

Volume 8, n 3, 2020

Articles

Violence and desire described by committed football-supporters in substance abuse treatment. Clinical psychodynamic findings

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Abstract

This study concerns male clients in substance abuse treatment, who were or had been football supporters, engaged in violence. Previous research has acknowledged the connection between football and violence, substances, homosociality and masculinity. Desire and treatment needs have however not been investigated. This study contributes to this knowledge gap. It is written from a treatment viewpoint, acknowledging current psychodynamic/analytical perspectives on gender, relationships, and affects. The study is based on the author's clinical encounters with supporters who were in psychodynamic treatment due to problems with substance use. A thematic analysis of the author's memories of the clinical encounters was performed. Three themes were identified; Alcohol and drugs, Desire and Clinical interaction. The results show that consumption of alcohol and cocaine was intermingled with the homosocial supporter-culture and accordingly with the clients' social life, which needs to be acknowledged in treatment. Moreover, violence was not only connected to homosocial strivings and hypermasculine behaviors, but also to desire. Same-sex desire could for example arise during fighting, which could be an alluring part of violence, while simultaneously shame-provoking. The study shows that supporters, and possibly other homosocial groups, are more diverse than sometimes presented. Accordingly, clinicians who encounter committed football supporters should be open to questions of desire, including non-normative sexual experiences, while acknowledging that the topic might be difficult for clients. Clinicians also need to understand how intertwined supporter-culture and substances are, and discuss affects and relationships with clients.

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Keywords:

Desire; Football; Masculinity; Substance abuse treatment; Violence.

Received: 14 August 2020

Accepted: 25 November 2020

Published: 19 December 2020

Citation: Punzi, E.H. (2020). Violence and desire described by committed football-supporters in substance abuse treatment. Clinical psychodynamic findings. *Mediterranean Journal of Clinical Psychology*, 8(3).

<https://doi.org/10.6092/2282-1619/mjcp-2586>



1. Introduction

Football supporter-culture has been identified as an arena in which gender, alcohol and violence are linked together (Ayres & Treadwell, 2011; Evans & Rove, 2002; Ostrowsky, 2018). Interest in women's football is increasing internationally (Valenti et al., 2018) but this study focuses on

those who have come to define supporter-culture; male supporters. Expressions of misogyny, racism, and homophobia were commonplace only some decades ago (i.e. Dunning, 1986) and the supporter-culture is still a bearer of masculinities centered on alcohol and drugs and on verbal and physical violence (Ostrowsky, 2018), including the willingness to fight and endure physical blows (King, 1997; Poulton, 2012). Cocaine is a central drug in the football culture (Ayres & Treadwell, 2011). It is known that alcohol might increase the risk of cocaine use (Guo et al., 2020). It is also known that alcohol and cocaine might be used to regulate emotions and increase physical endurance, just to mention a few effects (Brache et al., 2012). It should however be noted that supporters are a diverse group of people and not everyone consume large quantities of alcohol or consume drugs. Some enjoy visiting a game every now and then. Others are devoted fans who do not engage in physical violence. There are also hoolifans who are not risk-supporters themselves, but support them, and then there are risk-supporters, a term used to describe fans with tendencies for violence (Newson, 2019; Rookwood & Pearson, 2012). There are diverse opinions on whether these groups are separate or whether they overlap. It should also be noted that while violence and prejudice are officially denounced, there is more to football than meets the eye. The structure of the violent parts is hidden, not least from researchers (Poulton, 2012).

Loyalty to the group is central to hoolifans and risk-supporters. These groups are the focus of this study and will further on be named supporters. The loyalty is often understood as an example of homosociality, a term that denotes social bonds in groups consisting of persons of the same sex (Hammarén & Johansson, 2014). Some expressions and behaviors of football homosociality have been characterized as homoerotic, for example the touching and kissing and the fascination with physically active male bodies (Hughson & Free, 2011). Despite the acknowledgement of gender, homophobia, homosociality, and the pleasures of violence among supporters (Poulton, 2012), questions of sexual desire tend to be overlooked in research on football and violence. Desire is an elusive concept that might denote pleasure seeking in a wide sense, or sexual pleasures specifically. This paper focuses on sexual desire. Sexual desire is rooted in our bodily needs and unconscious drives, but is also experienced on conscious level and directed at varying objects, including human beings, and expressed in our bodily sensations and behaviors (Carignani, 2012). Accordingly, desire has both physical and psychological aspects and is experienced as a force to satisfy needs (Settineri et al., 2017). In an overview of the relationship between anger and sexual behavior, Iannuzzo et al (2014) argue that the connection between anger and sexuality needs to be acknowledged. King (1997) mentions that violence is potentially sexually arousing. He understands sexuality and violence as biological experiences and proposes that supporters might imagine violence as sexually arousing since both fighting

and sexual activities are linked to perceptions of masculinity. Burstyn (1999) on the other hand writes from a psychoanalytic perspective and describes fighting as sexually arousing in itself. She argues that sex is more than the genital; the whole body is a potentially sexual area and sexual desire might be connected to fighting.

Sedgwick (1985) in her writings about homosociality also refers to psychoanalytic thinking. She sees desire as an affective and social force which might be manifested in various ways, including forms of aggression. This might be a starting point for understanding sexual desire among supporters. Sedgwick problematizes the idea that individuals can be classified as either homo- or heterosexual and argues that homosocial bonds are not devoid of sexual desire and might have erotic components. This resonates with the relational psychoanalytic view of gender, desire, and sexuality as existing in relationships and as involving multiple self-parts (Goldner, 2003; Reis, 2005). Moreover, sexual desire is seen as ambivalent; excitement and satisfaction exist alongside distress and uncertainty (Dimen, 2005). Thus, sexual desire is both a traumatic and beloved condition that everyone has to handle, and it is influenced by discourses about gender (Diamond, 2009; Goldner, 2003). Discourses of gender as binary categories and the individual as unitary, have been persuasive but needs to be nuanced in clinical practice since all of us identify with individuals of different genders, and all of us have characteristics that are seen as masculine as well as feminine (Corbett, 2011; Diamond, 2009; Layton, 2011). Discourses of gender as binary categories, might however influence a developing child to not accept sexual desire and characteristics that are viewed as oppositional to one's perceived gender (Diamond, 2009; Heusser, 2015; Slavin, 2013). Boys who are socialized to reject anything perceived as feminine, and who are not supported to tolerate affects, might as grown-up men compensate this missing psychological cohesion through hypermasculine behaviors (Diamond, 2009). Such behaviors include violence, hedonistic motivations, and creating an image of a "hard-man" and are central to the supporter culture (Ayres & Treadwell, 2011). Simultaneously, Smyth (2014) describes how teenage boys in need of therapeutic intervention could be reached through a psychosocial intervention that combined football and psychodynamic thinking. Moreover, there seems to be increasing interest in understanding football and other sports activities from psychoanalytic perspectives, exemplified by the recently published book *Psychoanalytic perspectives on intense involvement in sports* (Hirsch et al., 2020).

As a female clinical psychologist in substance abuse treatment, I have encountered many men who were football supporters and engaged in football-related violence, or had retired from it. They told me about the supporter culture, the use of alcohol and drugs, and the appealing parts of violence. We spoke about their feelings and relationships and the clients told me about sexual desires, including parts that could be considered non-normative. It should be noted that non-

normative sexual desires, and the possible difficulties connected to them, are often unrecognized in research and treatment concerning substance abuse (Penn et al., 2013; Punzi et al., 2014; Sanders, 2020). Moreover, struggles with substance abuse and treatment needs among football supporters have been unrecognized, which is somewhat surprising since it is well known that the consumption of alcohol, and also drugs, is high among supporters (i.e. Ayres & Treadwell, 2011; Durbeej et al., 2017; Kingsland et al., 2015).

- 1.1 The aim of the current study is to present clinical findings from my encounters with football supporters.
- 1.2 Objectives of the study are firstly on what the football supporters told me about the supporter-culture, substances, violence, and sexual desire, and secondly on the clinical encounters between me and the supporters.
- 1.3 The clinical perspective of this study adds a person-centered perspective to the current understanding of football violence that largely is based on sociological research that for example acknowledges the role of social class, politics, and identity. Thereby, the study provides knowledge that supports treatment of men who find the supporter-culture and their substance use problematic and seek out treatment.

2.1 Materials and methods

The material used for this study is my encounters with male clients who had been involved in football violence. I will here describe my position and the treatment unit in which I worked, portray the clients concerned, and explain how I analyzed the clinical encounters. Thereafter, I provide ethical reflections on writing about clinical experiences. When the results are presented, I separately describe what the clients said, and how I understand it, in order to enhance transparency.

Illustrations of how clients and clinicians co-create meaning is an essential part of research data that cannot be gained by any other means than through individual reports (Dodes & Dodes, 2017). Through fusing clinical practice and research, important issues might be investigated and knowledge can circulate between research and clinical practice. Such a perspective counteracts reductionism, acknowledges that clinical practice can inform research, and shows that clinical practice is not about applying research principles to individual encounters (Coppola & Mento, 2013; Lees, 2005). Moreover, many researched theories and methods were founded in clinical practice (Brinkman, 2017), including psychodynamic perspectives and the cognitive model of automatic thoughts, developed by Beck (1991).

2.2 The treatment and my position

I encountered clients in an outpatient clinic in Swedish public health and social care, aimed at clients with poly substance abuse, situated in Gothenburg, the second largest city of Sweden. The staff members included nurses, social workers, psychiatrists, and psychologists and the unit was open to clients from the age of 18. No letter of referral was needed, clients could contact us directly. About 70% of our clients were male.

My education is based in the psychodynamic and humanistic traditions. At the unit, I provided short- and long-term psychodynamic psychotherapy and counselling, planned in collaboration with each client. Collaboration is central to treatment, since co-creative activities support meaning making (Wiseman et al., 2012). Focus was on substance abuse and on areas the client found important, difficulties as well as capabilities, and in line with clinical praxis, interventions were modified according to the client's needs (Knekt et al., 2008). This resonates with research that indicates that clients' subjective experiences are important for the clinician's evaluation, and that the clinician needs to be open to changes in the clients' state and to discoveries during treatment (Holmqvist et al., 2016). Moreover, psychodynamic assessment of clients in substance abuse treatment should be perceived as a long-term process rather than as an initial phase, since active substance use might influence the client and since the client might underreport consumption (Aleman, 2007).

Psychodynamic psychotherapy is a vast field with varying approaches and methods. Current approaches often emphasize relational perspectives and the importance of affects, both for the development of difficulties and as central for treatment (i.e. Ajilchi et al., 2016; Diener et al., 2007; Huang et al., 2016; Lingiard et al., 2017; Schore, 2011). Also research on substance use and abuse, as well as on behavioral addictions such as gambling, excessive Internet use, and excessive sexual activities, increasingly concerns difficulties with affect regulation and relationships (i.e. Caputo, 2015; D'Agua et al., 2017; Frisone et al., 2020; Helm, 2016; Khosravani et al., 2018; Punzi & Lindgren, 2019).

The treatment I provided focused on understanding and handling affects, cravings, and enactments, so that the client could achieve a greater sense of agency and improve relationships, reduce or terminate substance use, and handle daily problems. Treatment included expressive and supportive elements, depending on each client's need (Knekt et al., 2008). This flexibility permitted me to adapt to the concerns of the clients and be open to whatever they expressed. This could seem self-evident. It should however be noted that treatment is increasingly influenced by so-called evidence-based practice and New public management that is said to provide cost-efficient and goal-oriented services, while fostering instrumental rationality at the

expense of other valid forms of knowledge (Hammarström, 2016; Simmons, 2012; Thomas et al., 2012).

As a clinician and researcher, I strive to acknowledge meaning making, subjectivity, and contextual factors, including gendered arenas. Like Iannuzzo et al. (2014), I perceive sexuality and gender as important fields in human life. This might have made me open to such topics in clinical practice. I might however also have over-emphasized them. Critical readers could question whether this study illuminates a phenomenon that is of concern to supporters and those who encounter them, or whether it illuminates the interest of the author.

2.3 The clients

This study concerns a minor group of clients. Nevertheless, they provide insights into the complexities of sexual desire and violence and how these questions could be approached in clinical practice (Stevenson, 2008). The clients I met spoke about themselves as supporters. I use the words clients, or men, when I write about them. They were not physically dependent but consumed alcohol in ways that might be considered risky, and also consumed drugs, mostly cocaine but also ecstasy and amphetamines. They were about 25-45 years old. Some of them lived alone, others with a girlfriend/wife. They had permanent employments, temporary work, or were self-employed. They had been engaged in football-related violence in various ways and supported different teams.

2.4 Analysis

To assure the anonymity of the clients I focus on topics rather than on life-stories of individual men. A thematic analysis (Braun & Clarke, 2006) was performed. In the first step, I wrote down my memories of what the men expressed about supporter-culture, substances and sexual desire, as well as my memories of the therapeutic process. In the next step, each memory was labelled with a code. About 120 codes were generated. In the third step, codes with similar content were grouped together, creating 22 subthemes. Examples of subthemes were; reasons for seeking out treatment, patterns of substance use, substances and violence, effects of substances, erotic fantasies, sexual desire and violence, sense of connectedness, my own reactions, affects, clinical failures. In step four, subthemes with similar content were grouped into the three themes; *Alcohol and drugs*, *Desire* and *Clinical interaction*. It should be mentioned that the encounters involved more topics. These are however outside the scope of this study.

2.5 Ethical reflections

Presenting clinical experiences is a delicate endeavor since clients have not decided to be part of a text. This study focuses on topics rather than on individual men and since unique persons

are not presented, I have not used assumed names. I will not provide details about clients, clinical dialogues, or therapeutic processes. This does however not mean that I detach from the clients.

Since clinical situations provide insights that are difficult to reach in other ways, I consider it is ethically important to contribute clinical experiences so that knowledge and understanding might be enhanced. It should also be noted that as human beings we are absolutely unique and simultaneously remarkably similar to each other. There is a possibility that readers sense that this study is about themselves, or someone they know, but since I present topics rather than persons, the study does not concern identifiable clients.

3. Results

3.1 Alcohol and drugs

The men this study concerns used alcohol and drugs in connection to football events and/or when they were out partying. This could happen up to 3-4 nights each week, or some weeks could pass in between. They described themselves as being, or having been, part of a party-culture which overlapped with the supporter-culture. None of them drank large quantities of alcohol at home. When I asked them about the differences between drinking at home and as part of a party-culture they said that to them, alcohol was connected to football and to going to pubs, bars, the games, and nightclubs. Drinking at home was therefore simply not interesting. Drugs were also part of the culture, preferably cocaine. Some men spoke about an idealization of cocaine. I perceived others as somewhat reluctant to go into details and talk about the amount of drugs they consumed. Those who were more open, referred to “the lad-culture”, which evolved in UK during the nineties as an explicitly drug-liberal, hedonistic, “not-give-a-damn” male culture that provided a sense of connectedness and often was more important than the actual football games. The party started hours before the game and often ended the next morning. Some explicitly said that it is not possible to party like that without drugs.

Those who were reluctant to talk about drug consumption, seemed hesitant to leave supporter-culture and struggled with ambivalence. They could experience anxiety and depression and wanted to get rid of these symptoms. Some of them had been caught by the police and lost their driver’s license or had been sentenced to a fine. Such negative experiences made them question parts of their drug consumption and lifestyle, but this was still important for them. I sensed that I had difficulties reaching them and providing support.

Even though the men were not physically dependent, substances were problematic for them since they were so connected to their social life, and had caused difficulties. It should also be

noted that some men struggled with considerable mental health difficulties and had been hospitalized due to symptoms such as suicidal thoughts, overwhelming confusion, or anxiety. It cannot be excluded that these difficulties were connected to excessive substance consumption. Moreover, the lad-culture and the price of living parallel lives, one with work and girlfriend/wife, one with football, parties, drugs and violence, might become too high. Some men sought out treatment since the girlfriend/wife had demanded a change of lifestyle, otherwise she would leave. Some had indeed changed their lives and retired from football, violence and parties, but had developed other difficulties. This could concern excessive sexual activities including compulsive dating and/or masturbation, or gambling. Such difficulties should not be devalued as the men who enacted them related that relationships had been destroyed, or that they had become personally bankrupt. The men who experienced such difficulties perceived themselves as prone to exaggerations, only the objects changed. Also violence could be perceived as something one could misuse.

The disinhibiting and affect-regulative effects of alcohol and drugs could also enhance the capacity for fighting; fear diminished and anger increased. Fighting could be more important than the games. Together we reflected on how substances, violence and football were so intermingled that it became almost impossible to see them as separate entities.

3.2 Desire

As part of clinical practice, questions about relationships, sexuality, and sexual desire are asked, not only because clients may have difficulties in these areas, but because these areas are important for who we are and how we live our lives. Some clients find such questions irrelevant, shameful, or anxiety provoking, which should be respected. Others find it meaningful to discuss them. I have met many men and women who have described non-normative sexual desires and practices. Therefore, it is not surprising that also male supporters could describe a variety of sexual desire.

The men who no longer were involved in football culture more often spoke about sexual desire and violence than those who were still active supporters. After having retired from violence, it was for example possible to talk about homo- or bisexual desire. To some, the homosocial supporter culture, and the violence, had been ways to disavow and simultaneously approach homoerotic desire. Homosocial and violent cultures could be perfect places to hide homo- and bisexual desire, since these cultures denounce non-normative male sexuality while encouraging guys to be physically close, not least while drinking, watching football, and fighting. I have also met retired supporters who were uninterested in sexual encounters, who had to pull themselves together to have sex with their girlfriends/wives. The violence they had been part of had

provided an “energy” that could ignite heterosexual encounters. Without violence, the energy was gone. There were also descriptions of same-sex desire and sexual arousal evolving before and during fighting. Sexual arousal and desire differed from excitement that evolved in relation to fighting, but they could exist alongside each other. The sexual arousal and the desire to engage in fighting could be questioned on a rational level; yet it was alluring.

I also encountered men who spoke about desire to be penetrated, by men or by women. They sometimes wondered if this meant that they were homosexuals. Such thoughts could be frightening and some men could strive to counteract them through compulsive heterosexual activities and relationships. To avoid flirting and chasing sexual encounters, they could isolate themselves. It should be noted that many men I have encountered, supporters and others, struggle with shame over how they have acted toward women.

The men were concerned about their looks. The sneakers were expensive and new, the jeans were well-fitting, the haircut neat, and the shirts, sweaters, and jackets were from brands such as Fila, Fred Perry, and Stone Island. Through looking good and having the “right” clothes, one’s position in the group was strengthened, I was told. The style signaled that one was part of the lad-culture in which fashion, pop-culture, and football came together. It was important to signal that one was not part of the crowd who wore t-shirts with the name of the team, but was part of the supporter elite. I perceive the importance of clothes and looks as an expression of desire toward the homosocial group - it was important to look good in the eyes one’s peers.

3.3 Clinical interaction

It came forth that in order to understand the clients, their clinical needs, and the supporter culture, the ongoing interaction between each client and myself had to be acknowledged. This clinical interaction involved verbal exchange, affects, and countertransference-reactions, and examples of understanding and support as well as of misunderstanding and failures. I use the term clinical interaction as a neutral term. The interaction might evolve in ways that support the clients’ understanding of difficulties, and his capacity to handle affects or abstain from substances. Interaction might however also evolve in ways that complicate or even hinder therapeutic goals. The clinical interaction is described from my perspective with a focus on my reactions and how these might have been supporting or complicating.

My interest in football, violence, and sexual desire was sparked by clients who explicitly spoke about non-normative desire, homoeroticism, and the alluring parts of violence, as well as about struggles to leave the supporter-culture or moderate their involvement in it. I learned from these clients. Yet, I did not fully grasp the supporter culture. It is a world apart, and the clients probably excluded details about anger and violence. Even those who spoke openly about sexual

desire could be somewhat reluctant to talk about violence. Their silence was probably part of the culture; one simply does not talk about the violence. It also occurred to me that they might have wanted to protect the therapeutic relationship from the violence, as if I would not endure hearing about it. Our encounters were gendered. Maybe it would have been easier to discuss violence with a man. Unfortunately, I was unable to include reflections on violence in the clinical dialogue. This could be seen as a failure. On the other hand, I managed to include struggles with sexual desire, so treatment could be perceived as at least partially successful.

We also spoke about affects, specifically shame and anger, but also excitement and joy, and we laughed together. Clients could for example joke about the homoerotic parts of supporter culture that must be obvious to anyone, or about difficulties men have to relate to each other without alcohol and football. Humor may be supportive when approaching difficult topics including shame and non-normative sexual desire. Some clients moved toward understanding themselves and their sexual desire so that parts of themselves that had been denounced as non-masculine could be integrated. The sense of agency increased and some clients made concrete life changes in order to not expose themselves to alcohol and drugs.

In my experience, from clinical practice and from research interviews, it is a balancing act to acknowledge potentially sensitive topics without pushing the client too hard. If one pushes too hard, there is a risk that the person feels ashamed and since shame is a “not wanting to be seen-affect”, the client might protect himself through avoiding sensitive topics. Thereby treatment becomes superficial. Another risk is that the client terminates treatment.

It should be noted that not all men spoke about non-normative desire in relation to football and violence, but those who did made me realize that sexual desire, normative as well as non-normative, needs to be acknowledged. When I wrote down and analyzed my memories, it occurred to me that it was easy for me to relate to the men who wanted to talk about sexual desire, violence, and the negative parts of supporter-culture. Thereby, I could support them to integrate previously non-accepted self-parts and affects, specifically those that had to do with non-normative desire and characteristics perceived as feminine. It seemed more difficult for me to attune to those who did not problematize the supporter culture, normative ideas about masculinity, hypermasculine behaviors or the role of substances in this culture. With the latter group I focused on supporting them to terminate or reduce the substance use. In retrospect, I think I was too eager to initiate change, as if it was my duty to cure them. To make them quit using substances became my desire, which I could not regulate. True, they started treatment because of difficulties with substances but that does not mean that they are supported by a clinician who becomes preoccupied with substances. I think I was influenced by the New public

management ideals of showing results, in this case showing that clients terminated their substance use. I was not attuned and regret I did not remain open.

4. Discussion

4.1 Understanding football, violence, substances, and sexual desire

Based on what was told by my clients, the alcohol-football-violence triad described in previous research seems relevant (Ostrowsky, 2018). Alcohol and drugs were intertwined with the supporter-culture and with fighting. Substances and football, and also fighting, gave opportunities for physical closeness that could be longed for by those who experienced homoerotic desire. Hughson and Free's (2011) description of homoerotic behaviors among supporters, were confirmed by some of my clients. Accordingly, sexual desire needs to be acknowledged in order to understand football violence and it should be noted that sexual desire might be manifested in various ways, including in aggressive behaviors (Sedgwick, 1985) and non-genital experiences (Burstyn, 1999).

Theories and prior research have stressed the homosociality of supporter-culture (Poulton, 2012). Homosociality also came forth among my clients, and the border between homosocial, homoerotic, and homosexual desire was blurred. A tentative thought is that some clients acted out violence since they could not accept self-parts and affects that were considered feminine or associated with same-sex desire. They seemed to have internalized discourses of gender as binary categories (Corbett, 2011; Diamond, 2009; Layton, 2011) to the extent that they could not accept desire and characteristics viewed as oppositional to their gender (Diamond, 2009; Heusser, 2015; Slavin, 2013). Instead they compensated through hypermasculine behaviors (Diamond, 2009).

I therefore propose that the "triad" of violence, alcohol, and football is extended to a quartet, by adding sexual desire. Desire involves more than the genital (Burstyn, 1999) and one could see the efforts to look good as an example on non-genital sexual, or at least eroticized, desire toward the homosocial group. Moreover, violence enabled physical closeness to other men. Sexual arousal has been seen as an effect of the arousal from violence (King, 1997). This might be true for some. Some of my clients however sensed that arousal during fighting might indeed be sexual and they could tell sexual arousal from arousal connected to fighting. I do not suggest that all supporters, or any man who engage in violence, express homoerotic tendencies. That would be a simplification. I do however wish to illuminate possible connections between violence and sexual desire among supporters, and possibly other homosocial groups.

Homosociality is often used as a descriptive term, which reduces the capacity to investigate variations (Hammarén & Johansson, 2014). My clients show that men in homosocial groups are

more diverse than sometimes presented, and their sexual desire might be non-normative. Thereby, this study illustrates how personal experiences of sexual desire, especially non-normative and thereby non-accepted desire, might fuel engagement in violence. This person-oriented perspective is beneficially combined with sociological perspectives, so that negative parts of supporter-culture can be understood and hopefully counteracted, and individual men who experience difficulties can be supported.

4.2 Clinical perspectives and recommendations

In substance abuse treatment, the life-world and meaning making of the client is sometimes neglected (Kemp, 2011), a tendency fueled by evidence-based practice and New public management (Hammarström, 2016; Simmons, 2012). This study exemplifies that the social life of the client needs to be acknowledged, otherwise neither substance use nor other difficulties might be understood or counteracted. As clinicians we should gain knowledge about football-culture, so that supporters who enter treatment can be properly supported. Clinicians should avoid my mistake to pursue termination of substance use, but should be open to the concerns of the clients, and acknowledge that substances cannot be separated from questions of belonging, or from struggles with masculinity and perception of oneself. Affects and relationships should be discussed, not least since clients often experienced difficulties in their intimate relationships which motivated them to start treatment. Also the interaction between clinician and client needs to be acknowledged. As clinicians we have to ask ourselves what is going on between ourselves and each client so that we can tell moments of understanding from moments of misunderstanding and direct the process toward therapeutic goals (Jiménez & Altimir, 2020). Our own actions and reactions, including our failures, should be reflected on so that we might restore the relationship to the client and learn from our mistakes (Gait & Halewood, 2019).

Clinicians should be prepared to discuss sexual desire and support integration of non-accepted self-parts and affects. To do this, processes of dissociation needs to be acknowledged since dissociation complicates integration and are common among individuals with substances abuse, excessive gambling, Internet use, and sexual activities (i.e. Biolcati et al., 2017; Punzi & Tidefors, 2014; Sidelis et al., 2018). Psychodynamic perspectives, not least from relational psychoanalysis, remind us about the importance of relationships (including therapeutic relationships), self-perceptions, and affects (i.e. Diener et al., 2007; Huang et al., 2016; Lingiardi et al., 2016; Punzi & Lindgren, 2019). I do not however think each clinician needs extensive training in psychodynamic theory or method in order to acknowledge relationships, self-perceptions, of affects. It is more about being open, resisting manualized and symptom-oriented methods

(Dodes & Dodes, 2017), and be prepared to talk about difficult topics, including sexuality and non-normative experiences. Thereby, non-accepted characteristics and self-parts could slowly be accepted and integrated. While doing this, one should not push difficult, or potentially shame-provoking topics, too hard. Acknowledging topics is not the same as insisting they should be discussed. In my clinical practice I had difficulties reaching some clients, especially those who were somewhat reluctant to talk about substance use and their lives as supporters. In psychodynamic practice, the therapeutic relationship is both a part of healing and a medium through which various difficulties, self-parts and affects are explored, understood and worked through (Knekt et al., 2008). When clients were reluctant to talk about substance use and the supporter-culture, it was difficult for me to talk about the therapeutic relationship. Just like the clients who wanted to get rid of anxiety and depression, I became preoccupied with substance use as a “symptom” that I wanted to get rid of. From my own failure I would recommend clinicians to dare to discuss the therapeutic relationship and be open to the possibility that the client could be better supported by someone else, or through another form of treatment.

5. Conclusions

This study concerns clinical encounters with male clients who were or had been committed football supporters and were in substance abuse treatment. Their consumption of alcohol and cocaine was intermingled with their life as supporters. This needs to be understood, otherwise it is difficult to support them. In order to “support supporters” clinicians should be prepared to involve questions of sexual desire, including non-normative experiences, and self-parts that are perceived as non-masculine, in treatment. The clinician needs to be open both during assessment and treatment, and ready to see own failures and boundaries, the limitations of one’s way of working, and learn from the clients.

6. Limitations and future studies

One limitation of this study is that it lacks a proper research data set. Due to ethical considerations I have not presented details about clients. Thereby the study might be perceived as somewhat non-specific or even superficial. Nevertheless, I have been able to show that there are more to supporter-culture than meets the eyes, and that sexual desire needs to be acknowledged. In the future, these topics should be examined in a proper empirical study. Another limitation is that my clients do not represent supporters as a group. Nevertheless, the study points to important areas that should be addressed in research and theories concerning supporter-culture. Future studies should acknowledge person-centered approaches, sexual desire, and treatment perspectives.

References

1. Ajilchi, B., Nejati, V., Town, J., Wilson, R., & Abbass, A. (2016). Effects of Intensive Short-term Dynamic Psychotherapy on depressive symptoms and executive functioning in major depression. *The Journal of Nervous and Mental Diseases*, 204, 500-505. <https://doi.org/10.1097/NMD.0000000000000518>
2. Aleman, K. (2007). Four problems with psychodynamic assessment of drug abusers. *Nordic Psychology*, 59, 303-316. <https://doi.org/10.1027/1901-2276.59.4.303>
3. Ayres, T., & Treadwell, J. (2011). Bars, drugs and football thugs: Alcohol, cocaine use and violence in the night time economy among English football firms. *Criminology & Criminal Justice*, 12, 83-100. <https://doi.org/10.1177/1748895811422949>
4. Beck, A. T. (1991). Cognitive therapy. A 30-year retrospective. *American Psychologist*, 46, 368-375. <https://doi.org/10.1037/0003-066X.46.4.368>
5. Brache K., Stockwell, T., & Macdonald, S. (2012). Functions and harms associated with simultaneous polysubstance use involving alcohol and cocaine. *Journal of Substance Use*, 17, 399-416. <https://doi.org/10.3109/14659891.2011.583313>
6. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101. <https://doi.org/10.1191/1478088706qp063oa>
7. Brinkmann, S. (2017). Humanism after posthumanism: or qualitative psychology after the posts. *Qualitative Research in Psychology*, 14, 109-130. <https://doi.org/10.1080/14780887.2017.1282568>
8. Burstyn, V. (1999). *The rites of men: Manhood, politics, and the culture of sport*. Toronto: University of Toronto Press. <https://doi.org/10.3138/9781442682214>
9. Caputo, A. (2015). Sharing problem gamblers' experiences; A text analysis of gambling stories via online forum. *Mediterranean Journal of Clinical Psychology*, 3, 1-26. <https://doi.org/10.6092/2282-1619/2015.3.1051>
10. Carignani, P. (2012). I. The body in psychoanalysis. *British Journal of Psychotherapy*, 28, 288-318. <https://doi.org/10.1111/j.1752-0118.2012.01299.x>
11. Coppola, E., & Mento, C. (2013). Clinical psychology and research: epistemological notes. *Mediterranean Journal of Clinical Psychology*, 1, 1-9. 10.6092/2282-1619/2013.1.900
12. Corbett, K. (2011). Gender regulation. *The Psychoanalytic Quarterly*, 80, 441-459. <https://doi.org/10.1002/j.2167-4086.2011.tb00092.x>
13. D'Aguaano, M., Langher, V., & Velotti, P. (2017). Emotion dysregulation in alcohol related intimate partner violence: a systematic review. *Mediterranean Journal of Clinical Psychology*, 5, 1-13. <https://doi.org/10.6092/2282-1619/2017.5.1380>
14. Diamond, M. J. (2009). Masculinity and its discontents: Making room for the "mother" inside the male—an essential achievement for healthy male gender identity. In B. Reis & R. Grossmark (Eds.), *Heterosexual masculinities: Contemporary perspectives from psychoanalytic gender theory* (pp. 23-53). New York: Routledge.
15. Diener, M.J., Hilsenroth, M.J., & Weinberger, J. (2007). Therapist affect focus and patient outcomes in psychodynamic psychotherapy. *American Journal of Psychiatry*, 164, 936-941. <https://doi.org/10.1176/ajp.2007.164.6.936>

16. Dimen, M. (2005). Sexuality and suffering, Or the Eew! factor. *Studies in Gender and Sexualities*, 6, 1-18.
10.1080/15240650609349262
17. Dodes, L., & Dodes, J. (2017). The case study method in psychodynamic psychology: Focus on addiction. *Clinical Social Work Journal*, 45, 215-226. <https://doi.org/10.1007/s10615-016-0610-5>
18. Dunning, E. (1986). Sport as a male preserve: Notes on the social sources of masculine identity and its transformations. *Theory, Culture & Society*, 3, 79-90. <https://doi.org/10.1177/0263276486003001007>
19. Durbeej, N., Elgán, T., Jallin, C., & Gripenberg, J. (2017). Alcohol intoxication at Swedish football matches: A study using biological sampling to assess blood alcohol concentration levels among spectators. *PLoS ONE*, 12. <https://doi.org/10.1371/journal.pone.0188284>
20. Evans, R., & Rove, M. (2002). For club and country: taking football disorder abroad. *Soccer & Society*, 3, 37-53. <https://doi.org/10.1080/714004870>
21. Frisone, F., Settineri, S., Sicari, P. F., & Merlo, E. M. (2020). Gambling in adolescence: a narrative review of the last 20 years. *Journal of Addictive Diseases*, 38, 1-20. <https://doi.org/10.1080/10550887.2020.1782557>
22. Gait, S., & Halewood, A. (2019). Developing countertransference awareness as a therapist in training: The role of containing contexts. *Psychodynamic Practice*, 25, 256-272.
<https://doi.org/10.1080/14753634.2019.1643961>
23. Goldner, V. (2003). Ironic gender/ Authentic sex. *Studies in Gender and Sexuality*, 4, 113-139.
<https://doi.org/10.1080/15240650409349219>
24. Guo, Y., Ward, R.M., & Speed, S. (2020). Alcohol-related social norms predict more than alcohol use: examining the relation between social norms and substance use. *Journal of Substance Use*, 25, 258-263.
<https://doi.org/10.1080/14659891.2019.1675791>
25. Hammarén, N., & Johansson, T. (2014). Homosociality: In between power and intimacy. *SAGE Open*, 4, 1-11. <https://doi.org/10.1177/2158244013518057>
26. Hammarström, E. (2016). If open-ended psychotherapy is gone. *Psychodynamic Practice*, 22, 61-69.
<https://doi.org/10.1080/14753634.2015.1100421>
27. Helm, P. (2016). Addictions as emotional illness: The testimonies of anonymous recovery groups. *Alcoholism Treatment Quarterly*, 34, 79-91. <https://doi.org/10.1080/07347324.2016.1114314>
28. Heusser, S. (2015). When two foreigners meet: The relational matrix of shame and internalized homophobia. *Contemporary Psychoanalysis*, 51, 460-475. <https://doi.org/10.1080/00107530.2015.1058060>
29. Hirsch, I., Blumberg, P., & Watson, R. (Eds.). (2020). *Psychoanalytic perspectives on intense involvement in sports*. New York: Routledge. <https://doi.org/10.4324/9781003088295>
30. Holmqvist, R., Philips, B., & Mellor-Clark, J. (2016). Client and therapist agreement about the client's problems – Associations with treatment alliance and outcome. *Psychotherapy Research*, 26, 399-409.
<https://doi.org/10.1080/10503307.2015.1013160>
31. Huang, T., Hill, C., Strauss, N., Heyman, M., & Hussain, M. (2016). Corrective relational experiences in psychodynamic interpersonal psychotherapy: Antecedents, types, and consequences. *Journal of Counseling Psychology*, 63, 183-197. <https://doi.org/10.1037/cou0000132>

32. Hughson, J., & Free, M. (2011). Football's 'coming out': Soccer and homophobia in England's tabloid press. *Media International Australia Incorporating Culture and Policy*, 140, 117-125.
<https://doi.org/10.1177/1329878X1114000115>
33. Iannuzzi, G., Pandolfo, G., Bonadonna, A., Lorusso, S., Crucitti, M., Giulia, L., Ciciarelli, C., & Bruno, A. (2014). The relationship between anger and sexual behavior: a review of theories and research. *Mediterranean Journal of Clinical Psychology*, 2, 1-29. <https://doi.org/10.6092/2282-1619/2014.2.977>
34. Jiménez, J.P., & Altimir, C. (2020). Developing an innovative, scientific, clinically sensitive approach to investigate psychoanalytic process. In M. Leuzinger-Bohleber, M. Solms & S.E. Arnold (Eds.), *Outcome research and the future of psychoanalysis* (pp. 57-67). New York: Routledge.
<https://doi.org/10.4324/9780429281112-6>
35. Kemp, R. (2011). The wording of addiction. *The Humanistic Psychologist*, 39, 338-347.
<https://doi.org/10.1080/08873267.2011.618040>
36. King, A. (1997). The postmodernity of football hooliganism. *The British Journal of Sociology*, 48, 576-593.
<https://doi.org/10.2307/591597>
37. Kingsland, M., Wolfenden, L., Tindall, J., Rowland, B., Lecathelinais, C., Gillham, K., Dodds, P., Sidey, M., Rogerson, J., McElduff, P., Crundall, I., & Wigges, J. (2015). Tackling risky alcohol consumption in sport: a cluster randomized controlled trial of an alcohol management intervention with community football clubs. *Journal of Epidemiology and Community Health*, 69, 993-999. <https://doi.org/10.1136/jech-2014-204984>
38. Khosravani, V., Bastan, F.S., Avatefi, B., & Mofidi, F. (2018). Alexithymia influences craving through facets of emotion regulation in alcoholic patients. *Journal of Substance Use*, 23, 29-35.
<https://doi.org/10.1080/14659891.2017.1333163>
39. Knekt, P., Lindfors, T., Härkänen, M., Välikoski, M., Virtala, E., Laaksonen, M.A., Marttunen, M., Kaipainen, M., Renlund, C., & the Helsinki Psychotherapy Study Group. (2008). Randomized trial on the effectiveness of long- and short-term psychodynamic psychotherapy and solution-focused therapy on psychiatric symptoms during a 3-year follow-up. *Psychological Medicine*, 38, 689-703.
<https://doi.org/10.1017/S003329170700164X>
40. Layton, L. (2011). In the irreconcilable in psychic life: The role of culture in the drive to become both sexes. *The Psychoanalytic Quarterly*, 80, 461-474. <https://doi.org/10.1002/j.2167-4086.2011.tb00093.x>
41. Lees, J. (2005). A history of psychoanalytic research. *Psychodynamic Practice*, 11, 117-131.
<https://doi.org/10.1080/14753630500108042>
42. Lingiardi, V., Holmqvist, R., & Safran, J.D. (2016). Relational turn and psychotherapy research. *Contemporary Psychoanalysis*, 52, 275-312. <https://doi.org/10.1080/00107530.2015.1137177>
43. Newson, M. (2019). Football, fan violence, and identity fusion. *International Review for the Sociology of Sports*, 54, 431-444. <https://doi.org/10.1177/1012690217731293>
44. Ostrowsky, M.K. (2018). Sports fans, alcohol use, and violent behavior: A sociological review. *Trauma, Violence & Abuse*, 19, 406-419. <https://doi.org/10.1177/1524838016663937>

45. Poulton, E. (2012). 'If you had balls, you'd be one of us!' Doing gendered research: Methodological reflections on being a female academic researcher in the hyper-masculine subculture of 'football hooliganism'. *Sociological Research Online*, 17, 1-13. <https://doi.org/10.5153/sro.2717>
46. Punzi, E., & Lindgren, K. (2019). Relationships, emotions, and defenses among patients with substance use disorders, assessed with Karolinska Psychodynamic Profile: Possibilities to use Intensive Short-Term Dynamic Psychotherapy in substance abuse treatment. *Alcoholism Treatment Quarterly*, 37, 481-496. <https://doi.org/10.1080/07347324.2018.1544059>
47. Punzi, E., & Tidefors, I. (2014). "It wasn't the proper me" – Narratives about alcoholism and view of oneself: The impact of disavowed shortcomings and dissociation. *Alcoholism Treatment Quarterly*, 32, 416-432. <https://doi.org/10.1080/07347324.2014.949110>
48. Punzi, E. H., Tidefors, I., & Fahlke, C. (2014). Excessive sexual activities among male clients in substance abuse treatment. An interview study. *Mediterranean Journal of Clinical Psychology*, 2, 1-16. <https://doi.org/10.6092/2282-1619/2014.2.1001>
49. Reis, B. (2005). The self is alive and well and living in relational psychoanalysis. *Psychoanalytic Psychology*, 22, 86-95. <https://doi.org/10.1037/0736-9735.22.1.86>
50. Rookwood, J., & Pearson, G. (2012). The hoolifan: Positive fan attitudes to football 'hooliganism'. *International Review for the Sociology of Sports*, 47, 149-164. <https://doi.org/10.1177/1012690210388455>
51. Schore, A. (2011). The right brain implicit self lies at the core of psychoanalysis. *Psychoanalytic Dialogues*, 21, 75-100. <https://doi.org/10.1080/10481885.2011.545329>
52. Sedgwick, E.K. (1985). *Between men: English literature and male homosocial desire*. New York: Columbia University Press. <https://doi.org/10.7312/sedg90478>
53. Settineri, S., Merlo, E.M., & Mento, C. (2017). Phenomenology of image and desire in adolescent gender dysphoria. *Mediterranean Journal of Clinical Psychology*, 5, 1-17. <https://doi.org/10.6092/2282-1619/2017.5.1696>
54. Sideli, L., La Barnera, D., Montana, S., Sartorio, C.R., Seminero, F., Corso, M., Giunta, S. Mannino, G., & La Cascia, C. (2018). Pathological gambling in adolescence: a narrative review. *Mediterranean Journal of Clinical Psychology*, 6, 1-40. <https://doi.org/10.6092/2282-1619/2018.6.1738>
55. Simmons, B.M. (2012). Evidence-based practice, person-in-environment, and clinical social work: Issues of practical concern. *Smith College Studies in Social Work*, 82, 3-18. <https://doi.org/10.1080/00377317.2011.638889>
56. Slavin, M.O. (2013). Why one self is not enough: Clinical, existential and adaptive perspectives on Bromberg's model of multiplicity and dissociation. *Contemporary Psychoanalysis*, 49, 380-409. <https://doi.org/10.1080/00107530.2013.10779255>
57. Smyth, D. (2014). Sport and thought. Football as therapy: a year in the life of an inner city project. *Psychodynamic Practice*, 20, 104-115. <https://doi.org/10.1080/14753634.2014.894222>
58. Stevenson, C. (2008). Psychotherapy: a queer space. *Smith College Studies in Social Work*, 78, 243-262. <https://doi.org/10.1080/00377310802112027>

59. Thomas, P., Bracken, P., & Timimi, S. (2012). The limits of evidence-based medicine in psychiatry. *Philosophy, Psychiatry & Psychology*, 19, 347-348.
60. Valenti, M., Scelles, N., & Stephen, M. (2018). Women's football studies: an integrative review. *Sport, Business and Management: An International Journal*, 8, 511-528. <https://doi.org/10.1108/SBM-09-2017-0048>
61. Wiseman, H., Tishby, O., & Barber, J. (2012). Collaboration in psychodynamic psychotherapy. *Journal of Clinical Psychology*, 68, 136-145. <https://doi.org/10.1002/jclp.21836>



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DOI: 10.6092/2282-1619/mjcp-2586