

Psychological Aspects of Coping with Injury

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Seventy-five per cent (75%) of all professional players will sustain at least one injury during a two-year period, with an average of 24 days spent on the treatment table.

While physical factors such as muscle imbalance, high speed collision, over-training and physical fatigue are the direct primary cause of such injuries, stress related psychological factors also make an indirect contribution. Loss of concentration, becoming more easily distracted and 'tightening up' during a game represent psychological deficiencies associated with an increased risk of injury. These deficiencies are, in turn, often a consequence of the increasing 'on and off the field pressures' typical of those faced by players in today's high profile game. The evidence is clear. Players with high levels of stress are more likely to experience injury, emphasising the important role of stress management strategies ("Insight", Issue 3, Volume 3).

Once an injury is sustained, various psychological reactions follow. It is important that coaches have knowledge of these reactions, and understand the signs that may help to identify poor injury adjustment. Furthermore, the primary concern of both player and club is successful rehabilitation, and there are many psychological factors that can influence the quality and speed of recovery. The aim of this article is to provide an insight into the typical psychological reactions to injury, and offer key psychological recommendations that will help rehabilitation.

Psychological Reactions to Injury

The psychological reaction to injury is subject to a degree of individual variation. However, most players are likely to progress through three general categories of response, with the speed and ease with which they do so varying widely.

- 1 Injury Relevant Information Processing - the player will focus on the pain, extent and negative consequences of injury, and asks questions about how the injury happened.
- 2 Emotional Upheaval and Reactive Behaviour - the player will elicit emotional reactions such as shock, denial, disbelief, self pity, and mood disturbances such as increased

- tension, anxiety, depression and anger.
- 3 Positive Outlook and Coping - the player will accept the injury and exhibit an optimistic and positive attitude in attempting to cope.

Other Reactions

- Identity Loss - the player will experience a threat to/loss of personal identity. The injury forces them to disengage from an activity that is central to making them what they are, and they lose an important part of themselves.
- Isolation - the player will feel lonely and experience separation from the team and his/her team-mates. An important element of the player's social support system is lost.
- Fear and Anxiety - the player faces an uncertain future and will worry about making a full recover, possibilities of re-injury, regaining a place in the team or in extreme cases, the ability to play again.
- Lack of Confidence and Performance Decrements - the player will question his/her physical status, believing oneself to be more vulnerable to injury. The individual may become more tentative and cautious in play, trying to protect the injury. This translates into performance decrement, which can further erode confidence and lead to more anxiety and frustration.

Signs of Poor Adjustment

Coaches are in an excellent position to identify whether a player is adjusting poorly to injury. However, without an understanding of the psychological reactions to injury, important signs of problematic adjustment may be missed, thus prolonging recovery. Look out for the following:

- Evidence of anger and confusion;
- Obsession with the question "when can I play again?";
- Denial, reflected in remarks such as "The injury is no big deal.";

- A history of coming back too soon and experiencing re-injury;
- Exaggerated bragging about accomplishments in and out of sport;
- Dwelling on minor physical complaints;
- Remarks about letting the team down or guilt at not being able to contribute;
- Over-dependence on the physiotherapist;
- Withdrawal from significant others, such as the physiotherapist, coach, teammates, family or friends;
- Rapid mood swings or striking changes in behaviour;
- Statements indicating helplessness, such as "it doesn't matter what's done, I won't recover".
(Adapted from Weinberg, R S & Gould, D 1999. *Athletic Injuries and Psychology. In Foundations of Sport and Exercise Psychology, Champaign, Illinois, Human Kinetics, pp 397-411*).

Psychological Aspects of Injury Rehabilitation

The most successful injury rehabilitation programmes are those that have adopted a holistic approach (ie one that supplements physical therapy with psychological strategies to facilitate recovery). One of the roles of the Sport Psychologist is to equip the player with the necessary coping skills to facilitate rehabilitation. The use of mental skills such as goal setting, positive self-talk, imagery visualisation and relaxation training have all been shown to help footballers i) control their reaction to injury ii) deal effectively with the rehabilitation process and iii) cope with setbacks should they occur. However, the focus of this article is on the important influence that coaches (and physiotherapist) can have on the psychological rehabilitation of players.

Rapport

The intense emotions that injured players experience often make it difficult to establish and build rapport, yet this is central to successful rehabilitation. The key is to make the player feel

understood and accepted, and this can be done by adopting the following procedures.

- i) Having empathy with the player will show an understanding of the injury and associated feelings from the player's perspective.
- ii) Showing emotional support and 'being there' for the player will lessen the vulnerability and sense of isolation.
- iii) Enlisting the player as part of the planning and implementation of the rehabilitation programme will show an acceptance of his/her role in the process, and give the player a crucial sense of control.

Education

It is important to give the players accurate information that will help them to understand i) the injury in practical terms, and ii) the recovery process that they will undertake. This is often the primary responsibility of the physiotherapist. Give information on:

- i) The nature of the injury and the medical reasons for initiating particular treatments
- ii) The goals of treatment
- iii) Details of medical procedures that will be performed
- iv) Possible sensations or side effects
- v) How and when physical and psychological changes might occur.

The result is a player who feels involved in the treatment process, and the player who is 'kept in the picture' is the one who experiences better psychological rehabilitation. The effect of quality medical information is to reduce the exaggerated fear of the unknown that is often caused by unclear or insufficient provision of information. Players cite such poor quality medical information as being one of the primary factors that hinders psychological rehabilitation, as it does nothing to reduce their worries and fears regarding the status of their injury or their future in the game.

Social Support

Injured players need social support. They need to know that significant others care about their welfare and will listen to their concerns. Social support from the coach, physiotherapist, teammates, friends and family of the injured player is so significant that it can facilitate or debilitate rehabilitation. The coach is essential to the support process, as the injured player must be made to feel wanted. There is evidence that good social support from coaches, where a concerted effort is made to maintain close and frequent personal contact with the player, and an active interest in the individual's recovery is paramount. Unfortunately, there is also evidence of emotional support being inadequate in practice. In one particular study of severely injured professional footballers, 67% of the sample cited a lack of listening or emotional support from the coach as a major factor that

hindered psychological rehabilitation. Players felt that their relationship with the coach changed once they became injured. Contact became less frequent and more distant, which led the player to feel like "a hindrance", "a problem", "an outcast" and "bothersome". Such an absence of understanding encourages the player to foster the feelings of isolation and emotional dysfunction that are so psychologically damaging to recovery. Sometimes coaches may feel uncomfortable or frightened to talk to the player about the injury, and purposely avoid all talk of either the injury or the sport. Whilst this may be difficult to overcome, it is essential. Failure to do so denies the player the support needed to facilitate psychological adjustment.

Summary

It is hoped that this article gives an insight into the psychological aspects of injury reaction and rehabilitation. Rehabilitation programmes must consider both the physical and psychological aspects of injury if recovery is to be successful. Moreover, coaches have an important role to play in this process. Even a small amount of social support can have a profound and significant facilitating effect on a player's recovery. Conversely, doing nothing can also have a profound effect - damaging the recovery of the very same player that the coach desperately wants to be fit again. It is hoped that the greater understanding of the psychology of injury offered within this article provides coaches with some key recommendations and strategies that can be used to make the psychological rehabilitation of their players more effective.

Further Reading

Gilbourne, D (1996) Goal-setting during injury rehabilitation. In *Science and Soccer* (edited by T Reilly), pp 185-200. London: E & F N Spon

Gould, D, Udry, E, Bridges, D and Beck, L (1997) Coping with season ending injuries. *The Sport Psychologist*, 11, pp 379-399

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