

SPORTS PSYCHOLOGY

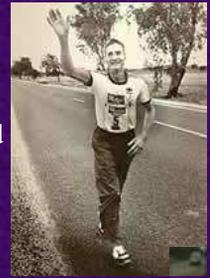
Getting your head right so
you can stay in the game

THE MIND-BODY LINK

- ⌘ Our thoughts strongly influence our performance.
- ⌘ Example of Cliff Young and Roger Bannister.

CLIFF YOUNG

61 yr old farm worker
entered the Sydney-
Melbourne race in 1983
He had no idea what a good
time was
Beat a number of the
world's top athletes by
1.5 days



CLIFF YOUNG'S BELIEFS

- ⌘ Special training
- ⌘ Special equipment used
- ⌘ Ran the race like a marathon
- ⌘ Ran 18 hours, slept 6
- ⌘ Practice running was around the farm herding sheep
- ⌘ Wore overalls and boots
- ⌘ Shuffled along
- ⌘ Didn't know he was allowed to sleep

MIND-BODY EXERCISE

- ⌘ Sit quietly for a few moments.
- ⌘ Concentrate on a time when you were tired and weak.
- ⌘ Remember what you could see and hear in as much detail as possible.
- ⌘ Get in touch with emotional and physical feelings of being tired and sad.
- ⌘ Stand up.

THE MIND-BODY LINK

- ⌘ Remember a time when you were full of energy and strong.
- ⌘ Remember what you could see and hear.
- ⌘ Get in touch with your emotional and physical feelings of being energetic.
- ⌘ Hold these feelings for 10-20 seconds.
- ⌘ Try to stand up.
- ⌘ Compare the two experiences.

- ⌘ A few moments of thought can alter even the most simple of performances.
- ⌘ What about things like hypnosis or the power of suggestion?
- ⌘ There is a strong unconscious drive to behave consistently with our beliefs.
- ⌘ If our behaviour does not follow our beliefs, our beliefs will follow our behaviour

MIND-BODY EXERCISE

- ⌘ Pilates
- ⌘ Yoga
- ⌘ Step Aerobics
- ⌘ Soccer
- ⌘ Tai Chi
- ⌘ Karate
- ⌘ Spin Class
- ⌘ Weight training
- ⌘ Cross Fit
- ⌘ Insanity/P90X
- ⌘ Basketball

[Mind-Body Exercise](#)

THE MIND-BODY LINK

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- ⌘ What about hypnosis?
- ⌘ There is a strong unconscious drive to behave consistently with our beliefs.

BELIEFS AND PERFORMANCE



BELIEFS

Not just in little green men.

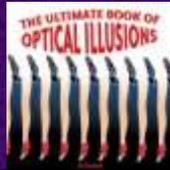
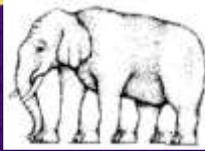
"For those who believe,
no proof is necessary.

For those who don't believe,
no proof is possible."

[Beliefs](#)

BELIEVE WHAT YOU SEE?

⌘ [Watch This](#)



BELIEF IN CAPABILITY

- ⌘ Belief in one's capabilities is an important intrinsic factor determining motivation - Roger Black - 1992 Olympic 400m
- ⌘ Two types of self-confidence (self-efficacy) according to Bandura (1982)
- ⌘ **Efficacy expectation** - belief that you can achieve because of your own innate abilities.
- ⌘ 'Natural talent' or 'will power'

BELIEF IN CAPABILITY

- ⌘ **Outcome expectations** - belief that if one acts in a certain way, a particular result will follow.
- ⌘ Weight loss - changing eating habits.
- ⌘ In injury rehab - believing an exercise will restore RoM (outcome expectation) is not enough on its own.
- ⌘ Athlete must believe they have the capacity to endure discomfort and persist with the exercise programme (Efficacy expectation).

BELIEF AND BEHAVIOUR

- ⌘ We think and behave in a way consistent with our beliefs.
- ⌘ When there is a mismatch between our **BELIEFS** and our **RESULTS**, our thinking and behaviour 'automatically' changes so as to make our **BELIEFS** consistent with our **RESULTS**.

WHAT ABOUT PLACEBO?

⌘ http://www.ted.com/talks/eric_mead_the_magic_of_the_placebo.html

MOTIVATION

How to get it and how to keep it!

<http://www.youtube.com/watch?v=x67S0SCrnbY&feature=related>

MOTIVATION

- ⌘ The desire that leads an individual to engage in, or sustain, a particular activity.
- ⌘ The causes of the initiation, maintenance and intensity of behaviour - Magill (1989).
- ⌘ Factors which motivate often fulfil a need - must identify the need and motivate accordingly.

MOTIVATION FACTORS

- ⌘ **Personal factors** - goals, physical sensations, self-view.
- ⌘ **Social factors** - peer pressure, affiliation and rewards.
- ⌘ **Intrinsic rewards** - relies on person's own feelings and is internal.
- ⌘ **Extrinsic rewards** - rewards which are outside the person, medals, prizes, money. [Daniel Pink](#)

GOAL SETTING

- ⌘ Goals are targets of what is intended to be achieved.
- ⌘ Those with clearly thought out goals achieve much more than those without.
- ⌘ 'If you aim at nothing you will always hit it.'
- ⌘ Yale research 3%:97% split (1950's)

TYPES OF GOALS

- ⌘ **Task-involved goals** - rely on the need to improve a skill or performance.
- ⌘ **Ego-involved goals** - focus on the necessity to prove oneself and be judged competent.
- ⌘ Factors influencing goals are age, cultural background, peers, coaches, performance evaluation.

TIME-SCALES FOR GOALS

- ⌘ **Short term goals** - those the athlete wants 'right now' and will affect performance.
- ⌘ **Long-term goals** - are the end result of a period of training.

GUIDELINES FOR GOAL SETTING

- ⌘ **Specific** - a definite number or distance.
- ⌘ **Meaningful** - aim for above average.
- ⌘ **Difficult** - should stretch the athlete.
- ⌘ **Obtainable** - failure will de-motivate.
- ⌘ **Measurable** - demonstrates improvement.
- ⌘ **Individual** - personalise for each athlete.
- ⌘ **Agreed** - discussed not dictated.

BELIEFS AND PERFORMANCE



THOUGHTS (SELF-TALK)

- ⌘ What do you think about when things go wrong?
- ⌘ What do you say to yourself when presented with a challenge?
- ⌘ What do you think when something embarrassing happens?

ROCKY



“Cut me Mick, cut me!”

SELF-TALK

- ⌘ The things we say to ourselves is how we try to make sense of situations.
- ⌘ This can be positive or negative.
- ⌘ Self-talk is affected by the level of confidence of the athlete.

SELF-TALK AFTER A GOOD PERFORMANCE

- | | |
|---------------------------------------|------------------------|
| ⌘ That is what I can do consistently. | ⌘ It was a fluke. |
| ⌘ That's like me. | ⌘ That's not like me. |
| ⌘ I am that good. | ⌘ It was a one-off. |
| ⌘ I will do it again in the future. | ⌘ I can't do it again. |

SELF-TALK AFTER A POOR PERFORMANCE

- | | |
|------------------------------------|-------------------------------|
| ⌘ That's a one off. | ⌘ That's typical. |
| ⌘ That's not like me. | ⌘ I am like that. |
| ⌘ I am better than that. | ⌘ I always perform that way. |
| ⌘ I will be much better next time. | ⌘ I'll be the same next time. |

BIG BLUE CLIP



COMFORT ZONES

How To Work In Your 'Sweet Spot'

COMFORT ZONES

- ⌘ Emotional response to competition.
- ⌘ The magical and mysterious 'ZONE'.
- ⌘ Activities and situations in which a person feels comfortable.
- ⌘ If you move into new areas the greater the psychological discomfort.

<http://www.youtube.com/watch?v=OEaWv0SBp3A&feature=related>

OUTSIDE YOUR COMFORT ZONE

- ⌘ Panic attacks
- ⌘ Palpitations
- ⌘ Nausea
- ⌘ Sweating
- ⌘ Muscle spasm or tension
- ⌘ Poor co-ordination
- ⌘ Memory loss
- ⌘ Dry throat
- ⌘ Energy loss

ADAPTING TO A NEW ZONE

- ⌘ Athletes who appear to be on the verge of victory and suddenly fall apart.
- ⌘ Athletes who are obviously talented to achieve at a higher level but cannot make the psychological adaptations required.
- ⌘ Both cases show the athlete's beliefs about their ability - defines the comfort zone - restricts performance.

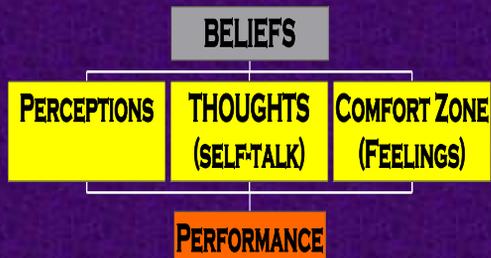
BELIEFS AND PERFORMANCE

BELIEFS

**THOUGHTS
(SELF-TALK)**

PERFORMANCE

ENHANCED MODEL



TAKE A BREAK

ATHLETES RESPONSE TO INJURY

Dealing with injury and rehabilitation.

PHYSICAL THERAPIST ROLE

- ⌘ Provide positive contribution to mental management state of the injured athlete.
- ⌘ Recognise our limitations - refer on.
- ⌘ Be aware of the psychology of injury.
- ⌘ Be aware of simple management skills.
- ⌘ Rehabilitate the athlete - physiologically and psychologically.

MODELS OF ATHLETE'S RESPONSE TO INJURY

- ⌘ Kubler-Ross (1969) - described athlete's as following stages of grief.
- ⌘ Peretz (1970) - Model of loss - conceptualises injury as loss.
- ⌘ Weiss and Troxel (1986) - conceptualise injury as a factor of stress.

COMMON PSYCHOLOGICAL RESPONSES TO INJURY

- ⌘ Loss of motivation to attend for treatment or to complete exercise programmes.
- ⌘ Negative or destructive emotions.
- ⌘ Loss of confidence.
- ⌘ Irrational behaviour which is detrimental to rehabilitation.

KUBLER-ROSS (1969)

- ⌘ Five stages of grief.
- ⌘ Drew parallels between loss of a loved one and trauma in injured athletes.
- ⌘ Each stage is characterised by particular moods or behaviours.
- ⌘ These moods, thoughts or behaviours are usually detrimental to rehabilitation.

KUBLER ROSS MODEL

STAGE 1 - DENIAL

- ⌘ First response to injury is to deny the injury or the severity of the injury.
- ⌘ May accept the diagnosis but will reject the prognosis.
- ⌘ Refuse to accept the impact on training or competition.
- ⌘ Culturally conditioned to deny pain and 'play on'.

STAGE 2 - ANGER

- ⌘ Emotional reaction can be extreme and abrupt.
- ⌘ Characterised by anger, rage and resentment.
- ⌘ Anger directed towards someone or something considered responsible for the injury.
- ⌘ Opposition players, coach, team mate, physio who previously treated the injury.
- ⌘ Anger may be accompanied by irrational beliefs.

STAGE 3 - BARGAINING

- ⌘ Phase of rationalisation is entered.
- ⌘ Blind emotion is replaced by negotiation.
- ⌘ Athletes bargain a position to postpone loss.
- ⌘ Decreased anger as the injury is placed in perspective.
- ⌘ May become inflexible and strive to salvage the best position possible.
- ⌘ Thinking may be irrational but rigid.

STAGE 4 - DEPRESSION

- ⌘ Full realisation of the extent of the injury dawns on the athlete.
- ⌘ Feelings of lethargy, apathy, disappointment and lack of satisfaction.
- ⌘ Negative self-view is adopted.
- ⌘ Focus is turned inward instead of on overcoming the injury.

STAGE 4 - DEPRESSION

- ⌘ Attack on self-image, self-esteem, self-worth and self-confidence.
- ⌘ Irrational beliefs and thoughts undermine functional moods and behaviours.
- ⌘ Depth of depression depends on the severity and duration of the previous stages.
- ⌘ Lose motivation, train inappropriately, get involved in some unwanted activity.

STAGE 5 - ACCEPTANCE

- ⌘ Rarely characterised by happy acceptance.
- ⌘ Realistic acceptance of the extent of the injury.
- ⌘ Athletes focus is towards the work that is required.
- ⌘ Athletes view of himself, the world and his future is more positive, realistic and flexible.

PERETZ MODEL OF LOSS

- ⌘ Views psychological response to grief as a 'function of loss'.
- ⌘ Injury represents loss: loss of mobility, opportunity, finances, self-confidence.
- ⌘ "State of being deprived of or being without something one has had." (Peretz, 1970)

LOSS OF SOME ASPECT OF SELF

- ⌘ Loss of self image, value, worth.
- ⌘ Self-image is linked to athletic pursuit or success.
- ⌘ When denied the opportunity to train or compete the athlete experiences loss.
- ⌘ Loss through injury may be more dramatic in professional athletes due to loss of social role or status.

DEVELOPMENTAL LOSS

- ⌘ Loss which occurs in the process of human growth and development.
- ⌘ Injured athletes are denied the opportunity of training benefits.
- ⌘ Loss of speed, loss of strength, flexibility.
- ⌘ 'Loss by comparison' - athlete watches rivals continue to improve while they are injured and cannot train.

LOSS OF EXTERNAL OBJECTS

- ⌘ Loss of rewards, sponsorship, scholarships, endorsements.
- ⌘ May not be as emotionally demanding but will add to the stress.
- ⌘ Athletes may pass through the 5 stages of Kubler-Ross model and experience aspects of loss as described by Peretz.

COGNITIVE STRESS MODEL

⌘ “Understanding the relationship between thoughts (cognition) and behaviour is of great benefit when working with athletes who are attempting to deal with the difficulties of the injury.”

Horsely (1995)

COGNITIVE STRESS MODEL

- ⌘ Based on cognitive concepts that people experience of stress.
- ⌘ It is a function of their thoughts about a stressful situation.
- ⌘ Increased numbers of stressors can be harmful and unproductive if not managed correctly.

THE STRESS PROCESS

1 Situation

- demands
- constraints
- opportunities

↓
2 Appraisal of situational and personal resources plus possible outcomes

4 Consequences

- behavioural
- psychological
- health-related

↑
3 Emotional responses psychological and attentional components

A STRESSOR

- ⌘ Any situation or influence that places a demand on an organism.
- ⌘ Illness and injury are obvious stressors.
- ⌘ Dealing with professional staff, coaches, media, team mates, uncertain future, financial concerns are other stressors.
- ⌘ External non-sport related stressors.

COGNITIVE APPRAISAL

- ⌘ The thinking that athletes engage in when dealing with a stressor.
- ⌘ This is a conscious active thinking process.
- ⌘ Athletes response will be dependant upon the outcome of this thought process.
- ⌘ A strained muscle can be a minor irritation to a recreational athlete but a major worry to an Olympic hopeful 2 weeks before competition.

COGNITIVE APPRAISAL

- ⌘ The meaning an athlete attaches to an event will influence their appraisal.
- ⌘ If, after consideration, the athlete decides that demands overwhelm the resources then they may feel incapable of dealing with the situation.
- ⌘ This may lead to anxiety and loss of confidence.

EMOTIONAL RESPONSES

- ⌘ The appraisal of the situation will determine the emotional response to that situation.
- ⌘ May respond with anger and frustration, or calm and focussed attention.
- ⌘ PT must ask if the responses are negative and dysfunctional.
- ⌘ Is there a change from 'normal behaviour' by the athlete?

EMOTIONAL RESPONSE

- ⌘ PT should be aware of prolonged or extreme cases of anxiety, worry, anger uncertainty, fear, or depression.
- ⌘ Appropriate response would include determination, optimism, effective attention and composure.

BEHAVIOURAL CONSEQUENCES

- ⌘ Athlete's emotions and physiological state will determine their behaviour.
- ⌘ Depressed or de-motivated injured athlete will miss PT appointments.
- ⌘ An athlete striving to achieve goals is less likely to DNA for treatment.

COMMON STRESS RESPONSES

- ⌘ Chronic tension in the affected area.
- ⌘ Loss of appetite or sleep.
- ⌘ Lack of motivation.
- ⌘ Adverse effects on the healing process.

- ⌘ This model is neither sequential nor progressive.

WHY DO WE NEED THIS INFO?

“The therapist is in a better position to support and influence the injured athlete than any other member of the rehabilitation team. This is because by its very nature, physiotherapy creates a close patient/carer relationship. This affinity can be helped by developing a positive and dynamic atmosphere which is professional, relaxed and cheerful”

Norris (1998)