

## **The Health of the Directors of Forensics: Career Implication, Complications and Issues of Concern**

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The doctor put it about as bluntly as he could. As you sat in the fairly innocuous examination room your family doctor said, "You can either drastically change your priorities in life and in your work, or you can die." Now, it seems like a vast overstatement to you at the time. After all, you had spent a great deal of time explaining what it was that you did as a job. You taught classes. No problem there. You researched and studied in your areas of interest. No problem with that part either. You were the Director of a speech and debate program. What did that entail, he queried? Well, (and it sounded absurd as you said it out loud) you spend long hours preparing/coaching speech and debate students, then you spend from two to twelve hours on the road to a speech tournament that may begin at noon on Friday and end at eight on Sunday night, then you drive home. While at the tournament you begin your days at six in the morning and end about midnight. You eat primarily fast food (when you eat anything), you snack a great deal (you've tried EVERY version of potato chips, candy bars, and caffeinated beverages out there), you smoke too much (or at least hang around people who do), and you figure you will catch up on sleep during a sabbatical leave in seven years. And that is just the stuff you will admit to him. You don't even talk about the level of stress that comes from tournaments, recruiting, budgeting, tournament administration, balancing teaching, research and travel, or the level of stress that it can cause on relationships and families. You also haven't talked about the times that you DO take a break, and it happens to be at the hotel bar where alcohol is many times involved. He looks at you quizzically and tells you about your elevated blood pressure, your weight problems, your marginal diabetes, your potential ulcer, and that heart burn that you felt last week, may not have been something that mild. I know that this kind of visit may sound very distant to some of you, but it is all close to home for me and many other colleagues in forensics. My office visit came in the summer of 1995 and I'll be honest, this office visit scared the "hell" out of me, and made me re-evaluate what it was that I was doing and what impact it was having on my health. Thus, this topic is very close to me and in some terms it should be closer to many directors in the activity. The physical and emotional health of individuals is at stake, but more importantly we may be looking at the disease of the future in recruiting and retaining the next generation of coaches/directors. In today's forensic world we have come to deal with "coach/director burnout" from many external factors, however I believe we have overlooked a very crucial component of the director's role, and that is his/her health. This article will attempt to take a brief look at some of the health factors that have become prominent on the forensics scene, and then offer some solutions for the individual and for the activity as a whole.

## The "real" cause of burnout

The forensic literature is uniquely devoid of any kind of information about the health status of directors and coaches. We have engaged in a somewhat inactive discussion of what burnout is and why it occurs (but it is almost as if we are afraid to broach the subject from a personal standpoint). In many cases we have looked for the "disease" in other places without looking to the results of those areas. Preston (1995) indicated that much of what is attributed to coach burnout is related to program pressures, student pressures, and external problems from the university (budget cuts, etc.). He states that there are certain "unavoidable" contributing factors which include, "...the logistics and time it takes to plan trips - no matter how few are taken - during the year requires time, and creates stress . . ." (p. 17). Though Preston points out some very considerable problems that do contribute to burnout, I believe that the manifestation of those problems may well be in the physical and emotional health of the director.

In 1992, Burnett-Pettus and Danielson at least gave us a point of reference when they described for us the types of programs that many of these directors were involved with in the 1990's. At one point they share some of the frustrations that survey respondents who were directors of combined debate and individual event programs vented, and concluded that the incredible pressures of time and sacrifice that these individuals put in "threatened coach burnout." In this sense, we may see a slight release of pressure coming in the form of programmatic changes, but is it enough and is that the right answer?

Several studies have talked about the value of the activity versus the "cost" to students in the activity. From Edney (1953) to Schroeder, Rodgers, Ray, Cox & Adams in the *Pi Kappa Delta Proceedings* (1995), study in the activity has focused its efforts on the student participants. It may be time to turn that focus on the leaders of the activity.

Most notably, Hunt (1993) wrote of coaching burnout in the CEDA community. His causes were two-fold: (1) Under-hiring (to be read as hiring those not qualified to do the job of Director) and (2) a "stressful job environment" (16). He states that, "The second cause is a stressful job environment that makes a forensic career difficult by accentuating negative job conditions without a balancing of positive factors" (169). His elaboration comes at the hands of a failure to clearly define the job of the director, inadequate assistance, extra duties, and length of the competitive season. Whereas he hits on some very crucial areas, the health of the director is largely overlooked.

## The Patient's File - What is wrong with us?

Though empirical data would help us see the major problems in the director's life and health, this paper begins with some observational, personal, and anecdotal evidence to classify the health concerns and risks. Amazingly, I think we will find they are very similar to those of other high stress arenas. The author

intends to follow up on this internal discussion with more study on the matter, including empirical data collection.

Since, health and fitness are not an area of expertise of mine I turned to a colleague who teaches "wellness" courses and writes in the area. He recommended one author who had a fairly reasonable approach (he contended). So, I picked up some of this health "guru's" books. Dr. Donald Ardell (1979; 1982; 1994), I soon learned, would HATE what we do and how we treat our bodies. In *High Level Wellness* (1982), Dr. Ardell contends in the following diagram what our levels of "wellness" and of "worseness" are in terms of health.

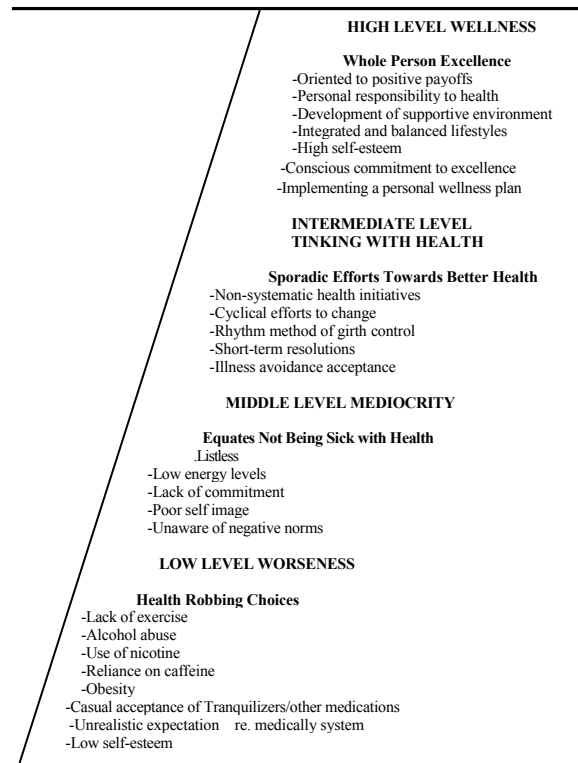


Diagram 1

One must merely go the "Low Level Wellness" category to find most of the forensic directing community. This is not to be generalized nor taken personally (or as I point out later, maybe it *should* be taken personally). We are continually participating in these health-robbing choices.

*Lack of exercise*

There is a distinct lack of exercise amongst directors. There seems to be no time, no energy (when everything else is done) and no priority. We know that it is good for us, but we find that no matter how hard we plan to put in that time for exercise there is something that always comes up that is "pressing." These are not trivial things (as I have tried to explain to doctors, etc.). These are budget matters that come up at 2 p.m. and must be resolved before you leave the next morning at 6 a.m. They are the high school students who are on campus and would like to meet with you. They are the matter of the grading that you promised that class, but didn't get done over the weekend as you thought. It is the here and now, that intercedes and pushes exercise out.

*Alcohol Use*

I'm not sure that I would want to see the statistics of how many directors/coaches enter into alcohol excesses. For many in the forensic community responsible alcohol use has never been seen as a real problem. I would contend that alcohol use seems to be on the decline at some tournaments, but it still plays a significant role. I know in my own situation, alcohol was a part of many of my memories of times as a competitor, and it has been a part of both my students' experiences and my own coaching experience. (Less so with the incredible time crunch of some swing tournaments!). In some cases, alcohol use and abuse have led to the demise of some of our most promising student competitors as well as some of our long time coaching colleagues.

*Use of Nicotine*

Here is where I may step on a bunch of toes. Dr. Ardell, as well as almost every doctor in the world, contends that nicotine use is the number one cause of problems in many of these other areas. For some reason, the stress that goes with our activity, associated with the down-time that exists in our schedule (between times of running fifty million miles an hour), encourages an environment of smokers. Everyone has their own reason for picking up the habit, but our activity sure does nothing to help those who want to quit. Empirical data may provide us with a better understanding of how many come to the activity with the habit, how many pick it up in the activity, and the rationales for why people smoke in the amounts they do at and around tournaments.

*Reliance on Caffeine*

Mountain Dew, Jolt, 40 ounce soft drinks, 24 ounce cups of coffee (the kind with the grounds settling on the bottom of the cup!). All of these are the standard drink fare of the forensic coach/director on any given day. Studies by the National Wellness Center (University of Wisconsin) show that the average individual consumes between 16-24 ounces a day of these caffeinated beverages (412). From a mere glance at the coffee table at a given tournament's "continental breakfast" one might contend that our community may set the high end of that spectrum. Then once the coffee and soft drinks are added from the trip to and

from the tournament, the one that substitutes for lunch, and the one that gets us through the late afternoon until a late evening dinner, we can attest to the high dependency we have on caffeine. We joke about it, we laugh over it, and we may very well abuse it.

### *Obesity*

In an effort not to hit too close to home, I will deal with my own personal experience in this area. As a high school football player, I was athletically built at 6'2" and 230 pounds. After just one year of not playing an organized sport, I had gained almost 60 pounds. After four years on the forensic circuit as a competitor and then another 10 years as a coach and director, I weighed in at 325. It was not due entirely to one aspect of my life or another. It very admittedly was a combination of factors. I ate less well. I exercised minimally, and the schedule with which I ate was irregular at best. In the "off-season" I attempted to lose weight. I tried many "programs" for weight loss and many of them had success with me until I was thrown back into the competition season, and went back to late night meals, the quick meals, the zero nutrition meals, and the skipping of meals. In each case, I knew that lifestyle changes were necessary, however I was unable to make those changes in the throws of the season. It just seemed too hard.

Only when the doctor diagnosed heart, blood pressure and diabetic conditions for me did I take the weight loss seriously. I took off 30 pounds the first year and am doing it at a very slow pace, but it didn't come on in a hurry so why should it come off in a hurry.

Without delving into personal examples, I believe by telling my story, many can relate to what I said in one way or another. The results may not be as dramatic, but the situation is the same. Again, one look around our activity evidences many obese and overweight individuals. Some of it is due to the nature of our activity.

### *Acceptance of Medication*

For many years the use of medications to cover the problems we have in the area of health have blinded us to the real problem. I have talked with many coaches/directors who have (at one time or another) been on medications for blood pressure, ulcers, etc. The environment of forensics has not changed in the last several years, so I'm not sure what we have been waiting for. We have continued to put our bodies through a high level of stress and abuse in the natural course of a season, but have merely thought that the medications alone would "solve" the problem. However, we have seen many people maintain or even increase the amount and types of medications they are taking and have done nothing to change their lifestyles.

## The Patient's Prescription

**DIMENSIONS OF WELLNESS**

Diagram 2

*Nutritional Awareness* is defined with questions that you ask yourself like: Do you use food as a reward/discipline? Do you use food for entertainment? Do you consume processed foods? Do you combine high-energy conversation or are you in a rush when you eat? Do you lose and gain weight on a fairly regular basis? Do you make nutritional choices in the food you eat? Do you eat when you are bored or depressed? Do you use food additives? Is your idea of a natural, good gourmet treat a six-pack and a "Big Mac"?

*Physical Fitness* is defined with questions like: Are you aware of your resting pulse rate, your target heart rate, your vital capacity, and your percent of body fat to lean muscle tissue? Do you participate in sporting events more than you observe? Are you familiar with minimal standards for adequacy of exercise? Do you supplement your exercise with warm-ups and cool downs? Do you enjoy physical conditioning? Do you feel good about how your body looks and feels? Do you have access to exercise facilities and do you use them? Do you derive satisfaction from going out of your way for extra exercise (taking the stairs, etc.)?

*Stress Awareness and Management* is defined by asking yourself questions like: Are you aware that you can moderate your blood pressure, etc.? Can you recall a time in the past week when you used deep breathing or progressive muscle control? Do you regularly employ a method of stress reduction? Do you control your own emotions when faced with an emotional situation? Are you alert to stress systems? Do you recover quickly from emotional events? Do you sleep well? Do you use visualization or other techniques to achieve more relaxed states of mind? Do you find it easy to express a full range of emotions? Can you experience failure without great upset?

*Environmental Sensitivity* is defined by asking yourself questions like: Do you realize the messages being sent by the media and our culture often make low level worseness a societal norm? Do you regularly enjoy a good laugh? Do you have a reasonably good picture of what your optimal health should be? Do you truly enjoy the activities in which you now spend most of your time? Do you have a positive self-concept that you over time have developed? Do you fall into the comparison trap? Are you generally willing to function assertively in order to realize your needs? Do you live and work in a supportive environment? Do you make a point to eliminate self-destructive concepts such as blame, worry, guilt, jealousy, and boredom?

The questions are meant only as a guide to show you about your lifestyle choices, practices, and to provide a benchmark from which to start to regain control of your health and life.

#### The Forensic Participation

Ardell (1994) stresses that there are two underlying principles of a wellness program; (1) it is positive and pro-active, and (2) it is individually based. The same must be said of any changes or adaptations we make to the forensic community and for the director's health. It must be done with a positive attitude (there is nothing more self defeating than the individual who enters a regiment of wellness with a negative disposition toward it - I am living proof). We must, as a community, provide avenues for this type of wellness to be accommodated. Additionally we must encourage directors to be aware of their health as well as be responsible for themselves. No one can make someone else care about their health. It must be self motivated and done for the correct reasons (i.e. losing weight for that special event won't change a lifestyle).

My suggestions then are merely suggestions from one who has been there, and from one whom the last several years have been a struggle to abide by some of these principles.

#### *Programmatic Changes*

Do you follow this mindset? I am a forensic educator. Thus I am here to "educate" students interested in the forensic arts. I am here to help students to learn, compete, and excel. The primary way to assess these competencies in those students is to take them to tournaments. At these tournaments, they need to compete. Now, I don't want to have them make a fool of themselves, embarrass the school, (or God forbid, be a budget suck!), and I want them to do well. Thus I push them, and me, to work harder, and to compete more. We have set certain goals for ourselves and there are certain expectations of this team (be they set by previous history, previous competitors, or departments and institutions). So we press on to do more than the next guy to get to that "next level."

The results are trying to constantly balance the educational missions of the program with the competitive pressures. We may be pressing ourselves into a schedule that cannot but result in poor health for a director as well as others.

Some possible prescriptions for program change:

- Shorten your squad's season.
- The director does not travel as much.
- Rethink the "nature" of your program (i.e. is having an integrated program worth it?)
  - Rethink the competitive and educational missions of your program.
  - Re-evaluate the program assessment measures with your administrators.
  - Hire out local judges to travel with the team.
  - Allow student team leadership to take more responsibility.

#### *Tournament Changes*

The tournament planning, preparation, coaching, and the stress that goes along with the tournament experience, I would chalk up as the most detrimental to our health and the most inhibiting to maintaining any semblance of wellness. That can be attributed to food choices, travel schedules, eating schedules, lack of exercise, and the stress of the activity.

#### *Food*

- Tournaments have begun to offer wellness snacks (fruit, non-carbonated beverages and the like). This needs to be expanded to include many other tournaments. Have your students sell the snacks and make money.
- The traditional "Continental Breakfast" that is included at so many tournaments needs to change. In some corners of the forensic community, donuts have been replaced with muffins and bagels. Coffee has been supplemented with juices and teas. To those that have made these efforts, thank you.
- Tournaments should provide restaurant lists that include alternatives to the normal fast food fare. Help those attending to find healthy food choices.

#### *Schedule*

- I don't know if I have ever dealt with a more problematic area of tournament planning than the consequences of any given schedule. In past years (after adopting a somewhat adapted version of the Arizona State schedule) we were able to accommodate (and get complimented on) the split debate and individual event schedule. At least at Wichita State, the teams attending primarily did one or the other, not both. For the debater who did extemp, it was a little bit of a challenge, but very doable. I suggest that we allow flexibility in schedule. Maybe we make decisions that don't push the time to the absolute maximum. Be realistic about things other than can you get six persuasive speeches into that round's allotted time. Make sure you plan judge "travel" time to and from the rooms, "travel" time to and from parts of campus, and try to plan in meal breaks.
- Though there is little time, perhaps we could find ways to make available exercise facilities on our campuses to the tournament participant and coaching staffs. As well, use and advertise hotels that have exercise facilities.
- Provide places that coaches/directors/judges can sit and relax. Most will search out this type of place on their own, but you might point it out.



*The Expectation Changes*

So often, the wellness of an individual is inhibited or deterred by the environment, but as any good motivational speaker will tell us, it is up to us. In many senses, this sage advice is one that we don't spend enough time on. When I suggest expectation changes, I am talking not only about those of the coach/director, but the team and administrators as well. My last year at WSU was very well balanced, and no frustration dominated my attitude, the attitude of the team, nor the attitude of the administrators on campus. I made public my health problems, and negotiated some changes in my schedule, my hours, and most of all the expectations of what it would take for the team to take up the slack. An increase in peer coaching sessions, video tape sessions (that could be reviewed/critiqued later), and more highly delegated responsibilities to the graduate assistant coaches, all helped in taking some of the burden off of this director's load. It took some heart to heart discussions with students to explain these principles and changes, but it was met with a great deal of compassion and understanding.

- Recognize that the director does not HAVE to do it all. You may feel like you are alone, and that even if there is assistance, it would take longer to explain it than do it yourself, but as the job gets more widely defined - the only place it will expand to is out of other parts of your life (be that family, significant relationships, or simple relaxation). Delegate, Delegate, Delegate . . .

- Rethink the expectations that students have of your role. I have had graduate students who will agree to stay and work with students until all hours of the night and into the early morning. The students begin to expect that, and when the next graduate student (who happens to be married, for example) goes home in the evening to be with their spouse, the students rebel and get frustrated and angry because their expectations of what a graduate coach should be are left unfulfilled. What do you think your role is and what do you think your students think your role is? It might tell you a lot about the stress that expectations have on you and your role.

*The Bottom Line - The Individual and Priorities*

"While it is true that doctors and hospitals have a significant role to play in the quality of our lives, this graph clearly indicates that it is individuals, through the choices that they make each day, that contribute the greatest percentage toward maximizing the quality of life and health. We all know that our behaviors can improve our chances for leading a long and useful life.

Collectively, all of our behaviors can be described as our lifestyle." ("In Pursuit of Wellness - Annual Report" -1990, p. 677).

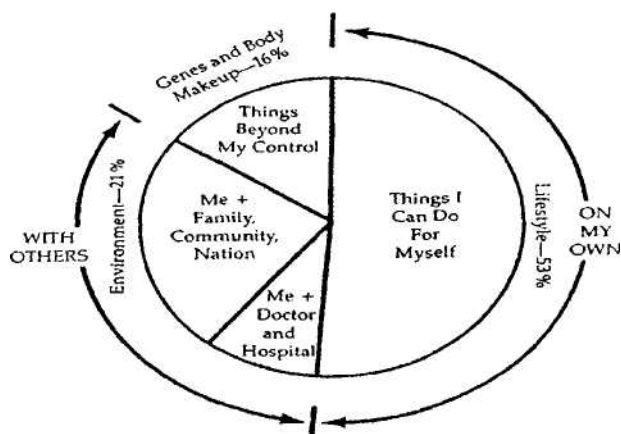


Diagram 3

There is no magic formula or miracle diet. The health and wellness issues of any individual, but especially the director of forensics, must be a constant concern. The implications have not only impacted physical well-being, but have resulted in emotional problems, and relational problems (I haven't even begun to mention the toll that being a director of forensics has on spousal and other significant relationships).

- Make wellness a conscious commitment to your own well-being.
- Avoid high-risk behaviors.
- Understand the limits of medicine.
- Realize that health is vastly more than not being sick.
- Understand and accept what you can and cannot control.
- Use your will power to overcome temptations.
- Set realistic expectations, and negotiate them with others.
- Eradicate "no-win" thinking.

#### Conclusion

We are a smart group of people. But for a group of smart people, health professionals would look at our lifestyles and cringe (and start ringing up the dollar signs from the treatments to come, no doubt). We have seen the statistics for years that claim the benefits of physical activity (and that means more than climbing the stairs to a second floor competition room, or walking several hundred yards to that "far-away" building). We have read about (and heard many a

persuasive round) on the foods that are healthy for us. We have listened to countless hours of experts tell us about how good we will feel if wellness is a part of our lives. As smart as we are, we may need to take the blinders off and start listening to our own bodies.

This very personal account has tried to address some of the concerns that face the health of the director of forensics. If we as a community wish to increase the longevity of our leadership, wellness will have to become a priority, with the members of the community looking for ways to effectively encourage those that have made it important.

The last visit to the doctor was encouraging. Blood pressure is down (medicated still, but down), the heart sounds good. I feel better because of exercise and eating healthier. Still have a few pounds to go (okay, be realistic, more than a few), but with wellness as a priority, I am ready to live longer for my wife, my sons, and myself. It is an issue that is much bigger and more important than just forensics, but it is one that the forensic community needs to address, to keep the activity, its participants and its coaches healthy for years to come.

#### References

- Ardell, D.A. (1979). *High level wellness: An alternative to doctors, drugs, and disease*. Bantam Books: New York.
- Ardell, D.A. (1982). *14 days to a wellness lifestyle*. Whatever Publishing: Mill Valley, CA.
- Ardell, D.A. (1994). *Planning for wellness: A commitment to personal excellence*. McGraw - Hill: Boston.
- Burnett-Pettus, A. & Danielson, M.A. (1992). "Analysis of forensics program Administration: What will the 1990's bring?" *National Forensic Journal*, X, 1, 11-18.
- Edney, C. (1953). "Forensic activities: Strengths and weaknesses." *Southern Speech Journal*, 19, 6-9.
- Hunt, S. (1993). "Avoiding the burnout of CEDA educators." 20<sup>th</sup> Anniversary CEDA Assessment Conference Proceedings. D.A. Thomas & S.C. Woods, (eds.) Kendall Hunt Publishing; Dubuque, IA, p. 169-182.
- In pursuit of wellness - Annual Report*. (1990). National Center for Wellness (University of Wisconsin).
- Pi Kappa Delta Developmental Conference Proceedings. (1995). McNeese State University: Lake Charles, L.A.