Chapter-I

INTRODUCTION

Sports Psychology Kinesiology and draws on knowledge from the field of psychology, that is a multiple of science. This study, study and psychological factors which affect performance include and take part in sport and exercise affect the psychological and physical factors. Physical education is an essential part of general education, which is responsible for the development of human behaviour. It is an ancient and fundamental part of education it’s a field that has its aim the improvements are depending on human’s performance through physical tricks also have been select with a outlook of outcome.

Sports Psychology was basically the field of physical education, which can give details about the lack of regular history. Several instructors want to explain the various phenomenon which are related to sports, physical activity and also improve the sport’s psychology laboratories.

We consider psychological area in physical education and sports with motor performance, motor learning and motor acquisition. We have a clear large swing towards a looser, more phenomenological approach of physical activity and sports and it is shown by an increasing interest in the behaviour of the participants in comparison to his act So, if we make a behavioral study of the psychological performance of sports, we find normally provisions that psychological, social and emotional aspects of individuals are in a situation of physical activity and athletics.

We can understand the conditions of athletes at a time of poor performance, at that time, they are uptight and fearful. The nature of anxiety is shown by a sentiment of anxiety and insecurity and the experience of physical symptoms in the vein of butterflies in the stomach, sweaty pains and a thumping heart. More than anything else, during the competition one can feel these anxiety symptoms. The tendency for folks to remain anxious in sports has made ready investigators to attempt of the recognized sources of anxiety and to be familiar with how different individuals perceive them.
Physical instructor promoted a means toward teaches the student on the subject of joint effort with sports instruction, it means to increase and also support the physical health. Since physical education depends on individual’s success and often include aggressive sports. Group has argued to during minor grade, especially persons who be not because gymnastically talented the same as others habitually have the habit of denial and feeling of insufficiency. At the higher level few have argued against compulsory physical education, because physical fitness is a human being’s choice.

In Europe since the beginning of 1920 the sport psychology were highlighted and started to be emphasized. In 1921 the Lab measured Physical abilities and thoughts in sports that suite and make imprint on the body and brain in sports began in Russia. The experiments of sports psychology begin before 1925 at institute of physical society in Moscow & recognized sports Psychology department was formed around 1930.

In North America, the year 1890 marked the beginning year of sports Psychology, which included out-of-the-way studied Motor behavior, social facilitation & practice formation. Range which lie in behavioral experiments conducted by E.W. Scripture, who included the measurement of reaction at a moment in time of runner & consideration point into teach kids. The exactness of a pop group performer’s club in the direction of sports Psychology. The theory given by Norman Triplett, which verifies that bicyclists are more likely to cycle faster than pacesetter or a challenger. This literature has been published in the public psychology & public facilitation. Alber Jhson in the company of Josep Holmes studied on uncovered ball player in 1921 ‘Babe Ruth’, reported by sports author Hugh S. Fullerton, Ruth's move back and forth swiftness, the breathing was right before hitting a base ball, the skill and speed of injunction progress and his reaction time was calculated with the researcher’s concluding that Ruth's aptitude could be credited in part to Motor skills and reflex that was well exceeding those normal person.

In earliest America's sport psychologist Coleman Griffith, completed numbers of contributions to the players in the field of sports psychology, but must remarkable was his contributions to the field studies (Such as athletics Coach interview), which could provided a more methodological consideration for psychological ethics ready to play out for action in any
situation. Griffith denoted himself to accurate research, and also in prints both practical and educational viewers, viewed the applicability of sport Psychology research was noting that but it was regularly significant with the invention of awareness. Griffith advocated sports psychology promoted by presentation in improvement the personal growth. Sports Psychology deals with the psychological and emotional factors linked to sports and training. Since 19th Century Psychologists have been studying the athletics brain in view of the fact that, how physical action affects athletics mental health. Sports Psychologists discover careers in pursue of investigation, teaching or consulting.

**Psychological Characteristics of an Adolescent**

The condition of youth i.e. the young person age, teenager time or development of youth stage be use variously, to choose the time of changeover since dependence upon adult in the way of safety i.e. self dependence and self determination. That the period of time as the personality be during the process of move from the dependent, careless age for childhood toward the independent, dependable mature of middle age. Psychologically, this is a period of adjustment to the physical and social changes which distinguish childhood behavior from adult behaviour.

Adolescence is essentially the age of adventure and experiment. From time to time every normal adolescent will behave in a way that is contrary to accepted as adult standards. Some adolescents in their early teens seem naturally to begin planning their lives far into the future, planning in general terms of their life goals. Others live for pleasure of the moment they fail to mature psychologically in keeping with the passage of years. The former have a better change of avoiding delinquency and mal adjustment because they are developing a mature concept of life before they are thrust into it. Such a concept of life is one of the psychological structures adolescents need to build as an essential part of their development in to adulthood. Many problems appear at this stage. Some people have misunderstood the appearance of these problems and refer to the adolescent period as a problem’s age or problem’s group. It is more correct to say that individuals at this age are faced with many problems. Adolescents who fail to make the normal transition to adulthood become misfits, delinquents, criminals and their problems spill over onto their children.
As in the case of younger children, the adolescent who is overprotected, provided immunity from normal ill results of his misbehavior or poor judgment, is being carefully prepared for future trouble or tragedy. If he had been given a reasonable amount of responsibility during this period and even during past few years, and if he had been given the opportunity to exercise his own thinking without too much hindrance from adults, he would be better prepared to face the task of growing up when reaches the adulthood. Adolescent requires the experiences of accepting both the growing adult opportunities for self determination and the responsibility for the result of the use of those opportunities. The adolescent is particularly apt to be handicapped by lack of skills and habits. Adolescence appears to be a period of many “firsts” many new situations. And a new situation is a situation in which the individual finds his previously established habits inadequate. Since “teenager” represents the period of individual life of finding himself as an individual. Is likely to be more or less, maturing young adults struggle within and focus his eyes in his relationship with the group tries to find the right and responsibility. Continuous period of stress and strain at the youth level, this is not necessary, but in fact the youth between early childhood development is a peaceful and successful range, which goes through it in favor of some young gradually experiencehelps. The future will depend on. Their society and their own responsibility, which depends on the future, will make.

This period can be classified in three stages: Pre teenage years, near the beginning teenage years and late teenage years.

Preadolescence is the period where the personality of childhood is broken up and also the modifications reaching up to adult’s personality when it starts. This period has four stages

1. Hyperactivity

2. Rebelliousness

3. Moodiness

4. Irritability.
These are the way of manifestations in which the individual’s coping with the ineffectiveness of his childhood personality. The boys as well as girls are restless and hyperactive in this period. Tapping pencils, manipulating objects in their pockets, playing with their hair etc., indicate the same. Emotionally, the main task is to develop appropriate ways of adjusting to new feeling evoked by the bodily changes. Another task is to change one’s perceptions regarding the parents, the peers and the self. Boys and girls at this stage may respond to their elders by irritation, distrust and suspicion and they are easily offended and are quick to complain that the adults do not understand them or that they do not treat them fairly. They are highly sensitive and self-conscious but sometimes they may be over-powered by their emotions of anger, fear or love.

They have yet to develop the social skills to get along with their peers. Many of their frustrations arise out of conflicts with parents and peers. Conflicts with parents may arise over his manners of dress, the friends he chooses, the way he spends his time, the condition of his table and his room, the lack of respect and consideration for others. He resists these demands and expectations by asserting his independence. As the boys and girls now spend more time with their friends, they constantly strive to conform to the peer groups in matters of dress, language, behaviour and values. This may give rise to conflicts with the parents when there is great discrepancy between the values cherished at home and the values of the peer group. The preadolescents have a strong idealism and sense of justice and fair play. They develop strong conscience and may often experience intense feelings of guilt. They are also likely to be very critical of the people who do not live up to their ideals. They are also very keen on exposure to the mass media, particularly the movies, the radio, the television and cable network programmers. Thus, the preadolescents are more oriented to people, events and phenomena of the outside world compared to the children of earlier age. Peer group activities and group games become very important for them.

Early adolescence extends up to fifteen years age. Near the beginning adolescent have toward attach addicted of his self-concept the new way of thinking, where the fresh remains icon the original conception about his role. They are more and more concerned about their body, their stature and size. The rapid physical changes during adolescence produce a rapid change in body image. This generally leads to a self rejection. Often the adolescent finds it difficult to accept his
physical self-height, weight, complexion and problems like pimples etc. the boys are concerned about their muscular strength and are eager to go to the gymnasium to develop their strength. The girls are concerned with their shapeliness, their facial features and their complexion. The hair styling, clothing fads, etc. may be the attempts on the part of the adolescent to develop a consistent and acceptable body image. The physical attractiveness is the chief criterion of social acceptability in adolescence and young adulthood.

They now need information about sex matter and seek it among their peers. Lack of information makes them anxious and overcurious and misinformed. Strong friendship ties with members of their own sex continue to grow but there is also an increased awareness about the members of the opposite sex. One of the most important development tasks for them is the search for and the achievement of a sense of identity. Becoming independent of parents and gaining acceptance of peers are important steps in achieving a sense of personal identity. The choice of and preparation for a career is another step in the process.

The late adolescence is the period by which time most of them have entered into their career or are engaged in higher professional studies. By this time they achieve great measure of independence to the parents, though the parents continue to be an important person. They are high idealistic and seek to abolish inequalities in society and build up a more perfect world.

Growth into late adolescence is especially characterized by changed attitudes towards member of the opposite sex. Boys and girls who were indifferent to the opposite sex just a few years ago are not anxious to secure approval from members of that sex. This affects changes in their ways of behaving and presents new problems to teachers and parents. Most children begin showing signs of modesty and often time’s timidity in the presence of the opposite sex during this period whenever the mental maturity is reached during late teenage years, though when the age lie at which individual becomes psychologically and socially mature, it varies.

Late adolescence has often been described as a period of heightened social consciousness. The desire for stands and social acceptability, though important in varying degrees throughout life, is given a special attention by adolescence because at time age, status and acceptance among members of opposite sex and among adults are much to be desired. The
desire for acceptance and status is so basic that it will be reflected in many other motives. There is perhaps no period in an individual’s life when he does not have desire to be popular among his peers, but this desire is dominant during adolescent years. If the adolescent is to secure and maintain a well-adjusted personality, he must develop out of his early egocentric nature into a social being who recognizes and appreciates the personality of others, and who is eager to become a part of his peer group. The expectations and demands of the various social groups of which one is a member influence one’s behaviour. The parents as well as others keep shifting in their demands and expectations. Sometimes they look upon the adolescent as a child, but when he responds with that behaviour he is called childish. When he behaves like an adult, his parents and others ridicule him saying so you have grown older. In such circumstances the adolescent has a problem in getting his role clearly defined. This creates problems with respect to his identity i.e., the identity crisis of adolescents. The three chief problems faced by the adolescent in his quest for identity are the changed body image, the changed social role and the changed sex role.

With increasing independence from parents, the adolescent can no longer accept ready-made values he has received from them. Then hero worship of pre-adolescence may give place to certain cynicism. As a result, the achievement of autonomy during adolescence involves a certain amount of friction between the adolescence and his parents regarding the values and attitudes. Generally, this transitional period of defiance is far more salient in boys than in girls. Boys show more defiance over the imposition of parental rules that restricts them than the girls. He now questions, considers and arrives at his own decisions, he does not just accept what he is told. This is an important feature of the adolescent’s search of identity and maturity. He makes comparisons, contrast and evaluations and arrives at ways of behaving which gives satisfaction to his self-concept and to the society in which he has to live and function.

Not only is the young person beset by compelling new physiologically based drives from within, but he also finds himself on the threshold of a complex, inconsistent, and confusing adult world on the outside a world with which he has had little involvement or concern before.

HIPPOCRATES
The great Greek physician Hippocrates (460-357 B.C.) has been called the father of modern medicine. He denied the intervention of deity & demon in development of disease and insists that mental disorder had natural cause and also required treatment like other disease. His position was unequivocal: “For my own part, I do not believe that the human body is ever befouled by a God.” (Lewis, 1941,) As the basic explanation of mental illness, Hippocrates emphasized the view, earlier set forth by Pythagoras, which the brain be central organ of logical activity & mental illness was due to brain pathology. Hippocrates head can cause sensory and motor disorders, which is pointed out that the injury Family & Pre-emphasize the importance of nature.

The entire of mental disorder be classified by Hippocrates in three general category - mania, melancholia, & phlebitis - and he give comprehensive medical descriptions of particular disorder incorporated in each category, such as alcoholic delirium and epilepsy. Hippocrates relied profoundly upon medical observation & his report, which based upon the everyday medical record of his patients, is surprisingly through in their coverage. It is interesting to note that Hippocrates realized the clinical importance of dreams for understanding the personality of the patient. On this point he anticipated one of the principal concepts of contemporary psycho-analysis.

Although crude, Hippocrates’ ideas of treatment be in advance of the prevalent exorcist practice. In support of treatment in melancholia he prescribed a regular and peaceful living, seriousness & self-denial from all excess, a vegetable diet, continence exercise short of fatigue & bleeding if indicated. For hysteria, this was thought to be restricted for women because by the wandering of the uterus to various parts of the body because of its pining for children, Hippocrates recommended marriage as the best therapy. He also believed in significance of environment & not infrequently uninvolved the patients from their families.
Hippocrates stress upon usual cause, clinical observation and brain pathology in relation to mental disorders was truly revolutionary. Unfortunately, however, he was handicapped by inadequate anatomical and physiological knowledge. (Greek physicians were poor anatomists because they defied the human body and dared not dissect it.) Thus in his concept of the four humor (blood, black bile, yellow bile & phlegm). Hippocrates apparently conceived the notion of a balance of physiological processes as essential to normal brain functioning and mental health. In his work on sacred disease, he stated that when the humors were adversely mixed or otherwise disturbed, physical or mental disease resulted. Developments of the brain arise from phlegm and bile, those mad from phlegm be quiet, depressed & oblivious, those from the temper excited, noisy & harmful. Although this concept went far beyond demonology, it was to crude physiologically to be of any great value. Medical treatment based upon such inadequate anatomical and physiological knowledge was to continue for many centuries, often proving both humorous and tragic.

PLATO AND ARISTOTLE

The problem of dealing with mental disturbance of individuals who commit criminal acts was studied by the great philosopher Plato (429-347 B.C.). He made it clear that such persons were obviously not responsible for their acts and should not be given punishment in the same way as normal persons. Someone who commits an act or mistake when mad or afflicted by the disease let those pays simply for the damage and don’t give them any kind of punishment. Plato
had given many suggestions for the mental cases, which is to be cared for the community as follows: “If any-one is insane, let him not to see openly in the city, but let the relatives of such person watch over him in the best manner they know; and if they neglect, let them pay a fine.” In addition to this emphasis on the more humane treatment of the mentally ill, Plato contributed to a better understanding of human behavior by pointing out that man, as well as different forms of life, to motivate them by physiologic needs or “natural appetites.” He also seems to have anticipated Freud’s insight into the functions of fantasies and dreams as substitutive satisfactions, concluding that in dreams, desire tended to satisfy itself in imagery when the higher faculties no longer inhibited the “passions.” In his *Republic* (on the ideal type of state), Plato emphasized the importance of individual differences in intellectual and other ability. He pointed out the role of socio-cultural affects the shape of thoughts & behavior of the individual. Despite these modern ideas, however, Plato could not transcend the ignorance and superstition of his time and considered mental illness as partly organic, partly moral, and partly divine.

The question of whether mental disorders could be caused by psychological factors like frustration and conflict was discussed and rejected by the celebrated systematic Aristotle (384-322 B.C.) who was a pupil but not a follower of Plato. In his extensive writings on mental illness. Aristotle generally followed the Hippocratic theory of disturbances in the bile. For example, he believed that very hot bile generated amorous desires and loquacity, and was also responsible for suicidal impulses. This rejection of psychological causes for mental disorders undoubtedly retarded the development of modern psychopathology.

**LATER GREEK AND ROMAN THOUGH**

The later Greek and Roman physicians also utilized a wide range of other kinds of beneficial measures, as well as dieting, massage, hydrotherapy, gymnastics, hypnotism, & education in addition to certain less desirable events such as bleeding, purging, & mechanical restraints (R.W. Menninger, 1944).
Among the Roman physicians who continued in the Hippocratic tradition were Asclepiades, Aretaeus, and Galen. Asclepiades (C.B.C. 124) was well versed in the medical ideas and philosophy of his day and made notable contribution to psychiatry (Zilboorg and Henry, 1941). He was the first to note the difference between acute and chronic mental illnesses, and to distinguish between illusions, delusions, and hallucinations. In addition, he invented various ingenious devices designed to make the patients more comfortable. One of these was a suspended hammock-like bed whose swaying was considered very beneficial for disturbed patients. Asclepiades’ progressive approach to mental illness was also evidenced by his vigorous opposition to bleed, mechanical restraints, and dungeons.

The first hint that certain mental diseases are but an extension of normal psychological processes was given by Aretaeus near the end of first century A.D. People who were irritable, violent, and easily given to joy and pleasurable pursuits were thought to be prone to the development of manic excitement, while those who tended to be serious were thought to be more apt to develop melancholia. Aretaeus was the first to explain the various phases of mania & melancholia to consider these two pathological states as expressions of the same illness. His insight into the importance of emotional factors and of the pre-psychotic personality of the patient was quite an achievement for the day in which he lived.

Galen (130-200 A.D.) did not contribute much new therapy or clinical description of mental disorder, although he did make many original contribution concerning the anatomy of the nervous system and maintained a scientific approach to mental illness, performing a major service in compiling and integrating the existing material in this filed (Guthrie, 1946). In the latter connection, he divided the causes of mental illness keen on physical and mental. Along with the causes of named injury to head a alcoholic excess, shock, fear, youth, menstrual changes, economic reverses, & disappointment in love.
Although historians divide ancient history from medieval by the fall of Rome to the barbarians in the latter part of the fifth century, the Dark Ages in psychiatric history began with the death of Galen during 200 A.D. For contributions of Hippocrates, later Greek & Roman physicians (which anticipated so many of our modern concepts of mental illness) were shortly lost in the welter of popular superstition, and most of the medical men of later Rome returned to some sort of demonology. One notable exception to this, however, was Alexander Trallianus (525-605 A.D.), who followed the works of Galen rather closely but placed a great deal of emphasis on constitutional factors, stating, for example, that people with dark hair and a slim build were more likely to be affected by melancholia than persons with light hair and a heavy build. Worthy of note also are some of the clinical cases he recorded (Whitwell, 1936). Among his patients he cited the case of a woman who had the delusion that her middle finger was fixed in such a way that it held the whole world within its power. This caused her great distress for fear she should bend her finger, thus overthrowing the world and destroying everything. Another interesting case was that of a man who was greatly depressed because he was convinced that his head had been amputated Trallianus reported that he cured this case by suddenly placing a close-fitting laden cap on the patient’s head so that he could feel the weight and thought his head had been replaced.

SURVIVAL OF GREEK THOUGHT IN ARABIA

During medieval times, it was only in Arabia that more scientific aspect of Greek medicine survives. Here the mentally ill received much more humane treatment than in Christian lands. The outstanding figure in Arabian medicine was Avicenna call the prince of physician (Campbell, 1926). Written below will show his unique treatment of mental patient.

Unfortunately, most medical men of Avicenna’s time were approaching the problems of the mentally ill in a very different way.
Demonology in the middle Ages

With the collapse of Greek and Roman civilization, medicine as well as other scientific pursuits suffered as almost complete eclipse in Europe. There be a tremendous recovery of the most ancient false notion & demonology with only a slight modification to conform to current theological demands. Man now became the battle ground of demons and spirits who waged eternal war for the possession of his soul. Mental disorders were apparently fairly frequent during the middle Ages, and there is reason to believe that their incidence was considerable greater than in ancient times.

“MASS MADNESS”

During the latter part of this period, there was a peculiar trend in mental illness, involving Apparently, mainly the issue of insanity, that group of mental disorders widespread presence. All the people had been affected by the same group.

Indiscriminately, jump, dance and take in the form of an epidemic of convulsions Dance mania, as early as the tenth century report. In the early 19th century in Italy which such an event occurring once the report has been reviewed medical researcher, to be filed once the doctor Sigerist. His illness, injury or awake suddenly bee sensitive feel the pain as like, people will jump at the height of summer pay attention There have been written. Some, who had not seen the spider, but that it should Tarantula. Dancing in the great enthusiasm, the market ran out of the house in the street. Soon he was bruised, that was in the last year or sting, joined by the people. Thus in group of patients may be gather, dancing in a wild way in the queerest attire others would rip their clothes & shows their naked body, losing all sense of modesty. Some called for expressions and acted like fencers, others for whip and beat each other. Some of them had still stranger fancy, like to be tossed in the air, dig holes in the ground and rolled themselves into the dirt like dig. They all drank wine abundantly and sang and talked like drunken people.
Actually behavior was very similar to the ancient orgiastic rites by which people had worshiped the Greek god. These had been banned with the advent of Christianity, but were deeply imbedded in the culture and were apparently kept alive by secret gathering. Probably considerable guilt and conflict were engendered, then with time the meaning of dance changed and old rites appeared as symptom of disease. The participant was no longer sinners but the poor sufferers of the tarantula (Gloyne, 1950).

Known as tarantism in Italy, the dancing mania later on spread out to Germany and the rest of Europe where it is known as St. Vitus dance. Other peculiar manifestations also appeared. In the fifteenth century, a member of German convent was overcome with desire to bite her fellow nuns. The practice was taken by her companion and the mania spread to the other convents in Germany, Holland & Italy (A.D. White, 1896).

In accessible rural areas be also afflicted with outbreak of lycanthropy form mental illness, in which the patient imagined himself as a wolf and imitate its actions. In 1541 a case was reported in which it is written about lycanthrope that tells the chapter with confidence that a person was really a wolf but his skin was smooth on the surface, as hairs were present inside (Stone, 1937). To cure him of his delusion, his extremity was amputate and he died, still uncertain.

These epidemics continued into the seventeenth century, but apparently reached their peak during the fifteenth and sixteenth centuries a period noted for oppression, famine, and pestilence. During this period, Europe was ravaged by an epidemic known as the “Black Death,” which spread across the continent, destroying social organization. Undoubtedly many of the peculiar manifestations during this period, including the Children’s Crusade, in which thousands of children left their homes to liberate the Holy Sepulcher, were related to the depression, fear, and wild mysticism engender by the terrible events of the time. People did not dream that such
frightening catastrophes were attributable to natural causes and thus would some day be within man’s power to control, prevent, and even create.

**TREATMENT IN MEDIEVAL TIMES**

The treatment of the mentally ill was now left largely to priests and the monasteries served as refuge and places of imprisonment for many patients. During early medieval period, the mentally ill, when not too difficult to manage, were treated with considerable kindliness. Much store was set by request holy water, sanctified ointment the breath or spittle of priests, touching of ruins visit to holy places & mild form of exorcism be perform by the gentle laying of hands. Such method be often intermixed with unclear thoughts of medical treatment resulting mainly from Galen, which give rise to such prescription as following, for a evil person-sick man. When an evil spirit possesses a man or controls him from disease, a spew-drink of lupine, bishopswort, henbane, garlic and pound these together. Add ale and holy water. (Cockayne, N.D.)

As exorcistic techniques became more fully developed, it was emphasized that it was Satan’s pride which had led to his original downfall. Hence, in treating persons possessed by a devil, the first thing to do was to strike a fatal blow at the devil’s pride to insult him. This involved calling the devil some of the most obscene epithets that the worst imaginations could devise, and the foul insults were usually supplemented by long litanies of cursing.

May all evils that are thy foe rush forth upon thee & drag down the hell. May God set a nail to your skull and pound a hammer, as Jael did into Sisera. It may possible to break head and cut off hands as be done to curse Dagon. May God hang in a hellish yoke, as seven men be hanged by the sons of Soul. (From Thesaurus Exorcismorum).

This procedure was considered highly successful in the treatment of possessed persons. A certain bishop of Beauvais claimed to have rid a person of five devils, all of whom signed an
agreement stating that they and their subordinate imps would no longer persecute thee possessed individual (A.D. White, 1896).

Had this been worst treatment the mentally ill received during the middle age. The world would have been securing some of the most terrible & tragic chapter in its record. Sorry to say however, as the logical beliefs concerning mental illness became more fully developed along with endorsed by the secular world, mildness and gentle treatment began to disappear. It came to be generally believed with the intention of spite to madmen be punishment of evil residing within them and when scourging proved ineffective, authorities feel justified here driving out demon by less pleasant method. Flogging, starving, chains, immersion in hot water, other torturous methods were devised in order to make the body such an unpleasant place of residence that no self - respecting evil would remain in it. Undoubtedly many men & women who might have been restoring to health by more gentle as well as kindly measures be driven keen on hopeless mental illness by these brutal method.

WITCHCRAFT

Today it's sober and pious urban village to gather in the square, and certainly does not know what she is doing or the burning of a woman who had been tortured so that cheer is almost unbelievable. Yet only just over three hundred years ago, people cheered, but such practices are not considered to be their sacred duty.

For during the latter part of fifteenth century, beliefs concerning demoniacal possessions took a horrible turn for the worse. It now became the accepted theological belief that demoniacal possessions were of two general types: (1) posseized by the devil as a punishment by God for his sins, and (2) possession in which the individual was actually in league with the devil. The latter persons were supposed to have made a pact with the devil, consummated by signing in blood a book presented to them by Satan which gave them certain supernatural powers. They could cause
pestilence, storms, floods, sexual impotence, injuries to their enemies, and ruination of crops, and could rise through the air, causes milk to sour, and turn themselves into animals. In short, they were witches.

These beliefs were not confined to simple serfs but were held and elaborated upon by most of the important clergymen of this period. No less a man than Martin Luther (1483-1546) came to the following conclusions.

Go to great disasters - God's permission to kill them or made them under Satan, as they deliver the furthermost God can inflict punishment on the wicked. Many evils, water, wildernesses, etc. wooden hurt and ready to prejudice the people. When these things happen Philosopher & planets ascribing to the doctor, natural to say.

I just wicked work in the case of melancholy conclusion. Set up by the time of his sentence exorcistic had been treated in accordance with the procedure, which was judged as he unwillingly size by Satan. Time went on, however, the difference between the two types of funds have been somewhat opaque, and the close of the fifteenth century, mentally ill people, usually the opposition and was considered witchcraft.

More and more concern was expressed in official quarters over the number of witches roaming around and the great damage they were doing by pestilences, storms, sexual depravity, and other heinous crimes. Consequently, on December 7, 1484, People above suspicion VIIIth sent forth his bull Summis Desiderantes Affectibus in which he exhort the clergy of Europe, especially Germany to leave no means untried in detection of witches. This papal bull was theologically based upon the scriptural command “Thou shalt not suffer a witch to live” (Exodus 22:18), and although it was not intended as an endorsement of the torture or persecution of innocent people, it was to lead to one of the most tragic periods of all human history.
To assist in this great work a manual, The Witch Hammer, *Malleus Maleficarum*, was prepared by the two Dominican monks, Johann Sprenger & Heinrich Kraemer. Both inquisitors appoint by the pope to act in the northern Germany and territories along the Rhine. This manual valued for centuries in both Catholic & Protestant countries as being almost divinely inspired was complete in every detail concerning witchcraft and was of great value in witch-hunting. It was divided into three parts. The first confirmed the existence of witches and pointed out that those who did not believe in with heresy. The second part contained a description of the clinical symptoms by which witches could be detected, such as red spots or areas of anesthesia on the skin, which were thought to resemble the claw of the devil (“devil’s claw”) and were presumable left by the devil to denote the sealing of the pact with him. The third part dealt with the legal forms of examining and sentencing a witch.

In accordance with the precepts laid down in the Malleus, the accepted way to gain sure proof of witchcraft was to torture the person until a confession was obtained. This method was very effective. The victims of these inhuman tortures writhing in agony and viewed with horror by those they loved confessed to anything and everything. Frequently they were forced to give the names of alleged accomplices in their evil doings, and these unfortunate persons were in turn tortured until a satisfactory confession of their evil activities was elicited.

Confessions were often weird, but this seldom deterred the learned judges. For example, James I of England proved, through the skillful use of unlimited torture, that witches were to blame for the tempest which beset his bride on her voyage from Denmark. A Dr. Fian whose legs be crushed in boots and who had wedge drive under his fingernails, confess with the intention of more than hundred witches had put to sea in sieve to produce the storms (A.D. White, 1896).

Further impetus to these persecutions was undoubtedly given by many of the suspects themselves. Who although obviously ill by our present standards, participated so actively in the
beliefs of the time that they often freely “confessed”. Their transactions with the devil is almost merrily pointed out. The marks he had left on their bodies and claim great power as a result of their evil doings. Others suffering from severe depressions elaborated on their terrible sins and admitted themselves to be further than redemption. This sort of base for the iron-bound logic of the Inquisitors is well illustrated in the following case of a woman who was probably suffering from involutional melancholia.

A woman is taken and for the last six years he dedicated himself was tied to that she was evil spirit was such a kind of worship that her husband's sideand was lying in bed, too, was an evil incubus, and seven years after the body be burned forever soul to him,. He took 6 years and is condemned to fire and truly believe that God has forgiven, but with God's mercy for concessions provided. She was happy to be freed, only to suffer a worse death and the devil's power will survive, saying that his death willingly.

ABNORMAL BEHAVIOR IN OUR TIMES

The seventeenth century has been called the Age of Enlightenment; the eighteenth called as the Age of Reason; the nineteenth as the Age of Progress; and the twentieth as the Age of AnxietyWith the conquest of many of the physical ills which have afflict him throughout his history. Man has become increasingly aware of the role of psychological factors in human existence. No longer be civilized men-at least the fortunate majority-the victims of famines and epidemic. The black plague has been replace by a host of subtler Psychological distress and anxiety that make a modern occurrence of freeways and Blind Alleys complex can become a successful course to give guidance as to whether, value conflicts, isolation, frustration, and doubt.

Modern man’s path to happiness is not an easy one. It is beset by seemingly endless personal and social problems. Wars have disrupted personal life and left their wake of
mutilations, grief, and social unrest. Periodic breakdowns and runaways of the economic machinery-as well as automation and other technological innovations-have taken their toll in the millions of victims of unemployment and dislocation. The human population explosion is creating difficult political and social problems and tensions. Racial discrimination, with its unreasoned feelings of superiority, hatred, and resentment, hurts both the individual and the community. Homes broken by divorce leave emotional scars upon parents and children alike. Excessive competition, conflicting pressure groups, impersonal bureaucracy, rapid social change, and the ever present threat of global atomic war further aggravate modern man’s anxieties.

Ours is an age of tremendous growth of knowledge. More scientific and technological discoveries have been made in the past fifty years than in all previous recorded time, and science is having an increasingly profound effect on all phases of our life. In a short time man will set foot on a planet other than the one on which he was born. Yet paradoxically, his scientific advances have led to a shrinking of his world, so that he must daily face international problems as well as national and local ones. And as man ventures into the vast universe, he is increasingly and inescapably confronted with the finiteness of his own individual existence and with questions as to its meaning. At the same time traditional values and beliefs no longer seem self-evident, and he lacks the comforting absolutes that gave security to his forebears, Unfortunately, advances in the understanding of man have lagged far behind those in the physical sciences. We know much about the atom but not nearly enough about love or the values needed for a meaningful and fulfilling life. With all his uncertainties and anxieties, modern man has few moral beliefs to guide him. As a consequence, he stumbles around among a myriad of religions, philosophies, and social programs, seeking answers that will satisfy him.

Small wonder that on every day side we see anxious, unhappy, bewildered people who are missing the fulfillment of their best potential because they cannot achieve a satisfactory adjustment to problems that seem just too great. Instead of smooth, effective functioning, we see
widespread symptoms of personality maladjustment. In this Age of Anxiety, Americans spend over 10 billion dollars a year on liquor, books on personality adjustment have become best sellers, and the volume of tranquilizing drugs sold is measured in hundreds of tons.

In most cases the symptoms we see merely hinder the best potential adjustment of the individual; he worries along and solves his problems after a fashion. But in many cases the stress of modern life proves too much for him, and he becomes a psychiatric casualty. It is startling to note that mental illness incapacitates more people than all other health problems combined, that mental patients occupy almost one half of the country’s hospital beds, and that approximately one out of ten persons now living in the United States will at some time be hospitalized for mental illness if present trends continue. And for each of those currently hospitalized for mental illness, there are at least twenty more who are not so severely maladjusted but nevertheless need psychiatric aid. Furthermore, these figures say nothing of the many kinds of organic illness brought on by emotional conflict or of delinquency and crime.

Abnormal behavior is thus the country’s Number One health problem. This does not mean that there are not many well-adjusted persons or that effective personality adjustment is not possible in modern life. It does mean, however, that many of us encounter serious difficulties in dealing with life’s problems-particularly problems centering around values and question of how one should live. Thus the study of abnormal behavior may be great value in bettering individual adjustment and in reducing the great toll of misery and lost productivity which maladjustment and mental illness are exacting in our modern society.

Abnormal Behavior As the Layman Sees It

When we think of abnormal behavior, we are most likely to think of extreme, spectacular examples, because, as in every other filed, it is the bizarre and sensational things that command attention. The many examples of mental illness that have come down to us from history and
those described in literature are apt to be extreme cases which, isolated and lumped together, give us a “chamber-of-horrors” picture of mental illness rather than the truer picture, in which less spectacular minor maladjustments are far more common. Undoubtedly, most of the popular present –day beliefs about mental illness have been shaped by these extremely interesting but often quite unscientific historical and literary descriptions. This has been inevitable, because it is only recently that scientific research has entered the field of human behavior.

Nevertheless, despite their shortcomings, a brief review of a few cases from the past and from literature will be of value in giving us a broader perspective of our problem, for most of the forms of severe mental illness we see today have been observed and reported in other ages too.

IDEAS CARRIED OVER FROM HISTORY

Some of the earliest writing of man-Chinese, Egyptian, Hebrew, and Greek-provide striking “case histories” of disturbed individuals. Saul, King of Israel in the eleventh century B.C., suffered from recurrent manic-depressive episodes. During an attack of mania (excitement) he stripped off all his clothes in a public place. On another occasion he tried to kill his son Jonathan.

Cambyses, King of Persia in the sixth century B.C., was one of the first alcoholics on record. His alcoholic excesses were apparently associated with periods of uncontrollable rage during which he behaved “as a madman not in possession of his senses.” (Whitwell, 1936) On one occasion, without making any provisions for the feeding of his army, he set out against the Ethiopians, who had greatly enraged him by calling the Persians “dung eaters.” He was shortly forced to return to Memphis, where he found the people celebrating the feast of Apis. Furious at what he took to be rejoicing at his failure, he ordered all the people taking part in the feast to be killed. Cambyses also defied Persian law by marrying one of his sisters and later killed his other sister by kicking her during pregnancy. On another occasion he used his friend’s son as a target
for his arrows to demonstrate that his excessive drinking had not affected his skill or mental stability. His aim was true and he killed the boy, thus proving his point, at least to his own satisfaction.

Greek mythology contains many descriptions of mentally ill persons, which afford us some insight into the nature of the real-life cases from which the descriptions must have been drawn. For example, Hercules seems to have been afflicted with convulsive seizures accompanied by a homicidal fugue-type reaction. His attacks are graphically described by Euripides in the “Phrenzy of Hercules”: his eyes rolled, his consciousness clouded, he frothed at the mouth, showed violent fury, and attacked persons in his way, then fell, writhed, and finally fell into a deep sleep. Upon awakening he had complete amnesia for the seizure. During the course of several attacks, Hercules killed two of his own children, two of his brother’s children, his best friend, and his teacher. Ajax, too, became mentally disordered and slew a flock of sheep under the impression that he was attacking his enemies. On regaining his senses, he was no overcome with remorse that he committed suicide by throwing himself on his sword.

Many of the notables of later Greece and Rome, including Socrates, Democritus, and Alexander the Great, apparently suffered from mental disorders of one kind or another, and the ensuing period of the Middle Ages contains innumerable instances of abnormal behavior. The great oriental conqueror, Tamerlane (1336-1405), for example, was particularly fond of building pyramids of human skulls. One of his architectural achievements is reported to have contained some forty thousand of them.

In more recent times, George III of England suffered from service manic-depressive reactions. During periods of manic excitement he showed the typical unregal symptoms of this disorder: They jump quickly to another topic; Without waiting for an answer precipitate question; He asserts that his food bolt or had to leave the table hungry, eat quickly so that he ate;
And raced down the stairs; Rode his horse to death; indulged in obscene language; and displayed the tireless energy typical of the manic who is just too busy to sleep.

The French philosopher Jean Jacques Rousseau (1712-1778) developed marked paranoid symptoms during the latter part of his life. He was obsessed with fears of secret enemies and though that Prussia, England, France, the king, priests, and others were waging a terrible war against him. He believed that these enemies caused him to have all kinds of internal troubles, but that their chief artifice was to torture him by overwhelming him with benefits and praise, even going so far as to corrupt vegetable peddlers so that they would sell him better vegetables more cheaply. According to Rousseau, this was undoubtedly designed to prove his baseness and their generosity. It would be interesting here to know whether this behavior was related to the fact that he and his wife had left each of their five children at a foundling hospital.

Rousseau became panicky during a visit to London and fled leaving all his luggage and money at the hotel. On his arrival at the coast the winds were not favorable for his departure, and in this he saw another indication of the plot against him. After his return to France, his invisible enemies apparently stepped up their persecution. They corrupted his coffee merchant, his hairdresser, and his landlord; the shoeblack had no more blacking when Rousseau needed him; the boatman had no boats when this unfortunate man wished to cross the seine; his enemies even prevented his front door from opening. He demanded to be put in prison, but even this was prevented by his imaginary foes. No longer able to trust man, he turned to God, to whom he addressed a very tender and familiar letter. To ensure the arrival of the letter at its proper destination, he tried to place it on the altar of Notre Dame at Paris. Finding the railing closed, he believed that Heaven, too, was conspiring against him. Finally he even came to distrust his dog.

The list of philosophers, painters, writers, and musicians who might also be mentioned in our discussion is a long and celebrated one. During the composition of the Requiem Mozart labored under the delusion that he was being poisoned. Beethoven, although miserably poor, was
constantly changing his living quarters and sometimes had to pay for lodgings at three or four
different places at once. Robert Schumann, in later life, was pursued by turning-tables which
knew everything, and heard spirit voices and melodies and harmonies which developed into
entire compositions.

On one occasion Van Gogh cut off his ear and sent it to a prostitute, an action apparently
performed in a state of clouded consciousness resulting from his epileptic condition. Schopenhauer, Chopin, and John Stuart Mill suffered from attacks of depression. Rabelais, Tasso, Samuel Butler, Burns, and Byron used alcohol excessively. Coleridge’s “Kubla Khan” and Poe’s “Fall of the House of Usher” show the unmistakable effects of having been written under the influence of opiates.

As we approach contemporary times, the names of Mussolini, Hitler, Goering, and other
notorious figures of modern history enter our discussion. Certain of these figures will come
under scrutiny in connection with our discussion of particular abnormal patterns.

In reviewing these historical instances of abnormal behavior, it should be made clear that
we are to some extent evaluating this behavior in the light of our present-day concepts of mental
illness. In their own day, some of these men were looked upon as perfectly normal and others as
only eccentric or unusual. It should also be emphasized that although many mentally ill
individuals have played important roles in the shaping of history, it has been those men and
women of more effective personality adjustment who have carried the major burden, particularly
in the achievement of social progress.

➢ Sub Junior under 15.

WCAI was established the international Women’s Cricket Council (IWCC) association
in 1973. The Govt. registered body came in 1978. Turn over date WCAI is self-governing body
and not associated with BCCI. This is dissimilar to England and New Zealand and others who combined with Men’s Body organization.

**International Cricket played in India.**

- In the year 1975, Australia under 25, teams visited a country and played three test series. First, second and third Test series was held at Pune, Delhi and Kolkata respectively. Ujwala Nikam, Sudha Shah and Shree Rupa Bose captained the Indian Teams in the three matches.

  After that India played with New Zealand, England, Australia and West Indies both on home grounds and out of the country

  - India wins one day series in favor of initial time as the players participate in New Zealand Cricket centennial Tournament in 1975.
  - First Test Match in Indian Women Team played against West Indies at Patna in 1976.
  - At the same time as division of worldwide Cricket board scheme toward build up women cricket. Women cricket organization be combined in the company of the BCCI in 2006.

**Improvement in International Women’s Cricket.**

- Intercontinental Women's Cricket committee (IWCC) came in continuation to coordinate regular matches which be played among Australia, England, New Zealand, South Africa, West Indies & Denmark along with Netherlands In 1958.

- IWCC was combined with International Cricket Council (ICC) in 2005.

- Ordeal Cricket be currently individual play with the Australia, the England, the India, the Ireland, the Netherlands, the Pakistan, the South Africa& the Srilanka along with the Westindies total 131 test match cover be play in anticipation of at present. In the start these Test match were limited to 3 days, but at the present time, test match are 4 days since 1985.
• One Day Cricket worldwide have been play via Australia, Denmark, England, India, Ireland, Japan, Netherlands, New Zealand, Pakistan, Scotland, South - africa, Sri - lanka, West Indies, Jamaica & Trinidad also Tobago, International Eleven have play in World Cup.

• In 1934 opening Cricket Test Match among Australia and England was played, New Zealand attached in 1935. In 2007, Netherlands became the 10th nation when it made first appearance in opposition to South African Women.

• One Day International (ODI) was played In 1973 and it has turn into the focus of International women's cricket. From the time when inceptions of ODI, cricket matches have been played in this system eight times more than Test Cricket. World Cup Tournament was held 9 times so far with Australia, England, along with New Zealand allotment the titles.

• T-20 format was introduced in 2004; in the beginning four matches were played by the closing stages of 2006. The period of years 2006 to 2009, saw fast development in played matches. 6 matches are done in 2007, 10 in 2008, and 30 in 2009. First ICC Women's World Cup T-20 Tournament was held in 2009.

• First Women Captains in world are tabulated below.

  Australian Captain –MS. Lily Poulett Harris

  England Captain – MS. Suzanne Redfem

  Indian Captain –MS. Bhagya Shri

THE STATISTICS DESCRIPTION OF INDIAN WOMEN CRICKET TEAM

A. List of Indian’s Captain
A.1. List of Captains India’s Women Test Team

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Captain’s</th>
<th>First</th>
<th>Last</th>
<th>Played</th>
<th>Won</th>
<th>%Win</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>Diana Edulji</td>
<td>1985</td>
<td>1986</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Chander Kanta Kaul</td>
<td>1999</td>
<td>1999</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Anjum Chopra</td>
<td>2002</td>
<td>2002</td>
<td>3</td>
<td>1</td>
<td>33.3</td>
</tr>
<tr>
<td>11.</td>
<td>Mithali Raj</td>
<td>2005</td>
<td>2006</td>
<td>4</td>
<td>1</td>
<td>25.0</td>
</tr>
</tbody>
</table>

SOME REALITY OF WOMEN CRICKET IN INDIA

- Indian Women Team was produced 71 women have represented Test Cricket in India.
- Mithali Raj lead India to best outcome when in Women's ODI, India complex to Runners up position in 2005 Women's Cricket World Cup.
- Shanta Ranga Swamy, Anjum Chopra and Mithali Raj are the three Indian Women's Team Captains who lead to success in Women's Test Cricket.

A.3. T - 20 Women Captains List

<table>
<thead>
<tr>
<th></th>
<th>First</th>
<th>Last</th>
<th>Played</th>
<th>Won</th>
<th>%Win</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Mithali Raj</td>
<td>2006</td>
<td>2012</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>2.</td>
<td>Jhulan Goswami</td>
<td>2008</td>
<td>2011</td>
<td>17</td>
<td>7</td>
</tr>
<tr>
<td>3.</td>
<td>Anjum Chopra</td>
<td>2012</td>
<td>2012</td>
<td>10</td>
<td>3</td>
</tr>
</tbody>
</table>
B. The Achievement of Indian Women Cricket Team

B.1. World - Cup

<table>
<thead>
<tr>
<th>Played</th>
<th>Won</th>
<th>Lost</th>
<th>Tie</th>
<th>NR</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>50</td>
<td>26</td>
<td>22</td>
<td>1</td>
<td>-Semi Finalist in 1997.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-Semi Finalist in 2000.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-Runners up in 2005</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-Runners up in 2009</td>
</tr>
</tbody>
</table>

B.2. Asia - Cup

2004-Champion

2005-Champion

2006-Champion

2008-Champion

Remarks: Played 20 matches, won 20 matches and Champion 4 times.
### B.3. T-20 World Cup

<table>
<thead>
<tr>
<th>Duration</th>
<th>play</th>
<th>win</th>
<th>missing</th>
<th>fix</th>
<th>NR</th>
<th>place</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009 ICC</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>Semi Finalist</td>
</tr>
<tr>
<td>2010 ICC</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>Semi Finalist</td>
</tr>
</tbody>
</table>

### C. Honors’ Accepted

1. Diana Edulji - Padam Shri Award

2. Jhulan Goswami - Padam Shri and Arjun award in 2012 and 2010 respectively


Personality and sport have proved a slightly more necessary part of study. With a few significant difference between the personality of doing well athlete in different sports have emerged. This is possibly expected when we think about the changeable difficulty of different sports Shinde, 2012. There are comparatively few differences that emerged between athletes and non-athletes while considerable differences were found between team and person players. Team players emerged as extra nervous and gregarious person than human being competitors (Schurr et al, 1977) a further important feature have emerged between the personality of those taking part in high and low-risk in sports. (Breivik, 1996) administer the 16PF to 38 selected Norwegian climbers and found a individual report characterized by very high level of strength, extraversion and exciting activity looking for, in an additional study, (Freixanet, 1999) administrated the EPQ to a variety of high-risk sports participants, jointly in the company of 72 mountaineers, be in command of group-low-risk athletes. The mountaineers and additional high-risk athletes were characterized by much higher levels of extraversion and low levels of neuroticism. Other high-risk sports have also paying attention. Using the NEO-PI, (Diehm & Armatas, 2004) compared the behavior of 44 golfers (low-risk) and 41 surfers (high-risk).
Sports Psychologist held athletes set goal that are motivated but reasonable. An athlete who is only by winning is more likely to misplace when the struggle go his way. A sport Psychologist will help him set goals that are essentially motivated, such as a final time rather than order of fining in a swimming race. A sport psychologist can also be of assistance set in-between short term goal that are process leaning, Meaning that they center of attention one aspect of on the whole goal. For example a swimmer may set a goal of improving his turn over, turns. Anxiety is one of the greatest problems of modern trends in scientific knowledge, cultural conflicts, economic problem, industrialization, all add to the problem of man, thus increasing the anxiety level. Anxiety refers to that emotional state to mind where a fear of danger or loss hearing is a prominent feature. It usually arises as a result of unknown fear creates tension and anxiety.

Concern over the person eventually to fatigue and perhaps for psychosomatic disorders that can lead to someone niorona Muscular cerebral and emotional stress is a high level of activity.

An individual player’s success or failure of the mental preparation and training well under pressure capacity, physical ability, conditioning depends. It is not is common to hear the coaches and athletes express disbelieves on how poorly their team perform against a certain opponents or how they feel apart in a crucial situation.

The effect of anxiety on performance depends directly on type of task considered. In most cases the heightened arousal state has been found to facilitate simple performance such as fingers tapping, eyelids, and conditioning and verbal memory task. One the other hand as anxiety reaches a certain level, a breakdown of psychological and physiological integrative mechanism of often seen to occur, resulting is less efficient performance is more complex task.

An athlete’s personality, self-esteem and tension relief may come first and foremost from his sport. When he is wounded and must take a break from competition and working out, his world goes disordered. His personality as a team member dissolves. He misses essential competitions and loses health as his competitors get stronger (Lunardoni, 2009).

Various in sports may be labeled to shock greatly, avoidable and objectionable. Sports psychologists have used concepts of hostility to appreciate and decrease. To date, most follow a line of investigation has conceptualized violence as a product of human being cognition.
Particularly violent behavior is defined in the sports psychology literature as any behavior provoked by the aim to spoil one's challenger (Baron, 1977), (Bredemeier & Shields1986), (Husman & Silva1984), (Kirker, Tenenbaum & Mattson 2000). As a result sports psychology analyses of aggression are inclined to repeat take-for-approved conceptions of aggression as male, physical and other-intended for. To better understand sports aggression, it has been that representative has much to recommend (Baird & Mc Gannon 2009). By utilizing representative we can violent behavior as a social assemble given meaning in and through communication with self and others. From this point of view, self ideas and communications with others are essential location of sense assembly and are major in the study of behavior.

In most of the country other extreme form of violent behavior e.g. kill, pain be not as much usual than non-dangerous form of behavior like hinder human being paradoxical with forceful act to be in a social context right in conditions of security of personality otherwise are evidently other received than ones by rejection such good reason troubles of communiqué. The pattern of proper support of different kind of hostile act be simply toward a few area general in the direction of the majority culture, as present be a few ethnically bounce difference surrounded by these behaviors (Ramirez 2007).

Resentment and violent behavior would be more frequent among male, while during the competition of mate it becomes most intense. Hostility is also a live combine with humor, most frequently in interactions among players attempting to form social interaction. Aggressive behaviour is means that establish trusting interaction between those (Palmer, 1993). The definition of aggression is at all behaviour that intended towards intentionally harming or injuring either physically or psychologically another human living being, who be irritated in the direction of evade such behavior.

**Criteria used for Aggression:**

1. Aggression is a physical or verbal behaviour
2. It involves harm or injury
3. It bounds towards a living organism
4. It involves purpose.

Types of Aggression:

1. Trait aggression
2. Socialized aggression
3. Games aggression
4. Strategic aggression
5. Situational aggression
6. Post game aggression
7. Instrumental aggression
8. Psychological aggression
9. Hostile aggression
Theories of aggression:

1. **Instinct theory:**

   The natural feeling be capable of also be present uttered in a straight line by means of aggressive a further alive human being otherwise displace throughout catharsis, where is free from aggression otherwise blow off, during communally desirable resources such like sports.

2. **Annoyance violence theory**

3. **Public learning theory**

4. **Revised annoyance aggression theory**

   Competitive sports, differs from many activities in that it is usually conducted in the presence of fans and spectators.

While aggression be most likely to occur:

   Except certain situations to provoke aggressive behaviour, participants typically feel frustrated when they:

   - Are losing
   - Perceive unfair officiating
   - Are embarrassed
   - Are physically within pain or
   - Are playing below their capability.

**Controlling aggression:**

Unfortunately, we cannot always control these situations. Stress management training can help students or athletes to deal with frustrating situations. Sports along with do exercises professional contain a good liability in the direction of clearly decide among assertive behavior and hostility by intention toward destruction.