

Case Study – ‘The Myth of Individualism in Elite Sport’.

To ensure this case study is blind names, places, specific sport and some circumstance references, have been changed. Practice dates have been omitted. The philosophy, assessment, and intervention remain true to the case.

Context

The setting for this case was in an institute for high performance athletes preparing for Olympic and Paralympic Games. Here the athletes have access to the sports science and sports medicine, that they need to achieve sustained levels of excellence in elite international sport. This sport psychologist (SP) had worked in this setting for a number of years. The SP received monthly supervision with a sport psychologist and bi-weekly peer supervision. Session records regarding clients were uploaded to the secure IT Institute system. A reflective log was completed throughout this case.

An athlete (the client) was referred by a doctor in the sports medicine department, for sport psychology intervention, due to seemingly high levels of anxiety. The referred athlete, Julie, was a running guide to a visually impaired athlete and Paralympian, competing in athletics, 1500m, T/F11 sports class. In track and field paralympic sports, there are three classifications for visual impairment with T/F11, being the most severe (International Paralympic Committee, 2015).

Jose´ Marmeleira (2022) confirmed that over the last eight Paralympic Games, records for track and field athletes, with visual impairments, have been consistently improving and the athletes are achieving high level performances. Track and field has the most athlete participants compared with any other Paralympic sport.

Ethics

Ethical issues in this case centred around client confidentiality. The client was made aware of the limits of confidentiality. On a number of occasions, their informed consent was sought, to share some of their personal information, only as necessary, with their running partner and other support staff. It was also important to maintain clarity and boundaries regarding the client's dual roles, in and out of their sport. The building and maintenance of trust was given priority.

Philosophy

A number of frameworks and theories informed this sport psychologist's practice. Keegan's (2016) model of the sport psychology service delivery process, guided all stages of practice regarding the client. It is a flexible model, inclusive of different styles of working. The specific steps include Intake, Needs Analysis, Case Formulation, Choosing an Intervention, Planning an Intervention and Delivery and Monitoring. At the foundation of all these steps are Ethics, Philosophical Assumptions, Record Keeping, Reflective Practice and Supervision and Monitoring.

The recent International Olympic Committee consensus statement on athlete mental health, highlights the growing research in this area and the need for optimising environments in which elite athletes train and compete (Reardon et al., 2019). With this in mind the sport psychologist chose Purcell et al's (2019) framework to respond to athlete's needs. This is an ecological model conceptualising athlete mental health within the broader environment of elite sport. It ensures the 'myth of individualism' is not perpetuated. This myth contends that sporting success or failure is determined by individual effort (Wagstaff, 2017). Only looking at the individual regarding their sport

performance or mental health ignores possible external influencing factors such as maladaptive relationships, social media abuse or financial pressures (Purcell et al., 2019). Purcell, Gwyther and Rice's framework involves considering the athlete, their Microsystem (coaches, support staff, family and friends), their Exosystem (their individual sport) and their Macrosystem (National and International sporting environment and public and social media). Mental health is defined by the World Health Organization (WHO, 2005) as: "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". Elite athletes experience sport specific stressors such as injury, overtraining, de-selection, lack of access to education, financial insecurity, and increased public scrutiny, (Gouttebarga et al., 2019; Küttel & Larsen, 2020).

The Self-Determination theory was the theoretical focus regarding this case study (Ryan & Deci, 2017). The theory postulates three basic psychological human needs which are Autonomy (self-regulation), Competence (having effectiveness and mastery) and Relatedness (social connection). Within this theory Ryan and Deci emphasize different types and sources of motivation that impact behaviour. The SP also implemented a 'Client-centred' approach (Sharp, Hodge & Danish, 2015) particularly since Wampold (2013) highlighted the significance of the 'Alliance'/relationship (60%) in intervention outcomes.

Intake

The initial meeting was arranged with the client, Julie, in a phone call, to understand her preference for online or in-person meetings and to ensure that she wished to attend SP of her own volition. The client did want to attend, in-person and she

explained she had never attended a SP previously. At the intake meeting establishing a professional therapeutic relationship commenced, limits of confidentiality were explained and an outline of the SP's approach was shared. The SP gained a client history, with Julie being open to share personal information. Julie explained she was partnered with Aoife and both were working to qualify for the 1500m T/F11, Paralympics, which would take place in six months' time. Julie said she, recently, felt extremely anxious a lot of the time and on occasion she felt like she couldn't breathe properly. Julie shared that she had often felt the need to not dwell on her emotions and just to focus on performance. Julie requested help in engaging wider support staff and she was hoping to find ways of reducing her stress levels. Of note, anxiety disorders occur in the general population at a rate of approximately 10-12% with rates for athletes being similar. Anxiety affects executive functioning, stimulus processing and information selection – all of which are crucial to performance in elite sport (Rice et al., 2019).

Needs Analysis

At the second meeting, Julie was given, with her consent, time by herself to complete the brief, 10 item, International Olympic Committee, Sport Mental Health Assessment Tool 1 (SMHAT-1, Gouttebarger et al., 2021). The SP was already licensed to administer this. The SMHAT-1 assesses elite athletes, potentially at risk for or already experiencing mental health difficulties.

Julie scored 25 on this questionnaire, where any score greater than 17 considers the athlete to be at risk of mental health symptoms. This is a screening tool and further investigation is warranted to assess if this athlete experience is acute or chronic and what environmental factors may be influencing current experiences.

From formal and informal assessment the stand out issues of stress for Julie were:

- Working part-time.
- Intense training programme
- Living away from family and friends
- Frequent travel for training camps and competitions
- Financial concerns
- Sponsorship demands
- Felt lack of support
- Being relatively new to guiding (the athlete she was guiding was older in years and had more elite level sport experience than Julie).
- Some communication difficulties with her running partner
- Having little to no recovery time

The significant current demands for Julie were acknowledged as possibly being overwhelming. The goal of examining ways of managing each of the above issues and Julie's well-being were agreed. Also, Julie was keen to speak with Aoife, her running partner, about completing the Thomas Compatibility Assessment which we discussed. This questionnaire is a dyad behavioural assessment. It focuses on the DISC model which aims to understand the levels of Dominance, Influence, Steadiness and Compliance, within a relationship. This could identify strengths and areas for improvement between Julie and Aoife.

Case Formulation

Predisposing factors for Julie's anxiety may have been personality, life experiences and family relationship factors, however, it was decided not to explore these in detail, given other demands and the pressures of time and travel. Julie's emphasis on

performance, likely limited her capacity for self-awareness and reflection, to process her emotions. An athlete's emotional processing and understanding are important for identifying the source of emotions, integrating them into thought and expression and being able to regulate them in self and others (Kopp & Jekauc, 2018). Precipitating factors were likely, Julie's relatively new entry into elite guiding, along with work and financial demands and reduced social connections. All these issues were perpetuated by ongoing demands exceeding recovery time. Protective factors were that her experience of anxiety was acute and she was willing to seek support and implement coping strategies.

Intervention

Intervention sessions included:

- Six individual meetings with Julie (4 in-person, 2 online, to accommodate travel plans). These sessions involved increasing reflective practice, improving time management and correcting breathing pattern difficulties;
- Three meetings (1 in person, 2 online) with Julie and Aoife, with Julie's informed consent, to discuss in detail the Thomas Compatibility Assessment results and to develop improved communication strategies.
- Two meetings (In person), with the informed consent of Julie and Aoife, with the sport Head of Performance Services (HOPS) – these were to request wider institute staff involvement, to support the dyad with their performance goals.

The intervention took place over a four month period, with one to three weeks between sessions, due to training camps and competition. Follow up sessions did not happen as the athletes wanted to solely focus on performance at that time.

During the initial individual sessions, as suggested by the SP, Julie kept a diary of her daily activities. Writing this down gave her a visual of the excessive demands she had and it also created time for reflective thinking. Such reflection can help an athlete engage in proactive decision making, following acquisition of knowledge and learning, through systematic and critical thinking (Mamede et al., 2010). Following this she decided to move back in with her family, which increased her support base and social connections with friends. She got leave of absence from her part-time job, which reduced her income but her costs had also been reduced due to not having to pay rent at her home. This arrangement was just until after the Paralympic Games and Julie reported that these measures considerably reduced her levels of anxiety and she was enjoying her training more.

After checking with Julie's Institute doctor (with her informed consent) the SP was given the go ahead by the third session to assess and implement any required intervention regarding her breathing pattern. The SP had certificate training regarding Breathing Pattern Disorders (BPD's). BPD's involve a person breathing with secondary instead of primary respiratory muscles, which can lead to reduced tidal volumes, increased breathing frequency and the development of various symptoms. Causes of BPD's include physiological, psychological, social and environmental triggers. Due to limited objective assessment and research, the prevalence rate of BPD's in athletes is not reliably quantified (Dickinson & Hull, 2020). Through observation of and measuring Julie's location of breathing movement and her range of breathing motion she was assessed as having a BPD (Vranich & Sabin, 2020). Intervention to correct a BPD includes simple stretching and breathing exercises, along with psychoeducation regarding the respiratory system and factors influencing its functioning. Feinstein et al., (2022) propose a model of breathing called Apnea

induced Anxiety (AiA) whereby, states of apnea (breath holding) are being unconsciously triggered by amygdala activation, resulting in transient spikes in CO₂ that can provoke anxiety. Interestingly, Julie described times when she noticed herself holding her breath, like when she was working on her laptop or scrolling on her phone. She completed the breathing exercises for five minutes a day, five days a week. She had greater awareness and knew how to correct her BPD by the sixth individual session. An individual's breathing is dynamic, happens unconsciously and can be consciously controlled (Vranich & Sabin, 2020). The SP also taught Julie how to implement simple breathing strategies to use if she felt anxious, for example in the holding room, prior to competition.

The Thomas Compatibility Assessment highlighted both Julie and Aoife as tending to be perfectionistic and both had fears regarding the competition environment. Julie tended to be dominant and fast paced, while Aoife was more slow and procedural, in decision making. Talking 'with' rather than 'at' each other was recommended. Both agreed with the assessment results. The joint sessions regarding ways to improve their communication style included giving each of them plenty of time to express their point of view, which they both did openly. They learned about their own and each other's preferences regarding helpful and unhelpful ways of interacting. Giving Aoife more time to respond and both having time away from the dyad, were identified as being important healthy strategies, within the relationship.

Fatigue can be an indirect result of compensation for vision loss. Even making practical adjustments in daily life, to support a visually impaired person, may not fully compensate vision loss and many activities may still require a high cognitive investment (Schakel et al., 2017). Hence, highlighting the need for Aoife to have more

time and calm space. Julie was very caring towards Aoife, at times, to the detriment of time with her own friends. This seemed to be unnecessarily over protective and reduced Julie's recovery time. Aoife acknowledged that she was more than happy to have more time away from Julie, "to do her own thing". She also shared that when Julie was getting stressed, her tone of voice changed and she had a tendency to not listen. Both agreed that Aoife could say a code word at these times, which would mean them taking a momentary break from conversation to pause and reset, if time was short, or pause and then explain how each of them were feeling. Both reported needing practice with these strategies but that when they implemented them there was a clear benefit to their well-being.

The meetings with the HOPS proved impactful in very positive ways. The SP engaged with the HOPS to develop an understanding of the need for a 'we've got your back' type of mindset among the wider team, for this dyad. The HOPS subsequently, informally 'checked in' with Julie and Aoife on a number of occasions. Nutrition invited Julie and Aoife in for a cooking session to learn food preparation and new recipes. Also, Physiology brought forward pre-planned sessions with the pair, to assist them with better planning, for upcoming long haul travel. Support team engagement with these athletes fulfils one of the recommendations by Purcell et al. (2022) to promote mental well-being in elite sport

Reflections

This was a multidimensional case involving a client who was athlete and guide and was experiencing acute anxiety. On reflection, the client centred approach enabled an open, professional rapport to be established and the ecological framework meant that important micro and macro system, influencing factors were readily identified. The

SP's use of formal questionnaires and the breathing assessment, as well as inclusion of the running partner and the support team in the intervention, all contributed to the clients reduction in anxiety and improved coping skills. The clients autonomy increased through self-reflection and self-regulation strategies and her relatedness improved through greater social connectedness, by changes she made inside and out of her sport.

A lot happened regarding this client in a relatively short space of time. The SP may have benefitted from having more time and giving more time, within sessions, to reflect and be even less directive, with Julie. This could have supported greater client insight and long term change. A missing piece of this case was observation of the dyad in their training and competition environments. This would have provided clearer understanding of the client's style of communication and emotional regulation. A greater emphasis could have been placed on exploring the clients strengths, and of the glimpses of warmth and laughter shared by both athletes, particularly when out of competition. The client expressed wishing the intervention would have occurred earlier in her cycle of training, as the push to qualify for the Paralympics and the need to travel and attend so many camps and competitions, interfered with processing and practicing of strategies. The absence of follow up sessions was also a limiting factor. Overall, the SP felt this case provided lots of learning for future cases regarding athlete stressors, emotional regulation, impacts of visual impairment, dyad relationships, and self-determination theory within an ecological framework. The SP had a sense that the applied practice in this case, supported the athlete's immediate needs.

References

Dickinson, J. W., & Hull, J. H. (Eds.). (2020). *Complete Guide to Respiratory Care in Athletes*. Abingdon: Routledge.

Feinstein, J. S., Gould, D., & Khalsa, S. S. (2022). Amygdala-driven apnea and the chemoreceptive origin of anxiety. *Biological psychology*, 170, 108305.

Gouttebarga, V., Bindra, A., Blauwet, C., Campriani, N., Currie, A., Engebretsen, L., & 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(1), 30-37.

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

International Paralympic Committee. (2015). Ex-planatory guide to Paralympic classification: Paralympic summer sports.

Kopp, A., & Jekauc, D. (2018). The influence of emotional intelligence on performance in competitive sports: a meta-analytical investigation. *Sports*, 6(4), 175.

Küttel, A., & Larsen, C. H. (2020). Risk and protective factors for mental health in elite athletes: a scoping review. *International Review of Sport and Exercise Psychology*, 13(1), 231-265.

Mamede, S., van Gog, T., van den Berge, K., Rikers, R. M., van Saase, J. L., van Guldener, C., & Schmidt, H. G. (2010). Effect of availability bias and reflective reasoning on diagnostic accuracy among internal medicine residents. *Jama*, 304(11), 1198-1203.

- Marmeleira, J. (2022). Performance of Athletes With Visual Impairment in Track-and-Field Events at the Paralympic Games, From 1988 to 2016. *Journal of Visual Impairment & Blindness*, 116(3), 373-386.
- Olusoga, P., Maynard, I., Hays, K., & Butt, J. (2012). Coaching under pressure: A study of Olympic coaches. *Journal of Sports Sciences*, 30(3), 229-239.
- 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), 46.
- Purcell, R., Pilkington, V., Carberry, S., Reid, D., Gwyther, K., Hall, K., & Rice, S. (2022). An evidence-informed framework to promote mental wellbeing in elite sport. *Frontiers in Psychology*, 13, 780359.
- Reardon, C. L., Hainline, B., Aron, C. M., Baron, D., Baum, A. L., Bindra, A., ... & Engebretsen, L. (2019). Mental health in elite athletes: International Olympic Committee consensus statement (2019). *British journal of sports medicine*, 53(11), 667-699.
- Rice, S. M., Gwyther, K., Santesteban-Echarri, O., Baron, D., Gorczynski, P., Gouttebarga, V., & Purcell, R. (2019). Determinants of anxiety in elite athletes: a systematic review and meta-analysis. *British journal of sports medicine*, 53(11), 722-730.
- Ryan, R. M., & Deci, E. L. (2017). *Self-determination theory: Basic psychological needs in motivation, development, and wellness*. Guilford publications.

Schakel, W., Bode, C., Van Der Aa, H. P., Hulshof, C. T., Bosmans, J. E., Van Rens, G. H., & Van Nispen, R. M. (2017). Exploring the patient perspective of fatigue in adults with visual impairment: a qualitative study. *BMJ open*, 7(8), e015023.

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.

Vranich, B., & Sabin, B. (2020). *Breathing for Warriors: Master Your Breath to Unlock More Strength, Greater Endurance, Sharper Precision, Faster Recovery, and an Unshakable Inner Game*. St. Martin's Essentials.

Wampold, B. E. (2013). *The great psychotherapy debate: Models, methods, and findings*. Routledge.

World Health Organization. (2005). *Promoting mental health: concepts, emerging evidence, practice: a report of the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne*.