

ATHLETES FROM VARIOUS SUBGROUPS DIFFER ON A VARIETY OF PSYCHOLOGICAL STATES AND TRAITS: A REVIEW

**Dr. R. S. Rokade, Associate Prof., M. S. M's. College of Physical Education, Aurangabad, India¹*

**Dr. Shatrunjay M. Kote, Asst. Prof., M. S. M's. College of Physical Education, Aurangabad, India¹*

This particular point has been demonstrated in numerous studies over the past five decades and the interested reader will find detailed reviews by Kroll (1970) and Morgan (1972) as well as earlier reviews of Cooper (1969) and Cofer and Johnson (1960). It has also been noted, however, that even though athletic subgroups have characteristic profiles (e.g. wrestlers are extroverted and marathoners are introverted), highly successful athletes from given subgroups may not fit the group stereotype.

Indeed, Morgan and Costill (1972) found that one of the most successful marathoners in the history of the Boston Marathon possessed a psychological profile which would normally characterize the world class wrestler (Morgan 1968). While such individual exceptions have been noted in most of our work, the fact remains that athletes from various subgroups differ on a variety of psychological states and traits. This point of view has been reinforced by the recent investigation of Morgan and Johnson (1978) who studied MMPI profiles of all entering freshmen athletes at the University of Wisconsin for the years 1960 through 1964. They also randomly selected 100 non-athletes from each of the five freshmen classes for comparative analysis. The athletes were found to differ from the non-athletes on various MMPI scales in each class. Furthermore, consistent differences were found between certain of the athletic subgroups, and these differences were generally replicated across the five classes.

Implications: Athletes from various subgroups as well as athletes within a given subgroups possess different personality structures. Therefore, they presumably have different psychic needs and should be handled in a personalized fashion. Application of psychological methods to groups will likely be just as ineffective as the prescription of medication on a group basis; that is, personalized needs must be taken into account. A further implication is that those individuals responsible for an athlete's care and treatment must be thoroughly acquainted with the athlete's personal history. Also, any decision about treatment must be based upon input from as many sources (e.g. coach, trainer, physician, perhaps teammates, and the athlete himself) as possible. This point was reinforced during the 7th South East Asian Pacific (SEAP) Games on the occasion of Nor Azhar Hamid's record shattering performance of 2.12 m (6'11.5") in the high jump. In responding to his failure to break the 7ft barrier, Nor stated, "My target was gold for Singapore and this I achieved – seven feet was only a dream" (Ryan and Kovacic 1966).

While one might not be tempted to classify Nor's reply as a rationalization, it might also be proposed that it reflects sound goal-setting judgment on his part. That is, he left the SEAP Games with a gold medal around his neck; the pride of his countrymen; the respect of his fellow athletes as well as his athletic contemporaries throughout the world; and, equally as important,

had bolstered his confidence at achieving his “dream” of a 7 ft jump. Of course, had he jumped 7 ft in the 7th SEAP Games, Nor would have been forced to strive for greater heights in the forthcoming Asian Games. The danger inherent in such a feat would have been the possibility of peaking too early in preparation for the Montreal Olympics. It will be recalled that Pat Matzdorf of the University of Wisconsin set the World Record in the high jump during 1972, but he was unable to even qualify for the U. S. Olympic Team later that same year. My clinical impressions, as well as conversations with coaches, team physicians, trainers, and athletes suggest that Nor and Matzdorf possess comparable personality structures. Readers interested in the psychology of goal-setting and self-imposed limits in athletics should refer to the discussion of the “fear of success phobia” described by Ogilvie and Tutko (1966). Conversations with the team physician, physical therapist, and dentist who treated Nor the day of and the day following his record performance revealed a complex psychobiologic mosaic centering on the experience of pain. While professional confidence would be violated if the details were disclosed, it is not fair and reasonable to simply say that Nor’s performance was associated with a significant psychic component.

Conclusion: it is absolutely imperative that all persons concerned with the athlete be made aware of the need to manage athletes on a highly individualized basis. Put another way you must know your athlete(s). Also, decisions concerning training intensity and duration as well as goal-setting should be based upon objective input from the coach, trainer, team physician, and consultant such as exercise physiologist, sports psychologists, or psychiatrists where possible.

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