

Working Toward an Understanding of the Sport Psychology

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ABSTRACT

The more fundamental issue of identifying the proper duties of a sport psychologist has been overlooked in current arguments about the eligibility and credentials of clinical practitioners in sport psychology. Examined and determined to not be in the best interests of either the individual athlete or the advancement of sport psychology as a separate subject, the prevalent remedial intervention methods now in use in sport psychology are analysed. To establish connections between applied researchers and clinical practitioners, a framework for human development and an education-based intervention model are presented.

Keywords: *Workout, Fitness, Sport Psychology*

Experts in sport psychology are currently looking into who qualifies to use the title "sport psychologist" and what credentials those practitioners must possess (Harrison & Feltz, 1979). Such debates neglect the essential questions of what sport psychology is and the roles and responsibilities of those who practise it. This article serves two purposes: (a) to examine the common misconceptions about what sport psychology entails and the effects these misconceptions have on athletes, coaches, physical educators, and sport psychologists; and (b) to present a conceptual framework based on an educational, multidisciplinary skill orientation and the implications of this framework for the same groups.

Presently, Sport Psychology

We notice a startling similarity between the growth of sport psychology and the evolution of psychology itself as observers of the sport psychology movement. Given that sport psychology has some psychological roots, this observation is not surprising. Sport psychologists fall into two categories: those who specialise in identifying the neuropsychological, biophysical, psychosocial, and intrapersonal factors that affect athletic performance (mostly applied researchers) and those who work clinically with athletes to help them improve their performance (primarily clinical practitioners). It appears like these two groups interact with one another less and less frequently. A select few of the outputs of applied research are becoming indispensable tools for clinical practitioners. There are major ramifications for the area of sport psychology from this breakdown in communication between the two groups. The practitioners are utilising remedially focused strategies to assist athletes in overcoming psychophysical performance hurdles, even as the researchers are attempting to test hypotheses intended to improve athletic performance. As a result, sport

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psychology has evolved into a research field that, for some, is comparable to the more experimental components of the larger field of psychology, while for others, it is just another area in which clinically oriented professional psychologists might work. It would seem to those who are brand-new to the discipline of sport psychology that those who identify as sport psychologists just practise sport psychology. Such a description raises issues for those trying to comprehend the roles and purposes of sport psychology as well as for the growth of sport psychology as a separate subdiscipline. We might be able to gain a better grasp of the implicit assumptions that underlie the development of sport psychology by looking at some of its practises.

Sport Psychology as Therapy

Practitioners of sport psychology have embraced a one-on-one, therapeutic service delivery strategy that prioritises the provision of corrective treatment services. Clinical services are provided on a temporary basis before, during, and/or after competition by psychology-trained professionals. Most people think of psychologists as "shrinks" who treat "the problem athletes" (Botterill, 1980). With this perspective, the main goal has changed from being for sport psychologists to be as well-trained as psychologists who treat patients for mental health issues. As a result, some sport psychologists are advocating for either the establishment of a licencing system specifically for sport psychologists within the field of general physical education or for their members to get licenced as professional psychologists (Harrison & Feltz, 1979; Oglesby, 1980). In favour of licencing, Harrison and Feltz (1979) note that all states need licensure for psychologists to guarantee the professional's competence. We contend that the unforeseen implications of obtaining a licence to "assist" may be more harmful than the intended results of insuring competency. Nonetheless, we doubt the value of licencing psychologists, particularly sport psychologists. According to a number of psychologists (Danish & Smyer, 1979, 1981; Gross, 1978; Hogan, 1979; Koocher, 1979), having a licence doesn't necessarily mean that someone is competent. The main issues these authors bring up are that there isn't much evidence linking competency and licensure, and that passing exams is more important for getting a psychologist's licence than being a good practitioner.

Some states have also looked into the issue of whether or not licensure and competency are obviously related. Three states—Alaska, Florida, and South Dakota—have "sunsetting" their licencing rules within the past two years. The rising cost and decreased accessibility of aiding services are two unexpected consequences of licencing. Every person who has "issues" with their performance would need to consult a licenced clinical psychologist, and there are not nearly enough licenced psychologists to go around. If only licenced experts can help. In metropolitan locations, Ryan (1969), Srole, Langner, Michael, Opler, and Rennie (1962), and in rural areas, Young, Giles, and Plantz (Note 1), report a comparable paucity of trained professionals. Moreover, the decision to licence all assisting professions forbids physical educators from "practising" sport psychology without simultaneously possessing a PhD degree in clinical psychology. As licencing prohibits the provision of services by anybody who has not received government approval to render such services, coaches would effectively be prohibited from offering any counselling to players. It would be unlawful to provide these services without a licence. A licence in clinical psychology could be obtained without having any experience or education in athletic psychology. Some general licence criteria are described in Harrison & Feltz (1979).

This admission has significant consequences. According to a series of studies by Farina, Fisher, Getter, and Fischer (1978) on the effects of classifying mental illness as a disease,

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when people believe they are the victims of mental illness, they may feel less empowered to solve the issue on their own and consequently less capable of seeking help. The researchers discovered that people who were told that mental illness was a sickness rather than a result of social learning believed that people with this "disease" couldn't do anything to help themselves. In a different study, participants were either told that mental illness was caused by poor social learning or that it had a biochemical-physiological basis. The individuals were then given 20 minutes of therapy on a topic they had chosen, and they were instructed to keep a notebook for a week in which they were to note each time the problem they had addressed occurred. The disease-affected subjects thought less about their difficulties and felt more equipped to address them (Farina, Fisher, Getter, & Fischer, 1978).

Athletes' unmet developmental needs may not be met by the clinical remedial therapy methods employed to deliver such services, in addition to the unintended negative effects of licencing and third-party payments for sport psychology service customers. One of these theories is predicated on the idea that athletic ability is a singular quality or trait (Ogilvie & Tutko, 1966; Tutko & Richards, 1971). Consistency of responding across situations is attributed to traits. According to this viewpoint, athletes could have "head problems," "not enough aggression," "chokers," "mean," "hard-nosed," and similar traits. Their conduct should essentially be the same whether they are on or off the field of play. Interventions have little chance of altering or improving performance if habit is so ingrained and ubiquitous. As a result, testing-based selection has been the main focus. Nonetheless, Martens (1975) has questioned the accuracy of these tests as predictors. Because of this, the attribute viewpoint would seem to be of limited utility as a model for improving athletic performance, while having a lengthy history in psychology with concepts like intellect.

The trait model has also come under fire for neglecting to take situational considerations into account (Mischel, 1968). A second therapeutic intervention approach built around a behaviour modification focus has emerged in response to such criticism. Traits emphasise personal aspects, whereas behaviour modification emphasises situational issues instead of personal factors (Botterill, 1980). When situational factors are changed, it is presumed that the person has little to no influence over her environment and is instead a product of it. Thus, the intervention's focus is on the environment rather than the individual (Rushall & Siedentop, 1972). Athletes' personal development and progress are given scant consideration, nor is there any focus on improving their knowledge of the intervention. They start taking a back seat during their own treatment. Such a strategy has been criticised by Botterill for creating client dependency and yielding variable results.

An alternative to both a characteristic and behaviour modification orientation that seems more appropriate is a person x situation perspective (Mischel, 1973). The pieces by Nideffer (1976), Mahoney (Note 2), and Suinn (1980) are the ones that are closest to emulating such an outlook. The question "What actions are displayed by those judged to be successful athletes under what social and environmental conditions?" is asked rather than "What characteristics define the successful athlete?" or "What surroundings are optimum for maximal athletic performance?" We are all familiar with those who "rise to an important occasion" and outperform expectations. We can only explain such events by comprehending the individual and the surroundings.

A Foundation for Human Development in Sport Psychology

The human development approach's emphasis on constant growth and change is one of its main tenets. This framework has been identified as one that:

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1. incorporates statements about desirable behavioural goals;
2. concentrates on sequential change;
3. emphasises techniques of optimization (rather than remediation);
4. assumes that the individual or system is an integrative biopsychosocial unit (Ford, 1974), making it amenable to a multidisciplinary focus; and
5. sees individuals or systems as developing in a changing biocultural context (Baltes, 1973; Danish, 1977).

Problems and crises are not regarded as abnormal under the developmental approach; rather, they are regarded as states of imbalance that precede and, in fact, may facilitate growth (Riegel, 1975). Because crises can have either positive or bad results, the purpose of intervention is to strengthen or enrich the individual's ability to deal constructively with these events (Danish & D'Augelli, 1980; Danish, Smyer, & Nowak, 1980). Interventions therefore focus on assisting people in more fully developing themselves and their settings to suit their needs (D'Augelli, 1981). This model is described in greater detail in Baltes (1973), Baltes and Danish (1980), Danish (1977), Danish and D'Augelli (1980), Danish, Smyer, and Nowak (1980), and D'Augelli (1980). (1981)

Interventions in sport psychology would stress lifelong promotion of personal growth, development, and maximal athletic performance rather than "short-term remedies" from the standpoint of human development. The purpose of intervention, in general, is to help athletes acquire control of their lives by teaching them how to influence their own future; in other words, life management through planning. At a more specific level, an intervention may assist athletes in setting specific athletic and personal goals and teaching them how to achieve these goals. Athletes provide an ideal opportunity for such an intervention approach to be used because they are one of the few groups in our society that make positive stated goals for themselves. A positively articulated aim is something we want to do rather than something we don't want to happen to us (Danish & D'Augelli, Note 3). Setting positively staged goals, in our view, is the first step in maximising progress. The second phase is to identify the obstacles to goal achievement. Goal assessment and achievement are critical components of a human development intervention process.

Improving Athletic and Personal Growth from Theory to Practice

Setting and achieving goals necessitates careful planning. When goals are not communicated clearly, folks may be unable to tell whether or not the goal has been reached. Goal attainment may be challenging even when precise goals are given. Goal attainment is hampered by three key roadblocks: a lack of knowledge, a lack of competence, or an inability to recognise the risks associated in attempting to achieve the objective. One or more of these three hurdles is the primary reason why athletic and personal goals are not met. Physical skills such as throwing and catching, as well as intrapersonal abilities such as building confidence and cultivating self-control, are examples of skill inadequacies.

Supplying individuals with the requisite knowledge and/or skills or aiding them to assess the risks of goal fulfilment does not necessitate a professional, therapy-oriented psychological approach. In truth, such a "therapy" is unlikely to be effective. The clinical therapy-oriented method is based on an inoculation model of teaching (D'Augelli, 1981), which holds that mere exposure to "verbal therapy" will result in behaviour modification. Physical educators understand that one-time verbal teaching is insufficient for skill acquisition.

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To adopt an enhancement and human development approach, sport psychology interventions must be reoriented. When it comes to teaching knowledge or skills, educational interventions (teaching) are preferable. An educational approach employs the school as a model and instruction as a means of improvement. Instead of being a therapist, the intervenor becomes a teacher. Using such a methodology allows the intervenor to act as a skill trainer, teaching life skills and facilitating their retention over time (Authier, Gustafson, Guerney, & Kasdorf, 1975; Guerney, Guerney, & Stollak, 1971/1972; Guerney, Stollak, & Guerney, 1971). When acquiring knowledge is required to achieve a goal, strategies must be established to enable the individual to learn the essential knowledge. When it comes to skill acquisition, an organised and methodical strategy founded on strong instructional concepts is required. Knowledge, modelling, and a lot of supervised practise are required. The following components are required to train someone in any skill, whether physical or interpersonal:

1. behavioural definition of the skill;
2. presentation of an understandable rationale for the skill;
3. specification of a skill attainment level (competency level);
4. use of models to demonstrate ineffective and effective skill use;
5. provision of opportunities for extensive supervised practise of the skill; and
6. homework to promote skill generalisation (Danish & D'Augelli, 1976; Whiting, 1969).

Once skills are taught utilising this instructional approach, not only is it possible that the skill needed to reach the identified objective will be learned, but a knowledge and competence with the skill learning process will be formed. Sport psychologists have traditionally trained players to overcome a single or a series of urgent challenges. Although it is anticipated that such assistance will generalise to other situations, there is little or no data available in either the sport psychology or clinical psychology literature. In fact, there is some reason to assume that one of the most important lessons for athletes is that when they have a problem, they should visit a sport psychologist. An attitude like this might lead to emotions of dependency and a lack of self-control. Because explicit education in life skills is not provided, generalisation does not usually occur. When life skills are taught in the same way as sports skills are—by defining goals and teaching strategies for achieving those goals—feelings of self-efficacy and competence grow. In the long term, such feelings may improve performance more than specific skill learning. Self-efficacy has a domino effect on various parts of a person's personal and athletic life.

Impact on Sport Psychologists, Physical Educators, Coaches, and Players

Oglesby (1980) criticises sport psychologists in an editorial about the newly established Sports Psychology Academy for failing to connect theoretical and experimental sport psychology breakthroughs to physical education practitioners. She described numerous measures to address this problem, including improving communication through a newsletter and hosting a symposium on the matter at an AAHPERD Conference. We argue that such initiatives will fail to increase interaction because they are aimed at the wrong problem. The failure of the two groups to connect is due to a lack of perceived similar interests rather than a lack of opportunity. Sport psychology's applied research and practitioner communities seldom engage with one another because they lack a common framework for discussing their joint interests. Given the lack of communication between these two groups, it is not surprising that sport psychologists have nothing to say to physical educators and coaches.

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Using a human development framework and an educational intervention model may help to break down communication obstacles. Such a framework should act as a link between all groups, particularly physical educators and sport psychologists. Both groups will be focused on improving athletes' physical and interpersonal performance. They will also employ a similar strategy: teaching. Sport psychologists can acquire some of the processes required to properly teach skills from physical educators who are professionals in such training. Physical educators, on the other hand, can learn some of the intrapersonal abilities and behavioural tactics required for peak performance. Sport psychologists can function as trainers and consultants if physical educators and coaches understand how to administer intervention programmes based on a human development-education intervention (life development) model. By actively including the coach in "service delivery," the benefits of the natural support system between coach and athlete are apparent. The coach as a "service provider" has been used successfully in Europe and the Soviet Union.

SUMMARY

Athletes must deal with pressures, adjust to changing conditions, and retain discipline and attention in difficult situations (Botterill, 1980). Sport psychology can make the largest difference by assisting athletes in planning for the future. Our thesis has been that sport psychology has been unsure of how to do this most effectively. It is looking for a framework within which to create applied research and intervention programmes as a subdiscipline. Putting emphasis on concerns like licencing obscures the hunt for such a framework. We have presented a human development framework and an educational model of intervention as a means of uncovering commonalities so that a distinct discipline might be formed. As a guidance, we propose that sport psychologists focus at developmental and educational domains rather than clinical areas. Under this framework, a precise description of sport psychology practise may emerge.

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Conflict of Interest

The research is done with authentic data and field work hence, the author's professional judgment about research and report writing is not compromised.

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