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Therapeutic relationships in applied sport psychology

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We begin this book with the topic of relationships because we believe that in applied sport psychology there is no aspect of service that is more important or central to the quality and outcomes of the collaborative work than how the two parties involved get along with each other. The issue of establishing therapeutic relationships or working alliances, between psychologists and their clients forms the underlying connective thread throughout most of the chapters in this book. The editors did not think they were being redundant in having authors repeat the relationship importance litany over and over again. Rather, they were being emphatic.

One could argue that relationships in sport are the foundations upon which performance, satisfaction (or dissatisfaction) with participation, and happiness are built. If we consider the most obvious working relationship in sport, the coach–athlete dyad, then it becomes immediately apparent how the quality of that relationship underpins performance, happiness, effort, and a whole host of positive or negative results and outcomes. We know what happens when coaches are loving, caring, respectful, and genuinely concerned with the health and welfare of athletes in their charge (athletes usually thrive). We also know what happens when coach–athlete relationships are chaotic, manipulative, exploitative, and inconsistent (athletes fall into anxiety, acting out, depression, and victimization). Relationships fuel outcomes in both positive and negative ways.

We (the authors) are both psychotherapists, and we firmly believe that most of the issues in psychotherapy, and even sport psychology performance enhancement work with athletes, are almost always about love. For example, in working with athletes who only want to learn some mental skills for performance enhancement, we may teach those skills, and then the athletes go on their way. But why did the athletes want to learn mental skills to improve performance? We don’t know, but the underlying reasons probably have something to do with love. For example, “I really want to perform better so I can feel good about myself (self-esteem, self-love),” or “I want to get better so my parents will love me because when I perform poorly they withdraw love (seeking the parental contingent love reinforcement),” or “I love my coach, and I want to give her a gift that proves my love and dedication (good performance as an expression of love and devotion).” Freud supposedly said, “All giving is
asking, and all asking is an asking for love.” (Freud, n.d.). Whether or not he actually said or wrote that epigram, we don’t really care because it sums up, for us, what therapeutic relationships are all about.

When athletes tell their stories (gift-giving) to sport psychologists, what are they asking? It may take some time to figure out their questions, but what they are probably asking are questions such as, “Can you really hear my story?,” “Do you understand my story?,” “Will you lovingly hold and care for my story?,” or even, “Now that you have heard my story, am I still worthy of love?”

When a sport psychologist gives an athlete the gifts of mental skills training, of unconditional positive regard, of loving care, of genuineness, of an agenda that has only the health and happiness of the athlete as the goals, then what is the sport psychologist asking? Depending on the quality of the character of the sport psychologist, the questions may be, “Will you admire my expertise (narcissistic love)?,” “Will we connect as human beings with mutual care and respect (by another name, ‘love’)?,” “Will I be able to help you achieve what you so desire (mentor or parental love)?,” “Will you come back in a few months’ time and tell me that my gifts and I were helpful (giving as an asking for love)?” As Freud mentioned often, healing is achieved through love (see McGuire, 1974).

Therapeutic relationships in counseling and clinical psychology

The importance of the therapeutic relationship in counseling and clinical psychology has long been recognized, first in clinical practice and theory and, more recently, in a wealth of psychotherapy outcome research (e.g., Sexton & Whiston, 1994). Various theorists conceptualize the effective component of the therapeutic relationship in different ways. For example, psychodynamic theorists focus on transference as the vehicle for therapeutic change, whereas client-centered theorists suggest that it is the relationship conditions offered by the therapist (e.g., empathy, unconditional positive regard, congruence) that provide the environment for change. Regardless of one’s theoretical orientation, positive therapeutic relationships, or working alliances, are consistently associated with positive outcomes (Horvath, 2000). As long as the relationship is strong, caring, and mutually respectful, the likelihood of positive outcome is increased.

Psychodynamically, the therapeutic relationship is a fundamental and necessary component of successful therapy because it provides the therapist and client with a mechanism – transference – to build a collaborative working alliance and explore and resolve the enduring influences of the client’s past relationships, both positive and negative. Transference refers to the client’s attachment to the therapist based on unconscious redirection or projection onto the therapist of qualities and emotional responses that stem from past relationships (real or fantasized) of the client. For example, children who had loving, caring, nonintrusive, supportive parents are likely to transfer those positive responses and parental histories onto the therapist, resulting in a positive working alliance. On the other hand, children who experience physical or sexual abuse or neglect may, as compensation, develop rich fantasies about the “good mother” or “good father” they wish they had and positively transfer those wishful fantasies onto the therapist. One sees this phenomenon frequently in sport. For example, a boy physically abused by his father meets a loving caring coach and falls in love. The coach becomes the good dad that he fantasized about and wished he had. Freud believed that the client’s positive attachment to the therapist is essential for fostering a collaborative alliance or “pact” because it instills in the client a sense of
security and the personal strength and confidence necessary to deal with unconscious obstacles and painful memories that impede the growth and healthy functioning of the client.

Similar to a psychodynamic formulation of therapeutic relationships, existential psychotherapists such as Yalom (1980) consider the therapeutic relationship to be fundamental to positive therapeutic outcome because it provides the client a “dress rehearsal” for new ways of relating to significant others, as well as the experience of a genuine relationship with someone whose caring is indestructible. Andersen (in press), in a similar vein, suggested that the psychologist, through the therapeutic relationship, provides the client with a model for healthy living. He stated:

Ideally, in time, the psychologist becomes (we hope) a model for the athlete of self-and other-acceptance, a model for rational thought, and a model for how to be in the world. The psychologist has the ability to “hold” (not control) the athlete’s anger, anxiety, and sadness and not become overwhelmed by them, even though the athlete may feel overwhelmed and discombobulated at times. ... Athletes often take the qualities of the psychologist and make internal representations of how the psychologist acts, thinks, feels, and behaves. These internal representations act as guides for the athlete to change or alter his or her thinking, emotional reactions, and behaviors. When athletes say to their sport psychologists, “I was at the tournament and getting nervous, and then I heard your voice in my head ... ” we know that the internalization of the psychologist is on its merry and helpful way.

These processes also have support in the neuroscience literature. For example, Schore (1996) suggests that

experiences in the therapeutic relationship are encoded as implicit memory, often effecting change with the synaptic connections of that memory system with regard to bonding and attachment. Attention to this relationship with some clients will help transform negative implicit memories of relationships by creating a new encoding of a positive experience of attachment.

(p. 63)

The therapeutic relationship may create or recreate the ability for clients to bond or develop attachments in future relationships.

**Fostering the therapeutic relationship**

In thinking about nurturing therapeutic relationships, we always come back to Rogers (1946), who emphasized that if a practitioner “can create a relationship permeated by warmth, understanding, safety from any type of attack, no matter how trivial, and basic acceptance of the person as he is, then the client will drop his natural defensiveness and use the situation” (p. 419). Rogers believed that all people have the internal resources required for personal growth but need a warm and nonthreatening environment to enable and nurture that growth. In the therapeutic relationship he turned to interpersonal qualities of the therapist, namely empathy (experiencing the client’s emotional state as if it were one’s own), unconditional positive regard (being accepting and nonjudgmental of the client no matter what the presenting behaviors), and congruence (being nondefensive, genuine, and open) as providing the necessary conditions for releasing the client’s inner healing processes.
The relationship conditions offered by the therapist are, in themselves, the foundation for change.

More recently, Hick and Bien (2008) suggested that one way to foster the relationship is for the therapist to be mindfully present (moment-to-moment, nonjudgmental awareness). We believe this stance to be similar to what Rogers was suggesting and has its roots in Freud’s “evenly suspended attention” as the means to be physically and emotionally available to clients (Freud, 1912/1958; see also Chapters 20 and 21 for further discussions of mindfulness in applied sport psychology practice).

The sport psychologist’s agenda

Some practitioners define the scope of sport psychology practice as primarily performance enhancement and divide athlete concerns into the false dichotomy of performance issues versus personal ones. As Andersen (2006) stated:

Performance is only one part of the performer, and success or failure on the playing field is intimately tied to feelings of self-worth (and a host of other “self” issues such as self-concept, identity, self-esteem, and self-efficacy), family dynamics, ontogenetic histories, relationships between coaches and athletes and, ultimately, happiness and misery. It is quite surprising that sport psychologists still make the distinction between performance and personal issues. This distinction has been present and argued loudly in sport psychology circles for a considerable time. It is about time it was seen for the false dichotomy it is. Performance is a deeply personal issue, and counseling athletes on performance touches areas of their lives that go to the core of their being. Improving performance may be the manifest goal of sport psychology work, but the health, welfare and happiness of athletes are the foundations of why sport psychologists do what they do.

(pp. 689–690)

In a recent debate (Brady & Maynard, 2010), a prominent sport psychologist argued that “at an elite level the role of a sport psychologist is entirely about performance enhancement.” (p. 59). The agenda of focusing solely on performance enhancement apparently will not die. We do not understand this unholistic and fragmented stance. When athletes come to sport psychologists, they bring with them their entire worlds. As we mentioned at the beginning of this chapter, if the athlete’s agenda is learning mental skills then, of course, we follow that athlete’s lead and address his/her performance concerns, but it is the athlete who determines the focus of the work, not the sport psychologist. It is our experience that many athletes start out wanting to learn mental skills, but as trust and the therapeutic relationship develop, other “personal issues” begin to emerge.

Therapeutic relationships in applied sport psychology

Studies of sport psychologist–athlete relationships do not have a long history. One of the earliest investigations that touched on this issue was an evaluation of sport psychology services delivered to Canadian Olympic athletes (Orlick & Partington, 1987). The researchers found that athletes described the best consultants as having good listening skills, being able to develop rapport, and caring about what was happening with the athletes – all
qualities for building therapeutic relationships. More than a decade later, the first journal article dedicated completely to the sport psychologist–athlete relationship appeared (Petitpas, Giges, & Danish, 1999). The authors were trying to pull mainstream counseling psychology therapeutic relationship paradigms into sport psychology training and practice. They stated, “it may be time for a paradigm shift in sport psychology training models from an emphasis on skill-based instruction to greater awareness of self and the processes involved in the sport psychologist–athlete interaction.” (p. 347).

Since Petitpas et al. (1999), there have been numerous book chapters (often case studies) and journal articles that focus in whole, or in part, on the qualities of the relationships formed between sport psychologists and the clients in their care. Andersen (2000), in a case example, discussed relationship building from the first intake session, along with the client’s transference and his own countertransference, and how these dynamic processes can be found in the early stages of counseling. Price and Andersen (2000) showed the development of a profound therapeutic relationship that occurred over a five-year period with an American football player who moved from university sport to the professional ranks. Andersen (2007) also showed, in two case examples, how the relationships between a sport medicine physical therapist and a swimmer, and a sport psychologist and a track athlete, led to positive and negative outcomes, respectively. Recently, Andersen (2009) described a case of a ballet dancer with performance concerns who benefited from classic psychological skills training (PST). The heart of the case study, however, was the therapeutic relationship and the dancer’s positive transference to the therapist. As a final example, Andersen and Speed (in press), in several case examples, described how the story telling and metaphors generated by both sport psychologists and their clients act as building blocks and signposts of the developing working alliances.

We are not so sure there has been the paradigm shift for which Petitpas et al. (1999) had hoped. It seems more like a “paradigm nudge.” But the therapeutic relationship ball is rolling in the applied sport psychology literature.

**Training sport psychologists: therapeutic relationships in supervision**

There are several supervision models that can be used in applied sport psychology (see Van Raalte & Andersen, 2000). No matter what the model, we would hope that in the training and supervision of sport psychologists there is a parallel process with the therapeutic relationship in the supervisee–client dyad that is being mirrored in, or running in parallel with, the supervisor–supervisee collaboration. The therapeutic alliance in supervision may actually be more difficult to establish than the one in practitioner–client relationships because of a different kind of power imbalance. In supervision, the supervisor has an evaluative role that may be perceived as threatening (Andersen & Williams-Rice, 1996). As Batten and Santanello (2009) suggested:

"Trainees are likely to encounter difficult emotional experiences, such as shame related to making mistakes and anxiety related to concerns about providing effective therapy, routinely during the course of both supervision and clinical work. In an attempt to minimize the distress associated with these experiences, supervisees may avoid discussion about their shortcomings in supervision."

(p. 149)
If supervisors model unconditional positive regard, care, appreciation of their own frailties and the frailties of others, love, and genuineness, then the supervisory environment may become relatively threat-free for initially anxious supervisees. If there is positive transference and countertransference between a supervisor and a supervisee, a therapeutic alliance is likely to form, and the supervisee may begin to internalize the supervisor as a model of what it is to be a competent psychologist and a loving and caring human being. As in therapy, so too in supervision, it is the therapeutic relationship that fuels change.

Problems in professional relationships

Sport psychologists working relatively long-term with individual athletes and teams may experience schisms, ruptures, or breakdowns in those relationships. Such ruptures may occur for a variety of reasons. For example, a psychologist may be working with a team as a whole and with individual players one-on-one. At first, things are going well, and everyone is happy, but as time goes by a schism between the coach and the sport psychologist begins to manifest. This schism may result from the insecurities of the coach who sees the athletes spending a lot of time with the sport psychologist. The athletes may be coming to the sport psychologist because they are uncomfortable talking to the coach. When I (Mark) was working for a university team, several of the athletes I saw individually had difficulties with the coach who was inconsistent, constantly irritated at the athletes, and a bit of a bully. My office was a safe haven from the often unpleasant training environment. One day the coach called me into his office, sat me down, and blurted out, “Why is it that all the athletes I have trouble with are the ones who are seeing you?” The schism I had been feeling between the coach and me had now widened into a canyon with what amounted to an accusation of a conspiracy, between the athletes and me, against him. At first I felt like I had been professionally suckerpunched, and then I started to become defensive and angry because I also felt bullied. I took a deep breath, told my bruised ego it could have some “poor me” time later, but not now, and I began to speak. I said something like,

Coach, I value my working relationship with you and the team so highly, and I would never want something to happen that damaged our work together. You know I see several of the women on the team one-on-one, and we talk about a lot of things. Sometimes we talk about coach–athlete interactions and communications and how they may go smoothly and how there may be some concerns. I always discuss with them that communication is a two-way street, and that if there are any problems then it is usually both parties who are contributing to the problem. When these sorts of issues come up, I always encourage them to talk to you so that you too can figure out a way to best help the athlete move forward. I think my title as “team psychologist” makes me the “go to” guy when athletes are struggling with something, so if you are having difficulties with some athletes, then those athletes are probably having difficulties too, and I am kind of the natural outlet for them. But I can also see it from your point of view, and it doesn’t look good. Please believe me, I am not trying to undermine your role as coach; I am trying to help the athletes understand the difficulties and tensions and figure ways to resolve them. As I said, I encourage them to talk to you about what they and I have talked about in private.
Even as I read it now, it still sounds defensive. I was trying to mollify the coach, keep my anger and hurt in check, and lay some groundwork for possible future communication. I wasn’t truly successful at any of those tasks, but I didn’t get fired. This event also started to sow seeds of doubt. Was it possible that I had, in some way, colluded with the athletes in their struggles with the coach? Had I turned my working alliances with the athletes into misalliances?

**When the working alliance becomes a misalliance**

The therapeutic relationship can devolve into a misalliance for a number of reasons. One way is for the psychologist to become an ally in an athlete’s struggles against a powerful other (e.g., coach, parent, administrator). This misalliance is fueled by the two parties having a common enemy. In psychodynamic terms, it is like siblings bonding together against an abusive parent. It is almost always unhelpful and usually damaging for the client, and the psychologist is feeding the dissatisfaction.

Another type of misalliance is dependency-fostering. I have seen some sport psychologists “over-serve” athletes, go to every home and away event, and become so ubiquitous in athletes’ lives that their athletes feel lost without them. This sort of dependency-fostering is manipulative and exploitative and probably fills the narcissistic needs of the psychologist at the cost of the athlete’s autonomy and dignity. A cousin to dependency-fostering is the psychologist using the athlete to bask in reflected glory. We and our students call these (un)professionals (rather colorfully) “jock-sniffers.” The reflected glory seekers probably have the same neediness and narcissism as those sport psychologists who foster dependency.

Probably the most egregious form of a misalliance is when a sexual/romantic liaison develops between the sport psychologist and the client. We know from past literature that such boundary violations are nearly always damaging to the client and to the psychologist. It is a profound betrayal of trust that may leave vulnerable individuals feeling exploited, depressed, and even suicidal (see Stevens & Andersen, 2007).

All of us are flawed in some ways, and working with high-profile athletes can be glamorous and seductive. We need to be vigilant so that we can recognize when the therapeutic alliance is threatened by external or internal factors that pull us away from being helpful and into misalliances that may damage and collapse our professional relationships.

**Conclusions**

Over 75 years ago, Rosenzweig (1936) used a competition described in Lewis Carroll’s classic *Alice’s Adventures in Wonderland* as a parable for the outcomes of therapy. He called this tale the “The Dodo Bird Verdict.” The competition was running around a lake. Several of the characters in the book had become wet, and the objective of the race was to keep running around the lake until everyone was dry. Neither the distance the characters ran nor how long they took mattered; “dry” was the goal. Once everyone dried out, they looked to the dodo to determine the winner. He pondered the issue for a while and announced, “Everybody has won and all must have prizes.” What Rosenzweig was suggesting is that, in general, it is not so important what specific interventions one uses, or what psychotherapy models one adheres to, but rather, it is the common factors of most therapies, such as having a warm, caring, respectful, and nurturing relationship with another human being, that brings about positive change. So, we might say (with caution) that most approaches to applied sport...
psychology service delivery are roughly equivalent, and that “all must have prizes.” But the rough equivalence of treatments is not the issue so much as is the process of building the therapeutic relationship and the interpersonal skills of the psychologist. See Box 1.1 for a summary of the key points from this chapter.

**Box 1.1**

*Summary of key points about therapeutic relationships*

- Therapeutic relationships lie at the heart of applied sport psychology service delivery, training, and supervision.
- Therapeutic relationships have been studied intensely in mainstream clinical and counseling psychology, but only relatively recently in applied sport psychology.
- Psychodynamic formulations of the therapeutic relationship view the client’s transference connections to the therapist as the primary agent for positive outcomes.
- The Rogerian qualities of unconditional positive regard, empathy, genuineness, and being nonjudgmental form the foundation upon which a therapeutic alliance can be built.
- In supervisory relationships, therapeutic alliances, similar to what happens in therapy, may occur and help fuel supervisees’ growth and change.
- Contratherapeutic misalliances may occur because of psychologists’ needs, and even psychopathology, taking precedence over client concerns and desires.

**References**


