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1 **My heart is racing! Psychophysiological dynamics of skilled racecar**  
2 **drivers**

3

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25 **Running title:** Psychophysiological dynamics of skilled drivers

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28 **Keywords:** MAP model, psychophysiology, motorsport, peak performance

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### Abstract

Our purpose was to test the multi-action plan (MAP) model assumptions in which athletes' psychophysiological patterns differ among optimal and suboptimal performance experiences. Nine professional drivers competing in premier race categories (e.g., Formula 3, Porsche GT3 Cup Challenge) completed the study. Data collection involved monitoring the drivers' perceived hedonic tone, accuracy on core components of action, posture, skin temperature, respiration rate, and heart rate responses during a 40-lap simulated race. Time marks, gathered at three standardized sectors, served as the performance variable. The A1GP racing simulator (Allinsport, Modena) established a realistic race platform. Specifically, the Barcelona track was chosen due to its inherently difficult nature characterized by intermittent deceleration points. Idiosyncratic analyses showed large individual differences in the drivers' psychophysiological profile, as well as distinct patterns in regards to optimal and suboptimal performance experiences. Limitations and future research avenues are discussed. Action (e.g., attentional control) and emotion (e.g., biofeedback training) centered applied sport psychology implications are advanced.

*Key words:* MAP model, psychophysiology, motorsport, peak performance

## 1           **My Heart is Racing! Psychophysiological Dynamics of Skilled Racecar Drivers**

2           Research on expertise in sport has been directed at identifying psychophysiological  
3 mechanisms underlying consistently high performance levels (Ericsson, 2006; Hanin & Hanina,  
4 2009). Although nomothetic frameworks are essential to the development of general guidelines  
5 on expertise, idiosyncratic models are paramount in applied sport psychology (Bertollo et al.,  
6 2012; Hanin & Hanina, 2009; Robazza, 2006). To this extent, various idiosyncratic frameworks  
7 have been adopted by practitioners working with athletes to enhance performance. Recently,  
8 Bortoli, Bertollo, Hanin, and Robazza (2012) proposed the multi-action plan (MAP) model  
9 which, like other models in applied sport psychology (e.g., mindfulness-acceptance-commitment  
10 approach, individual zones of optimal functioning, and optimal experience), reflects an  
11 idiosyncratic and multidimensional approach to performance enhancement in sport (Gardner &  
12 Moore, 2004; Hanin, 1997; Kimiecik & Jackson, 2002). The unique contribution of the MAP  
13 model pertains to its parsimonious  $2 \times 2$  conceptualization on how performance levels interact  
14 with attentional control levels. Parsimonious models are important because under competitive  
15 pressure athletes are more likely to attend to simple and clear instructions rather than complex  
16 and difficult information (Tenenbaum, Basevitch, Gershgoren, & Filho, 2013).

17           The MAP model's  $2 \times 2$  organization (see Figure 1) has been conceptualized to offer  
18 clear "multi-performance enhancement plans" according to four performance types. Type 1  
19 performance is characterized by automatic attentional control and optimal performance. This  
20 state involves optimal, flow-like performance experiences and low overt conscious control on the  
21 action. Type 2 performance is typified by attentional focus directed at athletes' core components  
22 of action and functional performance. This performance is attained through consciously focused  
23 attention on critical components of the task, such as pedaling rate in cycling or aiming in

1 shooting sports. Type 3 performance is characterized by serial processing/over-controlled  
2 attention, and dysfunctional performance. The excessive reinvestment of attention on the task in  
3 the attempt to control execution undermines automaticity and ultimately leads to poor  
4 performance. Type 4 performance is typified by low-level or task-irrelevant attentional focus,  
5 insufficient energies deployed to complete the task, and dysfunctional performance.

6 Previous empirical research on the MAP model reinforces the notion that addressing the  
7 “performance-attentional control linkage” may be instrumental in the development of multi-plans  
8 for performance enhancement during competition. For instance, Comani et al. (2014b) observed  
9 that action strategies directing athletes’ attentional focus to previously identified core  
10 components of action, such as cycling pace and pedaling rate, lead to performance improvement  
11 in endurance cycling. In a study with skilled pistol and rifle shooters, Robazza, Bertollo, Hanin,  
12 Filho, and Bortoli (2014) found different probability curves (see Kamata, Tenenbaum, & Hanin,  
13 2002) linked to the four different performance typologies proposed in the MAP model.  
14 Moreover, Bertollo, Bortoli, Gramaccioni, Hanin, Comani, and Robazza (2013) observed that  
15 skilled shooters’ heart rate and skin conductance level were lower for Type 1 performance, when  
16 compared to suboptimal performance types. Finally, in another psychophysiological study,  
17 Comani et al. (2014a) observed that the neural correlates underlying the MAP model’s  $2 \times 2$   
18 performance were different, with optimal performance states (Type 1 and Type 2) characterized  
19 by the quiescence of the motor cortex in agreement with the *neural efficiency hypothesis*.  
20 According to this hypothesis, skilled performance is characterized by fewer unnecessary  
21 communications among brain cortices, resulting in less energy expenditure and interference in  
22 motor responses (see Comani, 2014a; Del Percio et al., 2009).

1           It is important to note that previous research on the MAP model has targeted objective  
2 performance measures of skilled shooting and endurance cycling athletes (Bortoli et al., 2012;  
3 Comani et al., 2014a, 2014b). To this extent, Hanin (2007) observed that objective performance  
4 measures allow for reliable estimates of one's moment-to-moment performance fluctuations, as  
5 related to a myriad of psychophysiological variables. Furthermore, skilled athletes show greater  
6 awareness of their idiosyncratic core components of action linked to peak performance in sports  
7 (Ericsson, 2006; Hanin & Hanina, 2009). Specific to objectively measured sports, skilled racecar  
8 drivers have shown greater awareness of strategic (e.g., route timing and journey) and tactical  
9 (e.g., maneuvering, compensatory braking) knowledge linked to safety and optimal  
10 performance (Fuller, 2005). In the present study, we tested the MAP model assumptions among  
11 highly skilled racecar drivers. We considered an objective performance measure and a  
12 multimodal approach by targeting multiple psychophysiological variables. In this regard,  
13 Bertollo et al. (2013) recently emphasized the importance of testing the MAP model assumptions  
14 in sport modalities other than self-paced sports, such as dart throwing, rifle, and pistol shooting,  
15 and especially in open and complex skill sports.

16           In addition to testing the MAP model assumptions in a new sport modality, the present  
17 study addressed the need for further research in motorsports (Potkanowicz & Mendel, 2013).  
18 Compared to other traditional sports (e.g., cycling, track and field athletics, water sports), few  
19 studies exist in racecar driving (Yamakoshi, Matsumura, Yamakoshi, Hirose, & Rolfe, 2010).  
20 Data collection during actual racing may interfere with one's safety, thus imposing a challenge to  
21 scholars interested in motorsports (Fuller, 2005). However, relatively recent advances in  
22 bioengineering have allowed scholars to safely use portable electro-physiological sensors in the  
23 real-time monitoring of racecar drivers (Katsis, Katertsidis, Ganiatsas, & Fotiadis, 2008;

1 Potkanowicz & Mendel, 2013). In fact, recent studies on simulated racecar driving have focused  
2 on recording racecar drivers' psychophysiological signals, including heart rate, respiration rate,  
3 and body temperature (Edmonds, Tenenbaum, Mann, Johnson, & Kamata, 2008; Mullen, Jones,  
4 Faull, & Kingston, 2012; Yamakoshi et al., 2010).

5 Previous psychophysiological studies on racecar drivers have centered on monitoring: (a)  
6 heart rate dynamics, (b) thermal stress, and (c) body posture intrinsically related to the cars' ever  
7 changing momentum resulting from acceleration and braking (Katsis et al., 2008). Specifically,  
8 heart rate has been shown to be positively related to various psychophysiological stressors  
9 common to motorsports, including exercise intensity, risk-taking behavior, arousal, and  
10 dehydration (Brearley & Finn, 2007; Yamakoshi et al., 2010). Respiratory rate is another  
11 psychophysiological marker of arousal regulation, and as such breathing control exercises are  
12 among the most common forms of biofeedback training (Giggins, Persson, & Caulfield, 2013).  
13 Thermal stress has also been studied in racecar driving (Walker, Dawson, & Ackland, 2001). The  
14 numerous safety garments and layers of clothing worn by drivers, in addition to the heat  
15 generated by the car engine, creates a microenvironment that can reach 50° C and compromise  
16 drivers' thermoregulation capability (Katsis et al., 2008). Finally, drivers' body posture is  
17 influenced by the cars' ever changing momentum resulting from acceleration and braking.  
18 Posture data can be either positive or negative and is usually measured on more than one axis,  
19 such as body flexion-extension and arms abduction/adduction in more than one axis  
20 (Potkanowicz & Mendel, 2013). In the present study, we expanded upon prior research by  
21 simultaneously monitoring skilled drivers' heart rate response, body temperature, and posture  
22 movement.

1           Although research has shown that psychophysiological monitoring is important to  
2 understand racecars' performance, sport scientists also widely agree that it is essential to  
3 consider drivers' perceived emotional states (Edmonds et al., 2008; Fuller, 2005). Specifically,  
4 there is a general agreement that perceived psychological states influence performance, which in  
5 turn affect individuals' emotional states (for a review, see Tenenbaum et al., 2013). Relying only  
6 on objective data may misrepresent various situational factors outside one's control, including  
7 bad weather, injury, mechanical problems, and outstanding performance by opponents.  
8 Furthermore, given that racecar drivers sit alone in the cockpit during races, Potkanowicz and  
9 Mendel (2013) noted that behavioral observations (from spectators, coaches, and scientists) are  
10 limited, and self-reports are paramount in assessing drivers' inner thoughts. Holland, Geraghty,  
11 and Shah (2010) highlighted that perceived control predicts driving behavior among male and  
12 female drivers. Edmonds et al. (2008) found that perceived affective states (i.e., arousal and  
13 hedonic tone) were reliable predictors of optimal, moderate, and poor performance in a simulated  
14 car racing study. Fuller (2008) observed that perceived performance and subjective risk appraisal  
15 influence compensatory speed reductions, which in turn effects performance and safety in  
16 motorsports. In particular, Fuller noticed that drivers tend to drive faster when they perceive poor  
17 performance times. In the present study, we were interested in drivers' perceived accuracy on  
18 their core components of action and hedonic tone (i.e., pleasantness level ranging from very low  
19 to very high; see Russell, Weiss, & Mendelsohn, 1989), given that these variables have been  
20 shown to be associated with performance and attentional focus in motorsports (Edmonds et al.  
21 2008; Fuller, 2008; Mullen et al., 2012).

22           In summary, we subscribed to an idiosyncratic multi-modal approach by considering  
23 psychophysiological and perceived emotional states of skilled racecar drivers. Specifically, we



1 conducted a multi-case study to test the MAP model's general assumption in which different  
2 psychophysiological characteristics underlie four different performance types (Figure 1). We  
3 considered an objective performance measure and a multimodal approach by targeting multiple  
4 psychophysiological variables. Consistent with previous research (Bertollo et al., 2013; Bortoli et  
5 al., 2012), we hypothesized that: (a) performance categories (Type 1, Type 2, Type 3, and Type  
6 4) would differ according to athletes' self-reports (perceived performance, emotional states) and  
7 physiological recordings (heart rate response, respiratory rate, skin temperature, and posture);  
8 and (b) drivers' psychophysiological responses would show idiosyncratic patterns, akin to  
9 previous idiographic research in sport psychology (Edmonds et al., 2008; Hanin 2007; Johnson,  
10 Edmonds, Moraes, Filho, & Tenenbaum, 2007; Robazza, 2006).

## 11 **Method**

### 12 **Participants**

13 Ten male professional racecar drivers participated in the study. The participants ranged in  
14 age from 19 to 46 years ( $M = 29.1$ ,  $SD = 10.3$ ), and had on average 9.9 years ( $SD = 4.75$ ) of  
15 driving experience. We used a *criterion sampling approach* given that sample size is not crucial  
16 in idiosyncratic analyses (Hanin, 2007; Patton, 2002; Robazza, 2006). Specifically, we selected  
17 participants on the basis of their competitive experience and professional achievements in major  
18 racecar events. All participants were skilled drivers, consistent with the importance of studying  
19 *information rich cases* to advance knowledge on the underlying mechanisms of excellence across  
20 domains of human performance, such as attentional control through *fixation* and *duration of*  
21 visual scan strategies (see Tenenbaum et al., 2013; Vickers, 2006). Furthermore, skilled athletes,  
22 as opposed to novices, are more knowledgeable about the core components (i.e., chain of events,  
23 mediating factors) of skilled performance (Hanin & Hanina, 2009). More specifically, the

1 participants competed in premier categories including Formula 3, Formula 3 Open, Formula  
2 3000, Lamborghini Super Series, Maserati World Series Championship, and Porsche GT3 Cup  
3 Challenge. Participants' career highs included winning overall seasons and top-3 placements in  
4 the aforementioned events, as well as serving as Ferrari test-drivers on the Formula-1 team.

## 5 **Instrumentation**

6 **Pre-task assessment: Verbal reports on core-components of action.** Participants were  
7 asked to identify the core components of their driving action. Initially, the participants were  
8 encouraged to provide a rich and detailed description of the chain of actions linked to their best  
9 performances (i.e., fastest race laps). The participants were instructed to *think aloud* while  
10 describing in a step-by-step mode the cognitive, motor, emotional, and environmental aspects of  
11 their optimal driving behavior (Ericsson, 2006). Think aloud protocols have been successfully  
12 used to study expert performance across domains (Ericsson, 2006; Williams & Ericsson, 2005).  
13 In particular, this methodology is based on the notion that experts are able to verbalize their  
14 cognitive processes linked to the successful completion of a given task. In the present study, we  
15 used the think aloud method as a means to identify the participants' core components of action.  
16 The verbal report sessions were conducted individually in an informal brainstorming tone in  
17 order to develop rapport. Upon finishing the description of the chain of actions linked to their  
18 unique performance dynamics, the participants were asked to select those elements (i.e., the core  
19 components) viewed as crucial in differentiating optimal from suboptimal performance. The  
20 specific probe was: "What are the actions or behaviors that, when executed in a less accurate  
21 manner, cause your performance time to drop from optimal to suboptimal levels?" We explained  
22 to the participants that core components of actions are idiosyncratic and not necessarily the  
23 technical or tactical aspects emphasized by the press, coaches, or their peers. We also explained

1 that core components of action can be supervised with more or less conscious control depending  
2 on whether one is experiencing functional (Type 1 and Type 2) or dysfunctional performance  
3 (Type 3 and Type 4) (see Bertollo et al., 2013; Bortoli et al., 2012).

4       **Driving task.** Three driving tasks were established after two in-person peer debriefing  
5 meetings involving the authors of this study and a former professional racecar driver whom is  
6 currently a senior driving coach. The peer debriefing meetings, based on the notion of *cognitive*  
7 *task analysis* (Ericsson, 2006), were aimed at identifying a reliable and challenging task able to  
8 capture high-skilled performance in a realistic context. The authors and coach selected the  
9 Barcelona race track due to its inherently difficult nature with numerous turns and intermittent  
10 deceleration points. This race track is considered an important racecar circuit in Europe and well-  
11 known by all participants. The Barcelona track has a total length of 4.65 kilometers and is used  
12 by various Formula-1 teams as a testing circuit because of its sectorial characteristics.  
13 Specifically, this race track has three distinct sectors of comparable length with five braking  
14 points of similar difficulty.

15       Noteworthy, the driving task was operationalized through the Allinsport 1 Grand Prix  
16 racing simulator (Allinsport, Italy). This virtual reality simulator is a replica of a real racecar  
17 with a seat, steering wheel, and pedals (brake and accelerator) built in real-world dimensions.  
18 The participants were able to regulate the height as well as the distance of their seats from the  
19 steering wheel. Of note, the Allinsport 1 Grand Prix does not have G-force simulating capability.  
20 However, the Allinsport 1 Grand Prix racing simulator creates a realistic race platform through  
21 the combination of multi-media technology (sound, video, and kinematic interfaces) projected  
22 during real-time on a rounded (180 degrees) high-definition screen monitor. The participants  
23 were asked to drive 40 uninterrupted laps (approximately one hour simulation). Performance

1 data was recorded at the end of each of the three sectors (i.e., three times per lap) for the 40 laps,  
2 and thus a total of 120 data points were collected per participant. This is consistent with the  
3 central limits theory and previous idiosyncratic research in sport psychology (Filho, Moraes, &  
4 Tenenbaum, 2008; Kamata et al., 2002), in which a minimum of 30 data points per performance  
5 category should be initially considered for analysis.

6 **Performance measure.** The total time to complete each sector was automatically  
7 recorded by the racing simulator and represented the performance measure in this study.

8 **Attentional control.** In addition to performance data, the drivers' perceived attentional  
9 control on their core components of the action was collected to allow for the establishment of the  
10 four performance categories described in the MAP model. Throughout the driving task, the  
11 participants were asked to rate their control levels by using a modified 11-point Borg scale (see  
12 Borg, 2001) ranging from 0 (*extremely inaccurate*) to 11 (*extremely accurate*). More  
13 specifically, the verbal anchors of the scale, developed to avoid floor and ceiling effects, were 0  
14 = *nothing at all*, 0.5 = *very, very little*, 1 = *very little*, 2 = *little*, 3 = *moderately*, 5 = *much*, 7 =  
15 *very much*, 10 = *very, very much*, 11 = *maximal possible*. No verbal anchors were used for 4, 6, 8  
16 and 9. Of note, this scale has been successfully used in psychophysiological research in sport and  
17 exercise psychology (Bertollo et al., 2012, 2013).

18 **Accuracy of core components of action.** As presented herein, subjective accuracy  
19 reports are important in idiosyncratic research in applied psychology (Robazza, 2006;  
20 Tenenbaum et al., 2009). Accordingly, participants' perceived accuracy of the execution of their  
21 core components of action were also assessed on the modified 11-point Borg scale. Correlation  
22 coefficients between individual's perceived accuracy ratings and lap times ranged from .58 to .84

1 (mean  $r = .69$ ), thus indicating a moderate to high criterion related validity and suggesting that  
2 perceived accuracy of core components was related to performance.

3 **Hedonic tone.** Driver's hedonic tone was also collected throughout the driving task using  
4 the modified Borg scale ranging from -11 (*extremely unpleasant*) to 11 (*extremely pleasant*),  
5 with a 0 score denoting neither a pleasant nor unpleasant state. Negative scores are attributed to  
6 unpleasant states (Hanin, 2007; Robazza, 2006).

7 **Psychophysiological data.** Each driver's heart rate, respiratory rate, posture data, and  
8 skin temperature were monitored throughout the driving task A BioHarness belt device (Zephyr  
9 Technology) wirelessly connected to a data acquisition device (Powerlab 16/30, ADInstruments,  
10 Australia) and a laptop computer with Labchart 7.1 software (ADInstruments) captured the  
11 participant's heart rate frequency (beats per minute), respiratory rate (number of breaths per  
12 minute), temperature ( $^{\circ}\text{C}$ ), and posture data on the longitudinal axis relative to the sternum (i.e.,  
13 body flexion-extension with positive values representing movements frontwards and negative  
14 values for movements backwards). Physiological data collection were synchronized with the  
15 simulator via a Bayonet Neill–Concelman cable directly connected between the brake and the  
16 Powerlab data acquisition system.

### 17 **Procedure**

18 One of the authors, with extensive professional networking in motorsports, contacted  
19 potential participants through phone calls and email correspondence. During these initial  
20 correspondences, the participants were briefed on the overall purposes of the study and had their  
21 concerns and questions fully addressed. Those drivers interested in taking part in the study were  
22 invited to the driving center where the study took place over the course of two visits. During  
23 their first visit to the driving center, the participants received additional information regarding

1 the study's overarching purpose and signed a written informed consent approved by the author's  
2 university ethical review board. The participants were then individually asked about their core  
3 components of action related to their best performance experiences in racecar driving, with each  
4 session lasting approximately one hour. The verbal report sessions were conducted in a quiet and  
5 safe meeting room to ensure the comfort and privacy of the participants. Upon completion of  
6 each idiosyncratic verbal report, the drivers were given approximately five trial laps in the racing  
7 simulator. All drivers were accustomed to practicing in driving simulators. Thus, this driving  
8 routine was particularly conceived to allow the participants to become familiar with the study's  
9 data collection procedures.

10         During their second visit to the driving center, the participants were given three  
11 additional familiarization laps prior to the commencement of the actual driving simulation. After  
12 these three initial familiarization laps, the actual simulation started and the participants were  
13 asked to drive for a total of 40 uninterrupted laps, totaling approximately one hour of a driving  
14 simulation. They wore their personal racing suits but did not wear helmets in order to facilitate  
15 the collection of verbal reports during the simulated race. In particular, while driving, the  
16 participants were asked to verbally report (at the end of each sector) their perceived levels of  
17 control, hedonic tone, and accuracy on their core components of action. Gathering verbal reports  
18 during, rather than prior to or after, sporting events has been encouraged in the literature in order  
19 to reduce ecological validity threats (Filho et al., 2008; Hanin, 2007; Kamata et al., 2002).  
20 Moreover, collecting verbal reports during racecar simulation is ecologically valid as brief verbal  
21 communication among racecar drivers and their racing team is common practice during race  
22 events (see *The perfect lap*, documentary feature by McLaren Mercedes, 2013).

1           Furthermore, while performing the driving task, the participants had their heart rate,  
2 respiratory rate, skin temperature, and postural data monitored. Baseline data on all physiological  
3 measures were gathered for five minutes prior to the start of the driving task to ensure that the  
4 participants' physiological responses were within normal ranges. A BioHarness lightweight  
5 strap, mounted directly below each driver's chest, was used to capture and transmit heart and  
6 respiratory rate to a wirelessly connected laptop. The BioHarness strap is portable technology  
7 similar to a standard polar heart rate monitor. This strap is able to capture heart rate, respiratory  
8 rate, temperature, and posture data. Noteworthy, three trained researchers collected the data,  
9 with two monitoring the BioHarness equipment and Powerlab software, and one monitoring the  
10 driving simulator and recording the drivers' verbalized self-report data (i.e., control, hedonic  
11 tone, and perceived accuracy on core components of action).

## 12 **Data Analysis**

13           The data analyses procedures consisted of three steps. First, the psychophysiological data  
14 were organized using the Labchart software version 7.1 and in respect to the three sectors of the  
15 race. Given that the unit of analysis was the race sector, the psychophysiological data were  
16 averaged accordingly. The performance data for each participant were standardized (Z-  
17 transformation) across the three sectors of the race track, thus resulting in 120 data points per  
18 participant. We also multiplied the performance data by -1 (given that a shorter time racing  
19 corresponds to a better performance) to allow for ease of interpretation.

20           The second step of the data analyses procedures consisted of coding the data in respect to  
21 the MAP model's  $2 \times 2$  categorization (performance  $\times$  control). The leading and last author  
22 coded the data, discussing any potential disagreement until reaching a consensus. Performance  
23 and control median scores were computed for each participant to conduct an idiosyncratic

1 analysis. Of note, median values were used because mean values are more susceptible to the  
2 influence of outliers, particularly in idiographic analysis. Accordingly, values above the median  
3 for performance, and below the median for control, were coded “as optimal/automatic”  
4 experiences (i.e., Type 1 performance). Values higher than the median for both of these variables  
5 were coded as “optimal/controlled” (i.e., Type 2 performance). Values lower than the median for  
6 performance and higher than the median for control represented “suboptimal/over-controlled”  
7 experiences (i.e., Type 3 performance).

8 Finally, values lower than the median for both performance and control were coded as  
9 “suboptimal/under-controlled” experiences (i.e., Type 4 performance). This coding procedure is  
10 in agreement with general guidelines on idiosyncratic research on peak performance (Bortoli et  
11 al., 2012; Kamata et al., 2002). Furthermore, the coding procedure is intended to increase the  
12 likelihood of an approximately even frequency distribution across different functional (Type 1  
13 and Type 2) and dysfunctional (Type 3 and Type 4) performance experiences. The final step  
14 consisted of comparing the drivers’ psychophysiological and self-report data in regards to the  
15 coded data based on the MAP model’s  $2 \times 2$  conceptualization. Specifically, one-way ANOVAs  
16 with the four MAP model’s categories as the between factors was run for all psychophysiological  
17 and self-report variables considered in this study.

## 18 **Results**

19 We present the data from nine participants. We excluded one driver from the participant  
20 pool because a malfunctioning wireless connection interfered with his data acquisition.  
21 Respiratory rate from two drivers (Driver 3 and Driver 7) showed unreliable patterns (i.e.,  
22 unrealistic and chaotic ranges) and were thus excluded from further analysis. It is important to  
23 note that these interferences are proper to psychophysiological studies in motorsport due to



1 drivers' natural movements and various layers of clothing, among other factors (e.g., vibrations  
2 from the car simulator; see Yamakoshi et al., 2010). Altogether, we limited our analysis to the  
3 data collected and recorded reliably, and present our findings for each hypothesis.

4 Core components of action. Participants' final selection of core components of action  
5 included "acceleration after the curve" ( $n=3$ ), "braking modulation" ( $n=2$ ), "braking point" ( $n$   
6  $=2$ ), "car speed", "racing line", and "turning in point". These results suggest that there is some  
7 variability in what racecar drivers consider to be a key factor for optimal performance in  
8 motorsports. The ability to properly use the brakes as well as re-gaining speed "after the curve"  
9 were emphasized as important aspects of performance by various drivers.

10 **Hypothesis 1.** Descriptive and inferential statistics for each driver's perceived and  
11 psychophysiological responses are presented in Table 1 and 2, respectively. A series of one-way  
12 ANOVAs with Bonferroni post-hoc tests was used to identify potential differences among the  
13 MAP model's categories, and in respect to each driver's data. The magnitude of observed  
14 differences is reported (Cohen's  $d$ ) for overall effects. Specific effects can be derived from the  
15 descriptive statistics presented in Tables 1 and 2. Overall, the data analyses revealed that all  
16 drivers exhibited different accuracy and hedonic tone responses for the MAP model's optimal  
17 (Type 1 and Type 2) suboptimal categories (Type 3 and Type 4). Differences between  
18 optimal/automatic (Type 1) and optimal/controlled (Type 2) categories were observed for driver  
19 9 only (both accuracy and hedonic tone). Differences between suboptimal/over-controlled (Type  
20 3) and suboptimal/under-controlled (Type 4) experiences were observed for drivers 5 (accuracy),  
21 7 (hedonic tone), and 8 (accuracy).

22 Drivers' psychophysiological responses also varied according to the MAP model's  
23 categorization (Table 2). At least one psychophysiological marker was found to differ across

1 drivers, with some drivers exhibiting differences in all analyzed variables (i.e., Drivers 1, 2, 3,  
2 and 6). In fact, differences among optimal (Type 1 or Type 2) versus suboptimal performance  
3 experiences (Type 3 or Type 4) were observed for all drivers. Differences between  
4 optimal/automatic (Type 1) and optimal/controlled (Type 2) categories were observed for  
5 Drivers 3 and 6 for heart rate only. Differences between suboptimal/over-controlled (Type 3) and  
6 suboptimal/under-controlled (Type 4) experiences were observed for heart rate (Drivers 1, 5, and  
7 6), respiratory rate (Driver 6), skin temperature (Drivers 1 and 4), and posture (Driver 1).  
8 Altogether, these results are congruent with the notion that the MAP model's categories are  
9 associated with different perceived and psychophysiological states. However, it is important to  
10 note that most of the observed differences were in the performance (optimal/suboptimal) factor.

11 **Hypothesis 2.** The drivers presented idiosyncratic intensities and ranges of perceived and  
12 psychophysiological responses related to the different MAP model's categories (see Figures 2, 3,  
13 and 4). As presented in Tables 1 and 2, the magnitude of these differences varied greatly from  
14 driver to driver (see Cohen's  $d$  ranging from 0.09 to 3.87). Finally, although the number of  
15 performance experiences classified as functional (Type 1 and Type 2) and dysfunctional (Type 3  
16 and Type 4) was approximately even for all drivers, they still differed in the frequency of  
17 experiencing Type 1, Type 2, Type 3, and Type 4 performances. Collectively, these results are in  
18 agreement with our second hypothesis, in which drivers' self-reports and physiological  
19 recordings would show large inter-individual differences.

## 20 **Discussion**

21 Our purpose was to test the MAP model assumptions in which athletes'  
22 psychophysiological patterns are thought to differ among optimal/automatic (Type 1),  
23 optimal/controlled (Type 2), suboptimal/over-controlled (Type 3), and suboptimal/under-

1 controlled (Type 4) performance experiences. Data from the verbal reports suggest that braking  
2 control and “acceleration after the curve” are important for skilled performance in driving. Thus,  
3 in line with the expert performance approach (Williams & Ericsson, 2005), scholars should  
4 consider analyzing the kinematic and psychophysiological mechanism of braking modulation  
5 and acceleration dynamics among skilled racecar drivers. Further, results support the notion that  
6 different perceived and psychophysiological states underlie the different MAP model categories.  
7 Specifically, we found differences among all MAP model categories for the drivers’ perceived  
8 emotional states and psychophysiological responses. However, it is important to note that the  
9 majority of the differences observed in the presented study were in the performance factor as  
10 related to optimal (Type 1 and/or Type 2) versus suboptimal performance experiences (Type 3  
11 and/or Type 4). Overall, there is a general agreement that best and worst performance  
12 experiences are easier to distinguish (as opposed to differentiating near-optimal performance  
13 from optimal performance) because they are marked by distinct psychophysiological states  
14 expressed through different psychophysiological markers (e.g., muscle tension, heart rate; see  
15 Hanin, 2007; Robazza, 2006).

### 16 **Hypothesis 1: MAP’s Model Performance Types**

17 Differences in all variables were observed when comparing suboptimal/over-controlled  
18 (Type 3) and suboptimal/under-controlled (Type 4) performance experiences. Although a trend  
19 could not be established (as drivers’ perceived and psychophysiological responses varied  
20 greatly), it was evident that high (Type 3) and low (Type 4) levels of attentional control resulted  
21 in different levels of accuracy on core components of action, hedonic tone, and  
22 psychophysiological responses. From an applied sport standpoint, profiling the dynamics of  
23 suboptimal performance experiences is crucial to increase the frequency of best performances.

1 For instance, action-centered strategies (e.g., relaxation techniques) or attentional focused  
2 oriented strategies (e.g., attentional span and focus training) may be used to alter posture  
3 behavior according to one's Type 1 performance profile (see Bertollo et al., 2013). For example,  
4 high levels of controlled focused attention could be beneficial to Driver 7 in maintaining a higher  
5 frequency of optimal performance experiences. Conversely, less attentional control as indicated  
6 by a more relaxed posture tone (i.e., leaning backwards as suggested by increased negative  
7 values) could help Driver 6 in moving from suboptimal performance types (Type 3 and Type 4)  
8 toward optimal performance states (Type 1 and Type 2). Additional applied strategies that can  
9 help athletes cope with fatigue feelings during long duration sport events, such as racecar  
10 driving, include associative and dissociative imagery (Hutchinson & Karageorghis, 2013; Razon,  
11 Mandler, Arsal, Tokac, & Tenenbaum, 2014). Overall findings suggest that increasing awareness  
12 on the accuracy of core components of action is beneficial to performance as this factor was  
13 significant for all drivers. Understanding the chain of events associated with optimal  
14 performance is paramount for the development of expert performance in sports (Ericsson, 2006).

15 Differences between Type 1 and Type 2 performance were observed for accuracy on core  
16 components of action and heart rate only. Again, differences among various degrees of optimal  
17 performance states are usually subtle (Robazza, 2006). Furthermore, Type 1 performance states  
18 (optimal/automatic, flow-feeling like experiences) are rare occurrences and difficult to induce in  
19 totality, particularly in a laboratory setting. Perhaps key to help athletes moving toward Type 1  
20 performance experiences are mindfulness approaches aimed at focusing on the moment ("here  
21 and now") and at reducing judgmental thinking (Bortoli et al., 2012; Masters & Maxwell, 2008).  
22 In effect, optimal-automatic performance experiences occur without overt conscious control  
23 through efficient parallel processing in the motor cortex (Comani et al., 2014a; Del Percio et al.,

1 2009). Finally, given that most athletes showed unique heart rate and respiratory rate patterns  
2 linked to Type 1 performance, heart rate variability training could be beneficial in increasing the  
3 likelihood of peak performance experiences. Indeed, this biofeedback technique has been used to  
4 alter heart and respiratory functions in order to optimize performance in various domains of  
5 human performance, including sports, physical rehabilitation, and military (Giggins et al., 2013).

## 6 **Hypothesis 2: Drivers' Idiosyncratic Psychophysiological Responses**

7       In agreement with extant idiosyncratic research in sport psychology (Edmonds et al.,  
8 2008; Filho et al., 2008), we observed large individual differences among the drivers.  
9 Specifically, the differences were in the intensity, variability, and magnitude of the drivers'  
10 subjective and psychophysiological recordings. These results are in accordance with the  
11 overarching principle of individualization in athletic training. In this regard, some  
12 psychophysiological markers (most noticeably respiratory rate and skin temperature) were  
13 predictors of performance experiences for only a few drivers. In fact, Hanin's (2007) pentagram  
14 conceptualization within the individual zones of optimal functioning model predicts that  
15 different athletes are more or less sensitive to different forms of psychophysiological  
16 intervention. Therefore, we reinforce the importance of idiosyncratic research in sport  
17 psychology, particularly among skilled athletes. Adhering to normalized standards and  
18 nomothetic analysis (averaging data across participants) can be misleading in identifying the  
19 unique core components of optimal performance for a given athlete (Edmonds et al., 2008; Filho  
20 et al., 2008; Kamata et al., 2002). In all, we echo the notion that multimodal assessment plans  
21 and intervention protocols should be designed to allow athletes to choose among multi-action  
22 plans depending on situational factors and the task at hand.

23

## 1 **Limitations and Future Directions**

2           It is important to highlight that the present study has limitations. First, it is difficult to  
3 induce Type 1, flow-like performance in laboratory settings (Kimiecik & Jackson, 2002). Peak  
4 performance experiences are rare, and hence pose a challenge to scholars and practitioners  
5 interested in its nomological network. Second, the diversity in age and competitive background  
6 of the sampled athletes may explain part of the variability found in their subjective and  
7 psychophysiological responses. Third, testing for interactions among the variables was beyond  
8 the scope of this study, which focused on identifying the unique psychophysiological channels  
9 linked to optimal and suboptimal performance experiences in racecar driving. Examining the  
10 moderating and mediating linkage among various physiological measures, such as heart rate,  
11 skin conductance, and electroencephalographic patterns, represents the next step in advancing  
12 research on bio-neurofeedback training protocols. Finally, although we used a professional race  
13 simulator, it is not possible to fully replicate an actual racecar competition. In fact, athletes and  
14 their staff are usually less inclined to participate in “real-world” data collection due to the  
15 inherently dangerous nature of motorsports (Fuller, 2005). When available, G-force simulators  
16 should be used to better replicate the physical properties of real-world races.

17           Notwithstanding these limitations, our study expands research in motorsports through a  
18 multimodal yet idiosyncratic approach. Most previous studies in motorsports have integrated  
19 only two psychophysiological measures and performance data. In the present study, we used four  
20 measures while simultaneously assessing drivers’ performance (Katsis et al., 2008).

21           Additionally, we expanded research on the MAP model, which in the past has been primarily  
22 conducted in self-paced sports (Bertollo et al., 2013; Bortoli et al., 2012). Moreover, we were  
23 able to monitor highly skilled racecar drivers, whose career highs included top-3 placements in

1 major European competitions. As alluded to previously, it is crucial to study skilled athletes in  
2 order to advance research on the mediating mechanisms (e.g., physiological markers, memory  
3 structures) of expert performance in sports (Ericsson, 2006). Also noteworthy, this study adds to  
4 the literature in motorsports. Motorsports are less studied in comparison to other sports due to  
5 their dangerous nature and because drivers are not perceived as athletes by those who believe  
6 that the car is the most important factor in racing (Potkanowicz & Mendel, 2013). This study also  
7 adds to the extant literature on optimal performance experiences in sport psychology, especially  
8 in regards to the underpinning subjective and psychophysiological mechanisms differentiating  
9 optimal from suboptimal performance experiences.

10 Experimental trials are needed to advance knowledge on the MAP model's  $2 \times 2$   
11 (performance  $\times$  attentional focus) categorization. Future studies should assess changes in the  
12 ability of maintaining a Type 1 performance state after an action-centered and/or attention-  
13 focused training regime. Qualitatively contrasting athletes and coaches mental models on the  
14 core components of action in a given sport may help in the development of applied strategies  
15 aimed at enhancing performance in sports. Nomothetic research based on large samples may help  
16 to describe the psychophysiological mechanisms explaining the variability on drivers' raw  
17 performance data and psychophysiological responses. For instance, nomothetic research may  
18 help to explain why heart rate patterns are higher for some drivers and lower for other drivers  
19 across performance types. Kinematic and high-definition video analysis may be used to  
20 objectively evaluate athletes' core components of action in both closed and open skill sports.  
21 Finally, as outlined elsewhere (Del Percio et al., 2009), scholars should continue to explore the  
22 neural-efficiency hypothesis (common in optimal-automatic experiences) through the use of  
23 electroencephalographic and near-infrared spectroscopy methodologies.

## 1 **Conclusion**

2           In summary, our findings are consistent with previous research on the MAP model in  
3 which athletes' psychophysiological states were found to differ as a function of distinct  
4 performance levels (i.e., optimal- suboptimal) and attentional demands (i.e., automatic-  
5 controlled). Results are also aligned with applied research in sport psychology in regards to the  
6 importance of developing idiosyncratic and multimodal plans for performance optimization in  
7 sports. Specifically, developing action-centered strategies (e.g., brake modulation control) and  
8 attention-focused strategies (e.g., attentional focus directed at the "racing line") may help  
9 athletes move toward less controlled, more pleasant, and overall better performance states in  
10 racecar driving. Further, bio-neurofeedback training regimes may help athletes regulate their  
11 psychophysiological states, thus increasing their probability of peak performance.

12





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17

Table 1

*Descriptive and Inferential Analysis of Drivers' Accuracy on Core Components of Action (CCA) and Hedonic Tone*

Driver	Type 1 (T1)	Type 2 (T2)	Type 3 (T3)	Type 4 (T4)	<i>F</i> (3, 117)	<i>d</i>	Post-Hoc
1	<i>n</i> = 35	<i>n</i> = 25	<i>n</i> = 38	<i>n</i> = 22			
Accuracy CCA	6.23 (1.39)	5.28 (2.30)	5.55 (1.45)	6.52 (1.12)	3.50*	0.31	T2<T4
Hedonic Tone	5.66 (2.66)	4.32 (3.87)	5.08 (2.63)	6.35 (1.92)	2.80		
2	<i>n</i> = 15	<i>n</i> = 45	<i>n</i> = 21	<i>n</i> = 39			
Accuracy CCA	6.67 (1.40)	8.22 (0.97)	6.48 (2.27)	4.33 (2.07)	36.56**	0.14	T1>T3; T1>T4; T2>T3
Hedonic Tone	1.27 (5.40)	5.84 (2.90)	2.57 (5.98)	-3.41 (6.51)	22.54**	1.39	T1<T2; T2>T4
3	<i>n</i> = 38	<i>n</i> = 26	<i>n</i> = 32	<i>n</i> = 24			
Accuracy CCA	6.79 (1.17)	6.69 (2.11)	4.56 (2.67)	4.67 (3.36)	7.58**	0.71	T1>T3; T1>T4; T2>T3; T2>T4
Hedonic Tone	6.13 (3.54)	4.38 (5.31)	0.78 (6.50)	3.38 (5.03)	6.56**	0.78	T1>T3
4	<i>n</i> = 38	<i>n</i> = 22	<i>n</i> = 26	<i>n</i> = 34			
Accuracy CCA	7.42 (0.83)	7.09 (1.66)	6.38 (1.30)	6.97 (1.06)	4.00**	0.51	T1>T3
Hedonic Tone	5.00 (2.05)	5.09 (1.57)	2.92 (2.62)	2.62 (2.84)	9.46**	0.69	T1>T3; T1>T4; T2>T3; T2>T4
5	<i>n</i> = 51	<i>n</i> = 09	<i>n</i> = 09	<i>n</i> = 51			
Accuracy CCA	2.41 (1.79)	3.78 (1.30)	2.67 (2.35)	0.63 (1.55)	15.09**	0.65	T1>T4; T2>T4; T3>T4
Hedonic Tone	-0.22 (1.36)	0.78 (0.83)	-1.56 (3.71)	-0.71 (1.88)	3.10**	0.93	T2>T3
6	<i>n</i> = 35	<i>n</i> = 25	<i>n</i> = 38	<i>n</i> = 22			
Accuracy CCA	6.23(1.40)	5.28 (2.30)	5.55 (1.45)	6.64 (1.00)	3.97**	0.30	T2<T4
Hedonic Tone	5.66 (2.66)	4.32 (3.87)	5.08 (2.63)	6.45 (1.90)	2.47		
7	<i>n</i> = 31	<i>n</i> = 29	<i>n</i> = 38	<i>n</i> = 22			
Accuracy CCA	7.94 (1.61)	7.66 (0.86)	6.32 (2.00)	7.41 (1.62)	6.79**	0.58	T1>T3; T2>T3
Hedonic Tone	7.87 (1.76)	7.31 (1.14)	3.95 (4.60)	6.27 (3.34)	10.74**	0.74	T1>T3; T2>T3; T3<T4
8	<i>n</i> = 16	<i>n</i> = 42	<i>n</i> = 30	<i>n</i> = 32			
Accuracy CCA	4.06 (3.06)	6.20 (1.94)	6.43 (1.77)	0.18 (5.77)	22.76**	0.09	T1>T4; T2>T4; T3>T4
Hedonic Tone	-0.31(0.79)	-0.07 (0.89)	0.07 (0.87)	0.24 (0.97)	1.58		
9	<i>n</i> = 35	<i>n</i> = 25	<i>n</i> = 47	<i>n</i> = 13			
Accuracy CCA	9.17 (1.48)	6.58 (2.59)	5.77 (2.91)	6.15 (3.24)	12.90*	1.22	T1>T2; T1>T3; T1>T4
Hedonic Tone	4.86 (2.96)	2.08 (3.43)	1.04 (3.49)	1.00 (4.08)	9.40*	1.03	T1>T2; T1>T3; T1>T4

\**p* < .05. \*\* *p* < .01.

Table 2

*Descriptive and Inferential Analysis of Drivers Psychophysiological Variables*

Driver	Type 1 (T1)	Type 2 (T2)	Type 3 (T3)	Type 4 (T4)	<i>F</i> (3, 117)	<i>d</i>	Post-Hoc
1	<i>n</i> = 35	<i>n</i> = 25	<i>n</i> = 38	<i>n</i> = 22			
HR	99.77 (3.06)	101.00 (2.20)	103.97 (2.27)	96.95 (17.96)	3.85*	0.16	T3>T4
RR	21.47 (2.56)	22.90 (2.49)	24.08 (2.35)	22.76 (4.30)	4.90**	0.66	T1<T3
ST	36.67 (0.89)	36.74 (0.09)	36.00 (0.67)	36.54 (0.26)	24.65**	0.78	T1>T3; T2>T3; T3<T4
PT	-17.03 (0.86)	-17.39 (0.97)	-19.23 (1.36)	-16.72 (3.88)	11.23**	0.52	T1>T3; T2>T3; T3<T4
2	<i>n</i> = 15	<i>n</i> = 45	<i>n</i> = 21	<i>n</i> = 39			
HR	70.83 (4.14)	72.53 (3.61)	70.75 (2.36)	68.34 (5.63)	4.08**	0.04	T2>T4
RR	14.78 (6.40)	16.05 (5.49)	15.54 (4.99)	15.74 (4.43)	2.70*	0.70	T1<T2
ST	34.94 (0.79)	34.93 (0.89)	34.87 (0.15)	34.87 (0.12)	2.86		
PT	-15.05 (1.63)	-15.22(1.43)	-16.21(2.13)	-16.11(1.71)	3.34*	0.42	T2>T4
3	<i>n</i> = 38	<i>n</i> = 26	<i>n</i> = 32	<i>n</i> = 24			
HR	87.45 (7.98)	82.54 (5.15)	84.72 (7.41)	84.93 (5.35)	2.77*	0.52	T1>T2
RR <sup>†</sup>	-	-	-	-	-	-	-
ST	36.02 (0.31)	35.74 (0.39)	35.72 (0.49)	35.81 (0.40)	4.08**	0.67	T1>T3
PT	-9.22 (1.50)	-10.10 (1.48)	-10.32 (2.24)	-9.59 (1.63)	2.70*	0.47	T1>T3
4	<i>n</i> = 38	<i>n</i> = 22	<i>n</i> = 26	<i>n</i> = 34			
HR	88.47 (5.15)	90.61 (5.28)	82.39 (3.69)	83.95 (5.72)	15.20**	0.64	T1>T3; T1>T4; T2>T3; T2>T4
RR	15.26 (3.17)	13.93 (2.21)	15.35 (2.46)	15.00 (2.41)	1.45		
ST	36.68 (0.23)	36.56 (0.56)	35.42 (1.15)	36.26 (0.82)	16.54**	0.82	T1>T3; T2>T3; T3<T4
PT	-21.29 (0.81)	-21.53 (0.80)	-20.82 (0.48)	-20.88 (0.71)	5.88**	0.35	T2<T3; T2<T4
5	<i>n</i> = 51	<i>n</i> = 09	<i>n</i> = 51	<i>n</i> = 09			
HR	76.61 (5.22)	76.22 (3.22)	79.40 (3.65)	74.85 (4.42)	2.95*	0.21	T3>T4
RR	21.74 (1.80)	22.60 (1.70)	22.22 (2.09)	21.33 (2.30)	1.37		
ST	36.44 (0.20)	36.34 (0.20)	36.27(0.21)	36.44 (0.19)	2.53		
PT	-26.50 (0.20)	-27.03 (0.67)	-27.08 (0.69)	-26.59 (0.83)	2.08		

Table 2 Continued

*Descriptive and Inferential Analysis of Drivers Psychophysiological Variables*

Driver	Type 1 (T1)	Type 2 (T2)	Type 3 (T3)	Type 4 (T4)	<i>F</i> (3, 117)	<i>d</i>	Post-Hoc
6	<i>n</i> = 35	<i>n</i> = 25	<i>n</i> = 38	<i>n</i> = 22			
HR	105.60 (1.77)	101.87 (1.49)	100.90 (2.39)	97.9 (1.88)	64.23**	2.40	T1>T2; T1>T3; T1>T4; T2>T4; T3>T4
RR	15.43 (2.50)	23.35 (2.01)	23.11 (2.20)	19.71(2.90)	14.53**	1.22	T1<T4; T2<T4; T3<T4
ST	34.55 (0.62)	36.79 (0.06)	36.69 (0.04)	36.58 (0.02)	50.41**	2.46	T1<T2; T1<T3; T1<T4
PT	-21.96 (0.84)	-18.12 (0.63)	-16.87(0.59)	-16.48 (0.77)	131.81**	3.87	T1<T2; T1<T3; T1<T4; T2<T3; T2<T4
7	<i>n</i> = 31	<i>n</i> = 29	<i>n</i> = 38	<i>n</i> = 22			
HR	85.08 (7.33)	87.20 (6.81)	84.35 (6.35)	82.27 (4.21)	2.57		
RR <sup>†</sup>	-	-	-	-			
ST	35.99 (0.27)	36.02 (0.22)	35.70 (0.50)	35.55 (0.41)	10.31**	1.12	T2>T4
PT	-9.17 (1.28)	-9.06 (1.22)	-10.45 (2.37)	-10.60 (1.51)	6.49**	0.50	T1>T3; T1>T4; T2>T3; T2>T4
8	<i>n</i> = 16	<i>n</i> = 42	<i>n</i> = 30	<i>n</i> = 32			
HR	77.58 (2.55)	78.77 (2.65)	77.55 (3.21)	78.77 (2.51)	1.83		
RR	19.74 (4.91)	18.98 (3.95)	18.52 (3.34)	20.26 (4.15)	1.15		
ST	36.48 (0.15)	36.56 (0.16)	36.53 (0.17)	36.58 (0.15)	1.78		
PT	-23.16 (0.48)	-23.24 (0.42)	-23.03 (0.53)	-23.21 (0.40)	1.43		
9	<i>n</i> = 35	<i>n</i> = 25	<i>n</i> = 47	<i>n</i> = 13			
HR	101.91 (3.23)	102.72 (2.79)	101.83 (2.84)	101.78 (3.60)	0.56		
RR	18.73 (3.29)	19.66 (4.67)	19.70 (3.36)	18.57 (3.62)	0.72		
ST	36.48 (0.14)	36.31 (0.47)	35.98 (0.69)	36.30 (0.28)	7.21**	0.71	T1>T3; T2>T3
PT	-19.81 (1.42)	-20.06 (1.17)	-20.39 (2.17)	-23.22 (1.29)	0.81		

\**p* < .05. \*\**p* < .01.Note. Heart rate (HR), respiratory rate (RR), skin temperature (ST), and posture (PT). <sup>†</sup>Missing Data.



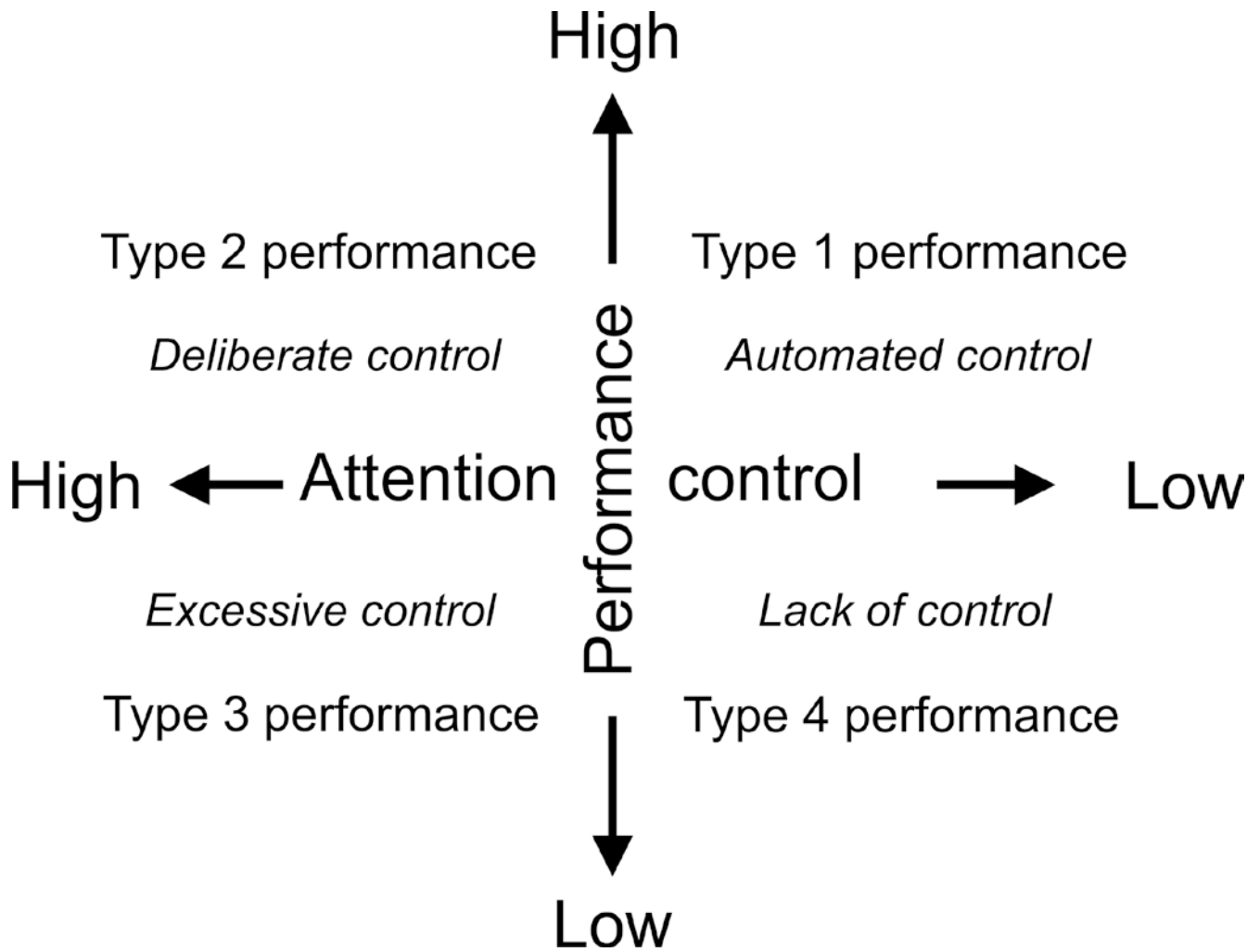


Figure 1. Performance and attention control interaction according to the multi-action plan (MAP) model.

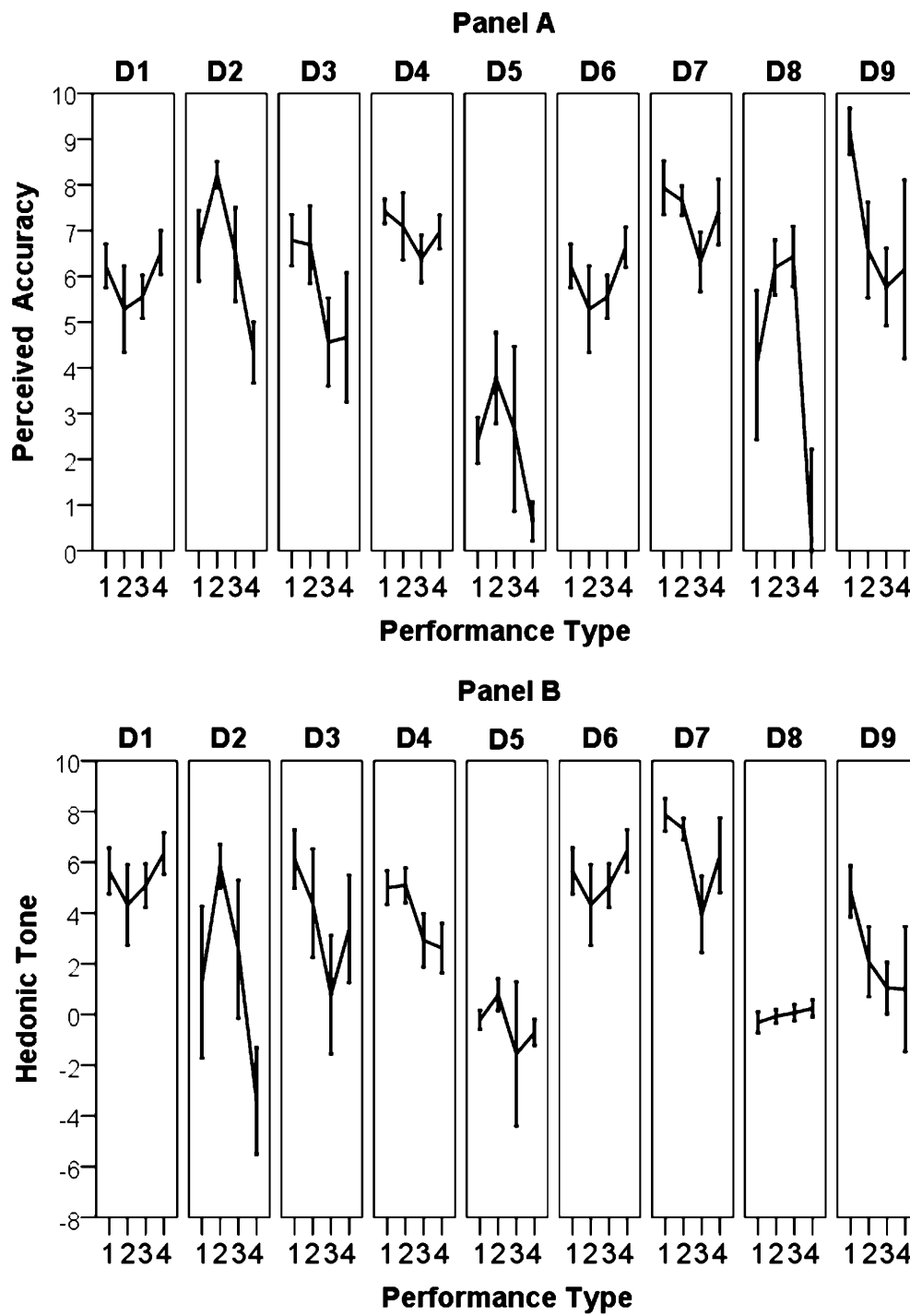


Figure 2. Drivers' perceived accuracy on core components of action (upper panel) and hedonic tone (lower panel) based on the MAP model framework.

Note. "D" stands for "Driver". X-Axis: Performance Type-1, Type-2, Type-3, and Type-4.

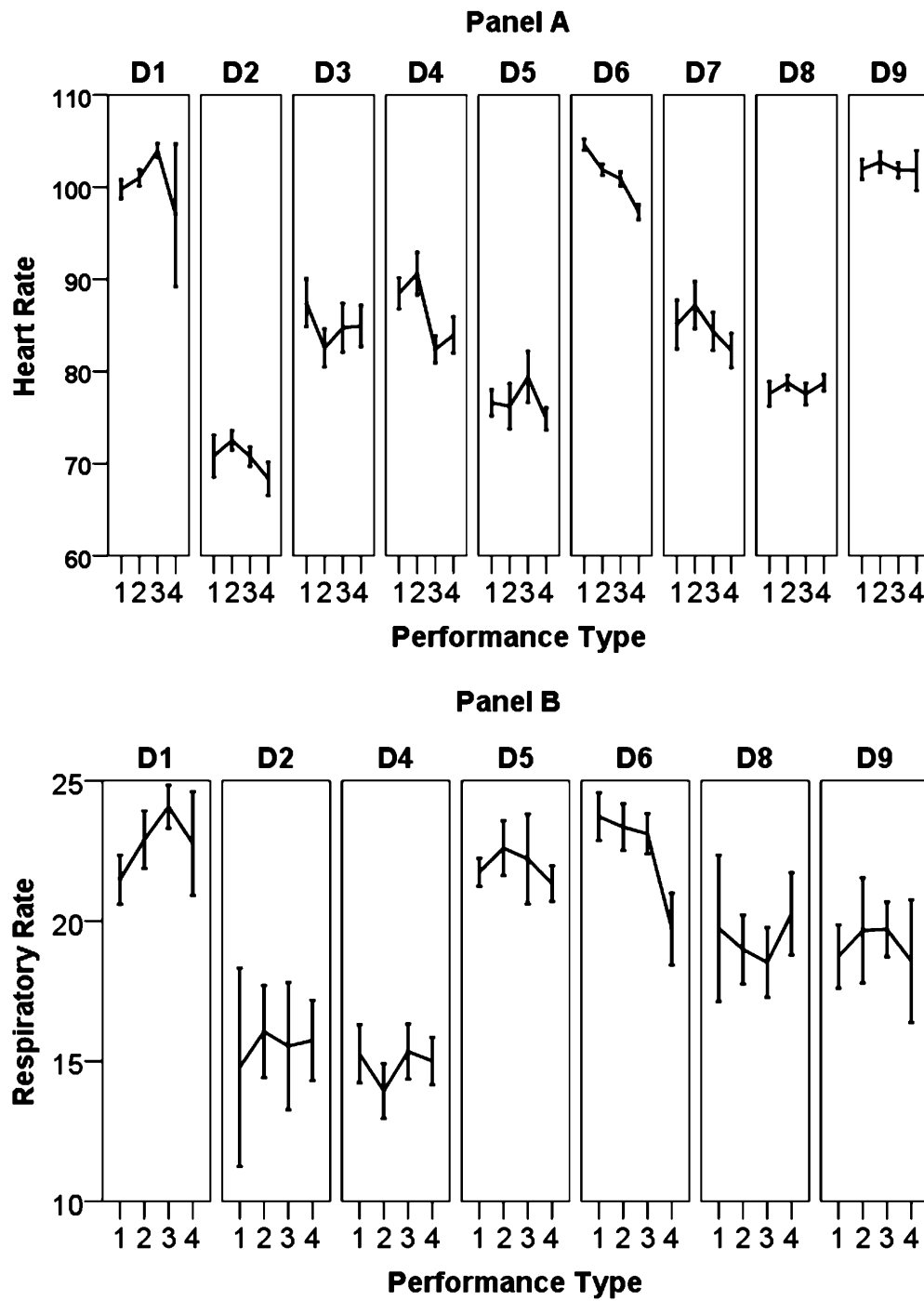


Figure 3. Drivers' heart rate (HR; bpm) and respiratory rate (RR; breaths per minute) based on the MAP model framework.

Note. "D" stands for "Driver". X-Axis: Performance Type-1, Type-2, Type-3, and Type-4.

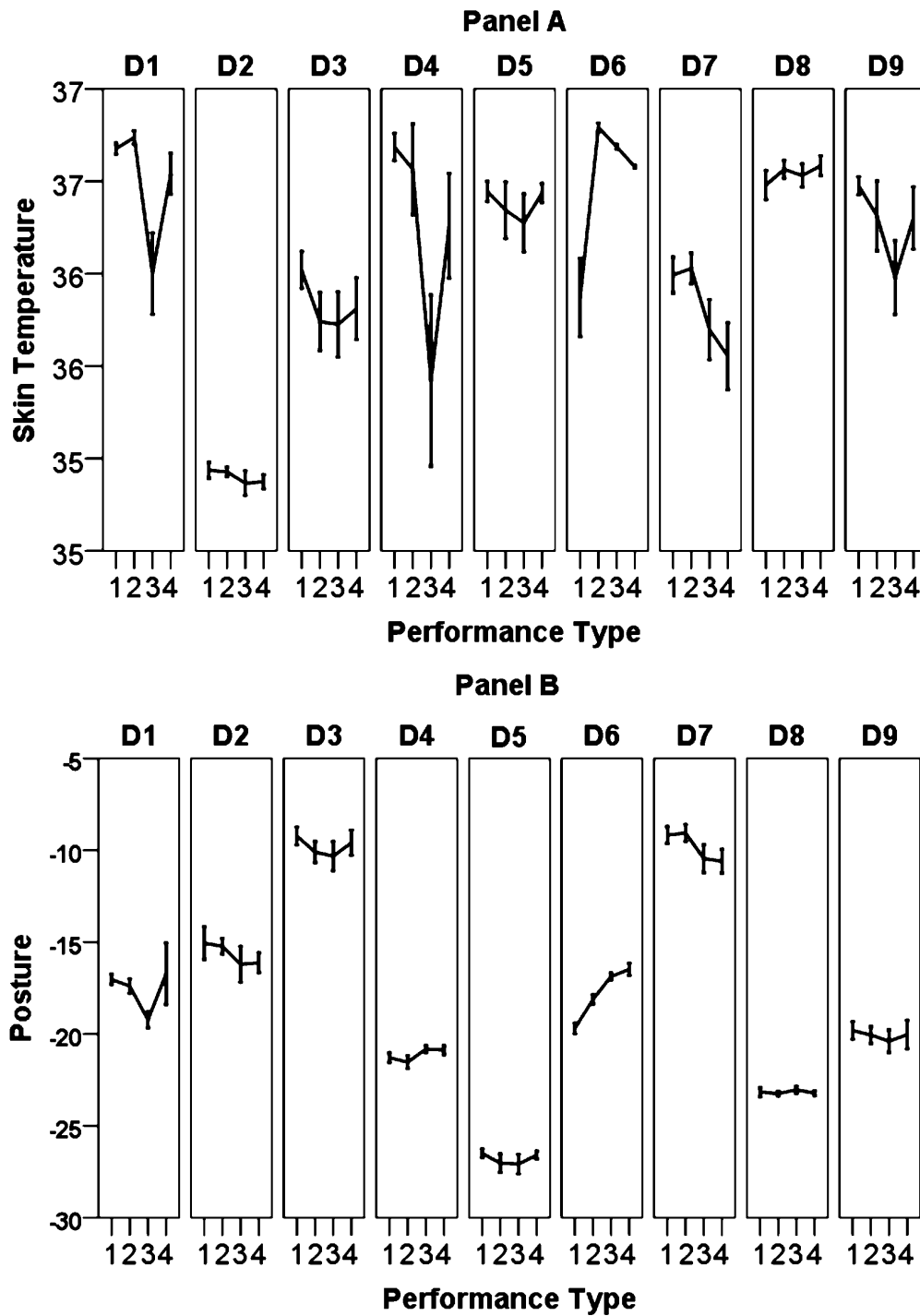


Figure 4. Drivers' skin temperature (ST; Celsius) and posture (PT) based on the MAP model framework.

Note. "D" stands for "Driver". X-Axis: Performance Type-1, Type-2, Type-3, and Type-4.