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ASPECTS OF CLINICAL PSYCHOLOGY CONCERNING SPORTS

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Clinical sports psychology. Origins and developments.

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ASPECTS OF CLINICAL PSYCHOLOGY CONCERNING SPORTS

CLINICAL SPORTS PSYCHOLOGY. ORIGINS AND DEVELOPMENTS.

The first studies in clinical sports psychology

have been done in

Milan – Italy in May / June 1988.

Prague, 6th July 2007





A Sport subject as a period of individual growth

- Intervention of Sport Clinical Psychology
 - Details of some intervention on territory
 - Organization training for specify workers
 (Master in Sport Clinical Psychology)





Intervention of Sport Clinical Psychology

A.I.P.P.S.



AIPPS (Association International Psychology et Psychanalyse du Sport) Born in 1994 from a previous research for the Statale University in Milan (Clinical Spychology Chair – Medical Department)





MAIN OBJECTS

- Prevention of young people discomfort through sport activity, methodology and clinical observation.
 - Defence mechanisms
 - Observation of the activity and interaction during sport and play practise





SPECIFIC OBJECT:

- Development of the research and projects processing
 - Development of a clinical prevention through sport itself





"MISSION":

Sport meant as a place for growing and place of personality structuring and not as a competitive game especially between the following age:

- 6 10
 - pre adolescent period (11-14)





METHODOLOGY:

 Defense mechanisms observation during the sport practise, espcially in dual interaction sports

Communication dynamics observation through transactional analysis





METHODOLOGICAL DEVELOPMENT related with applications.

- Clinical reading of the data observed, trough the defense mechanisms
 - Reading of the dynamics of transactional relations among oneself and the others.
 - Data processing and epistemological processing of the data obtained through crossover reading tests (tree test – Patte Noir)





INTERVENTION:

 In the structure of the setting (play- sport) the reading tools denote some danger signals that might be auto- corrected with suitable modify of the "ecology of the territory" (BATESON)

- This therapy is especially suitable for:
 - ipo and hyper activity
 - bad process with himself
 - auto and etero aggressiveness





INTERVENTION WAYS

- Management of correct play rules
 - Management of the rules
 - Management of communication
 - Management of the one's and other's body
 - Group dynamics management





WHO WILL TAKE ADVANTAGE OF THE PROJECT

Projects are turn to:

- Schools of first and second degree
 - Health structure and Hospitals (ASL and CPS)
 - Young gathering centres
 - Society and sports club with straight and different able persons



ASPECTS OF CLINICAL PSYCHOLOGY, CONCERNING SPORTS



CLINICAL SPORTS PSYCHOLOGY, ORIGINS AND DEVELOPMENTS.

National developments

- Launch of Campus on elementary school level with a clinical sports approach 1989-90 (Desio-Milan)
- Launch of Palestra fencing with a clinical base 1990-92 Milan (RAS)
- Start of the sports exhibition Fair-Play and old age 1997 (10th edition) concerning the integration of Normally abled / Olympic champions established athletes, and older athletes / mentally physically disabled people (Milan)
- Creation of the Sports initiation playground (4-7 years) with a clinical approach (Milan) (2006)
- Creation of the Office for sports initiation with a clinical approach inside the Spinal Unit of the Ca' Granda Hospital – Niguarda in Milan (2006)
- Creation of the first Master's degree in Clinical Sports Psychology. AIPPS -Sant'Anna Hospital in Como (2007)
- Activation of a Code of Conduct for the clinical sports psychologist for infants (2007) (Aipps)





ASPECTS OF CLINICAL PSYCHOLOGY, CONCERNING SPORTS

CLINICAL SPORTS PSYCHOLOGY, ORIGINS AND DEVELOPMENTS.

All these studies and research / formation projects have been done on a national level at elementary schools, middle schools, sports promotion entities, social and health public offices, universal entities, etc. They resulted in 40 national and international publications and in the participation in more than 30 national and international conventions on the related topics.

Moreover, 20 national projects have been developed and continue to develop with regard to the clinical-sports issue.





PROJECTS EXAMPLES "Atalanta" Project

- Project with primary prevention characteristics
- Place of action: sports groups in community centre for young people
- Aims: a new culture of the sport and a new prevention of the young people discomfort.
 - In collaboration with Cecchini-Pace foundation (transcultural Insitute)
 Use of the tools in order to rehabilitate in the young people the values of a "health" competition facing the pre-allarm signal of young discomfort.





Psyche and Fencing. Sports and growth metaphors

Dr. Giovanni Lodetti

President of the AIPPS – Association International Psychologie et Psychoanalyse du Sport - Onlus





Fencing as a sport discipline has always had a vast body of scientific literature and sports manuals, related to the development over the centuries of its application.

The Italian, French and Hungarian schools have always also stressed the psychological and relational aspects of this noble discipline, which with reason is called an art.





Recent studies of ours (AIPPS) that have been supported by important clinical data emphasized that by means of its correct educational management, especially in the latent age (6-11 years of age), it enables:

- growth of the awareness of the behavioral rules (rule play)
 - growth of social skills on an interpersonal and group level and an increase of the creative aspect of the personality
 - growth of the formation of the sense of self (development of the personality)
 - decrease of aggressive behavior in excessive cases (regulation of the aggressivity)



Moreover, reading the clinical literature on Defense Mechanisms in an Infant Sports Setting that have been structured for the prevention of the manifested discomfort states, elaborated data can be obtained and by applying adequate interventions good results for the prevention of child discomfort can be obtained, specifically:

- against bullying
 - against the adverse elaboration of the physical self (anorexia / bulimia)
 - against the incorrect elaboration of the concept of aggressivity Auto/Hetero
 - promoting the awareness of the rules and management of a group of peers





Furthermore, a decrease in acute problems has been verified, specifically for:

• the management of the prevention of ADHD and syndromes of hypo and hyper activity, especially in pre-school age subjects (4-6 years)

• the awareness in adolescent and adult subjects of their small movements and the decrease of clumsiness, thanks as well to a discipline of correct communication of the sports activity with the clinical aid of the Transactional Analysis.





In conclusion, great benefit has been obtained by the application of this discipline in the social integration, both

- Mental
- Physical

Various and all successful examples in the AIPPS literature exist, concerning the sports integration of Down Syndrome and characterial subjects in normal sports and relational contexts.

Likewise successful, and documented by our presentations here at the congress in Prague, has been the virtuous development of successful psychological applications in the field of physical disability, also in serious cases.





Music and application on sport practice: a clinical development model

Alessandra Cova speaker, coautors Angela Fioretta, Elena Pomesano



ASPECTS OF CLINICAL PSYCHOLOGY CONCERNING SPORTS



Music and application on sport practice: a clinical development model

Over the time, sports and music have developed parallel evolutions and interactions in greatly fascinating shared occasions.

A reasonable amount of clinical evidence exists about the applications of music for the enhancement of movement in children / adolescents

- with Down Syndrome
 - with characterial abnormalities
 - visually impaired





Music and application on sport practice: a clinical development model

Likewise in various disability fields

- physical-motor
 - with the elderly

Great benefits have been found of the combined application in the mood and character sphere.



ASPECTS OF CLINICAL PSYCHOLOGY, CONCERNING SPORTS



Music and application on sport practice: a clinical development model

The approach of our studies goes beyond these contexts that have already been explored, and are developing the aspects of a more articulated clinical reading. Reading the "Corteggiano" project (from the notable work of the Renaissance Humanist Baldassare Castiglione), which we propose here, and whose methodological base has been elaborated by Dr Roberta Ravasi (expert violinist and fencer for the Italian National Team), one can conclude from the data on 3-4 subjects in the evolving age (6-8 years), over one year of combined violin and fencing practice in relation to the compared study of the defense mechanisms, that:

- the structured personality has been reinforced
- the emotional sensitivity of the single subject and the acceptance of the rhythm of the "game", both its own, and that of the other, have grown
- a decrease of achievement pressure related anxiety has been established
- an increase of the awareness of the physical self and of their own small movements has been established
- an increase of the awareness of the empathical relation with others



Music and application on sport practice: a clinical development model

Moreover, in both the fencing and violin practice great benefit has been found in the shared codes of:

- space
 - time
 - speed of performance







Music and application on sport practice: a clinical development model

CONCLUSION

A sports-musical environment aimed at the personal growth of the growing subject has great benefits on the harmonious growth of the self in both application fields, resulting also in great benefits on the applications of the arts and on the technical results.





A.I.P.P.S. approach to ADHD: an intervention model alternative/complementary to the session and to the drugs

Sport practise as intervention setting: the model and the practical applications

Dott.sse Oldani, Cova, Martinelli







Problems with ADHD children:

- difficulty in keeping attention: although filtering the information is not a problem for them, the major difficulty is the quantity, the duration and maintenance of the attention.
- difficulty in impulse control:
- difficulty in waiting their own turn.
- difficulty in delaying the gratification
- problems with disruptive behaviour: these children are more active, both when awake and asleep, and they over-respond to stimuli.
- difficulty in using the rule-governed behaviour





Models and treatments for ADHD

We lean towards a multi-factorial model (Pennington 2005) and the presence of several deficits that cannot explain singularly the variability of behaviour and cognitive difficulties of these children

Considering two models together:

- neuropsychological model (Barkley) that brings back the difficulties to two kind of deficit: an inhibition deficit and an executive functions deficit: they involve the prefrontal, dorsal neostriatal and caudate circuit.
- motivational model (Sonuga-Barke), that brings back the difficulties to the gratification delaying ability ("Delay adversion" DAV): it involves the anterior cingolate and orbitofrontal cortex, ventral striatum and accumbens circuit.

Considering this multi-factoriality we need multi-modal treatments that consider both cognitive and motivational aspects.





A.I.P.P.S. approach: the birth of the "sport game room"

Within the above mentioned problems related to ADHD, A.I.P.P.S. detected in the practice of sport a possible work setting since sport can modify some behaviour and attention difficulties these children have, acting as a multi-modal context in which the cognitive, problem solving, motivational-attributional and relational aspects can be handled by a clinical sport psychologist in order to intervene on the difficulties that he observes looking at the children







Sport context characteristics supporting the behaviour regulation

Each sport has a strong rules context: if you want to participate you must follow them, otherwise the game cannot exist.

Sport is highly motivating for every child: within the growing process in which a child needs to play to express himself and to experiment with his body and his relationships, playing evolves into sport.

It acts as a codified play, regulated by precise interactions and rules

Practicing a sport a child is introduced in a group of peers: to be part of the group means share the practice, its rituals, techniques, strategies and follow its rules: if you don't follow them you are 'out'.





The birth of the sport game room

Starting from the analysis of these elements, that can be appropriately read, used and evaluated through psychological clinical skills, and from the goal reached in Carlo's case,

in Milan in January 2006, from the collaboration between A.I.P.P.S. and the Crotti Graphology School, the Sport game room, was created, conceived and directed by Dr. Lodetti







Sport game room

It's aimed at children between 4 and 7 years old.

It uses a sport setting and clinical psychological instruments to detect behaviour, attention and relationship difficulties in children of this age

It is focused on reading the behaviour and the movement in this context and also on the drawing and graphic symbol reading

It structures the sport and game practice, introducing corrections through the handling of the way of communicating and the getting in touch with other people, the handling of game rules and role playing techniques in order to intervene on the observed difficulties using the sport context itself as auto-corrective.





ASPECTS OF CLINICAL PSYCHOLOGY, CONCERNING SPORTS

A.I.P.P.S. APPROACH TO ADHD: AN INTERVENTION MODEL ALTERNATIVE/COMPLEMENTARY TO THE SESSION AND TO THE DRUGS

How the game room operates

Through this methodology the game room is really a clinical laboratory of intervention on the first ADHD symptoms detected in pre-school age and it's a prevention and monitoring place for children of this age.

In the game room children start with fencing, with all its involvements as dealing with the fight and aggressiveness, observing rules, respect and relationship with peers, attention times, technique learning, problem solving and causal attribution.

Moreover children can express themselves through drawing which at this age, together with playing, is the preferred way of communication and knowing their inner world.







A.I.P.P.S. APPROACH TO ADHD: AN INTERVENTION MODEL ALTERNATIVE/COMPLEMENTARY TO THE SESSION AND TO THE DRUGS

First case: Carlo

Carlo is 8 years old and he has a middle degree ADHD

The purpose of the work done with him through fencing is focused on rules acceptance and on the increase of attention times.

The work has been done through the intervention methodology of the transactional Analysis with role playing techniques, dramatizing, positive reinforcements, redistribution of the defence mechanisms through fencing

Reached goals:

- attendance times in the gym have increased and the attention raised from 10 minutes to 1 hour.
- better ability to interact with peers (less aggressive behaviour)
- higher ability in follow the rules and accept frustration





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A.I.P.P.S. APPROACH TO ADHD: AN INTERVENTION MODEL ALTERNATIVE/COMPLEMENTARY TO THE SESSION AND TO THE DRUGS

Second case: Luciano

Luciano is 4 and half years old and he has ADHD and DOP symptoms.

During the intervention the primary goals consist in letting the environment get familiar for him, making him accept the rules and reduce his aggressive behaviour towards the playmates and the objects.

Reinforcements have been used within a behaviour 'contract'.

Goals reached: although he didn't attend continuously the game room, a reduction in motor hyperactivity and a higher effort to pay attention has been noticed.

Regarding the rules acceptance, through the use of material reinforcements a form of contractual skill and the ability in obeying the rules if they were put with coherence and firmness emerged; he remained not manageable in unstructured situations





A.I.P.P.S. APPROACH TO ADHD: AN INTERVENTION MODEL ALTERNATIVE/COMPLEMENTARY TO THE SESSION AND TO THE DRUGS

Third case: Silvia

Silvia at the beginning showed a high shyness and difficulty to separate herself from her mother. The graphic aspect of both drawings is free and secure and also the way of colouring is highly developed, considering her age. She communicates in this way her high psycho-physical energy, her confidence and decisiveness that have to find a correct way of working. The drawing is not coloured.

Silvia has been introduced in the group of peers and has learned to interact with other children, to separate herself from her mother and to respect her play time.

Gradually the stroke of the pencil is becoming softer and coloured; she starts using curved lines and this shows that the aggressiveness she had used before to protect herself from her shyness is leaving and is being replaced by happiness and receptiveness. Reached goals: through the sport game room Silvia has learned to interact with playmates leaving her mother's protection. She has also learned to respect the rules and to separate the times dedicated to play, to draw and to affection.



The sports psychologist in a rehabilitation context: A.U.S. project – Attività Unità Sportiva' made by AIPPS within the Spinal Department in Niguarda Cà Granda Hospital, Milan

Model, context, goals and practise

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The birth of the Project

- It was conceived by the collaboration between the Association AUS Niguarda, operating within the Spinal Department and AIPPS.
- It becomes a part of the Sports Therapy with early beginning context in the Spinal Department of the niguarda Hospital (based on the therapeutic work model of Spinal Unit of Nottwill, Switzerland)
- It is based on the concept of Global Rehabilitation thatleans on an holistic point of view, and consequently considers the rehabilitation as recuperating the own autonomy, both physical and psychological, a total recovery of the life.
- It operates inside the hospital, with the collaboration of multidisciplinary medical-surgical, assistance, functional and psycho-social team, who takes care of the patient upon entering the Spinal Department.



Long term goals:

- giving the chance to try out new sports that could represent a 'bridge' towards the external world and then be practiced out of the hospital context.
- deal with the psychological consequences of the sports rehabilitation (experimenting with success, frustration and stress management, acceptance/overcoming your limits, acquiring faith in one's own ability)
- facilitate patient with the use of his personal resources in the practice of sports.
- accompany the patient in re-establishing his autonomy
- monitoring the state of the program for each patient





Short term goals agreed with the team

- encouraging the direct and active involvement of the patient in the practice of an activity that gives in any case an observable result
- introduce fencing since it has strong psychological implications regarding the management of himself and of the opponent
- monitoring the progress of the patients, through questionnaires regarding expectations, personality and through individual interviews
- systematic observation of the practice of sports, through ad hoc grates, to analyse the psychological dynamics used by patients during the practice of sports.
- let patients be more conscious of their relational schemes used in the practice of sports.



Present status of the project

- first year has been concluded
- 5 patients has been involved on the project and 2 of them left for personal reasons not related to the project
- fencing has been introduced
- questionnaires have been used before starting the activity, during the process and afterwards, together with individual interviews
- 2 observations have been done during the practice of the following: fencing, table tennis and target-shooting; the results have been monitored





The subjects and the sports

- three subjects, one girl and two boys (one tetraplegical and one paraplegical) attended the whole project
- table tennis was familiar and already practiced by patients and it had been already used with the AIPPS observation methodology
- fencing: sport vis-à-vis in which contact is mediated by the sword and depersonalized by the mask; it has a strong rules context, a strong management of the self and of the opponent and it is the sport guide of the AIPPS methodology
- Archery: this sport gave some problems because the necessary material didn't arrive on time and it was not practicable for people with serious lesions.
 Therefore it was not possible to include it in the project.



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THE SPORTS PSYCHOLOGIST IN A REHABILITATION CONTEXT: A.U.S. PROJECT ATTIVITÀ UNITÀ SPORTIVA' MADE BY AIPPS WITHIN THE SPINAL DEPARTMENT IN NIGUARDA CÀ GRANDA HOSPITAL, MILAN

AIPPS methodology: observation grate

ACTION	NUMBERS	MECHANISM
No save/direct hit		Suppression
Violently hitting and then going to comfort the opponent		Cancellation
Saving without responding		Reaction formation
Brash behaviour in front of the challenger		Denial
Attribute the own behaviour to the challenger		Projection
Self denigration, getting angry with oneself		Inversion
Reversion to a previous technique		Regression
Deny the defeat as a painful memory and not feel it as painful		Isolation
Saying to be unable to hit because of sudden physical reasons		Somatization
It doesn't matter if I win or not: I play to entertain the onlookers with my style		Sublimation



Comments to the results

- The most used mechanisms: inversion, denial, projection
- The first evidence was that in the global analysis of the defence mechanisms, the fourth most used mechanism detected in the second observation was sublimation instead of suppression. This means that after the practice of sports the subjects tended toward a more 'mature' defence mechanism
- The mechanisms used in each sport have similar trend in both observations
- With archery the observations have been done on one single subject, different in the two observations, so no comparison can be done.





Final feedback of the project

MOST APPRECIATED ASPECTS

- trying new sports
- discover the passion for a new sport to be practised also in the external life
- getting more conscious about the own behaviour during the interactions with opponents
- be with other people
- all the participants confirmed their will to attend the project again in the next year





ASPECTS TO BE IMPROVED

trying more sports

practicing sports more continuously





Final feedback from the clinical operators:

ACTIVITY EVALUATION (SCALE 0-4)

4 means very useful

MOST USEFUL ASPECTS

- let other people know and practice new sports
- act as a bridge between hospital and sports clubs and let people approach competitiveness
- the sport conceived as self recovery

CHANGES NOTED IN THE PARTICIPANTS:

- The start of a passion for sports
- The desire to continue external to the hospital





ASPECTS TO BE IMPROVED

- more material
 - involve more people
 - promote the project more





FUTURE PROSPECTS

- purposes and the practice for the next year of activity will be based upon the long term goals and the obtained results in the first year
 - the activity for the participants who have attended the first year will continue and new goals will be set for them
 - the purpose is to proceed with new people, setting the same goals and using the same AIPPS methodology used the previous year
 - a new sport should be introduced

