CHAPTER - V

DISCUSSION

Athletes Aggression in Sport

The relationship between sport and aggression has been studied extensively for decades, yet investigators still have only an incomplete understanding of the link between the two. That there is a link seems certain, and researchers in various disciplines continue trying to refine their understanding of it in ways that will illuminate both sport and society. In the first half of the 20th century, many psychologists assumed that participation in sports might allow individuals to vent their aggressive tendencies. Generally, these assumptions arose from the view that aggression is an internal drive based on frustration and/or instinct.

However, more recent research shows the opposite-participation in sports is likely to increase an individual's aggression. Sport psychologists distinguish between hostile and instrumental aggression. The primary purpose of hostile aggression is to inflict physical or psychological injury on another; the main aim of instrumental aggression is to attain an approved goal, such as
winning a game. These two forms of aggression can be distinguished clearly in most sport situations, although not necessarily in extreme contact sports such as boxing and ice hockey. Recent research suggests that instrumental aggression in sport may spill over into hostile aggression outside of sport, for example, male athletes involved in sexual assault against women.

Historically, some argued that sport developed as a constraint on aggression, or at least as a means to channel aggression into culturally acceptable forms. Others have contended that sports do not necessarily increase aggression, but rather reflect and enhance the dominant values and attitudes of the broader culture. Yet another school of thought has proposed that sport creates a separate moral sphere, distinct from the real world, in which the goal of winning is more important than the rules of the game. Others consider that when athletes are overly aggressive; they are overconforming to what they see as acceptable within the sport.

Display of machismo, playing with pain, or intentionally injuring an opponent may be "grounded in athletes' uncritical acceptance of and commitment to what they have been told by important people in their lives ever since they began participating in competitive programs. Where winning is valued above all else, athletes may use
aggression to show their total commitment to sport or to winning in sport.

Aggression and the Individual Individuals who participate in sports seem to exhibit higher levels of aggression than those who do not. However, this may be because sports attract people who are naturally more aggressive than nonathletes. Some sports are more likely to be associated with violence and inappropriate aggression. When provoked, for example, participants in contact sports reveal much higher levels of aggression than those in noncontact sports. Research also shows that aggression may give players an edge when used early in a contest, or they may show aggression if they fail in the sport. Other factors also influence aggression during sports events. For example, the presence of officials in organized sports increases the number of fouls since the athletes assume it is the referees' job to control inappropriate aggression.

Youth, The Self, and the Failure of Contemporary Sport

Prefacing a discussion of youth sport participation by claiming that "there simply is no magic age beyond which participation in youth sport programs can be delayed so as to guarantee that such [problematic] outcomes will not occur," (81) University of Washington in Seattle psychologist Michael Passer asks rhetorically
whether or not we allow our children to participate in sport too early on in their development. He then goes on to develop a register of what he feels are the perceived risks intrinsic to participation in youth sport, including:

- The potential suffering of one's self-perception of physical confidence
- The onset of long- and short-term competitive anxiety
- Decreasing popularity with teammates and peers due to poor performance
- The possibility for psychic bruising (said to effect one's ability to assimilate into sport at an older age)
- A perceived general decrease in self-esteem levels (81-83)

This type of precautionary-based breakdown is an increasingly widespread component of contemporary treatments of youth sport, treatments which typically present competition as fraught with at best inconsistencies and, in all likelihood, hidden hazards. Even those in support of the maintenance of some form of youth sport draw heavily upon the psychosocial ramifications rather any other array of perceived benefits in this debate. For example, in an article posted on the American Psychological Association web page entitled "Sports Lift Esteem in Young Athletes," Maureen Weiss of the University of Oregon throws her support over to school sport because "[p]hysical
activity and sports have tremendous potential to enhance children’s self-esteem and motivation” while Ronald Jezierski, a physical education specialist in the Santa Clara (CA) School District drawing liberally on older traditions, endorses sport based on a more utilitarian concern that maintains that youth participation in sport is acceptable insomuch as participation can equate to higher grades and better and more manageable behavior (1-15). And Tara K. Scanlon of UCLA reminds in that same APA report that though sport can serve as an achievement arena for youth:

[W]e need to show that what they have learned on the field applies in other areas of life. Learning how to work with peers and adults and the joy of mastering skills are just a few things that can be learned in that environment if it’s done right.

In this respect even those who maintain a positive outlook toward some aspect of the traditional competitive model for child actors seem skeptical unless the requisite esteem and character issues are structurally upheld. Still, there remain much less accepting discussants whose disdain for sport centers on what they deem to be the more dehumanizing, anti-human effects sport has on individual development.
In exploring the development of sport relative to school and mass culture around the turn-of-the 20th century, education historian Joel Spring was moved to note:

While athletics was promoted as a cure to technological society, that very society turned it into a commercial enterprise. Athletics became big business. The naïveté that led to the belief that athletics could cure society's problems overlooked the fact that without any fundamental change in the social and economic structure, athletics would be turned into a business enterprise. This occurred in public school and college athletics as well as professional sports. (495)

Here Spring anticipates the coming focus on sport as more than potentially corrupt and imbalanced but as well increasingly unable to fulfill its so-perceived promise to liberate the masses and may even exacerbate the effects of what could be construed as potentially devastating psychological outcomes. There is a strong dose of such rhetoric coursing throughout contemporary sport debate, a sense that what many commentators (see Mecca, Smelser, and Vasconcellos; Covington; Engh; and Jezierski) recognize most about our so-called sport obsession is not sport's failure to serve but its failure to serve properly. By attempting to expose the position that sport is both corrupt and palpably corrupting, many commentators eschew the discussion of why society was so compelled to co-opt sport in the
first place and simply (some might say uncritically) revive the older, more Victorian-based methodology that advocates a co-opting of sport as a means to serve a higher albeit more modern cause—the promotion of more self-friendly and fashionable values and sentiments.

**Anxiety** is a physiological and psychological state characterized by cognitive, somatic, emotional, and behavioral components. These components combine to create an unpleasant feeling that is typically associated with uneasiness, fear, or worry.

Anxiety is a generalized mood state that occurs without an identifiable triggering stimulus. As such, it is distinguished from fear, which occurs in the presence of an external threat. Additionally, fear is related to the specific behaviors of escape and avoidance, whereas anxiety is the result of threats that are perceived to be uncontrollable or unavoidable.

Anxiety is a normal reaction to stress. It may help a person to deal with a difficult situation, for example at work or at school, by prompting one to cope with it. When anxiety becomes excessive, it may fall under the classification of an anxiety disorder.\[^3\]
Symptoms

Anxiety can be accompanied by physical effects such as heart palpitations, nausea, chest pain, shortness of breath, stomach aches or headaches. Physically, the body prepares the organism to deal with a threat. Blood pressure and heart rate are increased, sweating is increased, bloodstream to the major muscle groups is increased, and immune and digestive system functions are inhibited (the fight or flight response). External signs of anxiety may include pale skin, sweating, trembling, and pupillary dilation. Someone suffering from anxiety might also experience it as a sense of dread or panic.

Palpitation

A palpitation is an awareness of the abnormal beating of the heart, whether it is too slow, too fast, irregular, or at its normal frequency. It should not be confused with ectopic beat.

The difference between an abnormal awareness and a normal awareness is that the latter is almost always caused by a concentration on the beating of one's heart and the former interrupts other thoughts. Palpitations may be brought on by overexertion, adrenaline, alcohol, caffeine, cocaine, amphetamines, and other drugs, disease (such as hyperthyroidism and Pheochromocytoma) or
as a symptom of panic disorder. More colloquially, it can also refer to a shaking motion. It can also happen in mitral stenosis.

Nearly everyone experiences an occasional awareness of their heart beating, but when it occurs frequently, it can indicate a problem. Palpitations may be associated with heart problems, but also with anemias and thyroid malfunction.

Attacks can last for a few seconds or hours, and may occur very infrequently, or more than daily. Palpitations alongside other symptoms, including sweating, faintness, chest pain or dizziness, indicate irregular or poor heart function and should be investigated.

Palpitations may also be associated with anxiety and panic attacks, in which case psychological assessment is recommended. This is a common disorder associated with a lot of common medications such as anti-depressants.