It's no choke: the long-term consequences of choking in sport

Drs Denise Hill and Paul Gorczynski discuss the consequences of choking in sport on athletic well-being.

Athletes describe choking in sport as a dramatic, catastrophic and acute collapse in performance standards, when performing under pressure (Mesagno & Hill, 2013). It is unsurprising therefore, that choking has become a frequent topic of discussion among athletes, coaches, media and sports fans, and a phenomenon of interest to sport psychologists and researchers. Over the last decade, researchers have provided an increasingly detailed account of the antecedents and mechanism of choking, while also identifying situational/individual moderators that can increase an athlete's susceptibility to choke (see Mesagno *et al.,* 2015). More recently, such work has also informed a range of strategies that may prevent the choke from occurring (see Gröpel & Mesagno, 2017).

The golfer Rory McIlroy choked in equally "spectacular" fashion during the 2011 Masters. He entered the final round with a four-shot lead, only to drop seven strokes in six holes, on route to a remarkable score of 80 (eight over) that would leave him tied for 15th place. While McIlroy acknowledged the choke led to extreme distress, he used the experience as motivation, which informed improvements to his game (technical and psychological aspects). Thus, in contrast to Boswell, McIlroy went on to win the next major of that year (US Open), where he asserted the choking event had acted as the catalyst for victory. Anecdotally, it does seem that the consequences of choking can be substantive, and hold the potential to be either destructive or constructive.

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It is interesting to note however, that little research attention has been directed towards examining the consequences of choking. That is, whether the experience can have a long-term impact on the performer and his/her future pressurised performances.

Most cricket fans will remember the Leicestershire bowler Scott Boswell, who choked under pressure in the 2001 Cheltenham & Gloucester Final. He produced what is still referred to as "…the worst over ever," which lasted 14 balls and included six wides. Boswell later admitted that the "trauma" of this choking episode, shaped the remainder of his life. Namely, he felt unable to remain within competitive cricket due to his constant vomiting and inability to replicate a "normal" bowling action when subsequently exposed to pressure. Then, by dwelling on that choke, he went on to suffer depression for several years, where he isolated himself from friends and family, and became alcohol dependent.

Of the limited empirical evidence available, Hill *et al.* (2010) found within their study of elite golfers, that choking tended to lower self-confidence and encourage negative affect/cognitions for a "period of time," This would leave the golfer progressively vulnerable to choke under pressure thereafter. Importantly, a small number of the golfers also suggested that choking diminished their self-esteem/well-being - a finding that received additional support from a longitudinal study with choking-susceptible professional golfers (Hill *et al.,* 2011). The following pertinent insight was offered by one of the participants:

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Conversely, Gucciardi *et al.* (2010) found all athletes within their study perceived choking had constructive consequences in the longer-term. That is, through the act of choking, they learnt how to manage themselves more effectively during subsequent pressurised performances (e.g. adopt a pre-shot routine and process goals). This was also found to be the case for the majority of athletes within Hill and Shaw's (2013) study, in which they examined the choking phenomenon within the team sport setting.

Hence, our current research (Hill *et al.,* in press) has examined further the consequences of choking and attempted to make sense of why its impact appeared destructive for certain athletes, while constructive for others. From a sample of 11 competitive golfers, seven reported the consequences of choking had been constructive, and demonstrated adversity-related growth. As explained through the affective-cognitive processing model of post-traumatic growth (ACPM; Joseph *et al.,* 2012), these golfers appraised positively the adversarial event of choking, by using delayed (i.e. a few days after the event) and dual-reflection (with a coach/sport psychologist), to learn from the experience. Through this process, they were able to modify their pre-adversity assumptions, improve their ability to manage their emotions effectively under pressure, and gain a sense of mastery/control over future pressurised performances.

The remaining four golfers reported destructive long-term consequences from their choking event(s), whereby they appraised the choke(s) negatively/self-critically, and engaged with brooding rumination (i.e. revisiting the choke and associated negative thoughts/emotions in their minds). This response lowered their self-confidence and perceived self-control to such an extent, they began to consider the choke was "inevitable" when playing under pressure. In accordance with the ACPM, such negative appraisal of the adversarial event may have led to a failure to resolve the issues that caused choking, and thereby increase the golfers' susceptibility to further adversity under pressure.

It remains unclear why most of the golfers reflected positively on their choking event(s), while four reflected negatively/self-critically. Though it appears that social support is likely to have played a role. That is, those who gained adversity-related growth did access expert guidance (e.g. a golf professional/sport psychologist), which helped them reflect constructively on, and understand, their choking episode(s). Equally, it was surmised that the four golfers who reflected destructively, may have held "cognitive distortions" (Hope *et al.,* 2010) whereby their automatic negative appraisal of their choking events were consistent with their unhelpful core beliefs.

Finally, and critically, the four golfers in question confirmed previous reports that athlete well-being can be affected in the long-term as a result of choking. Indeed, in one case, this also led to self-destructive behaviour, with athletic identity appearing to influence this outcome:

> …It's hard to describe how that type of collapse makes you feel. Especially when you keep doing it over and over. I felt empty, angry...a failure…(After choking) I walked into the clubhouse…and drank (alcohol)…I got in the car and drove home. I was massively over the limit…That behaviour is inexcusable…I doubt anyone would understand why I did it... It's just an indication of how choking made me feel…I just needed to blank it out. Choking really damaged my self-esteem. Does that make sense?...I had this image of myself being a successful golfer, but the truth was, I was pathetic... Anyway, choking got me to the point where I no longer had any regard for myself.

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Accordingly, we offer the following recommendations for practitioners working with athletes who are choking-susceptible:

1. If an athlete chokes, encourage the use of thought stopping and mindfulness to prevent brooding rumination.
2. An athlete should reflect on his/her choking experience with another individual (e.g. a coach/sport psychologist) who can direct learning and encourage constructive reflection.
3. Any athlete who reflects in a highly self-critical/destructive manner may benefit from Rational Emotion Behavioural Therapy to address potential cognitive distortions. They should then be better-placed to reflect on any choking experiences constructively.
4. Support an athlete to challenge/replace dysfunctional attributions post-choke with those that reinforce personal control over pressurised performance.
5. A choking-susceptible athlete should enhance his/her resilience through mental-fortitude training (Fletcher & Sarkar, 2016). ■

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