



## Psychological strategies to resist slowing down or stopping during endurance activity: An expert opinion paper

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1     **Psychological Strategies to Resist Slowing Down or Stopping during Endurance**

2                     **Activity: An Expert Opinion Paper**

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4                     Carla Meijen<sup>1</sup> (<https://orcid.org/0000-0003-0191-5344>),

5                     Noel E. Brick (\*)<sup>2</sup> (<https://orcid.org/0000-0002-3714-4660>),

6                     Alister McCormick<sup>3</sup> (<https://orcid.org/0000-0001-9666-6998>),

7                     Andrew M. Lane<sup>4</sup> (<https://orcid.org/0000-0002-8296-1248>),

8                     David C. Marchant<sup>5</sup> (<https://orcid.org/0000-0002-2601-6794>),

9                     Samuele M. Marcora<sup>6</sup> (<https://orcid.org/0000-0002-1570-7936>),

10                    Dominic Micklewright<sup>7</sup> (<https://orcid.org/0000-0002-7519-3252>),

11                    Daniel T Robinson<sup>4</sup> (<https://orcid.org/0000-0002-4518-0514>)

12  
13                    <sup>1</sup> St Mary's University, Twickenham, London, United Kingdom

14                                 <sup>2</sup>Ulster University, United Kingdom

15                                 <sup>3</sup>Plymouth Marjon University, United Kingdom

16                                 <sup>4</sup>University of Wolverhampton, United Kingdom

17                                 <sup>5</sup>Edge Hill University, United Kingdom

18                                 <sup>6</sup>University of Bologna, Italy

19                                 <sup>7</sup>University of Essex, United Kingdom

20  
21  
22     \* E-mail address for corresponding author: [n.brick@ulster.ac.uk](mailto:n.brick@ulster.ac.uk)

23     \* Telephone number for corresponding author: +44 28 70123111

24     \* Postal address for corresponding author: School of Psychology, Ulster University, Cromore  
25     Road, Coleraine, Northern Ireland, UK. BT52 1SA.

28 **Abstract**

29 Within this paper, we provide an expert opinion on five evidence-based psychological  
30 strategies that could help endurance participants overcome slowing down and stopping  
31 during performance: goal setting, motivational self-talk, relaxation, distraction, and  
32 pacing. We argue that these strategies are well-suited for delivery as brief-contact,  
33 educational interventions that could be accessible to large numbers of participants who  
34 do not have access to a sport and exercise psychologist. These interventions could be  
35 delivered using websites, online videos, workshops, or magazine articles. We propose a  
36 novel use for implementation intentions (i.e., if-then planning) to develop endurance  
37 participants' conditional knowledge of when to use specific strategies. In addition,  
38 although research evidence suggests that these psychological strategies may be  
39 efficacious for overcoming thoughts of slowing down or stopping, there are important  
40 limitations in the research evidence. In particular, there is a dearth of ecologically valid,  
41 field-based effectiveness studies. Finally, we consider situations where attempts to resist  
42 slowing down or stopping during endurance activity may not be advisable. Scenarios  
43 include when there is an increased likelihood of injury, or when environmental conditions  
44 increase the risk of life-threatening events.

45

46 **Keywords:** Brief-contact interventions; endurance performance; if-then planning;  
47 psychological skills training; self-regulation.

48 **Endurance Activity and Resisting Slowing Down or Stopping**

49 Endurance activities involve performing continuous, dynamic, and whole-body exercise  
50 tasks (e.g., running, cycling, swimming, rowing) over middle or long distances, at  
51 submaximal intensities (McCormick et al., 2019). Sport (e.g., competitive cycling) and  
52 exercise events (e.g., mass-participation running events) that involve endurance are  
53 exceptionally popular (e.g., Scheerder et al., 2015), and include participants who range  
54 from non-competitive and inexperienced levels through to competitive, elite athletes  
55 (McCormick et al., 2020). Endurance participants and athletes often experience thoughts  
56 about slowing down significantly (e.g., walking in a running event) or stopping (e.g.,  
57 momentarily taking a break or quitting the event) during endurance activity (Buman,  
58 Omli, et al., 2008; Cooper et al., 2020; Meijen et al., 2018; Schüler & Langens, 2007).  
59 Although slowing down or stopping may seem rational behavioural responses to exertion,  
60 pain, and discomfort, often such actions are unintentional and have unwelcome effects on  
61 performance (Buman, Brewer, et al., 2008). Phenomenological accounts of participants  
62 wanting to slow down or stop during endurance activity suggest that, although an  
63 unpleasant experience, using specific psychological strategies can help participants resist  
64 slowing down or stopping and maintain a higher level of performance (Buman, Brewer,  
65 et al., 2008; Cooper et al., 2020).

66 This expert opinion paper is an output of a British Psychological Society Division  
67 of Sport and Exercise Psychology funded Research Working Group. These Working  
68 Groups “bring together experts from within a research area to foster greater collaboration”  
69 and look to “progress a specific research area within sport and exercise psychology”  
70 (British Psychological Society, 2021). The Working Group that wrote this opinion paper

71 has shared research expertise in the psychology of endurance performance and, within  
72 this paper, aimed to progress research and practice in the endurance context.

73 As such, the purpose of this expert opinion paper is to provide an overview of  
74 evidence-based psychological strategies that may help endurance participants to keep  
75 going in circumstances where there is no apparent risk of injury, harm, or threat to life.  
76 The chosen strategies were agreed based on critical discussion of the evidence base by  
77 seven endurance psychology researchers in the Working Group. The Working Group  
78 aimed to select and include research on strategies that met the following criteria:

- 79 • Psychological strategies
- 80 • Deliverable as brief-contact, educational interventions
- 81 • Grounded in good quality research evidence (e.g., see the systematic review by  
82 McCormick et al., 2015)
- 83 • Likely to benefit athletes in the ‘real world’, and unlikely to harm (e.g., increase  
84 risk of injury), when delivered as brief-contact, educational interventions

85 Consequently, we have confined our overview to *psychological* strategies rather  
86 than including all interventions such as those deriving from ergogenic aids like caffeine  
87 (see Southward et al., 2018 for a review) or behavioural interventions such as listening to  
88 music (see Terry et al., 2020 for a review). The focus of this expert opinion paper is on  
89 brief-contact, educational, psychological interventions (referred to as brief-contact  
90 interventions) that can make evidence-based sport psychology more accessible and  
91 implementable. We define brief-contact educational interventions as those providing  
92 content that the user should be able to understand in a single session. The consultant’s  
93 role is educational, and the intervention can be delivered by sport psychology trainees or  
94 individuals with a strong grounding in sport psychology, such as individuals with a (Stage

95 1) master's degree in sport psychology. This makes brief-contact educational  
96 interventions different from approaches such as solution-focused therapy, where although  
97 the contact with the practitioner may be limited to one session (e.g., de Shazer et al., 2007)  
98 it is expected that the provider of the solution-focused therapy is competent in a  
99 counselling model of delivery, which can be expected of sport and exercise psychology  
100 practitioners who have further training and experience (e.g., registered Sport and Exercise  
101 Psychologists; British Psychological Society, 2018).

102         Psychological interventions can include teaching psychological strategies, where  
103 endurance participants are educated about how the strategy can benefit them in the future  
104 (Meijen, 2019). In this overview, when we use the term 'psychological strategies', we  
105 refer to a single psychological technique (such as self-talk, goal setting) or a combination  
106 of techniques, that can be used systematically to enhance a psychological skill such as  
107 attention, coping, or confidence (see also Birrer & Morgan, 2010).

108         In terms of accessibility, we suggest that brief-contact interventions may benefit  
109 endurance participants who do not have access to a sport psychology practitioner for  
110 continued sport psychological support (McCormick et al., 2020); this is a consideration  
111 particularly relevant to participants in mass-participation events (e.g., major city  
112 marathons). Consequently, providing brief-contact interventions may reduce barriers to  
113 psychological knowledge and support (Meijen et al., 2017). In terms of implementation,  
114 we suggest that evidence-based, brief-contact interventions that require minimal time  
115 may—within the sport psychology domain—provide a novel, practical, and wider-reaching  
116 approach to positively impact endurance performance (McCormick et al., 2020). Before  
117 we appraise brief-contact interventions that can be applied to endurance activity, we first

118 provide a short overview of why athletes might slow down or stop from a physiological  
119 and psychological perspective.

### 120 **Stopping Endurance Exercise: Mind over Muscle?**

121 In exercise physiology, it has traditionally been assumed that highly motivated  
122 people have to slow down or stop during endurance activity because their fatigued  
123 neuromuscular system is no longer able to produce the desired power/speed required  
124 despite a maximal voluntary effort (Allen et al., 2008; Hepple, 2002). However, in recent  
125 years, this assumption has been challenged by studies demonstrating the existence of a  
126 significant neuromuscular and bioenergetic reserve after exhaustive endurance exercise  
127 (Cannon et al., 2016; Marcora & Staiano, 2010; Morales-Alamo et al., 2015; Staiano et  
128 al., 2018). These findings suggest that even highly motivated people reach their  
129 “psychological limit” before reaching the limit of their physiological capacity, as  
130 originally proposed by Ikai and Steinhaus (1961). More recently, it has been proposed  
131 that highly motivated people stop when they perceive their effort as maximal and when  
132 continuation of endurance exercise at the desired power/speed seems impossible  
133 (Marcora & Staiano, 2010; Staiano et al., 2018). As such, perception of effort is  
134 considered a key psychological variable for pacing-related decisions because it is  
135 associated with the time people can (or estimate they can) continue to perform endurance  
136 exercise at a given intensity (Coqart et al., 2012; Horstman et al., 1979). Perception of  
137 effort is also sensitive to a variety of factors known to influence the capacity of humans  
138 to sustain endurance exercise. These factors include physical training (Ekblom &  
139 Goldberg, 1971), muscle fatigue (Marcora et al., 2008), environmental conditions (Levine  
140 & Buono, 2019), mental fatigue (Marcora et al., 2009), and stimulants like caffeine  
141 (Smirmaul et al., 2017). Furthermore, thoughts about slowing or stopping—termed a

142 psychological crisis in the endurance performance literature—may occur independently  
143 of physiological processes (e.g., due to boredom or self-doubt) and can be managed more  
144 effectively using situationally-appropriate psychological strategies (Schüler & Langens,  
145 2007). Therefore, psychological interventions can improve endurance performance by  
146 changing how participants perceive their effort, manage discomfort, and regulate their  
147 responses to psychological crises to cope with the demands of endurance activity  
148 (McCormick et al., 2015).

### 149 **Brief-Contact, Educational Interventions**

150 Our approach in this paper reflects a psychological skills training model of  
151 practice (rather than a counselling or medical model of practice), where the consultant  
152 role is educational (rather than clinical), and where the intervention goals or focus broadly  
153 relate to the development of psychological skills and benefits to performance (e.g.,  
154 improving performance time or satisfaction with performance, Poczwadowski et al.,  
155 2004). In the context of this opinion paper, we propose that brief-contact, educational  
156 interventions consist of psychological strategies delivered in a manner that are easy to  
157 learn and subsequently implement. We suggest that brief-contact educational  
158 interventions provide content that the user should be able to understand in a single  
159 psycho-educational session.

160 Brief-contact interventions can focus on changing thoughts and feelings  
161 experienced during normal, everyday activities (Walton, 2014). As such, brief-contact  
162 interventions can be underpinned by self-regulatory processes; that is, ‘self-generated  
163 thoughts, feelings, and actions that are planned and cyclically adapted to the attainment  
164 of personal goals’ (Zimmerman, 2000, p. 14). When individuals self-regulate, they plan,  
165 execute their plans, and subsequently reflect on the effectiveness of those plans



166 (Zimmerman, 2000). These phases are referred to as the forethought, action, and  
167 reflection phases of self-regulation (Zimmerman, 2000). Critically, effective self-  
168 regulation requires knowledge of appropriate task strategies (i.e., evidence-based  
169 psychological strategies to overcome unhelpful thoughts and behavioural urges) and  
170 conditional knowledge of when to use them (Brick et al., 2016; Cleary et al., 2006). In  
171 this regard, recent evidence with beginner endurance participants suggests that  
172 declarative, procedural, and conditional knowledge of psychological strategies is mostly  
173 acquired from other athletes and coaches (Brick et al., 2020). Thus, coupled with a lack  
174 of access to sport and exercise psychologists (McCormick et al., 2020), consultancy  
175 models focused on establishing a relationship, identifying and formulating the needs of  
176 the client, delivering an intervention, and evaluating the service (e.g., Keegan, 2016) may  
177 be less likely to reach and benefit this population. Consequently, we feel it is important  
178 to draw attention to brief-contact interventions relevant to endurance contexts that are  
179 time-limited, action-oriented, and can be shared by people who are not accredited sport  
180 and exercise psychologists, including trainee practitioners and appropriately trained  
181 coaches, sport scientists, and sport therapists (Giges & Petitpas, 2000; Meijen et al.,  
182 2017).

183         There are a variety of ways to deliver brief educational interventions for  
184 endurance participants. Coaches, sport scientists, or sport therapists might include  
185 relevant content during face-to-face individual sessions. In addition to these modes of  
186 delivery, sport and exercise psychologists may also include content more widely online  
187 (e.g., website articles, videos), in print (e.g., magazine articles), and through group  
188 workshops (Cotterill & Symes, 2014), and make these resources available to use by  
189 coaches, sport scientists, sport therapists, and endurance participants. Brief-contact

190 interventions have also been delivered using a ‘psyching team’ model involving group  
191 workshops and the provision of brief one-to-one support. Psyching teams originated in  
192 Northern America and assist endurance participants prior to, during, and/or after mass-  
193 participation endurance events through mental skills support (Gibbs-Nicholls et al., 2022;  
194 Hays & Katchen, 2006; Meijen et al., 2016). Importantly, these different options  
195 complement each other by catering for different participant preferences (McCormick et  
196 al., 2020). Moreover, exposing endurance participants to sport psychology may initiate  
197 subsequent one-to-one consultancy (Hays & Katchen, 2006) through increased visibility  
198 of sport psychology. As such, we do not suggest that brief-contact interventions *replace*  
199 individual sport psychology support, but instead can provide a useful *additional* mode of  
200 providing sport psychology information in contexts where the support required is  
201 performance-driven and non-clinical in nature.

202         The provision of easily accessible sport psychology information as brief-contact  
203 interventions is intuitively appealing. Nevertheless, there remains a need to demonstrate  
204 efficacy and effectiveness, and to develop evidence-based resources for intervention  
205 content. This is particularly the case for online, social, and print media sources, where  
206 non-evidence-based, pseudoscientific misinformation may be prevalent (Bailey et al.,  
207 2018). This issue can impact on the quality of intervention content, particularly for sports  
208 coaches who commonly use online sources to obtain information about psychological  
209 strategies and ‘tips’ (Pope et al., 2015). Similarly, recreational endurance participants  
210 have reported a preference for psychological guidance provided through online sources  
211 as well as through sport-specific magazines, through their coach, and through event  
212 organisers (McCormick et al., 2020). Consequently, we will also critique the evidence for  
213 the ‘real-life’ effectiveness of psychological strategies to overcome slowing down and

214 stopping during endurance activities. Next, based on the expertise of the working group  
215 and the criteria set out at the start of this paper, we turn our attention to five evidence-  
216 based psychological strategies deliverable as brief-contact, educational interventions:  
217 goal setting, motivational self-talk, relaxation, distraction, and pacing, judgement and  
218 decision-making. After outlining these psychological strategies, we propose that  
219 implementation intentions (i.e., if-then planning) could be used to develop endurance  
220 participants' conditional knowledge of when to use specific strategies.

### 221 **Goal Setting**

222 Most endurance participants appear to engage in goal setting to some extent  
223 (Weinberg, 1999). Indeed, it is common for endurance participants to set performance-  
224 focused goals to improve, such as completing an event in a personal best time (Hardy &  
225 Nelson, 1988; Martin & Gill, 1995; Masters & Ogles, 1998; Ogles & Masters, 2003), and  
226 there is experimental evidence for the benefits of this in research involving self-paced  
227 (Tenenbaum et al., 1999) and incremental endurance tasks (Theodorakis et al., 1998).  
228 Other types of goals typically adopted are outcome goals (e.g., finishing in the top three  
229 positions) and process goals (e.g., focused on implementing skills and strategies).

230 Setting goals can benefit endurance participants by increasing motivation and  
231 directing attention. As such, goals play an important role in the regulation of behaviour  
232 (Locke & Latham, 1985) and are an essential component of effective self-regulation  
233 (Zimmerman, 2000). Goals can, however, also act as stressors (Burton & Naylor, 2002).  
234 Specifically, perceived goal difficulty can impact pre-competition states and more  
235 difficult goals have been associated with higher pre-competition anxiety in swimming  
236 (Hanton & Jones, 1995), middle distance running (Jones et al., 1990), duathlon (Lane et  
237 al., 1995a), and triathlon (Lane et al., 1995b) events. Furthermore, goal setting guidelines

238 suggest that goals should be challenging, yet attainable (Locke & Latham, 1985). The line  
239 between attainable and unattainable can be fine, however. Specific to endurance  
240 performance, Burdina et al. (2017) noted that when runners went up an age category  
241 (specifically runners who moved into the 45-49 and 50-54 age groups), and thus had a  
242 challenging, yet more attainable goal to aim for in qualifying for a major marathon  
243 (Boston), they seemingly performed better. Thus, it is relevant to consider how to address  
244 the setting of goals that are potentially too challenging.

245         It is also common for individuals to have a time-based (performance) goal (Scholz  
246 et al., 2008), that often reflects a personal best, that is, their best ever achievement.  
247 Performance goals can be beneficial to shape the training required to achieve a standard;  
248 setting the sessions and identifying how a session will be evaluated, for example. This is,  
249 however, less useful on race day as an excessive focus on performance goals can take the  
250 focus away from the task at hand (i.e., process goals) and does not easily allow for  
251 adaptability to changing conditions. Weather conditions, such as high temperatures, for  
252 example, have been found to negatively affect goal attainment (Markle et al., 2018). To  
253 allow for more flexibility (Gould, 2010), endurance participants can instead plan for more  
254 adaptability in their goals, which could involve evaluating the conditions on the day and  
255 setting different levels of goals. For example, they can set a ‘dream goal’, which is  
256 achievable when the conditions on the day are perfect, a ‘happy goal’ for when conditions  
257 are less than optimal, and an ‘acceptable goal’ (i.e., a bare minimum) for when  
258 circumstances are not as expected (Day, 2019; Markle et al., 2018; Meijen et al., 2017).  
259 On race day, this can reduce pressure when individuals feel that their goal is being  
260 threatened (Uphill & Jones, 2007), and help control negative thoughts (e.g., of slowing  
261 or stopping), and unhelpful emotional responses such as disappointment (Gaudreau et al.,

262 2002; Meijen et al., 2017). In this context, ‘open goals’, such as ‘see how fast I can run  
263 5km’ (Swann et al., 2020) can be considered and there is some initial evidence from the  
264 physical activity domain to suggest that open goals may facilitate favourable perceptions  
265 of performance (Hawkins et al., 2020; Swann et al., 2020). Thus, setting adaptable goals  
266 may alleviate performance pressure and benefit participants’ well-being. This is  
267 especially important given the link between setting unattainable goals and lower well-  
268 being (Nicholls et al., 2016). To illustrate, Beedie et al. (2012) found that when research  
269 participants were deceptively informed that they were behind their performance goal, they  
270 experienced unpleasant emotions and negative thoughts as a result. However, when the  
271 same participants were deceptively informed that they were ahead of their goal, they  
272 experienced more pleasant emotions and positive thoughts. An important aspect of this  
273 process is that endurance participants make decisions on the relative difficulty of  
274 achieving the goal without detail of course condition, which has an impact on pacing  
275 decisions. Ensuring flexibility is therefore a key aspect when setting a performance  
276 standard as a goal.

277         As such, we propose that brief-contact goal setting interventions should aim to  
278 help athletes move away from focusing too much on one single performance (time-based)  
279 or outcome (finishing place) goal that is too challenging. Instead, developing goal  
280 flexibility and focussing on more controllable, process goals during an event can increase  
281 athletes’ perceptions of control and, in turn, increase the likelihood of experiencing a  
282 challenge state that leads to more positively valenced emotions, increased self-regulatory  
283 resources, and enhanced decision-making (e.g., pacing; Jones et al., 2009; Meijen et al.,  
284 2020). From an applied perspective with endurance participants, however, it is also  
285 important to consider that some people may find it difficult to give up personal goals

286 (Brandstätter et al., 2013), and endurance participants regularly use performance goals to  
287 help track their training progress. Thus, another brief-contact goal setting intervention  
288 that endurance participants can consider using to prevent a sole focus on outcome and  
289 performance goals is to mentally break up a race or long run into pieces, a strategy  
290 sometimes called chunking, where participants set a different process goal for each  
291 segment (Brick et al., 2016; Brick et al., 2019; McCormick et al., 2019). With regard to  
292 conditional knowledge, an endurance participant may focus more on a process goal to  
293 regulate their pace during the initial stages of a race to avoid going too fast (see *paceing,*  
294 *judgement and decision-making* section), for example. In contrast, in the latter stages they  
295 might set a process goal to maintain motivational self-talk (e.g., “Come on! Keep it  
296 going!”) to manage effort, discomfort and to optimise pace.

### 297 **Motivational Self-Talk**

298 Self-talk refers to what people say to themselves either silently in their head or  
299 aloud (Hatzigeorgiadis et al., 2014; Latinjak et al., 2019). This self-talk may relate to  
300 wanting to stop or slow down, particularly when performing at a high intensity or for  
301 longer durations (McCormick & Hatzigeorgiadis, 2019). Researchers have mostly  
302 examined three clusters of self-talk research questions in the endurance context; they have  
303 described the self-talk that endurance athletes use, explored the factors that shape and  
304 determine endurance participants’ self-talk, and examined the effects of strategically  
305 using planned self-talk statements on endurance performance (McCormick & Anstiss,  
306 2020; McCormick & Hatzigeorgiadis, 2019). The latter cluster of research is particularly  
307 relevant to this overview, and it provides considerable evidence that using motivational  
308 self-talk strategically can benefit endurance performance. Strategic use of motivational  
309 self-talk can be taught using brief-contact interventions without in-person support

310 (McCormick et al., 2018a) and is therefore well suited for brief educational interventions  
311 (Brick et al., 2020; McCormick et al., 2020).

312 Strategic self-talk is a strategy where self-talk statements or cue words are  
313 deliberately planned and then used (Latinjak et al., 2019). These self-talk statements can  
314 be broadly categorised as instructional self-talk and motivational self-talk. Instructional  
315 self-talk refers to when people use self-talk to provide instruction relating to technique or  
316 form (e.g., “Drop your shoulders”), strategy (e.g., “Time to pick up the pace”), movement  
317 qualities (e.g., “Rhythmic pedalling”), or what to pay attention to (e.g., “Watch them  
318 going for the overtake”, Hatzigeorgiadis et al., 2014). Motivational self-talk refers to  
319 when people use self-talk to psych up (e.g., “Come on – Let’s do this!”), maximise effort  
320 (e.g., “The end’s in sight – One last push!”), build confidence (e.g., “You’re doing great  
321 – Keep this up”), or achieve a desired feeling state (e.g., “Feeling good so far”).  
322 Experimental research supports the efficacy of motivational self-talk for improving  
323 endurance performance. Motivational self-talk has been shown to increase cycling time  
324 to exhaustion in normal conditions (Blanchfield et al., 2014) and in the heat (Wallace et  
325 al., 2017), improve performance times in a 10 km cycling time trial (Barwood et al.,  
326 2015), and increase distance cycled in 30 minutes in the heat (Hatzigeorgiadis et al.,  
327 2018). A motivational self-talk intervention did not improve performance in a 60-mile  
328 ultramarathon, however, although most participants reported finding the intervention  
329 helpful and continued to use it six months after their research commitment (McCormick  
330 et al., 2018a). When compared against instructional self-talk, recent evidence showed that  
331 motivational self-talk relating to effort improved amateur triathletes’ self-paced, 750m  
332 swimming times by 2.8%, whereas instructional self-talk related to pace and movement  
333 fluency did not influence performance (de Matos et al., 2021). *How* motivational self-talk

334 is said may also influence performance. Recent research (Hardy et al., 2019) showed that  
335 when recreational exercisers used motivational self-talk in a third-person pronoun  
336 perspective (e.g., “You can do this”, “You’re hanging in well”) during a 10 km cycling  
337 time trial, they performed 2.2% faster than when they used similar self-talk in a first-  
338 person perspective (e.g., “I can do this”, “I’m hanging in well”).

339         Research findings generally suggest that motivational self-talk is a useful  
340 psychological strategy for resisting slowing down or stopping. Particularly relevant to  
341 this paper, Schüller and Langens (2007) examined the effects of using self-talk during a  
342 psychological crisis in a marathon. They argued that a psychological crisis is  
343 characterised by strong desire to give up, and thoughts about the benefits of stopping (e.g.,  
344 resting, relaxing) and the costs of continuing (e.g., unbearable exhaustion), and typically  
345 occurs after 30 km. Schüller and Langens (2007) found that self-talk relating to self-  
346 encouragement (e.g., “Stay on. Don’t give up”), anticipation of positive consequences  
347 (e.g., “I will be proud of myself if I can do it”), and self-calming (e.g., “Stay calm and  
348 you will do it”) were effective at buffering against the negative effects of a crisis on  
349 performance for runners who experienced a big psychological crisis. More recently, this  
350 was echoed by DeWolfe et al. (2021) who found that adding a challenge-focused self-talk  
351 statement to a negative self-talk statement, such as ‘My legs are tired, but I can push  
352 through it’, was beneficial in the last five minutes of a 20-minute constant duration test,  
353 compared to the negative self-talk statement only.

354         There is a surprising lack of research examining the effects of instructional self-  
355 talk on performance in endurance sports, given that each of the functions of instructional  
356 self-talk (i.e., relating to monitoring or controlling technique, form, strategy, movement  
357 qualities, and attention) have performance implications (Brick et al., 2014). Brief-contact



358 cues to help participant relax both before and during activity have received some attention  
359 in the endurance literature, however.

### 360 **Relaxation**

361 One of the earliest qualitative studies to investigate the psychological strategies  
362 engaged by endurance athletes suggested that elite runners focused on bodily sensations  
363 and used this information to adjust their pace and “relax or stay loose” during competitive  
364 events (Morgan & Pollock, 1977, p. 390). Subsequent laboratory-based, experimental  
365 studies predominantly investigated the impact of both longer-term and brief-contact  
366 relaxation interventions on running economy, a measure defined as the rate of oxygen  
367 consumed during submaximal running velocities (Caird et al., 1999; Conley &  
368 Krahenbuhl, 1980; Hatfield et al., 1992; Moore, 2016; Smith et al., 1995). Given the focus  
369 of the present paper, however, we will only consider those studies that included a relevant  
370 outcome (e.g., perception of effort or endurance performance).

371 Brick et al. (2018) noted moderate reductions in perception of effort and activation  
372 (felt arousal) following brief-contact interventions instructing participants either to smile  
373 or to use cues to consciously relax their hands and upper-body whilst running in  
374 comparison with instructions to frown. These findings suggest that brief-contact  
375 relaxation interventions may be efficacious to alter perceptual responses during  
376 endurance tasks. Other studies have incorporated brief-contact relaxation techniques  
377 (e.g., PMR, centering, and/or directions to monitor breathing and muscular tension during  
378 performance) as part of multi-modal intervention packages that also included goal setting  
379 and motivational self-talk during running (Barwood et al., 2008; Patrick & Hrycaiko,  
380 1998), swimming (Sheard & Goldby, 2006) and simulated triathlon tasks (Thelwell &  
381 Greenlees, 2001, 2003). Although these studies typically demonstrate an improved

382 performance post-intervention, Thelwell and Greenlees (2003) provided an insight into  
383 the impact of relaxation strategies on performance. Specifically, post-task interviews  
384 revealed that participants employed breathing strategies pre-event to optimise arousal  
385 levels. Optimal arousal can, in turn, assist pace-regulation and help athletes avoid going  
386 too fast at the beginning of an event (Lane, Devonport, Friesen, et al., 2016). During the  
387 triathlon task, participants used breathing strategies to enhance their focus on process  
388 goals and race strategy, to reduce tension, and to reduce their focus on perceptions of pain  
389 and effort. Despite this, Barwood et al. (2008) noted that participants in their study rated  
390 arousal regulation strategies (i.e., PMR, centering) as the least useful and mental imagery  
391 and motivational self-talk as the most useful strategies to optimise running performance  
392 in hot conditions.

393         Collectively, these findings indicate that relaxation strategies during an event may  
394 help endurance participants cope with momentary thoughts to slow down or stop by  
395 helping to regulate their pace and reduce a focus on effort-related sensory cues and  
396 perceptions of effort (Brick et al., 2016; Thelwell & Greenlees, 2003). Finally, with  
397 regard to conditional knowledge (i.e., when to use a specific strategy), other relaxation  
398 strategies (e.g., brief PMR, centering) may help to optimise an individual's arousal level  
399 pre-event and enhance their focus on race strategy. In doing so, pre-event relaxation  
400 strategies can reduce the occurrence of tactical errors such as beginning an event at an  
401 excessively fast, unsustainable pace (Stanley et al., 2012; Thelwell & Greenlees, 2003),  
402 and the consequent experience of unhelpful thoughts about slowing or stopping.

#### 403 **Distractive Strategies**

404         Active distraction strategies (e.g., focusing on attention-demanding puzzles,  
405 conversing) are typically associated with a reduction in effort perception in comparison

406 with a focus on internal bodily sensations (Connolly & Janelle, 2003; Johnson & Siegel,  
407 1992; Stanley et al., 2007, for a review see Brick et al., 2014). In addition to lower  
408 perceptions of effort, involuntary distraction (e.g., irrelevant daydreams, environmental  
409 scenery) is also associated with increased positive affective states during endurance  
410 activities, such as greater enjoyment and elevated mood (Aspinall et al., 2015; LaCaille  
411 et al., 2004). The extant literature also suggests that distractive strategies (active or  
412 involuntary) are particularly helpful for beginner participants, many of whom may not  
413 have acquired the procedural knowledge of active self-regulatory strategies to cope with  
414 the demands of endurance activity (Brick et al., 2020; Nietfeld, 2003). Furthermore,  
415 active distraction is also a useful strategy for endurance participants during longer-  
416 distance, lower-intensity activities (e.g., longer training runs or ultra-distance races) when  
417 thoughts about stopping may be precipitated by boredom, for example (Brick et al., 2015;  
418 Mooneyham & Schooler, 2013). Whether distractive strategies can help endurance  
419 participants cope with thoughts about stopping during higher-intensity endurance  
420 activities is questionable, however. Specifically, during higher intensity activity or when  
421 sensations of bodily discomfort are elevated over a prolonged duration, evidence suggests  
422 that distractive cognitions may be less effective than active self-regulatory strategies  
423 (Couture et al., 1999; Ekkekakis, 2009; Lind et al., 2009; Tenenbaum et al., 2008). As  
424 such, other psychological strategies presented in this overview, such as motivational self-  
425 talk, may be more effective than distraction to overcome thoughts about slowing or  
426 stopping during higher-intensity endurance activity.

#### 427 **Pacing, Judgement and Decision-Making**

428         The impact of tactical variations in speed on endurance performance has attracted  
429 much research interest over the past several decades (de Koning et al., 1999; Hettinga et

430 al., 2019). This idea, colloquially referred to as athletic pacing, has been defined as the  
431 control or distribution of power output, work, or energy expenditure, often to complete  
432 an event in the fastest possible time, having utilised all available resources (de Koning et  
433 al., 1999; Foster et al., 2003). Evidence for pacing as an effective strategy is mostly  
434 derived from observations of how successful athletes pace themselves in tasks of varying  
435 durations (Abbiss & Laursen, 2008; de Koning et al., 2011). Whereas an all-out pacing  
436 strategy works with short tasks of less than a minute (de Koning et al., 2011), a pacing  
437 strategy that conserves energy is more effective for endurance tasks (Abbiss & Laursen,  
438 2008; St Clair Gibson et al., 2006). As such, if the pace is conservative, then an athlete is  
439 less likely to hold perceptions of exertion near to maximum, and, in turn, more likely to  
440 avoid experiencing thoughts about stopping in the first place (Brick et al., 2020; Deaner  
441 et al., 2015). A negative strategy, involving a slow start and gradually increasing speed,  
442 is the most conservative and least risky approach to pacing an endurance event, but  
443 probably does not produce the best performance (Thompson et al., 2003). In contrast,  
444 using fast-start strategies can deplete metabolic reserves too early (Thompson et al.,  
445 2003), are rarely successful (Abbiss & Laursen, 2008; de Koning et al., 2011) and indicate  
446 either a lack of experience or poor anticipatory mechanisms (Micklewright et al., 2012).  
447 A mixed, parabolic shaped strategy, incorporating a moderate starting speed, slower mid-  
448 section and fast finish, often results in faster completion of endurance events (Abbiss &  
449 Laursen, 2008) but requires individuals to make risk-based judgements about tolerable  
450 starting speed without compromising overall performance (Micklewright et al., 2015).

451         Physiological factors known to influence pace include core temperature, muscle  
452 acidosis, oxygen uptake, and carbohydrate availability (Tucker & Noakes, 2009).  
453 Environmental influences on pace include, but are not limited to, ambient temperature

454 (Tatterson et al., 2000), wind speed (Atkinson & Brunskill, 2000), and terrain  
455 (Micklewright et al., 2009). Most pertinent to this overview is the importance of various  
456 psychological and social factors that have been associated with pacing behaviours, such  
457 as perception of effort (Hampson et al., 2001; Marcora, 2009; Venhorst et al., 2018),  
458 previous experience (Micklewright et al., 2010), decision-making (Micklewright et al.,  
459 2017; Renfree et al., 2014), visual perception (Parry et al., 2013), information uptake and  
460 utilisation (Boya et al., 2017), emotion (Baron et al., 2011; Lane & Wilson, 2011), risk-  
461 taking personality traits (Micklewright et al., 2015), and competitor behaviour (Corbett  
462 et al., 2012). Such factors provide some evidential basis for brief-contact educational  
463 interventions that could help endurance participants of varying abilities develop effective  
464 pacing strategies according to the goals they have set themselves to help manage thoughts  
465 of slowing down or stopping.

466         Based on optimal pacing strategies and factors known to influence pacing in  
467 endurance activities, several recommendations for brief-contact interventions can be  
468 made to minimise behavioural urges to slow or stop. The focus of these pacing strategies  
469 can be split into activities before, during, and immediately after an event, which aligns  
470 with the self-regulation phases of planning (i.e., forethought), executing a plan (i.e.,  
471 action), and reflecting on the effectiveness of the plan (Zimmerman, 2000). These skills  
472 have been highlighted as particularly important to develop pacing abilities in endurance  
473 contexts (Brick et al., 2016; Elferink-Gemser & Hettings, 2017).

474         Before an event, it might be advantageous to develop knowledge about the course,  
475 weather conditions, and, if relevant, likely competitors. A good understanding of the  
476 course profile will help develop a pacing strategy appropriate to the demands of the event  
477 (Brick et al., 2019) and inform (process) goals for the event. Similarly, the challenges of

478 pacing against other competitors (Corbett et al., 2012) might be diminished with  
479 background research about their relative strengths, weaknesses, and past race strategies.  
480 During the event, subject to thorough pre-race preparation, individuals should be able to  
481 approximate a pacing strategy that best suits their objectives. Monitoring, evaluating, and  
482 adapting pacing is important to prevent errors that increase the risk of significantly  
483 slowing down or stopping later on in the event (Brick et al., 2016; Elferink-Gemser &  
484 Hettings, 2017). As such, tactical errors can be prevented through accurate pace  
485 monitoring of speed, time, and distance using GPS devices or learning particular  
486 landmark cues associated with a course. Furthermore, periodic monitoring of internal  
487 sensory cues (e.g., breathing rate) to inform pace-related decision-making may be a useful  
488 strategy to avoid pacing mistakes and subsequent thoughts about slowing or stopping  
489 (Brick et al., 2015; Brick et al., 2020). As soon after the event as possible, individuals  
490 may wish to mentally re-enact the race perhaps using the course profile or their GPS  
491 output data as a prompt. This is an important way to evaluate pacing, reflect, and update  
492 planning for future endurance events (Brick et al., 2016; Elferink-Gemser & Hettings,  
493 2017). Mental re-enactment could include recalling which sections went well and which  
494 did not go so well, remembering feelings that were experienced at the time, and what  
495 pacing responses, psychological techniques (e.g., self-talk, relaxation) or behavioural  
496 actions were used to cope with unhelpful and unwanted thoughts during performance  
497 (Baker et al., 2005). To complete the self-regulation cycle, these reflections can inform  
498 planning (i.e., forethought) ahead of future endurance activities. More so, an approach to  
499 help individuals effectively engage in self-regulation, especially in the action phase and  
500 during critical performance moments is the formation of implementation intentions  
501 during the forethought phase (Sheeran & Webb, 2016). Implementation intentions, as

502 applied to overcome thoughts about slowing down or stopping, are considered in the  
503 following section.

#### 504 **Implementation Intentions**

505 In this section, we propose a novel use for implementation intentions (i.e., if-then  
506 planning) to develop endurance participants' conditional knowledge of when to use  
507 specific strategies. Individuals often set goals and engage in strategic planning in the  
508 forethought phase of self-regulation. These intentions are, however, not always acted on;  
509 that is, they do not automatically convert to behaviour (Heckhausen & Gollwitzer, 1987;  
510 Webb et al., 2012). To help reduce the gap between goal intentions (e.g., "I want to keep  
511 going at a steady pace") and subsequent actions, individuals can employ implementation  
512 intentions, or if-then planning (Gollwitzer, 1999). Specifically, an individual  
513 experiencing thoughts of slowing or stopping can reflect on and appraise their situation  
514 to identify which psychological strategies are likely to be most effective in regulating  
515 their response and maintaining goal pursuit to keep going (the 'then'). As such,  
516 implementation intentions support the realisation of goal intentions by specifying when,  
517 where, and how goal-directed responses should be initiated. Implementation intentions  
518 typically take the form of an explicit plan expressed as, "*If situation X arises, then I will*  
519 *do Y*" (Gollwitzer, 1999; Lane, Devonport, Stanley, et al., 2016; Lane, Totterdell, et al.,  
520 2016). If-then plans represent a simple, evidence-based technique to help people act on  
521 goal intentions and initiate facilitative actions at the critical juncture to realise goal  
522 achievement. The effectiveness of if-then planning lies in the applicability and  
523 accessibility of strategic responses during critical performance moments (Gollwitzer,  
524 1999; Lane, Totterdell, et al., 2016).

525           Although widely researched in health behaviour settings, implementation  
526 intentions have not, to date, been extensively applied in the whole-body endurance  
527 performance literature (Hirsch et al., 2020; Lane, Devonport, Stanley, et al., 2016; Lane,  
528 Totterdell, et al., 2016). We propose that implementation intentions might provide a  
529 novel, action-oriented method to enhance the effectiveness of brief-contact psychological  
530 strategy interventions in endurance performance contexts. In support, implementation  
531 intentions have, for example, been shown to enhance goal attainment and self-regulation  
532 of disruptive thoughts and physiological states in other sporting settings such as tennis  
533 (Achtziger et al., 2008). Applied to endurance performance contexts, implementation  
534 intentions may, for example, be used to adhere to a pre-planned pacing strategy (then) to  
535 avoid going too fast at the start of a marathon (if), a common error made by less  
536 experienced participants (Deaner et al., 2015). Similarly, a cyclist might plan to use a  
537 motivational self-statement (then) if their perception of effort is elevated and their self-  
538 talk becomes negative and defeatist (i.e., a psychological crisis; Schüler & Langens,  
539 2007). Recognising situations that can trigger an unhelpful behavioural or emotional  
540 response may help endurance athletes self-regulate more effectively using antecedent-  
541 focused strategies (McCormick et al., 2018b). Using implementation intentions in this  
542 way aligns with the different phases of self-regulation (i.e., forethought, action, and  
543 reflection). Specifically, becoming aware of critical situations where thoughts of slowing  
544 down or stopping occur (i.e., action and reflection) can help to plan for future situations  
545 (i.e., forethought).

546           Despite these positive assertions, the use of implementation intentions does come  
547 with some important caveats that practitioners and coaches should consider. Foremost  
548 amongst these is a careful contemplation of the planned-for scenarios. Specifically,



549 practicing implementation-intentions for situations that are unrealistic or unlikely to occur  
550 (i.e., the *if* part) will not be of benefit to the athlete (Brandstätter et al., 2001; Gollwitzer  
551 & Oettingen, 2011). Similarly, one should also be cautious about focusing too much on  
552 expecting a critical situation to happen (Hirsch et al., 2020). This can potentially place  
553 excessive focus on the critical situation and not on more relevant, task-specific processes.  
554 In addition, the response to a situation (i.e., the *then* part) needs to be appropriate and  
555 should also be carefully considered when planning pre-event (Brandstätter et al., 2001;  
556 Gollwitzer & Oettingen, 2011). Specifically, when employing implementation intentions  
557 as the basis of a brief-contact intervention, it is essential to encourage the athlete to  
558 practice and reflect on the use of a formulated response to update future if-then plans.  
559 Furthermore, when considering using psychological strategies as an intervention, it is  
560 important to explore the athlete's expectations of success and their goal intention. To  
561 illustrate, when an individual expects to be successful, they may have a strong  
562 commitment to a strategy or an if-then plan. In contrast, when the expectations of success  
563 are low an individual may not commit to a formulated if-then plan (Oettingen &  
564 Gollwitzer, 2010).

### 565 **Critique of the Evidence Base**

566 As highlighted throughout this expert opinion paper, the available research  
567 evidence demonstrates that a range of psychological strategies can be used to overcome  
568 slowing down or stopping. To further support this contention, we have included a table  
569 in Appendix 1 to provide a descriptive overview of each of the intervention studies  
570 comprising the evidence-base for the strategies presented in this paper. Whereas the  
571 Working Group selected five psychological strategies that are grounded in research  
572 evidence, as Appendix 1 highlights, the five strategies vary in the amount of experimental

573 research that supports their efficacy as brief interventions for improving endurance  
574 performance. Notably, pacing, judgement, and decision-making is a highly researched  
575 topic in endurance contexts, but there is a lack of intervention studies aiming to improve  
576 pacing to benefit outcomes such as performance and quality of experience. Brief-contact  
577 educational interventions to improve pacing, judgement, and decision-making (e.g.,  
578 advice on pacing strategies for participants completing their first mass-participation  
579 event) could be valuable. Although the experimental evidence for each strategy varies,  
580 there are consistent limitations across the research area that could be considered when  
581 interpreting the research evidence.

582         Specifically, researchers aim to determine if interventions are efficacious, and  
583 often approach this using randomised, controlled experiments in laboratory  
584 environments. Such efficacy studies occur in different conditions to where athletes  
585 perform, however, and, as such, the generalisability of this work to applied settings is  
586 unclear from the perspectives of athletes and practitioners. These issues are not unique to  
587 sport psychology research and practice and are also prevalent concerns in the broader  
588 sport and exercise science domain (Beedie et al., 2015). Few studies have been conducted  
589 at actual endurance events with endurance athletes as participants (for exceptions, see  
590 Jaenes et al., 2021; McCormick et al., 2018a; Schüller & Langens, 2007). This is an  
591 important limitation given that the stressors experienced at real-life events, and how these  
592 stressors are appraised, may differ from those typically experienced in laboratory-based  
593 research (McCormick et al., 2020). Consequently, event stressors and other antecedents  
594 of thoughts about slowing down or stopping may not be fully explicated in the extant  
595 literature (Meijen et al., 2018).

596           In addition, few studies have delivered ecologically valid psychological  
597 interventions in endurance settings. This applies to brief-contact interventions, as well as  
598 to more personalised and longer-term, ongoing psychological interventions. In relation to  
599 this overview, although studies have examined the effects of brief-contact instructions  
600 and workbooks, there is a lack of studies examining the effects of interventions delivered  
601 as webpages, online videos, workshops, magazine articles, podcasts, or similar (as an  
602 exception, see Meijen et al., 2021). We encourage more research that examines the effects  
603 of interventions that are delivered in ways that reflect applied sport psychology, for real-  
604 life endurance participants. Similarly, we also advocate for studies that consider the  
605 broader environment of the endurance athlete, whereby sport psychology practitioners  
606 educate coaches, sport scientists, sport therapists, and other professionals on evidence-  
607 based, brief-contact intervention strategies that these individuals may, in turn, use with  
608 endurance athletes.

609           Although these points could be addressed using efficacy studies, effectiveness  
610 studies are also encouraged (Bishop, 2008) to help determine the effects of interventions  
611 when delivered to the target population, within a real-life sport context, and when  
612 measuring real-life endurance variables (e.g., performance time at an event or percentage  
613 of an event walked). The interventions could be delivered in ways that are preferable to  
614 endurance participants or that draw on facilitators to intervention use (e.g., interventions  
615 delivered through popular endurance websites; McCormick et al., 2020), and they would  
616 need to overcome constraints of the real-life sporting world (e.g., time constraints, coach  
617 knowledge constraints; Bishop, 2008). In contrast to the short-term effects typically  
618 documented in research, studies could also consider the long-term impact of  
619 interventions, such as the effects on performance over the course of months or a

620 competitive season. Attempts to conduct longer-term, ecologically valid research that has  
621 sufficient control remains an extremely challenging task for the academic community, yet  
622 is not unprecedented in the wider sport psychology literature (e.g., Senécal et al., 2008).  
623 The size of the challenge should not be under-estimated.

624         Furthermore, as discussed elsewhere (McCormick et al., 2015; McCormick et al.,  
625 2019), relatively few intervention studies in the endurance context are theoretically  
626 informed. Few have designed interventions, such as brief-contact educational  
627 interventions, to target the underpinning intervention-performance mechanisms. Some  
628 interventions have been informed by the psychobiological model of endurance  
629 performance, and have aimed to reduce perception of effort (Blanchfield et al., 2014).  
630 Nevertheless, other psychological constructs such as self-efficacy (Anstiss et al., 2018),  
631 self-control and motivation (Taylor et al., 2018), pain (Mauger, 2019), and emotion  
632 (McCormick et al., 2015) are relevant to endurance performance. Theoretically informed  
633 interventions could target mechanisms underpinning endurance performance, and  
634 therefore lead to greater or more consistent intervention effects (McCormick et al., 2015;  
635 McCormick et al., 2019). A range of theoretical approaches and frameworks have been  
636 suggested to better inform intervention studies in the endurance context (e.g., Brick et al.,  
637 2015; McCormick et al., 2019; Micklewright et al., 2017; Renfree et al., 2014; Taylor et  
638 al., 2018).

639         Finally, only a select number of intervention studies included in this overview  
640 have taken an interdisciplinary approach (e.g., Barwood et al., 2008; Blanchfield et al.,  
641 2014; Smith et al., 1995). For example, Barwood and colleagues (2008) tested the effect  
642 of a psychological skills training intervention consisting of goal setting, relaxation,  
643 mental imagery, and positive/motivational self-talk on a 90-minute running task in hot

644 (30°C) conditions. Outcome measures included physiological (e.g., body temperature,  
645 sweat production, hormone production) and psychophysiological variables (e.g., ratings  
646 of perceived effort, thermal comfort). The findings revealed that participants who  
647 received the psychological skills training maintained a faster pace and ran significantly  
648 further (8%) post-intervention in comparison with pre-intervention, though physiological  
649 measures did not indicate a mechanism underpinning this improvement. Despite the  
650 potential challenges of designing interdisciplinary research, we suggest that researchers  
651 work using an interdisciplinary approach (e.g., by including physiologists, biomechanists,  
652 and psychologists in a research team) as the psychological, biomechanical, and  
653 physiological elements of endurance performance interact. This proposition is reinforced  
654 by Moore and colleagues (Moore et al., 2019), who recently demonstrated how verbal  
655 cues focused either internally (i.e., “run with a flat foot”), externally (i.e., “run quietly”),  
656 or combined based on clinical practice (i.e., “we are aiming to change foot strike, so run  
657 quietly”) impacted differentially on running kinematics, physiological (e.g., volume of  
658 oxygen consumed) and psychophysiological (e.g., rating of perceived effort) responses  
659 during six-minute running trials. As such, adopting an interdisciplinary approach will  
660 help ensure that the impact of brief educational psychological interventions during  
661 endurance activity are fully explored, that best-practice advice considers all aspects of  
662 performance, and that risks associated with attempting to overcome thoughts about  
663 slowing down or stopping are taken into account. These risks are discussed next.

#### 664 **Risks Associated with Attempting to Overcome Thoughts about Slowing Down or** 665 **Stopping**

666         The psychological strategies described in this expert opinion paper may appear to  
667 have no side effects. However, it is not always advisable to attempt to overcome thoughts

668 of slowing or stopping, particularly in conditions (e.g. heat exhaustion) that can lead to  
669 life-threatening events (e.g., heat stroke) and when continued endurance exercise can  
670 aggravate a musculoskeletal injury. In most circumstances, using psychological strategies  
671 to overcome thoughts about slowing down or stopping is safe as demonstrated by  
672 numerous controlled, experimental studies on the effects of psychological interventions  
673 on endurance performance in healthy adults (McCormick et al., 2015). There are,  
674 however, real-life situations in which overcoming these behavioural impulses may harm  
675 the endurance participant or even lead to their death. In line with the earlier discussion on  
676 conditional knowledge, here we provide a brief overview of such situations to help the  
677 endurance participant recognise them, and provide references for further reading. When  
678 in doubt, help should always be sought from the race medical personnel.

679         The first condition that can be aggravated by continued endurance exercise is  
680 musculoskeletal injury. The sharp and usually localised pain associated with it should not  
681 be ignored. On the contrary, it is safe to continue exercising when experiencing the  
682 naturally occurring muscle pain caused by lactic acid and other by-products of high-  
683 intensity endurance exercise (e.g., whilst cycling a steep hill; Cook et al., 1997; Pollak et  
684 al., 2014). Another kind of pain common in endurance exercise with eccentric muscle  
685 contractions and/or multiple days of competitions (e.g., ultra-trails) is acute or delayed-  
686 onset muscle soreness. Although muscle soreness is normally associated with damage of  
687 the muscle fibres, it is still possible to perform endurance exercise safely (Marcora &  
688 Bosio, 2007). However, if the endurance participant experiences very severe muscle  
689 soreness and/or the urine is of a dark red or brown colour, they should stop and  
690 immediately seek medical attention because these are signs and symptoms of acute

691 exertional rhabdomyolysis. If left untreated, this condition can lead to kidney failure and,  
692 in some cases, death (Brudvig & Fitzgerald, 2007).

693 Another situation that it is not advisable to resist stopping during is when  
694 experiencing symptoms of myocardial ischaemia or other acute cardiovascular events that  
695 can occur during endurance competitions (Gerardin et al., 2016). Whereas a high heart  
696 rate and heavy breathing are normal responses to intense exercise, angina, irregular  
697 heartbeats, and severe shortness of breath are not (Hamilton et al., 1995). Although a rare  
698 occurrence in running, these symptoms can be associated with more severe events such  
699 as sudden cardiac death (e.g., Day & Thompson, 2010). Instead of overcoming these  
700 symptoms of an acute cardiovascular event, endurance participants should stop and  
701 request immediate medical assistance to prevent further complications and risk (Gerardin  
702 et al., 2016).

703 The last condition that endurance participants should learn to prevent is heat  
704 stroke. This condition, defined as a core temperature of  $>40^{\circ}\text{C}$  with central nervous  
705 system disturbances (e.g., ataxia and confusion), is associated with significant morbidity  
706 and mortality and occurs relatively often in individuals competing in hot and humid  
707 environments (Howe & Boden, 2007). Although the use of psychological strategies like  
708 motivational self-talk during endurance exercise in the heat have seemed safe in  
709 controlled experimental studies (Hatzigeorgiadis et al., 2018; Wallace et al., 2017), there  
710 is no doubt that prolonging endurance exercise in people at risk of developing heat stroke  
711 may be dangerous (Westwood et al., 2021). The challenge for the endurance performer is  
712 to recognise the symptoms of heat exhaustion and stop exercising before it progresses to  
713 heat stroke, or plan for challenging environmental conditions to prevent heat exhaustion

714 from occurring. The symptoms of heat exhaustion are dizziness, malaise,  
715 nausea/vomiting, headache, and extreme fatigue (Howe & Boden, 2007).

## 716 **Conclusion**

717 Research supports the use of a range of psychological strategies to resist slowing  
718 down or stopping during endurance activity. We have provided an expert opinion on how  
719 brief-contact, educational interventions that draw on research on goal setting,  
720 motivational self-talk, relaxation, distraction, and pacing can be used to resist these  
721 behavioural urges. We have also proposed that implementation intentions (i.e., if-then  
722 plans) offer a structure for using these strategies that fit the endurance context and that  
723 can develop individuals' conditional knowledge of when to use specific strategies. We  
724 suggest that the content of brief-contact educational interventions could be shared with  
725 large populations of endurance athletes, particularly recreational participants, face-to-face  
726 by accredited and trainee sport and exercise psychologists and by appropriately trained  
727 coaches, sport scientists, and sport therapists. Intervention content can also be shared via  
728 alternative media including websites, online videos, workshops, or in magazine articles.  
729 Finally, to promote further research in this domain, ecologically-valid efficacy and  
730 effectiveness studies are encouraged that examine the effects of psychological strategies  
731 on both acute and longer-term outcomes.

## 732 **Compliance with Ethical Standards**

733 The manuscript does not contain clinical studies or patient data. This work was supported  
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736 on an event (Eternal Run) in which the ability to resist the urge to stop or slow down  
737 played an essential role.

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**Psychological Strategies to Resist Slowing Down or Stopping during Endurance Activity:  
An Expert Opinion Paper**

Appendix 1

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**Appendix 1.** Descriptive overview of intervention studies relating to resisting slowing down or stopping
 

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| Intervention           | Study                     | Participant information   | Design overview   | Endurance task                                      | Intervention information   | Outcome relating to resisting slowing down or stopping  |
|------------------------|---------------------------|---|---|---|--|---|
| Goal setting           | Tenenbaum et al. (1999)   | 28 female, secondary-school, cross-country runners (age = $14.6 \pm 1.2$ ).   | Pretest-posttest design with three experimental groups and no control. Ps were assigned by block randomisation. | Running<br>2.3 km run on a road course.             | Assignment of an easy, challenging, or unrealistic combination of short-term and long-term goals (5%, 10%, or 15% improvement in four weeks, with weekly targets). Goals were private and assigned verbally on an individual basis.        | Each group's best post-intervention performance was significantly faster than baseline ( $M = 7.8\%$ ). Improvements did not significantly differ between groups. |
|                        | Theodorakis et al. (1998) | 40 university students (f = 23, m = 17, age = $20.3 \pm 2.1$ ).               | Pretest-posttest design with a control group.   | Cycling<br>Incremental test on an ergometer.        | Goal setting and performance feedback. Ps set a specific goal (orally and in writing) for improved performance. Elapsed time was displayed during performance.   | The goal setting group showed a significantly greater increase in endurance performance ( $M = 12.3\%$ / 110.4 s) compared to the control ( $M = 1.9\%$ ).        |
| Motivational self-talk | Blanchfield et al. (2014) | 24 recreationally trained individuals (f = 9, m = 15, age = $24.6 \pm 7.5$ ). | Pretest-posttest design with a randomised control group.  | Cycling<br>Time-to-exhaustion test on an ergometer. | Two-stage self-talk intervention delivered over two weeks using a workbook. Stage 1 = Introduction to self-talk and selection of four motivational self-talk statements. Stage 2 = Using self-talk during three or more exercise sessions. | Time to exhaustion significantly increased in the self-talk group ( $M = 17.9\%$ / 114 s), but not in the control (-2.5%).  |

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|                                    |                               |   |  |   |   |  |
|------------------------------------|-------------------------------|---|--|---|---|--|
| Motivational self-talk (continued) | Wallace et al. (2017)         | 18 trained cyclists (m = 14, f = 4, age range = 18-50). | Pretest-posttest design with a randomised control group.                         | Cycling<br><br>Time-to-exhaustion test on an ergometer in hot conditions.       | Two-stage self-talk intervention delivered over two weeks using a workbook. Stage 1 = Introduction to self-talk, identification of their own negative self-talk, and selection of five motivational self-talk statements. Stage 2 = Using self-talk during three training sessions, over two weeks. | Self-talk significantly increased time-to-exhaustion by 39.4% (from 487 to 679 s). There was not a significant difference for the control group (from 531 to 510 s). |
|                                    | Barwood et al. (2015)         | 14 recreationally-active males (age = 19 ± 1).          | Pretest-posttest design with a control group. Ps were matched before assignment. | Cycling<br><br>10 km time trial on an ergometer.                                | One-hour classroom session with a structured workbook. Ps identified their negative self-talk statements and chose motivational statements to counter these with during each 2 km section. Ps rehearsed statements during the days and moments preceding each time trial.                           | Motivational self-talk significantly improved time-trial performance (M = 3.75%). Neutral self-talk did not (M = -1.30%).  |
|                                    | Hatzigeorgisdis et al. (2018) | 16 male sport science students (age = 22.5 ± 4.9).      | Randomised, controlled, posttest-only experimental design.                       | Cycling<br><br>30 min constant duration test in hot conditions at a steady RPE. | Ps received a brief introduction on the use of self-talk strategies. Then they chose cues from a list of motivational cues typically used to boost motivation and effort, or they devised their own. Ps were asked to use self-talk every two minutes during the test.                              | Ps in the self-talk group produced significantly greater power output during the final third of the trial, compared to the control.                                  |

|                                    |                         |   |   |  |   |   |
|------------------------------------|-------------------------|---|---|--|---|---|
| Motivational self-talk (continued) | McCormick et al. (2018) | 29 ultramarathon runners (m = 25, f = 4, age = 39.3 ± 8.4).                   | Randomised, controlled, posttest-only experimental design.                    | Running<br><br>Self-supported, overnight, 60-mile ultramarathon. | Workbooks introduced self-talk, asked Ps to notice their self-talk and its impact, and choose four new statements to use during the ultramarathon. Ps practiced self-talk in training runs for approximately two weeks.   | The difference in performance times was not statistically significant. The mean performance time of the self-talk group (824 minutes, SD = 97) was 12 minutes (1.44%) faster than the control group.                          |
|                                    | de Matos et al. (2021)  | 21 recreational triathletes (m = 15, f = 6, age M = 32.7, age range = 21-47). | Pretest-posttest design with randomisation to one of two intervention groups. | Swimming<br><br>750 m swim in a 50 m pool.                       | The motivational group used four motivational sentences to improve effort, confidence, and psyching up. The instructional group used four sentences to improve focus, technique, and pace. A practitioner made the sentences based on reported dysfunctional thoughts, and distributed via printed guides and WhatsApp. Ps had 12 days to rehearse in training. Ps used sentences after dysfunctional thoughts. | Motivational self-talk led to a significant 2.8% improvement in 750 m swimming performance (from 821 to 797 s). Instructional self-talk did not lead to a statistically-significant effect (0.39% improvement, 799 to 796 s). |
|                                    | Hardy et al. (2019)     | 16 recreationally active males (age = 22.0 ± 3.0).                            | Randomised, repeated-measures design.   | Cycling<br><br>10 km time trial on an ergometer.                 | A workbook was used to raise Ps' awareness of their self-talk, and to change negative self-talk into motivational and positive self-talk. Ps used self-talk for each 2km stage and  | Ps performed 2.2% faster (M = 1045 s) when in the second-person condition, compared to the first-person   |

|                                    |                            |  |  |   |   |  |
|------------------------------------|----------------------------|--|--|---|---|--|
|                                    |                            |  |  |   | to counter negative self-talk. Self-talk was either in first person (e.g., “I can tolerate this”) or second person (e.g., “You can tolerate this”).   | self-talk condition (M = 1068 s).  |
| Motivational self-talk (continued) | Schüler and Langens (2007) | 110 non-professional marathon runners (m=91, f=19).    | Randomised, controlled, posttest-only experimental design.   | Running<br><br>A real-life marathon.                            | Ps chose a self-verbalisation to use during the marathon, which was either their own or from a list that related to self-encouragement, anticipation of positive outcomes, and self-calming.  | Ps who had a large ‘psychological crisis’ achieved significantly faster running times when they used self-verbalizations than when they did not use them. There was no difference for Ps who had a small ‘crisis’.   |
|                                    | DeWolfe et al. (2021)      | 93 university students (m =53, f = 40, age 20.4 ± 2.4) | Between groups design with random assignment (with matching) to three experimental conditions and a neutral control. | Cycling<br><br>20-minute ‘do your best’ constant duration test. | Before the cycling task, Ps created ST statements with the researcher for their assigned condition. Self-talk was motivational (e.g., “Keep it up”), neutral (e.g., “The bike is red”), negative/discouraging (e.g., “My legs are tired”), or challenging (the same type of discouraging words as the negative group, but with a statement to embrace negative self-talk as a challenge, e.g., “My legs are tired, but I can push through it”). | The challenging self-talk group (M = 2.0 km; SD = 0.3) covered significantly greater distance than the negative ST group (M = 1.8 km; SD = 0.3) in time block four. No other significant differences were present between groups at the various time points. |
| Relaxation                         | Hatfield et al. (1992)     | 12 male intercollegiate cross-country                  | Counterbalanced repeated-measures design with two experimental   | Running<br>3 x 12 min blocks of treadmill                       | Biofeedback: Ps were provided with ventilation and EMG biofeedback.   | RPE was lower in the biofeedback (12.5 ± 0.5) and distraction (12.5 ± 0.7)   |

|                        |                           |  |   |   |  |   |
|------------------------|---------------------------|--|---|---|--|---|
|                        |                           | runners (age = 22.2 ± 1.3).  | conditions and a no-instruction control.  | running just below ventilatory threshold.                                   | Distraction: Ps were required to press a button on a hand-held device, timing the button press to coincide with the illumination of the final light in a series. Trials presented every 4s.  | conditions than control (13.04 ± 0.6).  |
| Relaxation (continued) | Brick et al. (2018)       | 24 club-level endurance runners (m = 13, f = 11, age 44.6 ± 10.8). | Randomised, repeated-measures design with three experimental conditions and a no-instruction control. | Running<br>4 x 6 min blocks on a treadmill at 70% of maximum oxygen uptake. | Brief instructions to focus on smiling, frowning, relaxing their hands and upper body, or no-instruction control.  | RPE higher when frowning (12.29 ± 1.88), compared to smiling (11.25 ± 1.94) and relaxing (11.38 ± 1.76).<br><br>No differences in RPE between any other pairs of conditions.          |
| Distractive strategies | Johnson and Siegel (1992) | 44 college females (age = 21.3 ± 4.9).                             | Between groups design with random assignment to three experimental conditions and a control.          | Cycling<br>15 minutes cycling at 60% of predicted maximum oxygen uptake.    | Instruction given immediately before task performance.<br><br>Association: focus on physical symptoms.<br><br>Internal dissociation: recall names.<br><br>External dissociation: hold conversation.<br><br>Control: No instruction | RPE was significantly higher for association (15.4) than internal dissociation (12.0).<br><br>No difference in RPE between internal dissociation, external dissociation, and control. |
|                        | Stanley et al. (2007)     | 13 female exercisers (age = 20.1 ± 1.75).                          | Repeated-measures design with four sequential   | Cycling<br>10 min bout at 75%   | Internal association: Asked to focus on their form, breathing, perspiration, and how their muscles felt.   | RPE was higher in internal (13.74 ± 1.25, on 6-20 scale) and external (14.03 ± 1.01) associative conditions than  |

|                                    |                                     |  |  |   |  |   |
|------------------------------------|-------------------------------------|--|--|---|--|---|
|                                    |                                     |  | experimental conditions.                   | maximum oxygen uptake.  | Internal dissociation: Watched a self-selected video.<br><br>External association: Asked to focus on the ergometer digital readings.<br><br>External dissociation: Asked to pay attention to the gymnasium.  | internal ( $12.95 \pm 1.46$ ) and external ( $12.95 \pm 0.91$ ) dissociative conditions. No difference between internal and external conditions.  |
| Distractive strategies (continued) | Connolly and Janelle (2003) Study 1 | 8 female varsity rowers (age = $19.9 \pm 1.31$ ).  | Counterbalanced, repeated-measures design. | Rowing.<br><br>20 min aerobic row at 'steady state' or '75% pressure' | Association: Instructed to focus on their breathing, body, and technique.<br><br>Dissociation: Instructed to focus on collages.  | Ps rowed 1.9% further when using association (4369.8m) than dissociation (4286.5m). No significant difference between RPE (12.5 and 12.2 respectively, on 6-20 scale).  |
|                                    | Connolly and Janelle (2003) Study 2 | 22 varsity collegiate rowers (m = 10, f = 12, m age = $19.6 \pm 2.0$ , f age = $20.3 \pm 2.0$ ). | Counterbalanced, repeated-measures design. | Rowing.<br><br>2000 m anaerobic ergometer row at 160-180 heart rate.  | Internal association: Instructed to focus on their breathing, technique, and body.<br><br>External association: Instructed to strategize and race against others.<br><br>Internal dissociation: Instructed to solve maths problems.<br><br>External dissociation: Instructed to watch a video. | Ps rowed significantly faster in the internal and external association conditions compared to baseline and the internal dissociation condition.<br><br>RPE was higher in the internal and external association conditions than baseline. There was no difference between the four attention conditions for RPE. |



|                           |                             |  |   |   |  |   |
|---------------------------|-----------------------------|--|---|---|--|---|
|                           | LaCaille et al. (2004)      | 60 people who run (m = 22, f = 38, age = 26.8 ± 8.9).                                    | A 3 x 2 x 2 mixed experimental design (exercise setting x cognitive strategy x gender)  | Running<br>5km run  | Exercise setting: treadmill, indoor track, and outdoor route.<br><br>Cognitive strategies: Association or dissociation. Association involved monitoring their heart rate, and dissociation involved listening to music.  | The association group ran faster (26.1 ± 4.39 minutes versus 27.9 ± 3.94 minutes).<br><br>No overall differences in RPE between the cognitive strategies. |
| Multi-modal interventions | Barwood et al. (2008)       | 18 males (PST age = 23 ± 3, control age = 28 ± 5).                                       | Pretest-posttest design with a control group. Ps were matched before random assignment. | Running<br>90 min treadmill constant duration test in hot conditions. | PST package to meet the demands of exercising in the heat. Four one-hour PST sessions were delivered in the four days preceding performance (goal setting, arousal regulation, mental imagery, and positive self-talk).  | The PST group ran significantly farther (M = 8% / 1.15 km) after receiving the intervention. The control group ran similar distances in each trial.       |
|                           | Patrick and Hrycaiko (1998) | 3 triathletes of varying ability and 1 national-level runner (m = 4, age range = 25-37). | Single-subject, multiple-baseline design across participants.                           | Running<br>1.6 km run on a track.                                     | PST package delivered on an individual basis over three days (relaxation, imagery, self-talk, and goal setting). Skills were presented in a self-teaching workbook that contained reading and exercises. The first two sessions lasted 90 minutes, and a third session was dedicated to answering questions. | All Ps improved their performance following the intervention.   |

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|---------------------------------------|-------------------------------|---|---|---|---|---|
|                                       | Sheard and Golby (2006)       | 36 national-level swimmers (f = 23, m = 13, age = 13.9 ± 2.0, age range = 10-18). | Pretest-posttest design without a control group. Ps' best competitive performance times were obtained pre-, post-, and one-month post-intervention. | Swimming<br><br>Competition performances for different strokes and distances. | PST program. Five weekly sessions were conducted on a one-to-one basis (goal setting, visualisation, relaxation, concentration, and thought stopping). Each session was personalised and lasted 45 minutes.             | Performance time was significantly faster in one out of five endurance events post-intervention. Performance times were significantly faster in two endurance events one-month post-intervention. |
| Multi-modal interventions (continued) | Thelwell and Greenlees (2001) | 5 male members of a gymnasium (age = 24.2 ± 4.6).                                 | Single-subject, multiple-baseline design across participants.   | Gymnasium triathlon<br><br>2 km row, 5 km cycle, 3 km run.                    | PST package delivered on a one-to-one basis over four consecutive days (goal setting, relaxation, imagery, and self-talk). Each session lasted up to one hour and included education, workbook exercises, and homework. | All Ps improved their performance (M = 32.6 s improvement) following the intervention.  |
|                                       | Thelwell and Greenlees (2003) | 4 male members of a gymnasium (age range = 19-21).                                | Single-subject, multiple-baseline design across participants.   | Gymnasium triathlon<br><br>2 km row, 5 km cycle, 3 km run.                    | See Thelwell and Greenlees (2001).  | All Ps improved their performance (M = 7.5% / 81 s) following the intervention.   |
| If-then planning                      | Lane et al. (2016)            | 147 distance runners (m = 53, f = 94, age = 40.5 ± 9.1).                          | Randomised, controlled, pretest-posttest design with  | Running<br><br>Self-chosen run, while   | Ps made two personalized if-then plans, with an emotion regulation goal. They had two weeks to use their strategies in training.  | Neither intervention had a significant effect on performance.   |

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two experimental groups and a control. pursuing a goal. A second group set emotion-focused goals.

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*f* number of female participants, *m* number of male participants, *M* mean, *P(s)* participant(s), *PST* psychological skills training, *RPE* rating of perceived effort,  $\pm$  mean  $\pm$  standard deviation. Note: Table most recently updated June 2021. The studies included in this table represent the evidence-base of intervention studies cited within the manuscript with an outcome relevant to slowing down or stopping, such as performance during self-paced time trials, exercise time to exhaustion, or perception of effort during fixed-pace tasks.

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