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EXPERIENTIAL AVOIDANCE AND ANXIETY IN HIGH-PERFORMANCE ATHLETES

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Abstract. The main objective of this study is to correlate experiential avoidance and precompetitive anxiety (somatic anxiety, cognitive anxiety and self-confidence) to know if it is pertinent to propose future interventions with Acceptance and Commitment Therapy (ACT) in the sports field. A cross-sectional correlational observational design was used in a non-clinical sample of 93 high-performance athletes of both sexes between the ages of 15 and 46, using the AAQ-II and the CSAI-2R. Descriptive and correlational analyzes were performed on the variables of interest. The results reported a significant positive linear relationship between experiential avoidance with somatic anxiety and cognitive anxiety and a negative or inverse linear relationship with self-confidence. The results presented are aligned with previous research and with what is intended to demonstrate, how experiential avoidance precompetitive anxiety influences athletic performance.

Key words: Acceptance and Commitment Therapy, experiential avoidance, precompetitive anxiety.

Introduction

The traditional approach to sport psychology is based on first generation therapies (1950) adhering to behavioral principles of learning, followed by second generation (1970), also behavioral therapies mediated by cognitive and emotional processes (García, Fernández & Crespo,2017).

They include therapeutic strategies such as mental imagery, relaxation, self-talk, focused on increasing sports performance through the reduction of precompetitive stress and anxiety, control or change of private events considered problematic, emotional states and physiological sensations (Gustafsson, Lundqvist & Tod,2017).

However, these traditional orientations have their limitations, such as recurrence of symptoms, reduction of emotions and "negative" body states, paying less attention to

interpersonal relationships and quality of life of the person, which causes resistance from the psychological point of view and leads to subsequent abandonment of the therapeutic process (Dehghani, Vasoughi, Tebloenoun & Zarnagh,2018). In short, the aforementioned goals are not consistently related to a significant increase in sports performance, only to the extent that negative emotions and cognitions are replaced by more positive ones for the person (Castilla & Ramos,2012).

However, from a contextual-functional point of view it is not assumed that private events are positive or negative, nor that they cause in themselves greater or lesser performance in the athlete, so what is important would be to pay attention to the role played by private events, interaction, i.e., how the athlete relates to private events and how he/she reacts when these private events are activated (Wilson & Soriano,2014).

Therefore, more attention is paid to new perspectives, evolution of behavioral therapies (1st and 2nd generation) such as third generation therapies or contextual therapies: Acceptance and Commitment Therapy (ACT) (Hayes, et al, 2002), Dialectical Behavior Therapy (DBT) (Linehan,1993), Functional Analytic Psychotherapy (Kohlenberg & Tsai, 1991), Integrative Couple Therapy (IPT) (Jacobson et al., 2000), Behavioral Activation (BA) (Jacobson, Martell & Dimidjian, 2001) and Mindfulness-Based Therapy (MBT) (Segal, Williams & Teasdale, 2002). All these therapies do not focus on the elimination of cognitive symptoms in order to alter the person's behavior but are oriented towards altering the function of the symptoms through the context in which the symptoms are problematic (Soriano & Salas, 2006).

Acceptance and Commitment Therapy

Acceptance and Commitment Therapy (ACT) developed by Steve Hayes focuses on generating psychological flexibility by altering the function of private events by creating an extensive and flexible repertoire of actions in the direction the person wants to go, accepting private events within values and acting on them, connecting with the fully conscious present, being more experiential than dialectical methods based on contextualist philosophies (Hayes,2016).

Acceptance and Commitment Therapy (ACT), is a therapeutic approach that aims to modify the way we relate to our negative thoughts and emotions through psychological acceptance of discomfort and clarification of personal values to promote psychological flexibility, based on the theory of Relational Frames (TMR) and functional contextualism (Chin & Hayes, 2017).

The theory of relational frames is the theory on language and cognition that is used as the experimental basis of ACT (Luciano, 2016), it can be defined as "the concrete way of responding to a stimulus based on the relationship with another, given that without prior relational learning verbal regulation of behavior is not possible" (Salazar & Ballesteros ,2015).

Most of the time we see the world through our thoughts and emotions so what this theory brings us is to encourage a distancing of the cognitive content or experience of the person and its acceptance without avoiding, or resisting what is happening (Hayes, 2015). Therefore, Stephen Pepper (1942), coined the term functional contextualism to the

action of the organism, sensibly established in relation to both historical and situational context from a holistic approach, prioritizing the totality of the event and the parts that comprise it, fundamental in the basis of ACT (Hayes, 2015).

The main objective of ACT is to generate psychological flexibility in the face of different events, seeking to achieve a broad and flexible behavioral repertoire that allows the generation of actions, especially when efforts to control or avoid annoying private events are dysfunctional, oriented towards the goals or objectives of the person based on personal values (Prozzillo & Olivera, 2019).

Likewise, psychological flexibility is generated to decrease human suffering and increase the well-being of the person through six processes of change: *acceptance*; involves the active and conscious embrace of private events that create discomfort, *being present*; promoting ongoing contact with psychological and environmental events, *values*; vital directions, the qualities of an action, verbal rules that describe how the person chooses to live his or her life, *engaged action*; is the development of increasingly broad patterns of action linked to personal values, *cognitive diffusion*; which attempts to alter the undesirable functions of thoughts and other private events rather than attempting to alter their form, frequency or situational sensitivity and *the self as context*; leading the person to the sense of self as a place or perspective providing a spiritual and transcendent side creating distance by modifying the relationship between the person and the disturbing private event (Gloster, et al. , 2020)

In the absence of any of these processes, psychological rigidity or inflexibility is the root cause of human suffering and maladaptive functioning (Hayes, 2015).

From the ACT perspective, human suffering arises because of normal psychological processes, especially those involving language. On the basis that human language is responsible for both human achievement and human misery (Hayes,2015).

Human suffering is socially paired with thoughts labeled as negative, of helplessness and inability (among others). Thus, feeling discomfort (suffering is the consequence of avoidance), is experienced as opposed to being willing to act for what one would like to do with his life, feeling the obligation to feel good and consequently, actions are issued to avoid the discomfort arising from private events, focusing on avoiding discomfort, generating rigidity, instead of performing valuable actions for his life, the person is dedicated to futilely fight against his private events, in order to eliminate those unpleasant feelings or sensations that suffering carries with it. In that action of eliminating, generating a rigid behavior pattern, which is known as psychological inflexibility, there are costs, you lose "something", the contact with personal values, and that is when we talk about experiential avoidance (Wilson &Soriano, 2014).

Experiential avoidance

Experiential avoidance is a concept used from ACT to understand the process of psychopathology, in this process the person experiences discomfort or negative sensations, feels the need to do something, release or placate those sensations, so it will try to control or avoid those private experiences called, private events, involving the person something much further than a solution, a problem (Perez-Alvarez,2012).

It arises when the person is not willing to be in direct contact with their annoying private events (Rodriguez & Babiano, 2019) and develops a pattern of behavior conformed by actions of different topography, but the same function, of negative reinforcement (avoidance of discomfort) so that there is an alteration of the frequency of these and the contexts that create them (Hayes, 2019).

Although this pattern of behavior may seem effective in the short term, as it manages to decrease or suppress discomfort in the short term, if it becomes chronic, in the long term it can limit the person in their day-to-day life, increasing the initial discomfort and being dysfunctional (Hayes, 2015). Experiential avoidance is not intrinsically negative. It becomes negative when the person instead of taking valuable actions for his or her life engages in fighting against his or her private events (Hayes, 2019).

So, the relevance and pertinence of this variable and the subsequent application of ACT in the sports field, is given when it comes to avoid, escape and/or control internal events (thoughts, emotions) considered as negative and can affect sports performance (Salazar & Ballesteros, 2015).

Experiential avoidance, as mentioned above, is not always negative, but in the sporting environment it is considered destructive when the person is dedicated to trying to control their private events instead of performing valuable actions, or behaviors focused in this case to the performance of a good sporting performance. For example, when a soccer player is about to take a penalty kick, he focuses on being relaxed and having positive thoughts (avoiding nerves, anxiety), instead of focusing his attention on the position of the goalkeeper and the way in which he will take the penalty kick, focusing on private events that will not enhance the maximum sporting performance (Jiménez, 2006).

On the other hand, there is evidence of the involvement of experiential avoidance in the etiology, maintenance, and modification of various forms of psychopathology such as anxiety disorders (Patrón-Espinosa, 2013), in addition to being present when life does not seem satisfactory in general terms or when the desired results are not achieved, as may occur in the context that concerns us, the sport (Castilla & Ramos, 2013).

In addition, we can relate experiential avoidance to anxiety, because anxiety is a typical example of a private event that people avoid, both in the field of sport and in the clinical setting, not only because of its physiological properties, but also because of its verbal nature (Wilson & Soriano, 2014).

Anxiety

Precompetitive anxiety has been one of the most analyzed variables in different sport contexts, because when assessing the complexity of the task to be faced, the importance of the competition or the ability to carry it out successfully can lead to its appearance and, consequently, to a poor management of it (Baro, Garrido & Hernandez-Mendo, 2016).

Precompetitive anxiety is the response to a situation that is perceived by the person as aversive, and to which he/she responds with avoidance behaviors, such as worry

(worrying is usually an action to avoid discomfort), insecurity, lack of self-confidence. (Weinberg & Gould, 2010).

Cognitive anxiety within the sporting environment is perceived as negative thoughts, ideas or previous experiences about their performance that generate a series of barriers and stop the athlete from achieving the objectives set. It is shown in the form of uneasiness, feelings of insecurity, negative expectations, and loss of concentration (Prats & Mas, 2017).

On the other hand, somatic anxiety is the most physical component that occurs in our body, resulting from the increased activation of the autonomic nervous system. It is characterized by fear, panic, alarm, restlessness, obsessions, attentional changes, deconcentrating or intrusive thoughts of catastrophic type, which propitiate cognitive anxiety (Verdaguer, Ramon & Conti,2017). Another component is the self-confidence that the person has, specifically the athlete, so that if this decreases, the possibility of negative thoughts and unfavorable evaluation increases (Verdaguer, Ramon & Conti,2017). It is defined as the belief that we have of satisfactorily performing the desired behavior, which is equal to the idea that success will be achieved, so it is a determinant of performance (Pulido, 2015).

Recent research on ACT has obtained positive results in various psychological problems among which we find, anxiety (Eilenberg et., al,2017) and sports performance (Salazar & Ballesteros, 2015).

A study related to mindfulness showed that due to the negative consequences that can result from aiming to control or change what is being experienced in the sports context, in particular high-performance athletes, methods that use the conscious management or acceptance of our private events would be effective (Mañas et al., 2017).

Another study evinces that, the higher the degree of experiential avoidance, the lower the performance evaluation, stress control and mental ability, demonstrating the usefulness of ACT to optimize sports performance (Castilla & Ramos, 2012).

Finally, another study corroborates the efficacy of ACT as a first-order therapeutic treatment for anxiety disorders, emphasizing the role of experiential avoidance as the cause of the development and maintenance of negative thoughts and anxiogenic-based worries in these patients. It has been suggested that this experiential avoidance, i.e., this inability to be in contact with anxiety may generate that the avoidance strategy itself becomes a negative reinforcer of the individual's anxious state (Eilenberg, 2016).

The present study will focus on knowing the relationship between experiential avoidance and precompetitive anxiety because in the sports context there are few studies describing the relationship between experiential avoidance and anxiety in high performance athletes (Ruiz & Luciano,2009). Therefore, if these variables are described and to what extent they affect athletes, it will be easier to develop intervention programs or strategies focused on improving performance from the perspective of ACT.

The ACT is not based on the reduction of symptoms as other perspectives, so they do not have to generate actions of avoidance of discomfort, they will focus on performing actions according to their values, allowing them to carry over the annoying private events

and being able to focus all their attention on sports performance obtaining lasting results over time both sporting and personal level (Castilla & Ramos, 2012).

The general objective of this study is to analyze the relationship between experiential avoidance and precompetitive anxiety (composed of somatic anxiety, cognitive anxiety and self-confidence) in high-performance athletes.

The specific objectives are: to analyze the relationship between experiential avoidance and cognitive anxiety, experiential avoidance and somatic anxiety and experiential avoidance and self-confidence and to know if there are differences according to sex and age in the experiential avoidance response.

According to the data provided by the empirical evidence in the present study, we hypothesize that (1) the greater the experiential avoidance the greater the somatic anxiety, (2) the greater the experiential avoidance the greater the cognitive anxiety, (3) the greater the experiential avoidance the lower the self-confidence, and (4) there are no significant differences in experiential avoidance in terms of sex and age.

Method

Participants

We will work with a non-clinical sample of 93 high performance athletes, between 15 and 46 years old, men (46.24%) and women (53.76%) with the following inclusion criteria:

(1)To be practicing or practicing any sport within an institution (university, academy, national team, federation) consistently for at least 1 year, (2)to have participated or participate in their sport at a competitive level whether local, national or international and that involves them a commitment and involvement, (3) to be of Spanish nationality, or resident of Spain for at least 10 years, (4) dedication of at least 5 hours per week to sport, whether sport-specific training, physical or psychological preparation and (5)acceptance of informed consent.

As for the exclusion criteria: (1) presenting physical or psychological disability and presenting severe or serious mental disorder diagnosed as it could bias the results.

Design Type

The present research has a cross-sectional correlational observational design, with a non-clinical sampling, trying to quantify the spontaneous behavior that occurs in unprepared situations, collecting data through a more or less structured code the development of phenomena of interest (Nuñez, 2011). As in this case, experiential avoidance, and precompetitive anxiety in high performance athletes.

Study variables

The sociodemographic variables are: age, sex, academic level, sport practiced, hours spent per week, level of competition, nationality and population.

Instruments

To measure the **experiential avoidance** of athletes, the Acceptance and Action Questionnaire-II (**AAQ II**) was used (Ruiz, et al., 2012). This questionnaire aims to assess the extent to which people, faced with private events that may cause them discomfort, manage to accept them, and maintain their present goals and values, orienting their behaviors towards them. (Ribero-Marulanda & Agudelo-Colorado, 2017). Composed of 7 items, it has convergent, divergent and discriminant validity. In this study the importance of experiential avoidance is directly linked to the psychological inflexibility that can be generated in the management of anxiety. Some examples of items are: "I am afraid of my feelings", "I worry about not being able to control my worries and feelings", "my painful memories prevent me from leading a full life".

To measure **pre-competitive anxiety** (cognitive anxiety, somatic anxiety, and self-confidence) and to measure and study the construct in pre-competition situations, the **Competitive State Anxiety Inventory CSAI-2R**, Andrare, Lois and Arce (2007), authored by Elena M. Andrade, was used. The resulting adapted version consists of 18 items, distributed in three subscales for each construct: cognitive anxiety, somatic anxiety, and self-confidence. All statements are formulated in the same direction. The response mode is Likert-type with four alternatives, numbered from 1 (not at all) to 4 (very much).

Procedure

To carry out the research, we first searched for specific assessment instruments for each construct to be studied, by means of an exhaustive bibliographic search in different databases.

Next, we proceeded to prepare the informed consent, the sociodemographic data, and the AAQ-II and CSAI-2R questionnaires drafted consecutively.

The administration of the questionnaires was carried out through the application of Google Forms, in online mode, within a period between January 12, 2021 and January 26, 2021 in a randomized manner.

The questionnaires were distributed to a sample of accessible athletes from different national sports federations such as paddle tennis, sailing, athletics, judo, karate, soccer, field hockey, triathlon, rescue and lifesaving, motocross, field hockey, golf, surfing, dance, tennis, and fencing. With different levels of competition: local, national and international. They were disseminated through different social networks (Instagram and WhatsApp) to increase the sample as much as possible, requesting help to disseminate the survey to as many people as possible thus putting a snowball sampling.

Once the information from the tests was collected, it was corrected and analyzed using different data analysis techniques, which will be described below.

Data analysis

First, a descriptive analysis was performed, the qualitative variables were expressed by frequency distribution and the quantitative variables by the arithmetic mean, establishing a significance level of $p < .05$.

For data analysis, SPSS was used using the following statistical tests: to determine the possible association between the variables of interest, the Pearson bivariate correlations test was used, relating experiential avoidance (AAQ-II) with the three subscales relevant to the Precompetitive Anxiety Inventory (CSAI-2R) (somatic anxiety, cognitive anxiety, and self-confidence). To compare the sex variable and to know if it is a statistically significant variable in relation to experiential avoidance, Levene's test was performed. This was followed by Student's t-test for independent samples. Finally, we performed an ANOVA to describe whether there are significant differences between experiential avoidance and age.

Results

From a total of 110 of the total sample, through the inclusion and exclusion criteria, the final number of the sample was 93. 46.24% of the participants were men and 53.76% were women with an average age of 22.3. In addition, the average number of hours per week practiced is 13.35. Among the sports are field hockey, soccer, dance, swimming and lifesaving, paddle tennis, triathlon, surfing, cycling, tennis, fencing, motocross, karate, goal, athletics, and judo (See Table 1).

Table 1
Sociodemographic variables of the study sample

		Frequency	Percentage
Sex	Man	43	46.2%
	Woman	50	53.7%
	Total	93	
Academic level	First	4	4.3%
	Second	9	9.9%
	Bachelor’s	31	33.3%
	Professional	3	3.2%
	University Degree	46	49.4%
	Total	93	
Age	Mean:	22.3	
Level of competence	Local	4	4.3%
	National	63	67.74%
	International	26	27.9%
	Total	93	
Weekly practice hours	Mean	13,35	

Regarding the variables of interest, the relationship between experiential avoidance and somatic anxiety, experiential avoidance and cognitive anxiety, and experiential avoidance and self-confidence was analyzed using Pearson's correlation.

Between the scores of the questionnaires there is a positive linear relationship, that is, if you score high in one of the questionnaires in the other also, between the AAQ-II and CSAI-2R (somatic anxiety and cognitive anxiety) and a negative linear relationship, that is, the higher the score of one, the lower the score of the other, with the AAQ-II and the CSAI-2R (self-confidence). Comparing the correlations, the highest correlation is between experiential avoidance and somatic anxiety (0.454), followed by experiential avoidance and cognitive anxiety (0.445), and finally experiential avoidance and self-confidence (-0.260).

Next, the relationship between experiential avoidance and cognitive anxiety was shown to be statistically significant (0.000).

Table 2
Correlation between experiential avoidance and cognitive anxiety

	AAQII	A_COGNITIVE
Pearson's correlation	1	.445**
Sig. (bilateral)		.000
N	93	93

Following the relationship between experiential avoidance and somatic anxiety, we can see that there is a statistically significant relationship between experiential avoidance and somatic anxiety.

Table 3
Correlation between experiential avoidance and somatic anxiety

	AAQII	A SOMATIC
Pearson's correlation	1	.454**
Sig. (bilateral)		.000
N	93	93

Finally, the relationship between experiential avoidance and self-confidence was analyzed, being statistically significant in an inverse manner.

Table 4
Correlation between experiential avoidance and self-confidence

	AAQII	SELF-CONFIDENCE
Pearson's correlation	1	-.260*
Sig. (bilateral)		.012
N	93	93

In addition, Student's t-test for independent samples was performed for the sex variable. It is used to check whether there are significant differences in the questionnaire administered, in this case with the AAQ-II. Finally, it was observed that there are no statistically significant differences between men and women (p=0.062).

As for the possible relationship between age and experiential avoidance (AAQ-II), the ANOVA test was used, indicating that there were no statistically significant differences between the different age groups (p=0.872).

Discussion and conclusions

The main objective of this study was to correlate experiential avoidance and precompetitive anxiety (somatic anxiety, cognitive anxiety and self-confidence) in a non-clinical sample of high-performance athletes of both sexes.

Overall, the results of the study show that there is a relationship between an increase in experiential avoidance and somatic anxiety, as well as an increase in experiential avoidance and cognitive anxiety, as was seen in the study of Castilla & Ramos (2013) where it is shown that the higher the degree of experiential avoidance, the lower the stress control, or what is the same, high levels of stress in the presence of experiential avoidance (Castilla & Ramos, 2012). Similarly, when experiential avoidance increases, self-confidence decreases, as was negatively correlated in a study of stress control with its relevant strategies (González Campos, Valdivia-Moral, Zagalaz Sanchez & Romero Granados, 2015). In addition to there being no significant differences between sex and age with respect to experiential avoidance.

It is important to highlight in relation to the evidence of ACT in the sports field, the study on the application of a specific ACT intervention program for the increase of chess sports performance, focused on trying to reduce the strategy of avoiding and controlling private events, thus demonstrating its effectiveness in a reduced number of sessions (Jimenez, 2006).

On the other hand, both virtues and limitations should be taken into account. Regarding virtues, it is important to highlight the importance and relevance of these variables in sports performance, and their great influence on emotional management when facing both training and competition.

In relation to the limitations, the most relevant one is related to the non-clinical sample, being more representative to carry it out with a clinical sample. In addition, the age range used is quite wide, thus limiting the study, being a generalized sample. The sample size would have to be larger, being more representative. Finally, as this is a fairly new topic, more evidence would be needed, despite the consistency of the findings on this topic, and the consistent evidence that exists about ACT in sports.

Regarding future lines, after knowing the results showing the correlation of experiential avoidance with precompetitive anxiety, and based on our justification, we would try to carry out a specific ACT program for high-performance athletes with the aim of reducing the indexes of our variables. In addition, the study could be replicated by expanding the sample size, with a similar age range, but with a greater number of people per age to obtain more significant results.

In the present study conducted with a non-clinical sample of 93 high-performance athletes aged between 15 and 46 years, and a wide variety of sports, the significant positive linear relationship between experiential avoidance with somatic anxiety and cognitive anxiety is demonstrated, i.e., more of one variable more of the other. As well as a negative or inverse linear relationship with self-confidence, that is, more of one variable, less of the other.

In our study group, there was no association between age and experiential avoidance and no influence with respect to sex and experiential avoidance.

Finally, the significant influence of experiential avoidance and precompetitive anxiety in high performance athletes and their negative influence is demonstrated. Therefore, it can be concluded that experiential avoidance and precompetitive anxiety are two variables of great influence on athletes. Thus, it would be necessary to propose a series of interventions through ACT in order to modify the functions that these constructs

have in their lives, without eliminating them, but learning to live with them, and orienting them towards valuable actions for each individual.

References

Andrade, E., Lois, G., & Arce, C. (2007). Propiedades psicométricas de la versión española del Inventario de Ansiedad Competitiva CSAI-2R en deportistas.

Baro, J. P. M., Garrido, R. E. R., & Hernández-Mendo, A. (2016). Relaciones entre el perfil psicológico deportivo y la ansiedad competitiva en jugadores de balonmano playa. *Revista de psicología del deporte*, *25*(1), 121-128.

Blanco, J. M. F., Calle, R. C., Cayetano, A. R., Muñoz, A. S., Muñoz, S. P., Ramos, J. M. D. M., & Vicente, R. A. (2017). Female Spanish athletes face pre competition anxiety at the highest levels of competition.Revista de psicología del deporte, 26(4), 39-44.

Buceta, J. M. (2020) Variables psicológicas que influyen en el alto rendimiento deportivo.

Burgos, A. V., Leiva, G. M., Salcedo, A. S., & Zúñiga, M. Á. Á. (2020). Características Psicológicas de deportistas de alto rendimiento según entrenadores. *Revista Observatorio del Deporte*, 74-82.

Castilla, J. F., & Ramos, L. C. (2012). Rendimiento deportivo, estilos de liderazgo y evitación experiencial en jóvenes futbolistas almerienses. *Revista de Psicología del Deporte*, *21*(1), 137-142.

Castilla, J. F., & Ramos, L. C. (2013). El papel de la evitación experiencial en el rendimiento deportivo. *Psicología aplicada al fútbol: Jugar con cabeza*, 273.

Chin, F., & Hayes, S. C. (2017). Acceptance and commitment therapy and the cognitive behavioral tradition: Assumptions, model, methods, and outcomes. In *The scienceof cognitive behavioral therapy* (pp. 155-173). Academic Press.

Dehghani, M., Saf, A. D., Vosoughi, A., Tebbenouri, G., & Zarnagh, H. G. (2018). Effectiveness of the mindfulness-acceptance-commitment-based approach on athletic performance and sports competition anxiety: A randomized clinical trial. *Electronic physician*, *10*(5), 6749.

Eilenberg, T., Fink, P., Jensen, J. S., Rief, W., & Frostholm, L. (2016). Acceptance and commitment group therapy (ACT-G) for health anxiety: a randomized controlled trial. *Psychological medicine*, *46*(1), 103.

Eilenberg, T. (2016). Acceptance and Commitment Group Therapy (ACT-G) for health anxiety. Dan Med J, 63(10), B5294.

Fernández, E. M. A., Río, G. L., & Fernández, C. A. (2007). Propiedades psicométricas de la versión española del Inventario de Ansiedad Competitiva CSAI-2R en deportistas. *Psicothema, 19*(1), 150-155.

García, M. I. D., Fernández, M. Á. R., & Crespo, A. V. (2017). *Manual de técnicas y terapias cognitivo conductuales*. Desclée de Brouwer.

Gloster, A. T., Walder, N., Levin, M., Twohig, M., & Karekla, M. (2020). The Empirical Status of Acceptance and Commitment Therapy: A Review of Meta Analyses. *Journal of Contextual Behavioral Science*.

González Campos, G., Valdivia-Moral, P., Zagalaz Sánchez, M. L., & Romero Granados, S. (2015). La autoconfianza y el control del estrés en futbolistas: revisión de estudios. *Revista iberoamerciana del ejercicio y el deporte,(10) 1, 95-101*.

Gustafsson, H., Lundqvist, C., & Tod, D. (2017). Cognitive behavioral intervention in sport psychology: A case illustration of the exposure method with an elite athlete. *Journal of Sport Psychology in Action*, *8*(3), 152-162.

Hayes, S. C. (2015). *Terapia de aceptación y compromiso*. Desclée De Brouwer.

Hayes, S. (2016). Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive Therapies–Republished article. Behavior Therapy, 47, 869-885

Hayes, S. C. (2019). Acceptance and commitment therapy: towards a unified model of behavior change. *World psychiatry*, *18*(2), 226.

Jaramillo Tapia, A. J. (2018). *Ansiedad Competitiva y Autoeficacia en tenistas de alto rendimiento del Ecuador. Estudio Comparativo antes y durante el curso de competencias deportivas* (Bachelor's thesis, Pontificia Universidad Católica del Ecuador).

Jiménez, F. J. R. (2006). Aplicación de la Terapia de Aceptación y Compromiso (ACT) Para el Incremento del Rendimiento Ajedrecístico: un Estudio de Caso. *International Journal of Psychology and Psychological Therapy*, *6*(1), 77 97.

Luciano, C. (2016). Evolución de ACT. *Análisis y Modificación de Conducta*, *42*(165-6).

Mañas, I., del Águila, J., Franco, C., Gil, M. D., & Gil, C. (2017). Mindfulness y rendimiento deportivo. *Psychology, Society, & Education*, *6*(1), 41-53.

Núñez Peña, M. I. (2011). Diseños de investigación en Psicología.

García Mas, A., &. Núñez Prats, A. (2017). Relación entre el rendimiento y la ansiedad en el deporte: una revisión sistemática. RETOS. Nuevas Tendencias en Educación Física, Deporte y Recreación, (32).

Pulido Mata, F. J. (2015). Motivación y autoconfianza en deportistas.

Prozzillo, P., & Olivera, M. (2019). Flexibilidad Psicológica y Bienestar Subjetivo en el marco del Modelo de los Cinco Factores de la Personalidad y Espiritualidad: una relación por definir. *{PSOCIAL}*, *5*(2), 17-25.

Ribero-Marulanda, S., & Agudelo-Colorado, L. (2016). La aplicación de la terapia de aceptación y compromiso en dos casos de evitación experiencial. *Avances en Psicología Latinoamericana*, *34*(1), 29-46.

Rodriguez, A. P., & Babiano, M. G. (2019). Análisis e intervención en un caso de evitación experiencial. *Revista de Casos Clínicos en Salud Mental*, *7*(1), 2-19.

Salazar, M. C. R., & Ballesteros, Á. P. V. (2015). Efecto de una intervención ACT sobre la resistencia aeróbica y evitación experiencial en marchistas. *Revista costarricense de psicología*, *34*(2), 96-111.

Soriano, M. C. L., & Salas, M. S. V. (2006). La terapia de aceptación y compromiso (ACT). Fundamentos, características y evidencia. *Papeles del psicólogo*, *27*(2), 79-91.

Verdaguer, F. X. P., Más, A. G., Ramón, J. C., & Conti, J. V. (2017). Diferencias de sexo respecto de la ansiedad asociada a la competición deportiva. *Retos: nuevas tendencias en educación física, deporte y recreación*, (31), 193-196.

Wilson, K. G., & Soriano, M. C. L. (2014). *Terapia de aceptación y compromiso(ACT)*. Ediciones Pirámide.

Weinberg, R. S., & Gould, D. (2010). *Fundamentos De Psicologia Del Deporte Y Del Ejercicio Fisico/Fundamentals of Sport Psychology and Physical Exercise*. Ed. Médica Panamericana.

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