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IMPACT OF SYSTEMATIC DESENSITIZATION AND RATIONAL EMOTIVE BEHAVOUR TECHNIQUES IN THE MANAGEMENT OF COMPETITIVE ANXIETY AMONG FOOTBALL PLAYERS IN JALINGO, TARABA STATE, NIGERIA.

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Abstract

This study investigated the impact of systematic desensitization and rational emotive behavour Techniques in the management of competitive anxiety among football players in Jalingo, Taraba State, Nigeria. Three groups of players consisting of Control, Experimental I (Rational emotive technique) and Experimental II (Systematic Desensitization) were selected. The average age of players involved in the was 25.34 with a standard deviation of 5.235 years. The experimental group A were exposed to use of systematic desensitization treatment, while experimental group B was treated with Rational emotive behaviour technique. The control group was not exposed to either of the behaviour management techniques. The instruments used was adapted from Competitive State Anxiety Inventory (CSAI-2) by Martens, Burton, Vealey, Bump and Smith (1990). Measured opinions were based on a four-point scale with a midpoint of 2.50 as the benchmark. Data collected were analysed with the Statistical Package for the Social Sciences (SPSS), IBM version 26. Statistics used included descriptive statistics of means and standard deviations. Result revealed that systematic desensitization and rational emotive for behavour management techniques could significantly reduce competitive anxiety among football players. The study did not find such behavioural adjustment among players in the control group who were not expose to either of the behavour management techniques. It is therefore recommended that either systematic desensitization and rational emotive techniques could always be used to build players confidence before major competitions in the state.

Key words

systematic desensitization, rational emotive, impact, competitive anxiety, adjustmen

Introduction

Anxiety is an emotion that arises because of the interpretation and assessment of the situation at hand (Cox, 2003). In the context of sports, anxiety or negative emotions usually arise in response to competitive pressures. The game can indeed cause excessive

emotional pressure so that the concentration of athletes to face the opponent will be reduced. This means that the performance of the athlete decreases, accuracy will also decreased, thus affecting the performance of the athlete. Anxiety associated with a competition or competitive situation is commonly referred to as competitive anxiety (Mellalieu, Hanton, & Fletcher, 2006). Anxiety is one of the psychological factors that determine the athlete's motivation in the psychological aspects of the athlete. Competitive anxiety (CA) in athletes occurs before athletes compete in a game and during matches, which affect an athlete's peak performance.

CA is a negative emotional response to competition stressors exhibited prior to and during athletic performance (Mellalieu, Neil, & Hanton, 2009). An aversive response occurs when a performance-related situation is perceived as threatening (Patel, Omar, & Terry, 2010, and Englert, & Bertrams, 2012). CA is characterized by cognitive (e.g., negative concerns about performance) and somatic (e.g., tremor of limbs) symptoms (Grossbard, Smith, Smoll, & Cumming, 2009; and Radochoński, Cynarski, Perenc, & Siorek-Maślanka, 2011). Although minor levels of CA are typical and somewhat of an expected emotional response during competitions [Parfitt, Jones, & Hardy, 1990, and Hardy,1997), higher levels can negatively affect performance (Dias, Cruz, Fonseca, 2009; Gucciardi, Longbottom, Jackson, & Dimmock, 2010; Fernandes, Nunes, Vasconcelos-Raposo, & Fernandes, 2013; Fortes, Lira, Lima, Almeida, & Ferreira, 2016; Masaki, Maruo, Meyer, & Hajcak, 2017; Mytskan, Kurylyuk, & Fotujma, 2006; and Ong, & Chua, 2020].

The potential importance of CA is demonstrated by the fact that researchers have been able to, with 62–79% accuracy, use CA levels to predict winners in karate and taekwondo contests, with success being predicted by low somatic and cognitive anxiety, and high self-confidence (Terry, & Slade, 1995; and Chapman, Lane, Brierley, & Terry,1997). The deteriorating effects of CA on performance can be attributed to its various symptoms. In relation to somatic anxiety symptoms, anxiety has been linked to disrupted cognitive–motor performance (Lo, Hatfield, Wu, Chang, & Hung, 2019) and increased release of cortisol, a stress hormone that has been associated with poorer physical performance and recovery (Lautenbach, Laborde, Achtzehn, & Raab 2014; and Mishica, Kyröläinen, Hynynen, Nummela, Holmberg, & Linnamo, 2021). The impact of cognitive anxiety on performance can be explained using the reflective impulse model (Strack, & Deutsch, 2004, and Rowland, & Van Lankveld, 2019), which posits that task performance is carried out through an intuitive system that is formed by accumulated experience and a reflective system, reliant on the processing capacity in working memory (Evans, 2003).

Competitive anxiety is an athlete's negative emotional reaction when his self-esteem is felt threatened because he considers the match to be a formidable challenge, and will always remember his performance abilities, which have an impact on competitive behavior. Anxiety is interpreted in two ways, namely anxiety felt by athletes at a certain time, for example before the match (state anxiety), or anxiety felt because athletes are classified as anxious (trait anxiety). Seligman (2006). He reiterated that sports

psychologists' belief that high levels of competitive state anxiety and trait anxiety before and during competition are harmful, badly affecting the performance and even leading to expulsion from the event. Anxiety in sport is most common and it is mostly responsible for stress in competitive environments. Anxiety and stress in sport are more complex and complicated aspects that is why it has been proved difficult for the experts to define it accurately but the definition offered by the sport psychology consultant Dr. Graham Jones, has an interesting and well-directed version, that anxiety is developed in the competitors due to the interaction between the athlete and the environment. Anxiety develops a feeling of apprehension and heightened physiological arousal. It is present in all human beings; some individuals try to avoid this feeling, and thus it ultimately produces fear. Fear is dangerous and it may produce adverse consequences, anxiety compels a person to enhance his/her performance thereby contributing to the person's success and achievement (Seligman, 2006).

Anxiety is a psychological and physiological state characterized by cognitive, somatic, emotional, and behavioral components (Seligman, 2006). Anxiety is a subjective feeling of apprehension and heightened physiological arousal. Anxiety is a tendency found in all human beings, some may deny this, associating it with fear. Fear can lead to disastrous consequences whereas anxiety urges a person to enhance his/her performance thereby contributing to the person's advancement or development. Anxiety is dynamic, because it is consternation, a person's concern and enthusiasm to excel and is therefore constructive.

Competitive anxiety is the stress and apprehension of athletes while they suffer worrisome occurrences before or during competitions (Butt et al., 2003). Based on Spielberger's anxiety taxonomy, Martens classified competitive anxiety into state anxiety and trait anxiety. State anxiety denotes a transient emotional state typified by fluctuations (Endler and Kocovski, 2001). However, the trait anxiety represents a relatively enduring personality trait (Jiang et al., 2022). For athletes proficient in skill, the level of competitive anxiety will dramatically affect game outcomes (De Pero et al., 2016). During the Olympic Scientific Congress in 1984, Gruppo underscored that the psychological aspects accounted for 80% of an athlete's success or failure in performance (Birrer and Morgan, 2010). Consequently, psychological factors and the regulation of competitive anxiety wield a pivotal role in an athlete's performance (Binboga et al., 2012). For example, Shao et al. used imagery and systematic desensitization to adjust the competitive trait anxiety of high-level athletes at Inner Mongolia Normal University. The result showed that systematic desensitization can reduce the competition trait anxiety level of university student-athletes with serious anxiety (Guohua, 2012). Furthermore, the Venezuelan national football team has achieved remarkable results with sports psychology strategies such as systematic desensitization, relaxation, and stress coping. It can be seen that systematic desensitization training has a positive effect on competition anxiety (D'Amico and Hernández, 2017).

A considerable body of research supports theefficacy of systematic desensitization for the treat-ment of diverse anxiety-related problems, includ-ing specific phobias, agoraphobia, and social anxiety disorder (Rothbaum et al. 2000). In addition, systematic desensitization has been successfully adapted for a broad range of psychological concerns, includ-ing anger, substance abuse, and insomnia, and ithas been modified for diverse delivery formats (e.g., self-help books, computer administered). However, the conjectured therapeutic mecha-nisms of systematic desensitization have been debated, and theoretical explanations have evolved over time. For example, inconsistent with the reciprocal inhibition model, researchhas indicated that desensitization conducted con-current with relaxation exercises is often equally effective to desensitization without relaxation. Lang et al. (1963) used systematic desensitization with a group of college students who were all suffering from snake phobia. They underwent 11 sessions to work through a hierarchy. Hypnosis was used to assist in the maintenance of relaxation. The P's fear rating fell, and improvements were still evident six months later.

Rothbaum, et al. (2000) used systematic desensitization with participants who were afraid of flying. Following treatment, 93% agreed to take a trial flight. It was found that anxiety levels were lower than those of a control group who had not received systematic desensitization, and this improvement was maintained when they were followed up six months later. He recruited 41 aero-phobia sufferers for a media campaign in Spain and treated 20 of them with systematic desensitization, and had 21 members of a control group. The treatment group was given 2 × 1 hour sessions of in vivo and in vitro techniques a week over a 12-15 week period. During a flight simulation, self-reports and physiological measures of anxiety were used. The results showed all but two of those who had systematic desensitization treatment reported lower levels of fear and were seen to have less anxiety, and one member of the control group showed signs of improvement. While systematic desensitization is effective, it was not 100% effective (Rothbaum, et al., 2000).

Therapies that utilize desensitization work by exposing someone to an animal, object, place or situation that causes fear. Someone can work toward becoming desensitized to his or her fears with help of a professional or by using self-help techniques. A similar psychological technique to SD is called covert desensitization, which has the goal of helping someone overcome a fear or anxiety by learning to relax while imagining the anxiety-producing situation. This is different from aversion therapy, a type of behavior therapy designed to make a patient give up an undesirable habit by causing the patient to associate it with an unpleasant effect. Is systematic desensitization the same as exposure therapy? In many ways, yes. More accurately, SD is a form of graduated exposure therapy, since you begin by exposing yourself to the least scary aspects of the stimulus and then gradually progress to exposing yourself to the most feared aspects. SD also always uses relaxation techniques in order to create more positive associations with the stimulus, while other types of exposure therapies may not necessarily do this (Rothbaum, et al., 2000).

What about systematic desensitization vs. flooding? The main difference between these two approaches is the time requirement. Flooding happens at a faster pace, as it usually involves two- to three-hour treatment sessions in which a patient is faced with his or her phobia/stimulus. With SD, exposure to the stimulus typically happens over the course of several days, weeks or sometimes longer.While SD and exposure therapy can be used alone, they are often combined with other therapies when treating complex phobias. A patient with a severe or complex phobia is likely to get the best results when combining exposure with psychotherapy, such as cognitive behavioural therapy, and sometimes medication to control anxiety if needed (Fletchern, 2022).

Fletchern (2022) REBT is a type of CBT that first appeared in the mid-20th century. It is an action-based therapy that requires a person to focus on present events. The guiding principles of the therapy state that an activating event triggers a person's irrational thoughts or beliefs. Their beliefs can then result in consequences, including negative emotions or maladaptive behaviors, such as procrastination.The goal of REBT is to challenge a person's negative thoughts and beliefs before the person experiences an adverse outcome due to their beliefs. This approach may help a person develop better coping skills and improve their overall quality of life (Fletchern, 2022).

Dryden, David, & Ellis (2010) research has shownTrusted Source that REBT can be an effective form of therapy with correct use. A therapist can help a person understand that the activating event does not cause the consequences. Rather, it is the person's beliefs, thoughts, and feelings about the event that lead to their negative reaction. When a therapist uses the technique effectively, REBT can help a person realize that they have more control over their reactions than they previously believed, which can lead to an improved quality of life. Rational Emotive Behavior Therapy assumes that many people with emotional or behavioral problems struggle due to the way they perceive their experiences rather than simply the experiences themselves. REBT aims to facilitate change in core beliefs and thought patterns that will help clients more effectively deal with their problems and improve their ability to function and feel in a healthy way (Dryden, David, & Ellis, 2010).

REBT also differs from other early forms of therapy in its focus on the present; in fact, according to Ellis, a common irrational belief is that our past has a significant influence on our present life. While our past does, of course, shape who we are today, it is an irrational belief if you feel you cannot escape your past. The goal of Rational Emotive Behavior Therapy is best summarized as “disputing” – challenging and questioning our irrational and dysfunctional beliefs and replacing them with more sensible and functional beliefs. The result is not just changes in a few thought patterns or reducing some problematic symptoms, but a new perspective on life (Albert Ellis Institute, 2014).

Ellis, and Ellis (2011) reiterated that REBT is based on the simple idea that it is not external circumstances that make a person happy or unhappy, but rather internal thoughts about events or self. Thinking, feeling, and behavior are seen as linked and influencing

one another. Because changing one's thinking is usually the simplest tactic in a given situation, it tends to be the focus of therapy, along with the encouragement to adopt the humanistic core REBT philosophies of unconditional self-acceptance, unconditional other-acceptance, and unconditional life-acceptance. Also present and explore this influential, practical, and compassionate approach, its theory, history, therapy process, primary change mechanisms, and the empirical basis for its effectiveness. They also examine developments that have refined the theory and expanded how it may be practiced. This essential primer, amply illustrated with case examples featuring diverse clients, is perfect for graduate students studying theories of therapy and counseling, as well as for seasoned practitioners interested in understanding how this approach has evolved and how it might be used in their practice (Ellis and Ellis, 2011). Appropriate selection of anxiety management techniques could be one of the ways through which the competitive anxiety levels of football players could be reduced or minimized. Hence, enhancing anxiety management techniques do not seem to be demonstrated among football players in Jalingo, Taraba State, Nigeria.

For any competitive Sport participation to yield desired results the level of anxiety required of athletes must be optimal, which leads to successful performance outside (Gurama, 2007). Athletes' performance is successful when pre- competitive anxiety falls within or near the individual zone. When anxiety falls outside the optimal zone, performance deteriorates. Health News in Gurama (2007) stated that factors that are responsible for low or high anxiety include, panic, fear, and generalize do anxiety disorder, tension, insomnia,an inability to fall asleep, pervasive fatigue among others make anxiety low or high, which undermine sports performance. The impact of systematic desensitization and rational emotive behavour techniques have been reported in different studies and in different situations. Experience has shown that football players in Jalingo often have hitches of being consistent in their game especially during training and competition. These inconsistencies could be attributed to competitive anxiety especially when comparing their high-level performances during training and their dwindling performances during competition. For example, the performance of Taraba State football team during the 2015 National Youth Sport did not scale through the zonal qualifiers and subsequent performance during the 2012 Lagos National Festival revealed a lot of inconsistencies in their games. Owing to their level of preparation skills mastery, equipment and facilities one would naturally expect better Performance during competition (Likki, 2014). Adequate selection of anxiety management techniques could be one of the ways through which the competitive anxiety levels of football players could be reduced or minimized. Hence, anxiety management techniques do not seem to be demonstrated among football players in Jalingo, Taraba State, Nigeria. Based on observations, this study is designed to determine the impact of systematic desensitization and rational emotive behavour techniques in the management of competitive anxiety among football players in Jalingo, Taraba State, Nigeria.

The following specific objectives of the study were determined.

i. the competitive anxiety levels before 7weeks of intervention with systematic desensitization and rational emotive behavour techniques management among football players in Jalingo, Taraba State, Nigeria.
ii. the competitive anxiety levels after 7weeks of intervention with systematic desensitization and rational emotive behavour techniques management among football players in Jalingo, Taraba State, Nigeria.
iii. the impacts of systematic desensitization and rational emotive behavour techniques in the management of competitive anxiety levels among football players before and after 7weeks of intervention in Jalingo, Taraba State, Nigeria.
iv. differences in the impact of systematic desensitization and rational emotive behavour techniques in the management of competitive anxiety levels among football players before and after seven (7) weeks intervention in Jalingo, Taraba State, Nigeria.

The following research questions were answered

1. What are the competitive anxiety levels before 7weeks of intervention with systematic desensitization and rational emotive behavour techniques management among football players in Jalingo, Taraba State, Nigeria?
2. What are the competitive anxiety levels after 7weeks of intervention with systematic desensitization and rational emotive behavour techniques management among football players in Jalingo, Taraba State, Nigeria?
3. What are the impacts of systematic desensitization and rational emotive behavour techniques in the management of competitive anxiety levels among football players before and after 7weeks of intervention in Jalingo, Taraba State, Nigeria?
4. Are there differences in the impact of systematic desensitization and rational emotive behavour techniques in the management of competitive anxiety levels among football players before and after seven (7) weeks intervention in Jalingo, Taraba State, Nigeria?

H01. There is no significant difference in competitive anxiety levels of experimental and control groups on impact of systematic desensitization (Exp. A) and rational emotive behavour ((Exp. B) techniques in the management of competitive anxiety levels among football players before intervention in Jalingo, Taraba State.
H02. There is no significant difference in the impact of systematic desensitization and rational emotive behavour techniques in the management of competitive anxiety levels after intervention among football players in Jalingo, Taraba State, Nigeria.
H03. There is no significant difference in impact of systematic desensitization (Exp. A) and rational emotive behavour ((Exp. B) techniques in the management of competitive anxiety levels among football players before and after seven (7) weeks intervention in Jalingo, Taraba State post.
H04. There is difference between impact of systematic desensitization and rational emotive behavour techniques in the management of competitive anxiety levels among football players after intervention in Jalingo, Taraba State, Nigeria?

Systematic Desensitization

Systematic Desensitization is well known as graduated exposure therapy is a technique used to treat phobia and other related extreme or erroneous fears based on the principles of behaviour modification (Carlson, 2010). According to Schafer (2011), systematic desensitization of imagery situations Is a therapeutic intervention that reduces that learned link between anxiety and objects or situations that are typically fear-producing. It is a specific technique that breaks the link between anxiety provoking stimulus and the anxiety response. In Psychology perspective, Colman (2003) described systematic desensitization as a technique of behavour therapy, developed in 1950s by the South African-born Us Psychologist Joseph Wolpe (1915-97) for treating phobia in particular in which each member of a hierarchy of increasingly anxiety provoking the phobic stimulus is repeatedly paired with a response that is physiologically incompatible with fear and anxiety, such as deep as muscular relaxation, starting with the least frightening item and working up the hierarchy by degrees. An adaptation of the technique involving exposure to the actual phobic stimulus or situation is called vivo desensitization. In the same vein Colman (2003) said systematic desensitization is the gradual exposure of a phobic patient to a feared stimulus or substitution in an effort to extinguish his/her anxiety response.

Accordingly Airlin (2012) reiterated that Systematic desensitization technique is a Behavoural technique for treating specific phobia such as speech anxiety. During this treatment,a phobic patient is asked to imagine events that cause anxiety while engaging in a series of relaxation exercises. Overtime, the person becomes desensitized to the anxiety provoking event. Systematic desensitization is therefore, seen as procedure where the client relaxes all the muscles of his/her body while imagining being in increasingly frightening situations. This therapy was developed to reduce fear by one of the most powerful ways, gradual exposure to the feared object or situation. It was a form of treatment that was a Behavoural method. Kolo (1997) saw systematic desensitization technique as a useful technique in treating phobic and also a variety of anxiety producing situations. It is a technique that involves the breaking down of anxiety-response behavours and exposing the client to imagery of these behaviours while he/she is in a state of deep physical relaxation. Systematic desensitization is a form of therapy or treatment for phobias, fears, and aversions that people have. The premise is to reduce a person's anxiety responses through counter conditioning. A person who learned to be afraid of something is associating fear that object or behavour, and the way to eliminate this is to teach the person to replace the feelings of anxiety with feeling of relaxation when the object or behavour is present (Mayer, 2010). Schafer (2011) on the other hand sees systematic desensitization as a behavoural technique commonly used to treat fear, anxiety disorder and phobias. Using this method the person in some type of relaxation exercise and gradually exposed to an anxiety producing stimulus like an object or place. It is a behavoural technique whereby a person is gradually exposed to an anxiety producing object, event or place while being engaged in some type of relaxation at the same time in order to reduce the symptoms of anxiety.

Rational Emotive Behavour Therapy

The Rational emotive behavour therapy is both psychotherapeutic system of theory and practices and a school of thought established by Albert Ellis. Originally,it was called Rational therapy. It's appellation was revised to Rational emotive therapy in 1959 then to it's current appellation in 1992. Cooper (2008) said rational emotive behavour therapy was one of the first of the cognitive behaviour therapies. Colman (2003) rational emotive behavour therapy is a form of Psychotherapy or cognitive therapy developed by the US psychologist Albert Ellis in 1950s and introduced in 1961, based on the assumption that Psychological problem often arise from people's interpretations of events in their lives rather than the event themselves, and that irrational interpretation (as when people who are rejected in love irrationally infer that they are intrinsically worthless and unlovable)cause Psychological problems: the therapy involves challenging irrational beliefsy systems in an extremely directive manner by explicit confrontation, suggestion, argument, and various specialized procedure.

Colman (2003) described Rational emotive behavour therapy as a cognitive therapy based on Albert Ellis' theory that cognitions control our emotions and behaviours : therefore, changing was we think about things will affect the way we feel and the way we behave. Ellis (2003) explained Rational emotive behavour therapy assumes that human thinking, emotion and action are not really separate or disparate processes but that they all significantly overlap and are rarely experienced in a pure state. Ellis observed that much of what we call emotion is nothing more or less than a certain kind of bias, prejudiced or strongly evaluative kind of thought. He believe that emotions and behaviours are significantly influence and affect thinking just as influences emotions and behaviours. Evaluating is a fundamental characteristic of human organism and seems to work in kind of close circuit with a feedback mechanism. This is because perception biased response and then resposetends to biased subsequent perception. Rational emotive behavour therapy is used with a wide range of clinical problems in traditional psychotherapeutic settings such as a treatment for a number of different conditions and Psychological problem normally associated with psychotherapy (Mulhauser, 2009).

In addition David (2010) mentioned that Rational emotive behavour therapy is used with non- clinical problems and problems of living through counselling, consultations, and coaching settings dealing with problems including relationships, social skills, career changes, dress management, assertive, stress training, grief, problem with ageing, money, weight control, etc. He added that Rational emotive behavour therapy has many applications through self- help resources, phone and internet counselling workshops and seminars, workplace and educational programmes. These include Rational emotive education (REE) where Rational emotive behavour therapy (REBT) is applied in education setting, Rational Effectiveness training in business and work settings and self-management and recovery training (SMART) in supporting those in addiction to wide variety of specialized treatment strategies and application.

Systematic desensitization technique is a Behavoural technique for treating specific phobia such as speech anxiety. During this treatment,a phobic patient is asked to imagine events that cause anxiety while engaging in a series of relaxation exercises. Overtime, the person becomes desensitized to the anxiety provoking event. Systematic desensitization is therefore, seen as procedure where the client relaxes all the muscles of his/her body while imagining being in increasingly frightening situations. This therapy was developed to reduce fear by one of the most powerful ways, gradual exposure to the feared object or situation. It was a form of treatment that was a Behavoural method. Systematic desensitization technique as a useful technique in treating phobic and also a variety of anxiety producing situations. It is a technique that involves the breaking down of anxiety-response behavours and exposing the client to imagery of these behavour while he/she is in a state of deep physical relaxation. Systematic desensitization is a form of therapy or treatment for phobias, fears, and aversions that people have. The premise is to reduce a person's anxiety responses through counter conditioning. A person who learned to be afraid of something is associating fear that object or behavour, and the way to eliminate this is to teach the person to replace the feelings of anxiety with feeling of relaxation when the object or behavour is present on the other hand sees systematic desensitization as a behavoural technique commonly used to treat fear, anxiety disorder and phobias. Using this method the person in some type of relaxation exercise and gradually exposed to an anxiety producing stimulus like an object or place. It is a behavoural technique whereby a person is gradually exposed to an anxiety producing object, event or place while being engaged in some type of relaxation at the same time in order to reduce the symptoms of anxiety.

Rational emotive behavour therapy was one of the first of the cognitive behaviour therapies. In another words rational emotive behavour therapy is a form of Psychotherapy or cognitive therapy developed by the US psychologist Albert Ellis in 1950s and introduced in 1961, based on the assumption that Psychological problem often arise from people's interpretations of events in their lives rather than the event themselves, and that irrational interpretation (as when people who are rejected in love irrationally infer that they are intrinsically worthless and unlovable)cause Psychological problems: the therapy involves challenging irrational beliefsy systems in an extremely directive manner by explicit confrontation, suggestion, argument, and various specialized procedure. Rational emotive behavour therapy as a cognitive therapy based on Albert Ellis' theory that cognitions control our emotions and behaviours : therefore, changing was we think about things will affect the way we feel and the way we behave. Rational emotive behavour therapy assumes that human thinking, emotion and action are not really separate or disparate processes but that they all significantly overlap and are rarely experienced in a pure state.

Cognitive anxiety level is expressed that although participation in sports could be a rewarding and refreshing experience, competitive sport itself elicits some form of anxiety and apprehension in participants. Winning in a competition depends on how an athlete can

control his or her anxiety level. Anxiety is a negative emotional state characterized by nervousness, feelings of tension, worry, and apprehension and bodily arousal which may sometimes have a beneficial but mostly detrimental effect on sport performance. There two common types of anxiety include state anxiety and trait anxiety. Physiological changes such arousal, apprehension, worry, tension, and fear are the common symptoms of state anxiety. State anxiety is further classified as somatic anxiety and cognitive anxiety. Somatic anxiety refers to the physical manifestations of anxiety associated with body symptoms such as muscle tension, shortness of breath and rapid heartbeat whereas, cognitive anxiety refers to the feeling of worry and emotional distress an athlete perceives for the upcoming sports events . Trait anxiety is a trait of personality that defines the propensity of feeling nervous in a variety of circumstances.

Methods

A seventeen items instrument based on competitive anxiety among Football players was design and administered to three groups (Control, Exp. A and Exp. B) selected from the three teams used for the study. The average age of players involved in the was 25.34 with a standard deviation of 5.235years. The experimental group A were exposed to use of systematic desensitization treatment, while experimental group B was treated with Rational emotive behaviour technique. Before the intervention, the designed instrument was administered to the three group (Pre-test). After the intervention, another test was administered to the three groups based on the seventeen items instrument. The instruments used was adapted from Competitive State Anxiety Inventory (CSAI-2) by Martens, Burton, Vealey, Bump and Smith (1990). Measured opinions were based on a four-point scale with a midpoint of 2.50 as the benchmark. Data collected were analysed with the Statistical Package for the Social Sciences (SPSS), IBM version 26. Statistics used included descriptive statistics of means and standard deviations. The hypotheses were tested with independent sample t-test procedure at the fixed alpha level of 0.05.

Results:

Competitive anxiety levels of the football players before intervention

Table 1 showed the levels of competitive anxiety level of the players before the intervention with the systematic desensitization (Exp. B) and rational emotive (Exp. A) behavour management techniques.

Table 1: Mean scores of players' competitive anxiety levels before the intervention with the systematic desensitization and rational emotive behavour management techniques

Sn	Competitive anxiety	Exp. A	Exp. B	Mean diff	Exp. A	Exp. B	Mean diff.
1	I feel nervous.	3.15	3.20	0.05	3.35	3.35	0.00
2	In competition, I find myself thinking about unrelated things.	3.65	3.65	0.00	3.45	3.45	0.00
3	I have self-doubt.	3.05	3.10	0.05	3.10	3.15	0.05
4	My body does not feel tensed.	3.10	3.10	0.00	2.90	2.90	0.00
5	I am concerned that I may not do as well in competition as I could.	3.05	3.05	0.00	3.05	2.95	-0.10
6	I'm concerned I won't be able to concentrate.	3.35	3.30	-0.05	3.25	3.25	0.00
7	My heart pounds before competition.	3.40	3.35	-0.05	3.60	3.60	0.00
8	I'm concerned about this competition.	3.10	3.10	0.00	3.20	3.20	0.00
9	I do not feel jittery.	2.85	2.90	0.05	3.05	3.20	0.15
10	I am concerned I might not do as well in this competition as I could.	3.05	2.65	-0.40	3.00	2.55	-0.45
11	I am concerned because I won't be able to concentrate.	2.75	3.05	0.30	2.55	3.00	0.45
12	My body feels tight.	3.10	3.05	-0.05	3.10	3.40	0.30
13	My heart pound before and during competition.	3.10	3.45	0.35	3.30	3.25	-0.05
14	I am concerned about losing.	3.10	3.10	0.00	3.45	3.25	-0.20
15	My heart is racing.	3.45	3.15	-0.30	3.25	3.10	-0.15
16	I feel running stomach	3.10	2.70	-0.40	3.25	2.75	-0.50
17	I am concerned that others may be disappointed with my performance	3.20	3.75	0.55	3.00	3.80	0.80

The volley ball players were generally with high levels of competitive anxiety before the intervention with the systematic desensitization and rational emotive behavour techniques. Both groups had almost the same level of competitive anxiety. Most players were usually feeling nervous and thinking about unrelated things before competitions. Among other competitive anxieties, they all had self-doubts with tensed feeling and concerned with their ability to do well in such competitions. These are indicated with higher mean scores in the table when considered against the benchmark of 2.50 for the four-point scale used in the measurement. Other competitive levels of anxieties included concerned that they won't be able to concentrate with hearts pounding and feeling jittery and concerned that they might not do as much in the competition as they would like to. Other anxieties included concerned about losing, running stomach, concerned that others may be disappointed with their performances. In all, variability between the players in their competitive levels of anxieties was very low as indicated with mean difference for all the items in the table. This would imply that the basket ball players had relatively high, competitive anxiety levels before the intervention.

Competitive anxiety levels of the football players after intervention

To determine the impact of the systematic desensitization and rational emotive behavour techniques management on the competitive anxiety levels of the football players, after 7weeks of intervention, the mean scores of each of the experimental group (systematic desensitization and rational emotive techniques) were compared independently with the control group as summarized in Table 2.

Table 2: Mean scores of players' competitive anxiety levels before the intervention with the systematic desensitization and rational emotive behavour management techniques

Sn	Post-Competitive anxiety	Rational emotive		Mean Diff	Sys. Desensitization		Mean Diff
		Control	Exp.		Control	Exp.	
1	I feel nervous.	3.35	3.15	0.20	2.80	2.65	-0.15
2	In competition, I find myself thinking about unrelated things.	3.45	3.65	-0.20	4.00	3.85	-0.15
3	I have self-doubt.	3.10	3.05	0.05	3.50	3.45	-0.05
4	My body does not feel tensed.	2.90	3.10	-0.20	3.60	3.30	-0.30
5	I am concerned that I may not do as well in competition as I could.	3.05	3.05	0.00	3.65	3.85	0.20
6	I'm concerned I won't be able to concentrate.	3.25	3.35	-0.10	3.35	3.50	0.15
7	My heart pounds before competition.	3.60	3.40	0.20	3.40	3.55	0.15
8	I'm concerned about this competition.	3.20	3.10	0.10	3.75	3.40	-0.35
9	I do not feel jittery.	3.05	2.85	0.20	3.50	3.45	-0.05
10	I am concerned I might not do as well in this competition as I could.	3.00	3.05	-0.05	3.80	3.65	-0.15
11	I am concerned because I won't be able to concentrate.	2.55	2.75	-0.20	3.75	3.95	0.20
12	My body feels tight.	3.10	3.10	0.00	3.90	3.65	-0.25
13	My heart pound before and during competition.	3.30	3.10	0.20	3.80	3.84	0.04
14	I am concerned about losing.	3.45	3.10	0.35	3.79	3.88	0.09
15	My heart is racing.	3.20	2.65	0.55	3.70	3.70	0.00
16	I feel running stomach	2.90	2.90	0.00	3.95	3.95	0.00
17	I am concerned that others may be disappointed with my performance	3.10	3.10	0.00	3.90	3.65	-0.25

Table 2 revealed that that intervention with the systematic desensitization and rational emotive behavour management techniques for competitive anxiety levels among the football players greatly reduced after 7weeks of the experiment. Each of the experimental group was found to have relatively lower mean competitive anxiety levels than was obtained for players in the control group. Though anxiety levels of players exposed to systematic desensitization and rational emotive behavour management techniques were all higher than the benchmark but they were all lower than scores of players in the control group who were not exposed to either of the behavour management techniques used in the

experiment. On the aggregate, players exposed to systematic desensitization had a mean score of 3.09 compared to their counterparts with 3.15 with a mean difference of 0.06 while those exposed to the rational emotive behavour management techniques had a mean score of 3.60 compared to their control group with 3.66 with a mean difference of 0.06. These observation revealed that the use of the behavour management techniques (systematic desensitization and rational emotive) had a major impact in reducing the competitive anxiety levels among the football players when compared with the control group.

Impacts of systematic desensitization and rational emotive behavour techniques on competitive anxiety levels of the football players

To determine the impacts of systematic desensitization and rational emotive behavour techniques in the management of competitive anxiety levels among the football players before and after 7weeks of intervention, Only the mean score of the two experimental group before and after the intervention were computed and compared as summarized in Table 3.

Table 3: Means of players' competitive anxiety levels before and after intervention with the systematic desensitization and rational emotive behavour management techniques

Sn		Systematic desensitization		Mean	Rational emotive		Mean
	Competitive anxiety	Before	After	diff	Before	After	Diff
1	I feel nervous.	3.20	2.80	-0.40	3.35	2.65	-0.70
2	In competition, I find myself thinking about unrelated things.	3.65	4.00	0.35	3.45	3.85	0.40
3	I have self-doubt.	3.10	3.50	0.40	3.15	3.45	0.30
4	My body does not feel tensed.	3.10	3.60	0.50	2.90	3.30	0.40
5	I am concerned that I may not do as well in competition as I could.	3.05	3.65	0.60	2.95	3.85	0.90
6	I'm concerned I won't be able to concentrate.	3.30	3.35	0.05	3.25	3.50	0.25
7	My heart pounds before competition.	3.35	3.40	0.05	3.60	3.55	-0.05
8	I'm concerned about this competition.	3.10	3.75	0.65	3.20	3.40	0.20
9	I do not feel jittery.	2.90	3.50	0.60	3.20	3.45	0.25
10	I am concerned I might not do as well in this competition as I could.	2.65	3.80	1.15	2.55	3.65	1.10
11	I am concerned because I won't be able to concentrate.	3.05	3.75	0.70	3.00	3.95	0.95
12	My body feels tight.	3.05	3.90	0.85	3.40	3.65	0.25
13	My heart pound before and during competition.	3.45	3.80	0.35	3.25	3.84	0.59
14	I am concerned about losing.	3.10	3.79	0.69	3.25	3.88	0.63
15	My heart is racing.	3.15	3.70	0.55	3.10	3.70	0.60
16	I feel running stomach	2.70	3.95	1.25	2.75	3.95	1.20
17	I am concerned that others may be disappointed with my performance	3.75	3.90	0.15	3.80	3.65	-0.15

Table 3 revealed that mean scores varied widely by items on competitive anxieties among the football players. But in the overall as indicated by the aggregate mean scores in the table, players exposed to use of the Systematic desensitization had their competitive anxieties reduced from 3.66 before to 3.16 after the intervention while those exposed to the use of the rational emotive techniques had their mean competitive anxiety level reduced from 3.60 before the intervention to 3.19 after the intervention. These observations clearly revealed that the use of systematic desensitization and rational emotive behavour techniques had major impact in the management of the football players' competitive anxiety levels.

Differences in the impact of systematic desensitization and rational emotive behavour techniques in the management of competitive anxiety levels

To determine whether there were differences in the impact of systematic desensitization and rational emotive behavour techniques in the management of competitive anxiety levels among the football players before and after the seven (7) weeks intervention, the mean scores of the two groups in the two phases of the experiment were computed and compared as summarized in Table 4.

Table 4: Mean scores of players' competitive anxiety levels before and after intervention with the systematic desensitization and rational emotive behavour management techniques

Experimental difference	Techniques	N	Mean	Std Dev.	Mean
Pre- test	Rational Emotive.	36	3.33	0.382	0.02
	Systematic desensitisation	36	3.35	0.358	
Post- test	Rational Emotive.	30	3.15	0.243	0.03
	Systematic desensitisation	30	3.18	0.266	

Table 4 revealed that mean competitive anxiety for the two groups were generally high compared to the benchmark (2.50) before the intervention. After the intervention, mean anxiety of players exposed to the use of Rational emotive reduced from 3.33 with a standard deviation of 0.382 to 3.15 with a standard deviation of 0.243 while that of the group exposed to the use of the Systematic desensitization declined from 3.35 with a standard deviation of 0.358 to 3.18 with a standard deviation of 0.266. These observations implied that both techniques had major impact in reducing competitive anxieties among the football players.

Test of Hypotheses

The null hypotheses formulated to establish the statistical significance of the findings of the study were tested here at the fixed alpha level of 0.05 as follows:

Ho_1: There is no significant difference in competitive anxiety levels of experimental and control groups on impact of systematic desensitization and rational emotive

behavour techniques in the management of competitive anxiety levels among football players before intervention in Jalingo, Taraba State.

To determine the significant of variability between the mean competitive anxiety level of the players before the intervention, mean score for each of the experimental group was compared with that of the control. The result of the two samples t-test used to test the hypothesis is summarized in Table 5.

Table 5: Two sample t-test on mean competitive anxiety level of the players in experimental group(s) and Control (s)

Variables	Groups	N	Mean	Std Dev.	t-value.	df	p-value
Rational Emotive	Control	17	3.15	0.215			
					0.100	34	0.975
	Experimental	19	3.16	0.287			
Systematic desensitisation	Control	17	3.17	0.246			
					0.239	34	0.855
	Experimental	19	3.19	0.304			

Mean scores by the football players in the two experimental groups were not significantly different from those of the control before the intervention. This is indicated in the table by an observed t-value of 0.100 and a p-value of 0.975 ($p > 0.05$) obtained at 34, degree of freedom (df) for the rational emotive technique. For the systematic desensitization technique, the t-value obtained was 0.239 with a p-value of 0.855 ($p > 0.05$). These observations showed that the basketball players exposed to rational emotive and systematic desensitization techniques were all at the same competitive anxiety levels before the intervention. And from the mean scores the levels were generally high. These observations provided sufficient evidence for retaining the null hypothesis that, there is no significant difference in competitive anxiety levels of experimental and control groups on impact of systematic desensitization and rational emotive behavour techniques in the management of competitive anxiety levels among football players before intervention in Jalingo, Taraba State.

Ho_2: There is no significant difference in the impact of systematic desensitization and rational emotive behavour techniques in the management of competitive anxiety levels among football players after intervention, in Jalingo, Taraba State, Nigeria.

To establish the extent to which systematic desensitization and rational emotive behavour techniques impact the management of competitive anxiety levels among the football players, the mean score of the two experimental group were computed and compared independently with the Control group after the intervention. The result of the t-test procedure used us summarized in Table 6 below.

Table 6: Two sample t-test on mean competitive anxiety level of the players in control and experimental group after the intervention

Variables	Groups	N	Mean	Std Dev	t-value	df	p-value
Rational Emotive.	Control	16	3.62	3.307			
					5.302	28	0.000
	Experimental	14	3.08	0.243			
Systematic Desensitisation.	Control	16	3.56	0.335			
					3.799	28	0.001
	Experimental	14	3.15.	0.257			

The result revealed that the players in the two experimental groups were significantly different from those of the control after the intervention. In the table, observed t-value for impact of rational emotive technique was 5.302 with a p-value of 0.000 ($p < 0.05$) obtained at 28, degree of freedom (df). For the systematic desensitization technique, the t-value obtained was 3.799 with a p-value of 0.001 ($p < 0.05$). These are clear indications that the two experimental group were significantly different from the control after the intervention. The observations here provided enough evidence to reject the null hypothesis that, there is no significant difference in the impact of systematic desensitization and rational emotive behavour techniques in the management of competitive anxiety levels among football players after intervention, in Jalingo, Taraba State.

Ho_3: There is no significant difference in impact of systematic desensitization and rational emotive behavour techniques in the management of competitive anxiety levels among football players before and after seven (7) weeks intervention in Jalingo, Taraba State.

The mean competitive anxiety levels of players in the two experimental groups before and after were computed and compare to establish the extent of variability among the groups before and after the intervention. The summary of the t-test used is presented in Table 7.

Table 7: Two sample t-test on mean competitive anxiety level of experimental groups before and after the intervention

Variables.	Experimental	N	Mean	SD	t-value	df	p-value
Rational Emotive	Pre- test	19	3.66	0.290			
					5.087	31	0.000
	Post- test	14	3.16	0.287			
Systematic desensitisation	Pre- test	19.	3.60	0.318			
					3.621	31	0.001
	Post- test	14	3.19	0.304			

Table 7 revealed that mean competitive anxieties of the two groups were significantly reduced after the intervention. The t-value observed for rational emotive technique for before and after was 5.087 with a p-value of 0.0.000 ($p < 0.05$) obtained at 31, degree of freedom (df). For the systematic desensitization technique, the t-value obtained was 3.621 with a p-value of 0.000 ($p < 0.05$). These are clear indications that the competitive anxieties of the two groups significantly reduced after intervention with the behaviour modifying techniques. These observations provided sufficient evidence for rejecting the null hypothesis that, there is no significant difference in impact of systematic desensitization and rational emotive behavour techniques in the management of competitive anxiety levels among football players before and after seven (7) weeks intervention in Jalingo, Taraba State.

$H0_4$ There is no significant difference between impact of systematic desensitization and rational emotive behavour techniques in the management of competitive anxiety levels among football players after intervention in Jalingo, Taraba State, Nigeria?

The impact of the two (systematic desensitization and rational emotive behavour) techniques in the management of competitive anxiety levels among the football players after intervention were compared here to determine extent of difference in their efficacies. The result of the two samples t-test used is summarized in Table 8.

Table 8: Two sample t-test on impact of rational emotive and systematic desensitization in reducing competitive anxiety among football players after the intervention

Experiment	Techniques	N	Mean	Std. Dev.	t-value	df	p-value
Post-test	Rational emotive	30	3.15	0.243			
					0.961	35	0.343
	Systematic desensitization	30	3.18	0.266			

The result in Table 8 revealed that the two experimental techniques were not significantly different in their impact of reducing competitive anxiety among the football players after the intervention. The observed t-value for the test was 0.961 with a p-value of 0.343 ($p > 0.05$) obtained at 35, degree of freedom (df). These observations showed that the basketball players exposed to rational emotive and systematic desensitization techniques all had their competitive anxiety levels significantly reduced after the intervention. This observation did not provide sufficient evidence for rejecting the null hypothesis that, there is no significant between impact of systematic desensitization and rational emotive behavour techniques in the management of competitive anxiety levels among football players after intervention in Jalingo, Taraba State.

Discussions

This study found that use of systematic desensitization and rational emotive for behavour management techniques significantly reduced competitive anxiety among football players involved in the study. The study did not find similar behavioural adjustment among players in the control group who were not exposed to systematic desensitization or rational emotive technique for behavour management among the players. The study found that groups exposed to the two groups exposed to the behavour management techniques significantly reduced their competitive anxiety after the 7 weeks intervention. The finding of the study revealed that the competitive anxiety of players exposed to systematic desensitization and rational emotive for behavour management techniques significantly reduced after their independent exposure in the experiment. Their competitive anxiety levels before the intervention were significantly reduced with the intervention. The findings here are consistent with Bhandari (2023) who reported that the aim of systematic desensitization is to change the way you respond to objects, people, or situations that trigger feelings of fear and anxiety and that it teaches coping tools to help stay relaxed and calm. The findings are in line with Cherry (2024), who reported that rational emotive behavioural technique (REBT) is an action-oriented approach that's focused on helping people deal with irrational beliefs and learn how to manage their emotions, thoughts, and behaviors in a healthier, more realistic way. This study did not find significant variability in the impacts of systematic desensitization and that of rational emotive for behavour management techniques after the intervention.

Conclusion

This study found that use of systematic desensitization and rational emotive for behavour management techniques could significantly reduce competitive anxiety among football players. The study did not find such behavioural adjustment among players in the control group who were not expose to either of the behavour management techniques. It is therefore recommended that either systematic desensitization and rational emotive techniques could always be used to build players confidence before major competitions in the state.

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