

## Trauma not Laziness at the Root of Subpar Performance

In the aftermath of the Flames' failure to reach the post-season for a second straight year, a post-mortem dissection of players' performance will occur, as it should. Salary cap aside, coaches and management will re-evaluate things like work ethic, consistency and point production of team members as part of the rebuilding process. The usual vitriol will spew from the mouths of fans with comments like "Trade him, he's a bum" or "For the amount of money he is making, he should be scoring fifty goals". Elite level athletes are superhuman in terms of skill level, strength, and dedication. The rest of us mere mortals take this for granted and can only dream of doing what they do on a daily basis. These typical ways of measuring player performance are overly simplistic and do not address overriding variables that may be affecting their play.

A player who is "snake bitten" or takes half a season to get on the scoreboard is not willingly under performing, or lacking in motivation or character. Instead, trauma may be at the root of subpar performance. To describe this phenomenon, it is necessary to understand two psychological concepts involved, namely, dissociation and ego state. Dissociation is a mental state in which there is a disruption in conscious awareness. It involves the splitting off of a group of mental processes from the main body of consciousness under situations of extreme stress or trauma, and serves as a psychological escape from fear. The affected person may experience distortion of memory, affect, perception, somatic sensation, and time. Conversely, adaptive dissociation is vital to peak performance in that it enables the athlete to focus inwards on the task at hand while blocking things like anticipatory anxiety, crowd noise and pain from consciousness. Ego state refers to internalized, unresolved aspects of early development that interfere with adult functioning and being present in the here and now. Harsh internal dialogue of a

critical parent such as “you will never be good enough” is an example. This belief defies logic but is patterned deeply in the brain and is more like a “felt sense”.

Although this is a baseball story, it illustrates the pathological responses just described. Rick Ankiel was regarded as a baseball phenom who pitched for the St. Louis Cardinals between 1999 and 2001, and was considered to be the best lefty since Sandy Koufax. He had such a good rookie year that he was chosen to start Game 1 of the National League Division Series against the Atlanta Braves. In the third inning, he made a wild pitch. His control got progressively worse and eventually he set the record for most errant pitches in a row. He was quoted later in the Miami Herald, “Do I really know what happened? I’m not sure. You can put it on ten thousand different things. My arm wasn’t there, my legs weren’t there, my mechanics were off” (dissociation). The journalist made reference to “the little man who hopped on his shoulder and wouldn’t go away” (critical ego state). Rick never recovered as a pitcher from this debacle. He worked with sport psychologists in the off season to no avail, and was eventually sent back down to the minor leagues where performance improved. Subsequent attempts to bring him back up to the majors were unsuccessful as he never regained consistent control at this level. No one could figure out what happened or how to fix it. Journalists noted “the little man is still on his shoulder”. Well, if the usual strategies to fix the problem fail repeatedly, it doesn’t take a rocket scientist to figure out that something else is going on.

No one is immune to trauma and sources include but are not limited to injuries, accidents, war, all types of abuse, and yes, family of origin issues. For the elite athlete, poor performance can also be a source of trauma. Situations of extreme fear evoke a state of hyperarousal which results in elements of these events being stored in a state specific form in the body and brain. Information processing becomes blocked, and memory consolidation and integration do not occur. These trapped elements can take on a life of

their own and impair or prohibit normal functioning, movement and adaptive dissociation, which are critical to peak performance. Involvement in a motor vehicle accident is an example that readers can identify with. The accident victim may be triggered by elements associated with the traumatic event long after it has happened. For example, the act of driving or stopping at an intersection (if that is where the accident occurred) can cause the survivor to relive the experience or suffer from extreme panic. This maladaptive response gets stuck in the nervous system and prevents a return to normal driving. A hockey player can experience similar reactions following injury. The movement of skating or other related stimuli can act as triggers for the fear response; thereby preventing normal play. Trauma is cumulative in nature so responses to one injury can be magnified by previous events.

Symptoms of trauma run on a continuum with aberrant behavior at one extreme. Sport history is replete with stories of talented players who have gone off the rails in response to severe events. The impact of sexual abuse on the lives of Sheldon Kennedy and Theo Fleury will be most familiar to hockey fans. Those of us who specialize in the treatment of trauma can predict with some accuracy the source(s) of these individuals' distress far in advance of breaking headlines.

When performance fails to improve despite tried and true methods to get back on track, players and coaches are equally perplexed. Sport psychology relies heavily on learned techniques such as relaxation, creative visualization, and moving forward after mistakes. Typical strategies employed by players include "working harder" and "sticking to the game plan". These approaches are essential to good performance and are necessary starting points for all athletes under ordinary circumstances. They fail to target posttraumatic stress disorder of injuries and dissociation; and are akin to doing routine

maintenance on a car, or stepping harder on the gas when a severe mechanical problem exists.

Eye movement desensitization and reprocessing (EMDR) has been widely acknowledged and recommended in numerous international guidelines as a treatment for trauma. It is based on a theoretical information processing model developed by Francine Shapiro and posits that symptoms arise when events are inadequately processed. Eradication of symptoms occurs when memories are fully processed and integrated. Negative sense of self, inappropriate emotional responses and self-destructive behaviors are also manifestations of inadequate processing and can be transformed using this therapy. Recent research using SPECT scans has shown that EMDR results in neurobiological changes in the brain, as evidenced by alterations in resting regional cerebral blood flow. Mental health professionals who incorporate this treatment into trauma therapy and performance enhancement are able to assist clients to become “unstuck” from repetitive maladaptive behavior. Function and performance improve as a result.

Spreading the message about the effects of trauma is vital to the world of sport. The intent is not to make excuses for poor effort or garner undue sympathy. Instead, it ensures that the real problem is identified when repetitive subpar performance occurs. Moreover, players can be referred to appropriate resources for support and treatment. It is only in this way that true potential can be reached and accurately measured. After all, human lives and careers are at stake, not to mention millions of dollars.