Development of Psychological Intervention Strategy

Santhosh A.M “A psychological intervention strategy to control debilitating factors in sport performance” Thesis. Department of Psychology, University of Calicut, 2005
Chapter 5

Development of Psychological Intervention Strategy
5.1 Objective

To develop a psychological intervention based on theatre techniques to control factors debilitating sport performance such as sport competition anxiety, attitude towards sport injury, and sport aggression.

5.2 The need for the development of a psychological intervention strategy

In search of the sport psychological interventions for managing debilitating factors, the investigator came across many a sport specific and general psychological strategies prevalent in the field. Regarding the recent developments in the field of emotion, intelligence and sport sciences along with the similarities between sport theatre, the investigator developed a new strategy to control the debilitating factors. While it is conceived, the peculiar nature of debilitating factors and the limitations of existing intervention strategies were taken into account. The continuing quest and experience in theatre has helped researcher to device the new strategy.
5.3 **Theatre as a medium of psychological intervention**

It is hardly possible to separate the healing aspect of theatre from the theatre proper. Of course, there were some deliberate attempts to use theatre for curative purposes as in the case of Psychodrama or Drama Therapy. In spite of the fact that we have an affluent theatrical culture, such experimentations are scarcely found in our community. The therapeutic potential of theatre has been widely accepted and is being used as remedial or developmental means in clinical, industrial, and educational settings.

Many writers have tried to figure out therapeutic use of drama upon many specific groups such as disturbed adolescence (Jennings and Gersie, 1987); people with mental handicap (Brudenell, 1987); elderly people (Langley, 1987); psychiatric patients (Mitchel, 1987; Whitelock, 1987) etc. An exploration of the therapeutic use of the theatre in alcoholics by the researcher proved an additional empirical support to the potential of theatre (Santhosh, et al., 2003). So the investigator decided to seek out the possibility of theatre in sport population and negotiated the idea with experts in the field of theatre, sport and psychology. All
of them were interested in the investigation and contributed their ideas about the subject.

The researcher's theatre experience as well as experience as a group therapist and the exploration of therapeutic uses of theatre for alcoholics helped to determine the required group characteristics including group size, participant costume, properties used; properties of the space used, and the duration and the schedule of the program.

5.3.1. Therapeutic use of theatre in ancient times

Dramatic ritual

Just as people have always participated in-groups, they have likewise always been engaged in theatre to a greater or lesser extent. As far back as we can go in recorded history – and even earlier to the cave paintings in France, which depict masked dancers – we know that people participated in some kind of dramatic ritual. Dramatic rituals have always enabled people to celebrate, heal, worship, to influence events, and to mediate between gods and mortals. Ritual drama has, even in the 21st century, an important role in the affairs of Indian society, it is belief, healing and worship in an integrated form. Drama has a
unifying quality where by the norms and values of the society are expressed within a context of heightened awareness and sensory experience.

**Greek drama**

Contrasting forms of dramatic expression in theatre have a more recent past but still can trace a history of 25,000 years from the classical theatre of ancient Greece. Aristotle used the term 'catharsis' to express the peculiar effect of the Greek drama upon its spectators. In his poetics, he maintains that drama tends to purify the spectators by artistically exciting certain emotions, which act as a kind of relief from their own selfish passions.

**Ancient Indian theatre**

The therapeutic potential of drama was not unfamiliar to our ancestors. For instance, in his work, *Natyasasthra*, Bharatha says that in the *krita age* the society was perfectly harmonious and happy. It was in the *Treta age* the society become divided by passion and greed and people become deluded by envy and anger and so were subject to joy and sorrow. As a result drama came into being. Drama it is said, would produce solace for the
unfortunate persons who are afflicted by unhappiness, weariness and grief (Kuppuswamy, 1990).

5.3.2. Theatre as a medium of psychotherapeutic intervention in modern times

Though the curative usage of drama has been recognized centuries back, it is only the last century that drama was scientifically developed as a systematic form of psychotherapy. There is at least two approaches currently being practiced to squeeze the healing effect of theatre – psychodrama and drama therapy. Whether it is psychodrama or drama therapy, both approaches evolved relatively straightforward use of drama as source of creative self expression into more deliberate and ambitious attempts to facilitate social learning and even to resolve deep seated emotional conflicts.

Drama therapy is a form of direct work with children and adults through the medium of theatre art, which means the entire range of methods, and structures that belong to what we conventionally call “drama and theatre” (Jennings, 1996). Psychodrama can be considered as any psychotherapy in which patients act out matters related to their problems in the form of
improvisational drama, usually with others who represent significant persons (Sacks, 1993).

**Drama therapy**

Drama therapy grew up in Britain in the 1960s and 1970s. Pioneers in the field included Sue Jennings, whose own background of social anthropology and group analysis has had an obvious influence on its character. It began with remedial drama, as much in the sphere of education as in the health professions. Games, exercise to body awareness, non-verbal communication, the use of masks and puppets, creative fantasy work, dance, music, painting, story telling, mime, and role playing all came to be included in the repertoire of remedial drama. Then remedial drama developed into drama therapy, a change of name, which indicated among other things the growing confidence of the movement and accompanied a gradual shift into more specifically psychotherapeutic areas. Drama therapy seems to have followed a parallel evolution to that of psychodrama from a general attempt to encourage spontaneity and creativity to a more intensively structured and carefully controlled system for exploring and
solving important emotional issues through personalized dramatic action (Davies, 1987).

Gennings (1987), a consultant drama therapist, introduces her book stating that "drama and play have been used for many years by professionals of several disciplines as part of remedial education and therapeutic intervention". However, there has hitherto little literature to support this work. Drama therapy is no longer seen just as a collection of techniques, but as a process which can have a place along side already established modes of therapeutic practice.

**Psychodrama**

The discovery of the aspects of sub conscious, through spontaneous dramatic situations have been developed by Dr. J.L. Moreno in an approach to therapy which he calls 'psychodrama'. In his own words 'there were in 1914 in Vienna two antithesis to psychoanalysis; the one was the rebellion of the suppressed group versus the individual; it was the first step beyond psychoanalysis, 'group psychotherapy' The other was the rebellion of the suppressed actor against the world. This was the second step beyond psychoanalysis, the psychodrama.
Commenting on the effectiveness of psychodrama Karp (1996) quotes two studies by Yalom in 1975 and Kellerman in 1992. Yalom, after reviewing a large body of literature published on therapeutic factors in group psychotherapy, found that interpersonal learning together with catharsis, cohesiveness, and insight were the factors most valued by subjects. Kellerman has reported in two studies that insight, catharsis and interpersonal relations are therapeutic factors central to psycho dramatic group psychotherapy. Karp (1996) reports that psychodrama may be helpful to a wide variety of people, cutting across categories, individual and social problem areas, and a spectrum of behavioral disorders.

5.3.3. Some misconceptions

Jennings (1996) tries to clarify certain popular misconceptions about drama therapy and indeed about theatre itself as follows:

a) Drama is ‘only’ acting: the issue here is the pejorative association with the emphasis in ‘only’ as if it is unimportant. What is crucial is that it is only acting, otherwise we would be very confused. The dramatic imagination necessary in this acting
process means that we can hypothesize about how life might be in the future and whether or not our perception of it can change from that of the past.

**b) Drama is life:** Drama is about life but that is not the same as saying that drama is life. What is important is that drama and theatre enable us to establish a distance from every day life so that we can see it in new and unexpected ways. For most of our lives, we are too close to events to be able to take them in all at once.

**c) Drama therapy encourages fantasy:** and the subtext of this statement is that fantasy is dangerous! Drama therapy establishes ‘dramatic reality’ as being a separate space from ‘every day reality’. The space of dramatic reality allows for imagery, metaphor, risk-taking and experiment. It is within this space that we can challenge and be challenged in new and creative ways. Fantasy occurs in all our realities and should not be confused with the developed use of our imagination.

**d) Drama therapy is role play:** indeed, role play, one of the methods that drama therapists may use in their practice, is also used by other professions- family therapists, psychologists and
counselors themselves. Some of the more widely used techniques include Soliloquy, Double, Role rehearsal, Mirror technique, Behind the back, Magic shop (Schaffer and Galisky; 1974), Role rehearsal and Key experience.

5.3.4. An exploration in to the theoretical back ground

Freudian catharsis is the release of tension and anxieties by reliving and unburdening that traumatic incidence which in the past, were originally associated with the repression of emotions. Catharsis is often found to have therapeutic value because after pent-up feelings and ideas are released, they are often viewed more realistically by the individual. Dramatic activities give room for catharsis.

As Moreno explains therapeutic controlled acting out goes one-step further the traditional free-association method. The client is not only allowed to reveal his feelings as catharsis but also he can act his hidden thought and strivings.

According to Stanislavski, the first to establish a systematic actor training method, through the rehearsals the actor develops a conditioned response in which his emotion is evoked through the stage stimulus (Moore, 1984). So that it is reasonable to infer that
through the medium of theater learning principles can be used for emotional management.

*Bioinformational theory* argues that there are certain physiological mechanisms which help the individual to generate or to change emotional experience corresponding to the changes in emotional expressions. Of course theater is concerned with emotional expressions.

In his book *performance theory* Schechner (1988) tries to explore the relationship between theatre and sport. Sport and theatre share several basic qualities as follow.

*A special ordering of time*

Clock time is a mono-directional, linear-yet-cyclical, uniform measurement and adapted from day-night and seasonal rhythms. In the performance activities (sport or theatre), however time is adapted to the event, therefore susceptible to numerous variations and creative distortions. The major varieties of performance time are:
a) event time, when the activity itself has a set sequence and all the steps of that sequence must be completed no matter how long (or short) the elapsed clock time.

b) set time, where an arbitrary time pattern is imposed on events— they begin and end at certain moments whether or not they have been 'completed'. For example in games like football and basketball, structured on 'how many' or 'how much' one can do in a prescribed time period.

c. symbolic time, when the span of the activity represents another (longer or shorter) span of clock time. Or time is considered differently. Once action is framed as 'as performance' spectators read meanings into whatever they witnessed.

A special values attached to objects

In every day life, objects are valued for their practical use, scarcity, and beauty. In performance activities, all objects have a market value much less than the value assigned to the objects within the context of the activity.
Non-productivity in terms of goods

The separation of performance activities from productive work is a most interesting and unifying factor of sport and theatre. A theatre or sport performance might be called a free activity quite consciously outside 'ordinary life' as being 'not serious', but at the same time absorbing the performer intensively.

Rules

Performance activities including theatre and sport are traditional in most basic sense. Special rules exists are formulated and persist because these activities are something 'apart from every day life'.

Special spaces for performance

The spaces for theatre and sport performances are uniquely organized so that a large group can watch small group-and become aware of itself at the same time. Great stadiums and theaters are situated in population centers. Unlike office, industrial, or home spaces they are used on an occasional rather than steady bases.
Lowe (1977) summarizes a discussion on 'the beauty of sport' as the dynamics of sport are more akin to the dynamics of theater or dance, the subtle difference appearing in the exploration of the absolutes of strength, endurance, speed, and similar extremes of man's physical potential (typically applied to a value structure founded in competition).

Finally it may be added that the pleasure aspect inherent in sport and theatre makes to denote both of these forms of performance as 'play'.

**Sport as an aesthetic activity**

Every physical activity has an aesthetic sense. Sport is performance oriented activity. It is spontaneous, joyful and creative in which man finds his aesthetic expression. As every art is beautiful, sport being an artistic exposition is without doubt beautiful so that one finds aesthetic sense in it. Aesthetic sense in every skill helps to exhibit high performance which is a challengeable task in sports. This type of skillful exposition along with top performance attracts the spectators who find pleasure in them.
Pleasure is basically a quality of our psychological sphere, for example, a six run scored by Sachin Tendulkar in cricket looks more glamorous because he does it so smoothly gracefully and effortlessly. The healthy mind leads to achieve an excellent level of performance in attributing complete happiness. Such state is acquired through unity of movements consisting of expression, form, gracefulness, dynamism, style, effortless, novelty, plasticity, and harmony. The aesthetic ability is measured in terms of exposition of one’s skill; pleasure obtained out of it, and exhibition of performance. For such aesthetic ability some sports personalities are remembered forever eg. Nadia for Gymnastics, Dhyanchand for Hockey, Maradonna for football, Stephy Graph for tennis and so on.

A sportsman learns different skills of particular sport, but while executing them he adds some of his own characteristic features and creativity, which makes the skills unique with aesthetic sense. Aesthetic skills can be viewed in different types of sports, viz., somersault and synchronized swim in swimming, skills in gymnastics, flight and landing in jumping events, in athletics etc.
Thus, all sports and related skills have aesthetic value in securing high performance. The factors of aesthetic values are intelligence, imagination, self-scholarness, creativity, etc.

5.3.5. Review of related studies

Young children's ability to move divergently was defined as their capacity to create and perform different fundamental movement patterns. Children's efforts to produce these patterns as responses to movement problems or tasks, involve aspects of both critical thinking and motor creativity.

The criterion measures of motor creativity are motor fluency, motor flexibility and originality. Fluency is a dimension of divergent movement since subjects are asked to execute as many movement responses as possible. The second dimension of divergent movement is flexibility since each movement response has to be different from any previous motor response. Originality has been defined as statistical rareness or uniqueness of a motor response in comparison to the population sample.

Zachopoulou and Trevlas's (2001) study was designed to provide data about the relation between the quantitative characteristics of creative thinking in early young children. Motor
creativity has been defined as the combination of perceptions into new and fresh motor patterns, which can be either a solution to a pre-established problem or the expression of an idea or emotion by means of the human body. The results of the study showed that the children, who executed many motor responses, had high flexibility in thematic changes. The relation between motor fluency and motor flexibility indicates the relation between the quantity and the quality in the process of idea production. In addition, the children who produced a large number of movement responses presented a high rate of originality in these responses. Children's efforts to produce these patterns as responses to movement problems or tasks, involve aspects of both critical thinking and creative thinking.

The efficacy of training in enhancing the imagination of children was studied by Narayanan (1994). The importance of imagination and its relationship with academic achievement and creativity was also explored. Imagination can be enriched by training. By creating an atmosphere of free will and spontaneity were the individual can experience and guide imagination. Imagination, creativity, and academic achievement are positively correlated

Module 169
Although play therapy has been well known and widely practiced, therapeutic use of sports is a field whose potential has barely been tapped. The therapeutic use of sports is particularly suitable for prevention of many factors for risk-children, because it offers support or containment of child or parents and at the same time does not disempower them. Also, it provides valuable medium for intervention for children with minor social and emotional problems and even for physically challenged children (Lee, 2001).

Dutta and Oberoi (2002) explored the utility of non-directive play therapy with two emotionally disturbed children. Twenty-five non-directive play sessions comprised the therapy program along with two reflective parent-counseling sessions. The results were analyzed both qualitatively and quantitatively, which revealed the efficacy of the therapeutic program in Indian setting.

Music has been acknowledged as an emotional science as it sets up a certain vibration resulting in a physical reaction. For every person there is a specific vibration that affects him. Each and every person feels engrossed and lost in music as per his feelings. Emotions, thoughts or moods and finds an opportunity to
express oneself. This outlet of oneself is catharsis. Music, being so effective, must have therapeutic value too. One study attempted to determine therapeutic value of music in case of hyper-anxiety. All the subjects having higher levels of anxiety were exposed to music, based on ragas ‘Mushrapilu’, ‘Bahar Bihag’, ‘Darbari, and ‘Shudb Kalyan’ for 45 minutes daily for two weeks. The level of anxiety of all the subjects was again measured after exposure to music for two weeks. For significance of difference between anxiety scored under these two conditions, t-ratio was calculated which was 10.68 and significant at 0.01 level. The result exhibits the role of music as positive in reducing the level of anxiety (Lata and Dwivedi, 2001).

Since an intervention strategy based on theatre techniques necessarily requires the ‘active participation’ of the participants, it is interesting to examine the psychological make up of professional actors. A study by Raychaudhary (1995) views and analyses actors from a psychological viewpoints and tries to establish the psychological make up of a group of Bengali actors. The sample consisted of twenty-five male actors actively and currently working in the field of theatre arts in Calcutta. Actors have been compared with individuals without having any acting
interests. Catell’s Sixteen Personality Factors (16PF) Questionnaire was used to assess personality. Results demonstrated actors to be significantly different than non-actors in certain personality factors. Qualitative data obtained from the interviews revealed that the actors’ societal and interpersonal modes of interaction together with occasional admission of particular conflicts and anxieties. In final analysis, it may be commented that the Bengali actor’s personality dimension differ from his Western counterpart to a large extent which arguably is patterned by socio-cultural origin and upbringing.

Since it is found that logical links exist among sport, theatre and psychotherapy, an exploration to the psychotherapeutic use of theatre in sport seems to be rational.

5.4 The Module

The present module is the result of:

(A) Field observation: observation of theatre activities including oriental and western training methods, different directive styles, and various effects of theatre on its spectators.

(B) Interview with experts in the field of theatre and psychology.
**With some of the theatre experts**

According to Dr. C. Gopan, Reader, Ancient Indian theatre, Sree Sankaracharya University of Sanskrit, Kalady, there is a plethora of opportunity to experiment actor training methods for controlling debilitating factors in sport performance. Since theatre and sport share, many a characteristics, which can be tapped for a therapeutic purpose. He explained the distinction between oriental and western actor training methods and its psychological relevance. Stanislaviski's system (Moore, 1984) being a western origin had been helpful in devising the new intervention programme.

Dr. Ramachandran Mokeri, Assistant Director, School of Drama, Thrissur, is having the opinion that the audience may have a therapeutic experience while viewing a theater performance, but the experience of the actor himself is somewhat different and that could be elicited from the target group. Dr. Mokeri himself as an actor has experiences of the therapeutic experimentation with juvenile delinquents.

Advocate Jayaprakesh Kulur, a Calicut based dramatists who has brought about a paradigm shift in the theater
performance and his ‘Kulurian Theatre’ is a hallmark of making use of psychological aspect in theatre in refereed by other experts in the field. The investigator has undergone the nuances of Kulur’s own actor training methods that has greatly helped in devising a new model. In his own words “theatre itself is therapeutic”.

(C) Field experiments: In an experiment on alcohol dependent individuals confirmed the potential of the theatre intervention. The results were analyzed both qualitatively and quantitatively. Significant difference at 0.01 levels was observed between the pre and post self-esteem assessment. A sociometric analysis also showed difference between the group structures before and after intervention.

5.4.1. Key concepts of the intervention strategy

As far as theatre is concerned its therapeutic aspects essentially constitute the creative use of its potential toward a specific end. Some of the inherent potentials theatre possesses are given below.

**Roles** - Can be used for developing empathy, which is the foundation of social skills. It can also be utilized for learning desired behavioral patterns. The subjectivity of one’s ego can be
understood easily by role enactment which is essential for problem solving and insight into social relations.

**Catharsis** - In one way or another, a theatrical situation presents unique and non-threatening means for purging pent-up emotions for the participants. A controlled environment of theatre can be brilliantly used for ventilating the unwanted pressure one individual has developed.

**Spontaneity/Creativity** - Spontaneous and discriminate reactions of an individual towards the physical and social stimuli mark the adaptability. The inevitable spontaneity for a healthy interaction can be boosted by theatrical activities. Moreover, creative solutions for complex human problems are sought out through the medium of theatre.

**Socialization** - Being a group activity, theatre involvement facilitates certain social skills like co-operation, mutual respect and altogether the joy of social living.

**Here and now** - Even if one is re-playing a situation that in reality is quite similar to an actual situation that occurred in the past, or rehearsing a situation that one anticipates might occur in the future, the here and now emphasis is predominated, since
what is important is the spontaneous experience in the moment, and dealing with current feelings and emotional reactions. It stresses on the importance of experiencing the present, in the moment, in the “here and now”. The emphasis is always on the learning that comes from the reality of present experience and one’s reaction to it, as opposed to verbal rehearsing of past events or buried feelings.

5.4.2. Guidelines for group composition and environment

Following are some of the aspects to be considered, particularly when the prescribed model is used.

1) Exclusion criteria

The model is designed for the adult population. Individuals with severe physical or mental handicaps shall be excluded from the group.

2) Group characteristics

a) Homogeneity – As the homogeneity of the group influence the group process, reasonable criteria for the homogeneity among group members is stressed. Such as a common problem, age group, etc.
b) Group size - The minimum number of the participants for the group effect is seemed to be 4, and a maximum of 15. The ideal number would be 8. The usage of this model for individual session is discouraged.

c) Costume – Loose dresses providing free movement of the body is preferred. Homogeneity in dressing may be maintained as far as possible.

3) Environment

a) Open or roofed space (e.g. hall) may be used. The space should be devoid of visual or auditory distractions.

b) The floor should be neat providing the free movement of the participants.

5.4.3. The role of the therapist/psychologist

The therapist in the group:

1) Facilitates the group interaction by helping to establish an atmosphere that is open and accepting.

2) Ensures the involvement of all the participants in the intervention.
3) Analyze the process for appropriate modifications.

4) Points out the needed modifications in a friendly manner at each and every steps of the programme.

5) Interprets the group process when required.

6) Plays an active role to bring about the desired outcome of the intervention.

Creative therapist does not, of course, slavishly reproduce the techniques of their teachers. The experimenter often imitates, elaborates or reinvents what others have used previously in different contexts. So that the style or approach may vary according to the interest of the practitioner. Nevertheless, it is necessary to have a framework for maximizing the outcome. Following is such a skeleton for using theatrical techniques for curative purposes in sport.

5.4.4. A module for using theatre as an intervention in sport

Stage-1: Preparation and planning

Step-1: Assess the abilities and needs

The practitioner/ therapist assesses the abilities and needs of the group. It can be done by standardized psychological
inventories, interviews, and observations or by other professional assessment records.

**Step-2: Specify the goal of the program**

After assessing the needs, the goal of the intervention using theatre techniques is specified. There may be one goal or even more than two goals at a time.

**Step-3: Plan problem specific strategies**

According to the goal the therapist devises specific goal-attainment strategies. He/ she may adopt a formerly used techniques he may invent new strategies intuitively.

**Stage-2: Education**

**Step-1: Educate the beneficiaries about the program**

It is almost impossible to have a group of beneficiaries who completely devoid of doubts. The participants' confidence about the outcome of the program influences not only the efficacy of the program but also the whole process. So, much attention should be given to convince the importance of the program.
Step-2: Schedule Sessions

Sessions are then scheduled according the convenience of the participants and the therapist. The duration and number of sessions may vary according to the nature of the problem and the strategy implemented. The duration of one session may range from a minutes to several hours.

Stage 3: Intervention

The intervention includes 8 distinctive but interrelated steps. Each step has its own functions to be accomplished. So that the sequence of the steps should be maintained for the total effect. According to the goal of the intervention program, the step-7 changes, All the other 3 main stages and steps are kept intact. Step-7 is the point at which the therapist implement the problem specific technique as he planned earlier in the stage-1 i.e. preparation and planning. For a better understanding the 'key experience method', for instance, is used in this model. The key experience is used mainly as a relaxation method.

Step-1: Tuning

Each session starts with tuning. Tuning is a process similar to the tuning of a musical instrument, sitar for example, before
playing it is tuned for a desired effect. Participants having various thoughts and affective states should undergo this process for making them tuned for the intervention. Even singing a song, different rhythms altogether may serve the purpose.

**Step-2: Arousal inducing**

As the participants are initially not active, they need to be alert and vigorous. Any arousal inducing technique, like simple exercise, is adequate.

**Step-3: Making the group suggestive**

The following steps need active involvement of the group members. It cannot be achieved by simply asking to be involved. For yielding involvement the participants should be suggestive. It is attained through simple sensitization procedures working through various sensory modalities.

**Step-4: Cohesion improvement**

As it is need for the group work; group cohesion is improved by certain goal specific activities.
**Step-5: Improvisations**

A truly theatre technique, is the means of free expression, make the participants affluent in their thinking and creative in expression. The themes for improvisation are related to the aim of the intervention program.

**Step-6: Problem acting out**

Each participant is encouraged to act out his real problem. The person in question can make use of other participants to play auxiliary roles.

**Step-7: Key experience acting in**

The problem is replaced by key experience. While the problem state is undesirable, the key-experience is desirable. So that the key-experience is practiced in this step.

Application of key experience- the individual acts his problem state, makes a pause, implement key-experience as he has to do in real life.

**Step-8: Exit**

As the session starts with a formal technique of tuning, the winding up of the session is also formalized. This step helps the
participants to be aware of their exits from therapeutic experience and subsequent entrance into their day-today life with a new perspective.

**Step-9: Evaluation and follow-up**

The effectiveness of the program is evaluated by the participants with the help of therapist. A proper modification of the program for enhancing the effectiveness is also determined in this step if it is necessary.

The number of sessions is determined in accordance with the objectives of intervention, nature of the technique being used and the feedback from the participants.

**5.5 Epilogue**

The present module was prepared keeping an objective to be used for sport interventions. Being a creative therapy the creativity of the therapist is solicited for maximizing the output rather than a blind imitation.