CHAPTER 1

INTRODUCTION
CHAPTER-I
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In the present scenario of competitive world of sports, it is not only physical differentials which matter but the psychological make up of an individual is also of paramount considerations as it plays decisive role in the performance of the competitors. Sport psychology is concerned with psychological factors that influence participation and performance in sports. Sport psychology is a division of psychology aimed at better preparing the mind of an athlete for competition. Sports psychologists study motivation, personality, anxiety, group dynamics, leadership, mental imagery, self concept, aggression, and many other dimensions of participation in sports and games. It is well established by now that there are numerous psychological factors which effect and improve the sports performance. Sports psychologists, coaches and physical educators teach sports psychology and work with athletes to improve performance and enhance the quality of the sports and games.

The area of applied sports psychology has grown tremendously in recent years, as evident by the number of physical educators, coaches and athletes now looking to sports psychology for a competitive edge. These individuals have turned to various psychological training programmes to learn, among other things, ways to manage competitive stress, control concentration, develop confidence, increase communication skills and team harmony. The aim of psychological interventions is to learn consistently to create the ideal mental climate that unleashes those physical skills that allow athletes to perform at their best. In the past few decades, the sports psychologists have involved in mental health issues and they have extended their efforts to include physical health problems and illness. This development is certainly important, since mental health and physical health often go hand to hand. Rushall (1989) has stated, “Psychology is the key to athletic excellence”. For example, when physical, technical and mental
readiness of Olympic athletes was assessed; only mental readiness significantly predicted Olympic success.

Landers (1994) observed that a definite relationship exists between exercise and improved mental health. This is particularly evident in the case of reduction of anxiety and depression. There is now, considerable evidence from over hundreds of studies with thousands of subjects to support the claim that related exercises play a vital role in relieving the symptoms of depression and anxiety. Obviously, more research is needed to determine if this overall relationship is causal and there is also a need to examine further some of the variables that are believed to moderate the overall relationship. For many of the other variable related to mental health, the initial meta-analyses have shown evidence that is promising. Compared to the area of depression and anxiety, however, there is either a need for more research on these topics or more quantitative reviews of the expansive research that already exists. The area of exercise and self-esteem also needs quantitative reviews of literature that already exists. It appears that aerobic exercise enhances physical self-concepts and self-esteem, but more research needs to be done to confirm these initial findings. Exercise is related not only to a relief in symptoms of depression and anxiety but it also seems to be beneficial in enhancing self-esteem, producing more restful sleep, and helping people recover more quickly from psycho-social stressors. The overall positive patterns of the meta-analytic findings for these variables lend greater confidence that exercise has an important role to play in promoting sound mental health.

Competitive sports are being focused upon by researchers of different scientific fields in order to explore the possibility to know the different psychological variables which bear upon it. Sports psychologists are investigating to identify such variables which contribute to competitive success and also the behavioural patterns which result from training and participation in one sports activity or the other. In the present context, an individual is undoubtedly also influenced by social forces which affect the
behaviour and sports performance. Hence, psychological determinants are important in the study of human performance in any field; as performance is the result of these specific traits and characteristics. Mental health, self-esteem and sports competition anxiety are few attributes which do affect an athlete’s sports performance.

Today’s physical and psychological training programmes are more and more intensive, especially in the case of elite athletes. The role of scientific and systematic preparation has become even more vital as neither physical standard nor skill level decides the performance outcome of an athlete but it is the psychological parameters of an individual which decide the medalist and non-medalist in a competition. An athlete requires something extra for the accomplishment of extra-ordinary performance in the area of sports. Suinn (1977) “Something extra as intending to win instead of hoping to win “It is ability to concentrate completely on performance in situation in which physical skills are to be closely matched with the competitor’s psychological approach which ultimately becomes the critical factor that determines who wins.

In the present competitive scenario, psychological aspects are given more and more emphasis in order to bring out the optimum level of sports performance. It has become clear over the past two decades that psychological interventions can help teams and athletes to perform their best. These keen struggles for excellence have made sports scientists to explore and emphasize on these psychological determinants. These variables always have path to success and failure in the field of games and sports. There has been a consented effort to boost the performance level in sports through physical as well as psychological training of the athletes. When physical skills are evenly matched with the psychological determinants, then performance level enhanced. It is the combination of psychological make up and physical readiness that distinguish successful athletes from their unsuccessful counterparts.
Psychological determinants are of utmost importance when we talk about human performance in any field; more so in case of sports arena. There have been some researches in the field of sports that highlight the event or sports traits of different athletic groups. In the present scenario of sports, the selection of athletes for the particular event or sports, not only depend upon the level of skills and physical characteristics but also the psychological dimensions suitable for the demand of event or sports. To achieve the best outcomes of the performance one must understand the dynamic of psychological determinants such as Mental health, self-esteem and sports competition anxiety

MENTAL HEALTH

Psychological and physiological aspects are important for health and physical fitness. A psychologically healthy athlete can adjust to any environment and lives peacefully. Mental health involves positive feelings and attitudes towards self and towards others. The scope of mental health is physical, mental and social one-ness of health along with the concept of harmonious development of an individual.

Mental health is a great deal more than mere absence from mental illness or realization of self formed values. It implies a degree of maturity of mind and emotional development proportional to an individual's chronological age and related to his social and emotional background. Mental health calls for integration of personality and it signifies judgment freed from distortion due to emotional pressure and secondly consciousness freed from the obsession of the self. Positive Mental Health can be achieved if the following conditions are kept in view; good Physical Health, self acceptance, accepting other people, a confidential relationship, an active attitude, social participation, satisfying work, creative experiences and scientific approach. The term mental health has been defined by different authors and psychologists in different ways.
Kamau (1992) grouped mental health into three categories as medical, psychological and social phenomenon.

1. Mental health as a Medical Phenomenon: Those who view mental illness in disease terms believe that constitutional factors are largely responsible for many mental conditions and that genetic and biological factors play an important, if not prominent part in exploring the cause of mental illness.

2. Mental Health as a psychological Phenomenon: Those who view mental illness as primary disturbance of the personality conceive of such problem as repertories of behaviour and patterns of feeling which have become deeply rooted as a result of the child’s social development and which persists through time, although they are inappropriate to effective social functioning and personal comfort.

3. Mental Health as a social phenomenon: Such theorists maintain that persons are labeled mentally ill because they fail to conform to certain social standards either because of their own unique understandings and view points or because of their failure to develop certain social skills which others define as necessary. They argue that such differences are problems in living which develop because of confusion in communication maintenance of particular social rules; an enforcement of certain moral standards.

Cutts and Mosley (1941) “Mental health is the ability to adjust satisfactorily to the various strains we meet in life and mental hygiene as the means we take to assume this adjustment”.

Laycock (1944) defined mentally healthy person as “one who has achieved a satisfactory philosophy of life, understand his or her own problems, has achieved social adequacy, emotional maturity and balance, finds enjoyment in his / her work and has established a good set of living habits.”
Rumke (1950) said that "Mental health includes the discovery of the possibilities and forms which can bring the realization of the tendency existing in every man to have a value system that transcends the individual”.

Saddy (1950) "It is essential to consider individual as a whole and include in its scope physical, mental and social oneness of health along with the concept of harmonious development in a changing environment."

Smith (1953) has pointed out mental health and mental illness is inevitably rooted in value of judgments about what is good, true and beautiful in human society and in the individual human being.

Shaffer and Shoben (1956) positive Mental Health can be achieved if the following conditions are kept in view:

2. Self acceptance.
3. Accepting other people.
5. An active attitude
7. Satisfying work
8. Creative experiences.

Candau (1959) Mental illness has usually gone unrecognized until they were so far advanced that they were very difficult to treat. One reason for the delay lays in our attitude towards mental health. Fortunately, the old hopeless belief that mental diseases are wholly predetermined by heredity, and therefore, undoubtedly has given way before the evidence that environment may also play an important part, particularly in childhood.

Jahoda (1959) while discussing current concepts of positive mental health pointed out its various dimensions and suggested six major
categories in order to understand the nature of mental health. These six categories reflecting the various dimensions of positive mental health are:

1. An attitude toward one's self, in which — self inspection leads towards acceptance of weaknesses and pride in strengths; a clear image of what one really is, and an identification with it so that one is motivated towards inner stability.

2. Growth and development toward self-realization of one's potentialities, a blending of one's total personality toward achieving the better of what one might become.

3. Integration of personality involving a balance of psychic forces, a unified outlook on life and some capacity for withstanding anxiety and stress.

4. Autonomy of action in which the individual determines behaviour from within instead of drifting with the impact of present stimuli independence in the face of difficulties.

5. A perception of reality which is relatively free from what one wishes things might be and which involves his being attentive to and concerned with the welfare of others.

6. Mastery of the environment through:
   - The ability to love.
   - Being adequate in love, work and play.
   - Competence in human relations.
   - Capacity to adapt oneself to current circumstances.
   - Ability to draw satisfaction from environment, and Willingness to use problem solving approaches in the life processes.
Hewitt (1960) views, “Mental health as a condition of personality which includes active adjustment to meet and overcome problems, a maintenance of inner stability, even when faced with new conditions and a realistic judgment of the world in which one lives and sees oneself as a part of that world”.

Auckerman (1961), "Positive mental health is a process, not a static quality in the possession of anyone. It is not self-sustained. It can be maintained only by continuous striving and the emotional support of others needed to pressure it."

Peck and Mitchell (1962), “The mental hygienists feel that characteristics like rationality, autonomy, initiative, emotional maturity, self-realizing, drive, self-acceptance and respect for others must be included in a definition of mental health”.

Deutsch and Fishman (1963), "Mental health is a state of being which is relative rather than absolute, in which a person has effected a reasonably satisfactory integration of his instinctual drives. His integration is acceptable to himself and to his social milieu, as reflected in the satisfactory nature of his interpersonal relationships, his level of satisfaction in living, his actual achievement, his flexibility, and the level of emotional maturity he has attained."

Crow and Crow (1963), "Mental health is a physical well being, adjustment to mental ability, emotional, social adjustment of sex adjustment condition".

Schneider (1964) finds, Mental Health as such represents a psychic condition which is characterized by mental peace, harmony and content. It is identified by the absence of disability and debilitating symptoms, both mental and somatic in the person.
Bowman (1965) included identity strength in the concept of mental health. He suggested that for achieving and maintaining mental health, promotion of identity strength and prevention of excessive strain on identity formation are essential.

Saddy (1967) stressed among other points that the response at the mentally healthy person to life is without strain, that he is capable of both friendship and aggressiveness, that he is consistent and self-reliant but can accept aid and that his private beliefs are a source of strength to him.

The National Association of Mental Health of America (1964) described a mentally healthy person as, “one who feels comfortable about himself, feels right about other people and is able to meet the demands of life”.

Kaplan (1971), “Mental health involves a continuous adaptation to changing circumstances, a dynamic process where a living, reaching being strives to achieve a balance between internal demands and the requirements of a changing environment”.

Wolman’s Dictionary of Behavioural Sciences (1973) defined mental health as a “state of relatively good adjustment, feeling of well being and actualization of one’s potentialities and capacities”.

Webster’s International Dictionary (1976) described the mental health as “The science and preventing the development of psychosis, neurosis or other personality disturbances”.

International Dictionary of Education (1977), “Mental Health or Mental Hygiene is the maintenance of satisfactory personality adjustment and a relative absence of mental disorders.”

World Health Organization (1981), “The scope of Mental Health programme has been enlarged to include not only psychiatry and neurology
but also psycho-social, biological and other aspects of health and development in general.

Encyclopedia of Britanica (1982) The term "Mental health" represents a variety of human aspirations; rehabilitation of the mentally disturbed, prevention of mental disorder, reduction of tension in conflict and attainment of a state of well-being in which the individual functions at a level consistent with his mental and physical ties.

Longman’s Dictionary of Psychology and Psychiatry (1984) states “Mental health is a state of mind characterized by emotional well being, relative freedom from anxiety and disabling symptoms, and capacity to establish constructive relationship and cope with ordinary demands and stress of life”.

Jaggi (1984) presented a vivid picture of mentally healthy person as “A healthy person’s response to life is without strain; his ambitions are within the scope of practical realization; he has a shrewd appreciation of his own strength and weakness; he can be helpful, but can also accept aid. He is resilient in failure and level headed in success. He is capable of friendship: and of aggressiveness when necessary. His pattern of behaviour has consistency so that he is true to himself, and no one about him will feel that he makes excessive demands on his surroundings; his private beliefs and personal values are a source of strength to him”.

Verma (1988) stated, “Mental health is aptly defined as full and harmonious functioning of the total personality, realizing over full potential in world of work, with satisfaction and contentment to ourselves and benefit to the society”.

Chakarborty (1990) in his study, “Social Stress and Mental Health”, states that mental health broadly includes people’s subjective stresses, joys, sorrows and what is now fashionably called ‘quality of life’.
Landers (1994) observed that for many variables there is now ample evidence that a definite relationship exists between exercise and improved mental health. This is particularly evident in the case of a reduction of anxiety and depression. For these topics, there is now, considerable evidence derived from over hundreds of studies with thousands of subjects to support the claim that "exercise is related to a relief in symptoms of depression and anxiety." Obviously, more research is needed to determine if this overall relationship is "causal" and there is also a need to examine further some of the variables that are believed to moderate the overall relationship. For many of the other variables related to mental health, the initial meta-analyses have shown evidence that is promising. Compared to the area of depression and anxiety, however, there is either a need for more research on these topics or more quantitative reviews of the expansive research that already exists. For example, the relatively new research of the influence of exercise on positive mood states is in need of more research studies, whereas the area of exercise and self-esteem needs quantitative reviews of the expansive research literature that already exists. At the present time, it appears that aerobic exercise enhances physical self-concept and self-esteem, but more research needs to be done to confirm these initial findings. Exercise is related not only to a relief in symptoms of depression and anxiety but it also seems to be beneficial in enhancing self-esteem, producing more restful sleep, and helping people recover more quickly from psychosocial stressors. The overall positive patterns of the meta-analytic findings for these variables lend greater confidence that exercise has an important role to play in promoting sound mental health.

Jones and O'Beney (2004) expressed that participation in physical activity and sports help to improve mental health problems, either as a sole intervention or in conjunction with other therapeutic options. In addition, non participation in physical activity can be detrimental to health generally, and there is an increasing call for physical and sports activity to become part of a person's rehabilitation program. Unfortunately, its role is neither fully
understood nor acknowledged by many mental health providers as well as the common man. Changing this could be simply through a re-think of current training and service delivery to promote participation in physical activity as a core activity. The physical activity and mental health research base is relatively recent compared to the body of evidence on the benefits of activity for physical health and disease. The significance of the relationship between physical activity and mental wellness may be undervalued both in its short and longer term effects. Regular participation in physical or sports activity is necessary for the accumulation of benefits. The literature supports this premise, indicating that mental health outcomes also motivate people to persist in such activity.

**SELF-ESTEEM**

Self-esteem is related to many forms of behaviour. A person who is high in self-esteem tends to report fewer negative emotions and less depression than an individual low in self-esteem. Similarly, an individual high in self-esteem is better able to handle stress and experience fewer negative health effects when exposed to it. A person high and low in self-esteem seems to respond to positive and negative feedback in very different ways. High self-esteem individual has no difficulties accepting compliments, success and other forms of positive feedback. He tends to reject or ignore negative feedback. An individual low in self-esteem, in contrast, readily accept negative feedback. In psychology, self-esteem reflects a person's overall evaluation or appraisal of his or her own worth. Self-esteem encompasses beliefs (for example, "I am competent /incompetent") and emotions (for example, triumph/despair, pride/shame). Behavior may reflect self-esteem (for example, assertiveness/shyness, confidence/caution).

Self-concept refers to the general idea we have of ourselves and self-esteem refers to particular measures about components of self-concept. Some authors even use the two terms inter-changeably.
Self-esteem is your overall opinion of yourself, how you honestly feel about and value yourself. Self-esteem involves judging your worth as a person. Athletes with low self-esteem, on the other hand, put little value on their opinion and ideas and constantly think that they are not good enough and not perform well. Self-esteem has been the subject of social research. The effort to boost the self-esteem of athletes through special social and psychological training with opponents believing it would lead to enhance the top level performance in the competitions. Self-esteem is shaped by your relationships, experiences and thoughts.

Athletes with high and positive views of themselves feel that they are better or worthy more than others. They may become prideful and arrogant. They may become self-indulgent and believe that they deserve special privileges. Athletes with negative self-esteem are worthless than others. They put little value on their opinions, ideas and performance, often feel ashamed of themselves. Healthy self-esteem promotes mental well-being and assertiveness. Healthy self-esteem lies in the middle of the two extremes. It means having a balanced, accurate view of yourself. With healthy self-esteem, athletes are confident and think positively about their strength, abilities and physical appearance, which help them to improve all the aspects of their performance.

Therefore, self-concept might be defined as a conscious, cognitive perception of how one sees oneself, where as self-esteem is the evaluation of how one feels about that self-concept/self-concepts. Thus, one way of thinking about self-esteem is, as the evaluative function of the many self-concepts one has, regarding all the various roles, one plays and the relative value one places on these roles. Thus, one may be poor in athletics and if it does not have critical role to play in ones events/games, but if the same has been kept ignored, it may not have an adverse effect on one's self-esteem. Physical educators, coaches and sports psychologists agree that we need to develop athletes with healthy and high self-esteem characterized by
tolerance and respect for other athletes, who accept responsibility for their actions, have integrity, take pride in their events or sports, self-motivated, willing to take risks, capable of handling criticism, loving and lovable, seek the challenge and stimulation of worthwhile and demanding goals. In other words, we need to help foster the development of people who have healthy or authentic self-esteem because they trust their own being to be life affirming, constructive, responsible and trustworthy. Unfortunately, efforts to convey the significance and critical nature of self-esteem have been hampered by misconceptions and confusion over what is self-esteem. Some have referred to self-esteem as merely feeling good or having positive feelings about oneself. Others have gone so far as to equate self-esteem with egotism, arrogance, conceit, narcissism, a sense of superiority, a trait leading to violence. Such characteristics cannot be attributed to authentic, healthy self-esteem, because they are actually defensive reactions to the lack of authentic self-esteem, which is sometimes referred to as self-esteem.

Athletes with defensive or low self-esteem typically focus on trying to prove themselves or impress others. They tend to use others for their own gain. Some act with arrogance and contempt towards others. They generally lack confidence, often have doubts about their worth and acceptability, and hence are reluctant to take risks or expose themselves to failure. They frequently blame others for their shortcomings rather than take responsibility for their actions.

One of the difficulties in trying to reach agreement on the nature of self-esteem is due to the fact that it has been approached from several different perspectives. Some have seen it as a psychodynamic, developmental process; others have approached it from the perspective of the cognitive-behaviorist in terms of various coping strategies; others have viewed it from the position of a social psychologist in terms of attitudes, while others have focused on the experiential dimensions of self-esteem as a humanistic psychologist. Since self-esteem has both psychological and
sociological dimensions, this has made it difficult to come up with a comprehensive definition, and rarely have both dimensions been taken into consideration together in conducting research studies. Different authors defined self-esteem in different ways.

James (1890) presents self-esteem as a ratio found by dividing one's successes in areas of life of importance to a given individual by the failures in them or one's "success / pretensions".

Branden (1969) briefly defined self-esteem as "the experience of being competent to cope with the basic challenges of life and being worthy of happiness". His description of self-esteem includes the following primary properties:

1. Self-esteem as a basic human need, i.e., "it makes an essential contribution to the life process", "...is indispensable to normal and healthy self-development, and has a value for survival."
2. Self-esteem as an automatic and inevitable consequence of the sum of individuals' choices in using their consciousness
3. Something experienced as a part of, or background to, all of the individuals thoughts, feelings and actions.

Maslow (1987) included self-esteem in the widely accepted hierarchy of needs. He described two different forms of esteem: "the need for respect from others and the need for self-respect, or inner self-esteem."

Holly (1987) compiled a summary of some 50 studies and indicated that self-esteem was more likely the result than the cause of academic achievement. He did acknowledge that a certain level of self-esteem is required in order for a student to achieve academic success and that self-esteem and achievement go hand in hand. They feed each other.

Covington (1989) reported that as the level of self-esteem increases, so do achievement scores; as self-esteem decreases, achievement scores
decline. Furthermore, he concluded that self-esteem can be modified through direct instruction and that such instruction can lead to achievement gains. Specifically, students’ perceived efficacy to achieve, combined with personal goal setting has been found to have a major impact on academic achievement.

Harter (1990) defines self-esteem as how much a person likes accepts and respects him-self and her-self over all as a person.

Blascovich and Tomaka (1991) refers to an individual's sense of value or worth, or the extent to which a person values, approves of, appreciates, appraises, or likes him / herself.

Franken (1994) suggests self concept is related to self-esteem. People who have good self-esteem have a clearly differentiated self concept and when people know themselves, they can maximize out comes because they know that they can and can not do.

Clarke (1998) self-esteem is feeling loveable and capable. They are two sides of the same coin. Self-esteem is both gleaned from those around us (being loved and valued) and earned (becoming a capable, growing person). Both components are equally important.

Crocker and Wolfe (2001) people differ in their bases of self-esteem. Their beliefs — beliefs about what they think they need to do or who they need to "be" in order to class as a person of worth — form these bases.

Woolley (2001) defines self-esteem as a reasonable or justifiable self respect. Furthermore, prior to the tournament, self-esteem was found to be significantly higher for those competitors who would achieve a trophy relative to those who would not earn a trophy. Problems with this approach come from making self-esteem contingent upon success: this implies inherent instability because failure can occur at any moment.
Crocker et al. (2004) identified that people confuse the boosts to self-esteem resulting from successes with true human needs, such as learning, mutually supportive relationships, autonomy, and safety.

Crocker et al. (2004) claims that people do not seek "self-esteem", but basic human needs, and that the contingencies on which they base their self-esteem has more importance than the level of self-esteem itself.

There is, however, general agreement that the term self-esteem includes cognitive, affective, and behavioural elements. It is cognitive as one consciously thinks about oneself as one considers the discrepancy between ones’ ideal self, the person one wishes to be, and the perceived self or the realistic appraisal of how one sees oneself. The affective element refers to the feelings or emotions that one has when considering that discrepancy. The behavioural aspects of self-esteem are manifested in such behaviours as assertiveness, resilience, being decisive and respectful to others. In addition, although self-esteem is generally stable, it can fluctuate from time to time.

**COMPETITIVE ANXIETY**

Performing to the best of abilities has become more relevant in today’s sports, because of the extensive media exposure. Sports are at the peak of their popularity all throughout the world, cutting across the barriers of richness or poverty, nationality, race or religion. In order to sustain the tremendous expectations of the fans and also to maintain a high ranking in the international arena, it is important to perform well. Self confidence, strong resolve, humility to accept defeat and experience are the best tools to counter the effects of anxiety. Anxiety is not a disease that a sportsperson can get rid of, once and for all. It has to be used as a booster to improve performance, to achieve sporting glory.
Anxiety can be classified in two ways; trait anxiety and state anxiety. State anxiety is situational stress induced by situations in the game. A sportsperson’s autonomic nervous system is aroused in this state which is the natural reaction of any individual. On the other hand, trait anxiety can be thought of as a world view that an individual uses when coping with stress. In sports, individuals who are state anxious and low on the trait anxiety in tough situations, often deliver good performances consistently. Whereas, athletes who have higher levels of trait anxiety, added with the state anxiety, tend to perform below expectations.

The ability to deal with anxiety is an integral part of sports training. People who are able to overcome their anxiety, perform much better than some of the strongest contenders of the game. Sports bring out the best qualities in every individual. Every faculty of the human body, whether physical or mental, is stretched to its limits while playing a competitive game. In today's world, the standard of all games has increased considerably. Elite sportspersons are finding it increasingly difficult to sustain their dominance in their respective sports. The mental state of a sportsperson plays a vital role in his or her performance. Anxiety sets in when an individual begins to doubt his or her capacity to deal with the situation which builds stress. Quite often it is not the talent that decides your performance; it simply depends on the way you deal with the ups and downs of the game.

There is always a pre-defined region of anxiety in a sportsperson, before the start of any game, bout or a race. When this anxiety is at the optimum level, it can lead to a significantly better performance. If the level exceeds or falls below this region of anxiety, it can adversely affect the performance. Competitive anxiety has been defined as the tendency to perceive competition situations with feeling of apprehension or tension. It is a natural phenomenon. No human being is free from fear and anxiety. It is usual to observe an athlete who either is unable to act because of fear. The word ‘Fear’ here refers to a rational appraisal of a real threatening situation.
and the term anxiety denotes an abnormal apprehension of such a situation. The well-trained athlete is less affected by emotionally arousing stimuli as compared to an average athlete. During competition, the sportsmen are by and large fearful to some degree which eventually affects their sports performance.

Competitive anxiety is a negative emotional state that is generated when a person feels unable to cope with competitive demands. This subjective perception of failure resulting in loss of self-esteem. The increase mental stress of sports competition can cause player to react both psychologically and physiologically in a manner that can negatively affect their sports performance. They may become tense, faster heart beat, cold sweat; they worry about their performance in their competition and they find it hard to concentrate on their events/games. Such situation clearly indicates towards anxiety, which is often faced by the players during the competitions. Anxiety is produced by the fear of failure in an athletic competition. Athletes are not only afraid of losing the contest or scoring less point than usual, but not performing as well as they have expected to. Psychologically, anxiety is a very important phenomenon. Different Psychologists expressed their views about anxiety in different ways;

Freud (1936), "Anxiety is something felt, unpleasant effects of state or condition”. This state is characterized by all that is covered by the word nervous apprehension or anxious expectation and different discharge phenomena.

Spielberger (1966) has tried to differentiate between state and trait anxiety. According to him, state anxiety refers to the ever changing mood component and is defined as an emotional state, characterized by subjective, consciously perceived feelings of apprehension and tension accompanied by or associated with activation or arousal of the autonomic nervous system. On the other hand, trait anxiety is a part of the personality — an acquired behavioural tendency or deposition that influences behaviour. In particular, trait anxiety is a motive or acquired behaviour
disposition that predisposes an individual to perceive wide range objectivity during non-dangerous circumstances as threatening, and to respond to these with state anxiety reactions, disproportionate in intensity and magnitude of the objective danger. He has also proposed that trait anxiety scores reflect a predisposition to respond with heightened state anxiety to situations involving the possibility of failure or loss of self-esteem, and not to situation involving harm or the threat of harm.

Spilberger (1966) Anxiety is a feeling that exists in people nature. It occurs under irritating conditions. Excess anxiety may result in abnormal functions for the body. Everybody feels different anxiety and physiological properties play very important role in this situation.

Levitt (1967) In athletics performance nearly every concern of human endeavor is thought to be effected somehow by anxiety.

Frost (1971) Anxiety is uneasiness and feeling of foreboding when a person is about to embark on a hazardous venture, it is often accompanied by strong desire to excel.

Link (1993) Anxiety starts gradually and increases step by step. In case not to be controlled, it rises and irritates the people. The main reasons of anxiety are business travel, smoking, alcohol, over weight, failure, inappropriate physical appearance. Anxiety indications may be bone pains, being tired, headache, nervous, poor sleeping, forgetting, hesitations, hypochondriacs etc.

Scanlan and Passer (1978) suggest that anxiety can be experienced at any point during the competition process that a person perceives, including:

(a) Prior to competition if the person anticipates an inadequate performance.
During competition if the person perceives the ongoing performance to be inadequate and therefore, anticipates future failure.

Terry and Slade (1995) review of anxiety in the sports literature indicated that anxiety is a multi-dimensional construct which includes both somatic and cognitive components; cognitive anxiety has an inverse relationship with performance such that an increase in irrational thoughts related to anxiety will decrease performance whereas somatic anxiety has an inverted U relationship with performance such that an optimal level of anxiety improves performance whereas too much anxiety will decrease performance.

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.

Therefore, it is summarized from above discussions and definitions that an anxiety before or during competitions can hinder one’s performance. The coordinated movement required by athletic events becomes increasingly difficult when one’s body is in a tense state. A certain level of physical arousal is helpful and prepares us for competition. But when the physical symptoms of anxiety are too high, they may seriously interfere with athlete’s ability to compete. Similarly, a certain amount of worry about how one can perform will be helpful in competition, but severe cognitive symptoms of anxiety such as negative thought patterns and expectations of failure can bring about a self-fulfilling prediction. If there is a substantial difference between how one performs during practice and how an individual performs during competitions, anxiety may be affecting their performance.

The above discussion indicates that the variables mental health, self-esteem and sports competitive anxiety are significant to all participants in
sports situations. However research studies concerning the above said variables have produced indistinguishable results. Therefore, some objectives and hypotheses have been formulated on the basis of discussions on these variables. The researcher had undertaken the present research to test these hypotheses which are important from the sports' performance point of view.

**STATEMENT OF THE PROBLEM**

The problem selected for research stated as “A Study of Mental Health, Self-Esteem and Competitive Anxiety among players as related to the level of performance”.

**OBJECTIVES OF THE STUDY**

1. To investigate the differences between male medalist and non-medalist inter-university softball players on the variables: mental health, self-esteem and sports competitive anxiety.

2. To examine the differences between female medalist and non-medalist inter-university softball players on the variables: mental health, self-esteem and sports competitive anxiety.

3. To assess the differences between male medalist and non-medalist inter-college softball players on the selected variables.

4. To ascertain the differences between female medalist and non-medalist inter-college softball players on the selected variables.

5. To ascertain the differences between inter-university male medalist and inter-college male medalist softball players on the variables: mental health, self-esteem and sports competitive anxiety.
6. To find out the differences between inter-university female medalist and inter-college female medalist softball players on the selected variables.

7. To examine the differences between inter-college male and inter-college female medalist softball players on the variables: mental health, self-esteem and sports competitive anxiety.

8. To find out differences between inter-university male and inter-university female medalist softball players on the variables: mental health, self-esteem and sports competitive anxiety.

9. To assess the relationship among three variables namely mental health, self-esteem and sports competitive anxiety.

HYPOTHESES OF THE STUDY

1. There would be significant differences between male medalist and non-medalist inter-university softball players on the variables: mental health, self-esteem and sports competitive anxiety.

2. There would be significant differences between female medalist and non-medalist inter-university softball players on the variables: mental health, self-esteem and sports competitive anxiety.

3. There would be significant differences between male medalist and non-medalist inter-college softball players on the variables: mental health, self-esteem and sports competitive anxiety.

4. There would be significant differences between female medalist and non-medalist inter-college softball players on the selected variables.

5. There would be significant differences between inter-university male and inter-college male medalist softball players on the variables: mental health, self-esteem and sports competitive anxiety.
6. There would be significant differences between inter-university female and inter-college female medalist softball players on the variables: mental health, self-esteem and sports competitive anxiety.

7. There would be significant differences between inter-college male medalist and inter-college female medalist softball players on the selected variables.

8. There would be significant differences between inter-university male medalist and inter-university female medalist softball players on the variables: mental health, self-esteem and sports competitive anxiety.

9. There would be significant relationship among three variables namely mental health, self-esteem and sports competitive anxiety.

DELIMITATIONS OF THE STUDY

The following were the delimitations of this study:

1. The study was delimited to softball game.

2. The study was delimited to the male and female medalist and non-medalist softball players who took part in Panjab University Inter-College and All India Inter-University softball competitions.

3. The study was also delimited to the age group of 17 to 25 years.

4. The study was further delimited to the investigation of variables i.e. mental health, self-esteem and sports competitive anxiety.

LIMITATIONS OF THE STUDY

1. The present study is based on survey conducted with the help of questionnaire. Any study based on a survey through pre-designed questionnaire suffers from the basic limitation of the possibility of
difference between what is recorded and what is truth, doesn’t matter how carefully the questionnaire has been designed and field investigation has been undertaken. This is because the respondents may not deliberately report their true responses, and even if they want to do so, there are bound to be differences owing to the well known problems of filters in communication process.

2. No specific motivational techniques were used during the administration of the tests.

3. No special apparatus or equipment was used to obtain data for the present study.

4. The investigator was unable to control their daily routine, training and competition schedules.

5. The investigator did not control other variables such as interest, attitude, co-operation, home environment, motivation, genetic makeup, socio-economic, cultural, religious, educational background and diet.

**DEFINITIONS AND EXPLANATIONS OF THE TERMS USED**

**Mental Health:**

Mental health is aptly defined as full and harmonious functioning of the total personality, realizing over full potential in the world of work, with satisfaction and contentment to ourselves and benefit to the society. (Verma, 1988).

**Emotional Stability:**

It refers to experiencing subjective stable feelings which have positive or negative values for the individual.
Overall Adjustment:

It refers to individual’s achieving an overall harmonious balance between the demands of various aspects of environment, which are home, health, social, emotional and school on the one hand and cognition on the other.

Autonomy:

It refers to a stage of independence and self-determination in thinking.

Security-Insecurity:

It refers to a (high or low) sense of safety, confidence, and freedom from fear, apprehension or anxiety particularly with respect to the person’s present or future needs.

Self-Concept:

Self-Concept is self awareness, which a person acquires not only from his /her birth but also is the outcome of his interaction with the environment and social surroundings.

Intelligence:

It refers to the general mental ability which helps a person in thinking rationally and behaving purposefully in his environment.

Overall Mental Health:

This term refers to the overall combination of all the indices of Mental Health.

Self-Esteem:

“Self-esteem defined as how much a person likes, accepts and respects himself or herself over all as a person”, Harter (1990).
Personal perceived self-esteem:

Personal perceived self-esteem defined as how a person thinks about himself.

Social perceived self-esteem:

Social perceived self-esteem defined as how the other persons think about you.

Anxiety:

"Anxiety is uneasiness and feeling of foreboding when a person is about to embark on a hazardous venture, it is often accompanied by strong desire to excel", (Frost 1971).

Competitive Anxiety:

Competitive anxiety defined as the tendency to perceive competitive situations with feeling of apprehension or tension.

Medalist:

The term medalist relates to players securing first, second, third positions in Inter-College softball competitions and Inter-university softball competitions.

Non-Medalist:

The term non-medalist relates to the players who fail to secure any positions in Inter-College softball competitions and Inter-University softball competitions.

Sports performance:

"Sports performance is a unity of execution and result of sports action or a complex sequence of sports actions measured or evaluated according to agreed and socially determined norms", (Schnabel, 1981).
Player:

This term has been used in the present study to refer to the individual who participates in any organized sports competitions at different levels.

SIGNIFICANCE OF THE STUDY

To enhance the top level sports performance, physiological fitness and psychological parameters play an important role. The present research will be useful to understand the Psychological differences between two groups: medalist softball players and non-medalist softball players. The study will also be useful to understand the psychological differences between male and female softball players. The findings of the study will be helpful in promoting mental health, positive self-esteem and to control sports competitive anxiety. Hence, the exploration of these psychological parameters will open up an upcoming and promising area which needs due scientific attention.

The present study proves to be helpful tool in understanding the phenomena of success and failure among the participants of softball players with special reference to these selected variables. Further, this study may facilitate the process of developing techniques and ways to develop those characteristics which can be helpful in achieving success in sports competitions.

The study will also be helpful in creating awareness among the sportspersons and facilitates the physical educators, coaches, physical trainers, sports psychologists and sports administrators in the process of selection, identification, physical and psychological preparation/training for sports competitions.