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Introduction
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Nobody knows exactly how or when sports started and developed in society. However, it appears that nature itself has helped humans in spreading sports. It is certain that the urge for participation is inherent in human psyche. Perhaps the first act that a fetus does is to play. Though not in contact yet with the outside world and not trained in any activity it learns and plays inside its mother's womb by stretching and moving limbs.

Sport is a complex activity, it is a sort of war on human muscles and mind. The last few decades have witnessed a revolution in the field of sports. This has been caused due to the scientific innovations and their application in sports. The modern science of psychology has established beyond doubt that some of the characteristic and qualities are inherited while others are acquired, especially in the context of sports, through constant participation, practice and performance over a period of time (Kamlesh, 2004). However, it is extremely difficult to distinguish between what and how much is genetically inherited and what and how much is acquired through efforts. The clear understanding of the concept of personality becomes difficult because of such ticklish issues. Sports have occupied a significant place in almost every society. Until the middle of the twentieth century, sports were almost a localized affair, devoid of arousing national enthusiasm and evoking only occasional concern for them.
at the international level. A constantly increasing interest in sports has become a global phenomenon. Growing health care awareness among people and role of print and electronic media add to their popularity.

In recent times sport scientists have ventured to find out those factors, which directly or indirectly contribute towards the enhancement of performances. Sports related scientific research and development in India has not been able to keep pace with international standards in the fields of sport training methods, exercise physiology, sport psychology, kinesiology, sports medicine and injury management etc. To excel in sports at the international level more attention should be given to research and development in sports sciences.

**Sport Psychology**

From last fifty years, due to its challenging potential and empirical value topics of sport psychology appeared to be favourable among the psychologists. Sports psychologists seek to understand and influence sporting behaviour through the application of psychological knowledge in areas like motivation, individual differences, skills learning theory, personality and its dimensions. Many branches of psychology have had an impact on the development of sport psychology. Much of the work on learning theory and skill acquisition is obviously relevant and has been used to help athletes organise training schedules more effectively, to examine individual performance variables and ergonomics has helped in the development and use of sporting equipment.
Sport psychology is the scientific study of people and their behaviour in sports (International Society of Sport Psychology). The role of a sports psychologist is to recognize how participation in sports, exercise and physical activity enhance a person’s development. He deals with increasing performance by managing emotions and minimizing the psychological effects of injury and poor performance. Some of the most important skills taught are goal setting, relaxation, visualization, self-talk, awareness and control, concentration, confidence, using rituals, attribution training, and periodization.

It is said that the first sport psychologist was Norman Triplett, a North American man from Asia, born in 1861. Triplett’s first finding as a sport psychologist was that cyclists cycle faster in pairs or group, rather than riding solo. Carl Diem, a German, founded the world’s first sport psychology laboratory in 1920. Recently, sport psychologists have been to be recognized for their valuable contributions in assisting athletes and their coaches in improving sports performance in variety of competitive situations, specially in understanding how physical exercise may contribute to the psychological well-being of injured athletes who are looking for motivation. Special focus is geared towards psychological assessment of athletes. Assessment can be both, focused on selection of athletes and the team set up as well as on professional guidance and counseling for athletes.

The systematic approach to the study of psychological aspect of athletic training began sometime in 1960 and since then the sports psychologists have never looked back. In India, the explorations and investigations into the
psychological status, nature and dynamics of athletics were commenced much later. Till 1980, a few studies in this aspect of athletic training were reported in literature. Thereafter the wheel of progress moved faster. We find quite a good number of sports psychologists taking keen interest in the probe of psychological nature of Indian athletes at various levels of athleticism today. It is well documented that psychological variables such as introversion, extroversion, neuroticism, psychoticism, self-concept and positive attitudes have significant influence on sports performance.

The review of literature reveals that athletic performance has not been studied in relation to sensation seeking, anxiety state and health locus of control collectively by researchers in spite of the fact that these personality variables have a greater impact on athletic performance.

**Sensation Seeking**

Sensation seeking is an interesting personality trait that has its effect on several spheres of our lives. It affects what activity we prefer, what sport or occupation we choose. Personality traits are underlying characteristics of an individual that are relatively stable over time, and explain regularities in people's behaviour. When thinking about people you know well, you will naturally have noticed how they differ. Our everyday language is full of ways of describing and comparing people. People may be outgoing or unsociable, shy or confident, friendly or rude and so on. We instinctively observe that
people react differently to the same situations and these differences are caused by natural variations in personality traits.

Marvin Zuckerman initially developed the theory of sensation seeking in the 1950 following a series of sensory deprivation experiments. He began to suspect that the people who volunteered for these experiments might share a similar set of personality characteristics. These individuals appeared to be especially venturesome and inquisitive, eager to have new and exciting experiences even if they did contain a degree of social or physical risk. Sensation Seeking is a trait defined by the seeking of varied, novel, complex, intense sensations and experiences and the willingness to take physical, social, legal and financial risks for the sake of such experience (Zuckerman, 1994). The theory of sensation seeking (Zuckerman, 1971) identifies a neuro-biological basis for individual participation in risk-taking behaviours. Neuro regulators such as catecholamines, dopamine, and norepinephrine (Zuckerman, 1994) regulate individual differences in optimal levels of arousal and stimulation, manifested as character dimensions or traits. There are differences between sensation seekers and sensation avoiders, not only in genetic and biological characteristics, but also in their habits, preferences, emotional, cognitive style and personality (Zuckerman and Kuhlman, 2000). Some of the characteristics associated with sensation seekers include drug and alcohol consumption, cigarette smoking, reported high-risk sexual behaviour, preference for stimulating foods, volunteering for unusual activities, attraction to physically risky sports, preference for perceptual complexity and speeding
(Zuckerman, 1979; Zuckerman and Neeb, 1980). The theory of sensation seeking can explain risk-taking behaviours in the sense that high sensation seekers need more stimulation to maintain an optimal level of arousal, while low sensation seekers manage themselves better in less stimulating settings. Zuckerman (1971) proposes that there are four sub-dimensions to the sensation-seeking trait:

1. **Thrill and Adventure Seeking**: Which relates to the willingness to take physical risks and participate in high-risk sports.

2. **Experience Seeking**: This relates to the need for new and exciting experiences and associated with all types of risk taking.

3. **Disinhibition**: Which relates to a willingness to take social risks and engage in health risk behaviours.

4. **Boredom Susceptibility**: This relates to intolerance of monotony.

**Theories of Sensation Seeking**

1. **Optimal Level of Arousal**

Optimal level of arousal theory discussed says that there is an optimal level of stimulation that is best for performance and that is desirable. People seek out situations and activities that will lead to and maintain this optimal level. Most theorists equated level of arousal with activity of the brain stem reticular activating system (Lindsley, 1951; Hebb, 1955). One of the great-perceived advantages of this line of thought was that it accounted for why
people seek increases as well as decreases in stimulation. Tension reduction theories, including Hull's drive theory, seemed only to account for why organisms seek lower levels of drive or stimulation.

Individual differences in sensation seeking would be explained in terms of different people need different levels of stimulation to achieve an optimal level of arousal. For some people, the optimal level of arousal is achieved with relatively low levels of stimulation. It is easy for these people to be over stimulated, leading them to seek a less stimulating situation and to avoid highly stimulating situations. For other people, it takes a great deal of stimulation to reach the optimal level of arousal. Therefore, such people actively search out exciting situation that, for them, produce only a moderate level of arousal and they avoid boring situations. Thus, the same situation that is too exciting for one person may be too boring for another and just right for a third.

The problem with optimal level of arousal theory (Zuckerman, 1994) is that the predicted differences in arousal between high and low sensation seekers are not always found. For example, measure of EEG or skin conductance has shown that high sensation seekers react more strongly to stimulation than do low sensation seekers, just opposite of what the theory predicts. Also high sensation seekers show greater use of stimulant drugs, as predicted, but they also show greater use of depressant drugs a result that runs counter to the theory.
2. Monoamine Oxidase Theory

The monoamines are a class of neurotransmitters that include noradrenalin, dopamine and serotonin. The first two of these are associated with pleasure and excitement and serotonin is a neural inhibitor. Monoamine oxidase (MAO) breaks down the monoamines in the synapse or upon reuptake into the neuron from which the neurotransmitter was released. This process keeps the transmitter cumulating in the synapse and continuing to act after the neuron has stopped firing. However, the gonadal hormones in males are related to sensation seeking also reduce the level of MAO, which allows greater activity in the monoamine system regulated by MAO. Thus there would be greater activity in the dopamine reward systems (Zuckerman, 1994). The level of MAO is in large part genetically determined. So, says the theory, there are heritable individual differences in the degree to which our dopamine reward system is aroused by stimulation. Activation of the reward system may also inhibit activity in the punishment system, suggesting that there is interplay between relative levels of arousal in reward and punishment system that is crucial for sensation seeking.

High sensation seekers have low levels of MAO. High sensation seekers are more orienting in their behaviour, react with faster adaptation to new situations, feel stimulation less intense and seem to have stronger pleasurable reactions to stimulation. A wide variety of theories that include arousal, sensation seeking and self-efficacy have attempted to scientifically explain the
tendencies for people to participate in sports and extreme sports (Skinner, 1992). It is clear from available literature that sensation seeking is an integral part of sport psychology and more intensive research is needed in this area to clarify all the scientific constructs that are associated with the fascinating phenomenon of sensation seeking. On an average, men tend to be higher in sensation seeking than women and sensation seeking tends to decline with age. This goes some way to explain why many people who take potentially fatal risk are young men. However, it should be remembered that many women are high sensation seekers and increasing number of women participate in high-risk sports, take health risk such as smoking and binge drinking.

Anxiety

Freud (1923) was the first individual actually to present a comprehensive view of the nature of anxiety. In his book, The Problem of Anxiety, Freud distinguished anxiety as an emotional state or condition in which there was a specific unpleasurable quality and some motor discharge and in which the individual perceived these two qualities. Freud initially believed that anxiety resulted from the inability of the ego to repress impulses but he later regarded anxiety as a signal to the organism of impending danger. Freud indicated that this danger may be external to the organism or more often that it is the result of the ego’s anticipation that it will be overwhelmed by the expression of sexual / aggressive impulses. At any rate, Freud appeared to believe that anxiety was transitory and that it varied in intensity as a function
of the particular source of perceived danger. It seems unclear whether Freud considered anxiety as stimulus, a response, or an abstraction. His signal theory implies that anxiety is a stimulus that is responded to by the organism in some way. At other times, Freud talks about anxiety responses (e.g., increased heart rate and respiration).

The work of Cattell in the early and mid 1960s represents the first systematic attempt to identify and measure two distinct anxiety constructs; state anxiety and trait anxiety. These two construct or factors are discussed in detail in the book, ‘The meaning and measurement of neuroticism and anxiety’ (Cattell and Scheier, 1961). Cattell indicates that a thorough understanding of behavioural patterns must encompass both anxiety states and traits and suggests the use of various factor-analytic approaches to isolate these two factors. Cattell (1973) suggested that a failure to distinguish these two uniquely defined factors results in contamination with other factors such as arousal and depression.

Anxiety should be considered in terms of being a trait or state characteristic. Trait anxiety is similar to a personality characteristic. It is a person general predisposition to perceive a situation as threatening or nonthreatening. State anxiety has been closely associated with an individual’s level of arousal. State anxiety refers to an existing or an immediate emotional state characterized by apprehension and tension (Spielberger, 1989). State anxiety is immediate or right now emotional responses that can change from one moment or situation to the next. For example, a person’s state anxiety might be low at night before an athletic contest, moderate in
the morning of the event, rise steadily as the contest draws near and return to a low or moderate level once the activity.

1. Biological Approaches to Anxiety

Biological theories of anxiety (Gray, 1982a; Eysenck, 1967) assume that physiological differences account for the differences in anxiety levels that people experience and that there is a genetic basis for individual differences in anxiety. A number of genetic studies, especially of twins, indicate that perhaps 30%-50% of the variance in trait anxiety may be genetic (Eysenck, 1997) although this is not a trivial amount, it accounts for only half the variance, at best. It would then seem that other factors must be brought into play. This other factors also have a basis in the brain, but of a different sort than we usually attribute to emotion.

Fear and anxiety are generally conceded to involve arousal of the sympathetic nervous system and related hormones. Gray (1982, b) proposed a theory that more specifically relates anxious behaviour to particular brain locations and neurochemistry. Gray (1982, b) argues that there is a Behavioural Inhibition System (BIS), which is located in a septal-hippocampal system (part of the limbic system) in brain. In Gray’s theory, activation of the BIS is anxiety. When a person is engaged in some goal-oriented behaviour and faces threatening (punishing) stimuli frustrate non-reward, or unexpected (novel) stimuli, the BIS are activated. This activation inhibits the ongoing behaviour and produces increased arousal and the organism attends to the disruptive
elements. Anxiety is experienced. Much of the evidence for Gray’s theory is from research with antianxiety (tranquilizing) drugs. These drugs reduce anxiety because they facilitate the effect of Gamma Amino Butyric Acid (GABA), an inhibitory neurotransmitter. Gray also brings cognitive factors into the theory. He says that an organism is continuously comparing its plans for the future, its predicted outcomes of its present behaviour and stored information about the way the world works. The septal-hippocampal system (known to be involved in memory) compares internal plans, predictions and stored information with what is going on in the environment. As long as plans and expectations are being met, there is no anxiety and no behavioral inhibition. If however, progress toward an expected outcome is interrupted by threat, frustration, or novel event, the BIS become active and anxiety is experienced.

In Gray’s theory, signals of punishment or no reward are anxiety provoking. The perceived threat however is thought to depend on the individual’s interpretation or appraisal of signal in the environment. A person has to perceive that a particular signal means danger before the person responds to it as a threatening stimulus. Research shows that clinical patients with anxiety neuroses express exaggerated thoughts about danger and exaggerated fear of the consequences of their behaviour. They appraise life events as more dangerous and threatening than a more objective observer.
2. Cognitive Approaches to Anxiety

The physiological approach to trait anxiety tends to neglect environmental factors, changes in personality over time, the multidimensional nature of trait anxiety and individual differences in cognitive functional (Eysenck, 1997). Cognitive approaches consider these factors. Contemporary research on cognitive processes involves methodologies that are designed to tease out preattentive (unconscious) effect from attentive (conscious) effect, to detect selective attention to some events rather than others, or to detect selective memories or distortions of memory. One dominated by psychoanalytic interpretation, the study of anxiety has become enveloped by the cognitive revolution.

Cognitive theories of trait anxiety emphasize several aspects of cognition, not just appraisal of threat (Williams et al. 1997; Eysenck, 1997). For example, there are individual differences in the schemas that people have for interpreting events. Some people are more prone than others to see stimuli as dangerous or threatening and hence they are biased in the way they attend to events. An emotional stimulus triggers cognitive appraisal, but a person high in trait anxiety is more likely to perceive an event as dangerous. This biased cognitive appraisal determines the level of physiological activity (e.g., to run away or otherwise be defensive) and cognition (e.g., likelihood of worrying about the situation).
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Sport competition creates some anxiety in nearly all participants, and for some individuals the anxiety is so intense that successful performance and enjoyment of the activity is impossible. To an extent, all human behaviour is influenced by anxiety. Anxiety is a fundamental human emotion that evolved over countless generations as an adaptive mechanism for coping with change (Spielberger, 1989). Due to the uncertain nature of sports, each athlete must learn to cope with anxiety associated with competition. An individual's performance is directly affected by the perception of his/her capabilities to meet the situational demands (Spielberger, 1976). There are many sources of anxiety in athletics: parents, coaches, fans, peers, opponents and oneself.

Anxiety is a complex mental state made up by many components. Everyone experiences some sort of anxiety but many people rarely think about it to the extent to which an athlete would. The ability to cope with it is essential for performance. Anxiety is caused by a stress, which is placed on the body. This stress tends to be a stressful situation, which the person has to cope with. In the case of an athlete that stress is often the competition in which they are competing. Stress causes certain responses within the body. Certain physical, psychological and behavioural changes result from being in a stressful situation and experiencing anxiety. The major problem in competition is letting your mind work against you rather than for you. One must accept anxiety symptoms as a part and parcel of the competition experience; only then will anxiety begin to facilitate your performance. In sports there are many anxiety and performance relationship theories like drive theory, inverted-U
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hypothesis, multi-dimensional anxiety theory, catastrophe theory and optimum arousal theory.

Anxiety can affect sports performance positively or negatively. Taylor (1996) emphasizes the importance of conceptualizing anxiety as intensity because competitors may misunderstand the terms anxiety, nervousness, or arousal. Accordingly, problems can be created for athletes by both over intensity and under intensity; therefore, each athlete needs to develop the ability to find and maintain their prime intensity level that is most optimal to performance.

To physical education teacher and coaches, dealing with anxiety is especially important because an anxious athlete does not function correctly, has trouble concentrating, remembering and noticing things, which are necessary for a good performance. The result of anxiety is that the athletes are not able to perform as well as they can, their performance is influenced during a game and they seldom reach the desired result, which is victory.

In addition of the selected personality variables i.e., sensation seeking, anxiety state, present investigation also shows its curious intention to explore the dynamics of personality from health perspective.

Health Locus of Control

The theoretical framework of the Multidimensional Health Locus of Control scale (MHLC) is rooted in Rotter’s social learning theory and Rotter’s
locus of control theory (Wallston et al. 1978). Rotter defined locus of control as people’s general, cross-situational beliefs about what determines whether or not they get reinforced in life (Means, 2007). An individual’s locus of control can be classified along a spectrum of internality and externality. Individuals with an internal locus of control believe that the outcome of a situation is within their own personal control more than it is in the control of external factors. Hence, an individual with an internal locus of control is more likely to have a higher expectancy that their particular behaviour will lead to a particular outcome. Individuals with an external locus of control believe that external factors play a greater role in the outcome of a situation than internal factors such as their own decisions and actions. Therefore, individuals with an external locus of control are more likely to have a lower expectancy that their behaviour will lead to a particular outcome.

In 1966, Rotter developed the I-E (Internality-Externality) Scale. The I-E scale is a cross-situational scale designed to assess internal vs. external locus of control orientation and has been used in multiple studies worldwide as a predictor of behaviour (Means, 2007). By the 1970s, Rotter’s I-E Scale became widely used as a predictor of behaviour in medicine. Wallston (1991) felt that Rotter’s I-E scale might not have been the most appropriate measure of locus of control since it was designed as a generalized expectancy construct. The locus of control was designed to assess internality and externality in a health situation specific manner. The locus of control construct differs from the locus of control construct in that the locus of control construct
is thought to be a stable personality trait generalized across various situations whereas, the locus of control construct is a situation and experience dependent state that can change for an individual with new experiences and in new situations (Wallston et al. 1976). The Multidimensional Health Locus of Control scale is designed to assess the degree to which an individual feels that their actions or other external factors out of their control are responsible for their health status. The Multidimensional Health Locus of Control scale has been used as a predictor of health behaviour to explore how to best tailor interventions to target populations. It was based on Rotter’s belief that health behaviours were closely intertwined with an individual’s personal experience in a given situation and that an individual’s health locus of control beliefs are not as stable as an individual’s generalized locus of control beliefs (Wallston, et al. 1976). The Multidimensional Health Locus of Control scale consists of three different subscales each of which assesses the three specific factors known to determine health behaviour, internality, powerful others and chance.

**Dimensions of Health Locus of Control**

**Internal health locus of control (IHLC)**

The degree to which an individual feels their health is the result of their actions. “If I get sick it’s my own behaviour that determines how soon I get well again.”
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**Powerful others health locus of control (PHLC)**

The degree to which an individual feels their health is controlled by health professionals, religion, and family members. “Whenever I don’t feel well, I should consult a medically trained health professional.”

**Chance health locus of control (CHLC)**

The degree to which an individual feels their health is the result of fate, luck, and chance events. “If it’s meant to be I will stay healthy.”

The multidimensional health locus scale is an effective measure that addresses the multidimensional nature of human behaviour and has the potential to provide researchers with valuable insights for designing health programs to tailor to these different dimensions, and in turn maximize the impact of such programs (Wallston, 2005). Since its development, the multidimensional health locus has been evaluated in numerous studies of health behaviour. Earlier studies conducted in the late 1970s and 1980s showed contradictory results of the multidimensional health locus as a predictor of health behaviour. Some studies supported that the multidimensional health locus was a valuable predictor of health behaviour while others did not. Since the 1970s and 1980s the multidimensional health locus scales have been assessed in a great diversity of studies. There is now a more substantial body of evidence that the multidimensional health locus subscales are a useful predictor of health behaviour when studied in those populations who place a high value on their health. According to Levenson
(1974) powerful others should not be internal or external and beliefs about people in general should have less predictive power than beliefs about one's own control. Realizing the utility and supporting evidence of the multidimensionality, the multidimensional health locus of control was developed. Norman and Bennett (1995) argue that a stronger relationship is found when health locus of control is assessed for specific domains than when general measures of locus of control are taken. Moreover, these scales have been found to be more predictive of general behaviour than more general scales, such as the multidimensional health locus of control scale (Norman and Bennett, 1995). They also argue that health locus of control is better at predicting health-related behaviour if studied in conjunction with health value, i.e. the value people attach to their health, suggesting that health value is an important moderator variable in the health-locus of control relationship. For example, Weiss (1987) found increased relationship between internal health locus of control and health when health value was assessed. The internal versus external dimension of attribution theory has been applied specifically to health in terms of the concept of health locus of control. Individuals differ as to whether they tend to regard event as controllable by them (an internal locus of control) or uncontrollable by them (an external locus of control). A great deal of research has linked internal locus of control to positive health beliefs and behaviours.
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Athletics

Athletics was the original event at the first Olympics in 776 BC where the only event held was the stadium-length foot race or stade. Athletics, also known as track and field or track and field athletics, is a collection of sports events that involve running, throwing, and jumping. The events are usually organized on a 400 m running track, wherein most of the sports activities, such as field events, jumping and throwing take place. The name is derived from the Greek word “athlos” meaning contest. The first race of record is noted to have taken place at the first Olympic Festival in Ancient Rome in 776 B.C. During these times, the Olympics remained the main stage for all track and field events and it only displayed such events every four years. The events began to evolve over the centuries as a number of new track competitions as well as non track and field events were incorporated. It was not until the eighteen hundreds that the history of track and field began to formally organize as grade schools and Universities began to incorporate daily exercise and running routines. Track and field history was so evidently rooted in Ancient Greek and Roman times that it slowly began to evolve into English culture. It was said that the first college competition was held between Oxford and Cambridge in 1864. Athletics was included in the first modern Olympic which was organized at Athens (Greece) in 1896 and has formed its backbone since. Women were first allowed to participate in track and field events in the Olympics in 1928. Men and women do not compete against each other.
Women generally run the same distances as men although hurdles and steeplechase barriers are lower and the weights of the shot, discus, javelin and hammer are lesser. Athletics can be divided into four areas; track, field, road and combined events.

**Track events**

Track events as the name implies is not any single event but group of various events. It can be said that all those events for which particular and proper track is prepared are included in the track events. Track events include sprints (100m, 200m, 400m), middle-distance running (800m, 1500m), long-distance running (5000m, 10000m), hurdling (100m and 400m for women, 110m and 400m for men), relays (4 x 100m and 4 x 400m) and the 3000m steeplechase.

**Field events**

Field events, the second part of athletic event is as valuable and important as the first one. Again it can be said that field events is not any particular event but is a group of events which are being played or performed on the field. For these events, no particular track is prepared but various preparations are done on the field itself. The events of throwing and jumping are included in these events.

**Throwing events**

Shot put, Hammer throw, Javelin throw and Discus throw.
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Jumping events

High jump, long jump, triple jump and pole vault. The women's pole vault and hammer throw debuted at the Sydney 2000 Olympics Games.

Statement of the problem

The present study will focus on the selected psychological and personality related health parameters i.e. Sensation seeking, Anxiety state and Health locus of control in relation to the performance of athletes; it may help in finding out the differences among high and low performers with regard to the selected personality variables. Therefore, the present empirical investigation has been entitled as:

“A Study of Sensation seeking, Anxiety state and Health locus of Control as related to Performance of Athletes”.

Objectives of the study

The main objectives of the present study are:

1. To determine the difference between high and low performance athletes on sensation seeking.

2. To determine the difference between high and low performance track athletes with regard to sensation seeking.

3. To determine the difference between high and low performance field athletes with regard to sensation seeking.
4. To determine the difference between high performance track and field athletes on sensation seeking.

5. To determine the difference between low performance track and field athletes on sensation seeking.

6. To determine the difference between high and low performance male athletes with regard to sensation seeking.

7. To determine the difference between high and low performance female athletes with regard to sensation seeking.

8. To determine the difference between high performance male and female athletes on sensation seeking.

9. To determine the difference between low performance male and female athletes on sensation seeking.

10. To determine the difference between high and low performance athletes on anxiety state.

11. To determine the difference between high and low performance track athletes with regard to anxiety state.

12. To determine the difference between high and low performance field athletes with regard to anxiety state.

13. To determine the difference between high performance track and field athletes on anxiety state.
14. To determine the difference between low performance track and field athletes on anxiety state.

15. To determine the difference between high and low performance male athletes with regard to anxiety state.

16. To determine the difference between high and low performance female athletes with regard to anxiety state.

17. To determine the difference between high performance male and female athletes on anxiety state.

18. To determine the difference between low performance male and female athletes on anxiety state.

19. To determine the difference between high and low performance athletes on internal dimension of health locus of control.

20. To determine the difference between high and low performance track athletes with regard to internal dimension of health locus of control.

21. To determine the difference between high and low performance field athletes with regard to internal dimension of health locus of control.

22. To determine the difference between high performance track and field athletes on internal dimension of health locus of control.

23. To determine the difference between low performance track and field athletes on internal dimension of health locus of control.
24. To determine the difference between high and low performance male athletes on internal dimension of health locus of control.

25. To determine the difference between high and low performance female athletes on internal dimension of health locus of control.

26. To determine the difference between high performance male and female athletes on internal dimension of health locus of control.

27. To determine difference between low performance male and female athletes on internal dimension of health locus of control.

28. To determine the difference between high and low performance athletes on powerful others dimension of health locus of control.

29. To determine the difference between high and low performance track athletes with regard to powerful others dimension of health locus of control.

30. To determine the difference between high and low performance field athletes with regard to powerful others dimension of health locus of control.

31. To determine the difference between high performance track and field athletes on powerful others dimension of health locus of control.

32. To determine the difference between low performance track and field athletes on powerful others dimension of health locus of control.

33. To determine the difference between high and low performance female athletes on powerful others dimension of health locus of control.
34. To determine the difference between high and low performance male athletes on powerful others dimension of health locus of control.

35. To determine the difference between high performance male and female athletes on powerful others dimension of health locus of control.

36. To determine the difference between low performance male and female athletes on powerful others dimension of health locus of control.

37. To determine the difference between high and low performance athletes on chance dimension of health locus of control.

38. To determine the difference between high and low level track athletes with regard to chance dimension of health locus of control.

39. To determine the difference between high and low performance field athletes with regard to chance dimension of health locus of control.

40. To determine the difference between high performance track and field athletes on chance dimension of health locus of control.

41. To determine the difference between low performance track and field athletes on chance dimension of health locus of control.

42. To determine the difference between high and low performance male athletes on chance dimension of health locus of control.

43. To determine the difference between high and low performance female athletes on chance dimension of health locus of control.
44. To determine the difference between high performance male and female athletes on chance dimension of health locus of control.

45. To determine the difference between low performance male and female athletes on chance dimension of health locus of control.

**Hypotheses**

Keeping in view the objectives of the study, the following hypotheses have been formulated:

1. High and low performance athletes would differ significantly on sensation seeking.

2. High and low performance track athletes would differ significantly on sensation seeking.

3. High and low performance field athletes would differ significantly for sensation seeking.

4. High performance track and field athletes would differ significantly on sensation seeking.

5. High performance male and female athletes would differ significantly on sensation seeking.

6. There would be a significant difference between high and low performance athletes on anxiety state.
7. High and low performance track athletes would differ significantly on anxiety state.

8. High and low performance field athletes would differ significantly on anxiety state.

9. High performance track and field athletes would differ significantly on anxiety state.

10. High performance male and female athletes would differ significantly on anxiety state.

11. High and low performance athletes would significantly differ on health locus of control.

12. High and low performance track athletes would differ significantly on health locus of control.

13. High and low performance field athletes would differ significantly on health locus of control.

14. High performance track and field athletes would differ significantly on health locus of control.

15. High performance male and female athletes would differ significantly on health locus of control.
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Significance of the study

Sports performance is considered a byproduct of total personality of an athlete. Sport psychologists have contended that within the limitation the performance of an athlete ultimately depends upon his psychological functioning.

The present study may be considered significant in the following respects.

1. Understanding the nature of sensation seeking of an athlete and help the coaches in identifying the right type of talent for a particular event.

2. The knowledge about health locus of control of an athlete and his subsequent behaviours will provide a clear understanding to the coaches and athletes to adopt right type of health behaviours.

3. The outcome of present investigation will also help the trainer and coaches to formulate an ideal training programme for attainment of peak performance taking into account the effect of stated psychological variables.

4. The result of this study may help to develop new concept on selection of young athletes.

5. The study will also help and guide the research scholars to undertake similar studies in different games and sports so that the best criteria for selection of players may be constructed for better performance.