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EFFECT OF PSYCHOLOGICAL SKILL TRAINING ON ANXIETY OF FOOTBALL PLAYERS OF MANIPUR

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Abstract
Objective: To investigate the effect of psychological skill training on anxiety level of football players of Manipur.
Design and Method: 20 male footballers of Manipur, age group 18-23, were randomly selected, with the mean and standard deviation 20.05 ± 1.31. Initially subjects were randomly divided into Experimental and Active control group, consisting of 10 footballers each followed by preliminary testing and administration of Sports Anxiety Scale. Then, subjects in the experimental group were treated with an intervention based on anxiety control program comprising of deep breathing, relaxation technique and positive self-talk whereas the active control group proceeded with their regular normal training schedule.
Results: F-value for comparing the adjusted mean of the two groups (experimental group and active control group) during post data testing in the sub-scales of Anxiety shows significant difference between their scores in pre-test and post-test as the p-value associated with it is 0.00 which is less than 0.05. Similar findings have been observed in worry and concentration disruption showing significant difference between the scores in pre-test and post-test as the p-value associated with it is 0.02 and 0.00 respectively which is less than 0. Thus, the hypothesis of significant difference among the adjusted mean for the data on criterion variable in experimental and active control group may be accepted at 0.05 level of significance.
Conclusion**:** Significant differences were found in post intervention condition between experimental and active- control group for anxiety parameters and Six-week PST has a positive effect in reducing anxiety level of the footballers. Based on the analysis of data and research findings, it can be established that PST can be used as an effective intervention and means of controlling or reducing the level of sports anxiety in footballers.

Keywords: Somatic anxiety, Worry, Concentration disruption, JPMR, Deep breathing, Positive self-talk.

INTRODUCTION: Psychological skills training (PST) is the regular and consistent practice of mental or psychological skills for the purpose of improving performance (Weinberg & Gould, 2007). It is a systematic educational program meant to assist a coach and his athlete in learning and practicing mental skills to improve their athletic performance. These Programs are designed to reduce pre-competition stress and anxiety, promoting general body relaxation, increase self-esteem, mental toughness, and improve attention and concentration, all of which have a favourable impact on their performance and skill learning in sports. It is widely acknowledged that psychological skills training (PST) is important in the development of

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athletic performance. The thin line between winning and losing and its effect in today's professional and semi-professional sports is growing increasingly huge. Massive pressure is created by the increasing performance density. As a result, it is not unexpected that the value of psychological skills training (PST) has been recognized in recent years. Mental skills are internal capabilities which helps an athlete boost performance by learning to master their minds efficiently and consistently while executing attainable goals. Many of the best football players consult with a sport psychologist to help enhance their performance through a process of learning mental skills. This aids in the development of their mindset, confidence, concentration and leadership skills. A sport psychologist can assist a player in competing and training at a high level, being motivated to improve, and performing to their greatest potential. Working with a sport psychologist and incorporating various PST programmes can assist all footballers on their performance enhancement journey, from senior internationals to youth players. In addition to helping them perform at their best while the pressure is on, a sport psychologist can help with the overall growth. Anxiety is a sensation of tension accompanied by worried thoughts and physical changes such as increased blood pressure. According to APA dictionary, it is an emotion characterized by apprehension and somatic symptoms of tension in which an individual anticipates impending danger, catastrophe, or misfortune. The body often mobilizes to meet the perceived threat: muscles tense up, breathing quickens, and the heart beats more rapidly. Anxiety and fear may be distinguished both conceptually and physiologically, although the two terms are frequently used interchangeably. Football players often struggle with anxiety due to the pressures of competition, fear of injury, and high expectations. Anxiety affects a substantial number of players, with around 30% experiencing anxiety. The sources of anxiety can vary, including fear of failure, pressure from coaches and teammates, and fan expectations. Anxiety can negatively impact performance, causing decreased focus, slower reaction times, and impaired decision-making. Physical symptoms such as rapid heartbeat, sweating, and muscle tension can also occur. Furthermore, anxiety can affect mental health, leading to decreased self-esteem, increased stress, and potentially depression. However, anxiety is treatable, and football clubs can provide support through counseling and mental health resources. Players can also manage anxiety by practicing relaxation techniques, setting realistic goals, and developing a growth mindset. Research has consistently shown that psychological interventions can effectively reduce performance anxiety in athletes. Studies have demonstrated significant reductions in anxiety levels and improved performance. Effective interventions include relaxation techniques, cognitive-behavioral therapy, and mindfulness. These approaches help athletes manage anxiety, challenge negative thought patterns, and focus on the present moment. Overall, psychological interventions can be a valuable tool in enhancing athletic performance and well-being.

METHOD: The study was conducted on 20 male footballers of Manipur who were randomly selected, in the age group of 18-23 years with the mean and standard deviation 20.05 ± 1.31. The players were divided equally into two groups Experimental and Active control group, each group consisting of 10 footballers Anxiety levels were measured before and after the training using the Sports Anxiety Scale (SAS). Further the subjects in the experimental group were treated to an intervention based on anxiety control program comprising of deep breathing, relaxation technique (JPMR) and positive self-talk (three times a week, 40-45 minutes per session). whereas participants in the active control group were asked to continue with their normal training schedule as before. Further, Descriptive statistics, ANCOVA and Post-Hoc test was employed as a statistical tool for the analysis of data.

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RESULT:

To examine the hypothesis of the study, descriptive statistics, ANCOVA and Post hoc test was applied for the data analysis.

Table 1

Descriptive statistics table for somatic anxiety of experimental and active control group

Groups	Sub-Variable	N	Minimum	Maximum	Mean	Standard Deviation
Experimental Group	Pre-Test Somatic Anxiety	**10**	**8.00**	**12.00**	**10.00**	**1.33**
	Post-Test Somatic Anxiety	**10**	**5.00**	**9.00**	**6.20**	**1.23**
Active Control Group	Pre-Test Somatic Anxiety	**10**	**5.00**	**10.00**	**7.00**	**1.49**
	Post-Test Somatic Anxiety	**10**	**5.00**	**10.00**	**7.10**	**1.52**

Table 1 signifies the mean and standard deviation of pre and post Somatic Anxiety for experimental and active control group. The mean and standard deviation of pre and post somatic anxiety of experimental group was found to be 10.00 ±1.33 and 6.20±1.23 respectively. Whereas the mean and standard deviation of pre and post Somatic Anxiety in the active control group was found to be 7.00 ± 1.49 and 7.10±1.52 respectively.

Figure 1 shows the graphical representation of pre and post test mean score for experimental and active control group of somatic anxiety.

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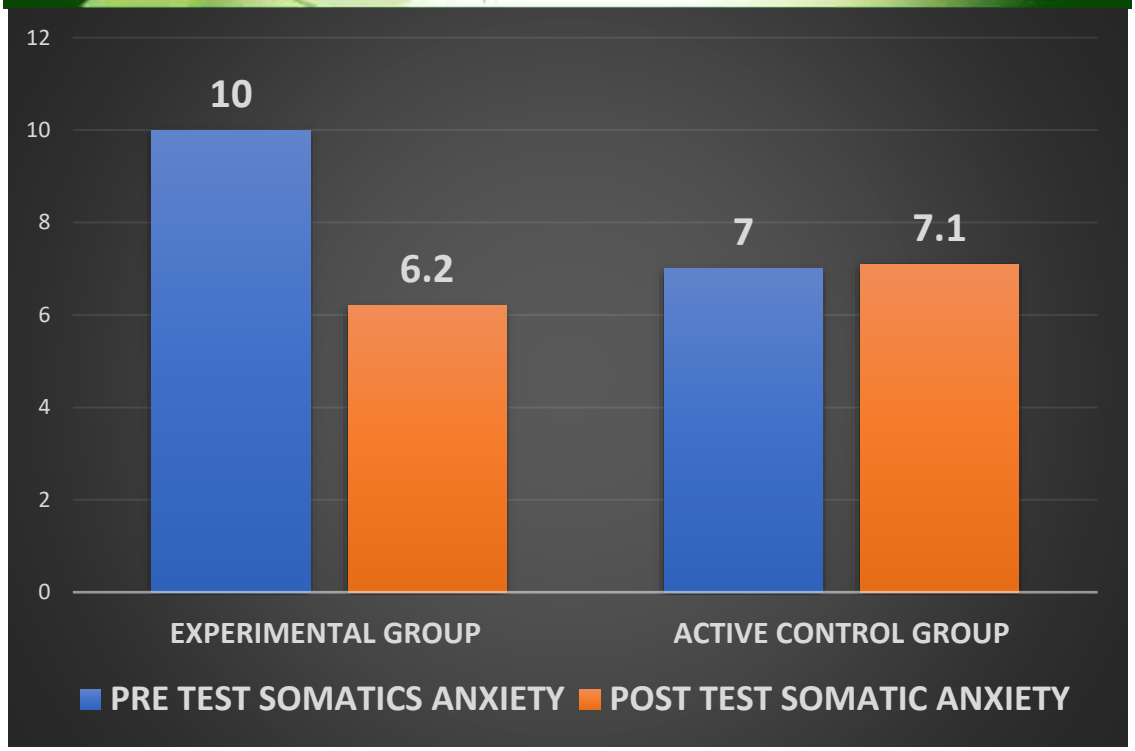

***Figure* 1. Pre-test post-test mean score of experimental and active control group for somatic anxiety.**

Table 2
ANCOVA table for the data on somatic anxiety in experimental and active control group

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Pre_Somatic Anxiety	18.78	1	18.78	20.30	.00
Group	20.90	1	20.90	22.60	.00
Error	15.72	17	.92		
Corrected Total	38.55	19			

Table 2 shows the F-values for comparing the adjusted means of the two groups (experimental group and active control group) during post data testing. In Somatic Anxiety there was significant difference observed between the score of experimental group and active control group in pre-test and post-test as the calculated p-value associated with is 0.00 which is less than 0.05.

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Table 3

Post-Hoc test for post somatic anxiety

(I) Group	(J) Group	Mean Difference (I-J)	Sig.[b]
Experimental Group	Active Control Group	-3.07*	.00
Active Control Group	Experimental Group	3.07*	.00

Based on estimated marginal means
*.The mean difference is significant at 0.05 level.
b. Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

Since *F*- statistic is significant, post hoc comparison has been made for the adjusted mean value of the experimental group and the active control group which is shown in Table 5. It may be noted here that *p*-value for the mean difference between the active control group and experimental group is 0.00. Since *p*- value is less than 0.05, the mean difference is significant at 0.05. thus, it can be concluded that there is significant difference between adjusted mean of criterion variable in experimental group and active control group.

Table 4
Descriptive statistics table for worry of experimental and active control group

Groups	**Sub-Variable**	**N**	**Minimum**	**Maximum**	**Mean**	**Standard Deviation**
Experimental Group	Pre-Test Worry	**10**	**7.00**	**11.00**	**9.50**	**1.58**
	Post-Test Worry	**10**	**5.00**	**8.00**	**5.70**	**1.06**
Active Control Group	Pre-Test Worry	**10**	**5.00**	**10.00**	**7.30**	**1.49**
	Post-Test Worry	**10**	**5.00**	**9.00**	**6.80**	**1.48**

Table 4 signifies the mean and standard deviation of pre and post worry for experimental and active control group. The mean and standard deviation of pre and post worry of experimental group was found to be 9.50 ±1.58 and 5.70±1.0 6 respectively. Whereas the

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mean and SD of pre and post worry in the active control group was found to be 7.30 ± 1.49 and 6.80±1.48 respectively.

Figure 2 shows the graphical representation of pre and post test mean score for experimental and active control group of worry.

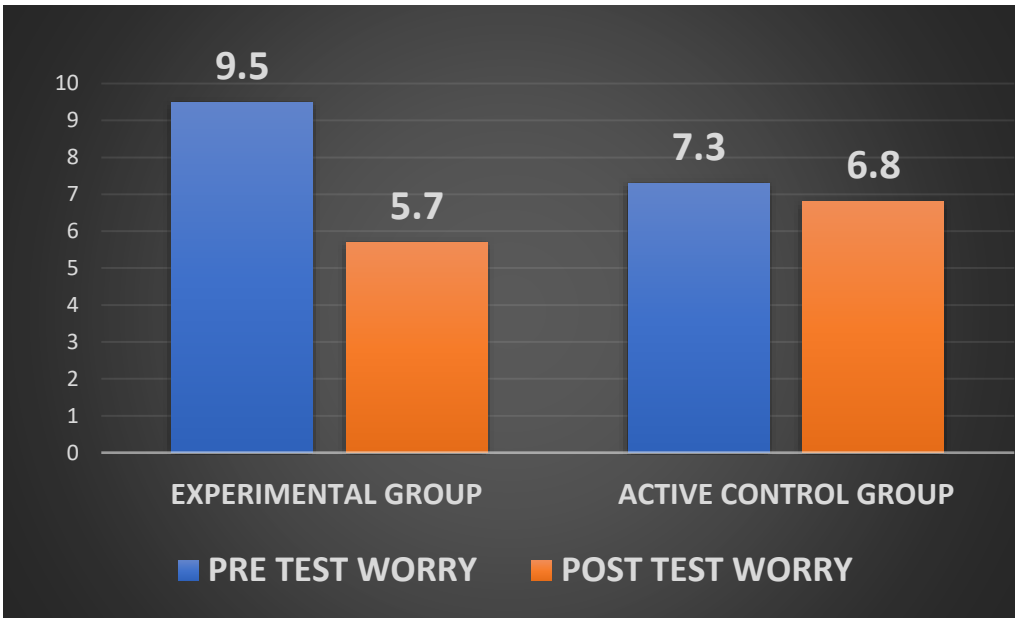

***Figure 2*. Pre-test post-test mean score of experimental and active control group for worry.**

Table 5

ANCOVA table for the data on worry in experimental and active control group

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Pre_Worry	2.89	1	2.89	1.83	.19
Group	8.93	1	8.93	5.66	.03
Error	26.81	17	1.58		
Corrected Total	35.75	19			

a. R Squared = .250 (Adjusted R Squared = .162)

Table 5 shows the F-values for comparing the adjusted means of the two groups (experimental group and active control group) during post data testing. In worry there was significant difference observed between the score of experimental group and active control group in pre-test and post-test as the calculated p-value associated with it is 0.03 which is less than 0.05.

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Table 6

Post-Hoc test for post worry

Based on estimated marginal means

(I) Group	(J) Group	Mean Difference (I-J)	Sig.[b]
Experimental Group	Active Control Group	-1.67*	.03
Active Control Group	Experimental Group	1.67*	.03

*.The mean difference is significant at 0.05 level.

b. Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

Since *F*- statistic is significant, post hoc comparison has been made for the adjusted mean value of the experimental group and the active control group which is shown in Table 9. It may be noted here that *p*-value for the mean difference between the active control group and experimental group is 0.03. Since *p*- value is less than 0.05, the mean difference is significant at 0.05. thus, it can be concluded that there is significant difference between adjusted mean of criterion variable in experimental group and active control group.

Table 7

Descriptive statistics table for concentration disruption of experimental and active control group

Groups	**Sub-Variable**	**N**	**Minimum**	**Maximum**	**Mean**	**Standard Deviation**
Experimental Group	Pre-Test Concentration Disruption	**10**	**9.00**	**15.00**	**12.30**	**1.77**
	Post-Test Concentration Disruption	**10**	**5.00**	**8.00**	**6.30**	**.95**
	Pre-Test Concentration Disruption	**10**	**9.00**	**12.00**	**10.50**	**.85**

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Active Control Group	Post-Test Concentration Disruption	**10**	**9.00**	**11.00**	**9.90**	**.74**

Table 7 signifies the mean and standard deviation of pre and post concentration disruption for experimental and active control group. The mean and standard deviation of pre and post concentration disruption of experimental group was found to be 12.30 ±1.77 and 6.30±.95 respectively. Whereas the mean and SD of pre and post concentration disruption in the active control group was found to be 10.50 ±.85 and 9.90±.74 respectively.

Figure 3 shows the graphical representation of pre and post-test mean score for experimental and active control group of concentration disruption.

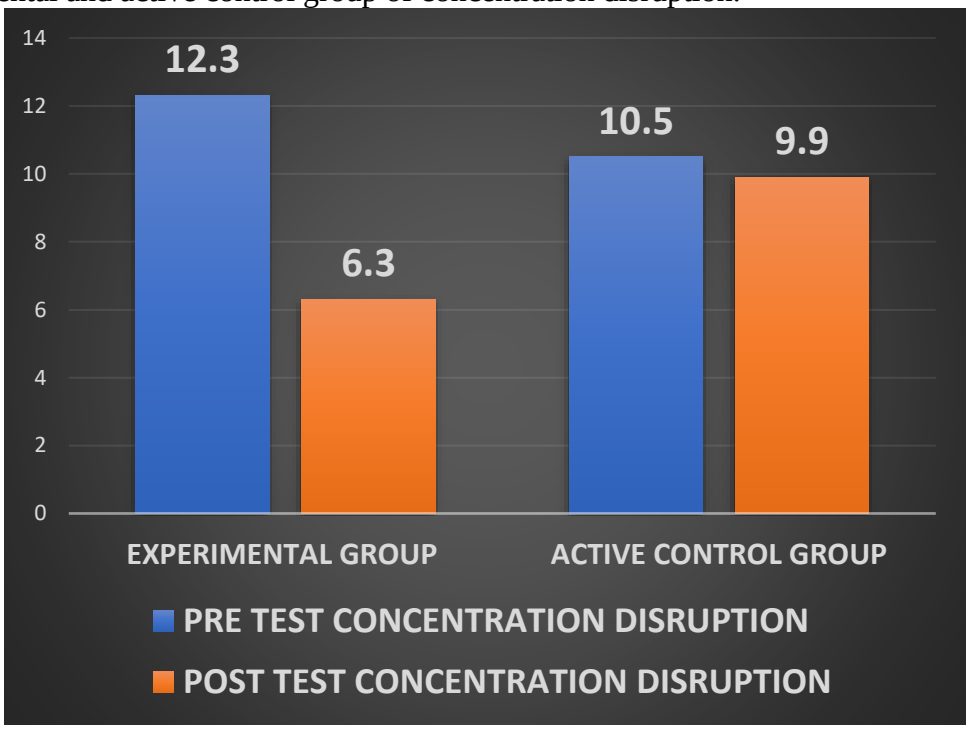

Figure 3. **Pre-test post-test mean score of experimental and active control group for concentration disruption**

Table 8

ANCOVA table for the data on concentration disruption in experimental and active control group

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Pre_Concentration_ Disruption	.07	1	.07	.10	.76
Group	46.20	1	46.20	60.76	.00
Error	12.93	17	.76		
Corrected Total	77.80	19			

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Table 8 shows the F-values for comparing the adjusted means of the two groups (experimental group and active control group) during post data testing. In Concentration Disruption there was significant difference observed between the score of experimental group and active control group in pre-test and post-test as the calculated p-value associated with it is 0.00 which is less than 0.05.

Table 9

Post-Hoc test for Post concentration disruption

(I) Group	(J) Group	Mean Difference (I-J)	Sig.[b]
Experimental Group	Active Control Group	-3.68*	0.00
Active Control Group	Experimental Group	3.68*	0.00

Based on estimated marginal means

*The mean difference is significant at 0.05 level.

b. Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

Since *F*- statistic is significant, post hoc comparison has been made for the adjusted mean value of the experimental group and the active control group which is shown in Table 13. It may be noted here that *p*-value for the mean difference between the active control group and experimental group is 0.00. Since *p*- value is less than 0.05, the mean difference is significant at 0.05. thus, it can be concluded that there is significant difference between adjusted mean of criterion variable in experimental group and active control group.

CONCLUSION: Significant differences were found in post intervention condition between experimental and active- control group for anxiety parameters i.e., somatic anxiety, worry and concentration disruption. Six-week psychological skill training has a positive effect in reducing anxiety level of the football players of Manipur. Based on the analysis of data and research findings, it can be established that psychological skill training (Deep breathing, Positive self-talk and JPMR) can be used as an effectives intervention and means of controlling and regulating athlete's level of sports anxiety in footballers.

The present findings to a great extend is in consonance with the findings of the studies and experiment conducted by Demeke, Atsede & Beyene, Eshetie. (2024). in some of the similar psychological variables and its parameter. This finding clearly indicates that psychological skill training has tremendous impact for reducing the anxiety as well as regulating various strategies to improve the level of anxiety. Therefore, Psychological skill training is suggested for football players to improve psychological preparedness for athletic performance ability of the player and should be incorporated in the regular training pattern.

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