



# Fuzzy Cognitive Map for TALE

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# Doping is a wicked problem...

Contested, value-laden, and cannot be “solved” (only managed)

Doping/anti-doping is “wicked” because:

- people disagree on what the real problem is; different stakeholders define the problem differently
- actions have side effects (policy meant to deter doping can also produce unintended harms)
- there isn't one 'right' solution, only trade-offs; what counts as “better” depends on values and priorities
- the system adapts (so the target moves)

Wicked problems often stall because people argue from different stories.

Need structured ways to hold and work with complexity



# Fuzzy Cognitive Mapping

Wicked problems often stall because people argue from different implicit stories.

→ *FCM turns these stories into a structured way to hold and work with complexity*

Wicked systems often produce feedback loops

→ *FCMs are designed to represent feedback and mutual influence*

Legitimate aims (deterrence, clean sport, due process, athlete welfare, global harmonisation) collide

→ *FCM allows mapping and tracking these simultaneously through system levers (processes), mechanisms (mediators), impact outcomes (harms) and behavioural outcomes*

Wicked problems rarely come with clean causal estimates.

→ *FCM accommodates uncertainty ("fuzzy" is a feature, not a flaw)*

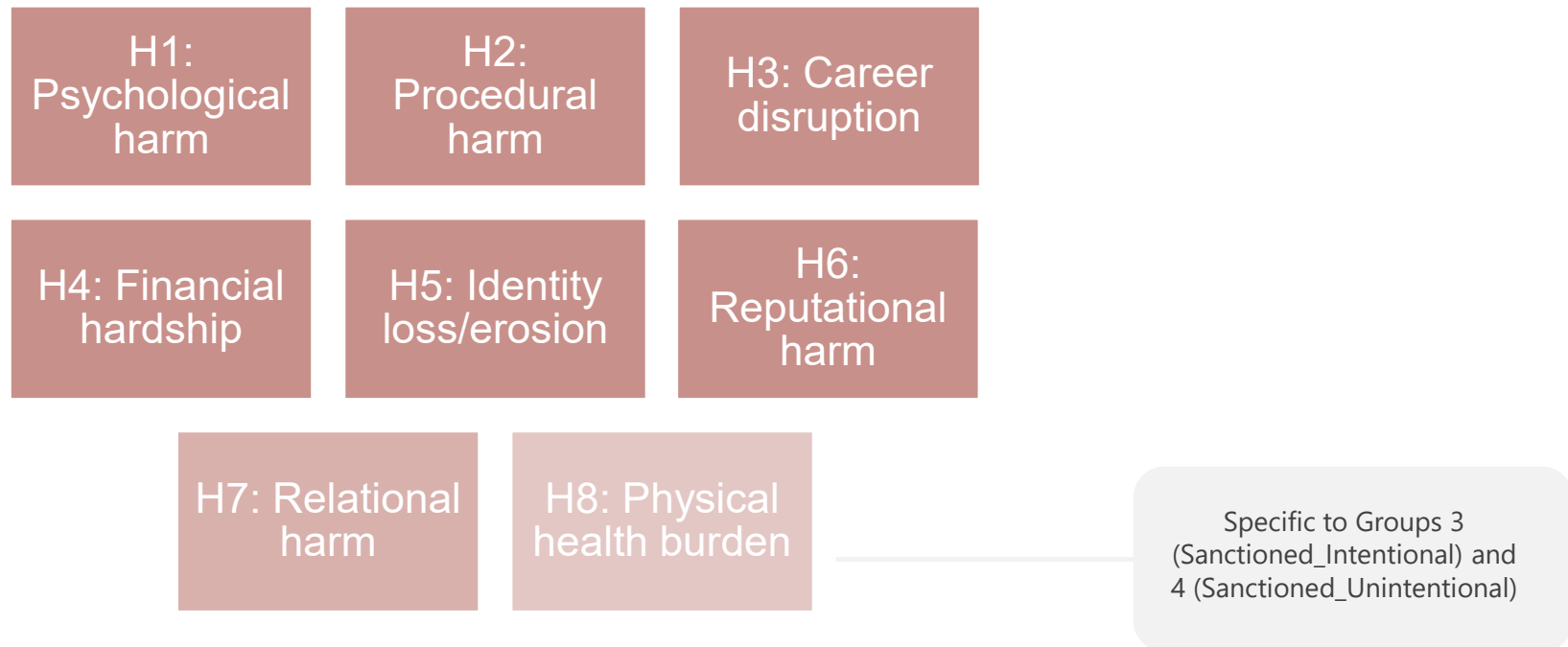
Wicked systems often fail people because "one-size-fits-all" policies hide differential impacts.

→ *FCM makes subgroup differences explicit (who is affected, and how); isn't just describing "the system" but "the system as experienced differently by different athlete groups"*



# Harms

Harm means any negative impact, cost, or loss that an athlete experiences (emotionally, socially, professionally, financially, physically, or through the way systems treat them) as a result of anti-doping processes and contexts.



# FCM components

## Process

- Things the anti-doping system does or requires (rules, procedures, communications, disclosure, timelines) that shape athletes' experiences.

## Mediators / mechanisms

- The in-between mechanisms—psychological, social, and institutional processes—that translate anti-doping experiences into outcomes.

## Unintentional ADRV risk mechanisms

- Factors that raise the chance of an accidental/inadvertent rule violation (knowledge gaps, exposure risks, constraints).

## Intentional ADRV risk mechanisms

- Factors that increase the likelihood of a deliberate decision to break anti-doping rules (pressure, coercion, perceived need).

## TUE / medical process & stigma

- Issues linked to Therapeutic Use Exemptions (TUEs)—the admin burden and the stigma/misunderstanding attached to medical exemptions.

## Non-harm outcomes (engagement, temptation, growth)

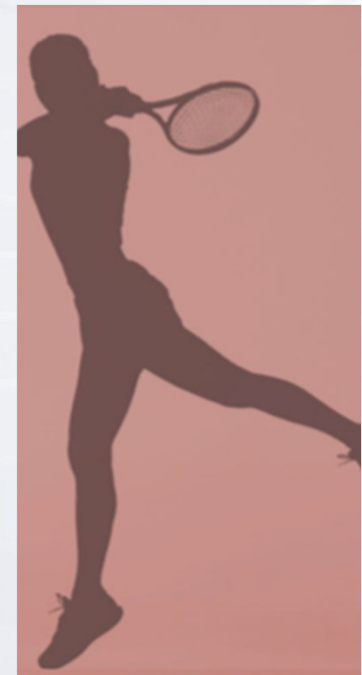
- Outcomes that matter in the system but aren't "harm categories"—how people engage, feel tempted, or adapt/grow.

## Sanction-linked behavioural endpoints

- Endpoints that summarise likelihood tendencies around rule violations—separating inadvertent vs deliberate pathways.

## Group-specific context nodes

- Context factors that are unique to particular athlete groups, included to capture realities that don't apply to everyone.



**G3 Sanctioned\_unintentional:**

An athlete sanctioned for an unintentional ADRV (e.g., accidental exposure/mistake).

**G4 Sanctioned\_intentional:** An athlete sanctioned for an intentional ADRV (deliberate rule violation).

SANCTIONING

**G5 Returning\_post\_sanction:**

An athlete returning to competition after serving a sanction, navigating reintegration.

**G7 Shared\_space\_vs\_returning:**

An athlete who shares sport space with returning sanctioned athletes, where association/contamination concerns may arise.

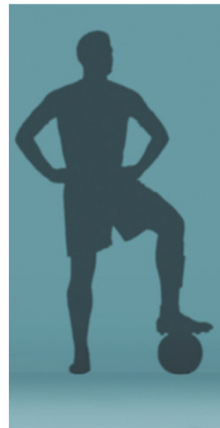
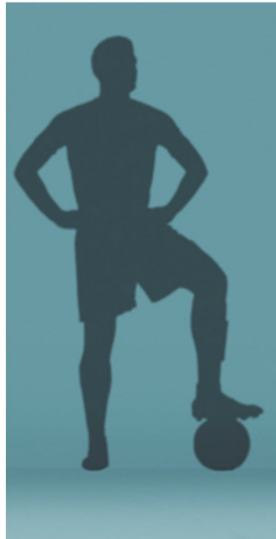
REINTEGRATION

**G1 Clean:** An athlete who has never been charged or sanctioned for an anti-doping rule violation.

**G2 Charged\_not\_sanctioned:** An athlete who was charged/investigated, but not sanctioned (e.g., cleared or case dropped).

**G6 Retro\_award\_lost\_opportunities:** An athlete who lost opportunities because others doped and may receive retroactive awards later.

CLEAN SPORT  
COMMITMENT



# Athlete Groups

### Objectives:

1. To co-create a shared representation of the anti-doping system by drawing on the lived and professional expertise in the room; making individual and stakeholder “mental models” explicit, discussable, and comparable within the TALE FCM;
2. To strengthen the map’s accuracy and inclusivity, and build collective ownership and transparency in the model to make the TALE FCM a shared, testable foundation for the next stages of prioritisation and discussion.

Review the current TALE FCM and propose small, high-value additions that improve how the map captures athlete and stakeholder experiences of harm.

Your group may submit **up to five (5)** additions in total, as any combination of new node(s) and/or new edge(s). **All proposed edges must link *directly* to a harm node** (i.e., the target must be an H node such as H1–H8, or a newly proposed harm node).

You **may** propose **additional harm node(s)** (new H-type node(s)) if you believe an important harm domain is missing. If you propose a new node, include at least one direct edge from that node into a harm node (otherwise the node cannot be placed in this task).

**If you propose a NEW NODE, add one extra line (before the edge line) like this:**

NEW NODE: NodeID (proposed), Node name, DOMAIN, one-line definition. Then list at least one direct edge from that node to a harm node using the required edge format above.

Finish this phase by **sharing the group’s feedback and new proposed nodes or edges** (if any) with the wider group of participants.

# Task 1



### Objectives:

1. To translate the group's shared system understanding into priorities;
2. To build a transparent, collective ranking of what most worsens harm and what most reduces it;
3. To produce a shared shortlist of priority leverage points and protective mechanisms that will directly inform the next day's discussion about short-term and longer-term improvements, including how to "walk the talk" on athlete-focused practice by reducing unintended harm while strengthening system functioning.

Each person has 10 YELLOW + 10 GREEN dots.

Using the updated distance-1 edge list,

- ⇒ mark the 10 edges most likely to worsen harm with YELLOW (typically + links into harm) and
- ⇒ mark the 10 edges most likely to reduce/buffer harm with GREEN (typically – links into harm).

When choosing your 10 + 10, consider:

- ✓ **Strength/impact:** which links feel most powerful in practice.
- ✓ **Breadth:** does it apply widely (check **Applies to All** and **Applies to G1–G7** columns)
- ✓ **Actionability:** can this factor realistically be influenced through policy/practice/support?
- ✓ **Confidence:** how confident are you this link is important (based on experience/evidence)?

## Task 2



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# TVALE

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[www.athletes-tale.eu](http://www.athletes-tale.eu)

