



مجلة جامعة ذي قار لعلم التربية البدنية  
مجلة علمية محكمة تصدرها كلية التربية البدنية وعلوم الرياضة



## *Mood disorders among the players of some Thi Qar University teams*

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### **ABSTRACT**

Sports psychology is one of the important fields in sports activity and has a fundamental and important role in addressing many issues that stand in the way of athletes and achieving the desired level for them in all sports events, because it is a science that sails in the same player to know his secrets, and this contributes to building the player's personality in an integrated way to be more prepared or prepared to deal with the circumstances that face him.

Mood disorders are a group of psychological conditions that affect an individual's emotional state and lead to noticeable changes in mood, energy, and behavior.

The university stage is one of the most important stages of a student's life, as it has a great impact on shaping his personality and determining his future path. In the midst of this stage, students face many psychological, social, and scientific challenges, which may negatively affect their psychological stability and daily behavior. Mood disorders are one of the most prominent psychological problems that students may suffer from, as they have a direct impact on their academic performance, social interaction, and general health.

Published online:  
20/ 12/2025

Keywords:  
*Thi Qar*

*Psychology*

*teams*

**Research Introduction and Importance:**

Sports psychology is one of the important fields in sports activity and has a fundamental and important role in addressing many issues that stand in the way of athletes and achieving the desired level for them in all sports events, because it is a science that sails in the same player to know his secrets, and this contributes to building the player's personality in an integrated way to be more prepared or prepared to deal with the circumstances that face him.

Mood disorders are a group of psychological conditions that affect an individual's emotional state and lead to noticeable changes in mood, energy, and behavior.

The university stage is one of the most important stages of a student's life, as it has a great impact on shaping his personality and determining his future path. In the midst of this stage, students face many psychological, social, and scientific challenges, which may negatively affect their psychological stability and daily behavior. Mood disorders are one of the most prominent psychological problems that students may suffer from, as they have a direct impact on their academic performance, social interaction, and general health.

Students of the Faculty of Physical Education and Sport Sciences in particular are exposed to multiple pressures, including academic, physical and psychological due to the study requirements that combine mental and physical activity, which makes them more susceptible to psychological and mood stress, so the study of mood disorders in this context is of great importance to understand the nature of these disorders and their impact on this category and to seek to present.

The importance of this research is manifested in the extent of the prevalence of mood disorders among players, which contributes to revealing psychological aspects that may be neglected in the general evaluation of players' performance, shedding light on the reality of the disorder, which may be neglected or unnoticed in academic contexts, and contributing to improving the university environment by providing accurate data that helps specialists in the field of psychological and educational counseling to provide the necessary support to students, enhancing the academic and physical performance of students by raising awareness of the importance of psychological balance. and temperamental.

**Research Problem:**

University teams are one of the main pillars in developing students' sports skills and promoting the spirit of competition and teamwork. However, participation in these teams may expose student-athletes to multiple psychological pressures, such as performance pressure, coaches' expectations, reconciling study and training, in addition to the pressure of matches and competitions, which may lead to mood disorders that affect their psychological stability and athletic performance.

Despite the importance of the psychological aspect in the field of sports, the issue of mood disorders among university team players still receives limited attention, especially in the local context of Dhi Qar University. Hence the problem of research in an attempt to uncover the nature of mood disorders among some university team players and to question the extent to which these disorders affect their performance and athletic and social integration.

Accordingly, the research problem can be formulated in the following main question: What is the nature of mood disorders among the players of some of the Dhi Qar University teams, and what are the factors that contribute to its appearance or exacerbation?

**1-3 Research Objectives:**

- 1- Building a Scale for Mood Disorders among Players of Some Dhi Qar University Teams
- 2- Identifying Mood Disorders in Players of Some Teams / Dhi Qar University and by Type of Game

**1-4 Research Areas:**

- 1- Human Field: Players of some of the Dhi Qar University teams for the academic year 2025/2026
- 2- Spatial Field: Sports Arenas and Stadiums. Faculty of Physical Education and Sport Sciences / Dhi Qar University for the Academic Year 2024/2025
- 3- Temporal Domain: From 1/6/2025 to 1/10/2025.

**Theoretical Studies:****The Concept of Mood Disorders**

Interest in mood disorders began a long time ago, as we find in ancient civilizations and through quick readings in the development of human thought that the Greeks and Romans knew melancholy before (500) BC and their thinkers have described and classified it, so we find for example Hippocrates developed what is known as his theory of the four humors (bloody, phlegmatic, bile and melancholy ) and tried to research its relationship with mood and began to point out that the disorder in it is responsible for mental illness. Galen divided people's behavior into four moods, and each mood has a certain character: the bloody is very moving and impulsive, the bile is quick to anger, the phlegmatic is the blade of movement, and the melancholy tends to be sad and depressed.<sup>1</sup>

In the second century AD, the connection between mania and melancholia was distinguished and recorded, and we find in the Old Testament a mention of the cases of depression that describe what we call today mood disorders through the story of King (Sol) who describes the symptoms of depression in his discussion of the story of the suicide of (Ajax) in Homer's Iliad around 450 BC, while the Arabs had great and unprecedented efforts in this field, which was manifested in the interests of their doctors in discovering many diseases by identifying their symptoms and researching and prescribing their treatment For example, Ibn Sina and Abu Bakr al-Razi described depression, anxiety, suicidal tendencies and emotions as diseases that have their own entity and are distinct from other diseases, and suggested medical treatments as well as psychological therapies with rest, relaxation and faith.

**Causes of mood disorders:**

The causes of mood disorders were not an easy matter, as they have occupied researchers and scientists since ancient times, and they have tried to explain them and find a cure for them, knowing that it is rare that the cause of the disorder is a single factor, but the causes are so numerous that it is difficult to separate them, and we will address some of these causes in some brief, in addition to the auxiliary factors that affect the weak

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<sup>(1)</sup> Talaat Al-Wazna: *Geriatric Disease, Rehabilitation and Care*, 1st Edition, Saudi Arabia, Health Rehabilitation Series, Ministry of Labor and Social Affairs, 1999.

emotional aspects in the psychological formation such as crises, emotional traumas, and critical stages in the individual's life (2)

### **Research Methodology:**

The researcher chose the descriptive method with the survey method to solve the problem of his research because it suits the nature of the problem **Research community and samples**

The researcher used the research community in the deliberate method (comprehensive inventory) of some of the teams of Dhi Qar University (the research population was identified, which are the players of the Dhi Qar University teams (football, basketball, handball, volleyball), which are (70) players for the academic year 2024/2025.

- The construction sample is 60 players from the Dhi Qar University national team
- The sample of the exploratory experiment was 5 players (2 volleyball players and 3 handball players)
- The sample of the application of the scale is 60 players from the same construction sample after the passage of a period of time of 21 days.

### **Research Tools**

1- **Means of collecting information:** - Arab and foreign sources and references, previous studies and researches, the International Information Network (Internet).

2- **Data collection methods:** - Personal interview, questionnaire form, - Registration form

3. **Data analysis methods:** statistical methods, electronic and manual calculator software.

### **Purpose of Scale Construction**

Therefore, the researcher had to identify mood disorders and then prepare a scale that is characterized by accuracy and comprehensiveness in measuring mood disorders among the players of some teams / Dhi Qar University

### **Determining the phenomenon to be studied**

The phenomenon to be studied should be determined, its concept and limits should be completely clear, and the phenomenon to be studied (mood disorders) has been relied upon by the researcher on the theoretical framework.

### **Procedures for building a mood disorders scale:**

For the purpose of designing and building a scale of mood disorders among the players of some of the Dhi Qar University teams, the researcher followed the following:

- 1- Determining the goal of the scale is to identify the mood disorders of the players
- 2- Define the expertise approach based on the expertise of specialists by collecting data and opinions used through what brings together experts and specialists in the subject, design and construction of the scale.
- 3- The researcher used the self-esteem method in building and designing the scale, i.e. he relied on the self-concept as it appears to the individual himself and not as it seems to others, and that his emotional experience is able to express his need.

### **Identifying the Areas of the Mood Disorders Scale:**

After reviewing many sources and related researches and the expertise of the specialists, the researcher identified the following components

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<sup>(2)</sup> Eysennick: Truth and Illusion in Psychology, translated by Qadri Haqqi Raouf, Dar Al-Ma'arif, Cairo, 1969.

- 1- Personal disorders
- 2- Emotional Disorders
- 3- Emotional Disorders
- 4- Behavioral disorders
- 5- Social unrest

### **Preparing the paragraphs of the scale**

After reviewing some relevant sources and studies and conducting personal interviews with a group of experts and specialists, the researcher relied on foundations in formulating the paragraphs of the scale.

- The paragraphs should be related to the specific objectives of the study and cover all dimensions and areas related to the topic

Paragraphs shall be drafted in a manner that serves the purpose of the scale-

The paragraphs are drafted in clear and simple language that suits the target group.

Avoid using complex or ambiguous terms that may lead to misinterpretations.

50 items were formulated for the Mood Disorders Scale and each area had 10 items.

### **Validity of the paragraphs of the Mood Disorders Scale for Experts:**

The initial version of the scale was presented to a group of experts and specialists in psychology and sports psychology in order to ensure the validity of the paragraphs of the scale and the extent of their suitability for the component in which they were placed and to judge them in terms of whether they are valid or not, as in Appendix (1) and after the experts and specialists started their answers and observations on the paragraphs of the scale, it appeared that those who agree on them by 80% or more of the experts and specialists are considered acceptable by (8) experts

### **Choosing the Grading Scale:**

After reviewing a set of scales, the researcher determined the five-point rating scale for the disorders scale because it gives multiple choices and reduces the degree of guessing, (to a very large degree, to a large degree, to a moderate degree, to a low degree, to a very low degree, to a very low degree), and the answers of the experts supported this type of scale proposed because there was a percentage of agreement (100%) of the experts' opinion.

The scale has been corrected according to the respondent's indication on the grading scale, and the paragraphs will be in two directions, negative and positive, and the reason for the formulation so that the respondent's response does not follow the same pace.

### **Table (3)**

### **Direction and System of Alternatives to Mood Disorders Scale Paragraphs**

To a very small degree	To a lesser degree	Medium	To a large extent	To a very large extent	Paragraph direction
1	2	3	4	5	Positive
5	4	3	2	1	Negative

#### Linguistic validity of the paragraphs:

After completing the drafting of the paragraphs in their final form, and after completing the responses of experts and specialists and making amendments to them, the researcher presented all the paragraphs to a specialist in Arabic in order to be linguistically correct and free of spelling mistakes.

#### Exploratory Experience:

The researcher conducted a preliminary exploratory experiment on a sample of (5) players, with the aim of testing the validity of a tool in terms of clarity, ease of understanding, and its suitability to measure the two research variables. This exploratory experiment has helped to:

1. Ensure that the wording used in the questionnaire paragraphs is clear and there is no ambiguity or ambiguity.
2. Determine the time required to respond to the questionnaire accurately.

#### Statistical analysis of the paragraphs of the scale:

In order to reveal the accuracy of the paragraphs of the scale and what they were designed for, the researcher analyzed the paragraphs statistically to reveal their ability to distinguish and their relationship with the total score of each scale, and the researcher adopted the method of the two peripheral groups and internal consistency.

#### The discriminating power of the paragraphs of the scale

For the purpose of calculating the discriminating power, the alternative score was given to the respondent for each of the paragraphs of the scale, and then the scores of the paragraphs were added to each individual of the sample, representing the total score of the individual.

- The scores obtained by the sample members were arranged in descending order from top to lowest
- Two sets of scores were taken, one representing 27% of the individuals with the highest scores and the other 27% of the individuals with the lowest scores.

To calculate the power of paragraph discrimination, we apply the equation <sup>(3)</sup>

**M.A.-M.D.**

**T = -----**

1/2K

**T = Paragraph Discrimination Strength****GA = the sum of the correct answers for the top group****MD = the sum of the correct answers for the lowest group****2/1 K = Half of the individuals in both the upper and lower groups**

Table ( 1 )

**The discriminating power of the paragraphs of the scale using the law of paragraph discrimination**

Differentiating Power	t						
0,56	40	1,04	27	2,88	14	1,68	1
2,04	41	0,80	28	1,68	15	3,64	2
1,12	42	0,84	29	2,44	16	0,56	3
2,88	43	1,56	30	0,52	17	2,72	4
1,56	44	1,48	31	1,54	18	0,52	5
1,72	45	1,04	32	3,12	19	3,52	6
1,24	46	2,16	33	1,52	20	3,08	7
1,04	47	1,24	34	2,24	21	0,72	8
2,16	48	1,12	35	1,64	22	2,56	9
0,88	49	1,81	36	1,96	23	1,12	10
1,52	50	0,76	37	2,40	24	1,92	11
		2,72	38	1,12	25	2,28	12
		1,20	39	0,80	26	1,28	13

After completing the statistical operations to extract the paragraph discrimination coefficient, the scores ranged from (0.52-3.64). (Ebel (1972) set values for the paragraph discrimination coefficient in which the paragraph is considered very good when its discriminating power is (0.40) or more, and for this reason, the researcher adopted this coefficient and all the paragraphs had a discriminating coefficient of more than (0.40).

**Internal consistency**

It means "the correlation of each paragraph with the scale as a whole and the consistency of the paragraphs confirms that all the paragraphs measure the same thing to be measured<sup>4</sup>." This index was extracted using the significance of the correlation coefficient (Pearson) between the score of each item and the total score of the scale by the statistical package (SPSS).

Table ( 3 )

**Shows the internal consistency coefficient of the paragraphs of the scale**

Significance	Correlation coefficient	t	Significance	Correlation coefficient	t
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- Mohamed Nasr Al-Din Radwa0,000 N: Introduction to Measurement in the 45th Edition of Physical <sup>4</sup> and Athletic Training, 1st Edition, Cairo, Al-Kitab Center for Publishing, 2006, p. 46.

0,000	0,62	26	0,000	0,96	1
0,000	0,61	27	0,003	0,51	2
0,002	0,55	28	0,004	0,49	3
0,000	0,66	29	0,002	0,55	4
0,000	0,64	30	0,000	0,70	5
0,001	0,60	31	0,001	0,58	6
0,005	0,47	32	0,000	0,80	7
0,003	0,50	33	0,003	0,65	8
0,000	0,65	34	0,005	0,50	9
0,000	0,63	35	0,002	0,46	10
0,003	0,51	36	0,000	0,52	11
0,001	0,57	37	0,000	0,61	12
0,001	0,59	38	0,000	0,63	13
0,002	0,55	39	0,002	0,64	14
0,000	0,68	40	0,000	0,55	15
0,002	0,53	41	0,001	0,67	16
0,000	0,62	42	0,002	0,59	17
0,001	0,60	43	0,002	0,54	18
0,001	0,60	44	0,000	0,56	19
0,000	0,54	45	0,000	0,69	20
0,000	0,66	46	0,002	0,53	21
0,000	0,66	47	0,002	0,66	22
0,006	0,57	48	0,002	0,64	23
0,001	0,68	49	0,001	0,59	24
0,004	0,58	50	0,000	0,62	25

1- **Apparent honesty:** This type of coincidence was achieved when the scale was presented to a group of (5) sports psychologists, and the approval was obtained with the agreement of 100% of the members of the expert committee.

2-**Consistency:** The researcher extracted the stability of the test by the half-segmentation method: use odd paragraphs versus even paragraphs, which require a one-time test application, which is one of the most used methods to find the stability coefficient

**Table (4)**

**Correlation and Stability Coefficient for Mood Disorders Scale**

Gethman	Pearson	Cronbach for the second half	Cronbach for the first half
0,922	0,901	0,882	0,921

**Final Application of the Scale**

The scale was applied in its final form to the application sample of 60 players from the players of the Dhi Qar University teams (football, basketball, handball, volleyball) and the data were collected, emptied, processed statistically, and the results were extracted

#### Statistical Methods:

- Statistical Package (SPSS) for statistical results

#### Presentation, analysis and discussion of the results:

This section includes the presentation, analysis and discussion of the results, according to the data obtained, after the completion of the application of the necessary procedures, and these results have been converted into a table, as it is an illustrative tool for the research

#### Table (5)

Shows the mean and standard deviation of the Mood Disorders Scale

The players of some of the teams of Dhi Qar University

Torsion	Standard Error	The hypothetical medium	Standard deviation	Arithmetic mean	Sample	Scale
0,329	3,332	100	9,601	143,445	60	Mood disorders

The researcher attributes the existence of a percentage of mood disorders among the players of the Dhi Qar University teams to a number of psychological, social and physical factors that the university athlete is exposed to, which represent accumulated pressures that directly and indirectly affect his psychological stability. The athlete is required to maintain a good academic level, succeed in exams, and interact positively with colleagues and faculty members, and at the same time is required to adhere to intensive training schedules, develop his physical, mental and planning skills and abilities, with high psychological readiness to compete in sports competitions that may Feelings of fear of academic or athletic failure, anxiety resulting from performance evaluation, and the stress associated with preparing for tournaments are among the most prominent factors that contribute to creating a state of instability in the general mood of the individual athlete. As you continue to be exposed to these stressors without effective coping strategies or adequate psychological support, the condition may develop into mood disorders that manifest themselves in various forms such as depression, chronic anxiety, or severe mood swings

Ali Hussain (2018) mentions that these disorders do not only affect the psychological aspect of the individual, but their effects extend to his sports, academic, and social performance, which requires special attention by the concerned authorities such as the coaching staff, university administrations, and sports psychologists, to provide a balanced

environment that contributes to achieving the mental health of the players and enhances their ability to adapt and achieve in various areas of their lives<sup>5</sup>.

**Table (6)**  
**Shows the mean and standard deviation of the Mood Disorders Scale**  
**The players of some of the teams of Dhi Qar University**

Ranking	Standard deviation	Arithmetic mean	Sample	Mood disorders
First	4,776	154,781	23	Football
The second	2,390	144,582	14	Basketball
Fourth	2,228	132,470	11	Handball
The third	1,989	142,353	12	Volleyball

The table shows that soccer players have the highest mood disorders because the game of soccer is very popular and attention-grabbing, which puts its players under simultaneous fan and academic pressure. This pressure is embodied in the high expectations of coaches, teammates, and fans, which leads to constant tension in addition to overlapping responsibilities. The university player is not limited to athletic performance only, but must balance academic study with athletic requirements, which creates complex psychological pressure that is difficult to bear. Plenty of matches and training, coupled with constant physical and mental readiness, increases the likelihood of mood disorders such as anxiety, stress and temporary depression. University environment and community Socio-economic factors in Dhi Qar may affect the psychological state of the players, such as family pressures, societal issues, or limited resources, increasing the likelihood of mood disorders.

Basketball players came in second because basketball requires high concentration and constant reaction speed, which generates a special psychological pressure, especially in critical situations. These pressures may be a little less than in football, but they are still noticeable. In addition to the frequent substitutions within the match and the pressure of performance in short periods of time add a psychological burden. Academic adjustment challenges:

Although the number of players is smaller than football, the balance of study and training is a major challenge for the players, which is reflected in their mood.

Volleyball players came in third place because of the nature of team play: volleyball relies heavily on cooperation and communication between players, which can alleviate the feeling of individual pressure. Distribution of

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-Ali Hussein. (2018). *Psychological Stress and its Relationship with Mood Disorders in University Athletes*. Journal of Educational and Psychological Sciences, University of Baghdad, Issue (25), pp. 78–95<sup>5</sup>

responsibilities: Volleyball players have fewer responsibilities individually than in football or basketball, and this may reduce the severity of mood disorders. Sample size and interest: Although team activity is ongoing, the smaller number of players compared to football and basketball, as well as university orientation, may mean relatively less pressure.

Handball players are less likely to have mood disorders, and the researcher attributes it to the small team size and limited responsibilities: The handball team has the fewest players, which may mean more communication and mutual psychological support between individuals, which reduces the feeling of pressure. Lack of societal and academic expectations: Handball may not receive the same amount of attention or expectations from the fans or the university administration, which relieves the psychological pressure on the At Dhi Qar University, handball may be less susceptible to social stressors than other sports, which contributes to a lower rate of mood disorders.

## **Conclusions and recommendations**

### **Conclusions**

- 1- The scale prepared by the researcher is capable of detecting mood disorders among the players of the Dhi Qar University teams
2. Soccer players suffer from the highest levels of mood disorders
- 3 Basketball players rank second in mood disorders
- 4- Volleyball players are less psychologically disturbed compared to football and basketball
- 5- Handball players are the least moody

### **Recommendations**

1. Providing continuous psychological support to the players: Appointing sports psychologists to accompany sports teams, especially football and basketball teams.
2. Organizing the balance between the academic and sports sides: Better coordination between colleges and sports units to ensure that tests or academic tasks do not overlap with training or tournaments.

3. Improving the sports environment by providing appropriate training facilities that help reduce stress (halls, rest rooms, comfortable spaces).
4. Conducting continuous follow-up studies: Encouraging researchers to conduct periodic studies to monitor the development of athletes' psychological state and identify new changes and needs.

### Sources

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Personal disorders						
To a very small degree	To a lesser degree	Medium	To a large extent	To a very large extent	Paragraph	t
					I feel like I don't know who I really am on and off the field	1
					I change a lot in my personality depending on situations or people	2
					I find it difficult to make personal decisions without too much hesitation	3
					I find it difficult to make personal decisions without too much hesitation	4
					Sometimes I hate myself for my actions while playing	5
					I blame myself for everything, even the things I don't control.	6
					I feel like a completely different person outside of the gameplay	7
					I lack a sense of confidence in who I am as a player	8

					I live in a state of distraction and instability in my personality	9
					I'm always confused about what I really want from my athletic career.	10
<b>Emotional Disorders</b>						
					Explode in anger over small things while playing	11
					I find it hard to calm myself down after being emotional	12
					I exaggerate my reaction when my performance is criticized	13
					My mood quickly fluctuates between joy and anger	14
					Sometimes I feel like my feelings are out of my control	15
					I regret my emotional actions after the match	16
					I get nervous quickly in front of an audience or while pressing	17
					I'm having trouble expressing my feelings calmly	18
					I get easily annoyed by the actions of my teammates	19
					Show strong emotions even in situations that don't require it	20
<b>Mood disorders</b>						
					I feel sad for no apparent reason sometimes	21
					Sometimes I wake up without wanting to train or play	22
					I feel a loss of passion for sports	23
					I have negative thoughts about my sporting future	24
					I feel empty even after winning	25
					I get very nervous before every game	26
					I think a lot about failure more than success	27
					I feel more mentally tired than physically	28
					Sometimes I cry or suppress my feelings painfully	29
					I feel lonely even in the middle of the team	30
<b>Behavioral disorders</b>						
					I avoid training when I'm in a bad mood	31

					I start fights with my colleagues or competitors when I get angry	32
					I leave the field or workouts suddenly when I'm frustrated	33
					I punish myself with negative actions after losing matches	34
					I practice impulsive behaviors without thinking about the consequences	35
					I go too hard when I'm angry.	36
					I neglect the coach's directions when I'm upset	37
					I make hasty decisions while playing that hurt the team	38
					I close myself and don't talk to anyone after a loss	39
					I evade responsibilities when things go wrong	40
<b>Social unrest</b>						
					I feel uncomfortable interacting with my colleagues	41
					I prefer solitude over interacting with team members	42
					I find it difficult to make friends within the team	43
					Interpret regular comments as a personal attack	44
					I feel like others don't understand me	45
					That the team doesn't accept me as I am.	46
					I stay away from group discussions and I don't participate in them	47
					I get nervous when talking in front of the team or the media	48
					Sometimes I feel ostracized or unwelcome	49
					I find it difficult to ask others for help	50