Routledge Handbook of Applied Sport Psychology
A comprehensive guide for students and practitioners
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Why would an athlete be resistant to treatment? Some quick answers might be: pressure from a coach, fear of being perceived as mentally weak, worry that one’s shameful secrets will be revealed, or doubts about psychology really helping. To begin to address these reasons and others, we will first consider what characterizes resistance. Resistance is a psychological state that comprises the forces in the client that oppose getting help from others, or prevents a client from confronting deep personal issues during treatment (Beutler, Moleiro, & Talebi, 2002). One must consider the many forces within an athlete – what are they, and how do they contribute to resistance to (and in) therapy?

This chapter is divided into two parts: components of sports participation that shape athletes’ perceptions, and ways of reducing resistance to participation in therapy. Additionally, we weave in a third element: a sport psychology case example. This personal example provides an intimate lens into a young athlete’s life. It illustrates how the internal and external pressures in competitive and familial environments can influence an athlete’s perceptions and, subsequently, create resistance toward and during treatment.

We will shift back and forth from personal experiences in the case study to various teaching points. We hope to demonstrate how sport psychologists can prepare themselves to work with athletic clients who are resistant to initiating treatment and with athletes who manifest resistance once therapy is in progress.

A sport psychology case study of resistance

Cathy has been passionate about gymnastics since age nine when she saw the Olympic Games on TV. Since then she trained and competed, won trophies, spent 20+ hours a week at the gym, and grew to love her “gymnastics family.” Her father thinks she is good enough to get an athletic scholarship to a university. But Cathy is now 15, and things are changing. Physically, Cathy’s maturing. She grew several inches in the last year and gained weight; her body resembles more a woman’s than a girl’s, which can be a disadvantage in gymnastics. Her practice sessions have been inconsistent for over the past month, and younger girls on the team have started to outshine her in the gym. Cathy’s coaches are
frustrated – competition is around the corner, and she’s not ready. Her head coach confronts her at practice one day. “What’s the problem? We have a meet in three weeks. It looks like you don’t even want to compete.” Cathy replies, “Nothing’s wrong. I’m just off.” “Well,” he says, “Get back on,” and lifts his eyebrow.

Components of sports participation that shape athletes’ perceptions

To better understand resistance in athletic clients and the underlying forces in athletes’ lives, we discuss the following components of sports participation:

- physical play, sports culture, and the learning process;
- intrinsic desires and expressions through physical movement;
- athletes’ tenacity;
- “weaknesses” and the consequences of hiding them;
- athletic identity: The self connected to sport, winning, and the sports family.

Physical play, sports culture, and the learning process

Physical movement in exercise, recreation, and sport is a defining feature: A gymnast flips; a boy kicks a ball; a woman runs a marathon. Movement is concrete; it is also a primary factor in one’s exposure to the culture of sport and what athletes do. In the case study, Cathy watched gymnastics on TV and was immediately fascinated. The desire to emulate top athletes and participate is prevalent across many sports. For example, at a swimming pool, a child might see kids and adults playing and become interested. That same child will then get in the water, imitate the stroke of a parent, and may ultimately decide to join a swim team. The initial exposure to physical play can lead to participation in the organized structure of sports.

As athletes begin to compete, they become familiar with sports culture. They find games are measured in a concrete frame of rules, scores, and results. Basketball, tennis, soccer – playing sports can be intense: fans come to watch; pressures build; athletes are pushed to do their best. Coaches say, “Let’s get down to business,” and “Give me 100 percent,” and athletes respond. In practices they run, push, and sweat; their bodies develop, get stronger and faster; and skills improve.

In the athlete’s learning process, a foundation of beliefs develops through sports culture and ongoing training regimens. A primary example is that physical preparation is of the utmost importance – at times, urgent. Athletes experience continual pressure to physically train and perform, and they may develop assumptions, such as, I can’t ever miss practice, and I’m not tough if I can’t endure a little injury. Keith Henschen (personal communication, February 16, 2009) stated, “When athletes struggle, many don’t admit they have any problems, and if they do, the answer to any and all of their problems is physical.” They think, work harder (physically), because that’s what they’ve learned for years. Many athletes will likely have no personal history (or proof) that practising mental skills, or psychological treatment, can help their performances. With little to no prior education of how psychology can help, along with the stigmatizing power of the word psychology, athletes often resist seeing a sport psychologist; it is unfamiliar territory, and historically they’ve resolved problems through their physical efforts.
Cathy’s progress

Three days later, Cathy is at practice with five of her teammates. They are doing routines on the uneven parallel bars, and Cathy is struggling. With each trick and swing around the bar, she feels heavy, slow, and strains to complete each movement. Her coach barks, “Come on Cathy, your knees are bent. The whole routine is sloppy.”

On the other set of bars nearby, a younger teammate nails her routine. A couple of girls say, “Nice job!” and her coach high-fives her. Later, after practice, Cathy breaks down in tears. Her assistant coach says, “Cathy, I can tell you’re having a tough time, but we’ll work it out.” He then speaks with her mother and suggests taking Cathy to a medical doctor to rule out the possibility of an infection, anemia, or any other serious condition. “If nothing is physically wrong,” he adds, “then you might consider a sport psychologist.” Cathy’s mom relays the message to Cathy, who reluctantly agrees to see a physician.

Intrinsic desires and expressions through physical movement

As exercisers and athletes increase their aptitudes in the physical realm, preparation and performance often become habitual and produce a sense of gratification. Individuals create rhythms and rituals. They feel at home with their surroundings. In gymnastics, it may be the feel of vinyl mats under bare feet, or the smell of chalk dust in the air. Athletes are at home and don’t have to think – they are in a comfortable state and easily execute learned movements and skills.

One can understand that an athlete’s happiness often comes from movement. Athletes become absorbed into the sport’s environment; their skills and passions soar as they run, shoot, jump, or spin. In short, athletes highly desire ongoing physical challenges and expression. Some athletes do various types of training six or seven days a week! To take time away from sport can lead to discomfort and cause a disconnection from their bodies and from training. Sport psychology and going for treatment, a sedentary and reflective practice, is often the last thing they want to do or make time to do.

Cathy’s progress

Cathy sees her medical doctor several days later. A few test results come back and the doctor finds no physical issues to address. She can see that Cathy is unhappy. The doctor says, “You seem very healthy. No injuries keeping you out of the gym.” Cathy sighs. She explains the problems she’s having in practice. “What do your coaches say?” asks the doctor. “My assistant coach mentioned seeing a sport psychologist.” She looks down. Her doctor speaks up, “Do you know of any psychologists who work with athletes?” Cathy says ‘no’. “If you’re open to the idea,” says the doctor, “you never know, it could really help.” Cathy doesn’t buy in. Seeing a psychologist sounds extreme, and her problems are not that bad. She is determined to fix the problem on her own. The doctor encourages Cathy to think about it.

Athletes’ tenacity

As athletes become astute, develop body competence, and realize what they are capable of, clear aspirations and a determined mindset take root. When faced with mental distractions
such as doubt or fear, individuals often find ways to cope, rise to the challenge, and take control. In the case study, Cathy had learned this attitude and expectation, this (often false) aura of confidence. For years she had dealt with the pressure to perform, and many times over she had been successful. So in the moment of question, with frustrated coaches, with teammates outperforming her, and with not being prepared for competition, Cathy faced the challenge head-on. Her determined mindset – an athlete's tenacity – caused her to resist outside assistance (in this case, a sport psychologist) and pushed herself to keep trying on her own.

One might call this attitude “an inner arrogance that makes you believe that you can achieve anything you set your mind to” (Jones, Hanton, & Connaughton, 2007, p. 249). In competition or difficult workouts, this attitude and irrational self-belief trigger an internal drive to prevail over any and all failures to achieve success. The notion that strong and capable athletes should be able to conquer their problems becomes fixed in an athlete's mind and takes over logical thinking. The disadvantage for athletes with great tenacity is that they close themselves off to other problem-solving ideas; they especially tend to resist methods of psychological training or treatment because they believe they have (or should have) the intelligence and inner strength to overcome obstacles on their own.

**Cathy's progress**

Two weeks pass. Cathy competes. She not only performs poorly, but her confidence is now fading. Her father says, “You’ll never get a scholarship with that kind of performance.” Cathy feels pressured. In the gym, her assistant coach takes her aside, “Cathy, talk to me.” She can’t help it – she begins to cry. “I don’t know what’s wrong with me,” she says, “why I’m falling, why I can’t concentrate.” He asks her, “Do you want to try talking with a sport psychologist? It couldn’t hurt.” Cathy feels conflicted. She still thinks she should be tough and overcome the problems. If she saw a psychologist it would mean she has serious problems, and she hates that she might appear weak.

**Weaknesses and the consequences of hiding them**

Thompson (1995) reported hearing a soccer coach repeatedly yell at his players, “Never let up!” during games; over and over, the coach shouted it. Thompson said that all athletes at some point must let up, or they run themselves into the ground. But what many athletes fear is that if they do let up, their coaches and teammates will judge them to be weak players who won’t perform well at crucial moments.

In the world of sport, courage and grit count. Athletes unite as they work together and make sacrifices together. Coaches select top players as starters in games, or part of special travel teams when athletes demonstrate toughness, talent, and a sharp focus in pressure situations. If a player keeps repeating mistakes in practice, the team members come to perceive the player as a weak link. In attempts to hide problems, athletes will not easily admit something is wrong. To protect their status and reputation on the team, athletes will also try to ignore problems (e.g., pains, minor injuries). At most they will say, “It’s not a big deal,” given the need to appear tough and to prove the problem is temporary. In that way, athletes commonly resist seeing doctors, and especially sport psychologists, because of the stigma of being perceived as mentally weak.
Cathy’s progress

Another day at practice and her problems persist. Cathy tells her coach and her mother that nothing’s helping her in the gym. If they know a sport psychologist, she will try one session. “But,” she says, “I don’t want anyone to know.” As Cathy rides in the car toward home, she is scared. She feels anxious about seeing a psychologist – it’s so extreme. But she also imagines her career coming to an end, all her gymnastics friends gone. No more competitions. She has always been an athlete. If she doesn’t get this problem fixed, what will she do?

Athletic identity: self-connected to sport, winning, and the sports family

Groff and Kleiber (2001) defined athletic identity as one’s view of self in relation to physical activity and involvement in sport. The more time people engage in physical activity, the more likely they are to identify with being athletes. Coaches and teammates validate individuals by spending many hours together. Often local businesses support them with team sponsorships, merchandise discounts, and articles in newspapers. When their team wins, they begin to perceive that they are special compared to other people. What becomes evident is through their athletic prowess they represent strength, uniqueness, and a position of high value in society.

On the other side of this special identity, Groff and Kleiber (2001) suggested that negative consequences could emerge. Individuals seriously committing themselves to the role of athlete could easily engage in overtraining or develop emotional vulnerability (see Chapter 30). In regard to poor performances or career-ending injuries, athletes can experience self-blame, self-criticism, or even depression (Brewer, 1993). They tend to associate their athletic identities with their personal identities. So if athletes struggle, or they decide to quit, devastation may set in. In some cases, athletes hold so tightly to their passion of performing that they are willing to try anything and will eventually seek out psychological help. Others, to avoid further emotional pain or jeopardize their identities, resist asking for assistance or confronting their issues.

Reducing resistance to participation in therapy

We have discussed the ways athletes’ training habits and sport environments contribute to specific mindsets that make resistance a common part of entering and staying in therapy. Finding ways to address these normal oppositions is a challenge, but with collaboration between the athlete and therapist, it is possible to find a means to change pre-established perceptions, doubts, and understandable fears.

We should also mention that, at times, there are practical reasons why an athlete might not enter or might drop out of therapy – these include: limited financial resources, complex and time-consuming work/school schedules, significant relationships that are unsupportive or even hostile to psychological treatment, or geographical distances that make transportation and time an issue. These matters are quite challenging and depend largely on the individual or family to find feasible options if treatment is desirable.

When athletes finally take the step toward treatment, therapists can be pro-active in reducing resistance during therapy. At the outset, athletes may often lack an understanding of the therapeutic process and expect to be “cured” in a short period of time. Meanwhile, therapists can briefly share their sports knowledge/history and perhaps anecdotes about
former (unnamed) clients. This casual talk can help therapists gain some credibility as professionals linked to sports, and allow the athletes a level of comfort as they connect through the sports world.

**Cathy’s progress**

Cathy arrives at the sport psychologist’s office. “What brings you here today?” she asks. Cathy responds, “Well, to be honest, I really didn’t want to come. I’m going through some stuff in the gym, but I don’t see how you can help me.” The therapist leaves the door open and says, “I don’t know if I’ll be of any help either, but why don’t we sit down and have a chat about what’s going on.” Cathy begins to share a little about her training regimen and what’s been going on lately, but she is still not convinced the psychologist will be helpful. She also admits that her father has high expectations. But she resists giving any details because she is embarrassed to reveal anything that might indicate she has problems.

As the psychologist sees Cathy suppress emotions, the therapist talks about her work with other athletes and describes how common it is for them to resist therapy. She assures Cathy that whether there are pressures to achieve success, or there are interpersonal relationships that get in the way, all people have parts of themselves that are difficult or painful. At the end of the session, Cathy denies she has a serious problem and says, “I don’t think I need to come back for another appointment.” The therapist says, “I can see the situation is difficult … maybe the pressure from your family is part of what’s going on. I think if we work together, we can make it better. Can I call in two weeks and check in with you?” Cathy nods, “Okay,” and leaves.

As athletes step into treatment and show resistance, sport psychologists can use a number of techniques and interventions including: (a) build and maintain a therapeutic alliance, (b) work on focused short-term and long-term goals, (c) collaborate on negotiating the use of interventions, and (d) discuss with the client the therapist’s own limitations. Each of these issues can be raised separately, but as experienced therapists know, these ingredients interact with each other and contribute to the overall success or failure of the therapy.

**Developing the therapeutic alliance**

The potential of the therapist to help athletes work through resistance and achieve their goals depends primarily on the quality of the relationship. The therapeutic alliance, defined as the quality and strength of the collaborative relationship, is based on trust, respect, mutual understanding, and common goals (Safran & Muran, 2000). This process is mutually collaborative and develops over time with potential for both personal growth and improvement in athletic performance. If the therapy is meaningful and voluntary, and learning takes place, athletes will usually commit to the process of therapy. In addition, the more the therapist knows about the habits of athletes and the specific mechanics of the sport, the better the therapist and athlete can work together, address resistance, and achieve their goals.

**Collaborating and negotiating successful interventions**

At each stage of therapy athletes can exhibit resistance in a number of ways: Skipping a session, frequently coming in late, avoiding difficult issues, and “forgetting” to practise skills that are taught in the sessions. Nevertheless, if a strong therapeutic alliance based on
collaboration can be established, then athletes can play key roles in creating interventions that help attain agreed-upon goals.

Accomplishing small tangible tasks at the outset of therapy is self-reinforcing and confidence-boosting for clients. For example, agreeing on “homework” to do between sessions can reinforce new skill sets. But, if athletes repeatedly come in without completing the homework, then the therapists can take the lead to explore and express curiosity about what is making therapy difficult (see Chapter 4). To re-engage the athletes, the therapists can express empathy, respect, and warmth to alleviate doubt and minimize potential threats. Interventions may need to be revised, and in some situations it is useful to encourage an athlete to stop therapy because little progress is being made. The suggestion to end therapy, in the long run, may actually motivate athletes to re-engage in the change process or resume therapy sometime in the future when they are ready.

**Goals: short-term vs. long-term**

Athletes often enter therapy with concerns about their struggles with performance, but they also face trouble with confidence, communication issues, and coach– or parent–athlete relationships. To address these issues, measurable goals are necessary. Goals can range from short-term improvement in performance to long-term work with deep-seated, often suppressed problems.

**Cathy’s progress**

When the therapist called Cathy two weeks later, Cathy said she’d been thinking about how her relationships might be affecting her performance. Cathy told the therapist that when her father came to practice one day, she began to shake and had trouble performing. When they got in the car he started yelling at her, and for the first time she felt scared that she might never regain her previous poise as a gymnast. Cathy said she’s embarrassed about her problems, but she realizes she needs to talk to someone about what’s happening. The therapist offers an appointment for the next day.

Cathy comes in, but she is reluctant to blame her father for the incident. She sighs, “I should have worked harder.” The therapist steps back to take a broader view, “How have your parents supported you over time?” Cathy describes the differences between her mom and dad. As she talks, it becomes apparent that her father’s approach is more authoritarian and that he has extremely high expectations for Cathy’s future.

Over the next several sessions, the therapist empathizes with Cathy: “It seems you are under an enormous amount of pressure to please your father.” Cathy agrees. They work together to clarify Cathy’s own personal goals in gymnastics and explore how they may or may not be different from her parents’ hopes for her. Through this process, Cathy and the therapist come up with a number of coping strategies to help her handle the pressures. Gradually, as Cathy tries new skills, reviews them with the therapist, and learns from trial and error in interactions with her parents, her gymnastics performance begins to improve.

If a therapist discovers that an athlete has a serious emotional/psychological issue – for example, self-induced abuse, an eating disorder, or dysfunctional/damaging relationships – then long-term therapy may be suitable, potentially with a specialist consultant. At this point, it may be necessary to refer the client to another psychologist who is an expert in that area of treatment (see Chapter 22).
Therapist obstacles in helping the athlete

As therapists work with athletes, they may experience a number of difficult reactions within themselves. In therapy, this influence is called countertransference (Gelso & Hayes, 2002). The interactional patterns that occur in the presence of a sports star can create an environment of conflicting pressures. For example, a therapist may unconsciously wish for gratification – to be part of the spotlight or to be chosen into an athlete’s inner circle.

When treatment is taking place during the competitive season, the athlete, who is the “expert” in the sport, may tend to focus mainly on the goal of winning. Therefore, it can be easy for the therapist also to become highly invested in outcome goals. The emphasis may be on better times, bigger jumps, and as a result, issues of underlying conflict may not be addressed. Being seduced into this frame of mind can lead to feeling that therapy is a failure when the athlete does not win. Thus, the therapist, in a sense, has colluded with the athlete in increasing resistance to treatment. By focusing on measurements of sports success, the therapist can be derailed from taking the long-range view of the overall purpose of therapy (the athlete’s happiness and well-being). Being aware of blind spots, seeking supervision, and maintaining an open stance to learning will help sport psychologists increase their competence.

Sport psychologists need to be prepared to address ruptures and misunderstandings in treatment that they may have caused. Because intense and personal relationships are susceptible to ruptures, even small misunderstandings in therapy can cause a client to disengage and resist further treatment. The critical issue is to navigate in the here-and-now reactions of the client, for both parties to take responsibility for their contributions to the misunderstanding, and to work toward restoring trust. Once the relationship is repaired and trust re-established, the work of therapy can continue.

Conclusion

Because of the many underlying forces within their lives, athletes are often resistant to treatment. Sport psychologists routinely encounter various forms of resistance when an athletic–client engages in therapy. Preparing for and overcoming resistance involves various approaches, including: establishing a therapeutic alliance, defining clear goals, negotiating interventions, directly confronting resistant behaviors (e.g., missing sessions, not doing homework), and addressing the therapist’s countertransference reactions. Being aware of and addressing resistance is an ongoing process. Collaboration between therapist and client throughout treatment will help athletes to reach their goals. See Box 5.1 for a summary of practical points from this chapter.

Box 5.1

Practical points on working with reluctant and resistant clients

- Through training regimens, developed beliefs, and sports culture, the many forces within athletes contribute to specific attitudes, which may cause them to resist seeking help.
Deep-seated mindsets, related to the pressures and expectations in sports, influence athletes to typically “tough it out” in training, hide perceived weaknesses, or avoid identity threats rather than talk about their problems with a psychologist.

The potential of the therapist to help athletes work through resistance and achieve their goals depends primarily on the quality of the relationship – empowering clients, trust, and confidentiality can minimize potential threats, doubts, and fears.

The use of short-term goals and simple mental tools can reduce clients’ negative perspectives of treatment and further engage them in the therapeutic process.

Directly addressing athletes about resistance during treatment may result in athletes re-engaging with the process or indicating that they are not currently ready to continue.

Therapists need to be aware of conflicting pressures, influences, and their own patterns of behavior (while treating athletic-clients) that can affect their abilities to provide quality treatment.

References


