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Psychodynamic models of therapy

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“I have done that,” says my memory, “I cannot have done that,” says my pride, and remains inexorable. Eventually – memory yields.

Friedrich Nietzsche (1886, 1966)

Nietzsche’s epigram, written before Freud first used the term “repression,” is a near-perfect poetic description of that defense mechanism. Many prototypes of Freudian concepts (e.g., id, ego, superego, the unconscious, repression, sublimation) can be found in Nietzsche’s work, and he had a substantial influence on Freud and other psychodynamic theorists and practitioners (e.g., Carl Jung, Alfred Adler).

In 1874, the German physiologist, Ernst Wilhelm von Brücke, first coined the word “psychodynamics” (psychological thermodynamics). Brücke was also the supervisor of a medical student named Sigismund (later abbreviated to “Sigmund”) Freud. The term “psychodynamic” is a good example of how the Zeitgeist (spirit of the age) exerts an influence on how theorists conceptualize psychological phenomena. For example, the Zeitgeist of the time of Galileo and Descartes was optics, and Descartes’s model of mind and body interaction is decidedly optical. The spirit of the age at the end of the nineteenth and the beginning of the twentieth centuries was physics. Freud’s model of the human psyche is physics rewritten for psychological structures and functions. Psychodynamic models (originally) were about the flow of energy (e.g., from the unconscious to consciousness), the storage or investment of energy (e.g., cathexis), and the release of energy (e.g., catharsis, abreaction). There is the energy, or “instinct force” of the libido, originally conceived as sexual, but later modified as “the energy that manifests itself in the life process and is perceived subjectively as striving and desire” (Ellenberger, 1970, p. 697). Psychodynamic psychotherapies (there are many) have survived long past the Zeitgeist of physics, and their visibility in clinical psychology, counseling, and clinical social work is high. In applied sport psychology, however, we haven’t seen much discussion or use of psychodynamic principles until recently.

Basic psychodynamics

The history of psychodynamic therapies goes back at least to the time of Mesmer (1734–1815), but psychodynamic medicine really burst on the scene in the latter part of the 1800s with
the work of Jean-Martin Charcot (see Goetz, Bonduelle, & Gelfand, 1995) and Pierre Janet (1925) in France and Josef Breuer and Sigmund Freud (Breuer & Freud, 1895/1973) in Austria. Freud gets most of the credit for the development of psychodynamic theory and practice, and so he should. Since the middle of the sixteenth century, there have been, arguably, three major revolutions in the Western world about humans and their place in the universe. The first major revolution was Copernicus's heliocentric model of the solar system (a cosmological revolution). Humans no longer sat at the center of God's creation (this may not seem so “revolutionary” to us, but back then it was a huge change). Then in 1859, Darwin published On the Origin of Species and kicked us out of our special place in God's creation (and being made in “His” image). We became like all the other creatures on the planet, subject to the same laws of natural selection and evolution (many people are still unhappy about the Darwinian biological revolution). Finally, Freud brought about a psychological revolution shattering our myth that even if we were animals, we were “rational” animals, and therefore, special. We are often irrational beings with a lot of our motivations for behavior stemming from internal conflicts, unconscious desires, and childhood histories lost to conscious access. Freud helped kick us out of our self-satisfied rational minds.

The Freudian revolution is still with us today. His language and concepts pervade our language and how we think about ourselves and others. His influence has spread deeply into art, literature, sociology, anthropology, and feminism (there is a whole movement of psychodynamic feminist theorists and psychotherapists). Concepts such as unconscious motivation, anal retentiveness, slips of the tongue (parapraxes), Oedipus complex, libido, regression, repression, denial, projection, and so forth are all part of how we talk about ourselves. Freud and his legacy (all the Neo-Freudians, the object-relations theorists, the Lacanians) are everywhere.

Core concepts

At the heart of psychodynamic theories lies the unconscious. It is the repository for early childhood memories, conflicts, unacceptable sexual and aggressive desires, and other material that cannot be consciously tolerated or endured. One of the main aims of psychodynamic psychotherapy is to attempt to reveal what is unconscious and thereby decrease the power of the internal conflicts influencing our lives in maladaptive ways. Through insights into the ways unconscious conflicts affect us, through a kind of remembering, we are able to recognize the roots of our unhappiness and maladaptive patterns of behavior and then do something different. This remembering is accomplished in a number of ways such as through dream analysis and free association.

Free association

One of the few rules in psychodynamic psychotherapy is for clients to try to report whatever is happening for them in the here and now (e.g., cognitions, emotions, desires, anxieties, somatic symptoms). When I first talk to my clients in psychodynamic psychotherapy, I say something like:

One of the only rules to this type of therapy is that you agree to try to tell me whatever is on your mind, without censoring. That's a difficult task because we all censor our thoughts and feelings. I censor; you censor, and we have lots of practice at keeping stuff to ourselves. Even if your thoughts or feelings seem trivial or “out of left field,”
still try to tell me about them. They come up for a reason, and they may be connected to what we are looking for. Even if the thoughts and feelings are shameful, painful, or embarrassing, let them come out. And if you ever have something pop into your mind, and then you think, ‘‘Ooh, I don’t want to tell Mark that,’’ then that is exactly what we should talk about. Also, if you are having some reaction to me, such as you get mad at me, or you think I am being an idiot, then tell me about that too. Your reactions to me, and why they came about, may help us shed some light on your interactions with others when you have become angry with them. How does all that sound?

I also let my clients know that I will occasionally tell them how I am reacting to the stories they tell and their other free associations, because clients usually benefit from feedback on how what they do and say affects others. Examining how my clients affect me may help them understand how they are perceived by others.

Free association is also one of the ways to examine and analyze dreams. There are many ways to explore dreams, but one of the most common techniques is to have the client recall the dream and then ask, “What comes to mind when you think about X (a certain image, action, emotion, character, or place in the dream)?” The practitioner is essentially asking the client to free associate on elements of the dream. Through the connections made during free association, what the dream might be about may become clear, or at least less cryptic than when first recalled.

**Early childhood experiences**

When one thinks of it, we probably learn more in the first six to eight years of life than we ever learn in the next 70 years. We learn to speak; we lay the foundations for reading and writing; we learn about relationships; we learn about right and wrong; we learn about love (that it is always there, or that it is unavailable, or that it is contingent, or that it can become hate); we learn about safety and vulnerability; we learn about trust (or mistrust); we learn about pride and shame. In psychodynamic theory, these years have a vast influence on how individuals develop into adolescence and adulthood. Patterns of relationships, emotional responses to love and threat, and behavioral tendencies all get laid down in childhood. For example, a child with a physically abusive alcoholic mother will experience chaos in the areas of love and attachment. One day the sober good Mom is around, attending to and playing with the child; the next day the drunk mean Mom shows up and beats and berates the child. The following day, Mom says she is so sorry. And the pattern repeats. The following day, Mom says she is so sorry. And the pattern repeats. The child may believe it is his fault that his Mom is so angry and hurtful (children often take on the responsibility for their parents’ emotional states) and do everything to make sure Mom stays happy (achieve in school, become a perfectionist). To defend himself the child may become seriously mistrustful or, as compensation, develop fantasies that his Mom is not his real Mom, and that his good, always-loving Mom will someday come back to him. These experiences, and the child’s responses to manage the chaos, get the love he wants, and stay safe, all have survival value and are “adaptive” when one is a child. These patterns, however, have use-by dates, and when they manifest in adulthood, they are usually maladaptive. In this case, if the boy is heterosexual, as a man he may have difficulties trusting women he finds attractive. Or, if a woman comes along who somewhat matches his childhood fantasy of his good Mom, he may project that fantasy onto her, fall hopelessly in love, do everything he possibly can to keep her happy, and smother her to the point she runs away, which then confirms his deep mistrust of women. And the cycle goes on.
Transference and countertransference

Transference in psychodynamic psychotherapy is one of the key phenomena that helps bring about change. In transference, clients begin to transfer, or project onto the therapist, thoughts and emotional responses that are similar to how they have responded in the past to significant others (parents, grandparents, siblings) or past fantasized others (see Chapter 1). Transference occurs not only in therapy, but in life in general. Our patterns and responses to others, which we learned early in life, get applied to current relationships. The analysis of transference can help clients see and understand their adaptive and maladaptive attachments to others. As therapy progresses, we hope the transference changes as the relationship between the therapist and client deepens and becomes a model for healthy human connection. Therapy then becomes the “practice ground” where the client can try out new ways of interacting with others that then can be used in the real world in current and future relationships.

Countertransference is the same as transference, but it is the therapist transferring material from past relationships onto the client. Positive countertransference may take the form of good paternal or maternal feelings, or big brother–big sister protective responses. Some researchers in countertransference in sport consider it to be not only the projection of past or fantasized relationships, but nearly all of the feelings and thoughts the client evokes in the therapist (e.g., Winstone & Gervis, 2006). A sport psychologist may be envious of the athlete’s success, or angry with the athlete for not doing psychological homework. Both negative and positive responses to clients need to be examined. When I do psychodynamic supervision, I often ask my supervisees questions such as: Do you like the athlete? Does the athlete remind you of anyone? Who do you think you are for the athlete? As the athlete told you that story, what was happening with you? Such questions may lead to insights for supervisees about their own past relationships and how those influence current interactions with clients. A substantial part of psychodynamic supervision, just as in therapy, is examining the transference and countertransference between the supervisor and the supervisee. Examining countertransference is a deep form of reflective practice and often leads to an increased self-awareness for the therapist.

Transference and countertransference reactions can move into the extremely sensitive (and sometimes dangerous) realm of the erotic. Having erotic feelings or fantasies about clients is natural. Most of us are sexual, sensuous beings, and we often work with healthy, vigorous, and attractive clients. Sport psychologists who say they have never had any erotic feelings or thoughts about clients (e.g., I wonder what he looks like naked) are either lying or they are hopelessly unself-aware and repressed (see the defense mechanism section below). It is when those thoughts and feelings get translated into some action that trouble begins. See Stevens and Andersen’s (2007a, 2007b) two-part study for a thorough discussion of the erotic in applied sport psychology service delivery.

Defense mechanisms

The analysis of defense mechanisms is common in many psychotherapies, but in psychodynamic psychotherapy these mechanisms are central to the work, and analyzing them and how they function in relationships, in thoughts, in feelings, and in the clients’ own self-concepts helps bring these patterns of defense to consciousness so that they can be overcome. Defense mechanisms are usually formed to protect the self (or ego) from anxiety.

Defense mechanisms operate on various levels, from unconscious to conscious. For example, repression is a process that buries memories so far into the unconscious that they are
not accessible to the individual, and the person has no knowledge that repression has taken place. Likewise projection, or taking one’s own unacceptable or shameful feelings and thoughts and attributing them to another person (e.g., I don’t hate Dad; Dad hates me), is an unconscious process. Other defense mechanisms, such as sublimation, may be more or less conscious. An example of sublimation would be taking a taboo impulse of (consciously) wanting to punch a coach in the nose, but channeling that aggression into going for an exhausting run. Denial can also be relatively conscious when one knows at some level one has behaved in a shameful manner, but denies that the event occurred. Suppression is also a conscious process, involving actively trying to put away awareness of unpleasant thoughts or anxiety-provoking feelings. Suppression is often not successful. There are many other defense mechanisms (e.g., regression, somatization, idealization, dissociation, intellectualization), but a thorough discussion of them would take up two or three chapters in this book.

Defense mechanisms are usually automatic and over-learned, and, in a sense, one is chained to one’s defensive patterns. Through free association and examining defensive transferential material, clients may get to know and understand their defensive and often maladaptive patterns, be able to recognize them as they start to pop up, and then replace them with some realistic and rational responses.

**Psychodynamics in applied sport psychology**


There are many more psychodynamic studies in the applied sport psychology literature, but they do not seem to form a coherent body of work. The good news, for those of us who are dynamically oriented, is that studies, such as the ones cited above, are appearing more frequently than they have in the past. In this book, the other dynamically oriented contribution (besides Chapter 1) is Petah Gibb’s work in Chapter 11 (projective assessment).

**Preparing a client for psychodynamic psychotherapy**

When someone calls or emails me and asks if it is possible for me to see them in therapy, I almost always arrange for a pre-therapy meeting at no cost to the person. I usually meet
them in a neutral location such as a coffee shop during a quiet time of the day. I take this tactic for a number of reasons. I only do psychodynamic psychotherapy now, and although this sort of treatment can be relatively brief (Basch, 1995), it is usually lengthy. The length of therapy equates to a substantial investment in time and money. I also want to hear at least an outline of the client's concerns. Once I understand what the client is looking for, I can then determine if I might be a good match for therapy. If I am not, then I will make a referral. After I have determined that the client would be a good candidate for psychodynamic therapy, I explain how the therapy I practise works. I usually say something like:

The kind of therapy I do is an exploration of how you got to where you are today. We want to look at the areas in your life where things are going well, and the parts of your world where there are concerns. We'll look at your current patterns of thoughts, emotions, and behaviors, but we'll also want to explore where those thoughts and emotions came from. So we will look at how you are functioning right now, but we will also explore your past, probably going back into your childhood and teenage years too. We're like a couple of explorers trying to map out the landscape of your life. We'll look at your relationships and major events from your life and how they might be connected to what is going on for you now. As we grow to understand your life, we will then have a foundation for making changes for the better. Does this type of therapy sound like something you would want to do?

If clients say, "yes" then I usually talk about free association (as described before), and I also give them a warning. I tell them that there is a good chance that as we travel along this journey they will possibly start to feel worse than they do now. I explain that as we excavate their lives we will probably come across painful material that will be upsetting. Regarding painful material, I also explain that I need their permission when overwhelming feelings of sadness or shame or anger arise (and they will) that they grant me the right to keep my finger on the hurtful button and help them stay with the shame or sadness, and not run away from it. For example, when clients start to cry in therapy, I stay silent for awhile as their emotions flow, and then I say "tears are telling us something is important; let's stay with those tears and see if we can figure out what story they are telling us."

After warning them about getting worse and asking permission to help them stay with uncomfortable feelings, I often tell the Sufi story of the wise fool, Nasruddin, and how one day Nasruddin lost his ring in his basement, where it was dark, so he went outside to search for it because there was more light out there (for the full Islamic folktale, see Andersen & Speed, in press). I conclude the story with what Andersen and Speed (in press) wrote:

[I think] "most of us are like Nasruddin, searching in the light for something that is missing (or not right). We stay in the light and on the surface where the search is easier (and safer, but not too fruitful). What we don't do is explore the darkness and the subterranean (Nasruddin's basement, a client's suppressed or repressed emotions, the unconscious). We may find some interesting and useful things out in the light, but often what we are looking for, like Nasruddin's ring, lies in a darkness that is uncertain and possibly scary. The process of psychotherapy often involves moving from the light to the darkness and searching there, but I will be with you in both the light and darkness as we go on this search together." Many of my clients respond with something like, "I've never heard of Nasruddin, but I like that story. I sort of feel like him. I've been looking around for a long time, but I am not finding any answers."
It is probably quite noticeable that I use the word “we” a lot. That use is intentional and designed to convey that “we” are in this adventure together. Establishing a “we” is the first major step in building a solid therapeutic relationship (see Chapter 1). Somewhere in this pre-therapy meeting, we also talk about confidentiality and fees. I usually bring the session to a close with, “OK, so when would you like to start?”

Conclusion

Psychodynamic psychotherapy is probably relatively foreign for many practising sport psychologists, given the small and disjointed literature and the dominance of the cognitive-behavioral paradigm for psychological skills training. Also, training in psychodynamic psychotherapy takes years of education and practice. But that is not to say that applied sport psychologists cannot use some of the concepts and principles of psychodynamic theory and practice, such as free association, examining relationships, exploring significant events in athletes’ childhoods, and reflecting on transference and countertransference possibilities.

Here at the end of the chapter, I would like to tell a story about training fleas to jump only to a certain height. That may sound odd, but bear with me. If you take a flea, place it in a jar, and close the lid, some interesting things will happen. At first, the flea may not do much more than explore the bottom of the jar. Eventually, the flea will use its powerful flea legs and jump, usually resulting in smacking itself into the lid (ouch!). Fleas are great calculators. The one in the jar may jump another time and hit itself on the lid, but it won’t be as strong of an impact as the first jump. From then on, it won’t jump up high enough to reach the lid. You can remove the lid, and the flea will never jump out of the jar. In some ways, most of us are like trained fleas. We limit our behaviors or emotions or we keep making the same mistakes (not jumping high enough) because we are stuck in a pattern we learned early. We are shackled by barriers (a lid, an alcoholic parent, a horrific trauma) that no longer exist. Psychodynamic psychotherapy helps us use our current strengths to explore those barriers, see them for what they were and where they came from, and learn to walk around their non-existence. See Box 17.1 for a summary of the key points from this chapter.

Box 17.1

Summary of key points about psychodynamic psychotherapy

- Psychodynamic psychotherapy developed when the scientific Zeitgeist of the time was physics, and the theory behind the therapy stems from applying thermodynamics to psychological phenomena.
- One of the core concepts in psychodynamic psychotherapy is the unconscious and its influences on thoughts, emotions, and behaviors.
- Free association (and dream analysis) is one of the means by which clients start to access unconscious material.
- Early childhood experiences play a major role in establishing adaptive and maladaptive behaviors and responses in adulthood.
- Positive change in therapy often occurs through the analysis of transference.
Defense mechanisms serve to keep anxiety about unacceptable thoughts, feelings, and past trauma at bay.

The applied sport psychology literature has several examples of applying psychodynamic theories to sport and exercise, but they have been sporadic.

Psychodynamic psychotherapy is usually a long-term endeavor that is aimed at examining the life of a client. One needs to carefully prepare a client for such a journey.

References


