Chapter - II

Review of Literature

Mental Health of the Sportsmen

Environmental stresses and strains generally lead to mental disturbances and undirectional behaviour. Physical activity is a medium through which good mental health of the sportsmen can be maintained. Clinical evidence from play therapy, group therapy and the use of exercise as a psychiatric adjunct in the treatment of emotionally ill patients indicates that when play, recreational and athletic activities are planned with individual needs in mind, they may be very valuable means of improving emotional health. Highly competitive games and sports do create mental stresses and strains in sportsmen. When sports activities are used for fun, they have medicinal effect on the organism as they supply outlets for the expression of emotion (on outward expression of emotion in approved activities is conducive to the development and maintenance of emotional health) but when sportsmen become professionals and participate in these activities only from the point of view of competition, higher emotional activity occurs. Too much emotional stress is considered to be the greatest killer of life than ordinary diseases. However, scientific evidence exists in abundance to show that participation in sports activities brings emotional stability. Say, for example, athletes are excessively aggressive when the sole aim of their participation is ‘excelling’ and “beating others”. To quote Layman, “When we speak of aggression, we mean the ‘initiation’ of an attack. At this time the psychologists are not in agreement concerning whether aggression, we mean the ‘initiation’ of an attack. At this time the psychologists are not in agreement concerning whether aggressive behaviour is instinctive, is a reaction to frustration or is learned behaviour acquired by means of conditioning. The near-universality of
instigation to aggression to recognized, however, as are the problems this creates from the stand-point of the amount of destructive violence on the international scene and the high incidence of emotional illness centring of problems related to aggression”. Physical education teachers and coaches have to play a very significant role in the maintenance of good mental health of the sportsmen and players under their care and supervision. They should follow certain guidelines in this connection along with the universal principles of mental health.

Firstly, they should avoid using remarks which make one player inferior and the other superior. There is no doubt that the performance of an individual has to be compared in one way or the other but comparisons of socio-economic status, emotional nature, attitudes, interests, aptitudes etc. should, as far as possible, be avoided because this gives rise to the formation of complexes in children. Teachers should understand the nature of each individual and guide him accordingly.

Secondly, players should be grouped suitably keeping in view the individual differences children with higher mental ability and experience should not be mixed up with those having lower mental ability and less experience. This will avoid maladjustment. Every player should feel well-adjusted in the existing set of circumstances and training classes. Similarly experienced players should have separate classes and may not be allowed to dominate the beginners.

Thirdly, all situations causing emotional imbalance may be eliminated. Fear, anger, jealousy, hatred, ill-will etc. are the enemies of good mental health. During training and competition, athletes do become emotional and mentally perturbed if proper attention is not paid to them or when they are handled by an inexperienced teacher. Fear of losing an event or the match, over-aggressiveness in overpowering the opponent, racial and political prejudices etc. affect athletes and their emotional
make-up. To quote Layman again, “Probably for many athletes, competitive sports involve principally instrumental aggression (an attack in which the primary goal is not injury to the enemy as in reactive aggression, but the attainment of the reward) : that is, the athlete attempts to defeat his rival because of the satisfaction he will experience from proving his own competence, and because of the praise and approval, he will receive, but he really does not feel anger toward his opponent. On the other hand, because winning in a sports contest always involves doing injury to another either physically or psychologically, there are some athletes who cannot force themselves to win unless they can perceive the opponent as the enemy, and can experience anger toward him. Otherwise this expression of aggression would generate too much of a feeling of guilt”. Efforts must be made to keep athletes cool-headed and calm. Over-arousal in competition becomes killing for the athlete. All other things being equal, the athlete with cool mind will have an upper edge over the other.

Fourthly, maturity and experience are big factors in helping sportsmen keep themselves healthy. An inexperienced player is likely to lose his head under tense circumstances and unfavourable situations of competition. With the growing in experience and maturity every sportsman gets trained to control and channelize his emotions. It has been observed that temperamental athletes to lose their head when faced with highly competitive situations. The coach must train the sportsmen how to seek guidance and help from others when something goes wrong with their mental as well as physical well-being.

Fifthly, knowledge-theoretical and practical-must be imparted to sportsmen regarding aim and objectives of their activity. Ideals have to be placed before them so that they know what their level of aspiration should be and how much they are capable of achieving ; what their limits and limitations are ; how their strengths and
weaknesses are helpful to them in the accomplishment of their goals so that they are in a position to adjust themselves well in the existing circumstances. In this regard, personal and professional guidance from the coach is of great help. This will help, both the teacher and the athlete, to trace out the causes of maladjustment and remove them as far as possible. The mental-hygiene view-point teaches us that behaviour—whether normal or abnormal—on the field or in the class room—never takes place at random. The doctrine of Determinism holds good as much in the mental realm as in the physical world. It must be clearly kept in mind that behaviour has always some underlying purpose. The sports field presents a variety of situations where behaviour of an individual is studied in its entirety and practically than in a class room. Why an athlete behaves abnormally on the field than he does outside, is the vital question on which mental hygiene should focus its attention. What is required is to get insight into the springs of human behaviour. Behind an abnormal or disorderly behaviour there is always some repressed, unfulfilled wish or desire. Deviant behaviour of an athlete is symptomatic of some frustration being caused by an unsatisfied desire. Hence an enlightened coach delves deep into the causes of such a behaviour and never gives the athlete undue rebuffs of rebukes. Sympathetic attitude, understanding and guidance will definitely do wonders in bringing the athlete to normalcy.

Lastly, sportsmen must be provided with proper rest and relaxation. Relaxation from mental stress is an important factor for good performance. More and more stress is now being laid on how best athletes can be made to relax mentally so that they face competition with an ease. Everywhere Yogic exercises and other techniques are being employed in training athletes how to relax mentally as well as physically. Research investigators have claimed that 80% of organismic energy is consumed when there is mental restlessness because of which cognition, affection and...
conation are badly affected. Hence every physical education teacher should strive to instruct sportsmen how to relax mentally.

Sandip Sankar Ghosh, The purpose of this study was to compare selected physical, anthropometric and psychological variables of national level women Kho-Kho and Kabaddi players in India. Thirty Kho-Kho and thirty Kabaddi players of total sixty players (N=60) were selected as subject. All the subjects were represented national championship as a member West Bengal state team. The age group of the subjects were ranged from (11 – 14) years. In the present study three types of variables were selected viz. i) anthropometric variables - Height, Weight, Body Mass Index (BMI) and Percent Body Fat ii) Physical fitness variables - Speed, Explosive Leg Strength, Cardio-respiratory Endurance, Agility and Flexibility iii) Psychological variables - Self confidence, Dominance, Introversion, Neuroticism and Sociability. In the present study height and weight were measured by anthropometric rod and digital weighing machine respectively. Body Mass Index (BMI) was calculated as a person’s Body Mass in kilograms divided by the squared Height in meters i.e. in kg/m2. Percentage of body fat was calculated through Bio-Impedance-Analyzer (BIA) machine (TanitaTM, Model: BC-554). Physical fitness variables, Speed, Explosive Leg Strength, Cardio-respiratory Endurance, Agility and Flexibility were measured respectively by 30m sprint, Sergeant Jump, Harvard Step Test, 4 X 10m. Shuttle Run test and Sit and Reach Test. Psychological variables - Self confidence, Dominance, Introversion, Neuroticism and Sociability were measured by Burn-Reuter personality inventory questionnaire. Mean and standard deviation of each variable were calculated. The means of respective variables between two games were compared by using t-test. Statistical significance was tested at 0.05 level of confidence. For statistical calculations Excel Spread Sheet of windows version 7 was used. The results
of the study showed that I) *Height, Weight, BMI and % body fat* of the Kabaddi players were significantly higher than the Kho-Kho players. II) *Speed, Explosive Leg Strength, Cardiorespiratory Endurance* and *Agility* of the Kho-Kho players were significantly higher than the Kabaddi players. III) There was no significant difference in *Flexibility* between the Kho-Kho and Kabaddi players. IV) In *Self Confidence* and *Dominance* Kabaddi players had significantly higher value than the kho-kho players. V) But no significant differences were found in *Introversion, Neuroticism* and *Sociability* between the Kho-kho and Kabaddi players.

Sunil Kumar et al., (2011) the main purpose and objective of the present study was to compare the Kabaddi and Kho-Kho players on the selected physical and mental abilities. The purpose of the study one hundred players- 50 from the game of Kabaddi and 50 from the Kho-Kho has been selected on purposively and randomly basis, who has won medal/ position in Delhi Scholl Zonal, Inter-Zonal and participated in National School Games during the 2009 and 2010. All the subjects were regularly practicing and competing in their respective sports competition.

Siddhu and Kumari1993, suggested about the relationship between activity and blood pressure level among 500 adult individual of Punjab positive association between physical activity and Systolic and Diastolic blood pressure were observed in the study further in majority of age groups person with light physical activity show marked higher incidence of hypertension than their medium and heavy physical activity counterpart.

Bhomik1993 conducted a comparative study on selected physiological parameter between Soccer and Kabaddi players. The purpose of the study was to compare and contrast the selected physiological parameters between soccer and Kabaddi players.
Raglin JS. (2001) to investigate that the mental health model and psychological factors in sports performance. Studies have shown that between 70 and 85 of successful and unsuccessful athletes can be identified using general psychological tools of personality structure Longitudinal Mental health model research indicates that the mood state responses of athletes exhibit a dose response relationship with their training load, a finding potential for reducing the incidence of the staleness syndrome in athletes who undergo intensive physical training.

Mental health refers to the full and harmonious functioning of our total personality as well as to our bio-socio-psychological and spiritual well being (Dandapani, 2000). It is related to the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders. Mental health is a term used to describe how well the individual is adjusted to the demands and opportunities of life. The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (The World Health Report, 2001). Mental wellness is generally viewed as a positive attribute, such that a person can reach enhanced levels of mental health, even if the person does not have any diagnosed mental health condition. This definition of mental health highlights emotional well being, the Emotional Competence of Prospective Teachers 85 capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenges (en.wikipedia.org). Coleman (1970) defined mental health as “the ability to balance feelings, desires ambitions and ideas in one's daily livings and to face and accept the realities of life. It is the habit of work and attitude towards people and things that brings maximum satisfaction and happiness to the individuals”. In the book entitled
'Mental Hygiene in Public Health”, Lewkan (2006) has written that a mentally healthy individual is one who is himself satisfied, lives peacefully with his neighbours, makes healthy citizens of his children and even after performing these fundamental duties has enough energy left to do something for the benefit of society. Emotional mental disorders are a leading cause of disabilities worldwide. Investigating the degree and severity of untreated emotional mental disorders throughout the world is a top priority of the World Mental Health (WMH) survey initiative, which was created in 1998 by the World Health Organization (WHO) (Thornicroft, 2007).

Leanne C. Findlay and Anne Bowker (2009) to search the Link between Competitive Sport Participation and Self-concept in Early Adolescence: A Consideration of Gender and Sport Orientation. The current study explored specific aspects of sports and individuals on 4 domains of the self-system (physical competence and physical appearance self-concept, global physical and general self-esteem). Participants were 351 adolescents ($M$ age = 13.45, $SD$ = 1.25 years, males $n = 132$) recruited from elite sports and regular school classrooms. Participants were separated into groups based on sports participation (elite athletes, $n = 171$, competitive athletes, $n = 71$; and non-athletes, $n = 145$). The intensity of the activity (strenuous, moderate, and mild), the level of athleticism (competitive, elite, non-athlete), gender, and sport orientation (win, goal, competitive) were examined. The level of athleticism (elite, competitive, and non-athlete) was found to be positively related to physical competence and appearance self-concept as well as global physical and general self-esteem. Analyses revealed a significant difference between the non-athletes and both the competitive and elite groups (with a difference between the latter two for physical competence only). Sport orientation was found to moderate the relation between athleticism and general self-esteem; non-athletes who had a greater
win orientation or lower competitive orientation were also lower in self-esteem. Thus, the fit between the level of competition and self-concept may depend on characteristics of the individual such as her/her sport orientation.

Findlay LC, Bowker A. (2009) the link between competitive sport participation and self-concept in early adolescence: a consideration of gender and sport orientation. The current study explored specific aspects of sports and individuals on 4 domains of the self-system (physical competence and physical appearance self-concept, global physical and general self-esteem). Participants were 351 adolescents (M (age) = 13.45, SD = 1.25 years, males n = 132) recruited from elite sports and regular school classrooms. Participants were separated into groups based on sports participation (elite athletes, n = 171, competitive athletes, n = 71; and non-athletes, n = 145). The intensity of the activity (strenuous, moderate, and mild), the level of athleticism (competitive, elite, non-athlete), gender, and sport orientation (win, goal, competitive) were examined. The level of athleticism (elite, competitive, and non-athlete) was found to be positively related to physical competence and appearance self-concept as well as global physical and general self-esteem. Analyses revealed a significant difference between the non-athletes and both the competitive and elite groups (with a difference between the latter two for physical competence only). Sport orientation was found to moderate the relation between athleticism and general self-esteem; non-athletes who had a greater win orientation or lower competitive orientation were also lower in self-esteem. Thus, the fit between the level of competition and self-concept may depend on characteristics of the individual such as her/her sport orientation.

The importance of physical self-concept rests in the relationship between the individual’s personal set of beliefs and their subsequent behaviour. The measurement
of physical self-efficacy has been utilized to establish relationships among one’s overall self-perceptions and their subsequent participation in physical activities. To increase overall self-worth through a positive change in physical self-concept does not automatically result from participation in physical activity programs but such programs can be utilized to incrementally improve the physical self-concept perceptions of the individual (Fox, 2000). In this sense, investigations conducted by Sonstroem et al. (1992), Page et al. (1993), and Asçi (2005) have found that more favourable perceptions of one’s physical capacity contribute to an increase in levels of participation in physical activity.

There is some empirical support for the hypothesis that congruence between self and experience leads to better personality adjustment and less defensiveness (Chodorkoff, 1954; cited in Rogers, 1959). Some research has also tended to support the idea of changes in self-concept occurring as a result of therapy (Butler & Haigh, 1954; cited in Rogers, 1954). However, Maddi (1996) raises an interesting point regarding such studies. While it has been found that self-descriptions move toward ideals after counseling and one would assume the closer a person is to full functioning the smaller the discrepancy would be, statements of ideals may be operational representations of conditions of worth, which are socially imposed. Conditions of worth are to be dissolved rather than moved toward for full functioning in this theory. Rogers sees the common human condition as one of incongruence between self and experience, this does not minimize his ultimate belief in the autonomy of human beings. Rogers (1977, p15) sees the human being as: "capable of evaluating the outer and inner situation, understanding herself in its context, making constructive choices as to the next steps in life, and acting on those choices". This illustrates a belief in agency and free will. While humans behave rationally, Rogers (1961, p.195)
maintains that: "The tragedy for most of us is that our defenses keep us from being aware of this rationality so that we are consciously moving in one direction, while organismically we are moving in another." Unlike Freud, Rogers did not see conflict as inevitable and humans as basically destructive. It is only when "man is less than fully man", not functioning freely, that he is to be feared (1961, p.105). The human capacity for awareness and the ability to symbolize gives us enormous power, but this awareness is a double-edged phenomenon: undistorted awareness can lead to full functioning and a rich life, while distortions in awareness lead to maladjustment and a multitude of destructive behaviors (Rogers, 1965).

The "maladjusted person" is the polar opposite of the fully functioning individual (who was introduced early in this essay). The maladjusted individual is defensive, maintains rather than enhances his/her life, lives according to a preconceived plan, feels manipulated rather than free, and is common and conforming rather than creative (Maddi, 1996). The fully functioning person, in contrast, is completely defense-free, open to experience, creative and able to live "the good life". Empirical support for the fully functioning person is somewhat mixed. The openness to experience characteristic has been supported (Coan, 1972; cited in Maddi, 1996). However, some studies have found that openness to experience and organismic trusting did not intercorrelate, contrary to expectations (Pearson, 1969, 1974; cited in Maddi, 1996). Ryckmann (1993) notes that some studies have found non-defensive people are more accepting of others and Maddi (1996) cites numerous studies that indicate self-accepting people also appear to be more accepting of others.

It is somewhat puzzling given his humanistic emphasis on individuality, that Rogers describes only two extremes of people. Maddi (1996) suggests these extreme characterizations of only two types may be due to this personality theory being
secondary to a theory of therapy. It is appropriate for a theory of psychotherapy to concern itself with the two extremes of fullest functioning and maladjustment. However, when theorizing about all people, two types are insufficient. Carl Rogers was most interested in improving the human condition and applying his ideas. His person-centered therapy may well be his most influential contribution to psychology. Rogers' pervasive interest in therapy is what clearly differentiates him from Maslow, despite some similarities in their ideas. The person-centered approach has had impact on domains outside of therapy such as family life, education, leadership, conflict resolution, politics and community health (Krebs & Blackman, 1988). In my opinion, Rogers greatest contribution may lie in his encouraging a humane and ethical treatment of persons, approaching psychology as a human science rather than a natural science.

The self-concept of athletes has been the topic of considerable research, much of which has demonstrated the benefits of sport participation for the self-concept (See for example Trujillo 1983; Young 1997; Ziegler 1991). Of the many different kinds of athletic participation studied, amateur bodybuilding has not been one of them. While bodybuilders have been the focus of recent sociological and anthropological investigations (Aycock, 1992; Balsamo, 1994; Bolin, 1992; Fisher, 1997; Guthrie, Ferguson, & Grimmet, 1994; Heywood, 1998; Klein, 1993; Johnston, 1995; 1996; Lowe, 1998; Mansfield & McGinn, 1993; Mekolichick, 2001; Miller & Penz, 1991; Obel, 1996; Roussel & Griffet, 2000), the investigations on the self-concept of amateur bodybuilders has almost exclusively been on the issue of self-esteem, and none have examined the potential benefits that participation in bodybuilding can have on other aspects of the self-concept. As such, several components of the bodybuilder’s self-concept have yet to be examined and the potential benefits of participation have
yet to be assessed. Mekolichick (2001) calls for the examination of the bodybuilder identity, authenticity, and self-efficacy to obtain a better understanding of the self-concept of bodybuilders.

Studied aspects of the athlete's self-concept have included self-esteem, identity, and self-efficacy, among others (See for example Donnelly & Young, 1988; Ewald & Jiobu 1985; Hughes & Coakley 1991; McAuley, 1992; Mekolichick 2001). However, research has yet to examine these aspects together within one study to obtain a picture of the athlete's self-concept. The goal of this paper is to examine these elements jointly using amateur bodybuilders. Within social psychology, specifically symbolic interactionism, the self-concept is viewed as consisting of multiple components (Mead, 1934). Generally speaking, the self-concept consists of attitudes (or evaluations) about the self and the content (or identities) that comprise the self(Rosenberg, 1979). Self-evaluations can be further divided into self-esteem, self-efficacy, and authenticity (see Gecas 1986 for a review). As such, most symbolic interactionist theory and research on the self-concept acknowledges four important components of the self: self-esteem, self-efficacy, identities, and authenticity (See Gecas & Burke, 1995 for a review). These four components of the self are the primary emphasis here. Below I discuss each by addressing their conceptualization, relationship to other components of the self, and the research conducted using the component among bodybuilders.

In reference to gender, research indicates that boys and girls usually differ in both global and specific self-concept dimensions (Eklund, Whitehead, and Welk, 1997). In general, investigators have noted less favorable physical self-perceptions for females in comparison to males (Boyd and Hrycaiko, 1997; Goñi and Zulaika, 2000;
Hagger, Biddle, and Wang, 2005; Harter, 1978; Hattie, 1992; Jackson and Marsh, 1986; Marsh, 1998; Weiss and Bredemeier, 1983). These less favorable self perceptions for girls have been found with regard to specific physical self-concept dimensions, including perceived sport competence, physical condition and strength (Asçi et al., 2005; Maïano et al., 2004; Marsh, 1998; Welk and Eklund, 2005), physical attractiveness (Hagborg, 1994; Maïano et al., 2004; Marsh, 1998), and overall physical self-appraisals (Asçi et al., 2005; Gutiérrez, Moreno, and Sicilia, 1999a; Maïano et al., 2004; Marsh, 1998; Whitehead and Corbin, 1997). It is important to remember that the social cultural context exerts a clear effect on physical self-concept characteristics. Roberts (1995) and Ruiz (1995) have noted that motor competence diminishes with age in girls which can have correspondent effects on perceived competence. A lack of perceived competence can affect level of involvement in physical activity. Gender stereotypes about various physical activities in sport can also influence the sport and physical activity of girls. The study by Solmon, Lee, Belcher, Harrison, and Wells (2003) indicated that when girls perceived an activity to be more appropriate for males than for females, they typically demonstrate lower perceived competence in that activity. In this same way, Ruiz, Graupera, Rico, and Mata (2004) speak of clashing self concepts. Boys may be more motivated to participate in competitive activities and girls in cooperative activities as a consequence of differences in preferred styles of social interaction. The study by Asçi et al. (2005) indicated that Turkish girls score lower on self-ratings of physical attractiveness than do Turkish boys and the same patterns hold for American girls (Whitehead, 1995), whereas Estonian girls score more highly than their Turkish and American counterparts (Raudsepp, Kais, and Hannus, 2004). Education provides an important socialization experience for youngsters. Physical Education contributes to
the development of the physical self-concept of youngsters and to attitudes toward the practice of physical activity that can extend through the lifetime. This physical activity involvement allows for the participation of the individual in a social environment without renouncing their unique personal identity that uniquely identifies the individual as a member of society. Children between the ages of 10 and 11 years undergo physical changes that affect the physical development of both males and females as well as the process of personal and social identity construction. As Lirgg (1993) mentioned, the inclusion of males and females of this age in coeducational physical education classes serves to make physical development salient to individuals and can contribute to an uncomfortable situation for many students at this phase of adolescence. In this regard, the process of physical self-concept formation can certainly be influenced by physical growth and development during adolescence some researchers has noted, it is difficult to directly understand how self-esteem is affected by the child’s developmental status. Certain studies with pre-adolescent youth attribute the lack of strong correlations between the different domains of physical self-concept during adolescence to the fact that the components of physical self-concept are still becoming differentiated throughout the adolescence phase (Alsaker and Olweus, 1993).