Adolescent Athletes: Aspects and Therapeutic Issues

by

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The teen years are fraught with decisions, opportunities, biological and emotional changes, and a multitude of influences. Life is often hectic and eventful for the teen and his/her family under the best of circumstances with family, school, and friends all making demands of the teen's resources, energy, and time. Often there are the added complications of dating, part-time employment, and involvement with some form of organized spiritual expression. Along with the numerous typical issues of adolescence (i.e., sexuality issues, identity, autonomy, self-esteem), these various sources together can place a strain on a teen's time, coping, and stress management skills. If that teen is also an avid, serious participant in some form of organized, competitive athletics, added dimensions and complications are introduced to the scenario. There are the added possible benefits of increased popularity, self-esteem, self-efficacy, feelings of belongingness, and scholarships or other forms of financially beneficial remunerations. If attained at all, however, these desirable aspects must be attained at the price of added pressures for the teen. These include such things as less time for friends, dating, family, school, and/or work, less energy for coping with existing responsibilities, pressure to live up to the expectations of parents, friends, other team players (in a team-related sport), and the coach or trainer, and less time to deal with the usual developmental issues associated with adolescents. With our society's overemphasis on immediate gratification, being the best, and "winning at all costs", teens often internalize these messages — an internalization that can lead them to attempt to maximize their physique and athletic prowess through self-defeating and/or self-destructive manners. Having worked with adolescent and young adult athletes in three different states, the most frequent problems

plaguing athletically involved youth I've witnessed include recreational chemical abuse, anorexia nervosa, bulimia nervosa, anxiety-based performance issues, drug-related attempts at "self-improvement" (especially sympathomimetically-based compounds and steroid use), and depression.

Recreational chemical abuse is often seen in various forms. Most often, it is done as a form of either celebrating, "blowing off steam", or "winding down" after an intense competition or hard practice. Also, when the adolescent participates in a team sport, it can be a method of identification and "bonding" with other members of the team during "off" hours. In spite of popular misconceptions that athletes only engage in health-related life-style practices and, therefore, don't participate in substance abuse, increasing numbers of adolescent and young adult athletes are abusing chemicals recreationally. Further, many popular athletes who do or have been known to use or abuse drugs provide dubious role models that teens emulate, even when the famous athlete comes out verbally against drugs (since words and actions of role models aren't always congruent). Finally, many media ads display young adults playing hard and having a beer as a reward for their effort, thus reinforcing the notion that substance abuse and hard work or hard play go hand in hand.

The pressures to "make weight" and maintain ideal body mass for competitive sport often set the stage for eating disorders to develop among athletes. When combined with the already-present overemphasis that adolescents often place on their bodies, it is no surprise that many teen athletes resort to bulimia nervosa, anorexia nervosa, or some combination of both. Anorexia nervosa tends to run more in sporting events that require a lighter body mass of their successful participants — gymnastics, track, cheer-leading, and horse racing (on the jockey's part). Bulimia nervosa, on the other hand, is seen more often with wrestlers, boxers, and body builders. Some athletes, such as swimmers, sometimes use a combination of anorexic and bulimic strategies to maintain optimal weight for maximal performance. Since athletes are frequently reinforced for maintaining and/or "making weight", eating disordered behaviors often go undiagnosed by coaches or parents as being a “normal” part of the process and sacrifice needed with serious competitors. If

the adolescent is engaged in team-oriented sports, other members are likely involved in similar activities, further reinforcing the acceptability of these behaviors.

Depression may occur as a result of athletically induced injuries that prevent the athlete from competing for a period of time — sometimes permanently. A general rule of thumb is that the length of "down time" from competing is usually directly related to the degree of depression in the athlete. This may also be evidenced if the youthful competitor experiences a long string of extremely poor performances (especially those significantly contributing to his/her team losing games) or is cut from the team or competition due to such things as scholastic ineligibility resulting from declining grades. Since teens aren't always the best judge of or in touch with their true emotional states, depression may often be converted into or manifested as aggression against others, self, or both. Parents, coaches, and significant others in the teen's life may notice increased hostility, argumentativeness, or self-destructive activities (in extreme cases).

Performance-related anxieties exist in almost every sport to some degree. In those young athletes for whom this becomes overwhelming, it usually results in them "choking" at crucial moments during their performance or avoiding performing (by feigning illness, developing psychosomatic problems, or simply dropping out of the sport). With more severe cases, adolescent and young adult athletes have had panic attack-like episodes during competition. While the more "minor" versions of these can be hidden from the general public, the more severe cases are evident to those close to the athletic performer (i.e., coaches, team mates, parents). When this is the case, some teens will turn to self-medication (usually in the form of central nervous system depressants) in order to ameliorate the symptoms. This, in turn, can lead to chemical dependency if left unchecked. Others can evidence depressive symptomatology after a long period of anxiety-related poor performances.

With the current movement to "be the best", the number of youthful athletes who are resorting to self-defeating "performance enhancers" is growing. Most often, this takes the form of steroid and/or sympathomimetic (usually either some form of cocaine and/or popularly-used amphetamines) abuse. This is in spite of the plethora of research that

indicates steroid abuse leads to serious side effects in the short run and long-term decrements in one's overall health and wellness. In addition, many famous professional athletes have come out verbally against using steroids. Unfortunately, however, the role models themselves often indicate that they were once steroid abusers — a fact that teenage steroid abusers use to justify their short-term steroid ingestion. Also, invulnerability myths are prevalent among some teen and young adult athletes, allowing them to delude themselves into thinking “it can’t happen to” them. Finally, even when the youthful athlete admits to the potentially deleterious effects of steroid use, the motto appears to be "Live strong; die young; leave a good-looking corpse!" Sometimes, sympathomimetics are used (either alone or in conjunction with steroids) to give the athlete extra “get up and go”. Also, since some forms of cocaine have been equated with money and/or success, its use is also seen as a "status symbol" that an athlete "has arrived". Parents, significant others, and coaches can spot steroid and/or cocaine abuse before it goes on for too long in the young athlete. Such telltale signs usually include having "a short fuse", frequent anger outbursts (both on and off the playing arenas) in excess of the stimulus value of the environmental precursors, hyperactivity and/or manic-like behaviors, impatience, and emotional lability.

Psychologists who work with adolescent and young adult athletes need to have special coursework, training, and/or supervision with this population in order to be maximally effective. Not only must they be exquisitely familiar with adolescent development and therapy, but also the therapist working with youthful athletes needs to have an understanding of a variety of dynamics related to the field of sport psychology. These issues include individual and team sport, motivation, adherence to exercise and/or training, self-efficacy (as relates to athletic performance), rehabilitation from injury, retirement from sports, sport-related anxiety, diet and nutrition, drugs (both street and "performance enhancers"), time and resource management, internal coping strategies, and limited exercise physiology. The therapist who is adequately prepared to work with this population will mostly find them an interesting, motivated, and rewarding group.