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THERAPY AS SPORT?

Therapy (a term loosely used for any professional relationship promoting autonomy and growth) hardly seems to have much in common with sport. But when the Australian cricket captain earned universal opprobrium by having a ball bowled underarm - that is, within the rules of the game but totally against its spirit - to prevent New Zealand from winning a test series, there was more in it for therapists than meets the eye.

Johan Huizinga, in his classic **Homo Ludens**, saw play as the essence of true civilisation. Law, politics, religion, the arts - these are all rooted in play. Play, for Huizinga, is non-materialistic and non-utilitarian. It is an activity in which individuals or groups relate to each other for purposes of pleasure. They are circumscribed in play by rules and space, hence play implies order. It also entails involvement, dedication and absorption ('a devotion that passes into rapture'). For Huizinga, culture achieves its highest levels when it is rooted in play.

Huizinga's elitism notwithstanding, it is true that play and games permeate adult life, (a theme taken up, albeit in different ways, by transactional analysis, psychoanalysis and game theory). Play and games can take the form of sport. Sport has three elements - **rewards** (victory, status, sometimes money), **display of skill**, and **social activity** (interaction with opponents, a crowd and sometimes a team). Frequently these days one hears that 'sport is no longer sport'; professionalism has tainted it, money rules. Hence the furore over the cricket incident - defeat by New Zealand meant financial loss. The strength of the outcry indicates that for most people, players included, all three elements must be present, otherwise 'it's not sport anymore'. Anger and disappointment surface when the competitive element of a game takes precedence over the other two. Similarly, a match which displays the highest skills, but in which the outcome is irrelevant (such as an exhibition match) has limited attraction. The manager

of Stoke City was recently vilified in the press when, in response to criticism that his team played defensive and unimaginative football, he replied: 'If you want entertainment, go hire a bunch of clowns'.

Comparisons between therapy and sport can be instructive. Therapy is comprised of three parallel elements; it is a **means of livelihood** (material reward); it is an **exercise and expression of skill**; and it is a **social activity** (teamwork, interaction with clients). As in sport, all three dimensions are crucial; abandonment of any one endangers the nature of the therapeutic endeavour. Put the other way around - when all three dimensions are balanced, the profession attains its greatest strength.

The difficulty lies in how to achieve the balance. When therapists attempt to 'formalise' their work - laying down conditions of service, seeking higher payment, drawing up professional registers - are they sacrificing the 'play' element of their occupation, which Huizinga saw as involvement and dedication, activity for its intrinsic satisfaction and non-material rewards?

However, Anthony Storr suggests that very few people are attracted to creative activity **primarily** for material gain. In both therapy and sport, there is no specific correlation between material rewards and skill. Take a number of sports with differing attitudes towards professionalism - football (professional, highly paid), rugby union (fanatically amateur), rugby league (professional, well paid), cricket (professional, increasing rewards), and athletics ("shamateur"). In each of these sports the highest levels of skill are attained. If rugby union went professional it would not attract more skilful players. The amateurs Coe and Ovett would not break even more records if they were professional, while million pound footballers regularly miss open goals (according to Vinnai the reason for this (wait for it!) lies in their sexual inadequacies; they can't put it in - geddit?). Therapists, likewise, are not attracted to the profession primarily for its material rewards but because of the nature of the job and the kind of skills it demands. **In addition** they want high rewards. Such rewards neither vitiate nor increase their skills, hence concern at, or faith in, the effect of rewards on professional competence is misplaced.

Sport and therapy are sometimes team activities, and this raises further comparisons. Unlike therapy, sport loves its flamboyant characters. 'Sevvy' Ballesteros and 'Hurricane' Higgins are the ones the crowd is rooting for. But golf and snooker are individual games. Team games do not have as many 'characters'. Therapists (social workers, for example) often operate in teams; there are many good reasons why the profession would not tolerate swash-buckling mavericks, however skilful, and, as with sport, the need for teamwork is one.

Of course, individual 'characters' often get nicknames, hence 'Sevvy' and 'Hurricane'. Nicknames though are not always a positive sign. 'Superbrat' McEnroe is a case in point. George Steiner argues that 'the cheat is far less hated or chastised than the spoilsport, the man who shatters the validity, the importance of the game'. The cheat breaks the rules of the game deceitfully; the spoilsport breaks its spirit openly. The cheat at least acknowledges the rules and can be punished; the spoilsport does not and cannot. And so with therapy. Practitioners and their clients have a gamelike interaction in that there is an unwritten order which provides stability and certainty. Processes like 'transference' and 'counter-transference' and attempts to undermine the interaction, like 'testing out', 'denial' and 'flight', are considered predictable, hence consistent with the idea of order. Now, 'manipulation' is the dirtiest word in the therapist's lexicon. The client who 'manipulates' is no other than a spoilsport; he breaks the spirit of the relationship, refuses to recognise the order. He deserves far less sympathy than the client who openly breaks society's rules or abandons the therapeutic relationship. The deviant recognises the game and the validity of its rules, but says it's not for him: the 'manipulator' wants to be part of the game, but on his own spoilsport terms and so deserves all the hostility he arouses in others.

How then do therapists succeed in their task? Mike Brearley, the England cricket captain, says that sportsmen fail when they cannot arouse aggression within themselves. Indeed, he suggests that cricketers sometimes allow themselves to get out because subconsciously they feel sorry for the bowler. Konrad Lorenz points out that what sportsmen require is not aggression per

se but **controlled** aggression. Whatever Muhammed Ali's histrionics outside the ring, he never lost his temper in it. Shot-putters, for their part, thrive on aggression and consciously build it up inside the dressing room. But when, at a championship meeting Geoff Capes was told, at that precise point, to put his competition number on his vest, he punched the official and was promptly disqualified.

Therapists do not, of course, base their work on aggression, but in their case look at 'emotion' and 'involvement'. How can therapeutic relationships succeed without them? Others in the 'caring professions' (such as doctors) can do their job simply as technicians (albeit in impoverished fashion), but not so therapists, for whom emotional energy is critical. Yet, as with sport, it is **controlled** emotion and involvement that is paramount. The therapist with either no emotional investment in a client or with uncontrolled emotional investment is a dead loss; the one who generates, invokes and utilises controlled emotion, combined (like the sportsmen) with technical skill, is the one most likely to succeed. Equally, therapists must feel concern for their clients, but as with batsmen, feeling sorry to the point of incapacitating empathy is 'out'. Lionel Tiger points out that the function of rules in sport is to neutralise, i.e. 'de-emotionalise' the relationship between the contestants. What is the 'professional relationship' in therapy if not a means of keeping the client - practitioner relationship 'neutral'. (That is why good therapy parallels good sportsmanship. In bad sport you do not respect your opponent; you have one objective only -to defeat him. With good sports' there is mutual respect, camaraderie even in defeat, satisfaction at simply having played together. Therapy attempts to uphold these values: the therapist who tries to 'kill' his client, even if unconsciously, is a bad sport.)

Games, of course, imply leisure, and leisure implies time to be filled. The question of time-filling raises further comparisons between therapy and sport. Why should a cricket match not be resolved by the bowling of a single ball in turn to each team? The whole business could be settled in five minutes. We have already seen that the outcome of a match is not everything. Now we must add an extra dimension to sport, that of **process**. The intricacies of interaction, the planning of strategy, the testing

each other out, the opportunity to employ different skills - these are as crucial to the game as the final rewards. Do not therapists take a similar approach to their work? It may be a bad thing - indeed, therapists are frequently criticised for not leaving well alone - to extend the caring, helping and growing process beyond the necessary, and one of the arts of therapy is to know when to blow the final whistle. But before that point is reached a process must be negotiated, in the absence of which therapy loses its 'true' nature. Storr speaks of play as 'exploration', an apt description surely of the practitioner-client relationship.

This links up with enjoying the uncertainty of outcome. Play, for Huizinga, is 'movement, change, attention, succession, association, separation'. This implies tension, but as Storr observes, human beings often do not go straight for the resolution of tension. On the contrary, they stimulate tension in order ultimately to enjoy its resolution more. The experience of tension is a necessary part of play - if all games were settled in sudden-death style there would be no tension to relieve. People play and watch sport in order to enjoy the tension as much as to see an outcome. In like fashion, therapy attracts individuals who find the development of tension-experience and the strategy of its resolution (aided by supervisors = coaches) intrinsically satisfying activities.

'Negotiating a process', 'developing a strategy', 'exploration' and the 'tension-experience' are challenges to creativity, challenges which social work and sport share. The sportsman who can devise new tactics or different styles, or who can improvise the brilliant, ad hoc manoeuvre is a good practitioner. When there is no demand for this, pleasure in the game is lost and the quality of skill deteriorates. James Hunt and Nikki Lauda both retired from motor racing because the constant repetition (nearly a hundred times) of the same circuit in the space of a couple of hours became psychologically intolerable. Tension can be resolved through creativity, hence its attraction; where repetition rules, tension becomes unbearable. Similarly, in therapy, interventions cannot be mechanical; the quality of interventions, and the therapist's satisfaction in them, depends, as in sport, on the capacity for creative adjustment, accommodation and 'ad hocery'.

It may be objected that, whereas sport is a spectator activity, an entertainment, therapy is generally a series of private relationships, the details of which are confidential. But that is to miss the nature of the sport. Good sport is meant to be an activity **in its own right**. When sport is played well as sport, **then** it is good entertainment; when it is **designed** as entertainment, then it is poor sport. Whatever ITV may say about their wrestling programmes, the sight of Giant Haystacks bouncing on Big Daddy's chest may be funny - sport it is not. On the other hand, when West Ham were once required to play an important European match without any spectators, that did not prevent them from turning in a first-rate performance. Similarly, therapists who do their job well gain respect from their superiors, peers and clients. The therapist who plays to the gallery has low status and probably does a poor job.

Clearly, there are many differences between sport and therapy. Their social functions do not parallel each other, especially where sport, as Huizinga has shown, becomes ritual (dressing up, for example) or where soccer, according to E.W. Hunt, becomes religion (players as 'gods', insignia as 'ikons', etc.) - although the function of the therapist as 'secular priest' cannot be ignored. In defining play some look to its opposite: seriousness (Huizinga), reality (Storr), or work (Erikson). For almost everybody, play is the opposite of purposeful activity; for de Grazia, if it has an ulterior purpose, then it is happiness (of the participants). For therapists such descriptions of their profession are anathema. Their endeavours are self-evidently work, and serious work too, and they do not see it simply as the pursuit of their own happiness - although the attraction of therapy as a growth experience for themselves cannot be ignored. Nor would their perception of therapy share Berger and Luckman's view of play as a 'commutation' between 'tenuous and ephemeral' reality and the 'paramount reality of everyday life'. Therapists are part of the 'everyday' world and grapple with its very real problems. Then too, most sport is physical and that implies an element of danger. The physical dangers faced, courted and experienced by sportsmen - to the unabashed thrill of the spectators, as witness response to the sight of flying skis and the sound of snapping bones down the Giant Slalom - has no counterpart in therapy.

These similarities and differences - between play, games and sport on the one hand, and therapy on the other - help to explain the ambivalent status of therapeutic work in our society. Sport has high status; why then, if there are so many parallels in the nature of their activities, do the "growth" professions not have equivalent status?

Because they are often associated with 'play' rather than with play's more 'serious' or 'adult' manifestations (sport) - even when therapy is an eminently serious and adult activity. Pringle describes play as an activity which enables the individual 'to learn about the world he lives in' and provides him with 'a means for learning about and resolving complex and often conflicting emotions'. Surely these functions of play apply equally to the nearest social services department or private therapist's room?

Storr observes that in play more energy is expended than is normally required, for example in mock fights as compared to real fights. This may well be the public's view of therapeutic activity; it is simply "a waste of time". Then, to those segments of the public sceptical of therapeutic work, the individuals and problems with which therapists typically deal are not, at least consciously, part of their (the critics') everyday lives; they are swept away from their 'construction of reality'. And what is not real is - play.

For David Riesman play is synonymous with autonomy and individuality (hence for him work can be play). Indeed our society prizes many instances of autonomy and individuality, but these are **self-made successes** (the Freddie Lakers of this world). Is it possible that where individuals seek **help** for greater autonomy, individuality and growth, others see this as a sign of **self-made failure**, so that a profession dedicated to promoting those values cannot attain prestige?

What social function sport serves depends on your viewpoint: it is relaxation, creativity, business, tension-relief, entertainment - take your pick. There's something in it for most people. Social work's or therapy's function though is not so clear. Erikson says that a distinguishing feature of play is that it does not produce

commodities. Assuming commodities to include non-material items, almost every social activity 'produces' something. What does therapy produce? 'Growth', 'autonomy' or 'self-awareness' are worthy, but vague and intangible 'products'. There is nothing wrong with an activity which is non-purposive and non-productive, or in which nothing at all is done (Erikson reminds us that children often describe their playtime as 'doing nothing'); but what is tolerable as children's play is less so as adults' occupation. In short, while the convergence between sport and therapy is striking, that also invokes in many people's minds the negative connotations of play - something frivolous, childish and non-utilitarian.

Therapeutic work, of whatever kind, has much in common with sport. It may well be that learning what makes the turnstiles click can help social workers, therapists, counsellors and others to understand better their own profession.

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