Summary:— This study investigates the personality differences of 21 amateurs and 20 instructors who participated in the high risk sports of skydiving, hang-gliding, paragliding, scuba diving, microlighting, and rock climbing, versus those who did not. 38 men and 28 women (M age = 32.6 yr., SD = 10.0) were assessed using the Eysenck Personality Questionnaire-Revised, the General Health Questionnaire, the Generalised Self-Efficacy Scale, and a Type A/B personality measure. Instructors and Amateurs scored significantly higher on Extroversion and lower in Neuroticism than Nonparticipants, however they differed from each other on the GHQ and Type A/B personality scores. Amateurs scored significantly higher on Psychoticism and Self-efficacy than Instructors and Nonparticipants. In conclusion, these test scores suggest that people who are attracted to high risk sports tend to be at the extroverted and emotionally stable end of the scale, with a tendency to exhibit Type A characteristics; however, Instructors’ scores on Psychoticism and Self-efficacy are more akin to those of Nonparticipants.

In opposition to the value of reducing threats to individual well-being, there are many people who actively seek experiences that involve a high potential for personal injury or death. High risk sports, also referred to as “extreme sports”, such as hang-gliding, paragliding, skydiving, scuba diving, rock climbing, and microlighting have enjoyed unprecedented growth in the past several decades (Lyng, 1990). The idea that people with certain personality types are attracted to participation in particular sports has interested psychology researchers (see Ruffer, 1975, 1976; Fisher, 1984). In a study of the personality traits of Norwegian Everest climbers, Breivik (1996) concluded that there is a definite high risk athlete personality profile, with the climbers scoring high on drive factors and low on stop factors, and having good stability, using the Cattell II PF scales. They also scored very high on Sensation Seeking scores, which is a common finding for risk-taking athletes (Rossi & Cereatti, 1993; Jack & Ronan, 1998).

The definition of risk is quite complex and even controversial (see for example: Fischhoff, Watson, & Hope, 1984; Renn, Burns, Kaspenson, Kasperson, & Slovic, 1992; Vlek, 1996). The most simplistic definition proposes that risk is anything that scares us (Keyes, 1985). This presumes one
is aware of risks and that all risky activities must cause participants to be afraid. However, if this is the case, there must be an additional dimension to the personality of participants in high risk sports that allows them to ignore this fear that inhibits other people from participating.

Risks are sometimes actively sought out and desired. These risks include all leisure activities for which personal skills are necessary to master a dangerous situation. The thrill is derived from the enjoyment of having control over one's environment or oneself. Such risks are always voluntary and allow personal control over the degree of riskiness. In the context of sports activities, the phenomenon is called 'desired risk' (Machlis & Rosa, 1990), in which people aspire to experience a special thrill. A higher degree of skill, planning, and level-headedness is needed to successfully cope with the high risk situations that these athletes face.

Western culture has been accused of being dominated by risk aversion, or the quest to eliminate all dangers (Fairlie, 1989) by engaging in a continuous search for safety (Wildavsky, 1985) in order to achieve a zero-risk society (Slovic, 1987). If this is true, then it is peculiar that certain individuals feel it necessary to go against these social norms and actively seek out risky situations in their recreational sports activities. The desire to be judged positively against others may be one driving factor. Early research conducted by Ogilvie (1968), Cooper (1969), and Hardman (1973) showed that different personality characteristics were found in sports performers compared with nonperformers. Unlike the present study, however, these studies investigated and compared the personalities of people involved in sports such as football, hockey, and basketball, rather than those people involved in high risk sports.

Contrary to the general belief that people 'must be mad' to take part in a potentially life-threatening behavior such as jumping out of aeroplanes, Ogilvie’s later research (1974) found that, as a group, risk-taking athletes show a trend toward greater emotional stability, ranking at the highest levels of abstract ability, creativity, independence, and leadership potential, while scoring low on measures of anxiety. Ogilvie found that neither emotional instability nor neuroticism increased as the risk associated with a particular sport increased. He suggested that risk takers are "stimulus addictive," in other words, they have a periodic need for extending themselves to the absolute physical, emotional, and intellectual limits in order to escape from the tensionless state associated with everyday living.

Past research has tended to focus on people who currently participate in risk-taking sport activities but has not extensively examined people who instruct others in these sports. Therefore, this experiment will study and compare the personalities of instructor and amateur high risk sport participants, as well as those people who do not engage in high risk sports.
This investigation will use a combination of standardised questionnaires such as the short-scale version of the Eysenck’s Personality Scales (Eysenck & Eysenck, 1991) to measure Neuroticism, otherwise called Emotionality, where high scores indicate such traits as obsessiveness, irrationality, and emotional instability with a tendency to be emotionally overresponsive, and encountering difficulties in calming down. Psychoticism, or Tough-Mindedness, is also measured, which, when a high score is obtained, is described as a tendency to be egocentric, impulsive, insensitive to others, and opposed to social customs (Hjelle & Ziegler, 1992) and also hostile, aggressive, not considerate of danger, and intolerant. The third personality scale included in Eysenck’s questionnaire is Extroversion, and a high score on this scale shows a person is sociable, outgoing, and confident. Zuckerman (1994) and Goma (1991) reported high Extroversion in their studies of risk takers, so it is predicted that the high risk sports participants should be more extroverted than the nonparticipants.

People who decide to participate in high risk sports may perceive themselves as more capable and confident, having higher self-efficacy, while those who choose not to participate lack this perception of themselves. Outside of the sporting arena, Wyatt (1989) showed that self-efficacy was the principal variable associated with risk-taking and risk-avoiding decisions. Gecas (1985) suggested that people with high levels of self-efficacy are motivated to maintain their high perceived capability, therefore they should be attracted to risky situations such as those presented when participating in high risk sports. When low risk sport participants and high risk sport participants were compared, Slanger and Rudestam (1997) reported that the factor most strongly correlated with the disinhibition associated with risk taking was self-efficacy. They showed a positive correlation between people’s higher self-efficacy scores and their likelihood of being involved in high risk sports. However, this study only compared two groups of risk takers, and no women were included.

Thus, the second questionnaire used in the present investigation is the Generalised Self-Efficacy Scale (Schwarzer & Jerusalem, 1995), which measures perceived Self-efficacy related to competence, perceived capabilities in problem solving, and resourcefulness. It is predicted that both groups of sport participants on this scale will score significantly higher on personal self-efficacy than nonparticipants due to the former group’s regular exposure to challenges, as well as proof of their capabilities and competence in sport.

The third questionnaire used is Friedman and Rosenman’s Type A and Type B Personality Measure (1974). The Type A personality pattern consists of three major facets. Firstly, Competitive Achievement Orientation, Type As tend to be self-critical and striving towards goals without feeling a sense of joy in their efforts or accomplishments. Secondly, Time Urgency:
Type A individuals tend to be impatient with delays and unproductive time and try to do too many things at once. The third facet of Type A personality is high Anger or Hostility: these people tend to be easily aroused to anger or hostility, which they may or may not show outwardly. By contrast, Type B individuals as a group tend to be less competitive, less self-critical, show less time urgency, and experience less hostility. Type A behavior produces emotional stress, and constantly high emotional stress is damaging to the heart and general health. This questionnaire was included to discover if those who take part in high risk sports tend to have Type A personalities, perhaps being attracted to high risk sports because of their high Competitive Achievement Orientation.

Finally, the General Health Questionnaire-12 (Goldberg, 1978) was included, as it can measure and compare mental health in defined populations (McCabe, Thomas, Brazier, & Coleman, 1996). The GHQ-12 has been extensively used to measure general happiness, experience of depressive and anxiety symptoms, and sleep disturbance over the last four weeks. The possibility will be investigated that sport participants may have fewer mental health complaints, because we assume that participating in a sport that emphasises their self-worth and enhances their self-confidence allows for the regular release of everyday tension and stress (see Delk, 1980; Lyng, 1990).

This investigation looks at the personality differences between three separate groups of participants: Instructors of high risk sports, i.e., those who instruct others in the sport and have advanced skills; Amateur participants in high risk sports, i.e., those who are pupils and have limited experience and skills; and Nonparticipants, i.e., those who do not take part in any high risk sports. Using the four standardized questionnaires, it is predicted that both the Amateurs and Instructors will score significantly higher on the Psychoticism and Extroversion scales and will score significantly lower on the Neuroticism scale in comparison to Nonparticipants. Although the two sport participant groups will probably show similar characteristics on the Eysenck Personality Questionnaire-Revised (EPQ-R) scales when compared to nonparticipants, the two sport groups are predicted to significantly differ in Self-efficacy and GHQ scores, since the Instructors have been in the sport for much longer. Both groups of sport participants are predicted to score significantly higher on perceived Self-efficacy, in comparison to nonparticipants, due to their participation in an activity that enhances their own personal skills and competence at problem-solving. Nonparticipants are expected to report more mental health complaints, on the GHQ, if they show Type A personality characteristics and are expected to show significantly lower Self-efficacy scores due to the relative absence of opportunities to demonstrate
their physical and mental capabilities to the extremes experienced by sport participants.

Method

Participants

The study involved 38 men and 28 women across three groups of participants. The first group was made up of members of the general public who did not participate in any extreme sports: skydiving, hang-gliding, paragliding, scuba diving, microlighting, and rock climbing. This group was referred to as Nonparticipants (n = 25, 11 men and 14 women) and had a mean age of 27.9 yrs. (SD = 10.5). The second and third groups were referred to as Sport Participants and were divided into two groups: Amateurs (n = 21, 14 men and 7 women) who were limited in their skills in a high risk sport and had a mean age of 33.0 yrs. (SD = 8.9); and Instructors (n = 20, 13 men and 7 women) with a mean age of 38.1 yrs. (SD = 7.8), who were qualified instructors and advanced in their skills in a high risk sport. The mean age of the instructors was significantly higher than the nonparticipants, but not higher than the Amateurs. The sport participants were recruited via high risk sports associations or clubs, which were found in the telephone directory, with the consent of the club managers. In the Amateur group, there were 7 skydivers, 2 hang-gliders, 3 paragliders, 5 scubadivers, 2 microlighters, and 2 rock climbers, with an average of 2.1 yrs. experience. In the Instructor group, there were 8 skydivers, 3 hang-gliders, 2 paragliders, 3 scubadivers, 1 microlighter, and 3 rock climbers, with an average of 6.6 yrs. experience in these sports.

The criteria for inclusion into the Instructor group were: (a) skydiving, that the British Parachuting Association Basic Instructor level has been passed; (b) hang gliding, to meet the regulations set out by Civil Aviation Authority and upheld by British Hang Gliding and Paragliding Association; (c) paragliding, a club pilot with at least 10 hrs. of air time who has passed a number of practical, theory and administrative assessments regulated by the B.H.P.A. and C.A.A.; (d) scuba diving, minimum of 100 dives, regular academic and physical tests, to meet the regulations set out by the Professional Association of Diving Instructors; (e) microlighting, Instructor status, as defined by C.A.A. and British Microlight Association; (f) rock climbing: Instructor or Leader status, regulations set out by the Mountain Leader Training Board.

Materials

The short-scale version of the Eysenck Personality Scales (EPQ–R; Eysenck & Eysenck, 1991) was used, composed of forty-eight short statement questions.
requiring a yes/no response to measure Psychoticism, Extroversion, Neuroticism, and Lies (12 items in each subscale). The coefficient alpha reliabilities for men and women are .62 and .61 for P, .88 and .84 for E, .84 and .80 for N, and .77 and .73 for L. For a discussion of the reliability of the EPQ, see Miles, Shevlin, and McGhee (1999). The second questionnaire was the Generalised Self-Efficacy Scale (Schwarzer & Jerusalem, 1995) containing ten short statements which were rated on a four-point scale consisting of 1 = not at all true, 2 = barely true, 3 = moderately true, and 4 = exactly true. These statements measure participants’ self-competence and confidence in their ability to handle new or difficult situations and belief that they can get through setbacks. The author of the scale, Schwarzer (2002), has found that “in samples from 23 nations, Cronbach alphas ranged from .76 to .90, with the majority in the high .80s. Criterion-related validity is documented in numerous correlation studies where positive coefficients were found with favorable emotions, dispositional optimism, and work satisfaction. Negative coefficients were found with depression, anxiety, stress, burnout, and health complaints.”

The third questionnaire, Friedman and Rosenman’s Type A and Type B personality measure (1974), characterizes responses according to two extremes: Type A personality (competitive, rushed, hostile) or Type B personality (not competitive, relaxed, easy-going). This questionnaire consists of thirteen Type A characteristics with opposing Type B characteristics at the opposite end of an eleven-point rating scale, from –5 to +5. Participants were required to indicate their behaviour characteristics by circling a number between plus or minus five, strongly agree, and zero, undecided, on the side of the scale that most closely represented their behaviour. For a discussion of the measurement issues surrounding Type A personality see Yarnold and Mueser (1989).

The last questionnaire to be used was the General Health Questionnaire-12 (Goldberg, 1978), containing twelve short statements relating to medical complaints and health over the past few weeks. Statements were rated on a four-point scale, using end points such as 0 = much less than usual to 3 = much more than usual, which required the participant to indicate which response statement best represented how they considered themselves to feel at present. Evidence for the internal consistency (\( \alpha = .91 \)) and construct validity of the GHQ-12 was found by McCabe, et al. (1996). High GHQ scores indicate worse mental health and lack of well-being.

Demographic information regarding sex, age, ethnicity, occupation, and marital status was also collected. Participants were asked to list which sports they participated in, how long they had participated, and whether they were amateurs, or instructors.
Design and Procedure

The three groups of participants: instructors, amateurs, and nonparticipants, were compared on levels of Psychoticism, Extroversion, Neuroticism, Sociably Desirable Responses, Self-efficacy, Personality Type (i.e., Type A/B), and Mental Health, using the four standardized questionnaires described in the Materials section.

The nonparticipant questionnaires were handed out to members of the general public and students, who indicated that they did not participate in any of the high risk sports listed in the introduction. On completion of the questionnaires, they were thanked and debriefed about the purpose of their participation by being told the aim and the expectations of the study, in addition to answering any queries. The sport participants were recruited via high risk sports associations or clubs, with the Instructors having to meet the criteria mentioned in the Participants section. The questionnaires took less than half an hour to complete and participants were thanked for their time afterwards. The aims and expectations of the study were posted up on the noticeboard of the participating clubs for all members to read, for debriefing purposes, once all data had been collected.

Scoring

The Eysenck Personality scales (Eysenck & Eysenck, 1991) were scored according to the criteria given in Eysenck, Eysenck and Barrett (1985). Scores approaching the maximum score of 12 indicate higher levels of Psychoticism, Extroversion, Neuroticism and Sociably Desirable Responses/Lies. The Generalized Self-Efficacy Scale (Schwarzer & Jerusalem, 1995) was scored according to the response number which the participant circled, e.g., if they circled response 3, they were given a score of three, giving a score between 10 (low self-efficacy) and 40 (high self-efficacy).

The Personality Type Questionnaire (Friedman & Rosenman, 1974) was scored according to the criteria given in Banyard and Hayes (1994, p. 82) and scores fell in the range 13 to 143. Participants who scored at, or above, the mid-point of the range, 78, were categorised as having a Type A personality, while those who scored below 78 were categorised as having a Type B personality. The lower the score, the less likely a participant is to suffer from a coronary-related illness. The General Health Questionnaire (Goldberg, 1978) was marked by giving a score ranging from 0 to 3 for each of the twelve items, giving a final range of 0 to 36, where a high score indicates poorer mental health.

Results

All statistical tests are two-tailed unless otherwise stated. There were no significant sex differences for any of the dependent variables measured. Age had a significant negative relationship with Neuroticism scores ($r_{65} = - .33$,
so it was included as a covariate in subsequent analyses, as the ages of the participants in the three groups were not equal. Apart from the relationship with Neuroticism, age did not influence any other factor, and neither did gender. Means and standard deviations for all three groups on the dependent variables are presented in Table 1.

<table>
<thead>
<tr>
<th></th>
<th>Instructors</th>
<th>Amateurs</th>
<th>Nonparticipants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>Age (yr)</td>
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<td>3.52</td>
</tr>
<tr>
<td>Lie</td>
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<td>0.52</td>
<td>1.81</td>
</tr>
<tr>
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<td>3.25</td>
<td>34.00</td>
</tr>
<tr>
<td>Type A/B</td>
<td>85.90</td>
<td>9.75</td>
<td>78.10</td>
</tr>
</tbody>
</table>

Note: Means in the same row that have different subscripts differ by at least \( p < .05 \) in the Fisher’s PLSD post hoc analysis. Means with the ‘ab’ subscript do not significantly differ from those means labeled a and b.

The data from the Psychoticism scale of the EPQ–R indicated a significant main effect of Group (Instructor, Amateur, Nonparticipant) on Psychoticism scores \((F_{2,63} = 6.40, p = .003, \text{ power} = .89)\) (see Table 1). A Fisher’s PLSD post hoc analysis showed the significant difference to be between the Instructor and Amateur groups \((p < 0.001, d = 1.03)\) and between the Amateurs and the Nonparticipants \((d = 0.57)\). There was no difference on Psychoticism between the Instructor and the Nonparticipant groups.

It was predicted that the Nonparticipants would score lower on Extroversion and higher on Neuroticism than the risk sports participants, and one-tailed ANOVAs, controlling for age with Neuroticism, indicated significant main effects of Group for Extroversion \((F_{2,63} = 14.13, p = .001, \text{ power} = .99)\), and Neuroticism \((F_{2,62} = 10.97, p = .001, \text{ power} = .99)\) (see Table 1). A Fisher’s PLSD post hoc analysis revealed that the Instructor and Amateur groups did not differ significantly and had higher Extroversion means than the Nonparticipant group \((p < .001, d = 1.11 \text{ and } 1.16, \text{ respectively})\). All three groups can be classified as high on Extroversion, with the Nonparticipant group having the lowest mean score. As predicted, the Nonparticipant group had a significantly higher mean score on the Neuroticism scale compared with both the Instructor and Amateur groups, who did not differ significantly \((d = 1.25 \text{ and } d = 1.08, \text{ respectively})\). There were no group differences on the Lie scale \((F_{2,63} = 1.81, p = .17, \text{ power} = .36)\).
As mean Lie scores were lower than the dividing score of 6, it can be said that the responses obtained from the questionnaires were reliable.

Both the Instructor and Nonparticipant groups scored significantly lower on Self-efficacy than the Amateur group, \((F_{2,63} = 6.46, p = 0.003,\) power = .89, \(d = .93\) and \(d = .83\)). The Amateur group scored higher on Self-efficacy than the norm of 29.28 reported by Schwarzer and Jerusalem (1995).

The Instructor group obtained a significantly higher score on the Type A/B personality scale than the Amateur group but neither group differed significantly from the mean of the Nonparticipant group, \((F_{2,63} = 3.10, p = 0.05,\) power = .58, \(d = .71\)). When categorised into Type A personality (above 78) and Type B personality, it can be seen that 70% of Instructor and 67% of Amateur groups scored as Type A personality, but only 52% of Nonparticipants did.

The Instructor group scored significantly higher on the General Health Questionnaire than the Amateur group and the Nonparticipant group, \((F_{2,63} = 4.34, p = .017,\) power = .73, \(d = .81\) and \(d = .69\), respectively), which did not differ significantly from each other. On the scale of 0 to 36, all of these scores fall below the mid-point of the scale, which indicates that none of the groups were experiencing significant mental distress.

Discussion

The results indicated several possible personality differences between high risk sport participants and nonparticipants, some partly contrary to the hypotheses. The findings from the Eysenck Personality Questionnaire-Revised showed that Amateur sport participants had significantly higher Psychoticism scores in comparison to the Instructors and Nonparticipants. However, when looking at the mean scores for all of the groups, it can be seen that no group obtained a mean score reflecting high Psychoticism, i.e., above 6.

Unexpectedly, these Instructor sport participants had a mean Psychoticism score similar to that of the Nonparticipants, which does not support the findings of Wildavsky (1985) and Slovic (1987). These authors stated that risk takers are opposed to social rules and show characteristics relating to egocentrism, impulsiveness, and insensitivity to others around them, which would be shown by higher Psychoticism scores for both the two sport participant groups. It may be the case that the Instructors are more socially responsible and more sensitive to other people and only become Instructors because of this trait and are a subgroup of the high risk sport group, the majority of whom do not go on to instruct others because they may be more egocentric and impulsive.

It was expected, based on the findings of Wyatt (1989) and Smith (1974), that sport participants, and especially the Instructors, would have significantly higher mean Self-efficacy in comparison to the Nonparticipants. Similarly, Slanger and Rudestam (1997) reported increased Self-efficacy scores
for high risk takers. However, here the Instructors had lower Self-efficacy than the Amateurs, and scored similarly to Nonparticipants. The Instructors scored, therefore, not only lower on Psychoticism than Amateurs, but also lower on Self-efficacy. This could perhaps be due to Instructors becoming more cautious and less overconfident in their abilities as they become more experienced in the sport, or that lower Self-efficacy and Psychoticism are associated with self-selection as instructors, perhaps reflecting a better ability to relate with and instruct beginners than highly confident people who choose not to teach. Risk sports participants are presented with regular opportunities to increase Self-efficacy through their participation in a sport that requires skill and control over themselves and their environment, but only the Amateurs and not the Instructors showed evidence of higher Self-efficacy in this study. A possible explanation is that Amateurs are less aware of the true potential dangers and risks involved in the sport, which Instructors are more capable of perceiving.

The hypothesis that the sport participants would have significantly higher Extroversion scores compared to Nonparticipants was supported. The Nonparticipants scored slightly higher than the norms given by Eysenck, et al. (1985), but the Instructors and Amateurs scored a lot higher (10.5) than the norm for their age range of around 6.7, given that there were twice as many men as women in these groups. This is consistent with the findings of Zuckerman (1994) and Goma (1991) who reported that high risk takers have extroverted personality characteristics such as being sociable, outgoing, confident, and carefree. Fowles (1980), Gray (1982), and Zuckerman (1983) proposed that extroverts are under-aroused and are able to cope with stressful stimuli more effectively than introverts, while Wilson (1978) stated that extraverts’ performance is enhanced by excitement while introverts’ performance tends to be interfered with by excitement. Thus, it seems that the physiology of the person’s brain, reflected in their higher Extroversion scores, is related to taking part in high risk sports.

As expected, both the Amateur and the Instructor sport participants had significantly lower Neuroticism scores in comparison to the Nonparticipant group. This supports the statements made by Ogilvie (1974) that high risk sport participants are more emotionally stable in comparison to those who do not participate in such sports. It would also be difficult to perform or teach well if the sport participants were high in Neuroticism, as being irrational and unable to remain calm would not be advantageous in high risk situations.

Type A/B personality scores were found to be significantly lower for the Amateurs in comparison to the Instructors. None of the three groups had a mean score below the dividing value of 78, which would have placed them in the category of Type B personality. However, by looking at the raw data for
the Type A/B personality scale, it can be seen that the high risk sport participants were more often Type A than Type B by 2:1, whereas the ratio was 1:1 for Nonparticipants. Thus, it appears that people of Type A tendencies may be more attracted to high risk sports than Type Bs, perhaps due to their more competitive natures.

The Instructors had a significantly higher mean score on the GHQ scale in comparison to both the Amateurs and the Nonparticipants, thus showing they had lower well being and more symptoms of psychological distress. It was hypothesized, but not found, that Nonparticipants would obtain a significantly higher mean score on the GHQ scale in comparison to the Instructors, due to the latter group’s regular release of built-up stress from everyday living through participation in a physically and mentally demanding activity, as suggested by Lyng (1990) and Delk (1980). This finding may have occurred, because 80% of the Nonparticipant group indicated that they were full-time students and 85% indicated that they were single and had no children. Thus, these Nonparticipants may not be the best group to make comparisons with the Instructors, the majority of whom had career and family responsibilities and were older, although age and GHQ scores were not significantly correlated. This is a limitation of the research so additional study should include controls for these confounding variables. Alternatively, it may be that the lower Self-efficacy of the Instructors compared with the Amateurs was linked with their higher GHQ scores. Alternatively, the lower mental health reported by the Instructors may have occurred because they have similar stress factors to the Amateurs, which was not released whilst teaching the sport to others, as when actually performing the sport. The Instructor should not pass on their fears or stress to the learner, so may bottle up their stress more than the Amateurs. Or, the Instructors may be experiencing more stress given the responsibility felt for other people’s safety in high risk situations, but further research is needed to sort out the bases for the differences.

References
94


