COMPULSIVITY IN ATHLETES

by Dr. Kathryn Zerbe

Every night Bob returns to his apartment, as he has done for the past five years, to perfect his rowing technique. His only piece of furniture is an expensive rowing machine on which he compulsively and relentlessly practices his sport. Twenty-nine years old and single, he has no friends except for those he meets sculling. Despite the fact that he finished a liberal arts education some eight years before and is now working as an assistant hospital administrator, Bob has lost all other interests. Rowing has become an addiction.

Bob's friend, Amy, has had a similar problem. Since prep school, Amy found her major source of pleasure and sense of accomplishment in sports, particularly rowing. She thrived on hearing the crowd cheer after her crew won an important competition. She felt accepted and nurtured by her coach and other team members in a way that she never experienced in her own family. Her identity increasingly centered upon being a first-rate rower to the exclusion of all other hobbies, relationships, or achievements. Because Amy received so much gratification from all aspects of the sport, she did not experience any overt conflict about what she did. However, what seemed like an ideal existence broke down for her when she suffered a major shoulder injury requiring multiple surgical procedures. For months Amy was not able to row, and the injury was so severe that the orthopedic surgeons involved in her recovery questioned whether or not she should ever return to competitive rowing. For Amy, rowing had become such a central part of her life that her injury threw her total identity into question. Indeed, when she came to my office for psychiatric consultation, she no longer felt life worth living. Severely depressed and suicidal, she saw no existence worthwhile if it did not involve rowing.

In many ways, Amy's plight was very understandable. The sport had taken on psychological dimensions that are important for the emotional sustenance of all of us; specifically, in her team, she had found close emotional relationships for which she had always longed. She experienced a great sense of accomplishment, not only with each victory but during practice as her body grew stronger, more skillful; the admiration of other people, particularly the fans, led her to feel a sense of pride she had never known. With rowing potentially lost to her forever, Amy had lost more than a sport or avocation—she had lost her entire sense of self.

In my experience as a practicing psychiatrist, I have observed that any activity, not just sports or rowing, can become as addictive as alcohol or illicit drugs. It is my purpose in this article to discuss how compulsive rowing might interfere with the overall lifestyle of the athlete. Very little has been written about compulsive sports in either the professional or lay literature, but this is increasingly observed as a real problem in our exercise-minded and perfectionistic society. This is unfortunate because any compulsive behavior can lead to severe psychological consequences, and if a middle ground can be found by early intervention, much suffering can be prevented.

Bob and Amy's stories are not unique. Many who read this article will recognize aspects of themselves, teammates, friends, spouses, children, or students in their struggles. What was at one time a beneficial, healthy activity has turned into an excessive behavior where other endeavors, such as work or personal relationships, are subordinated to the sport. Because the individual is so willing to sacrifice other parts of his or her life, it suggests a compulsive behavior has taken charge where moderation is relegated to the sidelines.

Addiction has been defined by Dr. Robert Conroy, Director of the Will Menninger Center for Applied Behavioral Sciences as a "pathological" relationship with a mood altering experience or substance and char-
acterized by compulsion, loss of control, and continuation despite adverse consequences.” A compulsion is a repetitive activity, and failure to perform that action generates increasing anxiety while completion of the act gives at least temporary succorance of tensions. For example, in Bob’s situation, continual rowing at night helped him temporarily reduce tension, but if his daily program was interrupted in any way, he would be overwhelmed with anxiety. He felt increasingly compelled to work out on his rowing machine, ostensibly because he wanted to attain an elite level. He exhibited loss of control by his inability to stop rowing long enough to do other activities or have other interests in his life; he became inflexible to internal and external conditions.

Addicted rowers like Amy who continue to the point of hurting themselves cannot quit without experiencing withdrawal. She returned to her shell even after doctors specifically told her not to do this. When she finally had to stop because of her deteriorated condition, she became agitated and depressed, reflecting her psychological dependence. Obviously, her compulsion to row despite its adverse consequences reflected underlying conflicts—low self worth, and much self hatred that took many months to unravel in psychotherapy. On the surface, Amy’s rowing looked like an enhancement to her life; but, because she took her sport to such a hurtful extreme, we see the opposite.

The factors which lead an individual to the types of compulsive or addictive behaviors described above are not well studied. However, as in most psychological disorders, we can examine three important spheres of influence that contribute: 1) the biological sphere, 2) the sociological (or cultural) sphere, and 3) the psychological sphere. Clinicians have postulated that endorphins, naturally produced pain killers in the brain, may be implicated in the area of compulsive running and exercise. Because running may stimulate endorphin production, compulsive runners may experience narcotic-like physical states to which they become addicted. However, research on the relationship between endorphin levels, mood states, and exercise have not been consistent, so this biological contributant remains a mere possibility. Furthermore, the supposed biochemical shifts seen in running may not hold true for rowing. However, it is still important to recognize that physiological factors may play a role. There is some suggestion of a relationship between other forms of addictive behaviors such as alcoholism, chemical dependency, and compulsive exercise. It has been suggested that the male equivalent of anorexia nervosa may be compulsive, excessive exercise (obligant runners), and many women who struggle with eating disorders are often driven to exercise compulsively.

Sociological factors are also important to consider. It is said that we live in the midst of a highly competitive, perfectionistic society where high achievement is rewarded. With the best of intentions, families may put much pressure on offspring to perform for the glory of the family. The women’s movement, which has enabled females to make important strides in so many aspects of life, has also brought concomitant expectations for today’s young woman. It is implied that she can be all things, do all things, and do them well, thereby exacerbating any innate tendencies towards perfectionism. Suffice to say that coming from many quarters, for both men and women alike, are stresses compelling the individual to leap to the top of the heap in whatever he does. One is compelled to carve out his own niche, such as rowing, to feel special and support the societal expectation of “peak performance.”

This struggle for the athlete is perhaps best summed up by gymnast Cathy Rigby who suffered from a compulsive eating disorder for twelve years. Rigby writes, “In
our society we expect perfectionism. I know a lot of people were watching me, expecting me to be perfect. If the audience wanted me to be bubbly and polite and enthusiastic, then that is just what I was. I never really had the chance to become the real Cathy Rigby because I was too busy being the Cathy Rigby everybody wanted.”

Perhaps the most important component in creating a compulsion or addiction is the psychological component. Investigators who studied running addicts found differences between them and those who simply ran frequently. The addicted runners believed their activity to be a sign of their own mastery and used running as a regular experience that reinforced their perception of confidence and self worth. Furthermore, the compulsive runners experienced cessation of their sport as traumatic because it removed a fundamental way they coped with overwhelming pressures, throwing them into a state of aversive withdrawal. In other words, they found that by performing a particular act, in this case running, symptoms could be relieved. Pain, anxiety, or depression was gone for the moment and replaced by a pleasurable experience. The high which can come through exercise temporarily relieves the symptomatology, enabling the individual to feel better emotionally and physically. The behavior becomes so reinforcing that it throws the athlete into an addictive cycle where performing the sport occurs on demand to curtail the discomfort.

Most people yearn to feel a sense of personal accomplishment and mastery. If the individual feels successful in rowing after making emotional, financial, and time investments in the sport, it may contribute to excessive involvement. The individual’s attitude may be reinforced by teammates who commend the rower on his accomplishments. Entry into the sport gives the athlete a new subculture—or athletic family—to reinforce the activities. Rowing is a social experience where one works out with teammates and often finds oneself conversing about the activity later. Again, if these rewarding aspects of the sport become the exclusive source of gratification to the individual, we would question whether or not the sport has come to mean too much. As Amy remarked in her first psychotherapy interview, “How can I give up rowing? It is who I am. All my friends row. It is the only thing in my life that really feels good. I can’t imagine life without it.” Her case exemplifies the situation for many athletes who literally believe that they do not exist as individuals without their sport because they have become exclusively focused or dedicated to it. In this way, the sport temporarily solves the search for meaning or identity. The athlete does not have to question who he is or if he is a valuable, unique, or lovable person. Those questions are answered automatically by his participation in the sport.

Additionally, one’s own autonomy or individuality is enhanced by the sport. For example, Bob’s rowing expertise helped him to feel differentiated from members of his family of origin. His father had never been interested in sports, and his two brothers had picked different sports. Bob remarked that when he rowed, he viewed himself as having different skills and interests than his father and brothers and this reinforced his behavior. Again, these struggles for autonomy and identity are not, by necessity, pathological; indeed, any sport, avocation, or vocation helps us delineate important aspects of ourselves that lead to fulfillment in these arenas. What becomes worrisome is when one’s self-definition comes primarily from only one activity. This can lead in later years to a form of midlife crisis where the individual must reassess his life because fulfillment in relationships, hobbies, or work has been neglected in the pursuit of a particular life cause. Here readers will easily recognize the workaholic professional who crashes in the middle years or at retirement age when what he felt would lead to gratification does not provide all of
the answers. There are also well known cases of athletes who have committed suicide because, apparently, they could not cope with the conclusion of their sports careers. Unfortunately, we are seeing similar struggles in younger athletes who, for one reason or the other, find they cannot or do not want to compete as avidly as before. Unless those individuals are well rounded people, they are apt to be miserable while they begin the difficult work of sorting out who they are and what they want to do. As one Olympian I interviewed poignantly but openly shared, "For years I worked and struggled to get to the Olympics. It was all great and worthwhile, and I would do it again. But now what?"

Indeed, what can be done when one finds oneself becoming exclusively devoted to any one particular activity? How does one go about breaking the compulsive or addictive cycle? First, one must take a hard look at oneself and be able to acknowledge that perhaps one is engaging in an obsessive activity. This is particularly difficult in a sport such as rowing where there are so many legitimate gratifications that come from hard, persistent work and team effort. Yet, this is where the process must begin. In this regard, it is important to remember the work of Dr. Charles Garfield who suggests in his book, Peak Performance, that the best athletes have a well rounded lifestyle. In his beautifully written book, The Shell Game, Steve Kiesling demonstrates how he was able to mesh interests in rowing, philosophy, and writing. Although such divergent talents and capacities to integrate abilities may not be forthcoming in many of us, his model is an important one to recall because it emphasizes flexibility and adaptability. The rower must come to believe that 1) the sport might have become an addiction that is hurting him and wish to overcome it, 2) decide to manage his life without the addiction, and 3) find alternative rewards to make life without the addiction worthwhile. This will take daily effort as one strives for moderation. As Stanton Peele, a nationally recognized expert on addictions has written, "If addiction is a retreat from the attempt to obtain a balanced set of gratifications in life, then its increase means that more people are finding their resources for coping to be insufficient relative to the benefits they believe an active involvement in this world will yield. This chronic deficiency can be traced to a lack of practice at self reliance, of feelings of competence, of an ability to tolerate discomfort, and of self confidence combined with the absence of positive values toward achievement, toward experience, toward society and community, toward health, and toward the self... The best antidotes to addiction are joy and competence—joy as the capacity to take pleasure in the people, activities, and things that are available to us; competence as the ability to master relevant parts of the environment and the confidence that our actions make a difference for ourselves and others." (p. 157).

If one is unable to break out of the compulsive cycle on one's own, additional support may be required. Talking with a trusted psychotherapist or in a support group has been known to be helpful. Coaches or friends of athletes who suspect the problem can perform a great service by urging the athlete to seek help or my making the referral themselves. Often only a few sessions are needed, but other times a more prolonged process is required as compulsive behavior, by its very nature, tends to be a relapsing condition. A central goal becomes enabling the individual to be less hard on himself and accept the mistakes or relapses as part of life. The passionate pursuit of excellence in one particular area shifts to an emphasis on a well-rounded, adaptable, compassionate sense of one's self.

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REFERENCES