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Family systems interventions in sport

Michael Zito

Some of the most powerful influences shaping an athlete’s life experiences, especially in the younger years, are the primary relationships provided by the family. Although the influence of specific parental behaviors on athlete performance have been reported (Horn & Horn, 2007), there is a paucity of documented investigations examining the more complex influence of reciprocal family interaction patterns on athletic performance. The purpose of this chapter is to present a comprehensive assessment and intervention model for sport psychologists that is broader than traditional individual and/or dyadic models, by incorporating the influence of the complex reciprocal family interactions on an athlete’s functioning. Family systems theory can guide us to this broader level of assessment and intervention while simultaneously embracing the influence of individual factors. An individual athlete’s personality and behaviors are viewed as reciprocally interacting within a broader context. This broader context of multiple interacting factors may include an athlete’s: family history, team relationships, coach–coach interactions (as they influence team functioning), social support system, communication patterns, culture, and ethnic background. It is beyond the scope of this chapter to cover all family systems theories. For a comprehensive review of family systems theory and therapies see Goldenberg and Goldenberg (2008). This chapter will address the core tenets of family systems theory, assessment, and interventions as applied to sport psychology service delivery.

In a review of the family therapy literature on common clinical concerns, the efficacy and effectiveness research indicates that family systems interventions have consistently yielded significant positive treatment effects (Shaddish, Ragsdale, Glaser, & Montgomery, 1995). Family systems athletic interventions have also been documented in the literature in the form of clinical case studies. Mintz (2003) reported on an intervention with a gymnast where a family history of violence adversely influenced the athlete’s motivation and performance. Burke (2005) emphasized in a volleyball team intervention the need to consider the team dynamics in accordance with family systems thinking. Specifically, he pointed out that the interactions of coach–coach, coach–athlete, athlete–athlete, and developing sub-systems (cliques) all affected individual and team performance. Hellstedt (1995) discussed the role of the “invisible player” that referenced family factors as major, yet often invisible, contributors to an athlete’s performance.
Families can provide comfort and support, but may also be a source of stress. Hellstedt (1995) evaluated levels of family stress, cohesion, adaptation to change, and interaction patterns, and found that unresolved problems from a parent’s family of origin had an effect on marital and parent–child interactions. These unresolved issues came from modeling and unfulfilled wishes from a parent’s childhood. This pattern resulted in an avoidant conflict resolution style and parental emotional gratification from over-involvement with their children (living through a child). Often, such a history leads to excessive performance criticism from parents because the elite athlete’s success becomes the emotional focus of the family. Subsequently, this criticism had a negative effect on the athlete’s commitment and achievement motivation.

**Major tenets of family systems theory**

A major difference between interventions with family systems theory and an individual approach is that systems theory focuses on the existence of the athlete’s behavior within a context of reciprocally interacting factors. The family systems model, a clinical expansion of general systems theory, places at least equal importance on the relationships between the elements of a system as with the elements themselves. An individual who comes for sport psychology counseling needs to be understood on the individual psychological level (e.g., personality traits, coping mechanisms) as well as in the context in which the problems exist. Athletes’ concerns can arise in several contexts. These contexts might include team dynamics, coach–athlete communication and relationship, relationships with significant others, living arrangement (e.g., dormitory) dynamics, coach–coach relationships, school environment, and family history.

A practical example of a systems conceptualization would be an athlete who is struggling with inconsistent motivation and is feeling disconnected from her team due to the perception of a lack of acceptance from the key players on her team. Gathering contextual/systemic information would help determine whether the identified problem is real or perceived and if it is influenced by her family experiences (e.g., feeling left out as a child). Similarly, coach–athlete relationships can be affected by family history that in turn can affect motivation. For example, people who have struggled to gain approval and acceptance from parents in their younger years will often unknowingly project those same struggles onto relationships with coaches. In my experience, coaches often become symbolic parents for many athletes, and teams function like families, with the potential for developing functional and dysfunctional patterns of relationships. An athlete might complain that a coach is critical, rarely shows approval, and only comments on mistakes. As a systemic practitioner, it would be important to explore the athlete’s family history to see if coach–athlete issues have a historical context for the athlete (parent–child issues often get re-enacted in coach–athlete relationships). Similarly, when working with coaches one needs to be aware that coaching styles may be influenced by their family histories as well. I find that coaching style often mirrors parenting style, and family history usually influences parenting style. An additional historical influence to consider is that coaches often coach how they were coached as athletes, which can affect the current coach–athlete interaction.

In the general systems model, systems are viewed as self-regulating and reciprocally interactive (Goldenberg & Goldenberg, 2008). A system typically self-regulates by striving for homeostasis or balance. Homeostasis refers to a systemic effort to maintain stability and resist change (Minuchin, 1974). The drive for homeostasis can occur at the individual,
dyadic, family, team, or organizational level in sport. Homoeostasis can be maintained through functional and dysfunctional systems’ and subsystems’ (subgroups’) interactions. A collegiate softball team I have worked with in which one player was frequently exhibiting emotional outbursts that disrupted team functioning and also angered the coach is an illustration of striving to maintain homeostasis. A player sought my advice about her decline in batting average. As we analyzed the problem individually and systemically, we found that this player was using much of her own mental preparation time to keep the emotional player calm, thereby maintaining team homeostasis. This dynamic occurred because the emotional player batted just before my client in the batting order. After speaking with the emotional player it became apparent that she was reacting to perceived unfair criticism from the coach and a fear of rejection from key team members if she did not perform well. Unfair criticism and fear of rejection were concerns she also had about her family experience as a child. The intervention was conducted with the original client and the emotional player and included individual mental skills focus and family history awareness as well as systemic intervention with the team and coach.

When assessing family processes, it is important to evaluate functional and dysfunctional patterns of interaction as well as roles individuals play in a family (Minuchin, 1974). Functional patterns in families include a unified parental subsystem with clear, yet flexible, boundaries where parents generally work together in discipline, managing conflicts, and daily routines. Parents often consult with each other on managing family situations and rarely work at cross-purposes. The children in the family form the sibling subsystem, and although they may try to challenge the authority of the parental subsystem, rules and expectations are generally maintained except in certain situations when modification is justified. The sibling subsystem maintains a healthy emotional connection to the parents and rarely aligns with one parent against the other. This system is an ideal arrangement, and most healthy families operate this way with varying degrees of success. If the consultant has the luxury of working with the entire family, the relative sitting position of family members in sessions often illustrates the boundaries and alliances. For example, if the parents sit next to each other, it often suggests, but doesn’t guarantee, that parents are unified.

By contrast, unhealthy family boundaries are usually unclear and variable. Parents rarely work in concert and often work at cross-purposes, which reflects a poorly defined parental subsystem. With unhealthy family boundaries, maladaptive alliances often form. One parent may become protective of a child and develop an enmeshed or overly involved emotional relationship with that child. Commonly, a parent will become enmeshed with a child to protect the child from the other overbearing parent or stressful situation. Sometimes a parent and child will form an alliance against another family member to deflect or counteract that person’s authority in the family. Overly rigid and inflexible boundaries can also be dysfunctional and are likely to create emotional distance in the family. These dysfunctional boundaries may take the form of inflexible rules and expectations where a child has little input to decisions, and the family resists adapting to changing circumstances. Unhealthy boundaries can also be observed in the relative sitting position of family members in a session. A parent and child regularly sitting together with the other parent across the room may reflect an enmeshed relationship and/or a maladaptive alliance. Unhealthy alliances can also occur across generations. A parent might grant greater influence about family matters to his own parent rather than to his spouse. These cross-generational alliances often reflect poor emotional separation from one’s family of origin.

Another form of family dysfunction is triangulation (Bowen, 1978; Minuchin, 1974), where parental dysfunction or marital tensions are deflected from the marital unit to a child.
within the family. A parent may displace marital tension by yelling at the child because it is too threatening to express anger directly to a spouse. This displaced marital tension leaves the child feeling “in the middle” of the parental dysfunction, which can lead to anxiety and emotional distress for the child. Triangulation is common in high-conflict divorced families.

Additional areas of family system assessment are ethnicity, gender roles, and socioeconomic status. An athlete’s ethnic background can influence expectations about relationships and team functioning. The work of McGoldrick, Giordano, and Pearce (2005) contains thorough descriptions of typical ethnic family patterns, but one needs to be careful to avoid stereotyping. Asian families often have a strong theme of respect in relationships that will often influence Asian athletes’ expectations of coaches and team members. Italian and Jewish families may have tendencies towards close personal family relationships that sometimes can reach the level of enmeshment. These family experiences will likely influence an athlete’s expectations, and when these relationship expectations are in contrast with actual relationships, problems can ensue. Although it is beyond the scope of this chapter, a practitioner should also consider the possible role of family gender role expectations and socioeconomic issues when performing an assessment.

**Application of the family systems model**

I typically use a 3–5 session assessment format with the proviso that assessment and intervention are interwoven given that once a practitioner enters the system, intervention has already begun. During this assessment phase, it is often useful to begin to help the family view the identified problem in a broader context, and thereby reduce the focus on the identified client. If the client is a child or adolescent, I usually begin with a parent session so that an unadulterated discussion about the problem, and a family history can be obtained as well as an assessment of their commitment to the process. If practitioners have the luxury of access to an entire family, the next session would include all relevant family members. At the collegiate, Olympic, and professional levels there is rarely access to full families or even parents, so psychologists will have to rely on the athlete’s self-reported perceptions of family history and dynamics that may or may not be accurate. Who attends the third through fifth sessions will depend on the assessment of the problem. These sessions could include the entire family, parents only, parent–child dyad or triad, or individual sessions with the athlete. When establishing an initial appointment, I listen carefully to the perceived difficulties of getting certain members in for the initial session. This reluctance may illustrate resistance and/or unhealthy alliances. For example, if a mother identifies her son as the client and comments that she will never be able to get her husband and daughter to attend, this dynamic may be an indication that there is an unhealthy alliance formed between the father and daughter or the mother and son, or both. So assessment actually starts before the initial appointment. The ideal would be to have all family members present at some point, but legitimate logistical issues may prevent access to the entire family. With an individual or partial family it would be best to obtain this information through the perceptions of the available individuals.

Obtaining a family history can be done in both parent-only and full-family sessions. Family history is explored to determine the constellation of the family, the medical and psychological conditions of family members, and then, specifically, the family’s sport involvement and behaviors. The family history taking usually includes a genogram that is a pictorial schematic map of family relationships (See Figure 19.1). See McGoldrick, Gerson, and Shellenberger (1999) for a detailed procedure of coding information on a genogram.
This information is analogous to a family tree where older family members are listed at the top and their offspring listed below, usually spanning two to three generations. Gender, age, and relationships are noted on the genogram. The main goal of plotting the genogram is to illuminate current and transgenerational relationship patterns that may have effects on the current presenting problem.

It is often helpful to inquire about personality traits of individuals in the current generation and one generation back to see how the interplay of personality characteristics may have influenced the family functioning. I place these personality descriptors next to the person's symbol on the genogram. The interaction of personality characteristics needs to be considered because a critical and controlling parent may not interact well with a sensitive and self-critical child, resulting in frequent conflicts that can adversely affect athletic motivation. At the completion of the genogram, I ask each parent to reflect on his or her family experience as a child and to identify the “when I’m a parent” vows each has made. Based on family experiences, parents often vow to recreate (or do the opposite of) certain experiences from their childhoods that can contribute to the current problem. For example, a parent who had an uninvolved parent as a child and who wished that his parent had urged him to achieve in sport or academics, may then vow to push his own child to stardom through over-involvement and pressure to achieve.

**Application of the model to specific sport cases**

The cases presented here reflect aggregate representations of family dynamics and problems. Due to confidentiality concerns, they do not reflect any one client who has been under my care.
**Childhood case with direct family intervention**

Cassie, an 11-year-old girl, presented with severe performance anxiety in her three sports: soccer, basketball, and softball. In soccer and basketball, she panicked when she was about to take a shot. In softball, she had high anxiety while at bat. In all cases, she feared not being successful. She came from an intact family and had an elder brother, age 14. In the first session, the mother (of Italian decent) reported that she had school anxieties as a child, and the father revealed that he had a harsh, distant, and critical father. The father (of Irish decent) described himself as strict and demanding because he wants the best for his daughter. The mother tended to protect Cassie because she had a critical father herself as a child, and she was reenacting her own mother's protectiveness. Marital tension and distance were evident in verbal and nonverbal communication.

In the first full-family session, there were five chairs for the family. The mother sat next to Cassie. There was an empty chair between the parents; then the father sat next to his son. The seating arrangement appeared to reflect the aligned relationships in the family: mother and Cassie, father and son. The observed unhealthy alliances were consistent with the reported relationships in subsequent sessions. The mother frequently complained that the father was too harsh on Cassie and that he was to blame for her performance anxiety because Cassie was sensitive. The father countered that he was just trying to help her reach her potential and that the mother was to blame because she blocked his attempts to have Cassie “tough it out.” These polarized perspectives have foiled attempts to change and thereby maintain the dysfunctional homeostasis.

Two parent-only sessions were conducted to begin to create an awareness of the family dynamics and to initiate motivation to change. Despite the father's initial rejection of the idea, it became apparent that he exuded a rigid and controlling personality and was modeling his own father's relationship style. He was gradually helped to realize the connection by gently comparing his father's behavior to his own. Cassie's father vowed to help his own children be “tough” to deal with the harsh world, which was what he needed to do to deal with his own father's harsh criticism. The mother was open to the idea that she was overprotecting Cassie as a result of her own family experiences. Her vow as a parent was to not let her children experience the emotional pain and anxiety of a harsh parent as she did as a child. The parents' behaviors reflect the transgenerational process whereby past family interaction patterns (and possibly ethnic tendencies) influence the parents' current behaviors. Cassie's mother realized how her Italian heritage was a partial explanation of her enmeshment, and Cassie's father's Irish heritage may have contributed to greater tendency towards critical and distant relationships.

The parents' awareness fluctuated during treatment, and they each had a tendency to gravitate back to the blame game. Gradually, the parents realized through parent-only and family sessions that each person was operating from the assumption that there was one correct way to deal with Cassie; conveniently, it was their own way. I repeatedly helped the parents understand that both of their approaches had some merit (holding her to expectations and being sensitive to her needs) and that it would be best to blend their approaches into a method they both could accept. I had to continually refocus them to the “what was in Cassie's best interest?” approach and away from whose approach was right or wrong.

The parental and sibling subsystems were dysfunctional due to the cross alliances of mother–daughter and father–son. Ideally, the parents should be unified and working together most of the time, but they were working at cross-purposes. In the family sessions, subsystem
and structural changes were made by way of the family seating arrangement. The parents were asked to sit together, separate from the children who sat next to each other, thereby reflecting healthier subsystems. As their reactions to the change were processed, it became apparent that this structural change created anxiety for all family members, but it was helpful for the family to understand healthy versus unhealthy organization. The new organization of the family was followed up in subsequent sessions to see whether day-to-day functioning reflected this new organization. As situations arose that mirrored the previous unhealthy alliances, ways to rebalance the family system and subsystems were discussed. In particular, resistance to these changes was explored and incorporated into the therapy.

Cassie appeared to be triangulated into the marital conflict because her parents deflected their negative emotion and focus onto Cassie. The increase in family stress, along with her father’s chronic criticism, increased Cassie’s performance pressure and negative self-talk, thereby exacerbating her performance anxiety. Cassie was also provided five individual sessions spread out over three months to promote cognitive–behavioral interventions focusing on awareness of positive and negative self-talk, reframing, and anxiety reduction techniques.

The treatment lasted for six months, and in the end, as Cassie’s performance anxiety subsided, it became apparent that the parents had underlying marital problems that still needed to be worked out, and they were referred for marital therapy. Cassie made good progress, and her performance anxiety reduced significantly; over the following six months, she came in for three “booster” sessions.

**Adult case with limited direct family intervention**

Jackie was a 26-year-old Chinese American woman who experienced performance anxiety in the swimming portion of the triathlon. She was particularly offended by the disrespect found during the swimming portion because Jackie indicated that respect was a big part of her upbringing. In her four years of experience, she had been kicked in the head, especially when the event included men. She had developed a fear of being knocked out and drowning as a result.

Jackie was married at the age of 24 to a previously divorced 30-year-old man with two children from his previous marriage. Her husband’s divorce was full of conflict and legal problems. Recently, there was a physical abuse allegation made against her husband by his ex-wife that has caused her significant stress. The child protective services investigation was still pending. Despite my encouragement, she did not want to include her husband or stepchildren in the intervention. Jackie believed she should be self-sufficient and take care of it herself and did not want to bother her husband. Her demanding self-sufficient belief system was explored in light of her family history.

As a child, she had a father who was demanding, particularly of respect, and a submissive mother who found it difficult to assert herself. Her father had a rigid approach to life and always encouraged her to have a plan that she was expected to carry out without deviation. To obtain her father’s approval, she needed to be goal oriented, self-sufficient, and driven to succeed. She was successful at gaining her father’s approval especially because she graduated from an Ivy League university and was currently pursuing a doctoral degree in music. Jackie was aligned with her father, and her younger brother was aligned with her mother. Her brother was not goal directed and found it difficult to obtain his father’s approval. Jackie’s mother played a subservient role to her father. Jackie’s father was demanding and critical of
his wife. Jackie's mother and brother appear to have developed an alliance because they both felt rejected by Jackie's father.

Jackie's role in her family was that of the “helper.” She would often try to deflect her father's criticism of her mother and brother, and usually found herself comforting them. She often attempted to diffuse marital tension by distracting her parents. Her role in her family may be one reason she entered the “helping” profession as a music teacher.

Jackie's family history revealed a divided parental subsystem that allowed maladaptive alliances (father–daughter, mother–son) to develop. In her relationship with her husband, Jackie appeared to re-enact her mother’s role model of subservience and unassertiveness. The treatment progressed using cognitive-behavioral and family-systems interventions. These interventions created an awareness of her negative self-talk regarding her swim performance. For example, Jackie defined her performance negatively if she deviated from her rigid plan of how to attack the swim, and as a result she was reluctant to make necessary adaptations to her original tactics. Through the interventions, she eventually realized how this rigidity simply replayed her father's expectations. She subsequently developed a flexible plan that included the likelihood of unknown factors, yet still defined herself as successful if she achieved it. Jackie had an unreasonably high triathlon performance goal that reflected the high achievement-oriented model in her family of origin as well as her personality. As a result of goal setting, cognitive reframing, and positive self-talk over several therapy sessions, Jackie set reasonable expectations and an achievable plan.

The family systems intervention was intertwined with the cognitive-behavioral work. Jackie needed to become aware of how her family history had affected her beliefs about herself and her marital relationship. Over several sessions, she realized how her family-of-origin experiences contributed to her limited assertiveness with adults, unreasonably high expectations, rigid goal pursuits, and her internalized need to achieve to maintain her father's approval, and perhaps now her husband's (symbolic father) approval. These factors then adversely affected her triathlon performance anxiety in the swim segment.

Jackie recognized that her over-responsibility for her husband's stress about the abuse allegations related to her triangulated role in her family of origin. The parallel experiences in her family history of feeling overly responsible for the emotions of others and a need to “fix” them created an emotional sense of being burdened. It is understandable that she would feel some stress due to the abuse allegation, but her family history led her to focus on her husband's feelings as if they were not separate from her own. Jackie reported this stress contributed to feeling overwhelmed, which lessened her ability to use anxiety-reduction techniques during the swim portion of the triathlon.

Jackie finally agreed to have her husband join her for five sessions. The focus of the sessions was to help Jackie assert herself with her husband, separate herself from his emotions, and seek the support of her husband, but not necessarily his approval via accomplishments similar to what her father expected. Jackie was asked what she did for fun. She paused for 60 seconds, and with a perplexed look on her face said, “I don’t know.” It became apparent that although she was achieving milestones in her life, she was not enjoying herself. Therefore, some of the couple sessions focused on developing ways to have fun individually, as a couple, and as a family.

The therapy lasted about nine months, and Jackie struggled initially with changing some of her old patterns, but eventually she did. She learned to relax and enjoy life and athletic competition. Jackie came back for five follow up sessions at monthly intervals and has significantly reduced her swim performance anxiety.
Conclusion

Contextual influence is often essential to sport performance assessment and intervention. Family interactions, roles, and history play a role in current athletic performance. A combination of family system and individual treatments can be a powerful intervention. See Box 19.1 for the main points made in this chapter about family systems interventions in sport.

Box 19.1

Main points of family systems interventions in sport

- Understand that sport performance issues occur in a context (family of origin and team) that needs to be understood and treated when appropriate.
- Family interactions and history can have profound effects on an athlete via mixed loyalties, faulty alliances, unhealthy roles, and unresolved parental issues.
- Roles athletes played in their families of origin and unresolved issues with their parent(s) can affect team and coach relationships.
- Young athletes who have divorced parents can often be caught “in the middle” of residual parental hostilities that can affect performance.
- An integrated approach that includes both family system and individual treatments can be a powerful intervention.

References


