

Applied Psychology in Everyday Life

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Edited by

Bart L. Weathington,
Christopher J. L. Cunningham,
Brian J. O’Leary and Michael D. Biderman

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P U B L I S H I N G

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and Michael D. Biderman

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PREFACE

When the word psychology is mentioned, most people automatically think of mental illness. Words like "shrink" and "psychoanalysis" quickly come to mind. When asked to name a psychologist, the most common responses are Freud, Jung, Dr. Phil, or even Frasier. With a few notable exceptions, the media perpetuates the view that all psychologists are healthcare professionals concerned with mental health and well-being. Movies, television, and books present psychologists as specialists who are called in to deal with deviant or non-normal individuals. The field of psychology, however, is associated with much more than just the diagnosis and treatment of clinical psychological problems. While this remains an important and essential function of psychology, many psychologists have chosen to focus their time and research on issues and problems associated with otherwise normal human functioning in all domains of life.

A basic definition of psychology is the study of mind and behavior of humans and animals in all environments. Accordingly, you will find psychologists studying animals, children, adolescents, older adults, groups and teams, jobs and work, and virtually every other aspect of human life. Applied psychology practitioners and research psychologists work in academia, industry, and government roles. You will find psychologists performing activities as diverse as teaching, consulting to industry, and testifying before Congress. Psychologists and psychological researchers have impacted virtually all of us in some manner. From employment testing to athlete training, to the design of human-machine interfaces, psychological research underlies many areas of life that impact "normal" people.

The American Psychological Association (www.apa.org) currently has divisions recognizing 54 subfields of psychology. While these divisions are by no means unique and many psychologists belong to multiple divisions, the number of recognized subfields provides evidence of the diversity of psychological activity. Psychology is a diverse field that has much to offer society in terms of both theoretical and practical knowledge. The study of psychology is not only for those interested in understanding what makes some people different from others. It is also for those who wish to understand what makes all of us the same.

This book showcases a variety of applications of non-clinical psychological knowledge. It is an outgrowth of the River Cities Industrial-Organizational Psychology Conference held at The University of Tennessee at Chattanooga in October 2008. The theme from the 2008 conference was “Applying Psychology to Everyday Life” and we believe the following chapters effectively illustrate the wide scope and impact of applied psychology. We hope you enjoy this material and are intrigued by the enormous potential for psychology to impact our everyday lives.

BART L. WEATHINGTON
CHRISTOPHER J. L. CUNNINGHAM
BRIAN J. O’LEARY
MICHAEL D. BIDERMAN

June 2011
Chattanooga, TN

PSYCHOLOGY AND HEALTH: ASPECTS OF THE MIND THAT AFFECT EVERYDAY HEALTH

MICHAEL B JOHNSON,
THE UNIVERSITY OF TENNESSEE AT CHATTANOOGA

Everybody brings his or her own unique perspectives and views to life. Each person's perceptions are based on that individual's interpretations of two highly interactive factors: the environment (i.e., external to the person) and that person's subjective interpretations of the environment. And it is a person's perceptions that can impact his or her physical, mental, and emotional health (e.g., seeing a snake in the backyard can be anxiety provoking for one person, yet not of concern to another). A person's idiosyncratic subjective interpretations of the environment include unique evaluations of the environment itself, and of that person's evaluation of his or her ability to cope with that environment. Moreover, coping includes beliefs regarding what needs to be done in any given situation (e.g., dealing with the external environment) and beliefs addressing the ability one has to handle the emotions associated with an event (i.e., dealing with one's internal environment).

The primary goal of this chapter is to provide some insight into the very complex perceptual system (Taylor, 2003) and its impact of physical health through a discussion centering on an integrative, simple, systemic, and inclusive model that involves four psychological constructs or factors. The model will be discussed factor by factor, and then systemically, all the while identifying links with health. This is followed by a brief overview of individual strategies for enhancing psychological and physical health.

Individuals are impacted by their personal experiences and how prepared they sense they are to effectively manage such experiences. For example, drug abuse can be the behavior selected by an individual who wishes to avoid a subjectively perceived hopeless life situation, or enhance subjectively perceived experiences. In either case, drug abuse is highly likely to increase the chances of negative physical and/or psychological outcomes. In many cases, physical and mental health can be enhanced via

positive interactions with others (e.g., support, empathy) and a better understanding of one's internal processes (e.g., the use of coping strategies and increased self-awareness) in ways that respect the individual's lifestyle and culture. I begin this chapter by addressing some of the challenges people may encounter when attempting to interact positively with the environment.

Challenges to Healthy Living

Psychological factors influence physical health in many different ways. For example, many Western cultures rely on a short-term perspective or focus almost exclusively on objective outcomes. These, as well other general and specific life stressors (e.g., job loss), can degrade physical health (Hobfoll, Schwarzer, & Chon, 1998). That is, research supports a link between stress and many health outcomes such as anxiety disorders, bipolar disorder, depression, heart disease, the common cold, and impaired immune response (Gray, 2011). The human body automatically responds to subjectively perceived threats via its sympathetic nervous system. This is the portion of the nervous system that readies the body to face a threat or run away (i.e., fight or flight).

The physiology of the "fight or flight" response includes an increased heart rate and the release of sugars and fats into the blood stream to enhance physical activity. This response can be quite beneficial to health, but only in the short term. At times we all experience situations that require immediate attention (e.g., your child falls and needs to be taken to the doctor for stitches) and in such instances activating the "fight or flight" system is helpful toward achieving a given goal. However, when the sympathetic nervous system is constantly activated (e.g., stressful job or poor interpersonal relationship) adverse physical and psychological consequences can occur, including exhaustion and depression (Selye, 1936, 1976). Therefore, investigating the causes of constant stress in people's lives is worthwhile. For example, sources of stress often can be considered a function of one's perceptions of an event more than they can be considered the result of the actual objective event. Better understanding how this happens can lead to more effective preventative and curative interventions.

Whenever individuals operate with perceptions, goals, values, and interests in a systemic manner that are incongruent with positive mental and emotional health, stress can result. How an individual subjectively interprets his or her life events, as well as his or her internal mental and emotional experiences (i.e., how one feels about something, someone, or

some event), are common areas of interest in psychology. Often how one perceives himself or herself is a source of that person's strengths and weaknesses. In order to provide a well structured argument for the linkage between one's psychological and physical well-being, the current chapter presents a model that describes one way of psychologically approaching the relationship between (a) physical health and (b) thoughts and feelings.

A Model Linking Psychology and Physical Health

The model around which this chapter's contents are presented was derived specifically from a model of cultivating mental balance proposed by Wallace and Shapiro (2006). The model includes four psychological factors (conation, attention, cognition, and affect) and their systemic interactions (Figure 1). Imbalances (i.e., too much or too little) in any of these four, or a dysfunctional relationship among them, can result in stress, which is directly related to physical health (e.g., Selye, 1936, 1976).

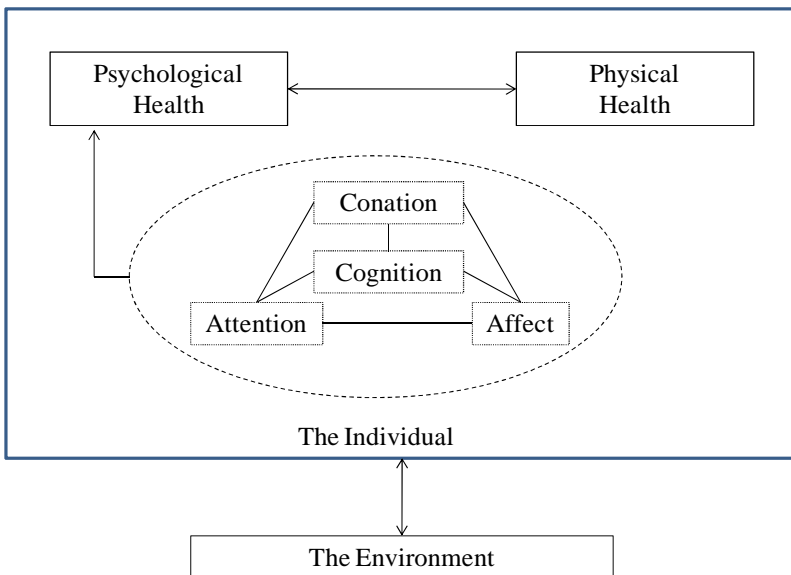


Figure 1. A model that conceptually links psychological health and physical health via the constructs of conation, attention, cognition, and affect; as well as these constructs' systemic interactions with the environment.

The model presented in Figure 1 illustrates the dynamics that occur within a person. Additionally, this dynamic interplay likely is involved in the quality of that individual's psychological experiences. Furthermore, these subjective experiences can play a role in an individual's psychological and physical health. As such, the benefits of achieving a balance within each and among the four are elaborated upon next.

Conation

Conation involves volition (e.g., desires and preferences) and intention (i.e., goal directed behavior). Both volition and intention are essential aspects of happiness and satisfaction (Rabten, 1992; Rinpoche, 2003). When one experiences a conative deficit he or she is apathetic, unmotivated, or feels highly complacent. This experience can result in depression and a lack of engagement in professional, social, and interpersonal aspects of life. At the other end of the spectrum from a conative deficit is conative hyperactivity, which can be thought of as a type of obsessiveness that often leads to a great deal of unhappiness. Obsession or perfectionism can lead to long hours of work (e.g., workaholic) or overtraining in sports, for example, which quite possibly leads to burnout in either domain. Additionally, selfish and highly egocentric behaviors can result from conative hyperactivity, which likely harm one's well-being and the well-being of others who are integral to that person's life (e.g., significant other, colleagues, friends, family). Therefore, when either form of conative dysfunction exists, an individual's level of volition and intention impair his or her well-being, and/or the well-being of others.

Intrapersonal (i.e., within the individual) conative balance, by definition, occurs when an individual moves toward ambitions that are reality-based and lead to his/her and others' happiness (Emmons, 1986). An individual moves toward conative balance by engaging in reflection, improving his or her awareness of the relationship between personal goals and the environment, and developing an understanding of the appropriateness of his or her current coping strategies relative to specific life challenges. This awareness raising improves psychological well-being and is the basis for a number of counseling psychology interventions. Essentially, when a person can improve his or her understanding of the "why" underlying behaviors (i.e., self-awareness) while accurately identifying those behaviors that are under volitional control, then that person likely will experience improved quality of life.

Individuals from all walks of life can benefit from improving their ability to identify the personally meaningful reasons for their chosen

behaviors. Once sufficient self-awareness has been reached an individual can move toward behaviors that lead to or are part of a truly positive life experience.

An improved understanding of why one engages in certain behaviors (e.g., self-awareness) has great significance in many domains relevant to the human experience, including work, sports, religion, and social relationships. Motivation, which is strongly related to conation, is often identified as a primary and necessary feature of accomplishment in many domains (Gould, Dieffenbach, & Moffett, 2002). Additionally, the type of motivation one emphasizes is important. Research has identified that focusing solely on outcomes weakens one's motivation or desire to participate and engage the environment (Deci, Betley, Kahle, Abrams, & Porac, 1981; Vallerand, Gauvin, & Halliwell, 1986). However, even when individuals experience an objective loss (e.g., being fired from work), having positive interpersonal support (e.g., colleagues and teammates) can enhance motivation (Tauer & Harackiewicz, 2004). It appears that focusing on the experience of the process (e.g., interpersonal interactions) has benefits. Emphasizing a process-orientation while simultaneously acknowledging the existence of an outcome-orientation, can move an individual toward positive life experiences, even if a particular individual has an elevated ego or self-centered focus (Brunel, 2000; Pensgaard & Roberts, 2002; Roberts, 2001).

It appears that individuals' subjective desires and unique purposes underlying their behavior play a role in whether or not their life experiences are perceived positively or negatively. Recognizing one's ambitions in life, identifying any of these that are dysfunctional, and considering the possibility that changes are needed due to existing dysfunctional conations, likely will lead an individual toward a happier and healthier life. Once an individual identifies clear, specific, measurable, adjustable, realistic, and time-bound goals that link well with his or her values and interests, that person likely will enhance his or her ability to attend to salient aspects of life. This leads to a discussion of the next psychological factor in the model – attention.

Attention

To engage meaningfully in any human experience, attention must be paid to that experience (Ryan & Deci, 2001; Teasdale et al., 2000). During an attentional deficit, an individual is unable to focus on the task at hand or the desired object. Alternatively, when one's mind is racing too quickly, or when one is overly engaged in multiple tasks simultaneously, then

attentional hyperactivity results, which impedes that person's positive life experience. Excessive arousal, agitation, or distraction are highly probable during attentional hyperactivity and can lead to an unenjoyable life experience (Critchley & Mathias, 2003). Essentially, attentional hyperactivity involves, by definition, excessive concentration on aspects of life that likely result in harm, and those aspects of life can include inappropriate objects, individuals, behaviors, or thought processes (Cohen & Blum, 2002).

The ability to self-regulate one's thought processes, behavior, and decision making appropriately is defined as attentional control. Support for the positive impact of being able to appropriately regulate one's levels of attention (i.e., attentional balance) in life is extensive (see Abernethy, Maxwell, Masters, van der Kamp, & Jackson, 2007 for a review). The psychological state of flow, which occurs when one experiences a high level of attention and commitment to an activity at that moment (Csikszentmihalyi, 1990), is an example of attentional balance. When in a flow state a person feels energized, positive, and as though he or she is one with the task. Additionally, time feels as though it is altered in a way that allows the individual to merge his or her actions with self-awareness. This flow state is congruent with attentional balance. It occurs when the individual immerses himself or herself in an activity solely for the sake of the activity, and the results can include positive life experiences, happiness, and elevated levels of performance. Being able to simultaneously relax and intently attend to a particular task or goal, as occurs during a flow state, appears to enhance people's health (e.g., lowering arousal). An experience consisting of high levels of attention and low levels of arousal may seem paradoxical, yet research investigating the benefits of these seemingly congruent intrapersonal experiences has not been definitive and appears worthy of future study. Nevertheless, it has been shown that one's ability to attend to what is occurring in the environment (i.e., attentional focus), whether internal or external, has a strong relationship with that person's perceived happiness and objective performance level (Simons & Chabis, 1999).

Being aware of to what one is attending (i.e., thinking) is an aspect of the human experience that is psychological in nature and yet is directly linked to physical health (e.g., lowered levels of stress; Wang et al., 2005). Therefore, one's thoughts (i.e., cognitions) also likely play a salient role in that individual's psychological and physical well-being. Building on this discussion, cognition is discussed next.

Cognition

Cognitions can essentially be considered thoughts. An individual who experiences cognitive balance is calmly and clearly in the present, experiencing life moment by moment. That is, during cognitive balance there is a heightened sense of knowing that comes from within the individual, rather than the existence of pure thought. An individual in a state of cognitive balance is able to accept events without misinterpreting them (e.g., cognitive distortions). Alternatively, a cognitive deficit is considered highly similar to absent-mindedness, and cognitive hyperactivity is akin to being unable to discriminate among various real and fantasy laden experiences. Therefore, one experiences cognitive dysfunction when he or she is unable to identify some “thing” as congruent with that thing’s objective reality, resulting in an outcome that is harmful in some way to either the perceiver or the object of the perception (Rabten, 1992). At its most basic level, cognitive dysfunction is similar to one misinterpreting a life experience (e.g., a family conversation, the boss’s off-hand comment) due to faulty or inaccurate thought processes. One reason that individuals periodically incorrectly perceive others’ (and possibly their own) emotions, attitudes, or intentions is that they fail to recognize their own biases, hopes, fears, and concerns (i.e., projections).

Cognitive imbalances are something with which everyone is familiar. Thought processes that enhance one’s observational and perceptual skills can lead to an improved quality of life. Improving one’s understanding of the personal meaningfulness of life’s experiences (i.e., self-awareness) is one way to do this. Shifting toward greater self-awareness can be challenging. There are often barriers to enhanced self-awareness, and these barriers are usually self-imposed. Many people can easily say to themselves, “I am really mad at him because of what he said,” however, few people are aware of the illogical cause and effect relationship within such a statement. The intrapersonal response of “mad” is not caused by the statement, but by the listener’s interpretation. That is, addressing dysfunctional cognitions may not involve changing the content of one’s thoughts, but changing one’s relationship with those thoughts. The perceived stress resulting from, “...what he said” comes from within the listener, not the speaker. The listener has chosen to internally develop “I am... mad.” The speaker could not *make* the listener feel this way. This leads to a discussion of the last component of the model at the heart of this chapter. This fourth factor, affect, involves how one’s experiences are recognized, perceived, and processed at a feeling level.

Affect

Affect can be defined as the aspect of the human experience that is subjectively identified and processed at a feeling level. Affect can be thought of as an umbrella term under which all human emotions fall. That is, affective experiences include subjective levels of arousal and pleasantness, and discrete emotions can each be plotted within a matrix defined by the two continua of arousal and pleasantness (Figure 2). Affective balance implies a lack of excessive emotional fluctuations (affective hyperactivity) and a lack of emotional apathy (affective deficit; Wallace, 2005). Essentially, affective dysfunction is marked by emotional expression that is inappropriate for the situation (i.e., either too much or for too long) resulting in a negative impact on one's life experiences (Goleman, 1997, 2003). For example, research has identified that one's affective states influence his or her performance in ways unique to each individual (Johnson, Edmonds, Tenenbaum, & Kamata, 2007) and training individuals to self-regulate their affective intensity can impact performance (Edmonds, Tenenbaum, Mann, Johnson, & Kamata, 2008). Moreover, these latter two studies illuminate the systemic nature of the human experience, which is addressed later in this chapter.

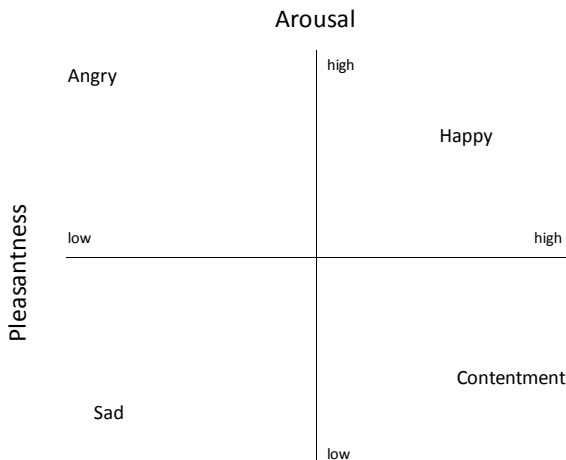


Figure 2. A model illustrating the two continua that comprise affect, with four examples of discrete emotions inserted within the model.

Individuals experiencing affective dysfunction can benefit from a deeper relationship with their empathic selves (Shapiro, Schwartz, & Bonner, 1998). A heightened level of gratefulness is one characteristic of an empathic individual (Emmons & McCullough, 2003). Additionally, research supports the argument that an individual can positively impact his or her well-being when he or she is able to experience delight in one's own intrinsic worth and successes, as well as others', regardless of the individual's self-interests (e.g., enjoying a colleague's promotion party at work when you were up for the same position) (Salzberg, 2002; Wallace, 2004). Developing concepts such as empathy and equanimity can improve an individual's psychological and physical well-being. This chapter now moves to a discussion of the systemic aspect of the model.

An Integration of Conation, Attention, Cognition, and Affect

Human beings' experiences and perceptions via their conative, attentive, cognitive, and affective selves have been briefly outlined. It is important to have an understanding of the systemic relationship among these factors prior to being able to develop a holistic view of the human experience as it relates to psychological and physical health.

As an example of the systemic complexities involved in the human experience I share an excerpt from an actual interaction that occurred within a counseling session. A client of mine once expressed a great deal of frustration due to remembering important issues and topics three to four days *after* his weekly counseling sessions. When I pointed out that this also was a case of thinking of issues and topics three or four days *preceding* his next weekly session he expressed surprise. He had not considered this way of thinking. His conative intensity was functional while his attention and cognitions were not, leading to affective states that disrupted his ability to maintain a positive life experience. He was frustrated and unhappy. Subsequent work with this client focused on continuing to improve his self-awareness, and then on strategies he could implement that would move him toward more balanced attentional and cognitive styles. Sometimes a person's quality of life (e.g., his or her happiness) can be impaired by his or her dysfunctional thought processes and attentional foci.

Happiness, in a truly holistic sense, is not simply a universal state of pleasure derived from external sources (e.g., money, social accolades), or getting what you think you want. One's level of happiness is related to the emotional quality of one's perceptions. Studies have identified that money, for example, can buy happiness, but only up to a point. Kahneman and

Deaton (2010) provide an analysis of data from 450,000 Americans in 2008 and 2009 and concluded that beyond an income of \$75,000 per year, individuals are not happier. In fact, it is possible that the added stress of keeping “all your stuff” safe may negatively impact happiness and physical health. Additionally, those who are poor experience higher levels of stress and sadness, with lower levels of happiness. However, these low levels of happiness rise with increasing income, but this relationship experiences diminishing returns, especially when an individual surpasses an annual income of approximately \$75,000.

This income plateau as it relates to levels of intrapersonal happiness is possibly due to the differences in perspective between those who make over \$100,000 per year and those who bring in, say, \$50,000 a year. High income earners may be less able to appreciate the “small things” in life (Quoidbach, Dunn, Petrides, & Mikolajczak, 2010) than those who struggle to make ends meet. It is important to point out a few facts regarding these studies as well, and these additional points highlight the complex system involved in the relationship between psychological and physical health. First, there is a difference between happiness and life evaluation (i.e., the thoughts people have about their lives) (Kahneman & Deaton, 2010). Life evaluation primarily involves one’s thoughts about the overall quality of one’s life, which differs from one’s perceived general happiness. Life evaluations include personal evaluations of the overall goodness of one’s life (e.g., the quality of one’s house, children’s schools, car, clothes, or social position in the community). Evaluations of happiness, on the other hand, are linked specifically with physical health, and include people’s responses to how frequently they feel joy, sadness, anger, and other emotional experiences.

Other studies addressing the relationship between happiness and income level have shown similar results. North and colleagues (2008) identified that family income has a weak correlation with happiness, but that family social support has a much stronger impact. Interestingly, North et al. discovered that at lower levels of income, family social support has a stronger relationship with happiness than at high levels of family income. That is, family social support is not as strong a predictor of happiness in rich families as it is in poor families. Additionally, Diener, Ng, Harter, and Arora (2010) exposed income as a fairly robust predictor of life satisfaction (i.e., satisfaction with one’s standard of living), but a relatively weak predictor of subjective happiness. And it is these latter psychological factors that are related strongly with stress, and stress levels are directly associated with physical health (Selye, 1936, 1976).

Studies addressing the relationship between people's levels of subjective happiness and their income (Diener et al., 2010; Kahneman & Deaton, 2010; North et al., 2008; Quoidbach et al., 2010), as well as anecdotal reports from counseling sessions, help illustrate the impact that one's conations, attention, cognitions, and affect can have on that person's quality of life. If any of the four factors is dysfunctional (e.g., desiring a job that earns \$1 million annually), then elevated stress levels may result (e.g., decreased happiness) due to the time away from family or extraordinary demands on one's personal time. Such stress could very well result in poor physical health (Selye, 1936, 1976). Psychological skills training designed to assist a person with identifying dysfunctional conations, attention, cognitions, and affect (i.e., self-awareness training) is a logical first step toward decreasing one's stress, thereby improving physical health. It is an overview of these mental regimens that I present next.

Putting These Concepts into Everyday Life

Having briefly presented research supporting a strong connection between psychological health and physical health (Selye, 1936, 1976), then presented a model that includes four psychological factors related to psychological health, I now provide a few real world psychological skills based on this chapter's model. These skills can be applied to everyday life, and may thereby enhance one's physical health.

A number of concepts can help link the factors presented thus far and the real world. *Self-efficacy* (Bandura, 1986, 1989), defined as one's beliefs about his or her ability to effectively manage a current challenge, is the first link discussed. At its most basic level, the concept of self-efficacy can be summarized by the adage, "Whether you think you can or think you can't, you're right." An individual's self-efficacy regarding his or her intrapersonal processes (i.e., thoughts, feelings, or physiological responses) can have a noticeable impact on that person's subjectively perceived quality of life (Eklund, 1994, 1996). In addition to self-efficacy, an individual's ability to establish and recognize a clear *self-identity* also correlates with enhanced psychological well-being (Marcia, 1994). As individuals improve their self-awareness, their self-identity becomes clearer. Furthermore, both an individual's self-identity and self-awareness are influenced by his or her *developmental stage*. For example, adolescents experience a different set of challenges when seeking to improve self-efficacy, self-identity, or self-awareness than do middle age adults, as these two groups differ in their cognitive development and emotional development. And lastly, one's *gender, race, ethnicity, and sexual*

orientation also will factor into how one interacts with the environment. So, essentially, there is no one “right” way to approach positive psychological health, and thus no single approach to positive physical health. The following skills can be generalized to most people, and these involve self-efficacy, self-identity, and self-awareness, all of which are based on conation, attention, cognition, or affect.

Psychological Skills

Skills designed to advance an individual’s ability to embrace his or her intrapersonal experiences (i.e., facilitating an improved understanding of his or her thoughts, feelings, and actions) can have a large impact on that individual’s subjectively experienced quality of life. A variety of skills are discussed briefly here, including goal setting, adaptive perfectionism, coping with and controlling anxiety levels, attention enhancing, and level of interpersonal competence. Implementing the aforementioned psychological skills in a manner that help one improve his or her psychological quality of life is highly recommended as improved physical health is likely to result. While discussing each of these skills I specifically identify how each skill relates with conative, attentional, cognitive, and affective factors.

Goal setting. An important skill to mention first is goal setting, which includes any activity that helps focus attention; increases effort, intensity, and persistence; and facilitates problem solving (Locke & Latham, 1990). Lines of evidence supporting a strong causal relationship between goal setting and quality of life exist in a number of domains (e.g., Brobst & Ward, 2002; Burton, 1989; Kingston & Hardy, 1997). Moreover, goal setting does not have to include hours of planning or reams of documentation. What is critical is that the identified goals be concrete, flexible, controllable, challenging, and measurable (Burton & Naylor, 2002).

Goals can be either outcome- or process-oriented, and there are very real therapeutic benefits to maintaining a balance between the two. This is because a solely or predominately outcome goal orientation may not be fully controllable (e.g., the goal to “get a raise at work”) and as such may have a negative impact on that very outcome and the person’s psychological health. However, outcome goals are often a source of motivation. Moreover, outcome goals are adjustable and therefore can be altered as circumstances dictate (e.g., a downturn in the economy may dictate changing the goal of getting a raise at work).

Although outcome goals can be beneficial at times, process goals are vital in most every situation. Process goals frequently result in improved self-awareness and increased attention to factors such as effort and the “how” of life experiences (e.g., the goal of discovering “how I can do my job better”). Focusing on process goals allows one to engage in the event itself, the benefits of which are addressed by the concept of flow (Jackson & Csikszentmihalyi, 1999). To retain focus “in the moment,” (i.e., a process orientation) one needs to be comfortable with self-evaluation. For example, analyzing one’s level of outcome and process foci may lead to reframing if outcomes are receiving a dysfunctional amount of the individual’s attention.

Effectively achieving one’s goals, whether they are process, outcome, intrapersonal, interpersonal, or group as a whole, is a matter of an individual’s perceptions. It is these perceptions that can be problematic or helpful and, therefore, should be the focus of goal setting. If an individual’s goals appear to be problematic, the cause may be related to expectations, which can be held by the individual or others (e.g., family, friends, the press). Identifying the nature of one’s distress and then working through that experience is a process fundamental to successful goal setting.

Adaptive perfectionism. The understanding of one’s self and one’s relationship with environmental experiences plays a vital role in quality of life. Possessing an ability to accept that some factors are under one’s control, while others are not (i.e., adaptive perfectionism), is part of adaptive perfectionism. Listening to one’s self-talk can shed light on one’s level of adaptive perfectionism. Emphasizing accurate and positive self-talk is a cognitive skill that can be beneficial. That is, when a person is able to identify an inner dialogue, and then accurately and objectively clarify what he or she feels is controllable and that which is not, could prove invaluable for individuals who wish to improve their quality of life. Being able to improve upon one’s ability to focus, plan, problem solve, and think about situations and the self in positive and accurate terms is important.

Affective coping strategies. Experiencing dysfunctional levels of affect is a challenge that can be addressed effectively in a number of ways. For example, affective hyperactivity (e.g., being excessively emotional) likely would entail learning a relaxation strategy, of which there are many. An individual who is able to identify accurately his or her challenge as being overly emotional (e.g. excessive ruminations leading to elevated anxiety) will benefit from a mental relaxation technique more than he or she will from a technique that addresses somatic symptoms. Cognitive

coping strategies include (a) developing a routine, (b) implementing a cognitive restructuring plan (i.e., changing how one thinks about a situation), or (c) employing positive thought control (i.e., when a negative or self-defeating thought occurs, stop it and replace it with a positive thought). On the other hand if one identifies that his or her stress is primarily bodily (i.e., somatic), then physical relaxation strategies (e.g., progressive muscle relaxation, breathing control exercises) are indicated (Maynard & Cotton, 1993; Maynard, Hemmings, & Warwick-Evans, 1995; Maynard, MacDonald, & Warwick-Evans, 1997).

Overall, there is support in the literature for the effectiveness of active problem-focused coping strategies (e.g., cognitive reappraisal, positive self-talk, the use of breathing exercises, and implementing a pre-event routine) in both the short and long term, rather than avoidance techniques (e.g., disengaging). This latter approach is not encouraged. Disengaging may have short term benefits but will have long term disadvantages relative to achieving satisfaction, experiencing enjoyment, and continued engagement in life's activities (Kim & Duda, 2003).

Attention-enhancing skills. Appropriately selecting and sustaining attention has been shown to be vital to engagement in and quality of life (Kitsantas & Zimmerman, 2002; Orlick & Partington, 1988). Some aspects of life require high levels of attention, while others require none at all (i.e., automatic tasks). That is, less attention should be paid to the more basic motor skills. This allows greater focus toward other, more situationally important factors. Appropriately selecting those aspects of life on which one focuses is paramount to an individual's quality of life.

Interpersonal competence. In addition to intrapersonal factors (i.e., those within the individual), focusing on enhancing interpersonal competence can positively impact quality of life (e.g., a social support system; Holt & Dunn, 2004). Among the various interpersonal relationships one can experience, perhaps the most significant in people's lives is the family and/or one's relationship with a significant other. Some of the most stressful life experiences involve events such as marriage, divorce, or the death of a family member (Holmes & Rahe, 1967). This is so because, in most cases, life involves at least two people's mutually and causally interdependent thoughts, feelings, and behaviors (i.e., a dyadic relationship), and frequently each of these can involve adjustment on the part of those involved in the relationship. Change is difficult and often stressful. However, the quality of an interpersonal relationship tends to depend upon the emotional tone of the relationship (e.g., fondness, trust, and respect); the congruence of the relevant individuals' goals, values, and hopes; and the level of cooperation amongst those in the relationship.

Interpersonal hurdles that often present themselves include distrust, conflicting goals, and power struggles. Actively and accurately addressing these hurdles increases the chance of a quality interpersonal experience.

Psychological Skills Conclusion. The skills briefly reviewed herein are not exhaustive. The number of possible skills is large. For the most part, we are limited solely by our creativity. Any skill that leads a person to increased levels of optimism, confidence, and hope is recommended.

Conclusion

This chapter began by stressing the importance of perceptions and their relationship with one's quality of life. Although objective reality matters, it is the quality of one's perceptions of that objective reality that is unique to that person. And these perceptions are identifiable via our conations, attention, cognition, and affect. Moreover, these four factors are at least minimally controllable. By actively addressing conations, attentional focus, cognitions, and level of affective intensity, people play a role in improving their psychological health, thereby reducing negative life experiences (e.g., stress levels) and subsequently positively impacting physical health and overall quality of life.

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PSYCHOLOGY AND SPORTS: FROM THEORY TO PRACTICE

MARK H. ANSHEL

MIDDLE TENNESSEE STATE UNIVERSITY

How often do you observe athletes fail to perform at a desirable level under pressure, not deal with frustration very well, admit to feeling nervous before or during a contest, fail to cope with stress very well, or beat an opponent who was heavily favored? What about coaches whose leadership style consists primarily of yelling or threatening his or her athletes, or having the athletes perform exercises as punishment for something they did or did not do? These are just a few examples of situations in sport that are influenced by an athlete's thoughts or emotions, that is, "the mental game."

Successful athletes differ psychologically from their less successful counterparts in their mastery and proper application of an array of mental skills that allow them to anticipate success, concentrate on the task at hand, transfer skills and strategies from practice into competition, and overcome adversity, which is inherent in competitive sport. Sport psychology deals with the psychological factors that influence physical performance – including sport, exercise, work, rehabilitation, and the arts (e.g., dance, acting, performing music).

The field of sport psychology means different things to different people, depending on one's background and interests. Sport psychology can be an area of clinical practice, for instance, treating athletes for an anxiety disorder, as an educator (e.g., teaching a course or seminar), as a team consultant (e.g., mental skills coach), as a researcher (e.g., a university professor who enjoys the study of psychology in a sport context), or the use of sport psychology concepts and techniques in applied settings by athletes, coaches, and athletic trainers. Sport psychology has evolved into a reputable area of science and practice, not unlike the larger field of general psychology. Sport psychologists are focused on understanding the factors that help explain reaching and consistently maintaining optimal performance, not only in sport, but in

other physical performance settings. Let's review some components of the field.

In a field (applied) setting, sport psychology is often referred to as "the mental game," and practitioners are often called mental skills coaches. The applied nature of sport psychology concerns the use of mental skills – examples of such skills include psyching up, attentional focusing, cueing, or visualization - or understanding the psychological factors that influence sport performance. Practitioners apply this information to improve the competitor's thoughts and emotions, leading to better performance outcomes. Top athletes bring to every competition a full arsenal of mental skills and strategies they know will make a difference between winning and losing, between success and failure, and sometimes those outcomes are a matter of a single incident. Look at the pre-performance rituals of golfers, baseball batters and pitchers, and basketball free throw shooters before executing the skill.

Sport psychology principles and concepts originated with the field of psychology. Psychology concepts such as arousal, intrinsic/extrinsic motivation, team member interaction (also called group dynamics), leadership skills and styles (coaching psychology), communication skills, aggression, causal attributions (i.e., the motivational value of explaining the causes of outcomes), and clinical issues (e.g., sleeplessness, anxiety, drug or alcohol addiction, burnout, low compliance with injury rehabilitation) are just a few examples of areas commonly studied in psychology that have been studied and applied by sport psychology researchers and practitioners.

Finally, sport psychology educators, consultants, and researchers often attempt to explain, describe or predict behavior. An example of *explaining* behavior includes observing an athlete's inability to perform up to expectations or in accordance with previous performance level under high pressure conditions. This is referred to as "choking" and there are specific strategies that athletes can use to prevent or overcome the choke. *Describing* behavior may involve focusing on the pre-performance routines athletes often display prior to executing a skill, let's say warm up or mental practice, or some other series of thoughts or actions that prepare the athlete for the task at hand (e.g., baseball hitters who first unwrap, then rewrap their batting gloves between pitches). *Predicting* behavior is defined as the degree of accuracy with which a researcher, practitioner, or coach can accurately anticipate a particular performance outcome given the presence and, sometimes, interaction, of one or more factors. For example, it can be accurately predicted that if a coach teaches a skill or strategy in an angry manner, the athlete will not retain the coach's