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Elite Athletes and Treating Post-Competition Depression

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Many athletes train for years, reach the apex of their careers, then "crash." After the peak of competition is over, and the highs of winning, commercial endorsements, sponsors and general excitement die down, depression then sets in. This is known as post-competition depression. Some of these athletes seek out a sports psychologist; others deal with their emotions individually.

This article will focus specifically on depression among elite-level athletes, post-competition world champions, Olympians, and retired competitors.

The main theory behind this disorder focuses upon an individual's biological rhythms. When an athlete is finished with the peak competitive season (which is especially true for retiring athletes), social demands and personal relationships change. These changes cause disruptions in one's normal everyday routine (deregulation). An athlete maintains a certain schedule for years with intense drive and desire. All of a sudden, this schedule changes, and the need for the intense drive and desire is no longer necessary. The athlete is left with feelings of loss and loss of purpose, and often asks himself or herself, silently, "Now what do I do?"

Post-competition blues may include fatigue, mood swings, insomnia, psychomotor changes, diet changes, frustration, anger, decreased appetite, restlessness, anxiety, impaired memory, spirit lassitude, decreased libido, possible cold extremities, five-palm heat, dry mouth/tongue, and even suicidal thoughts.

It must be remembered that these are athletes that have maintained the same goals and intense training schedules for many years. A prime example is the Olympic athlete, who, depending upon one's age, has a certain window of opportunity to compete at that particular level. There were many athletes who had trained for four to eight years or more consistently prior to the 1980 Olympics, which the U.S. ended up boycotting. For many of these athletes, their Olympic dreams were not achieved; for many more, it was their only window of opportunity.

On the other hand, following the 1984 Olympics, an Olympic driver admitted having post-competition depression for two years. This individual openly discussed his particular situation. However, most athletes will not discuss the situation outside of their families and/or sports psychologists, and may not discuss their situation until many years later, if at all. Again, individual athletes all have individual coping skills and deal with the situation accordingly.

Oriental Medicine and Post-Competition Depression

According to Oriental medicine, excessive training and intense, consistent mental focus cause decreased flow of *qi* and blood and prolonged liver *qi* stagnation, further developing into *qi*/blood stagnation. If liver *qi* stagnation is a pre-existing condition, and is not addressed prior to competition, it can progress further into heat. So, athletes can get post-competition depression either by excess and/or deficiency or combination patterns. Let's look at some possible disease

mechanisms according to Oriental medicine.

Spleen *qi* deficiency is a causative influence of post-competition depression. The spleen *qi* is unable to transform food into nourishment, affecting the movement and production of *qi* and blood.

Another important factor is having effective digestion with consistently good eating habits. The reasoning revolves around the daily expenditure of *qi* and blood. If, in a given day, the *qi* and blood expenditure is not used, a surplus develops. During sleep, whatever *qi*/blood surplus remains is transformed into essence. The *zang/fu* organs mainly involved with post-competition depression include the spleen and kidney. If the spleen and kidney are healthy, they are able to support the liver *qi*, enabling it to flow freely and smoothly. The yin blood supports the liver by nourishing the liver, whereas the kidney yang supports the liver by warming and steaming. The spleen supports the liver as the source of *qi*/blood, which supports and transforms. The spleen *qi*'s responsibility is to provide the movement of enough blood in order to nourish the liver, which allows the liver to have enough *qi* and enables the liver to move *qi* in all directions, which in turn supports all of the other *zang/fu* organs. Liver *qi* stagnation can develop from deficiency of *qi*/yang/yin and/or blood. If the *qi* is deficient, it is unable to support the liver's function of moving *qi* in all directions, and storing blood among others.

Another factor involved with post-competition depression is the *shen*/spirit of the heart. *Shen*/spirit is affected by *qi* deficiency and/or yin/blood deficiency. *Qi* deficiency in general cannot support the *shen*. Blood and/or yin deficiency cannot support the heart, and the heart houses the *shen*/spirit.

Another potential cause of post-competition depression includes the essence/*jing*. The main support for the yin and yang is kidney essence/*jing*. If essence/*jing* becomes deficient, which is the foundation and constant support for yin and yang, yin and/or yang will be affected.

There will be an interaction of all patterns due to the stress that comes from competition, years of mental, emotional and physical training, expectations and personal goals, maintaining a lifestyle dependent upon constant, intense desire, determination and follow-through, and trying to constantly achieve. All of these traits deplete the spleen *qi* and heart *qi* over time and can affect kidney yin, creating deficiency, not to mention liver *qi* stagnation. Also, the demands of one particular sport may be greater than another. The demands of a gymnast start at a very young age, and are mentally, physically and emotionally trying. Conversely, baseball may not have the tremendous pressures or structured demands as gymnastics. Remember, being an elite athlete is stressful regardless of the sport because of the mental, emotional and physiological investment involved with the athlete.

Typical formulas are used based upon diagnostic pattern differentiation according to Oriental philosophy and Chinese medicine, not symptom-based diagnostic methods within biomedicine. It is important that this is understood within the Western medical/academic community. These formulas should only be prescribed by licensed acupuncturists, Oriental medical doctors, acupuncture physicians, or other medical providers who are specifically educated and have in-depth knowledge of Chinese medicinal herbal formulas.

Typical points that may be used involving spleen *qi* deficiency would include SP 6, ST3 6, UB 20, and R 4 to boost *qi* and strengthen the spleen. HT 7, P 6 and UB 15 could be used to tonify the heart and calm the spirit. For liver *qi* stagnation, LV 3 and LI 4 could be used to course the liver and move the *qi*. Individual conditions will determine what points may be used bilaterally verses contralaterally. For example, most athletes will have underlying long-term spleen *qi* deficiency and liver *qi* stagnation; therefore, bilateral points include LV 3, ST 36, SP 6, and R 6. Contralateral points would include HT 7, P 6 and LI 4, depending upon the gender of the athlete. (I would use HT

7/P 6 on the right and LI 4 left in females, and the opposite in males.)

Auricular therapy points used include *Shenmen*, Heart, Liver, Anxious point, Occiput, Nervous Subcortex, and Ear Apex bleeding.

Conclusion

The purpose of this article is to provide insight and enable sports medicine to evolve as a profession with the integration of different diagnostic medical perspectives collaborating synergistically. We are striving to provide expanding current treatment methodologies and professional specialties that can be used to allow the athlete to work through and develop his/her next goal without any serious consequences that could have been prevented, had attention been brought to this matter. Oriental medicine is a very effective medical specialty that uses different diagnostic perspectives to counterbalance the complexity of human highs and lows. Implementing Oriental medicine within the sports medicine arena works extremely well during training as a preventive measure and in conjunction with a sports psychologist at retirement.

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