs that are consis-tently and effectively implemented by skilled performers, namely those who are considered to be the "best among the best" in their domain – for example, Simone Biles preparing herself for the floor exercise in gymnastics, Stephen Curry readying himself for the free throw, and Mia Hamm aiming at the goal prior to the execution of the 11-m penalty kick. The routines used by the experts may assist novice athletes in selecting, developing, and practicing a PPR that has the potential to help them better prepare for the closed self-paced event.

Conclusion

An important instructional task of an effective PPR is to create a mindset that will initiate optimal psychological preparation for a closed self-paced sport task performed in stable and predictable settings.

Athletes can select which components to include in a PPR after gaining experience with each component. The selected PPR can be practiced each time the athlete performs a closed self-paced task. The athlete can integrate the components of the PPR (e.g., external focusing attention and imagery) with the mechanics of the task, and therefore develop a task-pertinent routine. It is recommended to develop the PPR after the athlete has become familiarized with the given closed self-paced task. Although the PPR is composed of a fixed set of components, athletes should be prepared to slightly adjust the components of the routines to challenging settings (e.g., shooting the free throw in a last-minute tied game in basketball or jumping the long jump in track and field under rainy conditions). See Box 62.1 for a summary of the key points from this chapter.

Box 62.1 Summary of Key Points about Pre-Performance Routines (PPR)

- PPRs are sets of physical and psychological behaviors that are implemented prior to the performance of closed self-paced sport tasks.
- Closed self-paced motor tasks are those performed in stable and predictable environments where the athlete is provided with time to prepare for the upcoming act, and therefore can routinely activate a task-pertinent strategy – a PPR.
- Athletes are advised to select the components of the PPR according to their needs and preferences.
- Among the psychological components of an effective PPR found to facilitate performances of closed self-paced tasks are external focusing attention, QE, and imagery.
- PPRs should be synthesized with the mechanics of the closed self-paced tasks.

Note

1 According to the European rules. See www.FIBA.Basketball.

References

Anton, G. O., Rupprecht, A. G. O., Tran, U. S., & Gröpel, P. (2021). The effectiveness of pre-performance routines in sports: A meta-analysis. *International Review of Sport and Exercise Psychology.* http://doi.org/10.1080/1750984X.2021.1944271

Beilock, S. L., Afremow, J. A., Rabe, A. L., & Carr, T. H. (2001). "Don't miss!" The debilitating effects of suppressive imagery on golf putting performance. *Journal of Sport and Exercise Psychology*, *23*(3), 200–221. http://doi.org/10.1123/jsep.23.3.200

Gentile, A. M. (2000). A working model of skill acquisition with application to teaching. *Quest*, *17*(1), 3–22. http://doi.org/10.1080/00336297.1972.10519717

Guillot, A., & Collet, C. (2008). Construction of the motor imagery integrative model in sport: A review and theoretical investigation of motor imagery use. *International Review of Sport and Exercise Psychology*, *1*(1), 31–44. http://doi.org/10.1080/17509840701823139

Guillot, A., Genevois, C., Desliens, S., Saieb, S., & Rogowski, I. (2012). Motor imagery and 'placebo-racket effects' in tennis serve performance. *Psychology of Sport and Exercise*, *13*(5), 533–540. http://doi.org/10.1016/j.psychsport.2012.03.002

Harle, S. K., & Vickers, J. N. (2001). Training quiet eye improves accuracy in the basketball free throw. *The Sport Psychologist*, *15*(3), 289–305. http://doi.org/10.1123/tsp.15.3.289

Hazell, J., Cotterill, S. T., & Hill, D. M. (2014). An exploration of pre-performance routines, self-efficacy, anxiety and performance in semi-professional soccer. *European Journal of Sports Science*, *14*(6), 603–610. http://doi.org/10.1080/17461391.2014.888484

Kearney, P. E. (2015). A distal focus of attention leads to superior performance on a golf putting task. *International Journal of Sport and Exercise Psychology*, *13*(4), 371–381. http://doi.org/10.1080/1612197X.2014.993682

Lautenbach, F., Laborde, S., Mesagno, C., Lobinger, B. H., Achtzehn, S., & Arimond, F. (2015). Nonautomated pre-performance routine in tennis: An intervention study. *Journal of Applied Sport Psychology*, *27*(2), 123–131. http://doi.org/10.1080/10413200.2014.957364

Lebeau, J.-C., Liu, S., Sáenz-Moncaleano, C., Sanduvete-Chaves, S., Chacón-Moscoso, S., Becker, B. J., & Tenenbaum, G. (2016). Quiet eye and performance in sport: A meta-analysis. *Journal of Sport and Exercise Psychology*, *38*(5), 441–457. http://doi.org/10.1123/jsep.2015-0123

Lidor, R. (2020). Performance of closed self-paced motor tasks. In D. Hackfort & R. J. Schinke (Eds.), *The Routledge international encyclopedia of sport and exercise psychology* (Vol. 2, pp. 492–592). Routledge.

Lidor, R., Arnon, M., Aloni, N., Yitzak, S., Mayan, G., & Afek, A. (2012). Pre-preparatory and preparatory routines in free-throw shots in basketball: Are routines influenced by situational pressure? In R. Schinke (Ed.), *Sport psychology insights* (pp. 307–325). Nova Science.

Lidor, R., Hackfort, D., & Schack, T. (2014). Performance routines in sport – meaning and practice. In A. Papaioannou & D. Hackfort (Eds.), *Routledge companion to sport and exercise psychology* (pp. 480–494). Routledge.

Lidor, R., & Ziv, G. (2021). Attention. In E. Filho & I. Basevitch (Eds.), *Sport, exercise and performance psychology* (pp. 18–30). Oxford.

Mann, D. T., Coombes, S. A., Mousseau, M. B., & Janelle, C. M. (2011). Quiet eye and the Bereitschaftspotential: Visuomotor mechanisms of expert motor performance. *Cognitive Processing*, *12*(3), 223–234. http://doi.org/10.1007/s10339-011-0398-8

Mann, D. T. Y., Williams, A. M., Ward, P., & Janelle, C. M. (2007). Perceptual-cognitive expertise in sport: A meta-analysis. *Journal of Sport and Exercise Psychology*, *29*(4), 457–478. http://doi.org/10.1123/jsep.29.4.457

McAvinue, L. P., & Robertson, I. H. (2008). Measuring motor imagery ability: A review. *European Journal of Cognitive Psychology*, *20*(2), 232–251. http://doi.org/10.1080/09541440701394624

Michael, R. B., Garry, M., & Kirsch, I. (2012). Suggestion, cognition, and behavior. *Current Directions in Psychological Science*, *21*(3), 151–156. http://doi.org/10.1177/0963721412446369

Moradi, J. (2020). Benefits of guided motor-mental preperformance routine on learning the basketball free throw. *Perceptual and Motor Skills*, *127*(1), 248–262. http://doi.org/10.1177/0031512519870648

Roberts, R., Callow, N., Hardy, L., Markland, D., & Bringer, J. (2008). Movement imagery ability: Development and assessment of a revised version of the vividness of movement imagery questionnaire. *Journal of Sport and Exercise Psychology*, *30*(2), 200–221. http://doi.org/10.1123/jsep.30.2.200

Robin, N., Dominique, L., Toussaint, L., Blandin, Y., Guillot, A., & Her, M. L. (2007). Effects of motor imagery training on service return accuracy in tennis: The role of imagery ability. *International Journal of Sport and Exercise Psychology*, *5*(2), 175–186. http://doi.org/10.1080/1612197X.2007.9671818

Ruffino, C., Papaxanthis, C., & Lebon, F. (2017). Neural plasticity during motor learning with motor imagery practice: Review and perspectives. *Neuroscience*, *341*, 61–78. http://doi.org/10.1016/j.neuroscience.2016.11.023

Schmidt, R. A., Lee, T. D., Winstein, C. J., Wulf, G., & Zelaznik, H. N. (2019). *Motor control and learning – a behavioral emphasis* (6th ed.). Human Kinetics.

Schuster, C., Hilfiker, R., Amft, O., Scheidhauer, A., Andrews, B., Butler, J., Kischka, U., & Ettlin, T. (2011). Best practice for motor imagery: A systematic literature review on motor imagery training elements in five different disciplines. *BMC Medicine*, *9*(1), 1–35. http://doi.org/10.1186/1741-7015-9-75

Vickers, J. N. (2016). Origins and current issues in Quiet Eye research. *Current Issues in Sport Science*, *1*, 101.

Vine, S. J., Moore, L. J., & Wilson, M. R. (2011). Quiet eye training facilitates competitive putting performance in elite golfers. *Frontiers in Psychology*, *2*, 8. http://doi.org/10.3389/fpsyg.2011.00008

Vine, S. J., Moore, L. J., & Wilson, M. R. (2014). Quiet eye training: The acquisition, refinement and resilient performance of targeting skills. E*uropean Journal of Sport Science*, *14*(Suppl. 1), S235–S242. http://doi.org/10.1080/17461391.2012.683815

Vine, S. J., & Wilson, M. R. (2011). The influence of quiet eye training and pressure on attention and visuo-motor control. *Acta Psychologica*, *136*(3), 340–346. http://doi.org/10.1016/j.actpsy.2010.12.008

Walters-Symons, R. M., Wilson, M. R., & Vine, S. J. (2017). The quiet eye supports error recovery in golf putting. *Psychology of Sport and Exercise*, *31*, 21–27. http://doi.org/10.1016/j.psychsport.2017.03.012

Williams, A. M., Singer, R. N., & Frehlich, S. G. (2002). Quiet eye duration, expertise, and task complexity in near and far aiming tasks. *Journal of Motor Behavior*, *34*(2), 197–207. http://doi.org/10.1080/00222890209601941

Williams, S. E., Cooley, S. J., & Cumming, J. (2013). Layered stimulus response training improves motor imagery ability and movement execution. *Journal of Sport and Exercise Psychology*, *35*(1), 60–71. http://doi.org/10.1123/jsep.35.1.60

Wilson, M. R., & Pearcy, R. C. (2009). Visuomotor control of straight and breaking golf putts. *Perceptual and Motor Skills*, *109*(2), 555–562. http://doi.org/10.2466/pms.109.2.555–562

Wulf, G. (2013). Attentional focus and motor learning: A review of 15 years. *International Review of Sport and Exercise Psychology*, *6*(1), 77–104. http://doi.org/10.1080/1750984X.2012.723728

Wulf, G., & Lewthwaite, R. (2016). Optimizing performance through intrinsic motivation and attention for learning: The OPTIMAL theory of motor learning. *Psychonomic Bulletin & Review*, *23*(5), 1382–1414. http://doi.org/10.3758/s13423–015–0999–9

Ziv, G., & Lidor, R. (2019). Gaze behavior in golf putting – A review. *International Journal of Golf Science*, 7(2). Published online.

PSYCHOLOGICAL CHARACTERISTICS OF OPTIMAL PERFORMANCE

Joanne Butt and Andrew Mills

Introduction

It is widely accepted both within the sport psychology literature and elite sport that psychological characteristics play a pivotal role in helping athletes achieve the optimal performance and consistency required for success at the elite level. Certainly, most coaches would attest that when athletes match up physically, technically, and tactically, it is often the strength of their mental game that proves to be the tiebreaker in the moments that matter. As such, an athlete's mental conditioning is largely viewed just as important as their physical conditioning. But what exactly constitutes a strong mental game and is it something that can be built? The first part of this chapter will provide an overview of the key psychological characteristics associated with optimal performance and introduce some fresh characteristics that are beginning to emerge in sport psychology literature. The second part of this chapter will explore the role that the developmental climate plays in shaping these characteristics. In highlighting how these two aspects converge we will also introduce a research-informed model of talent development that elucidates the interplay between environmental and psychological factors in shaping athletes who develop to, and excel at, the world-class level. An example of how this model is currently being used in applied settings will also be presented.

Psychological Characteristics Associated with Optimal Performance

The mental side of an athlete's game has been studied from a variety of perspectives. Examples from sport psychology research include flow states, peak performance, and performance excellence. The common theme among these perspectives has been on the mental processes involved in attaining the requisite performance levels and consistency for success at the elite level. In the quest to achieve this, it is not surprising that the mainstay of research to date has heavily focused on examining athletes who have excelled at the world-class level. Preliminary investigations in this area sought to understand the psychological characteristics and mental skills of successful vs. less successful athletes. These findings have been summarized by Krane and Williams (2021) who concluded that successful elite athletes typically display higher levels of confidence, commitment, and determination, are able to regulate their arousal levels and have better concentration. It was also found that successful athletes utilized a range of mental skills such as imagery, goal-setting, positive self-talk, and relaxation strategies more frequently than less successful athletes.

As qualitative research gathered momentum as a method to examine psychological characteristics, several seminal investigations (Gould et al., 2002; Greenleaf et al., 2001) generated fresh insights

based on detailed athlete accounts of the factors considered to influence successful performance at the Olympic Games. Examples of key success factors to emerge included mental preparation, blocking out distractions, and a single-minded focus on training and performance. There was also a clear difference in attitude toward the Games with successful athletes viewing the Games as an opportunity to shine (Greenleaf et al., 2001). Along similar lines, Gould et al. (2002) provided a comprehensive account of the psychological characteristics of Olympic Champions that was generated from the perspective of the athletes, their parents, and their coaches. Psychological characteristics to emerge from these accounts included robust confidence, high dispositional hope, optimism, adaptive perfectionism, perseverance, sport intelligence, the ability to cope with anxiety, and a tough mentality. Many of these characteristics were later supported by a comprehensive review (cf. Gould & Maynard, 2009) that focused on psychological preparation for Olympic Games performance.

This influential research largely paved the way for studies in performance excellence to flourish and a proliferation of research followed that sought to examine the psychological characteristics of optimal performance at a construct level. Examples include mental toughness (Weinberg & Butt, 2021), resilience (Sarkar et al., 2015), confidence (Vealey, 2019), and socio-emotional intelligence (Lintunen & Gould, 2014). At the same time, other lines of inquiry began to identify salient characteristics in specific sports and stages of development (Macnamara et al., 2010; Mills et al., 2012). While the mainstay of research had traditionally been athlete-focused, researchers also began to investigate the psychological characteristics of other elite performers such as officials (Slack et al., 2013) and coaches (Hodgson et al., 2017). Notably, irrespective of the type of performer or the performance environment there is generally much overlap in the psychological characteristics associated with optimal performance. Thus, from the literature that has been accrued to date, we can draw on some commonalities to build a framework of what appear to be some of the most salient psychological characteristics associated with optimal performance (see Table 63.1).

Emerging Perspectives of Psychological Characteristics Associated with Optimal Performance

While research in sport psychology has enabled us to develop a relatively robust understanding *vis-à-vis* the psychological characteristics of optimal performance, an increasing body of research (Jones, 2012; Konter & Ng, 2012) continues to offer fresh insights on other potentially salient psychological

Table 63.1 Research-Informed Framework of the Key Psychological Characteristics Associated with Optimal Performance

Optimal Performance

Self belief
Resilience
Determination/Drive
Perseverance
Passion
Self-awareness
Emotional control
Focus
Sport Intelligence
Optimism
Competitiveness

characteristics that extend beyond, or at least augment, those cited thus far. In this part of this chapter, we will introduce you to three characteristics to offer insight into the role they might play in building a strong mental game. These characteristics also feature in our model of talent development which we will introduce later in this chapter.

Equanimity

Equanimity can be defined as, "an even-minded mental state or dispositional tendency toward all experiences or objects, regardless of their origin or their affective valence (i.e., pleasant, unpleasant, or neutral)" (Desbordes, Gard, Hoge, Hölzel et al., 2015, p. 17). In other words, it is a mental state characterized by being calm and composed. Outside of the sporting context, research from other high-pressure performance environments such as healthcare (Stagman-Tyrer, 2014) propose that individuals who display equanimity are better placed to convey a sense of calm and composure when faced with a crisis or highly pressurized situation. In essence, expressing equanimity enables individuals to remain grounded and mindfully present in the moment, rather than being consumed by emotional reactivity. While similar to emotional control, equanimity can be differentiated by the fact that there is less emphasis on overt, conscious attempts to control or manage emotions and more emphasis on not having the emotion to control in the first place. In this sense, it involves a degree of neutrality such that one can experience unpleasant thoughts or emotions without having to repress, deny, or avert them (Desbordes et al., 2015). On the flip side, in a state of equanimity, one can also experience positive or euphoric situations without becoming over-aroused to the point of losing one's focus or composure.

So how might equanimity be associated with optimal performance in sport? Certainly, to perform optimally in clutch moments, such as facing breakpoints in tennis or making a putt on the 18th to win the Masters, the need for athletes to stick to their training and not be emotionally swayed by the magnitude of the situation is vital for world-class performance. However, equanimity should not be pigeonholed as a characteristic that is exclusively used in clutch moments. Rather, it appears to be a more stable and enduring mental state that can be activated more generally to reinforce performance consistency. From an applied perspective, research suggests that equanimity can be developed through mindfulness practice (cf. Desbordes et al., 2015; Juneau et al., 2020). While further research in elite sport settings is required to better understand its role as a potential determinant in optimal performance, the relatively recent emergence of equanimity in the performance literature represents a stimulating area for future investigation.

Courage

When discussing an athlete or team's performance, we often hear coaches and commentators remark about the courage they showed. But what exactly is courage and what are considered courageous behaviors? While courage would appear to be a psychological characteristic germane to optimal performance, it has to date received comparatively scant research attention in the sport literature. In social psychology, courage has been defined as, "a willful, intentional act executed after mindful deliberation, involving objective substantial risk to the actor, primarily motivated to bring about a noble good or worthy end" (Rate et al., 2007, p. 95). This view of courage emphasizes consciously chosen behavior taken at some personal risk that is driven by the desire to bring about a positive outcome.

In sport, courage is considered a dynamic process influenced by numerous factors. As part of their preliminary work toward the development of a sport courage scale, Konter and Ng (2012) put forward a range of factors which are considered to influence courage. These include situations (e.g., perceived high-risk situations), individual differences (e.g., personality traits, experience, and knowledge of the athlete), sport context (e.g., individual vs. team sports), and the specific task at hand.

What appears to be a key component in the conceptualization of courage is that it does not center on an absence of fear *per se*. Rather, it appears to involve the conscious, premeditated decision to act despite the presence of fear. With this conceptualization in mind, courage could be behaviorally expressed by athletes in a myriad of ways and situations. In our research in elite youth soccer (cf. Mills et al., 2012) which identified the psychological attributes associated with making it to the professional level, examples of courageous behaviors related to coping with pressure included the courage shown to step up and take a decisive penalty in a shoot-out, not backing down from the challenge of a superior opponent, going for it despite the odds, and not capitulating in the face of an intimidating or partisan home crowd. Courage might also represent a key component in leadership. For example, research has suggested that a courageous leader may be required to prevent the team from collapsing and pivot momentum to their advantage (Apitzsch, 2019). Given its wide-ranging influence, the emerging perspective of courage would appear to offer a fruitful line of inquiry as a potential determinant of optimal performance.

Adaptability

Adaptability is another characteristic that is considered a core aspect of intelligence and, by extension, an essential attribute for adaptive human functioning (cf., Sternberg, 2014). In sport, adaptability has emerged as a mental attribute perceived to facilitate development in talented young rugby players (Holland et al., 2010) and soccer players (Mills et al., 2012), but does remain comparatively under-researched relative to other psychological characteristics present in sport psychology literature. Adaptability can be viewed as the capacity to anticipate and respond positively to changing, and often rapidly evolving, situations. In a similar way to how resilience posits the notion of "bouncing back" as a behavioral response, you can think of adaptability as "bouncing forward." More specifically, it involves expressing proactive, problem-solving behaviors that foresee the need to change and then meet that need by implementing solutions to move forward in adaptive ways. In our own research in elite youth soccer (cf. Mills et al., 2012), adaptability was found to be linked to both self-awareness and sport intelligence. Specifically, elite coaches described the hallmarks of adaptable players as the ability to read, anticipate, and respond quickly in positive ways to a range of competitive situations. Equally, adaptable players were also considered to be characterized by their preparedness and willingness to continually evolve and understand, accept, and create opportunities for positive change throughout their development and subsequent playing careers. To this end, adaptability as a psychological characteristic would appear to play a key role in enabling world-class athletes to not only attain optimal performance levels but, importantly, sustain those levels with consistent performances over prolonged periods.

An athlete's capacity to behaviorally express adaptability could in simple terms be called "know-how." Based on his experiences of working with top performers in sport, business, and the military, Jones (2012) sought to understand what enabled elite performers to stay at the top once they get there. In summary, it was identified that the answer lay in possessing high levels of "Superior Performance Intelligence" (SPI). Jones conceptualized SPI as, "a critical awareness and know-how that enables top performers to apply their minds, skills, techniques, strategies and tactics to the same high standard every time they perform" (p. 62). In a study of elite performers across distinct domains, SPI was found to comprise three core components which appear particularly salient to the concept of adaptability. These are:

1 Knowing how to maximize your potential
2 Knowing how to work with your environment
3 Knowing how to deliver high performance

Considering its potential influence on an athlete's mental game the emerging perspective of adaptability would appear to offer a fertile avenue of future research as a key determinant of optimal performance within elite sport.

Shaping the Psychological Characteristics of Optimal Performance

Having identified the psychological characteristics associated with optimal performance, our focus will now shift toward exploring how these characteristics can be built. Within sport psychology, the most established and supported method for helping athletes attain the performance levels required to both survive and thrive at the elite level has been the systematic training and application of mental skills, often referred to as psychological skills training (PST). The most common psychological skills are typically goal-setting, self-talk, imagery, pre-performance routines, and applied relaxation techniques. Alongside these core psychological skills Vealey (2007) proposed an advanced framework outlining multiple types of mental skills. These types of skills were summarized as foundation skills (e.g., self-awareness and self-confidence), performance skills (e.g., focus and energy management), personal development skills (e.g., identity achievement and personal competence), and team skills (e.g., team confidence and cohesion). While a substantial evidence-base exists to attest to the efficacy of PST for performance enhancement (Greenspan & Feltz, 1989; Weinberg & Comar, 1994) – and we ourselves regularly incorporate PST in our own consultancy work with athletes – one question that continues to be asked is how can we explain the behaviors of some world-class athletes who might not rely on such techniques or training and yet appear to naturally express many of the characteristics of optimal performance that we've identified? In other words, how did these world-class performers "acquire" their psychological characteristics?

The answer to this question, beyond the role of innate predispositions, might present itself within an athlete's development environment. It is certainly plausible that athletes' psychological characteristics can also be acquired organically, and at times, subconsciously as a result of their core developmental experiences (e.g., role of significant others, growth opportunities, exposure to higher standard, and overcoming adversity). This, in turn, brings to the fore how developing athletes are nurtured and, in doing so, points to the development environment as one of the most important aspects of an aspirant elite athlete's life. Certainly, while outstanding natural ability is undoubtedly a crucial ingredient for success as an athlete, raw potential can often remain unrealized if not effectively nurtured along the developmental pathway. For this reason, the environment that an athlete finds themselves in and the way they interact with it is considered vital for effective development. Indeed, what is clear is that if young athletes are to reach the elite level and stay there, they not only need to express a wide range of psychological characteristics but, crucially, must be afforded an appropriate environment in which to acquire them (Mills et al., 2014a).

Consequently, there has been increased interest in better understanding the important role that environmental influences play in shaping these characteristics. Along these lines, research has been conducted (Côté et al., 2014; Duda et al., 2018; Mills et al., 2014a; 2014b) to identify the key factors associated with optimal environments and, importantly, how these factors can be engineered to establish a developmental climate for athletes to acquire the psychological characteristics that underpin optimal performance. Not surprisingly, a sizeable amount of research in this area has focused on the influential role of the coach and how their behaviors and environment created can help athletes acquire the psychological characteristics associated with optimal performance (Gould et al., 2002).

Despite the wealth of knowledge that has been generated about the psychological characteristics associated with optimal performance as well as the key factors associated with optimal development environments; what appears lacking to date is a detailed understanding of how to systematically operationalize these respective factors in an integrated manner within applied settings. From a real-world perspective, practitioners could benefit from having evidence-based practical information on how

factors within the development environment can be manipulated and optimized to help young athletes acquire the requisite psychological characteristics they need to build a strong mental game.

Bridging the Gap: An Interactional Model of Psychological Talent Development

This real-world need provided the incentive for us to utilize our own research as the basis to create such evidence-based guidelines and practical information for coaches and sport psychology consultants. To help inform our thinking on how we could practically showcase the interplay between environmental and psychological factors, we have created the Interactional Model of Psychological Talent Development (IMPTD) (see Figure 63.1). First introduced as an integrated model of talent development (Mills, Butt, & Maynard, 2023), the IMPTD is a research-informed model originally based on a line of research in elite youth soccer (cf. Mills et al., 2012; Mills et al., 2014a; 2014b). Essentially, the IMPTD is a result of bringing together two conceptual frameworks to more clearly illustrate how strengths within the environment can be leveraged to build the requisite psychological strengths in the developing athlete. The model also features the key career stages that athletes move through in their sport participation (Côté & Fraser-Thomas, 2007). Thus, while the model has been specifically constructed for use in applied settings, it champions a number of theoretical precepts from existing talent development research that are important to note. First, it makes the clear distinction between an athlete's natural ability (i.e., raw potential) at the start of the developmental process and the finished product (i.e., realized potential) at the end. Second, it reflects a balanced perspective and implies that the development of athletic potential is contingent on innate, individual, and environmental influences. Third, consistent with well-established models of talent development (Côté et al., 2014; Gagné, 2009) it denotes that the manifestation of elite athletic talent (i.e., outstanding skills, competencies, and characteristics) is systematically developed through engagement with an appropriate development environment. Describing the research that has informed the development of the IMPTD and how it has been constructed is beyond the scope of this chapter, but we refer interested readers to Mills et al. (2023).
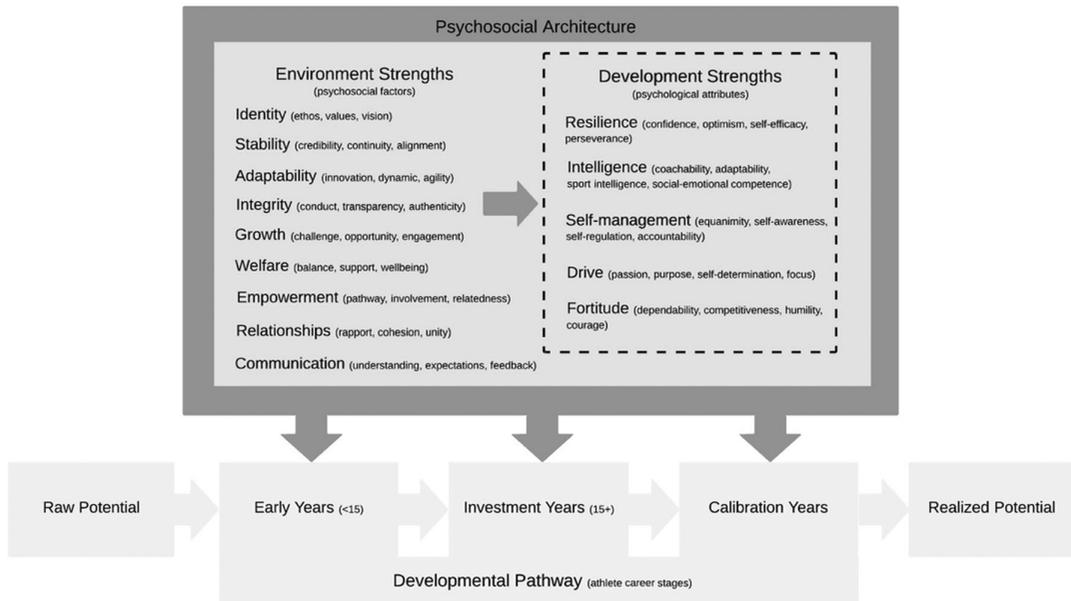
Figure 63.1   The Interactional Model of Psychological Talent Development (IMPTD)

Applying the IMPTD to Shape the Characteristics of Optimal Performance

From an applied perspective, the fundamental aim of the model is to help guide the systematic creation of a strong psychosocial architecture that empowers young athletes to naturally acquire the psychological strengths required to successfully develop to, and excel, at the elite level. This is primarily achieved by educating practitioners (e.g., coaches and SPCs) about the strengths associated with optimal performance and development and how they can be naturally shaped through their coaching at each key stage along the developmental pathway. Given the complexity of the talent development process, such applied work is initiated with an introductory "discovery workshop" which is led by an applied practitioner. Drawing on real-world examples from our own applied work with coaches from elite soccer and Olympic development pathways, the half-day introductory workshop comprises four key steps which unfold as follows:

Step 1

This stage introduces coaches to the IMPTD by explaining its premise, core components and highlighting how these interact to help athletes realize their potential. The practitioner explains that the environment strengths are essentially psychosocial factors that provide the building-blocks from which to shape key psychological attributes associated with adaptive development and optimal performance (i.e., development strengths). Importantly, to establish buy-in and engagement, the practitioner emphasizes how the coaches can develop the practical knowledge and strategies to play a leading role in this process through their coaching practice.

Step 2

This stage focuses on building-out coaches' practical knowledge. This includes gaining a deeper insight into what each strength is, the domain they are grouped in, why they matter, and how they are behaviorally expressed within the context of their own sport (i.e., what it looks like). The coaches then complete an environment strength profiling tool that is designed to evaluate the current performance of the nine domains as viewed from their perspective. The resulting profile not only serves to reinforce understanding and familiarization with the strengths and their meaning but, importantly, makes it personally meaningful to their own athlete pathway. As part of this profiling, similarities and differences among the coaching group are discussed to explore how aligned their views are. Coaches then begin to explore ways that the environment strengths can work together to influence the acquisition of many different development strengths depending on their expression. To facilitate this, "strength streams" (see Figure 63.2) are visualized to highlight the interactions within and between the respective strengths. For example, the environment strength of involvement (e.g., involving players in decision-making process) from the empowerment domain, and feedback (e.g., providing autonomy-supportive feedback) from the communication domain can combine to shape self-determination.

Step 3

Equipped with a robust understanding of what each strength means, why it matters, and how it is behaviorally expressed, this next step centers on fostering coaches' ability to translate this knowledge into action. To achieve this, practical coaching strategies geared toward shaping target development strengths are created as a group. This involves the systematic process of affirming the strength's meaning and how it is behaviorally expressed, identifying the appropriate environment strengths, and then creating tailored shaping strategies to promote acquisition of the strength. An example of this process for the development strength of perseverance is outlined below in a typical workshop plan (see Table 63.2). In this example, you can see that the shaping strategy of "providing continued opportunities despite repeated failure" stems from the "opportunity" environment strength within the growth domain.

Environment Strength

Development Strength
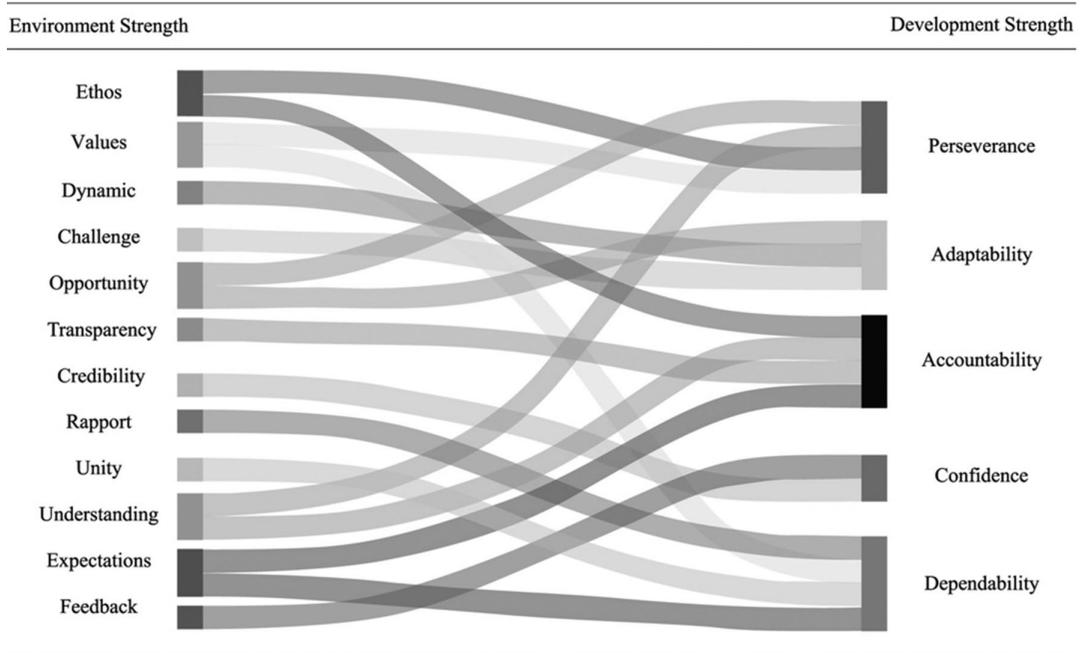
Figure 63.2 Sankey Diagram Displaying "Strength Streams" That Illustrate How Key Environment Strengths Interact to Shape Key Development Strengths

Table 63.2 Workshop Plan Illustrating the Co-Creation Workflow of Shaping the Perseverance Strength

Example Workflow

Target development strength	– Perseverance
Strength meaning	– Persisting in the pursuit of a desired goal despite obstacles, adversity, or setbacks
What will we see? (i.e., behavioral indicators)	– Sticks at it despite failure/setbacks – Doesn't give up easily – Able to "shake it off" and "go again" after a loss – Bounces back quickly from challenges/adversity
Environment Strength catalysts	– communication > Understanding – Growth > Opportunity – Identity > Ethos – Welfare > Balance
Shaping strategies	– Help athletes understand why failure, setbacks and adversity is an important part of development (use elite athlete exemplars). Normalize! Expect ups and downs (stressors along the way) – Provide continued opportunities despite repeated failure – Espouse and cultivate a growth mindset ethos and help athletes look for the opportunity in difficult situations – Be aware of your challenge vs. support balance? Create right mix for athletes It's not a pendulum swinging at the expense of the other!

Step 4

As the primary purpose of the discovery workshop is to introduce coaches to novel ideas and concepts, the final step centers on establishing systems and processes to take it forward. So that the sport organization can evaluate the strengths of their development environment as perceived by their athletes, they are provided with a custom Environment Strength profiling tool that captures athlete feedback on the perceived quality of the development environment from their unique perspective. This generates a comprehensive athlete-led insight into which environment strengths are performing optimally and which might be underperforming. This intel then drives the design and implementation of targeted strategies geared toward optimizing key environment strengths and making it clear to coaches which development strengths these will positively influence when optimized. Importantly, as athlete pathways are constantly evolving with younger athletes entering the pathway and older athletes departing, the initial data collection provides a baseline that permits periodic tracking so the sport organization can keep their finger on the pulse of their environment's health moving forward.

Alongside the Environment Strength profiling, the coaches are also provided with a Development Strengths profiling tool that they can use to benchmark and periodically evaluate the strengths of their athletes. Framed by a strengths-based philosophy of practice, the feedback from this profiling can subsequently be used by coaches and applied practitioners to inform individualized athlete plans that focus on (i) helping athletes identify and better connect with the strengths that they naturally express (i.e., core or signature strengths); (ii) generating awareness of the psychological strengths associated with optimal performance and development, and (iii) highlighting ways they can begin to play to them (i.e., leverage their strengths to optimize their mental game).

Conclusion

Supported by a wealth of research, it is widely accepted that psychological characteristics play a critical role in helping athletes, and other sport performers such as coaches and officials, to achieve the optimal performance and consistency required for success at the elite level. Such characteristics include resilience, belief, self-awareness, sport intelligence, competitiveness, adaptability, and perseverance. Of particular interest for this chapter was to consider the role that the developmental climate plays in shaping these characteristics. To offer evidence-based guidelines on how specific environmental factors associated with effective development can be engineered to positively shape the requisite psychological characteristics in aspirant elite athletes, we have proposed an IMPTD and how it can be applied in coach education. See Box 63.1 for a summary of key messages.

Box 63.1 Summary of Key Points about Psychological Characteristics of Optimal Performance

- Key psychological characteristics associated with optimal sports performance include resilience, belief, adaptability, perseverance, self-awareness, and emotional control.
- The sporting climate that an athlete finds themselves in and the way they interact with it is considered vital for effective development (i.e., making it!).
- The IMPTD offers a novel integrated approach to nurture the potential of aspirant elite athletes by helping them acquire the requisite psychological characteristics.

- The IMPTD offers coaches and sport psychology consultants evidence-based guidelines and practical information on how psychosocial factors within the development environment can be shaped to help young athletes acquire the requisite psychological characteristics they need to build a strong mental game.
- The IMPTD encourages developmentally appropriate strategies.
- In the IMPTD, a strengths-based approach does not mean ignoring weakness.
  - It is encouraging us not to fixate on weakness, but rather, reframe these aspects as lesser strengths that have the potential to be developed with sufficient effort.

References

Apitzsch, E. (2019). Collective collapse in football. In E. Konter, J. Beckmann & M. T. Loughead (Eds.), *Football psychology: From theory to practice* (pp. 38–49). Abingdon: Routledge.

Côté, J., & Fraser-Thomas, J. (2007). Youth involvement in sport. In P. R. E. Crocker (Ed.), *Introduction to sport psychology: A Canadian perspective* (pp. 266–294). Toronto: Pearson Prentice Hall.

Côté, J., Turnnidge, J., & Evans, B. (2014). The dynamic process of development through sport. *Kinesiologia Slovenica*, *20*(3), 14–26.

Desbordes, G., Gard, T., Hoge, E. A., Hölzel, B. K., Kerr, C., Lazar, S. W., Olendzki, A., & Vago, D. R. (2015). Moving beyond mindfulness: Defining equanimity as an outcome measure in meditation and contemplative research. *Mindfulness*, *6*(2), 356–372.

Duda, J. L., Appleton, P. R., Stebbings, J., & Balaguer, I. (2018). Towards more empowering and less disempowering environments in youth sport: Theory to evidence-based practice. In C. J. Knight, C. G. Harwood & D. Gould (Eds.), *Sport psychology for young athletes* (pp. 81–93). New York: Routledge.

Gagné, F. (2009). Building gifts into talents: Detailed overview of the DMGT 2.0. In B. MacFarlane & T. Stambaugh (Eds.), *Leading change in gifted education: The festschrift of Dr. Joyce VanTassel-Baska* (pp. 61–80). Waco, TX: Prufrock Press.Gould, D., Dieffenbach, K., & Moffett, A. (2002). Psychological characteristics and their development in Olympic champions. *Journal of Applied Sport Psychology*, *14*(3), 172–204.

Gould, D., Greenleaf, C., Chung, Y., & Guinan, D. (2002). A survey of U.S. Atlanta and Nagano Olympians: Variables perceived to influence performance. *Research Quarterly for Exercise and Sport*, *73*(2), 175–186.

Gould, D., & Maynard, I. (2009). Psychological preparation for the Olympic games. *Journal of Sport Sciences*, *27*(-13), 1393–1408.

Greenleaf, C., Gould, D., & Dieffenbach, K. (2001). Factors influencing Olympic performance: Interviews with Atlanta and Nagano US Olympians. *Journal of Applied Sport Psychology*, *13*, 154–184.

Greenspan, M. J., & Feltz, D. (1989). Psychological interventions with athletes in competitive situations: A review. *The Sport Psychologist*, *3*, 219–236.

Hodgson, L., Butt, J., & Maynard, I. W. (2017). The psychological attributes underpinning elite sports coaching. *International Journal of Sport science and Coaching*, *12*, 439–451.

Holland, M. J., Woodcock, C., Cumming, J., & Duda, J. L. (2010). Mental qualities and employed mental techniques of young elite team sport athletes. *Journal of Clinical Sport Psychology*, *4*, 19–38. doi: 10.1123/jcsp.4.1.19

Jones, G. (2012). The role of superior performance intelligence in sustained success. In S. Murphy (Ed.), *The Oxford handbook of sport and performance psychology* (pp. 62–80). New York: Oxford University Press.

Juneau, C., Shankland, R., & Dambrun, M. (2020). Trait and state equanimity: The effect of mindfulness-based meditation practice. *Mindfulness*, *11*(7), 1802–1812.

Konter, E., & Ng, J. (2012). Development of the sport courage scale. *Journal of Human Kinetics*, *33*, 163–172.

Krane, V., Williams, J. M. & Graupensperger, S. A. (2021). Psychological characteristics of peak performance. In J. M. Williams & V. Krane (Eds.), *Applied sport psychology: Personal growth to peak performance* (8th ed., pp. 159–175). New York: McGraw-Hill.

Lintunen, T., & Gould, D. (2014). Developing social and emotional skills. In A. Papaioannou & D. Hackfort (Eds.), *Fundamental concepts in sport and exercise psychology* (pp. 621–636). Taylor & Francis.

MacNamara, A., Button, A., & Collins, D. (2010). The role of psychological characteristics in facilitating the pathway to elite performance. Part one: Identifying mental skills and behaviors. *The Sport Psychologist*, *24*, 52–72.

Mills, A., Butt, J., Maynard, I., & Harwood, C. (2012). Identifying factors perceived to influence the development of elite football academy players in England. *Journal of Sport Sciences*, *30*, 1593–1604.

Mills, A., Butt, J., Maynard, I., & Harwood, C. (2014a). Toward an understanding of optimal development environments within elite English soccer academies. *The Sport Psychologist*, *28*, 137–150.

Mills, A., Butt, J., Maynard, I., & Harwood, C. (2014b). Examining the development environments of elite English football academies: The players' perspective. *International Journal of Sports Science and Coaching*, *9*, 1457–1472.

Mills, A. Butt, J. & Maynard, I.W. (2023). Introducing an Integrated Model of Talent Development: From Research to Practice, Journal of Sport Psychology in Action, 14:2, 121–130, DOI: 10.1080/21520704.2022.2148798

Rate, C. R., Clarke, J. A., Lindsay, D. R. & Sternberg, R. J. (2007). Implicit theories of courage. *The Journal of Positive Psychology*, *2*(2), 80–98.

Sarkar, M., Fletcher, D., & Brown, D. (2015). What doesn't kill me: Adversity-related experiences are vital in the development of superior Olympic performance. *Journal of Science and Medicine in Sport*, *18*, 475–479.

Slack, L. A., Maynard, I., Butt, J., & Olusoga, P. (2013). Factors underpinning football officiating excellence: Perceptions of English premier league referees. *Journal of Applied Sport Psychology*, *25*(3), 298–315.

Stagman-Tyrer, D. (2014). Resiliency and the nurse leader. *Nursing Management*, *45*, 46–50.

Sternberg, R. J. (2014). The development of adaptive competence. *Developmental Review*, *34*, 208–224.

Vealey, R. S. (2007). Mental skills training in sport. In G. Tenenbaum & R. Eklund (Eds.), *Handbook of sport psychology* (3rd ed., pp. 287–309). New York: Wiley

Vealey, R. S. (2019). A periodization approach to building confidence in athletes. *Journal of Sport Psychology in Action*, *10*, 26–37.

Weinberg, R. S., & Butt, J. (2021). Mental toughness. In E. Filho & I. Basevitch (Eds.), *The unknown in sport, exercise and performance psychology: Research questions to move the field forward* (pp. 76–89). Oxford University Press.

Weinberg, R. S., & Comar, W. (1994). The effectiveness of psychological interventions incompetitive sport. *Sports Medicine*, *18*, 406–418.

INDEX