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ATHLETE BURNOUT: SIGNS, RISKS AND PREVENTION

Understanding the process behind fatigue, loss of motivation and declining performance

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Why was this guide prepared?

Athlete burnout is often mistaken for simply being very tired. In reality, it is a process involving physical and emotional exhaustion, withdrawal from sport, reduced sense of accomplishment and a growing feeling of burden.

High training load alone does not equal burnout. Well-planned demanding periods can support development. The problem appears when the balance between load and recovery remains disrupted, the athlete loses a sense of control and sport becomes mainly a source of pressure.

This guide helps athletes, coaches and families recognise early signs, understand risks and apply practical prevention strategies.

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What is athlete burnout?

Athlete burnout is not one bad training day. It is a multidimensional process that usually develops across weeks or months.

The main features are commonly grouped into physical and emotional exhaustion, sport devaluation or withdrawal, and a reduced sense of accomplishment.

Athletes may say, “I am not as good as before,” “I feel nothing now,” or “I do not want to train.” These statements should not automatically be labelled as laziness or poor motivation.

The burnout map

Burnout rarely has a single cause. Training load, poor sleep, achievement pressure, role ambiguity, school or work demands and lack of social support can interact.

At the centre is the athlete's total load. From this centre, pathways extend toward physical fatigue, emotional exhaustion, loss of motivation, declining performance, sleep disturbance and social withdrawal.

One symptom alone does not prove burnout. The pattern becomes more concerning when several signs persist and impair daily functioning.

Normal fatigue or burnout?

Fatigue after demanding training is expected. Normal fatigue improves with adequate sleep and recovery, and the athlete regains energy and willingness to train.

In burnout, rest may help briefly, yet aversion to sport and a sense of burden continue. The athlete feels emotionally as well as physically depleted.

Normal fatigue says, “Today was difficult.” Burnout may move toward, “None of this means anything anymore.”

Physical signs

Persistent fatigue, delayed recovery, declining performance, sleep disturbance, appetite changes and frequent injuries may be physical warning signs.

Heart rate, soreness or tiredness alone cannot diagnose burnout. What matters is a clear change from the athlete's normal pattern.

When the body no longer manages load well, technique may deteriorate. In a contact and breath-hold sport such as Underwater Rugby, this can also increase safety risk.

Emotional and cognitive signs

Athletes may become more irritable, react strongly to small mistakes or feel persistently unsuccessful.

Marked reluctance before training, anxiety, emotional emptiness, poor concentration and slower decision-making may appear.

Some athletes become quiet rather than visibly angry. Withdrawal deserves as much attention as irritability.

Withdrawal and loss of meaning

A key feature of burnout is emotional distance from a sport that once mattered.

Training may feel like a task to complete, teammates may be avoided and achievements may feel meaningless.

The statement “I do not care anymore” can be a form of self-protection. Emotional withdrawal may reduce the pain of disappointment.

Why does performance decline?

Insufficient recovery, poor sleep, reduced concentration and declining motivation can all affect performance.

When athletes try to compensate by training more, total load rises further. A cycle may develop in which falling performance leads to more work and less recovery.

Performance decline is not always psychological. Infection, iron deficiency, thyroid disorders, low energy availability and other medical causes must also be considered.

Main risk factors

Prolonged high training load, inadequate recovery, constant selection pressure and lack of athlete involvement in decisions can increase risk.

Perfectionism, fear of mistakes, receiving value only through results and a disrupted school-sport balance are also important.

Humiliation, bullying, unclear roles and poor coach communication may accelerate the process.

Risk in children and adolescents

Young athletes may confuse adult expectations with their own worth. The belief “I am valuable when I win” can turn sport into constant evaluation.

School demands, growth, social life and intense training may leave too little room for recovery.

Withdrawal from sport should not be dismissed as immaturity or lack of discipline. Load, sleep, team climate and emotional state should be reviewed first.

Coach language and team culture

“Push through; everyone is tired” can make a genuine problem invisible.

A more useful approach is curious and specific: “What has changed in recent weeks?”, “What is making recovery difficult?” and “Which part feels most draining?”

A safe team culture allows athletes to discuss fatigue and psychological strain without fear of punishment.

What should families notice?

When families ask only about results, young athletes may learn that their value depends on success.

Alongside “How many goals did you score?”, ask “How did training feel?”, “Was there a moment you enjoyed?” and “Do you need recovery now?”

Families should not replace the coach by writing the programme, but they should take changes in sleep, appetite, school routine and mood seriously.

Prevention: balance load and recovery

Prevention does not mean removing all demanding training. It means planning load and recovery together.

Hard sessions require easier days, adequate sleep, sufficient nutrition and psychological downtime.

Weekly load includes more than training hours. School, work, travel, family difficulties and life stress all contribute to total burden.

Prevention: control and athlete voice

Athletes gain a stronger sense of control when they have some voice in goals and planning.

The purpose of training should be explained, role changes discussed and athlete feedback heard.

Control does not mean every request is accepted. Even predictable and understandable decisions can reduce burnout risk.

When is professional assessment needed?

Professional assessment is useful when signs continue for weeks, affect daily life or the athlete becomes markedly withdrawn.

Low mood, severe anxiety, eating problems, sleep disturbance, thoughts of self-harm or statements that life feels meaningless require prompt attention.

Medical assessment may be needed to rule out physical causes, and mental-health support should be used for psychological symptoms.

Seven-day recovery check

1. Day 1: Rate your energy over the past two weeks from 0 to 10.
2. Day 2: Review sleep duration and quality.
3. Day 3: Write the three most draining parts of sport.
4. Day 4: Remember one identity area outside performance.
5. Day 5: Discuss one load issue openly with a coach or family member.
6. Day 6: Create planned recovery time without guilt.
7. Day 7: Ask: “What must I reduce, and what should I protect, in order to continue?”
8. This exercise is not a diagnosis. It makes the balance between load and recovery more visible.

Final note and references

Athlete burnout is not a weakness of will. It develops when prolonged load, insufficient recovery, reduced control and loss of meaning combine.

When early signs are recognised, changes in training, recovery, communication and support can often prevent the process from deepening. The athlete must be seen as a whole person, not only as a performer.

Selected references:

Raedeke TD, Smith AL. Athlete Burnout Questionnaire.

Gustafsson H, et al. Athlete burnout: an integrated model and future research directions.

Madigan DJ, et al. Perfectionism and athlete burnout: meta-analytic findings.

Eklund RC, DeFreese JD. Athlete burnout: what we know, what we could know, and how we can find out more.

International Olympic Committee consensus statement on mental health in elite athletes.

This guide is for general information and does not replace individual mental-health or medical assessment.