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EDITORIAL

Sport psychiatry twenty-four years later

In May of 1992, this writer published 'An Overview of Sport Psychiatry' in the *American Journal of Psychiatry* (Begel, 1992), describing what was then understood about the role of psychiatry in sports and offering a conceptual framework for the field of sport psychiatry. It was pointed out that, when the principles of psychiatry are applied to the athletic enterprise, specific factors related to the athletic context need to be taken into account. These factors include the athlete's psychological development, the psychodynamics of performance, the context of mental illness and treatment, and the impact of an athletic career on personality.

At that time, the sport psychiatry literature was relatively meagre, consisting of Beisser's (1967) eloquent case studies contained in *The Madness in Sports*, along with a few journal articles by such authors as Ira Glick (1989), Robert Arnstein (1976), and J. H. Massamino (1987), the latter of whom coined the term 'sport psychiatry'. Psychiatrists with a clinical interest in sports, having no specific professional organization to provide dialogue and support, carried out their work in relative isolation, often establishing affiliations with organizations in the allied fields of sport psychology and sports medicine. The greater portion of literature that was relevant to sport psychiatry then, such as Bruce Ogilvie's excellent book *Problem Athletes and How to Handle Them* (1966), was in fact the product of sport psychology, and not especially grounded in a clinical perspective.

In the 24 years since the publication of 'Overview', much has changed. Sport psychiatrists now work in a variety of settings at all levels of sports. A professional society, The International Society for Sports Psychiatry, provides a forum for sharing ideas, perspectives, news, and referrals. A hefty sport psychiatry literature addresses a wide range of topics, and it is fair to say that the stigma associated with psychiatric care in the athletic community has been greatly reduced. These accomplishments are the result of the persistent efforts of a growing body of sport psychiatrists intent on filling a previously unmet need.

The scope of these developments in clinical practice and in the sport psychiatry literature is described below, along with some areas that could be in need of greater attention.

Developments in clinical practice

A major obstacle to sport psychiatry in the past was the stigma associated with its work, a stigma which is often

said to derive from the insubstantial nature of mental phenomena. Sports are about what people do, while psychiatry is about what people do, think, and feel. Fear that psychiatry may weaken an athlete, expose an athlete, or take away a competitive edge contributed to a prejudicial attitude. Professional sports organizations, in addition, seemed to fear the prospect of athletes thinking for themselves and becoming more difficult to control. They tended to rely on experts with minimal or no training to deliver what could be broadly defined as mental health services, turning to trained psychiatrists only to address issues that tarnished their public image, such as substance abuse. In spite of this prejudice it was the consistent experience of many sport psychiatrists that athletes approached psychiatric and psychological care enthusiastically, as if it were a competition, and with a full awareness of the importance of mental factors in performance. As a result, sport psychiatrists remained confident of the value of their work, persistently explaining what they do, and the stigma associated with their work gradually dissipated.

Today, the services provided by sport psychiatrists to the athletic community are extensive in their scope. Sport psychiatrists occupy significant advisory positions within organizations governing Olympic sports, such as the International Federation of Aquatic Sports; collegiate sports, such as the National Collegiate Athletic Association; professional sports organizations, such as the National Football League and the PGA (Professional Golfer's Association); professional teams; as well as local youth sports around the globe. Sport psychiatrists have played an important leadership role in evolving and clarifying the role of therapeutic use exemptions for treatment of psychiatric illnesses when the desired treatment is on the World Anti-Doping Agency list of banned substances in sport.

In fact, most professional teams and colleges have consulting relationships with psychiatrists on whom they rely for treatment of a wide range of clinical issues. Often, these psychiatrists are an integral part of the sports medicine team, meeting regularly with coaches, trainers, and other medical specialists and sometimes providing on-field presence. The athletic department at the University of Nebraska at Lincoln, in a significant step, recently appointed a sport psychiatrist as full-time supervisor over all aspects of mental healthcare to athletes, including performance-enhancement services as well as clinical care. Although the stigma associated with psychiatry in sports not dead, as exemplified by the fact

that one professional sports organization requires, by contract, that its consulting sport psychiatrist remain anonymous, the expanding scope of clinical activity suggests that the stigma of psychiatry in sports is losing its power.

As the role of sport psychiatry has expanded, its clinical repertoire has increasingly incorporated performance-enhancement methods. Although it is generally agreed that the central role of sport psychiatry is to provide clinical psychiatric care to the athletic community, that is, to treat mental illness, the inherent inter-dependence of athletic performance and personal life has inevitably drawn clinicians into the realm of performance. Promoting healthy living has always been part of the public health function of psychiatry, and with the emergence of 'positive' psychologies and treatment methods it was inevitable that sport psychiatrists would fully enter the world of athletic competition *per se*. Today, those sport psychiatrists who provide performance-enhancement services employ a variety of performance-enhancement techniques, ranging from the highly prescriptive to the empirical. Often, they tend to incorporate a psychodynamic understanding into their methods, thereby blending the clinical with the competition-focused. A number of sport psychiatry groups specifically structured to combine the approaches of sport psychology and sport psychiatry in the delivery of performance-enhancement services have been established, such as Carolina Performance in Raleigh, North Carolina, Inside Performance in Lincoln, Nebraska, and the Institute for Sport Psychiatry in Cologne, Germany.

As mentioned, the progress of sport psychiatry has been facilitated by an organization that fosters its development, the International Society for Sports Psychiatry (ISSP). Founded in 1993, this group holds an annual scientific meeting, sponsors educational presentations, provides mentoring for psychiatrists entering the field, and supplies both the general public and sports organizations with referrals to expert consultants. It currently has upwards of 125 dues-paying members and sponsors a symposium every year at the annual convention of the American Psychiatric Association. These symposia address such clinical topics as eating disorders, ADHD, concussion, and substance abuse, and such social issues as racism, doping in sports, gay and transgender issues, and cheating and bullying, as these affect the athletes who are treated by both sport psychiatrists and general psychiatrists. It is not known how many psychiatrists identify themselves as specialists in sport psychiatry, but the community of sport psychiatrists includes non-members of the ISSP as well, who contribute to the field by providing clinical care to individual athletes and consultation to teams.

The developing sport psychiatry literature

Along with the expanding role of sport psychiatry in delivering care, an extensive body of sport psychiatry

literature has been produced in recent years. While a complete and critical review is beyond the scope of this Editorial, it may be useful to provide a summary of this work along with some specific references.

Among books, *Sport Psychiatry, Theory and Practice* (Begel & Burton, 2000), which has been translated into Korean by D. Han (2004), is the definitive text. It addresses the athlete's life cycle and social circumstances, outlines significant performance and personal clinical issues, and provides an orientation to treatment. A detailed volume of clinical papers is *Clinical Sports Psychiatry, An International Perspective* (Baron, Reardon, & Baron, 2013). This book contains a precise discussions of specific disorders and syndromes, including depression, exercise addiction, personality disorders, suicide, post-traumatic stress, and concussion. It also outlines various treatment modalities, including the delivery of consulting services to collegiate athletic departments. A purely performance-oriented volume is the book *Mastering Golf's Mental Game* (Lardon, 2014), which provides a good example of how a specific cognitive technique is modified by sport psychiatry's understanding of personality. Recently, another volume focusing on clinical management, *Sports Psychiatry* (Currie & Owen, 2016), has appeared, and several other volumes are in preparation. A hybrid work that aims to address psychiatric issues as well as appeal to the general public is *Sports Psychiatry, Strategies for Life Balance and Peak Performance* (McDuff, 2012). In addition to these books there are at least two collections of papers devoted to sport psychiatry that are published as periodicals, among them the *Clinics in Sports Medicine* (Toffler & Morse, 2005), a general collection of clinical papers, and *Child and Adolescent Psychiatric Clinics of North America* (Toffler, 1998), an excellent collection of papers devoted to youth sports.

We should note that the literary tradition of first person accounts of battles with mental illness has recently been resurrected in sport psychiatry. Sixty years after Piersall's iconic *Fear Strikes Out* (Piersall & Hirshberg, 1955) appeared, the Olympic runner Suzy Favor Hamilton has given us a courageous account of her battle with bipolar disorder, *Fast Girl, A Life Spent Running From Madness* (Hamilton & Tomlinson, 2015), which includes incidental passages regarding sport psychiatry from the point of view of the athlete-patient.

Among professional articles, the basic sports psychiatry examination was described by Kamm (2000). An excellent review of mental illness and treatment in athletes was presented in 'Sport Psychiatry, a systematic review of diagnosis and medical treatment of mental illness in athletes' by Reardon and Factor (2010). In addition to summarizing what is known about the epidemiology and symptomatology of mental illnesses in athletes, this review provides valuable information regarding psychopharmacologic treatments along with a comprehensive bibliography. Sport psychiatrists such as

Riggio et al. (2014) have also contributed to the understanding of the neurobehavioural sequelae of concussion, a timely and controversial topic in contact sports.

In addition to the psychiatric literature, sport psychiatrists have contributed articles to newspapers and periodicals on such topical issues such as dealing with injury, substance abuse, parental behaviour in youth sports, and concussion, along with position papers and educational manuals used by sports organizations. Important position papers to which sport psychiatrists have contributed include the National Collegiate Athletic Association's 'Mind, Body and Sport' (Brown, 2014) and the 'Consensus Statement on the methodology of injury and illness surveillance in FINA (aquatic sports)' (Mountjoy et al., 2015) of the Federation Internationale de Natation.

Areas deserving further attention

It is probably safe to say that, among the numerous publications in the field of sport psychiatry, clinical opinion has exceeded experimental evidence. Although surveys of practice habits and the epidemiology of concussion are in some sense quantitative, sport psychiatry by and large has been slow to conduct experimental research. Studies pertaining to the impact of psychotropic agents on parameters of athletic performance have been conducted primarily in sport physiology labs (Piacentini et al., 2002), and the applicability of their findings to clinical work must be considered preliminary. The paradigm-altering techniques of genomics and imaging that were still embryonic in 1992 have, in addition, yet to be utilized in psychiatric research involving athletic subjects. This is not to imply that opinions based on clinical experience and scientific reasoning are unimportant or superfluous. Indeed, there are many areas in which informed clinical opinion is indispensable. See, for example, Reardon and Factor's wisely reasoned argument against the 'therapeutic use exemption' for psychostimulants by athletes (Reardon & Factor, 2016). However, overall, there is a shortage of experimental work reported in the sport psychiatry literature.

For many years we have been aware that the athletic arena provides us with a variety of 'experiments of nature', by yielding measurable distributions under the controlled conditions of athletic competition. An early example of such an experiment is Murray Allen's finding that losing wrestlers have higher levels of circulating beta-endorphins than winning wrestlers, which he beautifully interpreted as 'nature's way of consoling the losers' (Allen, 2000). A study that is currently ripe for execution is a comparison of mood changes following concussion with mood changes following orthopaedic injury and mood changes following a planned interruption of training. Such a study, based on naturally-occurring random assignments, might contribute significantly to our understanding of the relationship between brain trauma and mood.

Another area of need is youth sports, where it appears that the delivery of services to football, basketball, gymnastics, soccer, and other sports is dwindling rather than growing. This is ironic, since psychiatric issues in youth sports have been thoroughly studied, and it is here that the problems are most poignant. There are several systematic models for delivering sport psychiatry services to youth sports on which we can rely, including that of David Conant-Norville's *Mind Matters in Hillsboro, Oregon* (Conant-Norville, 2016), along with the Aspen Institute's *Project Play* (Conant-Norville, 2016), that creatively capture the therapeutic value of sports participation, but these do not seem to be catching on. It may be that the relatively meager financial resources of youth sports programmes limit their ability to utilize any medical services, including sport psychiatry. It may also be that youth sports, lacking the glamour of collegiate, professional, and international sports, do not draw to it persons entering our field. Nevertheless, youth sports continue to be an excellent point of entry for sport psychiatrists who are willing to accept token remuneration or none at all. This is because, first, our understanding of mature athletes is dependent on how they have developed, and, second, our interventions in youth may facilitate healthy outcomes later on.

We should lastly mention an area that has been neglected by sport psychiatry almost entirely. Although the psychology of coaches and coaching has often been addressed in sport psychology, sport psychiatry has only reported its encounters with the coaching community anecdotally. For a coach, the nurturing of, shaping of, and bonding with athletes is almost as satisfying as winning. Somewhat like a therapist, coaches often say that the most difficult psychological part of their job is building trust and managing their own feelings. Coaches and psychiatrists have a lot to say to one another, and it is surprising that more hasn't been written about it. There may be two reasons for this.

First, in our experience, the best coaches have three things in common: They are smart, they care about their athletes as people, and they are realistic. The latter characteristic, a realistic outlook, weeds coaches to numbers, trends, and objective results, and makes them wisely sceptical of excuses and expectations. It also leaves them sceptical, however, of thinking about what was, what could be, how it feels, and other insubstantial contingencies, the 'idealistic' subject matter of psychiatry. In working with coaches, there is always a threshold of perspective to overcome.

A second obstacle to studying coaches comes from psychiatry itself. As our field becomes increasingly focused on brain activity and methods for measuring it, phenomena that pertain to inter-personal relationships, group dynamics, and verbal and non-verbal communication become increasingly relegated to the category of 'common sense'. As a result, coaches themselves often simply do not need us. They have already studied and

addressed these phenomena as thoroughly as many psychiatrists trained in a contemporary residencies.

The delivery of service to youth sports, the execution of quantitative research, and the systematic study of coaches and coaching are three tasks that sport psychiatry would do well to address in the future, with the same vigor the field has displayed in its short history.

Disclosure statement

The author reports no conflicts of interest. The author alone is responsible for the content and writing of the paper.

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