Anxiety as Disturbing Factor for Professional Sports People

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Abstract
The psychological factor is nowadays a determinant one in any human performance, which concretely clarifies the manner in which it intervenes in the success optimisation process. Also recognized as a sports phenomenon, it has become a social, economic and relaxation activity for the general public.
Thus, the objective of this paper is to present a manner by which the integrative strategic model of the self can channel towards different aspects of a sports person’s personality that need to be analyzed from different perspectives and developed so that the individual may reach a maximum potential. The hypothesis referring to the integrity gained on a certain axis (Biological, Cognitive, Emotional, Psychodynamic, Family and existential) will bring benefice to the others [1]. Thus, with the use of this model, vulnerabilities are that may intervene on each axis are worked on in order to eliminate stress and pre-competition anxiety.

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1. Introduction
Sports performance has a merchandise value for professional sports [2]. In these conditions, investments made in performance sports speak about a collective creation of success. Besides all major economic investment, managerial plan, advertising, technical medical devices, professionals have tried to investigate how this phenomenon may underline a difference in the field, this being the reason for shifting towards mental preparing, towards psychology.

The use of the integrative strategic model of the self help analyze from a different perspective, the sports person’s personality, in order to him/her to reach a maximum performance level. Research knowledge on the treatment of social phobia has also been used, after studying and interpreting known etiological and therapeutic theories. This approach of anxiety was necessary, from the point of view of different schools, in order to be able in the end to propose a model of psychotherapy.

2. The anxiety concept
When talking about sports, anxiety is seen different. Anxiety states negatively influence the individual’s performance capacity. Once these states are recognized and understood, these may be controlled and redirected in order to obtain performance. The issue is a complex one, because if can’t be treated from a theoretical point of view and solved practically, but by connecting problems to the same level of motivation, aspirations or anxiety.

Golu states that the entire dynamics of human personality is circumscribed and conditioned by the rapport between internal states and external ones. Anxiety thus represents a social misbalance and may be expressed in community groups, as a result of stressful, exogenous factors, with a repeated and prolonged action, that limit the finalization capacities of human behaviour, in connection to natural tendencies and aspirations [3].

Psychic processes have a vital role in stress reactions, which include personal evaluation and interpretation. This reaction appears as a form of fight to take control over the situation, especially and the situation in unclear for the individual.

Other authors, like Lader define anxiety as an unpleasant affective state with qualities as fear, associated with danger, with diffuse threatening. B?Ice?escu and Nicolau refer to anxiety as being a negative state in a close relation with the discomfort created by the instalment of a motivation state.

Spielberger speaks about an emotional state characterized by a subjective sensation of fear and anger, which is stimulated by the autonomous nervous system. In addition, Satir describes the situation as dangerous, with pain in the stomach, with muscular tension, with dizziness. Money used the term as being synonym to fear, both being emotional reaction in front of danger that may be accompanied by physical sensations, as shaking, perspiration, violent palpitation etc. [3].
Interviews realized with patients suffering from anxiety lead to the conclusion that the fear appears has a reason, because these patients perceive the environment as being threatening and anxiogenic. Thus, anxiety can be manifested in two manners: as panic attacks or as an unreal anxious evaluation of existential events (which may be accompanied by somatic symptoms) [4].

Anxiety received different definitions from different orientations. From a correlation-emotional perspective, emotional and behavioural disorders are the consequence of a perfectionist system, catastrophic and self-evolving of looking at one’s existence. Existentialists sustain that anxiety, fear, panic or guilt appear as a result of underestimation or non-acceptance, which leads to depersonalization, alienation, isolation feelings. Transactional analysis sustains that anxiety refers to not being OK, an anxious person being immature, hyper-critical, lonely, and depressive and with defensive mechanisms. For psychoanalysis anxiety is expressed by libido frustration and frustrations dictated by the Self. Therapy leads to a person without an identity, without a name, an unsatisfied person.

Still, all the definitions proposed just complete each other, the meaning being the same: anxiety is a reactive affective state, characterized as being diffused, difficult to connect to a certain object or situation. This is due to an unawareness of one self, or the lack of an identity or a low self-appreciation, which supposes a subjective and distorted representation of reality.

Thus, anxiety appears in a confrontation of demands and interpretations with demands, with the environment conditions. From the symptoms point of view, it is manifested through uneasiness, tension, worrying, unmotivated fear, discomforting from a psychological point of view [5].

According to the integrative strategic model of the self, anxiety is seen on the Emotional axis, at the congruence with the Family axis. For this working model, psychodiagnosis sheets are used to identify problems that may appear in sports persons. The hypothesis referring to the integrity gained on a certain axis Biological (B), Cognitive (C), Emotional (E), Psychodynamic (P), Family (F) and Existential (E) is treated in the following psychodiagnosis sheets [1]:

Table 1. External Self Psychodiagnosis sheet

B3 (medical, biological problems, psycho-somatic disorders) as a result of overload or of pure motivation: abdominal pain, increased heart rate, muscle tension with accident risks.

C3 (cognitions) behaviour corresponding to automatic cognitions

A3 (emotions) behaviour congruent to an attachment style

E3 (existential problems) Behaviour association to the four-basic concern: existential isolation, death – the desire to remain a memory, the responsibility and meaning of life – only through sports, behaviour association with time – its distortion through games, the feeling that time passes to slow or too fast.

P3 (psychodynamics) the manifest of maladaptative Self-child states (the child state is activated)

F3 (family and social systems) manifestations of visible behaviours and the expression according to which the team is a family, roles inside a team resemble family roles.
Table 2. Plastic Self Psychodiagnosis sheet
B2 (mind-body connection) psychosomatic maintenance mechanisms and psychological influences referring to health states – being aware of the possibility to suffer accidents, the vulnerability seen through activation of mechanisms of emotional discomfort states.
C2 (information cognitive processing) automatic thoughts, cognitive blockages and maintaining strategies of a proper self-esteem
A2 (emotional patterns and maintaining mechanisms) emotional regulation, maintaining mechanisms of self value
E2 (need related problems) autonomy and responsibility management mechanisms
P2 (psychodynamic mechanisms) maintaining mechanisms for self stability
F2 (family interactions) the united and sustaining family transforms the sport person into a winner.

Table 3. Central Self Psychodiagnosis sheet
B1 (genetics and biological inheritance) emotions repression and the building of a health state under the influence of an attachment style
C1 (inflexible cognitive styles, beliefs about the self and the others) dysfunctional cognitions, self-esteem
A1 (conditioned acceptance, the interdiction of expressing certain emotions, encouragement of expressing certain emotions, ambivalence, etc.)
E1 (defective individualization, the lack of differences between one self and the others etc.) individuation process – differentiation through games, team play
P1 (internal parts, sub-personalities, scenario and counter-scenario) developmental personality by insuring a balance between anxiety and aggressiveness
F1 (trans-generational patters and cultural-social maps) trans-generational patters – the coach’s anxiety or the colleagues’ as family members

Table 4. Basic Self Psychodiagnosis sheet
Early attachment in developing an immunity system and of a health system under the influence of attachment. Psychological difficulties expressed at the body level (body posture, rigidity, body armour etc.) the desire to stay near the coach, to receive indications

3. Factors at the base of an anxious behaviour
According to Freud “anxious neurosis” is defined as a various combination of physical and mental manifestations not-provoked by a real danger and appeared as outbursts or as permanent states. Anxiety is usually diffuse and may become panic. He also described three types of anxious disorders: light anxiety or expectation anxiety; phobia or situation anxiety; and anguish outbursts.

The apparition of a neurotic anxiogenic type is not connected to consciousness or to reasoning and implicates factors as: exterior dangers (natural catastrophes, enemies), social relations (repressed hostility, injustice, and frustration), cultural conditions (fear of demons, taboo violation fears) [6].
No individual can escape these fears, but a neurotic person does not only share common fears of all individuals in that society, but also tries fears that deviate from that social model, due to his/her individual life conditions [7]. Secondly, fears manifested in a society are generally cushioned by certain protection procedures (taboos, rituals, and customs). A normal person respects fears and defences offered by the society he/she lives in and is capable of valuing potentials and enjoy satisfactions offered by one’s life. On the other side, the neurotic person has to pay a huge price for his/her defences, which leads to a deterioration of vitality, communication or work activities, and even more specifically to the deterioration of one’s capacity to self-realisation and enjoyment [6].

Thus, neurosis is a psychic disorder characterized by fears and defence mechanisms against these fears and the tendency to find compromise solutions for conflict tendencies. A neurotic behaviour refers to a disorder in which there is deviation from a behavioural pattern offered by a society [7].

**As a result of psychoanalysis of different personality categories, keeping in mind different types of neuroses, according to age, temperaments and interests from different social layers, central conflicts and their inter-relations are similar to all. Thus, problems present in neurosis are: fight with competition problems, the fear of failure, emotional isolation and mistrust in one’s self and the others [7].**

These problems differ only from quantitative point of view from those in the general society. The similitude referring to fundamental conflicts is that of attitudes accessible to surface observation which were classified as:
- Attitude referring to affection adjustment and reception;
- Attitude referring to self-evaluation;
- Attitude referring to self-affirmation;
- Aggression;
- Sexuality.

One of the main tendencies of neurosis is an excessive dependence to receive approval and affection, regardless of any interest towards the people involved and the judgement of those people.

In addition, there is a contradiction of this approval or affection to the one’s capacity to manifest from an affective point of view. Insecurity expressed by this dependency is another feature which refers to inferiority and the lack of adaptative behaviour. These beliefs of being incompetent, stupid or unattractive may manifest with no reality basis [5].
Anxious people manifest inhibitions in expressing desires and demands, when realizing something from a personal interest, in expressing opinions or justified criticism, in selecting people to associate with, in the contract with the others and expressing one’s position. These people are often incapable of defending against an attack or to saying “no” if they don’t desire to consent to others’ desires. These inhibitions refer to knowing what one wants: difficulties in making decisions, in daring to express desires.

Aggression may also be present against other people, with defamation, usurpation and other hostile behaviour. This type of disorder is manifested in different manners:
- tendencies of aggression, domination, hyper-demands, becoming the master, cheating and finding errors in others. Some people are aware of the fact that they can become aggressive, other are convinced that their behaviour is honest and that they just express their opinions, even if in reality they are offensive.
- The attitude to feel cheated, dominated, taught, manipulated or humiliated. There people are not aware of their attitude, they sadly believe that everyone is against them [6].

The area of sexuality includes the following characteristics for neurotic anxious people:
- compulsive needs for sexual activity;
- inhibitions connected to these activities;
- particularities described by other groups.

Inhibitions may appear in any person who leads to a sexual satisfaction. These intervene in the approach of the other sex persons, in the sexual act or in sexual pleasure.

4. Defence mechanisms

Nowadays society underlined four main modalities to escape anxiety: not reason it, not denying it, not marking it, avoiding thought, impulses and situations that may present it.

Reasoning would be the best explanation when running away from responsibility. It refers to transforming anxiety into rational fear.

In the case of a vigorous attitude of defence, one can be sure that a defence meets an important function of each individual. Instead of feeling as an easy prey for his/her emotions, the individual may feel capable of realizing something in the given situation, because he feels completely rational and entitled to [5].
Denying the existence of anxiety refers to excluding it from one’s consciousness. In such cases, nothing makes a connection to anxiety, physical forms that accompany fear or anxiety are present, like: perspiring, the acceleration of heart rate, suffocation feelings, the frequent feeling to urinate, diarrhoea, vomiting, and from a mental point of view, the feeling of restlessness. All these may represent the exclusive expression of an existent anxiety, but which is repressed. A possible denial of one’s anxiety is also possible, a conscious trial to overcome it, by treating it with indifference or exposure. But what a neurotic person may obtain by “reconciliation with one self” is just to remove one side of this anxiety. Results are underestimated in this case, these wouldn’t consolidate a self-appreciation. In other words, an essential dynamic of one’s personality remains unchanged and the neurotic doesn’t possess visible manifestations of his disorder, but just looses a vital stimulus in fighting it.

Aggressiveness may be an expression of the fight against anxiety or the shyness found under the pressure of an attack feeling, often seen as a direct expression of real hostility.

“Narcotics” may represent a manner to escape anxiety, represented by social activities that replace the fear of loneliness, or working as a characteristic of compulsive character and by the indisposition appeared on Sundays or other non-working days. The same modality may be used to offer a safety that could eliminate anxiety.

The avoidance of situations, thoughts or feelings that may generate anxieties represents a conscious defensive process. A person may be aware of his/her anxious states and may avoid them.

On the other side, these states may not be conscious, and things connected to one’s anxiety may be postponed, like: taking a decision to participate in a debate, breaking up with somebody etc., considered as not being important and thus neglected. When such avoidance takes place, inhibition appears [6].

5. Therapeutic strategies

According to all the information available on anxiety and after studying the opinion offered by different therapeutic orientations, and adapting beliefs to the integrative strategic model of the self, the following strategies are proposed in order to treat anxiety for sports persons:

- The evaluation and changing of life scenarios by developing and implementing personal decisions. Life scenarios are practically rewritten and work at the level of the psychodynamic axis is demanded.
- The realisation of authentic transactions by being aware and interpreting psychological games. Behavioral, affective and cognitive sets are examined (role play technique).
- Identifying the self states and recognizing their influences during interaction. Learning to obtain personal autonomy and positioning on the winner scenario.
- Humour develops the ability to speak freely and to laugh at one’s mistakes and errors. Humour and laughter represent joy, happiness and well being.
- The technique of relations through hypnosis and self-hypnosis.
- Visualisation, the mental strategy of success.
The integrative strategic model of the self offers the possibility to restructure the working process with sports persons. There is also a belief that psychotherapy is applied only to suffering persons, but this proves that professional sports people also have needs in managing certain anxiety situations appeared before c ompetitions.

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