

Relations of Anthropometric and Conative (Normal and Pathological) Dimensions of Volleyball Junior Players

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Abstract

The main objective of this transversal study was to examine the relation of morphological and conative characteristics (normal and pathologic) factors in volleyball junior players. The data were collected on the sample of examinees (N = 126), aged 16 to 17 years from five volleyball clubs. The applied measuring instruments consisted of 23 anthropometric measures, 16 normal and 12 pathological conative variables. Descriptive statistics, Pearson's correlation coefficient and canonical correlation analysis were applied for data processing. The results showed that among the set of anthropometric characteristics and set of normal conative dimensions, with

Index terms— anthropometric characteristics, conative variables, volleyball players.

1 I. Introduction

In the last decade of the XXI century, relations between morphological characteristics and conative (normal and pathologic) factors of athletes arouse more and more attention in anthropological studies, as it is reflected in surveys conducted by: (Blaževik, 2006; Djurković, 2009; Djurković, 2009; Sing & Rathore, 2013; ontogenetic development in volleyball population, and specialization, i.e. defining characteristic team positions with specific tasks, which is proven by the research conducted by Žalacko & Stanković (2009).

Significant number of authors investigated anthropometric characteristics of volleyball players. Dopsaj et al. (2009) used methods of multivariate analysis, the researchers isolated latent dimensions in the field of anthropometry and determined their interdependence with other anthropological skills and characteristics of volleyball players. It has been determined that in this sports game, tall athletes, the ones with a greater arm and leg length have a certain advantage when compared to short athletes, or those with short extremities. Furthermore, athletes with greater amounts of fatty tissue are inferior in comparison to the ones with the same weight but unburdened by the unwanted fatty tissue.

Taking into account the influence of genetic and exogenous factors on anthropometric measures of volleyball players, a significant number of authors emphasizes their importance: Bandyopadhyay, 2007 (motivational component of attitudes refers to an individual's activities directed towards a specific object. Its effect can be positive or negative and harmonized with the knowledge and emotions related to that object. If the knowledge and emotions are favorable, people will try to bring positive actions in relation to the object, for example conative component can be directed from a tendency to help, support and protect the object to the tendency to destroy the object, as it is shown by research done by Blaževik, (2009), Kalach & Gontarev (2013) (2011). In these studies it is emphasized that the action and achievement of effective results during the match demand specific needs integrity of afore mentioned anthropological qualities. In his study, Čajić (2003) suggests that normal conative factors cause different forms of human behavior, and integrate ego and improve effective communication with the environment. Popović & Simonović (2008) find that normal conative characteristics are mutually related in the processes of excitation and prevention of potential of adjustment. On the other hand, inherited pathological conative characteristics cause disorders in unifying the personality, or disturb the balance between reducing and increasing of adaptive powers, according to a survey conducted by Horga, Čomić & Janković (1983).

4 A) DESCRIPTIVE DATA AND CORRELATIONS BETWEEN EXAMINED VARIABLES

45 The results of previous studies that have observed the relationship of cognitive and anthropometric variables
46 in adolescence are not consistent, many aspects still do not have final explanation, and this transversal
47 study investigates their linear relations. Further empirical research on the interaction of these anthropological
48 characteristics in junior volleyball players population are needed to fully shed light on the mechanism of their
49 correlates.

50 The aim of this research was to evaluate whether there were any statistically significant relations between the
51 system of morphological characteristics, normal conative characteristics and pathological conative characteristics
52 in the population of junior volleyball players. In order to achieve this goal, the authors of this paper assumed that
53 the systems of anthropometric characteristics and normal and pathological conative dimensions are statistically
54 significantly correlated.

55 2 II. Research Method and Procedures a) Examinees

56 The research involved 126 junior volleyball players, aged 16 to 17 years from five volleyball teams: super league
57 "Spartak" (Ljig); I League "elezni?ar" (Lajkovac); II League "Loznica" (Loznica), "Bravo" (Valjevo) and "Ub"
58 (UB). The average age of a suitable sample of examinees was 16.68 years (SD = 7. Anthropometric measurements
59 were performed according to the instructions and regulations of the International Biological Program, which was
60 formed by (Norton & Olds, 2004). Applied standard measuring instruments (anthropometer according to Martin's
61 scale for measuring height, medical decimal scale with sliding weights to measure body weight, Holtain flexible
62 measuring tape for body volume, Holtain Bicondylar Vernier caliper to measure the diameters of the bones and
63 caliper by John Bull for measuring skin folds), are calibrated before measuring. All morphological characteristics
64 were measured again, with the exception of skin folds, which were presented as the mean value after the three
65 consecutive measurements. The study was conducted in groups during regular trainings in May 2014.

66 Prior to the implementation of anthropometric measurements, the examinees were explained the aim of the
67 research, they were asked to participate and explained that they could give up whenever they want. On average,
68 anthropometric measurements lasted for 45 min. Examinees were first informed about the research and protection
69 of the anonymity of the data, after which they signed an agreement on participation in the study.

70 c) The sample of conative (normal and pathological variables)

71 In order to evaluate the normal conative characteristics, the 16PF battery was used (Cattell, Eber, & Tatsuoka,
72 1970) with first-order factors: Outgoing/reserved (A), High intelligence -low intelligence (B), Higher ego strength
73 -lower ego strength (C), Dominance -submissiveness (E), Surgency/desurgency (F), Stronger superego -weaker
74 superego (G), Bold (parmia) -shy (threctia) (H), Tender-minded (premsia) -tough-minded (I), Protension (L),
75 Autia (imaginative) -practical (M), Shrewdness -artlessness (N), Apprehensive (O), Radicalism -conservatism
76 (Q1), Self-sufficiency -group dependence (Q2), High selfconcept -low self-concept (Q3), Tense -relaxed (Q4).

77 Pathological conative characteristics were operationalized through the score for selected scales on a test of
78 pathological conative characteristics (Momirovi?, 1971), C.I.-N4 -the efficiency of the regulatory system and
79 control of organic functions (HI):Cardiovascular conversion (K10), Gastrointestinal conversion (G11), Inhibitory
80 conversion (I7),

81 Hypochondria (H13), the effectiveness of the regulatory system and the control of defensive reactions (ALPHA),
82 Anxiety (A1), Obsession (O3), Hypersensitivity (S5), Phobias (F2), the efficiency of the regulatory system and
83 the control of attack reactions (SIGMA), Impulsiveness (N14), Aggression (T15) and the effectiveness of the
84 system for the coordination of regulatory functions (DELTA), Paranoia (P18), Depression (D6).

85 3 III. Results

86 4 a) Descriptive data and correlations between examined vari- 87 ables

88 Results of morphological variables examined through descriptive statistical parameters are shown in Table 1a,
89 1b. Obtained values skewness and kurtosis indicate that there is no significant dispersion of the distribution
90 from normal Gaussian distribution (Tenjovi?, 2002). This indicates that the measuring instruments were well
91 suited for the measurement of anthropometric variables in volleyball junior players population, so that further
92 statistical analysis can be performed. Based on the analysis of the cross-correlation matrix (Table 6) we can note
93 statistically significant correlations between normal and pathological conative characteristics for the following
94 variables: affectia -sizia and depression ($r = .19$), dominance/submissiveness and cardiovascular conversion
95 ($r = .28$), dominance -submissiveness and gastrointestinal conversion ($r = .30$), dominance -submissiveness and
96 aggression ($r = .33$), surgency -desurgency and depression ($r = .40$),); stronger superego -weaker superego
97 and depression ($r = .29$),); stronger superego -weaker superego and hypersensitivity ($r = .30$), boldness-shy and
98 obsession ($r = .28$), protension and cardiovascular conversion ($r = .31$), shrewdness/artlessness and inhibitory
99 conversion ($r = .32$), apprehensive and aggression ($r = .33$), traditionalism/limeralism and hypochondria ($r =$
100 $.31$), self-sufficiency -group-adherence and obsession ($r = .39$) high selfcontrol-self-conflict and gastrointestinal
101 conversion ($r = .36$) and tense -relaxed and gastrointestinal conversion ($r = .42$). Therefore, obtained results
102 (with the probability level of $p < .05$) show low correlations between normal and pathological characteristics in
103 conative space. By solving the characteristic equations of the cross-correlation matrix (Table 6), as the roots

104 of this equation, two canonical factors were isolated. While studying the relations between the systems of
105 normal conative variables and systems of pathological conative variables relatively high canonical correlations
106 were determined for both isolated canonical factors ($R_c = .74$ and $R_c = .68$), and are statistically significant at
107 the $p < .05$ level. The squares of the canonical correlation (R_c^2), which explain the common variance of the variables of the two groups of the overall variability of the

108 analyzed systems of variables have a value of $R_c^2 = .51$, $R_c^2 = .45$. Having considered significant intensity
109 of canonical correlation and percent of mutual variance, it can be concluded, with the probability level higher
110 than 5%, that pathological conative characteristics of examiners were manifested more than normal conative
111 characteristics. Coefficients within the set of anthropometric variables that show correlation between manifested
112 variable with a canonical function, range from 0.30 to 0.61. Foot length (0.61) and arm length (0.40), show
113 dominant negative correlations of low and moderate intensity with the first canonical factor, whereas hand width
114 (0.37), wrist diameter (0.33) and knee diameter (0.32), have positive correlation, whereas lower leg volume (0.30) is
115 placed at the sixth position. Other anthropometric variables are not statistically significant for this canonical
116 dimension. Having considered significant results, as well as the classification of morphological types in the
117 research done by Isigoj-Durakovic (2008), this latent dimension can be hypothetically defined as a bipolar
118 ectomesomorphic morphological factor (longitudinal Volume XV Issue I Version I dimensionality of the skeleton
119 and transversal dimensionality of the skeleton).

120 The second canonical function is presented in the same matrix of canonical structure. It involves seven normal
121 conative variables. They range from 0.30 to 0.46 and show negative mutual linear correlation between original
122 variable and isolated canonical function. "Most responsible" variables with negative and low correlation with this
123 canonical function are: protension (0.48) and boldness (parmia)-shy (0.46), higher intelligence-lower intelligence
124 (0.39), affective-sizistia (0.38), tense-relaxed (0.37), whereas the results tender-minded (premsia)-tough-minded (0.35)
125 and self-sufficiency-group dependence (0.30) are at the last position. The set of the second pair of normal conative
126 factors cannot be precisely explained because of the combinations of complex and latent 'psychological nature'.
127 However, obtained results show that it can be theoretically interpreted as a factor of extroversion-introversion and
128 anxiety.

129 Obtained results presented in Table ?? show statistically significant and low linear correlation between analyzed
130 normal and pathological variables of the first and second canonical function.

131 Coefficients that show mutual linear relations between normal conative variables and the first canonical function
132 range from 0.32 to 0.46. On the basis of the obtained results contained within the matrix of the canonical
133 structure of normal and pathological conative variables, we can note statistically significant correlations between
134 the applied variables of the first and second canonical factor. The first canonical factor in the space of normal
135 conative variables was defined with the variables of high intelligence -low intelligence (0.46), higher ego -lower
136 ego (0.43), bold (parmia)shy (0.41), tender-minded (premsia) -tough-minded (0.37), whereas, protension is at the
137 final position (0.30). So that it could be defined as the canonical factor which characterizes volleyball players in
138 relation to intelligence, ego, boldness, tough-mindedness and protension.

139 The second canonical function is defined by four normal conative variables with positive correlation coefficients
140 ranging from 0.32 to 0.46. Most dominant variables are: tense-relaxed (0.61), self-sufficiency group adherence (0.47)
141 high self-control -self-conflict (0.46), whereas the result shrewdness -artlessness (0.32) has the minimum influence
142 on this function. Therefore, latent structure of junior volleyball players can be theoretically explained as a factor
143 of introspection and shrewdness -artlessness.

144 Year 2015 depression has the lowest contribution (0.48). Therefore, latent structure of junior volleyball players
145 can be theoretically labeled as a factor of the regulation of reactions such as defense and attack.

146 The results of this transversal study are similar to those obtained by the research done by Stankoci et al.
147 (2013).

149 5 IV. Discussions

150 Investigation and identification of potential mechanisms for the realization of morphological, normal and
151 pathological conative dimensions in volleyball population is of great theoretical and practical importance. Success
152 in performing sports activities depends on the personality dimensions governed by the modalities of its behavior.
153 Researches done by the authors: Blažević, (2009) For an explanation of canonically statistically significant
154 relations between morphological and conative factors standard rule that a linear increase in the value of the
155 resulting vector of variables of the first canonical factor from the first analyzed area corresponds to a proportional
156 linear increase of the value of the resultant vector of the variables of canonical factors from another analyzed
157 area and vice versa (Fajgelj, 2003) should be taken into account.

158 Based on the results contained in the matrix of the canonical structure of anthropometric and normal conative
159 variables we can note a statistically significant correlation between the anthropometric variables and the first
160 canonical factor. The relations between the first canonical factor from the system of anthropometric variables,
161 interpreted as the bipolar canonical factor of the ectomesomorphic morphological type and the first canonical
162 factor from the system of normal conative factors, interpreted as the canonical factor of extraversion -introversion
163 and anxiety indicates that volleyball players of the ectomesomorphic type are characterized at one end by
164 longitudinal measures and on the other by transversal dimensionality of the volume of the femoral region with
165 an increase in the value of the conative variables of extraversion and decreased anxiety.

6 V. CONCLUSIONS AND RECOMMENDATIONS

166 On the basis of the results obtained and contained within the matrix of the canonical structure of normal and
167 pathological conative variables, we can note statistically significant correlations between the measured variables
168 in the case of the first and second canonical factor. The first canonical factor in the space of normal conative
169 variables can be defined as the canonical factor which characterizes volleyball players in relation to intelligence,
170 ego, boldness, tough mindedness and protension. The second one can be interpreted as a factor of introspection
171 and tendermindedness -tough-mindedness.

172 The first canonical factor in the space of pathological conative variables can be defined as a canonical factor
173 of effectiveness of the system for the regulation and control of organ function and regulatory function, while the
174 second canonical factor can be interpreted as a canonical factor of the regulator of the reactions of defense and
175 attack. The structure of the correlations indicate that among the volleyball players with more pronounced warm
176 types of behavior, who are more polite, considerate of others, there was an increase in the scores for depression, as
177 with those who indicated more pronounced liveliness and impulsiveness and expressiveness. Volleyball players who
178 usually manifest dominant, competitive, assertive or even aggressive behavior face a greater danger of developing
179 one of the conversions (cardiovascular, gastrointestinal or inhibitory) and are more prone to anxiety. Those who
180 are more moral individuals and who have more respect for the rules are more prone to hypersensitivity, and those
181 who are shyless and adventurous score higher for obsession. Those who are suspicious and skeptical indicate
182 a higher inclination towards cardiovascular conversion. The more agile, inquisitive, and discrete participants
183 indicated a greater tendency for inhibitory conversion, anxiety, phobia and impulsive reactions. Those who were
184 more worried, more insecure, often blaming themselves for everything were less prone to aggression. Those who
185 were more open to change, more liberal, more analytical and critical volleyball players scored lower values for
186 hypochondria, obsession and paranoia. The participants who were more self-satisfied and more self-confident were
187 more prone to obsession, and those with a tendency for perfection, compulsion and self-discipline, who showed
188 a tendency towards more dominant behavior with a lot of self-pity were at a higher risk of gastrointestinal and
189 inhibitory conversion and were more impulsive. Tense, energetic, impatient volleyball players more frequently
190 Volume XV Issue I Version I 32 (A) develop gastrointestinal conversion, hypochondria and phobias.

191 Although the canonical results of this study section are expected and correspond with previous research studies,
192 it is important to note several methodological shortcomings of this study. The biggest limitation is the relatively
193 small size of the sample of examinees limited by age (16 and 17 year old), composed exclusively of male volleyball
194 players. This structure of the sample greatly reduces the generalization of the results so that the obtained results
195 are to be taken with some reserve. Realistic data could be obtained by experimental research in laboratory and
196 real life conditions.

197 Finally, we should add that future longitudinal research should include other morphological and conative
198 variables, an equal number of males and females in the population of volleyball players, without age limitation,
199 which would apply the same or similar methodology, in order to get a greater probability of more reliable statistical
200 conclusions about the complex relations of the examined phenomena.

201 6 V. Conclusions and Recommendations

202 The results of an empirical research emphasize some important aspects of linear correlations between morphological,
203 normal and pathological conative characteristics. Several conclusions are made according to these findings
204 and their interpretation.

205 According to the results of applied canonical correlation analysis, this transversal study isolated The results
206 obtained in this study speak of the fact that volleyball players of the ectomesomorphic type are characterized at
207 the one end, by longitudinal measures and at the other the dimensionality and volume of the femoral region if they
208 are extrovert and non-anxious. In the case of volleyball players of this rank of competition, who show pronounced
209 signs of warm behavior, who are more polite, considerate of others, there is an increase in the scores for depression,
210 as in the case of those who indicate pronounced liveliness and impulsiveness and expressiveness. Volleyball players
211 who frequently manifest dominant, competitive, assertive or even aggressive behavior are more prone to anxiety.
212 Those who have higher morals and more respect for the rules are more prone to hypersensitivity, and those who
213 are shyless and adventurous score higher values on the score for obsession. Tense, energetic, impatient volleyball
214 players more frequently develop gastrointestinal conversion, hypochondria and phobia.

215 Thus, the initial hypothesis of this transversal study on significantly linked set of anthropometric characteristics
216 and a set of normal and pathological conative dimensions, is absolutely proven. The findings are partially
217 consistent with previous studies of relations between morphological and conative (normal and pathologic) factors
218 in our country and abroad.

219 Based on the results of relations, it is concluded that despite certain methodological limitations (section study
220 design, relatively small and suitable sample, age limitation, mostly male examinees), our research can contribute to
221 the development of predictive model of morphological, normal and pathological conative dimensions in volleyball
222 junior population. Finally, additional longitudinal studies may provide more accurate results, which might
223 significant at the theoretical level -in terms of further development of theoretical and methodological approach
224 to these issues, and in the empirical sense, since statistically significant linear correlations between examined
225 constructs could be noticed if greater population of both genders would be included. ¹

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Figure 1:

Figure 2:

Figure 3:

6 V. CONCLUSIONS AND RECOMMENDATIONS

1

Variables	Body height (cm)	Leg length (cm)	M	1820.08	61.785	1631	SD	Min	1033.06	47.929	942	Max	Sk	-.257	.263	Ku
												1963				.295
												1182				.301
Habd length (cm)			196.34		11.231	171						239	.572	1.287		
Foot length (cm)	Arm length (cm)		280,35	783.06	13,005	261						319	.799	-.207	-.219	.55
	Biacromial range (cm)		409.86	92.19	50.040	689						879				
	Foot width (cm)		92.56	75.06	29.871	311						539				
	Knee diameter (cm)				7.916	68						111				
	Elbow diameter (cm)				5.878	75						106				
					6.606	61						89				
Wrist diameter (cm)			59.04		2.927	52						69	.193			.149
Body mass (kg)			78.543	111.065	549							1079	.393			-
																.312
Bicristal range (cm)			300.03		26.008	244						389	.728	2.212		
Nad width (cm)			86.00		5.437	74						99	.088			-
																.353

[Note: © 2015 Global Journals Inc. (US) -Legend: AS -aritjmetic mean; SD -standrd deviation; Min -minimum; Max -maximum?; Sk -skeweniss, Ku -]

Figure 4: Table 1 :

3

normal conative variables (raw results)	M	SD
Variables		
Affectia?szia (?)	13.05	9.114
High intelligence?low intelligence (?)	6.96	1.985
Stronger ego?weaker ego (C)	15.92	3.786
Dominance?submissiveness(?)	14.784	3.992
Surgency-desurgency (F)	14.888	3.651
Stronger superego -weaker superego (G)	10.03	2.063
Boldness?parmia (H)	16.06	4.115
Tender-minded?premsia (I)		
Protension (L)	9.876	3.006
?utia?imaginative	9.993	2.787
Shrewdness?artlessness (?)		
Shrewdness-artlessness (N)	11.04	2.443
Apprehensive (O)	9.982	2.899
Traditionalism?liberalism(Q 1)	8.98	3.007
Self-sufficiency?group adherence (Q 2)	9.99	2.826
High self-control?self conflict (Q 3)	13.01	2.900
Tense-relaxed (Q 4)	10.12	4.05

Figure 5: Table 3 :

4

Canonical function	canonical factors			
	R _c	R _c ²	χ ²	p
1	.77	.59	439.05	.05

Legend: canonical correlation coefficient (R_c), canonical coefficient of determination (R_c²), the value of Bartlett's χ²-test, level of significance, i.e. the proportion of error in reasoning (p)

Figure 7: Table 4 :

6

Canonical function	canonical factors			
	R _c	R _c ²	χ ²	p
1	.74	.51	256.12	.05
2	.68	.45	201.26	.05

Legend: canonical correlation coefficient (R_c), canonical coefficient of determination (R_c²), the value of Bartlett's χ²-test, level of significance, i.e. the proportion of error in reasoning (p)

The results presented in (Table 7) show mutual relations between individual morphological and normal conative variables and the first isolated canonical function.

Figure 8: Table 6 :

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7

Morphological variables	Canocvical function 1	Normal conative factors	Canocical function 2
Body height	-.10	?ffectia??izia	-.38
Leg length	-.15	High imtelligence?low intelligence	-.39
Hand length	.11	Higher ego?weaker ego	.09
Foot length	-.61	Dominance?submissiveness	-.18
Arm length	-.40	Surgency?desurgency	.05
Biacromial range	-.12	Higher super ego?weaker super ego	-.04
Bicristal range	.10	Bold (parmia)?shy	-.46
Hand width	.37	Tender -minded (premsia)?tough-minded	-.35
Wrist diameter	.33	Protension	-.48
Elbow diameter	.09	?utia (imaginative) ?practical	.03
Knee diameter	.32	Shrewdness (phitmia) ?artlessness	-.21
Foot width	.03	Apprehensive	-.01
Body mass	-.01	?raditionalism ?liberalism	.11
Upper arm volume	.07	Self-sufficiency?group dependance	-.30
Lower arm volume	.13	High self-control?self conflict	-.04
Upper leg volume	.11	Tense?relaxed	-.37
Lower leg volume	.30		
Average thorax volume	.02		
Morphological variables	Canocvica	Normal conative factors	Canocical
	func-		
	tion		
	1		
			function
			2
Upper arm skinfold	-.06		
B ack skinfold	-.00		
Armpit skinfold	.08		
Anbdominal skinfold	-.09		
Lower leg skinfold	-.04		

Figure 9: Table 7 :

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6 V. CONCLUSIONS AND RECOMMENDATIONS

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