Greasewood Tablettes

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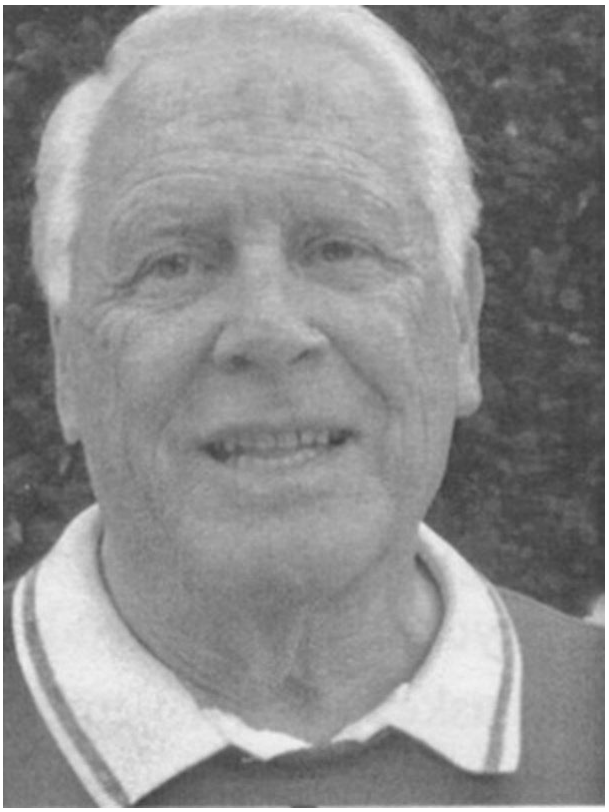

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1974-2005

The following article by Jerry May, Ph.D., was updated and edited to memorialize the 150th anniversary of the University of Nevada Reno. The article originally appeared in "Build It & They will Come: An Anthropology by Retired Faculty of UNR, a book dedicated to faculty, staff, students, and interested citizens whose foresight, persistence, resources, and patience continually recreated UNR since 1874 and memorializes its 150th anniversary."

Build It & They will Come

Psychology and U.S. Olympic Sports

I want to share an incident that totally changed the trajectory of my career at the University of Nevada, Reno School Of Medicine (UNR Med). Colleague Owen Peck, M.D., came to my office one Thursday morning in 1977. He told me a first ever U.S. Olympic training center had opened in

Squaw Valley (now Palisades Tahoe) CA, site of the 1960 Winter Olympics. It would have an emphasis on sport medicine. He had made an appointment to visit the training center that afternoon. He knew I enjoyed sports and asked if I would like to go with him. It was my research day, so it was an easy decision. Spontaneously, I said: Yes, and off we went to what became a delightfully, interesting afternoon and evening.

At some point, the U.S. Olympic Committee (USOC) training center sport medicine leader started talking about a field of potential importance to athletes and teams but was not formally organized within the U.S. Olympic movement: sport psychology. At that point, Owen said: Did you know Jerry is a clinical psychologist? They did not. They thought I was one of Owen's physician colleagues. After another couple of hours of talking about the psychology of health, high level performance, and athletic injuries we left.

Following our meeting I received a call inviting me to meet with officials from the U.S. Olympic House in New York at their training center. What began as a serendipitous encounter a month previously, launched my 39-year (1977-2016) relationship working with U.S. National, Olympic athletes, professional athletes, coaches, teams, and administrators, as well as other sports specialists in medicine, exercise physiology, biomechanics, and athletic training. There were also other critical specialists usually unknown to the public. For example: ski reps who tune skis, farriers making horseshoes, and meteorologists reporting weather conditions to sailors.

Over time, we developed a USOC sport psychology committee, which outlined the necessary qualifications for psychologist involvement with Olympic athletes and coaches. The Olympic training center eventually moved to Colorado Springs, hiring full-time clinical psychologists. We encouraged national governing bodies to find psychologists for their sport. I was recruited by the U.S. alpine skiing team to consult as their sport psychologist. I attended training camps, World Cup events and the Winter Olympics. Later, I was asked to be a member of the USOC sports medicine council, which led to me being the first ever psychologist appointed to be officially available to all members of the U.S. Olympic team during a summer Olympic games, which was held in Barcelona, Spain, in 1992. Today, there are psychologists working with many teams.

Yes, life is full of serendipitous opportunities, and we can make spontaneous decisions that become exciting, productive and life changing. Thank you, Owen, for dropping by my office that day in 1977.

U.S. Sports Teams with Whom I HAVE Worked

I consulted and travelled with U.S. alpine skiing (13 years), U.S. sailing (on and off for 25 plus years), U.S. men's soccer a few years leading up to and through World Cup, 1998, in France. Other sports included: biathlon, ice skating, rowing, race walking, diving, swimming, synchronized swimming, equestrian, fencing and professional sports of tennis, golf, rock drilling, rock climbing, and even bagpiping. I worked with both male and female elite athletes at their training camps and at competitions in the U.S. and other countries. I was also invited to lecture at universities and conferences in the U.S., France, Germany, Spain, Italy Australia, Israel, China, and Canada.

Personal Stories of "Thrill-of-Victory" AND "Agony-of-Defeat"

I experienced many delightful, and at times, challenging athletic experiences. One time, the head of U.S. alpine skiing was to conduct the final race inspection of what is

thought to be the toughest downhill in the world: The Streif-Hannenkamm race in Kitzbuhel. He told me he wanted me to do it with him. I said: No! We worked very well together, and he insisted. I said: Yes! So, down the course we skied! I experienced the "thrill of victory" of sorts, unhurt and alive. On race day, the course surfaces are basically ice. I have cautiously skied many other great alpine downhill, slalom, and giant slalom courses, (e.g., Wengen, San Antonio, Garmisch-Partenkirchen, Val d'lsere, Cortinad' Ampesso, Meribel, Val Gardena, Vail, Aspen, etc.), but never with the speed and sense of out-of-control of the Streif, which is one of the most difficult downhill alpine race courses in the world.

Football (soccer), being by far the biggest and most watched sport in the world, was another such experience. The U.S. men's team had one of the best coaches I have ever had the honor of knowing. Our team, prior to the 1998 World Cup in France, tied Mexico in Mexico City—a formidable accomplishment. We defeated Brazil in the 1998 Gold Cup. I was standing on the field next to our goalie at the end of the game when one of Brazil's best soccer players/strikers in the world came and congratulated him. Our goalie had stopped (deflected) ten shots by Brazil. Yes, there is respect and honor between great athletes.

The "Agony-of-Defeat" for our excellent soccer team, the coach, and for me, occurred when a couple of senior athletes were named to the World Cup team because they had helped the sport become better known in the U.S. They were told they would not be playing much, as the younger athletes who qualified the team for the World Cup would play the most. Upon arriving in France, these athletes went to the press complaining about the coach. Alas, the sports press frequently enjoys and encourages controversy. The resulting public dispute caused a breakdown in team morale, resulting in our team not performing to its potential. This was truly an unfortunate set of events but underlines the complex nature of elite athletic performance.

Nearly all the athletes with whom I worked were trying to win a place on a national or Olympic team. Much of their lives included goals to excel and be the best in their chosen sport. They had achieved being the top athletes in the U.S. in their sport. I have worked with several Olympic and World Games' medalists. We all know at this level medals are awarded Gold, Silver and Bronze—first, second and third places.

Sports fans tend to define success as achieving a gold medal. However, the difference between first and fourth place in elite sporting events is often a hundredth of a second, a few inches, and off-side call or a single stroke. I learned to respect everyone who accomplishes so much. Just competing at an elite level leaves me in awe. To put it in another context: Do you know the grades of your favorite physician and how much (or

how little) those numerical evaluations mean about their goodness or effectiveness as a physician?

Another time, the U.S. Olympic sport medicine program asked me to spend several weeks in China lecturing at several universities and China's Olympic training and sport medicine centers. I had the opportunity to play table tennis (ping pong) with one of their best players. As I recall, I returned only one serve. I was nevertheless afforded the opportunity to discuss with the Chinese some of our respective ideas about athletic motivation and useful life lessons in addition to enhancing athletic performance.

During my many years with U.S. sailing, we trained and competed on oceans, seas, bays and lakes (San Francisco, Long Beach, San Diego, Miami, Savannah, Lake Ontario, Hyeres, Barcelona, Tenerife, Mallorca, Rio). Sailing is what is classified as an Open Sport. Skiing and golf are also “Open Sport”. With Open Sport there are no standard fields of play as for closed sports like a soccer field or basketball and tennis courts. In sailing, the courses vary. There are ever changing conditions, waves, wind direction and velocity, a boat to control, forces on sails and occasionally being part of a crew. Sailing requires technical knowledge, athleticism, planned flexibility, endurance, and all that sport psychology has to offer. I have made great lasting relationships with many tremendous coaches and athletes. There were many victories and figuratively some capsizes.

Sport Psychology Consultation Topics

Topics included many services based on general, clinical and health psychology and behavioral medicine that I taught at the medical school, such as optimal arousal for performance enhancement (confidence, motivation, stress, anxiety), and excellence vs. perfection. Another topic is the ABCSs of psychology: A=Affect (Sensations, feelings, rhythm, emotions), B=Behavior (Practicing and competing, biomechanics, exercise physiology, all aspects of conditioning for doing the specific sport), C=Cognitions (Thoughts, imagery, self-talk, communication to and from coaches, fellow athletes, and friends), S=Spiritually (Love of the sport, mother nature, and being physical). It was similar to a bio/psycho/social model of integrative medicine that brought me to UNR Med.

Other topics include coaching skills, teamwork, even in individual sports. I found athletes, coaches and sports administrators open to learning the benefit of assertiveness vs. aggressiveness, stress/anxiety benefits and pitfalls, developing a vision, goal setting and methods and programs to achieve success, relaxation

techniques, mindfulness, mental rehearsal-visualization, stop think techniques, sensation and imagery training, and breathing exercises.

I remember a great skier whose performance had been dropping off in recent competitions. At a World Cup ski event in Italy, I was positioned half-way down the course with the coach. I noticed the athlete was holding his breath as he skied by us. I discussed the observation with the coach, and we recommended the athlete change his breathing cadence and to blow out (exhale-relaxation technique) at terrain changes on the hill during training and racing. His rhythm, speed and previous high-level performance returned.

Sometimes, there are occasions needing crisis intervention. During one Olympic game, several team members came to me in the middle of the night to report that their star player had made an airline reservation to return home. It was the day before the finals. Time was spent supporting the athlete and he reduced his anxiety. He cancelled the airline ticket, and his team won a medal the next day.

A very significant aspect of high-level performance and life in general is maximizing the ability to have fun. Most sports are chosen because they are fun. It is also critical for elite athletes. I developed a Fun Questionnaire, which has been administrated to several thousand athletes, coaches, medical students, physicians, judges, business leaders and patients. The findings are spectacularly simple. Responses to the questionnaire reveal: what we do for fun, what interferes with fun, the benefits of fun, and how to have fun.

Additional sport psychology topics include planned spontaneity, cooperative competitiveness, trying too hard, the importance of training what you do well, not just error correction of a lesser skill, the detriment of over-training, over-thinking, the psychology of injury prevention and rehabilitation, and the importance of resilience. At times, there are mental health issues of depression, severe anxiety, relationship, or family issues. It is important to address balancing life with work, even if it is 20/80 at times, as training and competing are extremely time consuming. We all need to leave our professional life and committed aspirations and experience other aspects and joys of living. We also initiated discussions of career transitions and taking the methods to achieve success in sport to other vocations. The U.S. Olympic movement now offers workshops on career transitions for athletes.

In summary, I have learned that individuals and teams across different sports, professions and cultures are more alike than different. It has been wonderful to interact with so many people from across the U.S., other countries and cultures. I have learned much from those with whom I have worked. Medical students, elite athletes or anyone who seeks to achieve at a high level have similar motivations and a dedication

to improvement. They can all benefit from the psychology of excellence. At UNR Med I gave lectures and spent time discussing psychology to medical students about stress, disease, health, wellness, and performance as it relates to them personally, their eventual practice, and patients. I am grateful and thank UNR Med for providing an environment for faculty and students to pursue our meaningful interests.

History of the Neonatal Microbiome and Implications for Health and Disease

Kristin Sohn, M.D.

The microbial colonization of the fetal gut begins in utero and is influenced by the maternal microbial communities, maternal diet and medications, and timing of the rupture of membranes. Post natal colonization is further influenced by mode of delivery, environmental exposures, diet, medications and procedures. Historically, healthy, term, vaginally delivered infants have a high abundance of Bifidobacterium species and a low abundance of pathogenic species. Bifidobacterium consumes human milk oligosaccharides (the third most plentiful component in human milk) as its sole carbon source and grows exponentially during infancy. Protective, anti-inflammatory metabolites are secreted during catabolism, which infer gastrointestinal protection from illness and disease. There is evidence that the abundance of Bifidobacteria species in the neonatal microbiome is decreasing over time due to changes in deliveries and shifts in diet, which could have profound effects on health and disease.

When compared to term babies, preterm babies have delayed colonization and decreased biodiversity, making them at increased risk for intestinal dysbiosis, an unhealthy imbalance of good and bad bacteria. Furthermore, the interventions often necessary to keep premature babies alive, such as cesarean sections, prolonged hospitalization, antibiotics, and delayed feedings, increase the risk of intestinal dysbiosis. Dysbiosis is associated with chronic, life-long diseases, such as diabetes, autoimmune disease and cancer. More immediately, dysbiosis is associated with distal colon inflammation and is known to precede necrotizing enterocolitis (NEC), a devastating intestinal infection mostly seen in premature babies. NEC is associated with high mortality and morbidity, including intestinal complications, neurodevelopmental impairment, and poor quality of life.

Probiotics are foods or supplements that contain live micro-organisms intended to maintain or improve health. The dysbiosis frequently seen in preterm babies offers a unique time point to affect life-long health with the use of probiotics. Multiple studies have shown that probiotics are safe, efficacious at altering the neonatal microbiome, and associated with decreased incidence of NEC and decreased mortality.

A recent prospective cohort study was completed at Renown Children's Hospital NICU and published in the Journal of Perinatology. The study was funded by a grant from the Nell J. Redfield Foundation, Reno, NV. During the study, Bifidobacterium longum ssp. infantis (EVC001) was administered daily to 277 preterm babies from January 2022 through September 2023. Outcomes were compared to preterm babies born in the two years prior to initiation of probiotics. Administration of the probiotic, B. infantis was associated with a decrease in NEC ($p=0.0058$), a decrease in bloody stools ($p<0.0001$) and improved feeding tolerance, as evidence by decreased total parenteral nutrition days ($p<0.001$) and decreased days to full enteral feeds ($p<0.0001$). The publication, Bifidobacterium longum subsp infantis (EVC001) is associated with reduced incidence of necrotizing enterocolitis stage >2 and bloody stools in premature babies, is open access and can be read in its entirety at https://www.nature.com/articles/s41372-024-02188-8.

From our Readers

Sam Parks: I do enjoy Greasewood Tablettes, You always put "local" issues in it.

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