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Research Paper

Resilience, Anxiety and Self-Esteem in Athletes and Non- Athletes

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ABSTRACT

Being willing and open to new experiences, opportunities, training, and techniques, but also being conscientious of who you are and what a resilient person can accomplish. It also helps create an optimistic mindset which can go a long way. Everyone believes that self-esteem is a key for athletes to reach a higher level by overcoming any obstacle to achieve their goals. Whereas, performance anxiety can interfere with the ability to perform. This study was conducted to compare/find the level of resilience, anxiety, and self-esteem in athletes and non-athletes. The sample consisted of 200 athletes from various sports and 200 non-athletes from different backgrounds. The participants were of the age group 20-28 years. The study concluded that there is a significant difference in anxiety, self-esteem, and resilience in athletes and non-athletes.

Keywords: *Resilience, Anxiety, Self-esteem, Athletes, Non-athletes.*

"Whatever is going on inside your head has everything to do with how well you end up performing."

Mental health is an essential prerequisite and crucial component of maintaining overall good health. When individuals are mentally healthy, they become aware of their own abilities, cope with the normal stresses of life, work productively, and make positive contributions to society. When individuals experience poor mental health, they may start to withdraw and can experience debilitating symptoms such as depression and anxiety. Providing health for everyone in the community is one of the most important issues in each country (Ferguson, Coulson, & Barnett, 2011). According to the definition of the World Health Organization (2013), mental health is defined as a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. Therefore, in assessing the general health of individuals, one should not only focus on traditional health indicators such as mortality and disease, but also the perception of people about their quality of life (physical, mental and social status). Individuals face life adversities and challenges across various achievement contexts; students undergo high mental pressure to perform well academically, while athletes have to overcome highly competitive pressure to achieve performance milestones. In this study, the athletes will be compared with the non-athletes. The resilience, anxiety and self-esteem are the Three scales

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will be conducted on these populations before concluding. One of the athletes' main objectives is to develop their abilities to increase their commitment and sports performance. However, it is also necessary for them to consolidate the habits of a healthy lifestyle and fully develop their physical, cognitive, and social capacities. Anxiety, which is one of the vulnerability factors, is defined as a negative emotional state consisting of a combination of feelings of nervousness, preoccupation, and apprehension related to the activation of the body, which includes a somatic component (physical anxiety) and a cognitive component (mental anxiety). This level of anxiety activation not only depends on the situation that is causing stress, but also on the individual's perception of the challenge at hand. Among the protective factors, the most notable is self-esteem. It is a construct comprised of cognitive and behavioral components, which are characterized by either emotional or physical aspects. The cognitive component relates to the general perception that each individual develops of themselves, and the emotional component refers to the process of self-assessment conducted by the individual. Prior research (e.g., Jawaher et al.) suggests that self-esteem is an important variable in terms of athletic performance, as it is related to psychological well-being and the individual's self-confidence, resulting in a consolidated personality which, in turn, will lead to improved physical-athletic performance. Furthermore, self-esteem has been positively linked to self-efficiency, achievement and success, and participation in the sports activity. On the other hand, exercise is one of the healthy lifestyles which contribute to optimum health and quality of life. Evidence has suggested that exercise may be an often-neglected intervention in mental health care. Aerobic exercises, including jogging, swimming, cycling, walking, gardening, and dancing, have been proved to reduce anxiety and depression. These improvements in mood are proposed to be caused by an exercise-induced increase in blood circulation to the brain and by an influence on the hypothalamic-pituitary-adrenal (HPA) axis and, thus, on the physiologic reactivity to stress. This physiologic influence is probably mediated by the communication of the HPA axis with several regions of the brain, including the limbic system, which controls motivation and mood; the amygdala, which generates fear in response to stress; and the hippocampus, which plays an important part in memory formation as well as in mood and motivation. Exercise improves mental health by reducing anxiety, depression, and negative mood and by improving self-esteem and cognitive function. Exercise has also been found to alleviate symptoms such as low self-esteem and social withdrawal.

Concepts
Resilience is the psychological quality that allows some people to be knocked down by the adversities of life and come back at least as strong as before. Rather than letting difficulties, traumatic events, or failure overcome them and drain their resolve, highly resilient people find a way to change course, emotionally heal, and continue moving toward their goals. Getting through pain and disappointment without letting them become overwhelming isn't necessarily easy for anyone. But researchers have begun to uncover what more resilient people do to emotionally and mentally carry on after the death of a loved one, a job loss, chronic or acute illness, or another setback. What they've learned may help others become more resilient themselves. There are four types of resilience: [1] Physical resilience- physical resilience is your ability to keep going using your physical body. Your physical fitness levels are more important for your overall resilience than you probably imagined. If the person has strong physical resilience, then they will learn to walk all over again and fight through the pain. Runners sometimes face this problem but carry on regardless because they have high physical resilience.

[2] Mental resilience- Mental resilience refers to a person's ability to adapt to change and uncertainty**.** People who possess this type of resilience are flexible and calm during times of crisis. They utilize this mental strength to solve problems, move forward, and remain hopeful even when they are facing setbacks. It requires flexible thinking to develop mental resilience. You need to think about the different perspectives that could apply to a situation. Having more potential solutions to a problem is always a good thing. [3] Emotional resilience- Emotional resilience is when you are able to calm your frantic mind after encountering a negative experience. It is intrinsic motivation, an inner force by which we can hold ourselves through all the downsides of life. People with good emotional resilience tend to have good empathy skills. It is easier for them to stand in another person's shoes and see things from their perspective. They will also want to tackle problems head on. [4] Social resilience- To build your social resilience requires you to develop respect for other people and have a high degree of tolerance. You will also need to be able to build trust with them. Socially resilient individuals value diverse perspectives and recognize that many tasks require coordination among persons with differing backgrounds, values, and priorities. A professional football team would have little chance of success if all their team members possessed identical features and skills.

Theories of resilience: [1] Michael Rutter Theory: In 2006, Rutter defined resilience as, "An interactive concept that is concerned with the combination of serious risk experiences and a relatively positive psychological outcome despite those experiences". Rutter believes that resilience is not at all related to the individual's psychological traits; rather he believes it to be the ability to adapt when given the right resources. He also believes that children can be resilient with some risk factors and therefore different risks and environmental factors can eventually result in the children showing resilience or lack of it in different situations. [2] Dr Norman Garmezy's Resilience Theory: Dr Norman Garmezy is a clinical psychologist and is known as the founder of research in Resilience. According to the Norman Garmezy Resilience theory, someone with great resilience is not necessarily someone who is extremely brave despite adversity, it is someone who is able to show functional adequacy despite the emotional turmoil. Dr Norman Garmezy defines resilience as "not necessarily impervious to stress. Rather, resilience is designed to reflect the capacity for recovery and maintained adaptive behavior that may follow initial retreat or incapacity upon initiating a stressful event". The key elements of this theory are: Individual factors- Temperament, Positive responses to others and Cognitive skills. Familial factors- Family cohesion and warmth or concern for all the family members including grandparents and children. Support factors- Factors those are external to the family, those can be supportive teachers, a strong maternal substitute etc. [3] Emmy Werner Theory: Werner defined resilience as, *"The capacity to cope effectively with the internal stresses of their vulnerabilities and external stresses".* Werner had an ecological view of resilience that focused on the protective factors of the child, those can be dispositional attributes of the individual, affection ties in family and external support system. [4] Suniya Luthar Theory: Luthar in 2000, defined resilience as *"a dynamic process encompassing positive adaptation with the context of significant adversity."* According to her, two significant things are important for one to be resilient and that are- exposure to the significant stress and the achievement of positive adaptation. Key elements of her theory are: Protective-stabilizing (despite the increasing risk, attribute gives stability to competence). Protective-enhancing (engaging stress and increasing confidence within self). Protective but reactive (general advantages but not with high-stress levels). [4] Ann Masten Theory: In 2011, Masten defined resilience as *"The capacity of a dynamic system to adapt to disturbances that threaten system function, viability, or development." Key elements of her theory:* Masten believed that for a child to be resilient he

must have positive adaptation and the presence of conditions that threaten to disrupt positive adaptation. According to her positive adaptation refers to meeting developmental tasks and fundamental human adaptation systems (attachment relationships and parenting, self-regulatory systems for emotion). [5] Michel Unger Theory: Unger defined resilience as, *"more than an individual set of characteristics. It is the structure around the individual, the services the individual receives, the way health knowledge is generated, all of which combine with characteristics of individuals that allow them to overcome the adversity they face and chart pathways to resilience." Key elements of her theory:* In 2011, Ungar believed that there are four principles that are important to be considered and those are complexity, atypicality and cultural relativity. He did not propose that the child has nothing to do with resilience, but he focused on the emphasis that should be on the nature of social and physical ecology, then on the interaction between the child and environment and then at last on the child.

Self- esteem

Self-esteem refers to a person's overall sense of his or her value or worth. It can be considered a sort of measure of how much a person "values, approves of, appreciates, prizes, or likes him or herself" (Adler & Stewart, 2004). According to self-esteem expert Morris Rosenberg, self-esteem is quite simply one's attitude toward oneself (1965). Self-esteem impacts your decision-making process, your relationships, your emotional health, and your overall well-being. It also influences motivation, as people with a healthy, positive view of themselves understand their potential and may feel inspired to take on new challenges. People with healthy self-esteem: Have a firm understanding of their skills, Are able to maintain healthy relationships with others because they have a healthy relationship with themselves, Have realistic and appropriate expectations of themselves and their abilities, understand their needs and are able to express them. People with low self-esteem tend to feel less sure of their abilities and may doubt their decision-making process. They may not feel motivated to try novel things because they don't believe they're capable of reaching their goals. Those with low self-esteem may have issues with relationships and expressing their needs. They may also experience low levels of confidence and feel unlovable and unworthy. People with overly high self-esteem may overestimate their skills and may feel entitled to succeed, even without the abilities to back up their belief in themselves. They may struggle with relationship issues and block themselves from self-improvement because they are so fixated on seeing themselves as perfect.

There are different types of self-esteem which exist: [1] High and stable self-esteem- High and stable self-esteem is, simply put, **ideal self-esteem**. It is one in which the person has a solid and positive perception of himself and, in addition, external circumstances and events in his life, no matter how negative, have little or no influence on his self-esteem. This makes them cope adequately in the face of adversity, without collapsing. It is the most difficult to achieve but the one that offers the greatest emotional well-being. The person is always aware of their worth and abilities, so they feel capable of facing problems in a fully resolutive way. [2] High and unstable self-esteem- High and unstable self-esteem is one in which the person, although he has a solid and positive perception of himself most of the time, is not able to keep it that way always. A) Yes, **in the face of negative circumstances and events it is possible that it collapses**, since stressful elements can destabilize this, in general, high self-esteem. They have a low tolerance for failure, which is why they don't cope as well in the face of adversity. [3] Low and stable self-esteem- Low and stable self-esteem is one in which the person always has a negative perception of himself. In this case, stability is negative, since self-esteem is never strong. **Even in the face of positive events,**

they are not able to assess themselves properly because they never trust their abilities enough. It is, therefore, a trait closely associated with pessimism and the fear of being rejected, for being insufficient, by other people. They tend to underestimate themselves and have negative dialogues with themselves. [4] Low and unstable self-esteem- Low and unstable self-esteem is one in which the person, although they have a negative perception of themselves most of the time, can raise their self-esteem in the face of positive life circumstances or when they have achieved an achievement or success. The person generally has low self-esteem, but this fluctuates if they feel that things are going well. In this case, their self-esteem rises, but without being able to be considered "high" due to the instability and **the tendency to return to negativity as the euphoria of the moment fades**. As extra traits, it should be noted that they are people, in general, easily influenced and who make many decisions based on pleasing others. [5] Strong self-esteem- Strong self-esteem is one that **is constant despite other people's situations**. Also known as elevated self-esteem, it is based on always having a positive **self-perception**, an objective self-concept of oneself, and a healthy self-image. In this way, these people manage to overcome obstacles and overcome adversities without allowing them to undermine their self-esteem. It doesn't have to be especially tall, but it does have to be high enough to be emotionally stable and optimistic. With this strong self-esteem, we are able to start conversations with strangers, we trust ourselves, you always try to have fun, you show yourself as a caring person who knows how to help others, you have control of your emotions and feelings, you have **assertiveness**, you know your strengths and weaknesses, but you don't let them overshadow your strengths, you feel good about your "self" and you consider yourself the most important person in your life, but not in an egocentric connotation, but to value yourself. [6] Average self-esteem- By average self-esteem we understand that situation in which a person does not have a particularly high self-esteem but not low enough to consider it as a collapsed self-esteem. The person is halfway between the two, so instability tends to reign. **She does not have a bad perception of herself, but neither does she have a very good one**, so it is likely to be affected by negative life circumstances. [7] Vulnerable self-esteem- Vulnerable self-esteem refers to that in which, as in unstable forms, there is a certain tendency to lose positive self-perception of oneself as soon as a negative event occurs in life. Being more vulnerable and the person is aware of it, **often afraid to make decisions or face obstacles**, because he knows that at the slightest sign of stress, the fear of making mistakes and doing things wrong, typical of low self-esteem, will appear. [8] Collapsed self-esteem- The collapsed self-esteem is, surely, the most damaging manifestation. **It is a chronification of low self-esteem**, making the person live constantly undervaluing himself and without the ability to love him. They are extremely sensitive to criticism and incapable of facing life's obstacles on their own, even feeling ashamed of being who they are. The negative further sinks the self-esteem and the positive hardly increases it. Therefore, in such a situation, seeking professional help is one of the best decisions we can make, because in the long run, it tends to lead to social isolation. [9] Inflated self-esteem- As they say, in excess everything is bad. And self-esteem is no exception. By inflated self-esteem we understand that situation in which the person loves himself excessively and in a way that is harmful not to his well-being, but to relationships with others. With traits of egocentricity and even narcissism, a person with excessive self-esteem will not recognize mistakes, will not accept that they have weaknesses, will be unable to listen and respect the opinions of others and will constantly seek to perceive the admiration of others for their abilities. **Inflated self-esteem is a "pathological" form of it that leads us to belittle others**, adopt hostile behaviors and be incapable of self-criticism. Believing ourselves better than the people around us does not bring us anything good at all, because arrogance is a very socially rejected trait.

Theories on function of self-esteem: The theories on the function of self-esteem converge on the theme that self-esteem is not pursued for its own sake but instead serves a more significant function. [1] Self-determination theory (SDT) states that **man is born with an intrinsic motivation to explore, absorb and master his surroundings** and that true high self-esteem is reported when the basic psychological nutrients, or needs, of life (relatedness, competency and autonomy) are in balance. [2] Terror Management Theory- By conceptualizing self-esteem as the **individual's perception of the extent to which he or she is meeting cultural standards of value**, terror management theory implies that the effect that a given behavior will have on an individual's self-esteem is largely dependent on how that behavior is viewed within a particular cultural context. TMT paints a somewhat morbid picture high self-esteem promotes positive affect and personal growth, psychological **well-being** and coping as a buffer against anxiety in the knowledge of our eventual certain death, and reduces defensive anxiety related behavior. Some researchers propose an integration of Attachment Theory and Terror Management Theory (Mikulincer, Florian, & Hirschberger, 2003 as cited in Pyszczynski et al., 2004). [3] Terror Management Theory and Attachment Theory- Attachment Theory proposes that the chances of survival are improved by way of a child's strong attachment to their caregiver. Children are classified according to the Strange Situation Test as either avoidant, ambivalent or securely attached. Securely attached children accounted for 70% of those tested; these children look to maintain contact with their caregiver and although sad to see them leave, are typically **happy** when they return, which indicates a supportive and affectionate relationship with their caregiver and intriguingly coincides with the Western World's view of being **happier** and having more self-esteem than the population average. [4] Sociometer theory- The Sociometer theory of self-esteem, proposed by Mark Leary, is a theoretical model that states that self-esteem is an **indicator of our adequate social relationship rather than a factor that gives us well-being**.

Our self-esteem is determined by many factors, including how well we view our own performance, our own appearance, and how satisfied we are with our relationships with other people (Tafarodi & Swann, 1995). Self-esteem is in part a trait that is stable over time, such that some people have relatively high self-esteem and others have lower self-esteem. But our self-esteem is also a state that varies day to day and even hour to hour. When we have succeeded at an important task, when we have done something that we think is useful or important, or when we feel that we are accepted and valued by others, our self-concept will contain many positive thoughts and we will therefore have high self-esteem. When we have failed, done something harmful, or feel that we have been ignored or criticized, the negative aspects of the self-concept are more accessible and we experience low self-esteem. Self-esteem can be measured using both explicit and implicit measures, and both approaches find that people tend to view themselves positively. One common self-report measure of self-esteem is the Rosenberg Self-Esteem Scale. Higher numbers on the scale indicate higher self-esteem, and the average score for college students who complete the scale is about 3 on a 1 to 4 scale, demonstrating that by and large, people have high self-esteem. Although self-esteem comes in part from our personal accomplishments, it is also influenced by the social situation. Positive self-esteem occurs not only when we do well in our own eyes but also when we feel that we are positively perceived by the other people we care about. Think about Dancing Matt as an example—he may love to dance for himself, but he also seems to enjoy sharing his dancing with others. Perhaps Matt feels good about himself in part because he knows that other people like to watch him. Social status refers to *the extent to which we are viewed positively and are esteemed by others*.

Anxiety

Anxiety is a multisystem response to a perceived threat or danger. It reflects a combination of biochemical changes in the body, the patient's personal history and memory, and the social situation. As far as we know, anxiety is a uniquely human experience. Anxiety is an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure**.** People with anxiety disorders usually have recurring intrusive thoughts or concerns. They may avoid certain situations out of worry. Though anxiety is a normal human response, when excessive or persisting beyond developmentally appropriate periods it may be diagnosed as an anxiety disorder. There are multiple forms of anxiety disorder (such as Generalized Anxiety Disorder and Obsessive Compulsive Disorder) with specific clinical definitions. Part of the definition of an anxiety disorder, which distinguishes it from every day anxiety, is that it is persistent, typically lasting 6 months or more, although the criterion for duration is intended as a general guide with allowance for some degree of flexibility and is sometimes of shorter duration in children. Anxiety can be experienced with long, drawn-out daily symptoms that reduce quality of life, known as chronic (or generalized) anxiety, or it can be experienced in short spurts with sporadic, stressful panic attacks, known as acute anxiety. Symptoms of anxiety can range in number, intensity, and frequency, depending on the person. While almost everyone has experienced anxiety at some point in their lives, most do not develop long-term problems with anxiety. The various types of anxiety are- [1] Anticipatory Anxiety- Anticipatory anxiety refer to the feelings of fear that you experience before an event. While it is normal to feel stress about future events, anticipatory anxiety involves an excessive worry about the future. A certain degree of stress can be adaptive and help you perform your best. When this anxiety becomes severe, it can be debilitating. This type of anxiety might cause you to become overly focused on adverse outcomes. It can also be all-consuming and long-lasting. Instead of feeling a little nervous right before an event, you might find yourself overwhelmed with feelings of worry and fear for weeks or months beforehand. Anticipatory anxiety is not a distinct mental health condition. Instead, it is often a symptom of anxiety disorders, including social anxiety disorder, panic disorder, or generalized anxiety disorder. [2] Generalized anxiety- Generalized anxiety is a chronic and exaggerated worry that occurs without having a specific source. This type of anxiety is also sometimes referred to as free-floating anxiety. People who experience this type of anxiety spend a lot of time worrying about a wide variety of future events. Such anxiety may center on health, social interactions, work, relationships, and every day events. If a person experiences excessive worry that interferes with essential areas of life and lasts most days for longer than six months, they may be diagnosed with generalized anxiety disorder (GAD). Generalized anxiety tends to be twice as common in women as in men. Women tend to experience anxiety disorders at higher rates, so experts suggest that women and girls over the age of 13 should be screened during routine health exams. [3] Panic- Panic is a type of anxiety that involves sudden and intense feelings of fear. When a person experiences a panic attack, they may experience racing heartbeat, chest pain, trembling, sweating, a sense of impending doom, feeling out of control, or feeling as if they are dying. Panic attacks are a symptom of an anxiety disorder known as panic disorder. People with this condition worry that they will have a panic attack in the future, so they often avoid places or situations where they think they might experience feelings of panic. Treatments for panic disorder include medications and psychotherapy. Healthcare providers may prescribe antidepressants or benzodiazepines to treat symptoms of panic. Antidepressants tend to take longer to work and can lessen feelings of anxiety over time. Benzodiazepines, on the other hand, are fast-acting and can help reduce symptoms of acute anxiety. [4] Performance anxiety- Performance anxiety involves anxiety related to a person's ability to perform a specific task. Sometimes known as stage fright, this type of anxiety

emerges when a person is expected to perform a task, such as giving a speech or competing in an athletic event. Common symptoms of performance anxiety include trembling, stomach upset, nausea, shortness of breath, and an increased number of mistakes while performing. Escape behaviors, such as finding an excuse to avoid the task or performance, may also occur. [5] Phobia related anxiety- Sometimes anxiety can result from a phobia, which is an intense and exaggerated fear of a specific object or situation. Common examples of specific phobias include feeling extreme fear in response to blood, flying, heights, needles, spiders, or snakes. When people have a phobia, they may experience a great deal of anxiety and worry about potentially encountering the source of their fear. They will also take steps to avoid what they are afraid of, often in ways that limit their ability to function normally. For example, a person might stop leaving their house altogether because they are so worried about coming into contact with the thing they fear. [6] Separation anxiety- Separation anxiety involves excessive anxiety in response to being separated from a caregiver loved one, or another attachment figure. It is often associated with early childhood, but it can also occur at other points throughout life. This type of anxiety is a normal and healthy part of child development that typically occurs between eight and 14 months. It is regarded as a normal part of development up until age two. Signs of this type of anxiety include excessive crying, clinginess, and refusal to interact with others after a parent or caregiver leaves. When this anxiety occurs after age two, it may be diagnosed with separation anxiety disorder. It can also affect adults. Signs of the condition include excessive distress, worry, and reluctance when separated from an attachment figure. [7] Situational anxiety- Situational anxiety is a type of anxiety that is triggered by certain situations. Many people experience this type of anxiety from time to time. For example, you might feel situational anxiety on the first day at a new job or before an important presentation at work. When facing something that causes feelings of situational anxiety, you might experience a range of symptoms. For example, you might have trouble sleeping or have an upset stomach. Muscle tension, diarrhea, nausea, sweating, and restlessness are also common. [8] Social anxiety- If the thought of having to make small talk with a room full of strangers makes you feels tense and anxious, and then you might be experiencing social anxiety. Social anxiety is commonly defined as a fear of social situations. However, it can manifest in several different ways. For some people, social anxiety is primarily triggered by unfamiliar social situations. This might involve meeting new people in situations such as job interviews or work-related events. Sometimes this anxiety only occurs during high-pressure moments, such as giving a speech in front of a large group of people. In other cases, however, people find themselves experiencing feelings of fear and anxiety in almost every social encounter. Everyday activities like answering the phone or eating in a public place can become daunting or scary. According to Duke and Nowicki (1979), "Typically although the origin of anxiety may be hidden by the defense of repression, the emotional impact of the unfounded fear is not. As a result, the person may experience a number of physiological symptoms. He or she may feel weak, faint or sweaty and may sigh, part and frequently show coronary symptoms varying from an intense pounding to a skipping of heart beats. Under the bombardment of these general physiological effects, anxiety neurotics may be frightened and want to run somewhere to hide, but everywhere they go, they take the source of anxiety, right along with them and their flight is to no avail." Theories of anxiety disorder- [1] Psychoanalytic Theory: At the early stage Freud considered anxiety as a primary physiological reaction to a chronic inability to reach the organism in sexual relationship. But later on (1936) after continuous analysis of his patients he changed this view and held that anxiety was more likely a specific state of un pleasure which worked as a danger signal. According to him the anxiety is experienced at birth because of being left alone, being in dark and finding a stranger in the place of the mother. It is the feeling of the loss of loved object. Besides,

realistic anxiety according to psychoanalysts arises out of the perception of real dangers of the ego in the external world. It acts as an early warning signal to make the individual cautious to protect himself from the dangers coming from the environment. [2] Learning or Behaviouristic Theory: According to the behaviorists or learning theorists anxiety is primarily the result of learning and environmental factors. Learning theorists like Skinner (1938), Eysenck (1957) and Ullmann and Krasner (1975) view that the source of anxiety lies in the existing environment of the individual and the anxiety states are classically conditioned and reinforced reactions. According to the learning theorists while fulfilling our primary and secondary drives one has to come through the experiences of anxiety. The pain avoidance drive which is biologically programmed for example, leads to anxiety. The very anticipation of the pain before taking an injection is called anxiety. This type of anxiety is a secondary avoidance drive. Mild anxiety may be helpful for better motivation and greater learning (Spielberger, 1966). But if the strength of such anxiety increases it may have adverse effect. [3] Neo Freudian Theory: The fear of the dependency needs not being fulfilled, the insecurity feeling because of loss of protection lead to primary anxiety according to Neo Freudians. White (1964) opines that the process of socialization which includes accepting the social customs, traditions, rules and regulations, gives a threat to the withdrawal or loss of parental love for which the child pines so much may lead to experience of anxiety. To avoid this primary anxiety they respect their basic desires and behaviors according to the demands of the society and this ultimately frustrates the children and makes them angry, hostile. [4] Personality Theory: Persons suffering from anxiety disorder are usually subservient, compliant, self-controlled, restrained and timid by nature. These personality characteristics lead them to repress emotions like hostility, aggression and anguish etc. Further, the very feeling and anticipation that they may lose control of negative emotions leads to severe anxiety. [5] Conflict Theory: The conflict theory of anxiety introduced by Dollard and Miller (1950) though based on Freudian and Neo Freudian theory is associated with learning theory explanation of anxiety. Conflict arises when two equally strong and fairly identical drives compete with each other. This indecisiveness or conflict leads to anxiety. The degree of anxiety increases with the increase in the degree of difficulty to resolve the conflict. The exact cause of anxiety is unknown. It can be attributed to traumatic life events, alteration of neurotransmitter levels in the brain. An anxiety disorder is characterized by a sudden feeling of uneasiness, worrying, fear, restlessness, or panic. Medications aim to reduce the symptoms of anxiety. Relaxation techniques and behavioral therapy is also helpful in most cases.

A study showed that resilience can act as a protective factor for mental illness, such as anxiety and depression. This indicates that resilience is related to the level of anxiety of health workers, in the sense that: the more resilient a person is, the better his mental health. Resilience can help protect you from various mental health conditions, such as depression and anxiety. Resilience can also help offset factors that increase the risk of mental health conditions, such as being bullied or previous trauma. If you have an existing mental health condition, being resilient can improve your ability to cope. Self-esteem is known to play a role in social anxiety disorder (SAD) and general anxiety disorder (GAD). While lowered self-esteem may put you at risk of later social anxiety, having an anxiety disorder can also make you feel worse about yourself. In this way, these two afflictions interact to continue a negative cycle. People who grow up being heard, respected, loved, celebrated, and accepted are less likely to develop a poor self-image. Of course, many people with challenging upbringings can have good self-esteem, and even those with loving parents and good experiences with peers may develop self-esteem problems. This emphasizes that low self-esteem is not something you have to live with. Resilience allows you to stretch your comfort

zone and continue to grow without fear**.** Anxiety about the unknown and the future lessen when you are brave enough to look ahead at what may happen and figure out how to keep yourself on the path you chose. This all leads to healthy self-esteem.

Present Study
Statement of the problem:
To study the resilience, anxiety and self-esteem in athletes and non-athletes.

Significance:
The purpose of this study is to investigate resilience, anxiety and self-esteem in athletes and non-athletes. Being an athlete I was always curious knowing about the difference between the mindset of an athlete and a normal folk. So, what makes an athlete different from a normal person? -This question inspired me to conduct the research which will analyze the level of resilience, self-esteem and anxiety in athletes and non-athletes. The research will provide an autonomous knowledge in the field of sports psychology as these variables are not studied earlier.

Resilience is the key most factors which gives people the strength needed to process and overcome hardship. A study by Anyan and Hjemdal (2016) indicated that resilience partially mediated the relationship between symptoms of anxiety. Also, resilience characteristics are associated with lower anxiety. Some previous studies also found that self-esteem is usually regarded as a protective factor for resilience, which can help us to maintain positive well-being when we are under pressure or stress. A research revealed that people with low self-esteem were 1.6 times more likely to develop an anxiety disorder. The relationship between these variables will help understand the difference in the level of anxiety, self-esteem and resilience in athletes and non-athletes.

This study can further be used in the sports psychology researches by studying the difference of male and female population for both athletes and non-athletes.

Objectives:
O1: To study resilience in athletes and non-athletes.
O2: To examine anxiety in athletes and non-athletes.
O3: To determine self-esteem in athletes and non-athletes.

Summary
This chapter has presented an overview of the research and introduced the concepts of all the relevant study variables used in this study. The concepts covered are resilience, self-esteem and anxiety. The study investigates the level of resilience, anxiety and self-esteem in athletes and non-athletes and also it will compare the levels of resilience, anxiety and self-esteem in them.

REVIEW OF LITERATURE
The present chapter focuses on literature review related to each concepts introduced i.e., resilience, self-esteem and anxiety. Based on the previous literature, it predicts the directional hypotheses of the present study. Few other topics are also covered, that has an effect on the studied variables.

Review of Literature
Anxiety in sports has been largely documented in various studies as the focus of research on major psychological variables (Correia & Rosado, 2018; Hamidi & Besharat, 2010; Koehn, 2013) and theory development in sport psychology (Gill, Williams, & Reifsteck, 2017; Stenling, Hassmén, & Holmstrom, 2014). Similarly, several research projects have turned an extensive history of theoretical and empirical attention on anxiety within the field of sport psychology, including its antecedents, its relations with other psychological variables, and its consequences (Smith, Smoll, Cumming, & Grossbard, 2006).

Some studies found that sports participation results in increased self-esteem over time (Koyuncu, 2010; Steitz & Owen, 1992), while others show a weak positive relationship (Marsh & Jackson, 1986; Spreitzer, 1994), with no association (Kort-Butler & Hagewen, 2011), or even negative association (Bowker, 2006) between self-esteem and sport participation. Despite some inconsistent findings, the majority of the literature supports the notion that sports participation is associated with development in psychosocial well-being. Although the majority of theoretical and empirical investigations of shyness and self-esteem involve adults, research demonstrates a negative relationship between shyness and self-esteem across lifespan (Hymel, Bowker, & Woody, 1993; Kemple, 1995).

Anxiety refers to a sort of nervous and fear emotion formed by frustration of self-esteem and self-confidence, or increasing of the sense of failure and guilty, which is resulted by the threat from being unable to achieve goals or to overcome obstacles (Akbar et al., 2011).

Another construct related to personality that elicited a large body of theoretical accounts and empirical research is self-esteem (Kernis, 2013; Swann & Bosson, 2010). Self-esteem is defined as an affective and evaluative feeling a person has about him- or herself (Baumeister, 1999; Sabiston, Whitehead, & Eklund, 2012). Self-esteem has been conceptualized as a global evaluation about the self (i.e., global self-esteem) and an evaluation of specific domains such as intellectual abilities and physical abilities (i.e., domain-specific self-esteem). Regardless of an important theoretical difference between global and domain-specific self-esteem (see Brown, 2014), they are positively correlated.

Some studies found that sports participation results in increased self-esteem with time (Koyuncu, 2010; Steitz & Owen, 1992), while others show a weak positive relationship (Marsh & Jackson, 1986; Spreitzer, 1994), with no association (Kort-Butler & Hagewen, 2011), or even negative association (Bowker, 2006) between self-esteem and sports participation. Despite some inconsistent findings, the majority of the literature supports the notion that sports participation is associated with improvement in psychosocial well-being. Although the majority of theoretical and empirical investigations of shyness and self-esteem involve adults, research demonstrates a negative relationship between shyness and self-esteem across lifespan (Hymel, Bowker, & Woody, 1993; Kemple, 1995).

A study by Levy et al. (2012) on the relationship between MT and cognitive appraisals in sports indirectly suggested a moderation effect of MT between stress and anxiety. In this study, individuals with higher MT experience fewer threats than those with lower MT, at higher levels of importance. This suggests that at higher levels of perceived stress (importance), higher MT individuals could experience fewer threats (anxiety symptoms) via cognitive appraisal.Conversely, although a study done by Haghighi and Gerber (2019) found no statistically significant MT-stress interaction effect on anxiety in medical students, those

with higher MT were found to perceive low stress and anxiety symptoms. Regardless, the former finding suggests MT's potential stress-resilience function for anxiety.

A comparison study was done on 927 athletes and 927 non-athletes, which revealed that athletes scored higher in MT than non-athletes, with the same higher-order structure of MT, i.e., hope, optimism, resilience, perseverance (Guillén & Laborde, 2014).Similarly, Morgan (1980) reported that both male and female elite athletes possess superior mental and emotional health to the general population.

Previous research indicates collegiate student-athletes very often experienced both anxiety and depression at the same time since anxiety can cause depression and depression can also induce anxiety (Fullerton, 2018; Moffitt et al., 2007; Weber, Put, Lesinski, Gabriel, Steidten, Bär, Herbsleb, Granacher, & Gabriel, 2018; Yang et al., 2007).

Moffitt and his colleagues (2007) in their study indicated the concurrence or comorbidity between anxiety and depression could literately classify both disorders as one category of mental distress because both disorders strongly connect to worry and negative emotions (Moffitt et al., 2007; Weber et al., 2018).

Athletes continually face a variety of stressors and adversities that may become a hurdle in performing well. Resilience can help athletes to cope with such difficult situations. For this purpose, the current study was designed to investigate the construct of resilience in athletes during their games. To explore the phenomenology of resilience coaches and players were interviewed. After the interviews, a list of 27 items was retained in the Resilience Scale for Athletes. Afterward, the scale was administered on 150 student-athletes to establish the psychometric properties scale. Factor analysis revealed three factors of resilience in sports including self-determination, physical toughness, and emotional control and maturity. The results indicated that the resilience scale had a high internal consistency of .80. Concurrent validity with Indigenous Resilience Scale (Naz, Saleem & Mahmood, 2010).

Resilience is an important construct in sport because athletes must constantly withstand a wide range of stressing factors to attain optimal performance. This study aimed to analyze how the resilient profile influences the recovery-stress levels of competitive athletes. Participants were 235 subjects (126 males and 109 females), aged between 15 and 35 years (M age = 20.7 years, SD = 4.3) who practiced different sports. They were evaluated on two occasions coinciding with the beginning of the last competitive mesocycle and after the most important competition of the season. Recovery-stress, and resilience levels were studied by the Spanish versions of the Recovery-Stress Questionnaire for Athletes (RESTQ-Sport, Kellmann and Kallus, 2001) and the Resilience Scale (Wagnild and Young, 1993). No significant difference was observed in resilience scores between evaluations performed during the last mesocycle or competition, but values for the different RESTQ-Sport stress factors increased during the second evaluation. Resilience is related positively to recovery factors and negatively to stress factors of the RESTQ-Sport. Athletes with high resilience reached higher scores in recovery factors and lower scores in stress factors. Our results seem to show that a higher level of resilience influences positively recovery-stress processes (Roberto Ruiz, 2017).

Psychological resilience is important in sports because athletes must utilize and optimize a range of mental qualities to withstand the pressures that they experience. In this article, we discuss psychological resilience in sports performers via a review of the stressors athletes

encounter and the protective factors that help them withstand these demands. It is hoped that synthesizing what is known in these areas will help researchers gain a deeper profundity of resilience in sport, and also provide a rigorous and robust foundation for the development of a sport-specific measure of resilience. With these points in mind, we divided the narrative into two main sections. In the first section, we review the different types of stressors encountered by sport performers under three main categories: competitive, organizational, and personal. Based on our recent research examining psychological resilience in Olympics champions, in the second section, we discuss the five main families of psychological factors (viz. positive personality, motivation, confidence, focus, perceived social support) that protect the best athletes from the potential negative effect of stressors. It is anticipated that this review will help sports psychology researchers examine the interplay between stressors and protective factors, which will, in turn, focus the analytical lens on the processes underlying psychological resilience in athletes (Mustafa Sarkar, David Fletcher, 2014).

Individuals who experience loss of their physical abilities often face the challenges of adapting to a new way of life. Past research has shown that sports participation can assist the physical and psychological adaptation to acquired physical disabilities. The purposes of our study were to examine the following: (a) the resilience process of sports participants with acquired spinal cord injury, and (b) the role of sports participation in the resilience process. We conducted semi-structured phenomenological interviews with 12 male quadriplegic wheelchair rugby players. Results show that the development of resilience is a multi-factorial process involving pre-existing factors and pre-adversity experiences, disturbance/disturbing emotions, various types and sources of social support, special opportunities and experiences, various behavioral and cognitive coping strategies, and motivation to adapt to changes, and learned attributes or gains from the resilience process. We discuss implications for future research and practice (Brandon Erwin, 2013).

The study of anxiety, specifically its relations with socio-demographic variables, has been fruitful in sport psychology research. This study aimed to investigate athletes' sports anxiety regarding differences in gender and sports played. An application of structural equation modeling was made, with 601 Portuguese athletes. Of the 172 (28.6%) were female and 429 (71.4%) were male. They competed in a variety of individual (e.g., athletics, climbing, orienteering, surfing, swimming, tennis; 42.6%) and team sports (e.g., basketball, handball, rugby, soccer, volleyball; 57.4%). Participants' age ranged from 12 to 47 years (M = 17.44 years; SD = 4.99). After testing the measurement invariance of the first and second-order models, across gender and type of sport (individual vs. team), latent mean comparisons were investigated and Cohen's d (1988) statistic was computed to obtain the corresponding effect sizes (Kline, 2016). Significant differences were detected between male and female athletes and between individual and team sports. Female and individual sports athletes presented higher levels of general sports anxiety. The results of this research provided evidence that anxiety is appraised differently by athletes based on their gender and type of sport (Marco Correia, 2019).

To date, much research has been devoted to understanding how anxiety can affect sports performance, both in practice and in competitive settings. It is well known that sport has the potential for high levels of stress and anxiety and that practicing and employing a range of psychological strategies can be beneficial in anxiety management. Equally, growing evidence also suggests that anxiety can play a role in sports injury prevention, occurrence, rehabilitation, and the return to sports process. The purpose of this paper is to provide current insights into sport-related anxiety. More specifically, it will provide the reader with

definitions and theoretical conceptualizations of sport-related anxiety. This will be followed by making a case for considering the term "performance" to be broader than activities associated with sport-related performance in practice and competition, by including performance activities associated with sport injury prevention, rehabilitation, and the return to sport process. The paper will then highlight the importance of recognizing early signs and symptoms of anxiety and the potential need for referral. Finally, the conclusions will emphasize the need for appropriate, client-specific, and practitioner competent care for athletes experiencing sport-related anxiety (Jessica L Ford, Kenneth Ildefonso, 2017).

The study was initiated to know the effect of anxiety on sports performance of players of Gomal university Deraismail khan K.P.K Pakistan. The main objective of this particular study was to know about the effect of anxiety on players from a physiological, psychological, and behavioral perspective. The population of this research study was comprised of all players participating in different sports activities at Gomal University. A complete list of all registered players was taken from the directorate of sports at Gomal University. For data collection, the researcher developed a closed form of a questionnaire and personally gets back a response from his responses from 120 players who were selected randomly as a target population. After the collection of data, it was tabulated and analyzed by using percentage and mean average as a statistical tool by the researcher. After analysis of the data the researcher concluded that anxiety negatively affects the overall sports performance of a player. The data also revealed that awareness about anxiety and its negative effects and also reduction processes and practices such as medication, meditation, and Psychotherapy are most important to overcome and face anxiety in sports participation (Muhammad Khushdil Khan, 2017).

From the findings summarized in this review, it appears that there is little evidence in support of the inverted-U hypothesis. Available research indicates that there is considerable variability in the optimal pre-competition anxiety responses among athletes, which does not conform to the inverted-U hypothesis. Many athletes appear to perform best when experiencing high levels of anxiety and interventions that act to produce quiescence may worsen the performance of this group. These findings indicate that there is a need to shift the research paradigm away from theories of anxiety and performance based on task characteristics or group effects and, instead, employ theoretical models that account for individual differences (J S Raglin, 1992).

The relationships between self-esteem, self-evaluative information use, and athletic performance were examined among 103 intercollegiate athletes. As predicted, personal standards were rated as the most useful form of information with downward social comparisons and feared selves information as the least useful. Athletes high in self-esteem used more personal standards and ideal selves' information and fewer feared selves. Higher self-esteem was associated with better athletic performance. Controlling for self-esteem, hours practiced, and social desirability, better athletic performance was associated with using upward, lateral, and downward social comparisons. Athletes using negative performance information from the past performed more poorly (John Gotwals, 2002).

The contemporary view of perfectionism is that it is a multidimensional construct (e.g., Frost, Marten, Lahart, & Rosenblate, 1990; Hewitt & Flett, 1991), and that the dimensions comprising perfectionism can have either adaptive or maladaptive influences on cognition, affect, and behavior. Research in non-sport settings has consistently shown that maladaptive perfectionism is associated with lower levels of self-esteem. However, to date, no studies

have examined the relationship between perfectionism and self-esteem in sports. Therefore, the purpose of this study was to examine the relationship between perfectionism and self-esteem among a sample of inter-collegiate athletes (36 male, 51 female, M age = 19.65 years). Perfectionism was assessed with the Multidimensional Perfectionism Scale (Frost-MPS; Frost et al., 1990). Self-esteem was assessed by Rosenberg's (1965) Self-Esteem Scale (RSES) and a modified sports-specific version of Heatherton and Policy's (1991) State Self-Esteem Scale (SSES). Exploratory factor analysis of the modified SSES revealed two factors that were labeled Satisfaction with Current Sport Performance (SCSP) and Perceived Athletic Competence (PAC). Canonical correlation (RC) analysis was used to examine the multivariate relationship between perfectionism and self-esteem. One significant canonical function was extracted (RC = .74, p < .001). The pattern of canonical loadings suggested that athletes who adopted a maladaptive perfectionist orientation had low levels of self-esteem. Results are discussed around Hamachek's (1978) distinction between adaptive and maladaptive forms of perfectionism (John Dunn, 2003).

Self-esteem is a positive evaluation of oneself that can facilitate optimal functioning. However, little research has focused on its antecedents in sport. Accordingly, we adopted an interactions perspective and proposed that gratitude, a dispositional factor, will enhance an athlete's self-esteem and affective trust in coach, a situational factor, will strengthen such a positive effect. Athletes completed measures of gratitude, affective trust in coach, and self-esteem at Time 1 and self-esteem at Time 2 after 6 months. Results showed that athletes with higher levels of gratitude increased their self-esteem over time when they had higher affective trust in their coaches (Chiahuei Wu, 2014).

The present study aimed to compare self-esteem among early adolescent athletes and non-athletes. Sports participation has been shown to positively influence self-esteem of early adolescents. This effect was measured in a sample of early adolescents, with the effect of gender; participation and level of participation in sports were explored. The participants in this study were 187 early adolescents where 89 non-athletes (43 males and 46 females) and 98 athletes (51 males and 47 females) between Grades 5-8. The athletes are further divided into two groups of 50 recreational/ fun athletes and 48 competitive athletes. The sample was collected through a non- random sampling method. Rosenberg scale of self-esteem was used to measure participants Self-esteem. Through the Descriptive statistics and Independent Sample t- Test the following results were concluded. The results showed the athletes have significantly higher self-esteem compared to non- athletes. Also, competitive athletes have higher self-esteem than recreational athletes. It was also found that there is no gender difference in self-esteem among early adolescent athletes (Chindu Mary Mathew, 2017).

Based on the integrative concept of self-esteem discussed in sport-related literature, various studies refer to its importance in the context of sports activities. Self-esteem is often understood as a personality trait because it tends to be durable and stable. No accurate description is available regarding the types of sports in which subjects participated. The main purpose of the research was to identify and compare the levels of self-esteem and self-confidence of athletes practicing individual and team sports. The self-esteem and self-confidence levels were measured by the Rosenberg Self-Esteem Scale (Rosenberg 1979) and the Self-Confidence Test (Romek, 2000).

The purpose of the present research was to investigate the relationship of the self-esteem of female athletes and non-athletes to sex role type and sport type. The following significant results were found: non-athletes in the feminine sex role type were lower in the self-esteem

than all other groups, and there were a greater proportion of androgynous athletes and feminine non-athletes than expected by chance. There were no differences in self-esteem of athletes in higher femininity status vs. lower femininity status sports. These findings were discussed relative to past research, and the potential impact of sport on the psychosocial development or selection of certain sex role types (Evelyn G. Hall, 1986).

The main goal of this study was a comparison of sensation seeking and self-esteem with mental health in professional and amateur athletes, and non-athletes in Arak city. The study samples were 150 professional and amateur athletes and non-athletes of Arak city in 2008, selected by a simple random sampling method. The study design was reasonable-comparative. Professional and amateur athletes and non-athletes were as independent variables and sensation seeking, self-esteem, and mental health were as dependent variables. Zukerman's sensation seeking, Coppersmith's self-esteem, and Goldberg's mental health questionnaires was used to collect research data. Analysis of variance and post hoc LSD test were used for statistical analysis. Results showed that there was a significant difference among study groups in self-esteem, sensation seeking and, mental health ($p < 0/01$). The Professional athletes had the highest self-esteem, sensation seeking and mental health. The amateur athletes had also a better situation in the respect of these characteristics than those non-athletes.

Psychological resilience is an important construct that can enhance athletic performance and foster valuable life skills. Through positive adaptation to adversity and stressors in the athletic arena, athletes can cultivate their ability to effectively respond to negative stimuli, ultimately evolving into personal growth. For young female athletes, the development of resilience may be particularly important. Young female athletes face distinct challenges in sports including sports inequity, body image issues, eating disorders, increased mental distress, and internalization of emotions. The aim of this review is to define and describe the construct of resilience and discuss the implications and applications relevant to young female athletes. By understanding how to foster resilience strategies in this population, we can enhance sport performance and enjoyment, as well as bolster valuable life skills that facilitate personal growth (Miriam Rowan, 2021).

Summary
This chapter cites various studies conducted on different study variables. The chapter starts with previously done studies on resilience, self-esteem and anxiety in athletes. This chapter also discusses the studies done on resilience, self-esteem and anxiety in non-athletes.

METHODOLOGY
The present study is a quantitative research design method. The quantitative traditions method is based on scientific method and often involves objectives, hypothesis, variables, quantification and statistical analysis. In quantitative research findings are generalized to situations other than those investigated. The study involves three variables anxiety, resilience and self-esteem for two sample population which are athletes and non-athletes. Therefore, the quantitative research design is well suited to measure the objectives of the study. Quantitative method allows for a reliable and contributed understanding of anxiety, self-esteem and resilience.

Variables:
Independent Variable (IV)–
Groups: There are two groups in the research study; Athletes and Non-athletes.

Dependent Variable (DV)-
Resilience: According to Ann Masten, professor at the University of Minnesota College of Education and Human Development, resilience is the "capacity of a dynamic system to adapt successfully to disturbances that threaten system function, viability, or future development of the system."

Psychological resilience is important in sport because athletes must utilize and optimize a range of mental qualities to withstand the pressures that they experience. It is considered that the grounded theory of psychological resilience and ideal sports performance seems to better explain the resilience process in high performance athletes (Franco Noce, 2019).

Anxiety: a mood state characterized by worry, apprehension, and somatic symptoms. Similar to the tension caused when an individual anticipates impending danger, catastrophe, or misfortune. The threat the person is responding to may be real or imagined or internal or external. It may be an identifiable situation or a more vague fear of the unknown. Anxiety may be distinguished from real fear both conceptually and physiologically, although the two terms are often mistakenly used interchangeably in everyday language. See also acute anxiety- anticipatory, anxiety-generalized, anxiety disorder- separation, anxiety- social anxiety.

Self-Esteem: self-esteem is used to describe a person's overall subjective sense of personal worth or value. People with low self-esteem tend to feel less sure of their abilities and may doubt their decision-making process. They may not feel motivated to try novel things because they don't believe they're capable of reaching their goals. Those with low self-esteem may have issues with relationships and expressing their needs. They may also experience low levels of confidence and feel unlovable and unworthy. People with overly high self-esteem may overestimate their skills and may feel entitled to succeed, even without the abilities to back up their belief in themselves. They may struggle with relationship issues and block themselves from self-improvement because they are so fixated on seeing themselves as perfect.

Control Variable
Age and athletes – The age range for the athletes for this study was 20-28 years of female and male participants. The study was conducted on the participants who play competitive sports to check their resilience, self-esteem and anxiety levels. The population playing non-competitive sports was excluded.

Extraneous Variable
Environmental factors and state and trait anxiety.
State anxiety. This is a natural human response. You don't need to have an underlying anxiety condition to experience fear when facing some type of danger.
Trait anxiety. This refers to anxiety that shows up as part of your personality, not just in stressful situations.

Hypotheses
H1- The resilience will be more in athletes as compared to non-athletes.
H2- The anxiety will be more in athletes as compared to non-athletes.
H3- The self-esteem will be more in athletes as compared to non-athletes.

*Method***:**
This section consists of description of the sample which was included for the study, of the tools used, the procedure followed for data collection and the statistical method used to analyze the data.

*Sample***:**
The total sample size is 400 for the study, of which (n=200) is athletes and (n=200) is non-athletes. The sample includes both male and female population of 20 to 28 years of age. The athletes are from various different sports that plays a competitive sport. The data was collected via snowball sampling method through online platform by Google forms. A total of 400 participants agreed to be part of this study of which half population was of athletes and another half were non-athletes. In this study both male and female population was included. The participants were from different regions of India. The inclusive criteria for the study included athletes and non-athletes of age 20 to 28 years. For athletes, the population who were engaged in competitive sports were included having fluency in English language. The exclusive criteria of the study are the population playing non-competitive sports was excluded.

The athletes were recruited from the various sports clubs and fitness centre while non-athletes were recruited from colleges and various organizations. A Google form link was provided for participants to access and answer the online questionnaire scales. Participants were required to read an information page that identified the researchers and provided contact details, explained that the research was aimed at investigating the resilience, anxiety and self-esteem in athletes and non-athletes; estimated the commitment required to participate as approximately 15 minutes to complete an online questionnaire, and outlined the potential risks and expected benefits of the research. The page also described confidentiality and voluntary participation. Participants were then required to provide informed consent before proceeding to the actual survey. Demographic details, followed by anxiety, resilience and self-esteem questionnaire were presented respectively.

*Tools***:**
Brief Resilience Scale:
Positive adaptation in the context of significant challenges, variously referring to the capacity for, processes of, or outcomes of successful life-course development during or following exposure to potentially life-altering experiences.
The BRS (a = 0.71) showed better internal consistency than the BRCS (a = 0.59). The confirmatory factor analysis (CFA) results also indicated that the BRS, with a two-factor structure, had better construct validity than the BRCS. The CFA results for the BRS met all of the criteria for a good model fit.

Beck Anxiety Inventory:
Anxiety is an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure.
 Beck Anxiety Inventory (BAI) was developed to assess symptoms of anxiety independent of symptoms of depression. This approach resulted in better measurement properties than those of the three previously mentioned instruments. The BAI is composed of 21 items. Beck et al. proposed a two-factor model for these 21 items: somatic symptoms and affective-cognitive symptoms. This model has been primarily supported by validation studies. However, a three-factor model (somatic, subjective and panic symptoms) and a four-factor model (neurophysiological, subjective, panic and autonomic symptoms) have also been

proposed. The BAI has excellent overall internal consistency and a high test-retest correlation ($r = 0.67$). The BAI also demonstrates good concurrent validity, with correlations between 0.78 and 0.81 with the SCL-90 Anxiety Subscale, the Hamilton Anxiety Scale and Spielberger's STAI. Therefore, the available empirical evidence has shown that the BAI is a reliable and valid instrument for measuring symptoms of anxiety.

<u>Rosenberg Self- Esteem Scale:</u>
Self-esteem may be defined as how much you appreciate and like yourself regardless of the circumstances.
The Rosenberg Self-Esteem Scale presented high ratings in reliability areas; internal consistency was 0.77, minimum Coefficient of Reproducibility was at least 0.90 (M. Rosenberg, 1965, and personal communication, April 22, 1987). A varied selection of independent studies each using such samples as – parents, men over 60, high school students, and civil servants – showed alpha coefficients ranging from 0.72 to 0.87 (all fairly high). Test-retest reliability for the 2-week interval was calculated at 0.85, the 7-month interval was calculated at 0.63 (Silber & Tippett, 1965, Shorkey & Whiteman, 1978). The RES is closely connected with the Coopersmith Self-Esteem Inventory.

Procedure:
Data was collected from 400 participants. Out of which 200 were athletes, age range 20-28 years and 200 were non-athletes age between 20 to 28 years. Participation was voluntary and the consent was acquired from participants. The participants were granted confidentiality of their demographic details and responses. They were also informed that the results of the study were to be used for research purposes only. The questionnaires were administered individually via Google forms and any question doubts were clarified. The responses were compiled and transferred from Google forms to Microsoft excel for analysis of the data. The SPSS software was used to establish for Independent t-test (to compare athletes and non-athletes population) and exploratory findings of the collected sample data.

Statistical analysis
The collected data was coded using Microsoft Excel. Statistical analysis was carried out using the SPSS program (Statistical Package for the Social Sciences). The data was checked for normality. The scores of the data collected was normally distributed hence, parametric statistical tools were used to study Independent T-test.

Parametric tests are those tests for which we have prior knowledge of the population distribution (i.e., normal), or if not then we can easily approximate it to a normal distribution which is possible with the help of the Central Limit Theorem. Parameters for using the normal distribution is – Mean. Standard Deviation. Independent sample t-test is a statistical technique that is used to analyze the mean comparison of two independent groups. In independent samples t-test, when we take two samples from the same population, then the mean of the two samples may be identical. But when samples are taken from two different populations, then the mean of the sample may differ. In this case, it is used to draw conclusions about the means of two populations, and used to tell whether or not they are similar.

Summary
Operational definitions and variables used in this study are stated in this chapter. The hypothesis formed for the purpose of the study is mentioned. Detail descriptions of the standardized tools (Brief Resilience Scale, Beck Anxiety Inventory, Rosenberg Self-esteem

Scale) used for data collection. The sample chosen for the study has been well defined including the inclusion and exclusion criteria of the sample. The procedure carried out for the study has been explained. Statistical analysis done on variables to establish relationship has been mentioned.

RESULTS AND DISCUSSION

This chapter comprises of the results obtained after scoring and analyzing the data with the help of SPSS software. It consists of descriptive statistics as well as the significance value of the difference between means obtained after performing Independent T-test. This chapter also includes a detailed discussion of the results obtained in relation with the various hypotheses of the study.

Results

This section presents the results of this research in detail. In this research three variables were studied viz., resilience, self-esteem and anxiety. The scoring procedures for the variables were carried out by strictly following the standard norms specified in respective test manual.

The normality test is calculated considering kurtosis and skewness and the outliners were checked and removed by using box plot method (summaries of separate variables).

Table 1.1 shows mean, median, mode standard deviation and other descriptive statistics of the study variables obtained through tools in the study.

As per the table 1.1, the mean score of the study variable anxiety is 10.48, SD is 5.65, median is 10 and mode is 10. Skewness value is .63 the NDC is negatively skewed. And the value of kurtosis is .047 hence it is leptokurtic. If the value of kurtosis is greater than 0.263 the distribution is said platykurtic and if less than 0.263, it is leptokurtic.

Table 1.2 shows mean, median, mode, standard deviation and other descriptive statistics of the study variable resilience obtained through tools in the study.

As per the table 1.2, the mean score of the study variable anxiety is 3.46, SD is 1.01, median is 3.50 and mode is 5.00. Skewness value is -.25 the NDC is negatively skewed. And the value of kurtosis is -.75 hence it is leptokurtic. If the value of kurtosis is greater than 0.263 the distribution is said platykurtic and if less than 0.263, it is leptokurtic.

Table 1.3 shows mean, median, mode, standard deviation and other descriptive statistics of the study variable self-esteem obtained through tools in the study.

As per the table 1.3, the mean score of the study variable anxiety is 21.56, SD is 2.41, median is 21.00 and mode is 21. Skewness value is -.12 the NDC is negatively skewed. And the value of kurtosis is .053 hence it is leptokurtic. If the value of kurtosis is greater than 0.263 the distribution is said platykurtic and if less than 0.263, it is leptokurtic.

Independent T-test:

Independent sample t-test is a statistical technique that is used to analyze the mean comparison of two independent groups. In independent samples t-test, when we take two samples from the same population, then the mean of the two samples may be identical. But when samples are taken from two different populations, then the mean of the sample may

differ. In this case, it is used to draw conclusions about the means of two populations, and used to tell whether or not they are similar.

Normal distribution and homogeneity of the items were found before proceeding with the Independent Sample T-test.

Normality: that each sample is taken from a normally distributed population.
Sample independence: that each sample has been drawn independently of the other samples.
Variance equality: that the variance of the data in the different groups should be the same.
The dependent variable: here: "anxiety, resilience and self-esteem", should be continuous-that is, measured on a scale which can be sub divided using increments.

In the first step Independent sample T-test was conducted by using IV as athletes and non-athletes and DV as anxiety. The p value was 0.097 which is greater than 0.001. So, here non-athletes have higher anxiety levels.

From this data, it can be concluded that anxiety level in the athletes group was statistically significantly higher than the non-athletes group ($p = .097$). Hence, the alternative hypothesis was accepted.

Then, Independent sample T- test was conducted by using IV as athletes and non-athletes and DV as self-esteem. The p value was 0.002 which is greater than 0.001.So; here athletes have higher self-esteem levels.

From this data, it can be concluded that self-esteem level in the athletes group was statistically significantly higher than the non-athletes group ($p = <.002$). Hence, the null hypothesis was rejected.

Independent sample T-test was conducted by using IV as athletes and non-athletes group and DV as resilience. The p value was 0.017 which is greater than 0.001. So, here athletes have higher resilience levels.

From this data, it can be concluded that resilience level in the athletes group was statistically significantly higher than the non-athletes group ($p = <.017$). Hence, the null hypothesis was rejected.

DISCUSSION

The study investigates how resilience, anxiety and self-esteem are different in two different groups: athletes and non-athletes.

The first hypothesis stated that there will be difference in the anxiety level of athletes and non-athletes i.e., the athletes population have more level of anxiety. This hypothesis was accepted because according to the results there is a significant difference in the anxiety of athletes and non-athletes.

The second hypothesis stated that the resilience level will be more in athletes as compared to non-athletes. The null hypothesis was rejected because according to the results there is significant difference in the resilience of athletes and non-athletes.

The third hypothesis stated that the self-esteem level will be more in athletes as compared to non-athletes. The null hypothesis was rejected as the result showed that there is significant difference in the self-esteem of athletes and non-athletes.

According to the earlier studies the resilience and self-esteem level is more in athletes. The studies showed that physical exercise has positive impact on the mental growth. In the current study the hypotheses was accepted. The study showed that there is significant difference in anxiety, self-esteem and resilience in athletes and non-athletes.

Summary
This chapter comprised of the results obtained after analysis of the relevant data with the help of SPSS software. The results indicated that the three hypotheses stated in the research study have been accepted.

The Independent sample t-test was used where anxiety, self-esteem and resilience are dependent variable and groups were independent variable that is athletes and non-athletes. Two different groups: athletes and non-athletes were compared in the current research study. Here the normal distribution and homogeneity of the items were found before proceeding with the parametric test that is Independent sample t-test.

Normality: that each sample is taken from a normally distributed population.
Sample independence: that each sample has been drawn independently of the other samples.
Variance equality: that the variance of the data in the different groups should be the same.
The dependent variable: here: "anxiety, resilience and self-esteem", should be continuous- that is, measured on a scale which can be sub divided using increments.

The results of the study also comprise of the results by graphical representation for the normality testing of the variables. It also includes a discussion of the results with respect to the hypotheses of the study with support of literature review.

CONCLUSION
This chapter comprises of the summary of the present study, the conclusion drawn after the analysis if the data and the implications of the study. It also includes the limitations of the study along with the suggestions for future research.

Summary
The study investigates how there is difference in the level of resilience, self-esteem and anxiety in athletes and non-athletes. It will also discuss the impact of anxiety and self-esteem on the level of resilience of athletes and non-athletes.

The total sample size consisted of N=400 out of which 200 were athletes (age range 20-28 year old) and 200 were non-athletes (age range 20-28 year old). With the use of purposive sampling techniques, the data was collected from Urban, employed, unemployed athletes and non-athletes. The sample included people from different regions of India. Questionnaires were administered individually by using Google forms. Those who met the inclusion criteria were selected. Inclusion Criteria: people who have experience in athletics. This research study is pertaining to both athletes and non-athletes population. Exclusion Criteria: people who don't have an experience in any sport. This study does not include any rural Indian male and female population. There were, total three variables to resilience, self esteem and anxiety. The standardized tools were used to study the research variables- Brief

resilience scale (Connor Davidson), Rosenberg self esteem scale and Beck's anxiety inventory (Beck, A.T., Epstein, N., Brown, G., & Steer, R.A. (1988). This study had three hypotheses 1. Resilience will be more in athletes than non-athletes. 2. Self esteem will be more in athletes than non-athletes and 3. Anxiety will be more in non- athletes as compared to athletes.

Statistical analysis was carried out using the SPSS program (Statistical Package for the Social Sciences). The data was checked for normality before the comparative studies. The scores of the data collected was normally distributed hence, parametric statistical tools were used to study Independent Sample T-test.

Conclusion
The study investigates how resilience, anxiety and self-esteem are different in two different groups: athletes and non-athletes.

The first hypothesis stated that there will be significant difference in the anxiety level of athletes and non-athletes i.e., the athletes population have more level of anxiety. This hypothesis was accepted as the means calculated between both groups varied where athletes showed high level of anxiety as compared to the non-athletes population.

The second hypothesis stated that the resilience level is more in athletes as compared to non-athletes. This hypothesis got rejected as the means value was more for the non-athletes population. As the means value was less in athletes the non-athletes therefore had significantly higher level of resilience.

The third hypothesis stated that the self-esteem level is more in athletes as compared to non-athletes. The mean value for non-athletes was greater than that of athletes. Therefore, the hypothesis got rejected as the self-esteem value in non-athletes was slightly greater than that of athletes.

Implications
In India, the sports psychology sector is still under developed. So, this research can be used in the field of sports psychology. Also, the study will open the doors for athletes to focus on their mental health which is of immense importance.

Limitations
1. The study is conducted using Google forms which might affect the results. In such studies interviews provide a broader perspective for the research.
2. The responses might be the socially acceptable answers which can also affect the research study.
3. Also, the extraneous variables like stress, fatigue may have impacted the study.
4. The environment around including family and peer groups can also be a stressor which impacts the research results.
5. For athletes failures in the matches can be a stressful event which affects the result and also, language barrier may have impact on the results.

Further Research Findings
1. Further research can be conducted on team athletes and individual athletes (comparative study).

2. Another study can be conducted on the different athlete's levels like the athletes playing State, National and International level can be compared.
3. A research can be conducted by comparing the different age groups of athletes.

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APPENDIX

Descriptive statistics for anxiety:

Anxiety

N	Valid	400
	Missing	0
Mean		10.48
Median		10.00
Mode		10
Std. Deviation		5.659
Variance		32.020
Skewness		.636
Std. Error of Skewness		.122
Kurtosis		.047
Std. Error of Kurtosis		.243
Range		28
Minimum		1
Maximum		29

NDC for anxiety:
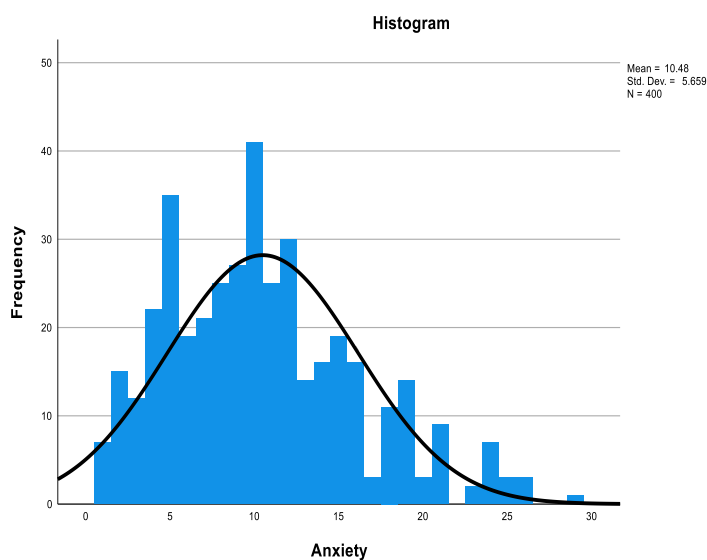
Histogram

Mean = 10.48
Std. Dev. = 5.659
N = 400

Descriptive statistics for resilience:
Resilience

N	Valid	400
	Missing	0
Mean		3.4662
Median		3.5000
Mode		5.00
Std. Deviation		1.01663
Variance		1.034
Skewness		-.252
Std. Error of Skewness		.122
Kurtosis		-.752
Std. Error of Kurtosis		.244
Range		4.00
Minimum		1.00
Maximum		5.00

NDC for resilience:
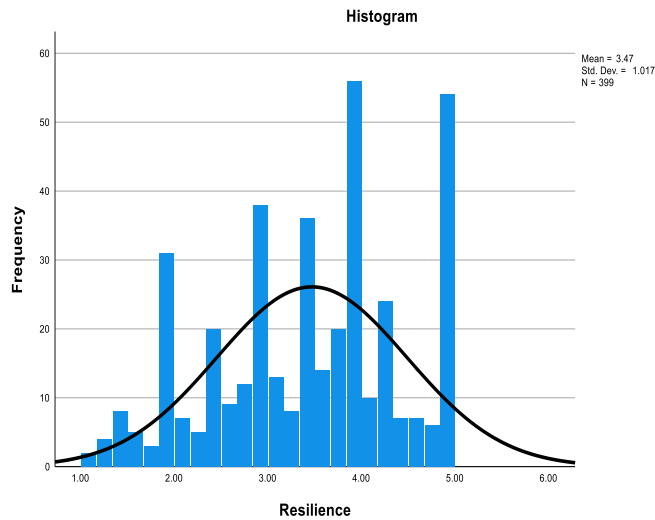
Descriptive statistics for Self-esteem:
Self-esteem

N	Valid	400
	Missing	0
Mean		21.56
Median		21.00
Mode		21
Std. Deviation		2.416
Variance		5.836
Skewness		-.122
Std. Error of Skewness		.122
Kurtosis		.053
Std. Error of Kurtosis		.243
Range		15
Minimum		14
Maximum		29

NDC for Self-esteem:

Histogram

Mean = 21.56
Std. Dev. = 2.416
N = 400
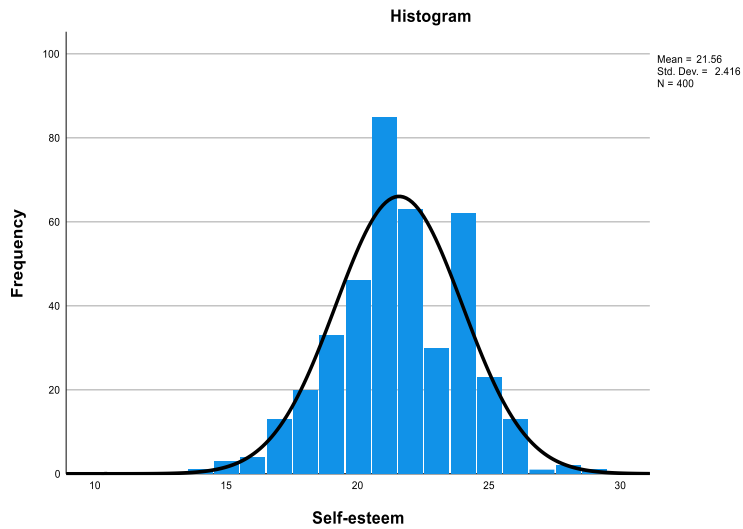
Independent Sample T-test:
Group Statistics

	Athelete/non- Athlete	N	Mean	Std. Deviation	Std. Error Mean
Anxiety	Athletes	200	11.31	5.924	.419
	non-athletes	200	9.65	5.266	.372
Resilience	Athletes	199	2.8569	.85523	.06063
	non-athletes	200	4.0725	.77375	.05471
Self-esteem	Athletes	200	20.83	2.067	.146
	non-athletes	200	22.30	2.520	.178

Independent Samples Test

		Levine's Test for Equality of Variances		t-test for Equality of Means	
		F	Sig.	t	df
Anxiety	Equal variances assumed	2.763	.097	2.962	398
	Equal variances not assumed			2.962	392.605
Resilience	Equal variances assumed	5.758	.017	-14.889	397
	Equal variances not assumed			-14.885	392.688
Self-esteem	Equal variances assumed	9.968	.002	-6.357	398
	Equal variances not assumed			-6.357	383.340

Independent Samples Test

		t-test for Equality of Means	
		Significance Two-Sided p	Mean Difference
Anxiety	Equal variances assumed	.003	1.660
	Equal variances not assumed	.003	1.660
Resilience	Equal variances assumed	<.001	-1.21557
	Equal variances not assumed	<.001	-1.21557
Self-esteem	Equal variances assumed	<.001	-1.465
	Equal variances not assumed	<.001	<.001	-1.465

Independent Samples Test

		t-test for Equality of Means		
		Std. Error Difference	95% Confidence Interval of the Difference	
			Lower	Upper
Anxiety	Equal variances assumed	.560	.558	2.762
	Equal variances not assumed	.560	.558	2.762
Resilience	Equal variances assumed	.08164	-1.37607	-1.05506
	Equal variances not assumed	.08166	-1.37612	-1.05501
Self-esteem	Equal variances assumed	.230	-1.918	-1.012
	Equal variances not assumed	.230	-1.918	-1.012

Independent Samples Effect Sizes

		Standardizer[a]	Point Estimate	95% Confidence Interval	
				Lower	Upper
Anxiety	Cohen's d	5.604	.296	.099	.493
	Hedges' correction	5.615	.296	.099	.492
	Glass's delta	5.266	.315	.116	.513
Resilience	Cohen's d	.81540	-1.491	-1.712	-1.268
	Hedges' correction	.81695	-1.488	-1.709	-1.266
	Glass's delta	.77375	-1.571	-1.819	-1.320
Self-esteem	Cohen's d	2.305	-.636	-.836	-.434
	Hedges' correction	2.309	-.634	-.835	-.434
	Glass's delta	2.520	-.581	-.785	-.377