Sport Psychiatry

Sport Psychiatry: Theory and Practice, edited by Daniel Begel and Robert W. Burton, 276 pp, $40, ISBN 0-393-70295-2, New York, NY, WW Norton, 1999.

SPORT HAS BEEN KNOWN TO MIRROR THE game of life. Many of the early sports, such as the martial arts, served both as amusement and for developing physical skills needed in combat. For example, the Brazilian martial art form Capoeira (from the Bantu word *kapwera,* which means to fight) combines acrobatics, gymnastics, music, theatre, dance, and philosophy. Capoeira[1] was founded by African slaves in Brazil who needed a means of self-defense against the oppressive slave masters. The slaves disguised their sport with music and rhythm so that their masters would not realize that they were actually refining their fighting skills. Today the players of capoeira display an improvised graceful flow of attacks and defenses, look like an endless sequence of kicks, cartwheels, flips, and foot sweeps. The style and speed of the action is determined by the rhythm of the music.

The importance of sport to biopsychosocial development in the human life cycle is a topic of frequent discussion. The use of sport to channel the expression of aggressive instincts (sublimation) has been described by Vaillant[2] and others and is regarded as a healthy mature adaptation to life.

Within the last decade, the study of sport psychiatry has emerged with the formation of The International Society for Sport Psychiatry headed by Daniel Begel. Interest in a psychiatric perspective on sport has increased as we have learned more about the mind and its relationship to the body during physical activity and competition.

The American Academy of Child and Adolescent Psychiatry recently established a formal sport psychiatry committee whose chair, Ian Tofler, edited a notable volume of papers on psychiatric issues in youth sports.[3] In Tofler's text, the therapeutic value of sport was emphasized. For example, involvement in athletics may contribute to the development of self-esteem, a sense of competence, and self-concept. Participation in sports often teaches children cooperation, social skills, and a respect for rules. Exercise and formal sports programs such as the Special Olympics are associated with improved physical fitness, reduced maladaptive behaviors, and a host of positive psychosocial effects in both children and adults with developmental disabilities.

Editors Daniel Begel and Robert Burton now provide us with the first (to my knowledge) standard textbook of sport psychiatry. *Sport Psychiatry: Theory and Practice* has 13 chapters in three parts. In part 1, "The Biopsychosocial Matrix," the psychological development of the athlete, the effects of neurochemicals on the mind and body during performance, and the athlete's role in society are all discussed. Part 2, "Clinical Issues," reviews important issues in youth sports, substance abuse, and a variety of mental illnesses seen in athletes. In part 3, "Therapeutics," treatment modalities such as psychotherapy, family therapy, psychopharmacology, and psychiatric consultation to athletic teams, are covered.

Begel is regarded by many as the father of modern sport psychiatry, and his psychodynamic understanding of the athlete, as explained in the book, is unparalleled. He outlines a model of athletic development and suggests that at each stage of early life the athlete adds some essential ingredient to his or her developing consciousness. Begel's stages of athletic development are intimately linked to the psychosocial and cognitive stages of development put forth by Freud, Piaget, and Erikson. However, Begel is at his best when describing his postulation of a universal athletic instinct in the human psyche, "some sort of x-factor that drives the whole process." This factor has an existence of its own, independent of talent, opportunity, or upbringing, and is a major source of the love of sports.

From a developmental perspective, Robert Burton discusses a number of disorders seen in athletes (depression, anxiety disorders, eating disorders, adjustment disorders, attention deficit disorders, posttraumatic stress disorder following an injury, and substance abuse, to name a few). Burton also describes behavior he calls "athletica nervosa" in athletes who overtrain and become psychologically dependent on exercise as their preferred coping mechanism. These athletes lose objectivity about their bodies and their behavior and as a result develop medical complications. Burton describes the dual nature of sports:

> The clinical reality is that sports cut both ways. They can be training grounds for life's important lessons, where skills can be learned and developmental tasks can be accomplished. They can be detrimental and destructive, depending largely on how authorities presiding over them—from parents and coaches to governing bodies—carry out their responsibilities.

Burton is keenly aware of and outlines many of the forces keeping an athlete from getting adequate treatment.

Writing on an evolving field of clinical study, the eight contributors to this volume struggle with the absence of empirical studies. Nevertheless, Antonia Baum's discussion of psychopharmacology in the athlete is well worth reading. Baum surveyed members of the International Society for Sport Psychiatry on their prescribing practices for athletes. She reports on her findings and ends with an agenda for future research.

Other highlights include Murray Allen's comprehensive and well-written review of endorphin activity during training and competition.

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Ronald Kamm's discourse on the psychiatric assessment of the athlete is superb and will likely serve as the gold standard for curriculums. The book also provides an excellent review of the sociological issues confronting elite athletes and the public's "intense and narcissistic" attachment to them. Racial and gender issues are explored from a historical context.

The text is well written and easy to read. The authors include several vignettes to emphasize key points. The chapters are well referenced and comprehensive. *Sport Psychiatry* should serve as a useful guide for future investigators and professionals working with athletes.

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1. Almeida B. *Capoeira: A Brazilian Art Form*. Berkeley, Calif: North Atlantic Books; 1986.
2. Vaillant G. *Adaptation to Life*. Boston, Mass: Little, Brown & Co; 1977.
3. Tofler I, ed. *Sport Psychiatry.* Philadelphia, Pa: WB Saunders Co; 1998. *Child and Adolescent Psychiatric Clinics of North America,* vol 7, No. 4.

Health System Ethics

Health Care and the Ethics of Encounter: A Jewish Discussion of Social Justice, by Laurie Zoloth, 336 pp, $45, ISBN 0-8078-2418-6, Chapel Hill, NC, University of North Carolina Press, 1999.

FOR AN AMERICAN LIVING ABROAD DURing the late 1980s and the 1990s as I was, watching the American health care system disassemble was like watching a brand new Cadillac start to roll slowly, heavily down the mountain. First, a moment of horrified panic as you realize the car is rolling. Next, a bit of guilty pleasure: it is, after all, someone else's Cadillac, and few delights compare to watching another person's expensive, self-indulgent luxury item being smashed to pieces on the rocks. Finally, another reversal: the doomed realization that this heavy machine is not going to come to a stop before it does some damage to innocent people. It has acquired a momentum of its own, and all you can do is watch its slow descent, hoping that no one gets hurt.

Now that I am back in the United States, this metaphor seems terribly misguided. For one thing, it is not someone else's car. For another, it is definitely not a Cadillac. It is a poor man's vehicle—a beat-up Volkswagen, or maybe an aging city bus. The Cadillacs, meanwhile, have only gotten bigger and faster and more luxurious. As health care reform has failed, the poor have moved out of the public eye, the numbers of uninsured Americans have swelled, and corporate medicine has flourished in a way I had never imagined. When I moved back to the United States in 1997, I returned to a country where hospitals were trolling for patients with magazine ads and roadside billboards, family doctors were setting up practices in shopping malls, the American Medical Association was considering product endorsements, and managed care organizations were gobbling up everything in sight. US health care is now synonymous with big business, and it is a very profitable business indeed. These days it is possible, as Laurie Zoloth reminds us, for the chief executive officer of a managed care organization to complain that his annual remuneration of $8.8 million is too little, because he and others like him have, after all, "saved health care."

Writing about the care of the poor can be a frustrating task. Readers on the political right simply ignore you, and those on the left usually agree with your conclusions before you have even started your argument, so that not only are you preaching to the converted, you may well be preaching them a sermon of such sophistication and intricacy that you risk putting them to sleep. The difficult task is to win over those readers whose minds are not already made up. It is a task suited only to the most talented of writers, and fortunately for those of us who sit with her on the left, Laurie Zoloth is as talented as they come. *Health Care and the Ethics of Encounter*—a prosaic title for a beautifully poetic book—is a project with the ambitious aim of developing an alternative vocabulary with which to discuss justice in US health care. It will surprise no one who is familiar with Zoloth's work to hear that she succeeds brilliantly.

The problem facing Zoloth goes something like this. If a wealthy American is not prepared to make even the smallest sacrifice for the sake of another American who is sick, how do you change his or her mind? In fact, how do you change anyone's mind if the moral deck is stacked against you from the start—that is, if the very vocabulary you are expected to use is all about personal liberty, self-fulfillment, and property rights? These are not mere words. They are values entrenched in the culture itself, values that Americans are brought up to believe in and which continue to move them deeply. Liberty and the pursuit of happiness, however, do not do much for the poor.

Zoloth does not simply try to show us what is deficient in the old vocabulary but goes on to point the way toward a new one. She develops her "ethics of encounter" through Jewish sources, the philosophy of Emmanuel Levinas, contemporary feminist thought, and, finally, a lovingly careful reading of the Book of Ruth. Politically, she finds hope in the kind of small-group encounters that characterized the emerging feminist movement in the late 1960s and 1970s and the community discussions that motivated the Oregon health care reform movement. As for current health care reform, Zoloth finds cause for optimism in many hospital ethics committees. A clinician herself, she never strays too far from clinical practice. Her guiding metaphor is the personal encounter with the poor and the dispossessed: the orphan, the widow, the stranger at the gate, the traveler on the road.

To call Laurie Zoloth a postmodern Jewish feminist philosopher, as I am tempted to do, would probably be to discourage, with a single stroke, large numbers of people who otherwise might have been tempted to read her book—that is, everyone who sees feminism as something for women, Jewish theology as something for Jews, and postmodernism as something for academics with nothing better to do. But fear not, clinician readers. Zoloth has written a book