



**DETERMINATION OF THE HUBRIS SYNDROME
LEVELS OF AMATEUR FOOTBALL PLAYERS –
SAMPLE OF KAYSERİ PROVINCE, TURKEY**

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Abstract:

The aim of this research is to examine the hubris syndrome levels of individuals playing amateur football in Kayseri in terms of various variables. A total of 298 randomly selected individuals who were athletes in amateur football clubs in Kayseri province participated in the study voluntarily. In the study, the “Hubris Syndrome in Sport Scale” developed by Tutar and Nacar (2022) and the personal information form prepared by the researchers were used as data collection tools. The personal information form consists of 4 questions asked to obtain information about the age, league level, football playing history (years) and position of the participants. Statistical analyses of the data obtained were made with the SPSS 27.0 package program. Personal information about the candidates, inventory total scores and factor scores were given by determining frequency (f) and percentage (%) values. One-way analysis of variance (LSD) test statistics was used to compare the scores obtained from the scales. As a result, while a significant difference was found in the variables of soccer playing history (years) and position played ($p < 0.05$), no significant difference was found in the variables of age and league level played ($p > 0.05$). When the general hubris syndrome levels of the football players were examined, it was determined that the sub-dimension scores of self-importance and holding oneself superior to others were below the average, while the self-confidence sub-dimension scores were above the average.

Keywords: Hubris syndrome, amateur football player, football

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1. Introduction

The word hubris, in its common usage to date, is most clearly defined as exaggerated pride, excessive self-confidence and contempt for others (Owen, 2006). Hubris, according to some, is also defined as disassociation with reality, detachment from reality. The word in Ancient Greek is literally translated as “hubris”. Hubris syndrome, on the other hand, is called power poisoning in today's world, a disease in which rulers who have power or power become arrogant and humiliate, marginalize and furthermore belittle others with a strong sense of pride (Rodgers, 2011).

Individuals with hubris syndrome often think that they are under emotional pressure and consider criticism against them as a threat, and show extreme reactions to this situation to the extent of arrogance (Owen & Davidson, 2009). Despite some personality disorders seen in early childhood, hubris syndrome can be expressed as a condition that can manifest itself at any age, as it will be manifested by behaviors adopted by the individual (Rijsenbilt & Commandeur, 2013). Since the basis of this syndrome is an indicator of power, it can also be thought that if power is lost, it will disappear on its own. In order to talk about the concept of arrogance in an individual, it is necessary to make sure that there is no mental illness in the past (Claxton *et al.*, 2015).

The first signs of the syndrome usually occur when a person uses the opportunities available to them to satisfy their ego. In the intoxication and pleasure of power, the person in power becomes detached from reality and, through some erratic behavior, leads both himself and those under his control into the abyss. In this situation, power has become a mind-numbing toxin and a system that works only for oneself. Of course, this situation does not happen spontaneously. This process, which we can call power poisoning, actually occurs in three stages;

- The first is power gathering. At this stage, the leader and his/her relatives try to meet the expectations of the society by making promises that instill confidence in the people around him/her, and by taking approaches that will turn these promises into action. The monarchs, dictators and autocrats in the pages of history have all gone through this process.
- The second is how to use the acquired power. Now he has the power. The next step is to design what can be done with this power. As noted in social psychology, power will realize its opposition points at this stage.
- The third is the stage where power intoxication is fully realized. At this stage, the work to be done, and the tasks to be carried out have been left to the background, and the authority to have a primary say in every decision to be taken has been gained. The mechanism of control and supervision has completely disappeared. He is now an untouchable person who believes that he can do everything with the power he has. He believes that he has been chosen and specially assigned. This whole process is power intoxication or hubris syndrome (Sayar, 2014).

It is seen that the change in these behaviors due to power and status is called hubris syndrome in the literature. This syndrome, which is seen especially in leaders,

causes individuals' decision-making processes to be interrupted and behavioral changes (Russell, 2011). These people, who think that they are the best in every field, are caught in hubris syndrome with the power they have and the irresistible magic of the success they have achieved. Achievements in sports, income, change in social status and various environmental and psychosocial factors increase the likelihood of people developing hubris syndrome. People with this syndrome become a potential threat to themselves and their environment and may exhibit behaviors that deny the nature of sport as a phenomenon that unites people (Balci, 2021).

For an athlete who has spent his/her whole life for his/her career and success, being forgotten or not being valued as before is a great disappointment, a loss of power. The attitudes and behaviors they show in order not to lose this power can lead them to hubris syndrome. Therefore, all psychological problems that drag the individual into darkness, especially hubris syndrome in sports, should be addressed and the number of studies in this field should be increased. In this direction, the aim of our study is to determine the level of hubris syndrome in amateur soccer players.

2. Materials and Methods

2.1. Research Model

In the study, descriptive survey model, one of the scientific research methods, was utilized. This model is a research that is carried out on certain groups and in which the thoughts of the participants about a phenomenon and event are determined and the phenomenon and situation in question are tried to be described (Karakaya, 2012). The research is descriptive in nature since it will be a case study to determine the level of hubris syndrome in amateur soccer players.

2.2. Data Collection Tools

2.2.1 Sport Hubris Syndrome Scale

"Hubris Syndrome Scale in Sport" developed by Tutar and Nacar (2022) consists of 3 sub-dimensions and a total of 12 questions. Arrogance sub-dimension of the scale consists of questions 1, 2, 3 and 4; Seeing Yourself as Superior to Others sub-dimension consists of questions 5, 6, 7, 8 and 9; and Self-Confidence sub-dimension consists of questions 10, 11 and 12. The scale is a 5-point Likert scale. The lowest degree is "Strongly Disagree" and the highest degree is "Strongly Agree". Average scores are used in the calculation of the scale. The highest score that can be obtained from the scale is 60 and the lowest score is 12. Accordingly, it is said that as the average score increases, the level of arrogance increases, and as the average score decreases, the level of arrogance decreases. As a result of the scale reliability test, the Cronbach Alpha coefficient was found to be 0.774.

2.2.2 Socio-Demographic Information Form

The socio-demographic information form of the study consisted of a total of 4 questions prepared to obtain information on the age, league level, soccer playing history and on-field position of the participant athletes.

2.3. Analysis of Data

The research was conducted through the study group. The study group consisted of 298 amateur athletes actively playing soccer in Kayseri province selected by random method. Personal information about the candidates and inventory total scores and factor scores were given by determining frequency (f) and percentage (%) values. Skewness and kurtosis values were analyzed to determine the distribution of the scores obtained from the scales. The distribution of the results obtained was determined within the range of ± 2 . Cooper-Cutting (2010) interprets the skewness and kurtosis values being within the range of ± 2 as a suitable situation in terms of normality. According to these results, parametric test statistics were used to compare the data obtained. While an independent T-test was used for the pairwise comparison of scores obtained from the scales, one-way analysis of variance was used for comparison of three or more variables. LSD test statistic, which shows a homogeneous distribution and is used in pairwise comparisons where group numbers are not equal, was used for pairwise comparison in sub-dimensions where significant differences were detected as a result of one-way analysis of variance statistics.

Table 1: Socio-Demographic Characteristics of Football Players

	Variable	N	%
Age	18-22	191	64,1
	23-27	61	20,5
	28-32	26	8,7
	33 and above	20	6,7
League Level	Regional Amateur League	81	27,2
	Super Amateur League	73	24,5
	1st Amateur League	79	26,5
	2st Amateur League	65	21,8
Football Player History (Years)	0-3 years	70	23,5
	4-7 years	102	34,2
	8-11 years	126	42,3
Position	Goalkeeper	30	10,1
	Defender	94	31,5
	Midfielder	77	25,8
	Striker	97	32,6

3. Results

In this section of the research, the results of the analyzes made as a result of the data are presented.

Table 2: Descriptive Statistics of Football Players' Scores from the Hubris Syndrome Scale in Sports

Scale	N	Min.	Mak.	X±SS	Skewness	Kurtosis
Arrogance	298	1,00	5,00	2,41±0,73	,470	,431
Seeing Yourself as Superior to Others	298	1,00	4,80	2,06±0,73	,853	,928
Self-confidence	298	1,00	5,00	3,05±0,70	-,004	,040

When Table 2 is examined, the football players' arrogance sub-dimension mean, which is one of the sub-dimensions of Hubris Syndrome Scale in sports, is 2.41±0.73, the seeing yourself as superior to others sub-dimension mean is 2.06±0.73, the self-confidence sub-dimension mean is 3.05± It was determined to be 0.70. Skewness and kurtosis values are; It is seen that it is in the range of .470/.431 in the arrogance sub-dimension, in the range of .853/.928 in the seeing yourself as superior to others sub-dimension, and in the range of -.004/.040 in the self-confidence sub-dimension.

Table 3: Comparison of Hubris Syndrome Scale Scores in Sports According to the Ages of Football Players

Scale	Sub-dimensions	Age	N	X±SS	F	P	Difference (LSD)
Hubris Syndrome Scale in Sports	Arrogance	18-22	191	2,57±0,75	,488	,691	-
		23-27	61	2,70±0,72			
		28-32	26	2,63±0,65			
		33 and over	20	2,62±0,66			
	Seeing Yourself as Superior to Others	18-22	191	2,08±0,72	,462	,709	-
		23-27	61	1,97±0,71			
		28-32	26	2,14±0,68			
		33 and over	20	2,05±0,95			
	Self-Confidence	18-22	191	3,03±0,65	,106	,957	-
		23-27	61	3,09±0,79			
		28-32	26	3,05±0,70			
		33 and over	20	3,10±0,92			

When Table 3 is examined, no significant difference was detected in the arrogance sub-dimension, seeing yourself as superior to others sub-dimension and self-confidence sub-dimension according to the ages of the football players (p>0.05).

Table 4: Comparison of Hubris Syndrome Scale Scores in Sports According to the League Levels in which Football Players Play

Scale	Sub-dimensions	League Level	N	X±SS	F	P	Difference (LSD)
Hubris Syndrome Scale in Sports	Arrogance	Regional Amateur League	81	2,69±0,59	,218	,884	-
		Super Amateur League	73	2,55±0,74			
		1st Amateur League	79	2,60±0,82			
		2st Amateur League	65	2,65±0,76			
	Seeing Yourself as Superior to Others	Regional Amateur League	81	2,15±0,77	,598	,617	-
		Super Amateur League	73	2,08±0,75			
		1st Amateur League	79	2,06±0,66			
		2st Amateur League	65	2,03±0,75			
	Self-confidence	Regional Amateur League	81	3,08±0,68	,714	,544	-
		Super Amateur League	73	3,05±0,64			
		1st Amateur League	79	3,02±0,78			
		2st Amateur League	65	2,94±0,68			

When Table 4 is examined, no significant difference was detected in the arrogance sub-dimension, seeing yourself as superior to others sub-dimension and self-confidence sub-dimension according to the league level in which the football players play ($p>0.05$).

Table 5: Comparison of Hubris Syndrome in Sports Scale Scores of Football Players According to Their Football Player History

Scale	Sub-dimensions	Football Player History	N	X±SS	F	P	Difference (LSD)
Hubris Syndrome Scale in Sports	Arrogance	0-3 years	70	2,61±0,75	,009	,991	-
		4-7 years	102	2,62±0,77			
		8-11 years	126	2,60±0,68			
	Seeing Yourself as Superior to Others	0-3 years	70	2,09±0,66	,241	,786	-
		4-7 years	102	2,08±0,75			
		8-11 years	126	2,02±0,76			
	Self-confidence	0-3 years	70	3,64±0,51	1,730	,042	a>c
		4-7 years	102	3,26±0,70			
		8-11 years	126	2,97±0,72			

When Table 5 above is examined, a significant difference was detected in the self-confidence sub-dimension according to the variable of football players' football history ($p<0.05$); No significant difference was detected in the arrogance sub-dimension and seeing yourself as superior to others sub-dimension ($p>0.05$).

When Table 6 below is examined, a significant difference was detected in the self-confidence sub-dimension of the football players according to the on-field position variable ($p<0.05$); No significant difference was detected in the arrogance sub-dimension and seeing yourself as superior to others sub-dimension ($p>0.05$).

Table 6: Comparison of Hubris Syndrome Scale Scores in Sports According to Football Players' On-Field Positions

Scale	Sub-dimensions	Position	N	X±SS	F	P	Difference (LSD)
Hubris Syndrome Scale in Sports	Arrogance	Goalkeeper ^a	30	2,55±0,64	,368	,776	-
		Defender ^b	94	2,59±0,80			
		Midfielder ^c	77	2,57±0,64			
		Striker ^d	97	2,67±0,74			
	Seeing Yourself as Superior to Others	Goalkeeper ^a	30	2,05±0,70	1,226	,300	-
		Defender ^b	94	1,94±0,61			
		Midfielder ^c	77	2,10±0,77			
		Striker ^d	97	2,14±0,80			
	Self-confidence	Goalkeeper ^a	30	3,78±0,79	1,303	,043	a>c
		Defender ^b	94	3,13±0,68			
		Midfielder ^c	77	2,92±0,73			
		Striker ^d	97	3,07±0,68			

4. Discussion and Conclusion

In line with the study, the hubris syndrome levels of amateur football players actively playing football in Kayseri were examined within various variables. The results of the analyzes made in line with the data obtained in the research are mainly expressed and discussed with similar studies in this section. Since hubris syndrome in sports is a very newly studied research topic, when the relevant literature is scanned, it is understood that the closest concept with which the results of the study can be discussed is narcissism. So much so that, at the basis of narcissism, just like Hubris syndrome, there is a psychiatric disorder that includes admiration for oneself, feelings of self-centeredness and arrogance.

According to the research findings, it was determined that the hubris syndrome levels of amateur football players were low in the arrogance factor, low in the seeing yourself as superior to others factor, and moderate in the self-confidence factor. In the analysis made on the averages, it was seen that the sub-dimension of seeing yourself as superior to others had the lowest value. These results show that amateur football players generally do not have an arrogant personality trait.

In examining the hubris syndrome levels of amateur football players in terms of age variable; no significant difference was detected in any of the arrogance sub-dimensions, seeing yourself as superior to others sub-dimensions and self-confidence sub-dimensions. In the examination of the averages, it was seen that individuals in the 23-27 age group had the highest average in the arrogance sub-dimension, while individuals in the 33 and over age group had the lowest average. It was observed that individuals in the 28-32 age group had the highest average in the sub-dimension of seeing yourself as superior to others, while individuals in the 23-27 age group had the lowest average. In the self-confidence sub-dimension, individuals aged 33 and over were found to have the highest average, while individuals in the 18-22 age group were found to have

the lowest average. When the literature is examined, it is seen that there are studies that support our study results in terms of the age variable (Solmaz, 2021; Yabancı, 2019). Despite this, Gezer's (2022) study on narcissism concluded that there is a significant relationship between the age variable and narcissism.

In examining the hubris syndrome levels of amateur football players in terms of the league level they play in; No significant difference was detected in any of the arrogance sub-dimensions, seeing yourself as superior to others sub-dimensions and self-confidence sub-dimensions. In the examination of the averages, it was seen that football players playing in the regional amateur league had the highest average, and football players playing in the super amateur league had the lowest average in the arrogance sub-dimension. In the sub-dimension of seeing yourself as superior to others, it was observed that those who played in the regional amateur league had the highest average, and those who played in the 2nd amateur league had the lowest average. In the self-confidence sub-dimension, it was determined that those who played in the regional amateur league had the highest average, and those who played in the 2nd amateur league had the lowest average. The league level played in team sports can be compared with the categories competed in and the results achieved in individual sports. In his study examining the relationship between athletes competing in individual sports and narcissism, Tazegül (2012) found that there was a significant relationship between the scores achieved by boxing and weightlifting athletes and their narcissism levels. The research results do not coincide with our study in this sense.

In examining the hubris syndrome levels of amateur football players in terms of their footballing history; while a significant difference was detected in the self-confidence sub-dimension; no significant difference was detected in the arrogance sub-dimension and the seeing yourself as superior to others sub-dimension. It was observed that the significant difference in the self-confidence sub-dimension was in favor of individuals who played football between 0-3 years. It has been determined that the increase in the experience of football players negatively affects their self-confidence. In his study to investigate the narcissism levels of athletes in different branches, Tazegül (2013) found that there was a low positive relationship between the narcissism levels of athletes in wrestling and kickboxing branches and their age as athletes. Research results are similar. In examining the hubris syndrome levels of football players in terms of the on-field position they play; while a significant difference was detected in the self-confidence sub-dimension; no significant difference was detected in the arrogance sub-dimension and the seeing yourself as superior to others sub-dimension. It was observed that the significant difference in the self-confidence sub-dimension was in favor of the players playing in the goalkeeper position. The fact that there is only one goalkeeper in a team, that they wear different colored jerseys, that they direct the team by seeing the game from behind and that they are in a position to directly score the score with the saves or mistakes they make in the match, distinguishes them from other players. As those who are interested in football can confirm, we can easily say that goalkeepers are generally leaders. In his study on basketball and football athletes, Tümbaşer (2020) did not find a

significant relationship between the position played by the athletes and narcissism. Despite this, it was concluded that basketball players playing in the point guard position had higher levels of narcissism than basketball players playing in the forward and center positions. We can say that the research results support our study.

Research results have shown that amateur football players generally have a moderate level of arrogance syndrome. On the other hand, it is understood that the increase in the league level at which amateur football players play causes the behavior of seeing yourself as superior to others to increase. Football players' financial income can also increase depending on the quality and status of the league they play in. Based on this point, in our research, it is thought that the football players' approach to considering themselves superior to others, which emerged as the league levels increased, was due to the fact that they earned more financial income than the football players playing in other leagues. Increasing studies on arrogance syndrome in sports and comparing similar studies on elite-level football players and athletes from different branches and league levels will contribute to the field. In addition, it is thought that a different perspective will be brought to the concept of arrogance syndrome, which is discussed together with leadership in many studies, with new studies to be conducted especially on sports club managers and coaches.

Conflict of Interest Statement

The authors declare no conflicts of interest.

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