



THE PROBLEM OF DISTRESSED PERSONALITY IN A GROUP OF FEMALE FOOTBALLERS REPRESENTING A CLUB IN THE WOMEN'S FIRST FOOTBALL LEAGUE IN POLAND

original paper

doi: 10.1515/humo-2017-0047

KATARZYNA RUTKOWSKA¹, JÓZEF BERGIER², MARCIN KASPROWICZ²

¹ Józef Piłsudski University of Physical Education in Warsaw, Branch in Biała Podlaska, Biała Podlaska, Poland

² Pope John Paul II State School of Higher Education in Biała Podlaska, Biała Podlaska, Poland

ABSTRACT

Purpose. One of the keys to identifying health problems from the holistic perspective is the knowledge of Type D personality (distressed personality). Diagnosing this personality disorder among female football players may help sports psychologists, coaches, parents/caregivers, and all those engaged in training new sports entrants develop guidelines on how to resolve the problem.

Methods. The study involved female footballers representing a Polish Ekstraliga football club, AZS-PSW Biała Podlaska, and was conducted with the use of the Polish adaptation of the DS14 scale.

Results. In a group of 21 footballers, 7 (33.3%) were diagnosed with Type D personality. Besides, a negative correlation was noted between the level of satisfaction with playing football and one of the dimensions of Type D personality – negative emotionality.

Conclusions. The results of the study may be applicable in formulating practical recommendations while preparing mental training programmes.

Key words: distressed personality, psychology, women's football

INTRODUCTION

Type D personality (distressed personality) is a construct that has been used since the 1990s to describe a specific pattern of human functioning. In its assumptions, it refers to the relationship between the psyche and the body. However, the relation may negatively impact health in persons having difficulty with their psychosocial functioning.

The difficulties resulting from a distressed personality manifest themselves in three dimensions: the behavioural, emotional, and cognitive one. It is typical of people with Type D personality to suppress their feelings (behavioural aspect), as well as experience various negative emotions (emotional aspect). These individuals tend to interpret all information in terms of threat and danger (cognitive dimension).

In turn, another definitional model, whose discussion is essential for the investigations presented in this study, examines two aspects:

1. Negative affectivity – responsible for perceiving reality as threatening and not providing satisfaction, as well as experiencing strong negative emotions, such as anxiety, hostility or irritation.

2. Social inhibition – which is similar to being introverted, and which is expressed by restraint in contacts with others and, at the same time, a tendency towards a solitary mode of functioning. Furthermore, it is manifested by conscious restraint – resulting from fear of rejection and social disapproval – from showing negative emotions in social situations and by inhibition of emotional expression. Finally, it is bound with low self-esteem [1–7].

The first aspect is associated with the lack of life satisfaction, whereas the other is related to a limited

Correspondence address: Katarzyna Rutkowska, Filia AWF Warszawa w Białej Podlaskiej, ul. Akademicka 2, 21-500 Biała Podlaska, Poland, e-mail: kr@psychologsportu.pl

Received: August 24, 2017

Accepted for publication: December 5, 2017

Citation: Rutkowska K, Bergier J, Kasprowicz M. The problem of distressed personality in a group of female footballers representing a club in the women's first football league in Poland. Hum Mov. 2017;18(5)special/issue:71–76; doi: 10.1515/humo-2017-0047

acceptance of social support, as well as the feeling of fatigue. Such competence deficits enhance the sense of tension, hinder the adequate assessment of the situation, and, consequently, make it impossible to handle stressful circumstances. Type D individuals tend to follow non-adaptive strategies/styles (such as the use of stimulants or avoidance of specified conditions), which results in the experience of chronic distress, self-accusation, inability to satisfy the need for the sense of safety. These are therefore identified as mechanisms intermediating between Type D personality and poor health condition. They are approached as risk factors that may cause numerous psychological disorders (primarily depression, anxiety) and somatic complaints (mainly referring to the cardiovascular and immune systems). For this reason, the construct of Type D personality is most often discussed and considered in the context of medical problems [1–7].

The characteristics mentioned above make us hypothesize that Type D personality may be related to a holistic perception of health and the quality of life. Meantime, this issue is one of the critical concerns of contemporary sports psychology, also with regard to the disturbing changes in modern day sport (injuries, physical and psychological overload, doping, making sacrifices for doing sport professionally, often since early childhood, etc.). Therefore, it is worth researching Type D personality not only in the field of medical sciences [8–10] but also the sciences of physical culture. The necessity to verify this variable in the area of sports is mentioned in the relevant literature [11]. The results of the existing research suggest that there is a negative correlation in non-athletes between Type D personality and physical activity. Physical activity is limited in people with different problems fitting the personality traits typical of Type D personality profile [12–13].

Considering the increase in the popularity of women's football in Poland, female footballers are a fascinating study group. The specificity of this discipline is related to some loads and challenges affecting both physical and psychological health of female players [14–16]. Hence, the aim of this study was to analyse the problem of Type D personality in a group of female football players. Furthermore, the authors intended to analyse the competitors satisfaction and to verify the relationship between these variables. Some studies of satisfaction measurement and stressed personality had been conducted previously, but not in a group of athletes [17–19].

The authors consider satisfaction as one of the outcomes of being involved in sports activities which increase motivation for subsequent activity and commit-

ment. The issue of getting satisfaction from playing football is therefore of particular interest in the context of the mentioned burdens. At the same time, it may be vital with regard to Type D personality (since one of its dimensions is associated with life satisfaction).

Material and methods

The study involved 21 female football players of the Polish Ekstraliga football club AZS-PSW Biała Podlaska, aged 17–32 ($M = 19.11 \pm 2.81$ years) who had practised the sport for 5–12 years. The examined group comprised females whose weekly training load ranged 8–12 hours, mean 9 hours ($M = 9.09 \pm 2.51$ hours). The respondents played in various positions as the group involved 2 goalkeepers, 4 forwarders, 6 defenders, 6 midfielders, and 3 other players who would take different positions. All of them answered questions concerning their future sports career. The majority, i.e. 16 from among 21 respondents (76.2%), declared willingness to continue playing football professionally. Furthermore, 5 respondents expressed their wish to do amateur/recreational football in the future. Only one player planned to end her sports career.

Two research instruments were applied in the study: (1) a questionnaire designed by the authors and (2) the Polish adaptation of the Type D Scale-14 (DS14) by Denollet [3].

The survey contained items concerning the player's age, position on the football pitch, length of training, and plans related to the possible sports career. The respondents were also asked to self-assess the level of their sports skills, as well as satisfaction with practicing sports. The evaluation was provided in a 10-point scale (where 1 stood for a low value and 10 – for high). By applying the scale, the authors postulated that, while analysing their results, they could present and interpret them in a way similar to how the sten scale calculates scores, assuming the following categories: sten 1–3: low values, sten 4–7: average values, and sten 8–10: high values.

The other instrument was the Polish adaptation of the Type D Scale-14 (DS14) by Denollet. It enables diagnosing Type D personality, including the intensity of its 2 aspects described above: negative emotionality (NE subscale) and social inhibition (SI subscale). The scale consists of 14 items, 2 for measuring each of the 7 dimensions. The examined person provides their own answers – evaluates their own behaviours using a 5-degree scale. The analysis of the replies and the calculation are conducted with the help of the key provided with the instrument. The researcher records the raw

results and then recalculates them as indicated in the manual and the answer key. As the designer of the tool informed, high results obtained by a person within two scales may mean a distressed personality [2, 3, 8].

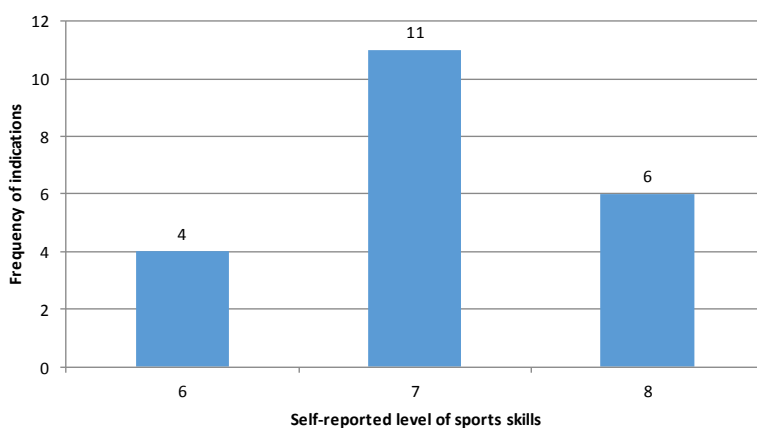
The authors of the present study have not found any reports concerning similar studies carried out with the use of this particular method in sportsmen in the relevant literature. However, this does not mean that the designer of the research instrument imposed any limitations on its use that would be considered as a contraindication for its application in sport.

The study was conducted in a group of female footballers. The respondents obtained an instruction concerning the completion of the questionnaire. They were informed about the objective of the study and ensured that the findings would remain anonymous. Each player completed the set of research instruments independently.

RESULTS

Using a 10-degree scale, the players independently determined the level of their own sports skills (Figure 1), as well as the level of satisfaction with practising football (Figure 2).

While evaluating their skills, the respondents indicated values which ranged from 6 to 8. More than a half of them (52.4%) gained 7 points (Figure 1).



Ethical approval

The research related to human use has been complied with all the relevant national regulations, institutional policies and in accordance the tenets of the Helsinki Declaration, and has been approved by the authors' institutional review board or equivalent committee.

Figure 1. Level of self-reported football skills represented by the respondents (n = 21)

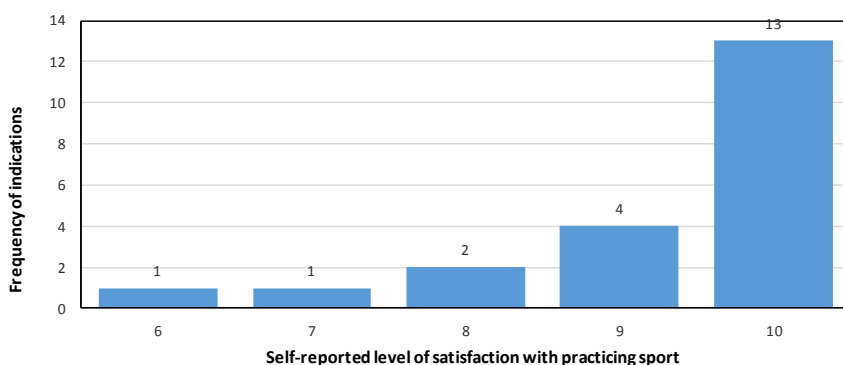


Figure 2. Level of respondents' self-reported satisfaction with doing football (n = 21)

Table 1. Results of the survey (n = 21)

Instrument	Scale	Range	M ± SE
DS14	NA	1-18	8.89 ± 4.96
	SI	1-20	7.32 ± 4.60

NA – negative affectivity; SI – social inhibition

In turn, the mean evaluation of the level of satisfaction with doing football indicated that nearly 62% of the respondents (n = 13) achieved the highest level, i.e. 10 scores (Figure 2).

Spearman's rho rank correlation coefficient measuring the participants' responses indicated that the level of represented sports skills was related to the level of satisfaction (r = 0.43; p < 0.05).

Table 1 presents the study findings obtained with the DS14 scale. A detailed analysis of the individual players' results allowed to diagnose Type D personality in 7 of them (33.3%). These players achieved the highest levels in 2 aspects – negative affectivity and social inhibition.

Furthermore, Spearman's rho rank correlation coefficient indicated a relationship between the aspects of Type D personality (r = 0.48; p < 0.05), as well as a negative correlation between the level of satisfaction with doing football experienced by the players and negative affectivity (r = 0.44; p < 0.05).

DISCUSSION

The study involved a relatively small group of participants. The authors are aware of the limitations of the research conducted with such a small sample size. However, the study is a pilot testing – an introduction to wider research, i.e. one that would investigate Type D personality in sport and, simultaneously, in the psychological profile of football players. It might be an incentive for starting a discussion concerning the possibility (or even necessity) to provide targeted psychological support for players – shaping, developing, and improving psychosocial competencies which have a positive impact on good health in any aspect (bio-psychosocial), as well as the quality of life.

In the group of 21 female football players, as the results of the DS14 scale suggested, Type D personality is present in 7 players, which constitutes 33.3% of the sample. Such a proportion is comparable with the results of other studies conducted and assessed with the DS14 scale, and it is not different from that observed in the general population [2, 3]. Because of the threats bound with this type of personality (i.e. tending to experience negative emotions, poor coping with difficult situations, lacking life satisfaction, displaying worse health and quality of life) and, simultaneously, the requirements of contemporary sports (especially women's games), the findings seem alarming and require urgent intervention. The solution to all this may be psychological training dedicated to the players, which would improve proper skills of coping with stress and strengthen the available psychological resources, including those related with experiencing and expressing emotions. Such a training should include not only work on the deficits but also improvement of the traits/skills which are on a higher level, the only consideration being following the rules resulting from one's developmental stage. It is also vital to differentiate between individual and team training. The training should be designed to work on building competency – skills used in the proper context (e.g. at school, at home, or in sport). Hence, it is crucial that such training is carried out by a sports psychologist in cooperation with the coach, physician, physiotherapist, parents/caregivers, school [3, 20–24].

Adequately conducted psychological training falls within the recommendations described in the literature concerning the search for solutions related to the professionalization of women's football. At the same time, it meets the need for creating holistic solutions which are helpful for sport practitioners while preparing for professional sports. It may simultaneously constitute an important prophylactic factor consider-

ing the noticeable problem of female players resigning from practising football [14–16, 25–27].

It is justifiable that attention should be paid to the psychological preparation provided to children and adolescents doing sports, which should further be supplemented by home and school environment cooperation. Social and emotional difficulties occurring in the period of childhood or adolescence (e.g. fears, phobias, shyness, problems in social relations) affect the individual at this stage of development and later on. They result in limiting contacts with others and withdrawal from relations, with a simultaneous growth of the sense of anxiety or threat. Duly, low self-esteem and deficits of social competences follow. Such a situation may contribute to the development of social or general anxiety, as well as Type D personality, especially visible in one of its dimensions – social inhibition [28, 29]. Creating a proper parenting climate (including kindness and compassion, respect, understanding, providing security, support and space for activity and taking responsibility) is crucial to developing a healthy personality.

Memories of negative experiences related to the dysfunctional performance of parental role are indirectly responsible for the development of Type D personality [30, 31]. These are essential guidelines for parents, as well as teachers and coaches – people who are primarily engaged in education and upbringing. Thus, understanding the problem of personality development seems to be of particular importance in the context of regular and long-term training in sports clubs. The club turns out an important sphere in the educational environment. It is also worthwhile that this sporty environmental factor in the development of athletes' personality becomes an object of interdisciplinary research, also longitudinal, in future.

The statistical analyses indicated the presence of a negative correlation between the level of satisfaction with doing football and negative affectivity, which is one of the aspects of a distressed personality. Such a result corresponds to the relationships described in the relevant literature; the tendency towards experiencing negative emotions leads to a lower level of life satisfaction [3]. Thus, the results of the presented research and its considerations may indicate that the sports environment, including the club, plays a significant role in the educational process. It seems vital to build a sense of security, create a climate of acceptance, help to express emotions, teach how to understand feelings which could weaken the athletes' negative emotions and, at the same time, become a reason for strengthening their sense of satisfaction.

The research findings seem to prove that the authors should continue their investigations referring to the feeling of satisfaction with sport in the group of footballers. It is worth looking at the issue further to research its other dimensions. This can become the basis to formulate further guidelines for trainers and sports psychologists working with football teams.

Using a 10-degree scale, we examined whether the players were satisfied with the possessed sports skills and with doing sports. To estimate the quality of these indications, one may categorise them according to sten scores (low values: sten 1–3; average: sten 4–7; high: sten 8–10). Knowing the results, one may state that the national team representatives evaluated their football skills as average (1/3 of the respondents considered their skills as high), while high satisfaction with doing sports was observed only in 2 players out of 21, with the rest assessing their satisfaction as average.

The researchers are aware that the study is a pilot testing. However, the results may indicate that such research requires continuation and expansion. The analysis of other psychological variables and their relation with Type D personality is worth considering in subsequent research plans. Considering the medical character of the construct discussed in the introduction, one may assume that the studies could be conducted in cooperation with a sports physician or physiotherapist. Then, aspects such as the scope of sports injuries in female players, overtraining, and fatigue could be examined. It would be valuable to carry out such investigations also in male footballers. Differences between the genders could be investigated, and, consequently, separate guidelines for male and female football players, considering the specificity of each group, could be prepared. It seems that the applied research instrument, i.e. the DS14 scale, may be beneficial in further studies. It may help diagnose, in a valid and reliable way, Type D personality, and its 2 dimensions: negative emotionality and social inhibition [3, 9, 32].

As the presented research indicates, Type D personality tests in sport require continuation. Every third of the examined participants turned out to be diagnosed with Type D personality. Such information may sound alarming. What is worrying is that these problems occur in the environment of football players. People responsible for the organisation and conduct of training in women's football should take into account the need to cooperate with psychologists to support and mentally prepare their female trainees.

CONCLUSIONS

In the group of 21 female football players, Type D personality was diagnosed in 7 footballers (33.3%). The players highly evaluated their sports skills, as well as satisfaction with playing football.

The results of the statistical analysis indicated a negative correlation between the level of satisfaction with practising football and one of the aspects of Type D personality – negative affectivity. Accordingly, the results of the study may become a basis to formulate practical indications for developing and implementing programmes that would provide psychological preparation to female football players.

Disclosure statement

Disclosure statement: No author has any financial interest or received any financial benefit from this research.

Conflict of interest

Authors state no conflict of interest.

References

1. De Fruyt F, Denollet J. Type D personality: a five-factor model perspective. *Psych Health*. 2002;17(5):671–683; doi: 10.1080/08870440290025858.
2. Denollet J. DS14: standard assessment of negative affectivity, social inhibition, and Type D personality. *Psychosom Med*. 2005;67(1):89–97; doi: 10.1097/01.psy.0000149256.81953.49.
3. Juczyński Z, Ogińska-Bulik N. NPSR – Narzędzia pomiaru stresu i radzenia sobie ze stresem. Warszawa: Pracownia Testów Psychologicznych Polskiego Towarzystwa Psychologicznego; 2010.
4. Mols F, Denollet J. Type D personality in the general population: a systematic review of health status, mechanisms of disease, and work-related problems. *Health Qual Life Outcomes*. 2010;8:9; doi: 10.1186/1477-7525-8-9.
5. Ogińska-Bulik N. Osobowość typu D. Teoria i badania. Łódź: Wyższa Szkoła Humanistyczno-Ekonomiczna; 2009.
6. Polman R, Borkoles E, Nicholls AR. Type D personality, stress, and symptoms of burnout: the influence of avoidance coping and social support. *Br J Health Psychol*. 2010;15(Pt3):681–696;doi:10.1348/135910709X479069.
7. Williams L, Wingate A. Type D personality, physical symptoms and subjective stress: the mediating effects of coping and social support. *Psychol Health*. 2012;27(9): 1075–1085; doi: 10.1080/08870446.2012.667098.
8. Moryś J, Majkowicz M, Ogińska-Bulik N, Rynkiewicz A. Psychometrical features of the type D personality questionnaire estimated in the group of patients after myocardial infarction [in Polish]. *Psychiatria*. 2006;3(2): 62–69.

9. Demirci S, Demirci K, Demirci S. The effect of type D personality on quality of life in patients with multiple sclerosis. *Noro Psikiyatr Ars.* 2017;54(3):272–276; doi: 10.5152/npa.2016.12764.
10. Jandackova VK, Koenig J, Jarczok MN, Fischer JE, Thayer JF. Potential biological pathways linking type-D personality and poor health: a cross-sectional investigation. *PLoS One.* 2017;12(4):e0176014; doi: 10.1371/journal.pone.0176014.
11. Kotyśko M, Izdebski P, Buczkowski K. Distressed personality (type D) – its role in health and sport – report from research review. *J Health Sci.* 2014;4(13):172–186; doi: 10.5281/zenodo.13687.
12. Borokoles E, Reynold N, Ski CF, Stojanovska L, Thompson DR, Polman RCJ. Relationship between Type-D personality, physical activity behaviour and climacteric symptoms. *BMC Women's Health.* 2015;15:18; doi: 10.1186/s12905-015-0176-3.
13. Wiencierz S, Williams L. Type D personality and physical inactivity: the mediating effects of low self-efficacy. *J Health Psychol.* 2017;22(8):1025–1034; doi: 10.1177/1359105315622557.
14. Gledhill A, Harwood CG. A holistic perspective on career development in UK female soccer players: a negative case analysis. *Psychol Sport Exerc.* 2015;21:65–77; doi: 10.1016/j.psychsport.2015.04.003.
15. Guillet E, Sarrazin P, Fontayne P, Brustad RJ. Understanding female sport attrition in a stereotypical male sport within the framework of Eccles's expectancy-value model. *Psychol Women Q.* 2006;30(4):358–368; doi: 10.1111/j.1471-6402.2006.00311.x.
16. Kjaer JB, Agergaard S. Understanding women's professional soccer: the case of Denmark and Sweden. *Soccer and Society.* 2013;14(6):816–833; doi: 10.1080/14660970.2013.843915.
17. Kim YH, Kim SR, Kim YO, Kim JY, Kim HK, Kim HY. Influence of type D personality on job stress and job satisfaction in clinical nurses: the mediating effects of compassion fatigue, burnout, and compassion satisfaction. *J Adv Nurs.* 2017;73(4):905–916; doi: 10.1111/jan.13177.
18. Klaassen K, Nyklíček I, Traa S, Nijs R. Distressed personality is associated with lower psychological well-being and life satisfaction, but not disability or disease activity in rheumatoid arthritis patients. *Clin Rheumatol.* 2012;31(4):661–667; doi: 10.1007/s10067-011-1905-0.
19. Borokoles E, Polman R, Levy A. Type-D personality and body image in men: the role of exercise status. *Body Image.* 2010;7(1):39–45; doi: 10.1016/j.bodyim.2009.10.005.
20. Weinberg RS, Gould D. *Foundations of sport and exercise psychology*, 4th ed. Champaign: Human Kinetics; 2007.
21. Kaiseler M, Polman R, Nicholls A. Mental toughness, stress, stress appraisal, coping and coping effectiveness in sport. *Person Individ Diff.* 2009;47(7):728–733; doi: 10.1016/j.paid.2009.06.012.
22. Birrer D, Morgan G. Psychological skills training as a way to enhance an athlete's performance in high-intensity sports. *Sandn J Med Sci Sports.* 2010;20(Suppl. 2):78–87; doi: 10.1111/j.1600-0838.2010.01188.x.
23. Sadeghi H, Omar-Fauzee MS, Jamalis M, Ab-Latif R, Cheric MC. The mental skills training of university soccer players. *Int Educ Stud.* 2010;3(2):81–90; doi: 10.5539/ies.v3n2p81.
24. Crust L, Clough PJ. Developing mental toughness: from research to practice. *J Sport Psychol Action.* 2011;2(1):21–32; doi: 10.1080/21520704.2011.563436.
25. Blom LC, Visek AJ, Harris BS. Triangulation in youth sport: healthy partnerships among parents, coaches, and practitioners. *J Sport Psychol Action.* 2013;4(2):86–96; doi: 10.1080/21520704.2012.763078.
26. Mills A, Butt J, Maynard I, Harwood C. Identifying factors perceived to influence the development of elite youth football academy players. *J Sports Sci.* 2012;30(15):1593–1604; doi: 10.1080/02640414.2012.710753.
27. Visek AJ, Harris BS, Blom LC. Mental training with youth sport teams: developmental considerations and best practice recommendations. *J Sport Psychol Action.* 2013;4(1):45–55; doi: 10.1080/21520704.2012.733910.
28. Grande G, Glaesmer H, Roth M. The construct validity of social inhibition and the type-D taxonomy. *J Health Psychol.* 2010;15(7):1103–1112; doi: 10.1177/1359105310369186.
29. Kupper N, Denollet J. Type D personality is associated with social anxiety in the general population. *Int J Behav Med.* 2014;21(3):496–505; doi: 10.1007/s12529-013-9350-x.
30. Damen NL, Versteeg H, van Helmond SJ, de Jaegere PP, van Geuns RJM, Meine MM, et al. The distressed (Type D) personality mediates the relationship between remembered parenting and psychological distress in cardiac patients. *Psychol Health.* 2014;29(3):318–333; doi: 10.1080/08870446.2013.845889.
31. Van den Broek KC, Smolderen KG, Pedersen SS, Denollet J. Type D personality mediates the relationship between remembered parenting and perceived health. *Psychosomatics.* 2010;51(3):216–224; doi: 10.1176/appi.psy.51.3.216.
32. Batsel e E, Denollet J, Lussier A, Loas G, Vanden Eynde S, Van de Borne P, et al. Type D personality: application of DS14 French version in general and clinical populations. *J Health Psychol.* 2017;22(8):1075–1083; doi: 10.1177/1359105315624499.