



# Swinging for the Fences: Maintaining Compassion Satisfaction in Elite Athletics

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# Elite Athlete

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- Definition – a person who has reached the highest level of performance or achievement in a sport
- Hard to study – small sample size
- Professional Athletes, Olympians/National Champions, Collegiate
- Similarities to other professions that demand extraordinary focus, training, effort, dedication, etc. (Specialty surgeons, corp execs, specialized military units, etc)
- Common feature - All are exposed to unavoidable stress...and they wouldn't have it any other way!

# Is All Stress Equal? A Brief Review

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## *Eustress*

- “Good Stress” – Viewed as Challenge
- Body and mind working in synch
- Increased focus and energy
- Can enhance/sustain performance for periods of time

## *Distress*

- Raw survival reaction – Viewed as Threat
- Body overrides the mind
- Higher reactivity of sympathetic nervous system (SNS), neurotransmitters (endogenous Opioids, catecholamine, cortisol, adrenaline)
- Impedes performance



# Two Dangerous Variations

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## *Cumulative*

- Prolonged stress wears the system wears down (common)
- Can be easy to miss (dismiss) in oneself
- Extended SNS activity has a negative impact on overall functioning
- Immune system related illnesses, e.g. chronic fatigue, irritable bowel, fibromyalgia
- Estimates are that 70-80% of illnesses are stress related





# Two Dangerous Variations

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## *Secondary Traumatic Stress*

- A transformation in the perspective of an EA professional that results from coping with the effects of others' trauma (less common)
- A type of compassion fatigue
- Its hallmark is a disruption in the EA professional's perceived meaning and satisfaction leading to:
  - Social Withdrawal
  - Somatic Complaints
  - Cynicism
  - Intrusive Imagery (not your own)
  - Trust and Safety issues
  - Difficulty maintaining boundaries



# Is All Stress Equal?

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- The body **cannot** physically differentiate between distress and eustress
- But the mind **can!**
- Research has demonstrated changes in the neuroendocrine system based on **locus of control**
- Catecholamine changes induce a pleasurable stimuli based on the **cognitive interpretation**:
  - Striving for greatness vs. Unobtainable goal
  - Worthy struggle vs. Pointless effort
  - Being my best vs. I am the worst
  - Satisfaction vs. Frustration
- Meaning Attribution influences physiological response

# Pursuing Perfection

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- Performance Optimization vs Personal Preservation
  - a difficult balancing act
- Turning failure or defeat into increased motivation for improvement without losing who you are
- Toxic perfectionism
  - High propensity toward criticism – internal *and* external
  - Viewing others as obstacles
  - Intensely isolating

“Have no fear of  
perfection - you’ll  
never reach it.”

*Salvador Dali*

“Excellence does not  
require perfection.”

*William James*

# Price of Perfection

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## *Yips*

- Baseball
- Basketball
- Archery
- Darts
- Golf

## *Twisties*

- Gymnastics
- Diving







## Basal Ganglia and Muscle Memory

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- Part of the limbic system
- Role in Yips and Twisties
- Focal Dystonia – the crossroad of psychology and physiology
- Also seen in singers and musicians



## EA Professionals and Elite Athletes

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- Key role in identifying and eliminating behavioral health obstacles to success
- Specialized skills in a multidisciplinary support team
- Safe source for grounding
- Promoting humanity for those who strive for the super-human



## EA Entering the Arena (Vicariously)

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- Operating in the same high-pressure ecosystem
- Limbic Resonance
  - The thrill of victory
  - The agony of defeat
  - The pursuit of perfection
- Delicate Dance – offering help without suggesting weakness
- Time is not your own – standard work structures don't apply in elite athletics or professional sports



# Therapeutic Echo of the Yips – *Imposter Syndrome*

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## *Definitions:*

- the persistent inability to believe that one's success is deserved or has been legitimately achieved as a result of one's own efforts or skills. (Oxford)
- the subjective experience of perceived self-doubt, intellectual fraudulence, and the inability to internalize one's abilities and accomplishments, despite ample evidence to the contrary.



# Imposter Syndrome

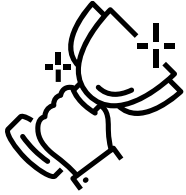
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- Not a recognized DSM-5 diagnosis, but considerable peer-reviewed and lay literature exists
- Estimates that 85% of all people will experience **IS** at least once, while 25-50% of clinicians report IS repeatedly
- Unavoidable and Accentuated when providing BH support in high-pressure and high-achieving environments
- Strong comorbidity
  - Depression
  - Anxiety
  - Burnout
  - Compassion Fatigue



# The 4 P's of Imposter Syndrome

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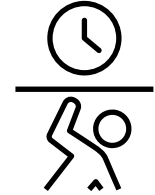
*Perfectionism*



*Paralysis –  
Atychiphobia*



*People-  
pleasing*



*Procrastination -  
Achievemphobia*

# Join the Vevox Session

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1. Go to [vevox.app](https://vevox.com)
2. Enter the session ID: 110-459-620
3. Or scan the QR code





*On a scale from 1 - 5, I can give the impression that I'm more competent than I really am.*

1

0%

2

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3

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4

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5

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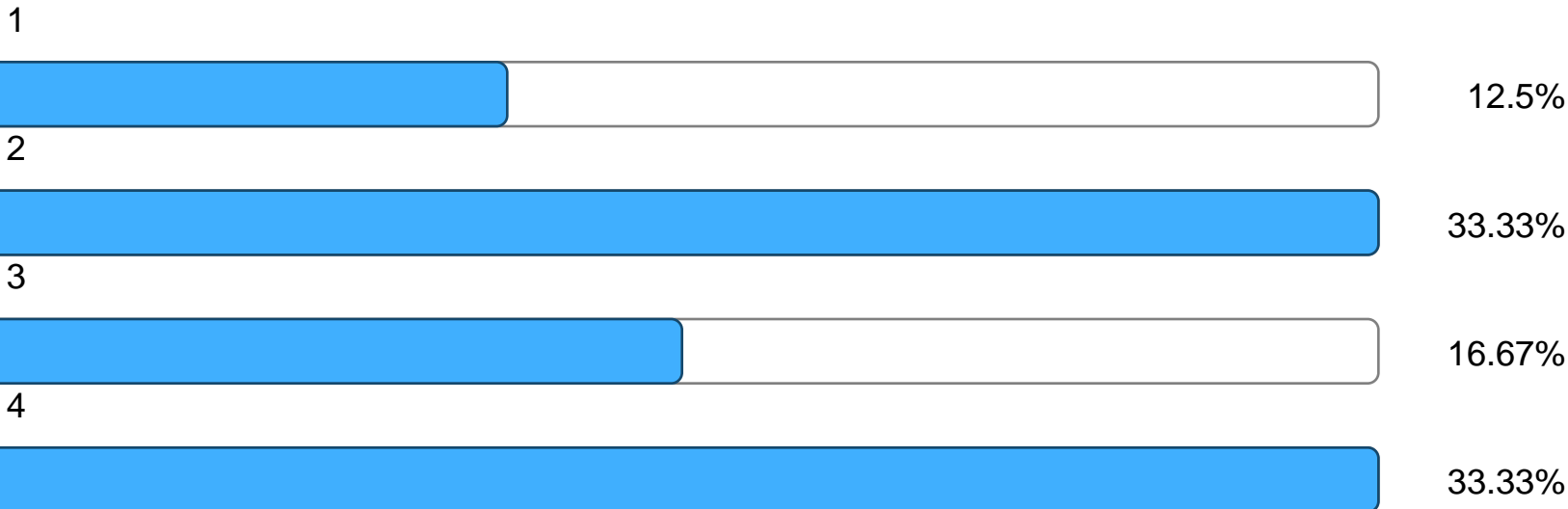
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Join at: [vevox.app](https://vevox.app)

ID: 110-459-620

Showing Results

*On a scale from 1 - 5, I can give the impression that I'm more competent than I really am.*



RESULTS SLIDE



*On a scale from 1 - 5, when people praise me for something I've accomplished, I'm afraid I won't be able to live up to their expectations of me in the future.*

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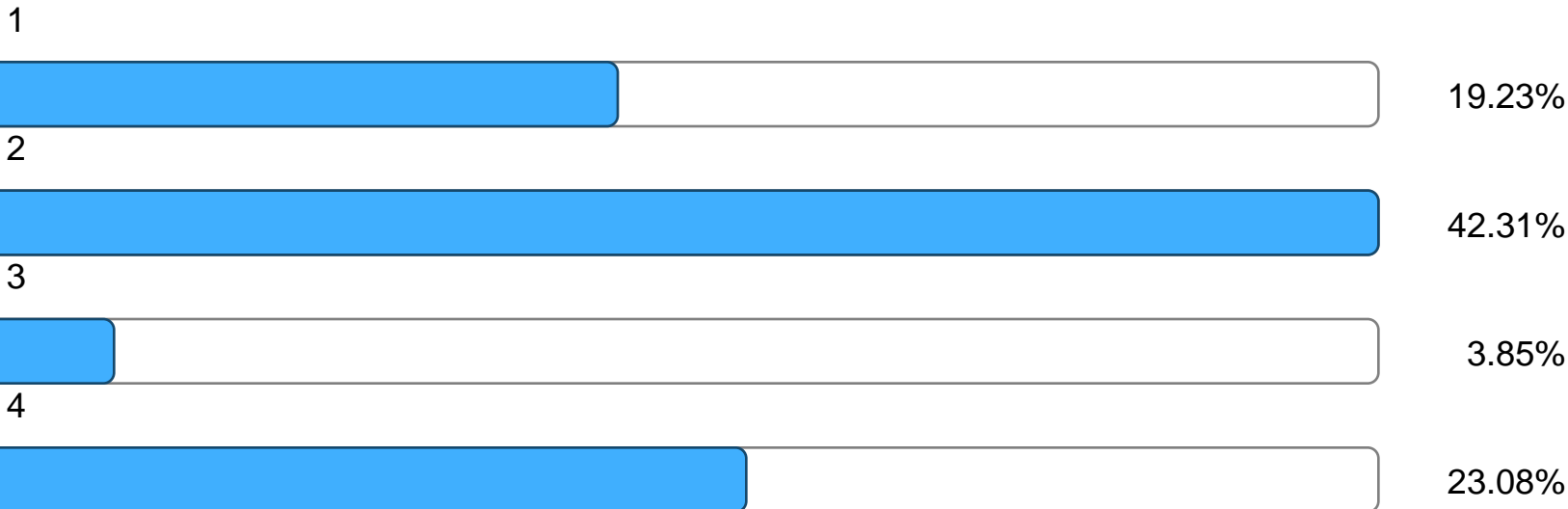
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ID: 110-459-620

Showing Results

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RESULTS SLIDE



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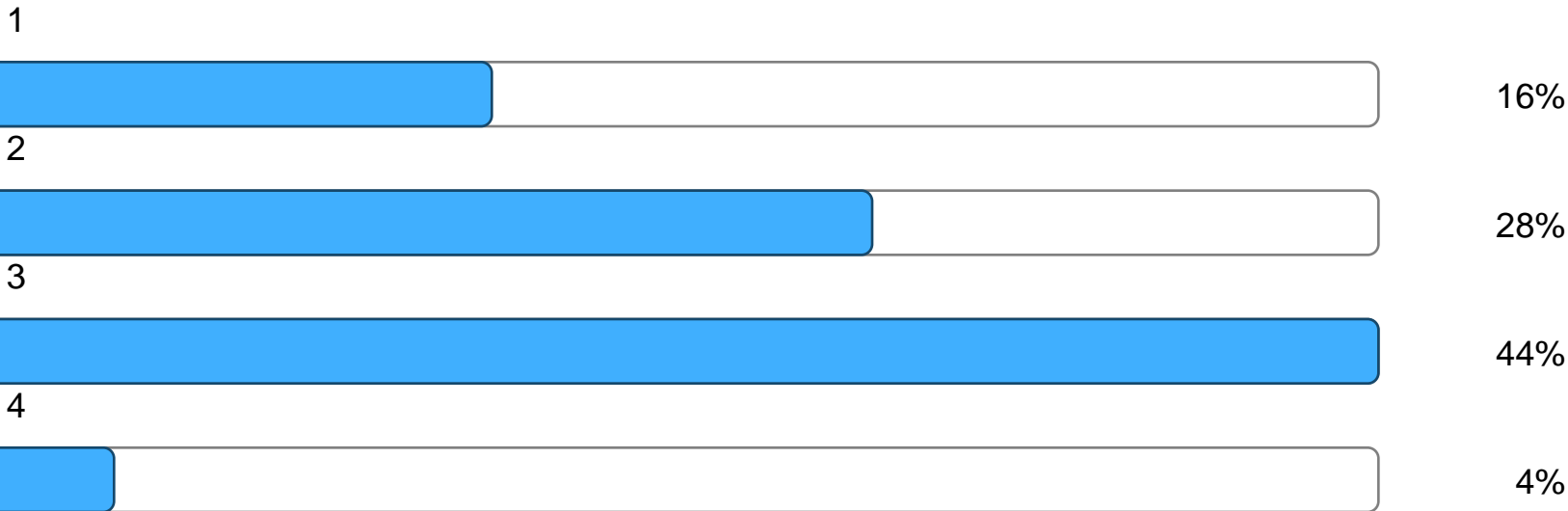
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Showing Results

*On a scale from 1 - 5, sometimes I'm afraid others will discover how much knowledge or ability I really lack.*



**RESULTS SLIDE**



*On a scale from 1 - 5, I sometimes think I obtained my present position or gained my present success because I happened to be in the right place at the right time or knew the right people.*

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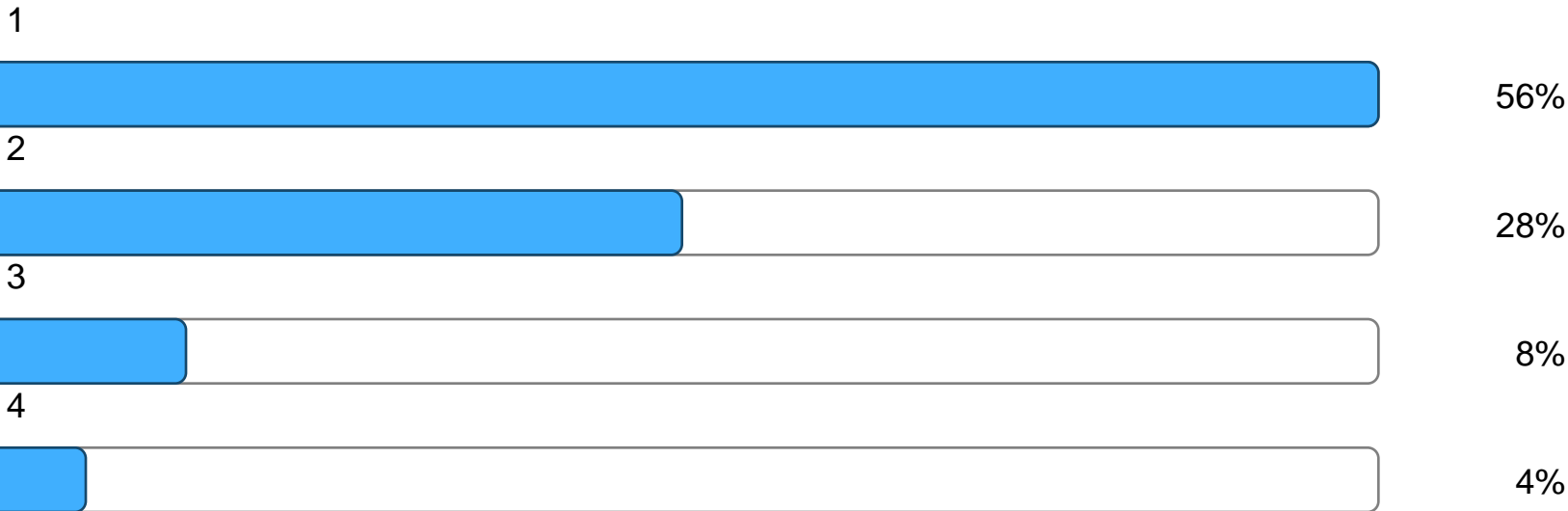


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Showing Results

*On a scale from 1 - 5, I sometimes think I obtained my present position or gained my present success because I happened to be in the right place at the right time or knew the right people.*



**RESULTS SLIDE**



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# RESULTS SLIDE



*“The wonderful thing about imposter syndrome is that it’s a message telling you that you aren’t the finished article. Who is?”*

Angela Ashwell,  
Global Head of Talent, Performance, and Inclusion  
RGF Staffing



# Responding to Imposter Syndrome

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- Response = management, not elimination
- The need for healthy ego strength –
  - Bold when it counts
  - Aspirational, inspirational, and - on occasion - confrontational (challenging the negative thoughts or self-doubt that paralyzes)
- Contrary to the training for many clinicians – we are more than a tabula rasa
- Therapeutic “chutzpa”



# Unmasking the Imposter

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- **Challenge negative thoughts:** Notice self-critical thoughts and try to reframe them
- **Practice self-compassion:** Treat yourself with kindness and understanding, especially when you fail
- **Celebrate your achievements:** Recognize your strengths and accomplishments
- **Seek support:** IS thrives in isolation - Talk to a colleague, trusted mentor friend, or accountability partner
- **Develop a growth mindset:** Be open to constructive criticism and embrace learning opportunities

# Sticking the Landing

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Compassion Satisfaction vs Compassion Fatigue



# Catch-22

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## *Effective Helping Requires:*

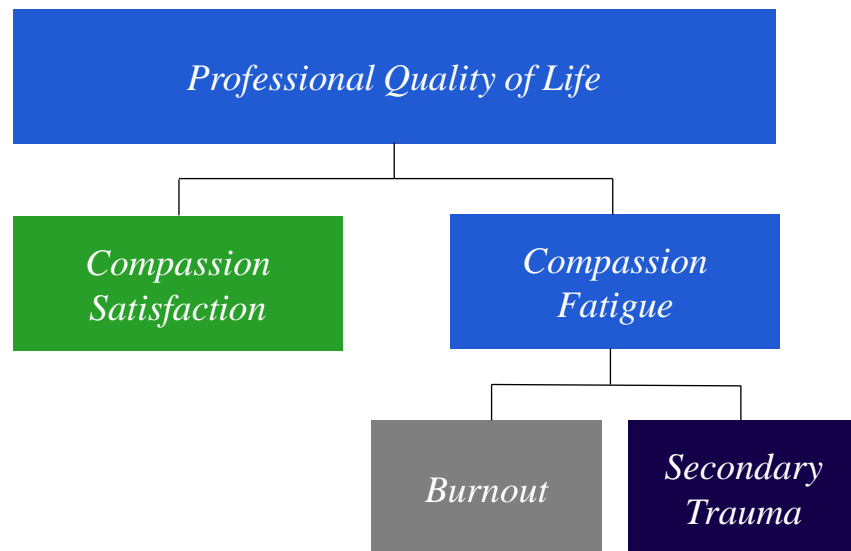
- Empathy
- Identification
- Openness
- Trust
- Intimacy

## *Helping Can Hurt Due To:*

- Empathy
- Identification
- Openness
- Trust
- Intimacy

# CS-CF Model

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# Fatigue's Resilient Cousin...

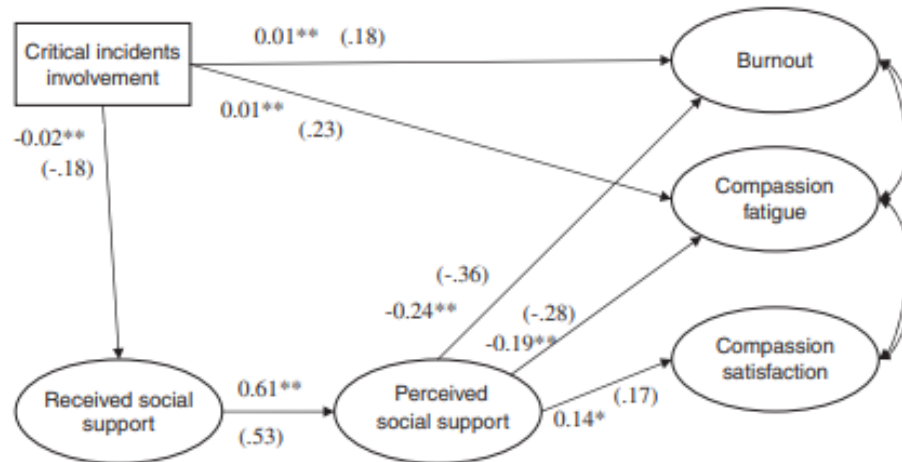
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## *Compassion Satisfaction*

- The positive aspects of helping
  - Pleasure and satisfaction derived from working in helping, care giving systems
  - Personally and Professionally sustaining
- May be related to:
  - Providing care
  - To the system
  - Work with colleagues
  - Beliefs about self
  - Altruism

# Social Support Deterioration Deterrence Model

## *The Interplay between Received and Perceived Support*



**Figure 1.** The critical incident direct on compassion fatigue and burnout path model ( $N = 579$ ).

Note.  $*p < .01$ ,  $**p < .001$ ; Standardized estimates are shown in parentheses.



# Putting On Your Therapeutic “Game Face”

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- There’s no “I” in team – don’t go it alone!
- Conscious compartmentalization
- Defuse the Magnitude Mitigation Myth
  - A BIG problem  $\neq$  a BIG solution
  - Success – or failure – is rarely the result of ONE solitary factor
  - A thousand positive steps > one giant leap
- Prepare to pay the piper
  - Not unexpected, nor always negative
  - To be in the presence of great intensity...is intense!
  - Pre-plan your personal “Top 10” coping list

# Leverage the Power of *Purpose*

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- An athlete or a team's drive for success serves as a purpose or compass
- Provides meaning and a stabilizing focal-point for external supportive efforts *and* internal self-care
- Clarity of purpose is a ***unifying force*** for all stakeholders, internal and external
  - Keeps the “WHY” front and center
  - Puts adaptations/sacrifices in a larger context
  - Common goal fosters belonging – the protective power of a team



# Final Thoughts

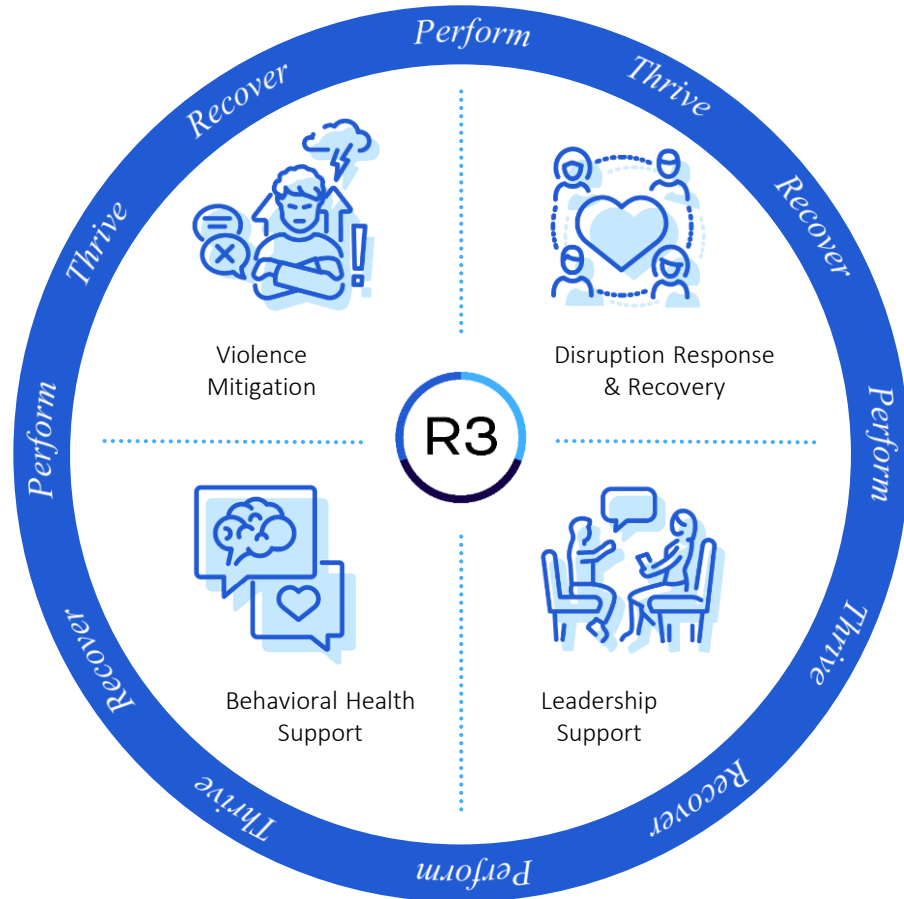
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*“Excellence is not a skill, it’s an attitude”*

–Ralph Marston

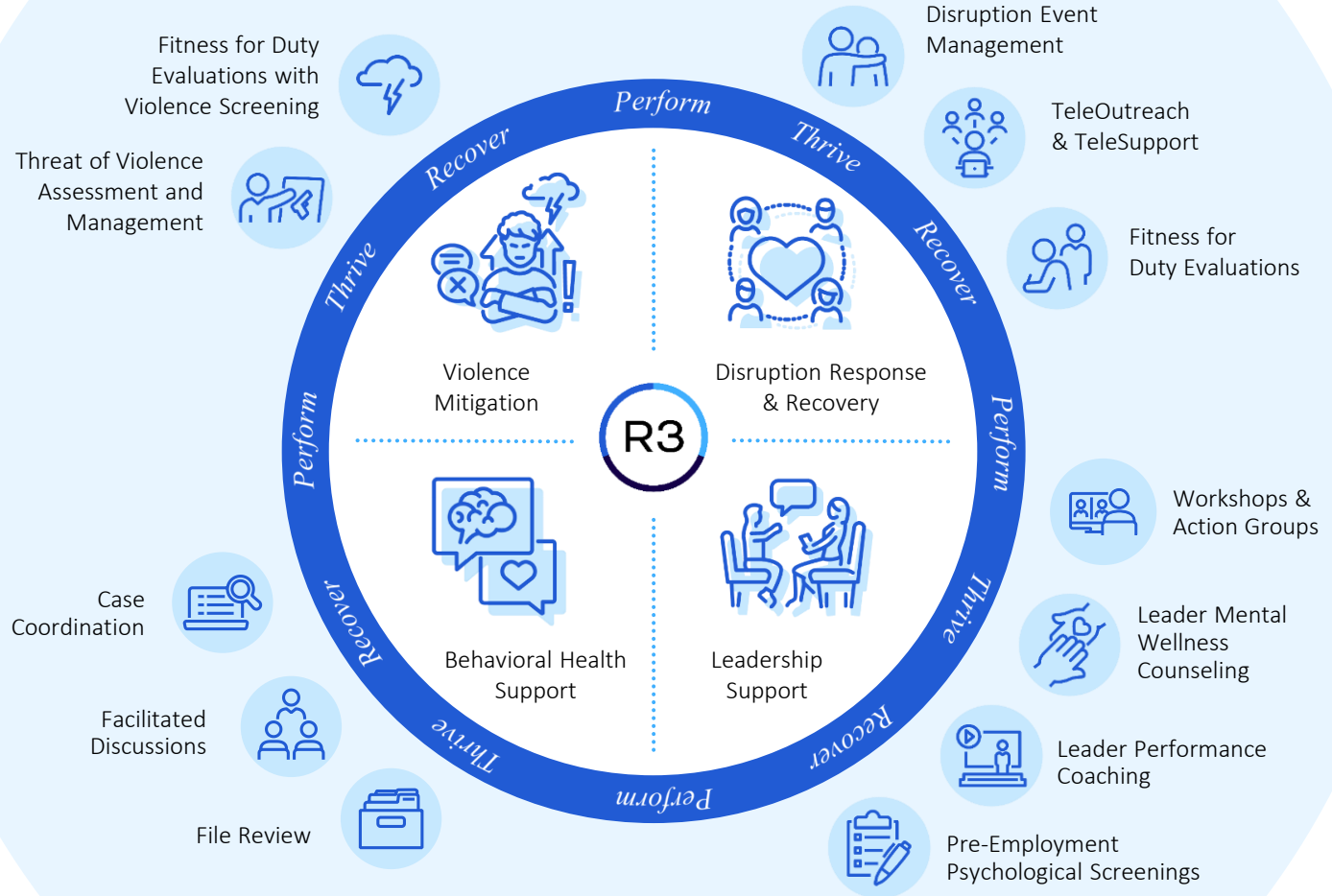
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*R3 is here to help your organization recover, perform, and thrive in the wake of workplace disruption, violence, and stress.*





## Our Presenter

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It has been our pleasure to talk with you today. Please do not hesitate to contact us should a follow up question arise.

*Jeff Gorter, MSW*

VP of Crisis Response Clinical Service

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