E233_1 The psychological aspects of sports injury

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EMOTIONAL RESPONSES

As they began to examine the psychology of injury in athletics, sport psychologists first speculated that people's reaction to athletic or exercise-related injury was similar to the response of people facing imminent death. According to this view, exercises and athletes who have become injured often follow a five-stage **grief response** process (Hardy & Crace, 1990). These stages are

- 1. denial,
- 2. anger,
- 3. bargaining,
- 4. depression, and
- 5. acceptance and reorganization.

This grief reaction has been widely cited in articles about the psychology of injury, but evidence shows that although individuals may exhibit many of these emotions in response to being injured, they do not follow a set, stereotypical pattern or necessarily experience each emotion in these five stages (Brewer, 1994; Evans & Hardy, 1995; Quinn & Fallon, 1999; Udry, Gould, Bridges, & Beck, 1997). Sport psychologists now recommend that we view typical responses to injury in a more flexible and general way – people do not move neatly through set stages in a predetermined order. Rather, many have more than one of these emotions and thoughts simultaneously or revert back to stages that they have experienced previously. Nevertheless, although emotional responses to being injured have not proved to be as fixed or orderly as sport psychologists once thought, you can expect injured individuals to exhibit three general categories of responses (Udry et al., 1977):

- 1. *Injury-relevant information processing*. The injured athlete focuses on information related to the pain of the injury, awareness of the extent of injury, and questions about how the injury happened, and the individual recognizes the negative consequences or inconvenience.
- 2. *Emotional upheaval and reactive behaviour*. Once the athlete realizes that she is injured, she may become emotionally agitated; experience vacillating emotions; feel emotionally depleted; experience isolation and disconnection; and feel shock, disbelief, denial, or self-pity.
- 3. Positive outlook and coping. The athlete accepts the injury and deals with it, initiates positive coping efforts, exhibits a good attitude and is optimistic, and is relieved to sense progress. In reaction to injury, most athletes move through these general patterns; but the speed and ease with which they progress vary widely. One person may move through the process in a day or two; others may take weeks or even months to do so. However, one long-term study of 136 severely injured Australian athletes showed that the period immediately following the injury was characterized by the greatest negative emotions (Quinn & Fallon, 1999).

OTHER REACTIONS

Athletes experience additional psychological reactions to injury (Petitpas & Danish, 1995). These are some of their other reactions:

- 1. *Identity loss*. Some athletes who can no longer participate because of an injury experience a loss of personal identity. That is, an important part of themselves is lost, seriously affecting self-concept.
- 2. *Fear and anxiety*. When injured, many athletes experience high levels of fear and anxiety. They worry whether they will recover, whether reinjury will occur, and whether someone will replace them permanently in the lineup. Because the athlete cannot practice and compete there's plenty of time for worry.
- 3. *Lack of confidence*. Given the inability to practice and compete and their deteriorated physical status, athletes may lose confidence after an injury. Lowered confidence can result in decreased motivation, inferior performance, or even additional injury if the athlete overcompensates.
- 4. *Performance decrements*. Because of lowered confidence and missed practice time, athletes may experience post injury performance declines. Many athletes have difficulty lowering their expectations after an injury and may expect to return to a preinjury level of performance.

The loss of personal identity is especially significant to athletes who define themselves solely through sport. People who sustain a career- or activity-ending injury may require special, often long-term, psychological care.