

Psychotherapy with the Religious Athletes

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Abstract

In the absence of any systematic research on religiousness in athletes, applied experience has implicated religion as a core value within the lives of many athletes. Nevertheless, the extant literature contains little discussion of how to incorporate spiritual and religious beliefs in psychotherapy with religious athletes. This paper discusses conducting psychotherapy with religious athletes, emphasizing practical recommendations and specific issues that the clinician may encounter.

Key Words: athletes, religion, psychotherapy, sport

In recent years, a number of studies have indicated that religion is an important aspect of many athletes' lives (Balague, 1999; Storch, Storch, Kolsky, & Silvestri, 2001; Storch, Storch, Welsh, & Okun, in press). Nevertheless, the topic of religion has been surprisingly neglected in applied sport psychology research. Whereas several single subject accounts have been published detailing the psychotherapeutic value of religion (Hoffman, 1992a; Prebish, 1993), to date, little clinical or empirical attention has been focused on how to incorporate spiritual and religious beliefs in psychotherapy with religious athletes.

Although athletes are not alone in their struggle to understand the origins of their gifts, they face unique challenges as compared to other successful individuals (e.g., artists) in making sense of their accomplishments, pressures, self-generated expectations, rewards and others' idealization of their talents. For example, athletes are contending constantly with the shifting attitudes and demands of fans, coaches and employers in response to their performance. Furthermore, issues which may well occur in psychotherapeutic sessions with all athletes pose particular challenges when athletes with strong religious values present for psychotherapy. This paper discusses conducting psychotherapy with religious athletes, emphasizing practical recommendations and specific issues that the clinician may encounter.

Therapeutic interventions with athletes, at least for those presenting with primarily sports-related issues, have traditionally focused on goal-setting and performance enhancement. Unfortunately, such approaches may be limited when they do not fully account for the deep intrinsic religiousness felt by some athletes. In our experience, understanding the role of religion in these athletes' lives is central in establishing a strong working alliance (Storch et al., 2001). An empathic and trusting relationship cannot be built if therapists fail to acknowledge the athlete's value system (Balague, 1999). Thus, it is critical for therapists working with this population to assess the history, depth and meaning of a religious athlete's belief system (Puchalski & Romer, 2000). Have these beliefs always been a part of his or her core identity? Have there been shifts in these values? Has s/he had doubts? What has been the role of formal religious institutions in his or her life? How do these beliefs affect the athlete's perceptions and experience of his or her performance? Similarly, therapists' interventions must be consonant with these athlete-patients' core religious values. For example, exhorting your patient to "show your killer instinct" may well contradict his or her basic beliefs and interfere with his or her trust in the clinician.

A primary issue for many religious athletes is making meaning of their athletic accomplishments within the framework of religion and a relationship with God (Shafranske, 1996). Athletes seeking mental health and/or performance enhancement services frequently struggle to understand existential questions that science does not adequately address. For example, athletes may have difficulty integrating their physical gifts into their sense of identity. "Why me?" "Why was I chosen?" "What extra responsibilities do I bear to honor the gift my creator has bestowed upon me?" "How can I feel good when I best others?" Religion may provide answers to such existential questions through passages in scripture that reflect compassion, personal dialogue with a

Supreme Being and/or emotional support associated with participation in religious activities (Koenig, 1994). Indeed, it may be prudent at times for therapists to encourage the athlete's attempt to seek meaning or reassurance through finding appropriate phrases in religious texts. For example, one of our patients found considerable solace in a biblical passage (Jeremiah 29:11) which suggested that positive outcomes are possible even in difficult situations. Importantly, the therapist may need to keep in mind that certain religious values are quite complementary to therapeutic interventions in their promotion of psychological assets such as positive interpersonal relationships and adaptive intrapsychic defense mechanisms (e.g., sublimation, altruism, asceticism; Koenig, 1994). Thus, therapists may find that discussing the meaning of certain religious passages (e.g., those that bear potential relevance to issues of achievement or competition) may yield important therapeutic benefits as well as solidify the therapeutic alliance.

While the protective effects of religion against psychopathology have been well documented recently (e.g., Mueller, Plevak, & Rummans, 2001), there are nevertheless instances when religious beliefs are implicated, at least in part, in the etiology or exacerbation of a psychological disorder (Carone & Barone, 2001). For example, for one female athlete one of us (E.A.S.) worked with, the unattainable athletic standards and harsh self-evaluations caused her considerable guilt and anxiety, as she feared losing favor within her religious community if she was not victorious. As noted above, it was important in this case to thoroughly assess her religious values in order to understand their place in the etiology and maintenance of this problem (Balague, 1999). Since her religious beliefs interfered with her adaptive functioning, adjunctive meetings with clergy helped reframe and correct anxiety-provoking cognitions. Thus, for some troubled athletes, discussion of these issues with a therapist may yield important insights and attenuation of symptoms; for others, a referral to clergy may be necessary in order to address what may be misunderstood, misinterpreted or overly constricted religious beliefs or behavior.

Prayer can also be incorporated into psychotherapy with religious athletes. Intercollegiate athletic careers are often marked by a variety of stressors, including injury, loss of a starting position, and academic hardships. Therapists may work with these athletes in composing meaningful prayers or in thinking about how and when they may be used. Prayer may assist athletes in coping with difficult circumstances by providing them with a sense of validation, hope and comfort. Indeed, without such an outlet, a need to cope with such events may motivate maladaptive patterns of behavior such as substance use (Kus, 1995). Since involvement in prayer or more formal religious services often translates into increased feelings of security and reductions in anxiety, we have often suggested renewed participation in these activities for athletes with strong religious values.

Utilizing the religiousness of individual athletes may also assist in facilitating performance enhancement interventions. For example, self-dialogue and relaxation techniques may be refined through the use of religious cognitions or self-statements which provide the athlete with a sense of security (Hoffman, 1992a). To illustrate, a poor performance may leave the athlete distressed and inconsolable. But religious beliefs can

endow the event with meaning and assist in coping. A young man who presented for treatment following a career ending injury was able to reframe his condition by saying that his "injury was part of God's plan and a sign that [he] should pursue a career in law enforcement." This belief allowed him to maintain hope by attributing control to a powerful Supreme Being. By remaining within the athlete's belief system, the clinician provided an intervention that fit within the framework of the particular religion and was readily utilized by the athlete (Balague, 1999).

In conclusion, clinicians must understand the role religion and spirituality play within the religious athlete's life in order to devise and implement appropriate interventions for religious athletes. Individualizing existing treatments based on the unique characteristics of the athlete promises to yield more effective results with higher consumer satisfaction. As many athletes rely on a religious framework for guidance and support, an athlete's religiousness should be considered as a psychosocial variable that may exert a significant influence on therapeutic delivery and outcome.

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