

EMOTIONAL UPHEAVAL: Serious injuries, such as the broken leg suffered by young Kangaroo Jack Ziebell, have more than a physical impact on players. They also affect their mental state during rehabilitation.



The Psychosocial Reactions to Injury

The Experiences of Professional Australian Football League Players.

By **DR MANDY RUDDOCK-HUDSON**

It's really disappointing; you just don't understand what it's like. It affects you, your family and friends?

▶ Sports injuries can have considerable physical impact on athletes. The physical factors associated with sports injury and strategies to improve rehabilitation outcomes have been well researched and successful rehabilitation can accelerate the return of athletes to sport participation. Study of the psychosocial impact of sports injury and its influence on the rehabilitation process, however, is still in its infancy.

Further research in this area is important because these factors will certainly impact on an athlete's mental state during rehabilitation. These factors are important to ensure that an athlete returns to competition in a state of psychological health, as well as physical well-being.

The Impact of Football Injuries

Australian Football is regarded as one of the highest-profile sports in Australia. Its unique combination of body contact, running, marking, tackling and constant physical competition for the ball at high speed also results in injuries.

The introduction of injury surveillance systems has provided accurate and reliable data regarding injury trends and has also assisted with rule changes, improvements in sports equipment, medical care and ground surfaces and assisted with coaching techniques. The AFL Injury Surveillance is considered a core element for monitoring the state of injuries in the AFL competition.

Although there has been substantial and informative data relating to injuries in the AFL, there is a lack of knowledge and reliable data that may be used to decrease injury prevalence and enhance recovery from injury. Until this study, no research had examined the psychosocial or psychological implications of injury with a sample of AFL footballers.

LaTrobe University researcher Dr Mandy Ruddock-Hudson, under the supervision of Dr Paul O'Halloran and Professor Greg Murphy, conducted three studies (two of which are presented here) investigating the psychosocial factors associated with injury.

90 per cent of the time, a player will play with a niggling injury. It's very rare for a player to go into a game 100 per cent fit. Most of the time, the public have no idea that we are carrying an injury?

Psychosocial Factors Associated with Injury

While a substantial amount of research has examined the role of psychosocial factors associated with the **occurrence** of athletic injury, less attention has been given to the psychosocial **consequences** of athletic injury. Therefore, a comprehensive understanding of how athletes respond to injury and the rehabilitation process may potentially assist rehabilitation personnel when treating injured players at any level.

Psychosocial factors are acknowledged as significant issues in:

- 1 Injury prevention.
- 2 Injury rehabilitation.
- 3 Injury management.

There are two factors that should be considered during injury rehabilitation and injury management: (i) the emotional response to injury (ii) the behavioural response to injury.

The emotional response to injury includes:

- Mood disturbances.
- Self-efficacy (self-belief).
- Coping mechanisms.

The behavioural response to an injury includes:

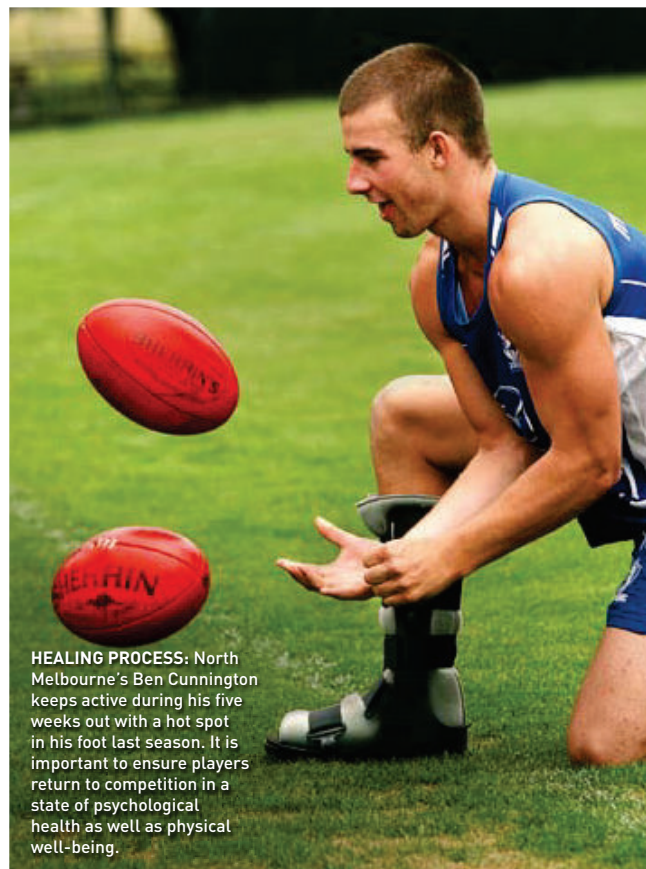
- Adherence to rehabilitation.
- Social support networks.
- Perceptions of sports medical practitioners.
- Nature of the injury.

The Research

The focus of this research was to examine the psychosocial reactions to injury in professional Australian footballers. Results from two studies are presented:

- 1 A single examination of AFL players from one club
- 2 An examination of long-term injured players from three AFL clubs

	AFL clubs	Participants	Method	Aim
Study 1	1	43 players	1 x Questionnaire 1 x Interview	To gain preliminary information regarding the psychosocial reactions to previous injuries in a sample of professional Australian footballers.
Study 2	3	8 players	3 x Interviews 3 x Questionnaires	To understand the psychosocial reactions to long-term injury and the potential role of these psychosocial factors in the rehabilitation and recovery process.



HEALING PROCESS: North Melbourne's Ben Cunnington keeps active during his five weeks out with a hot spot in his foot last season. It is important to ensure players return to competition in a state of psychological health as well as physical well-being.

Study 1: Exploring the AFL injury experience:

Findings:

Four key findings were identified that accompanied the recall of past injury experiences reported by all senior-listed players of one AFL club.

These included:

- The negative implications and challenge of the injury
- The isolation and repetitive nature of the rehabilitation process
- Engaging and disengaging in club activities when injured
- Emotional and informational support from family, teammates and medical professionals

Implications of Study 1:

Study 1 indicated the emotional response to an injury involved negative emotions of anger, depression, frustration and anxiety. In addition, there were concerns about an unknown future. Nevertheless, some players with less-severe injuries did respond with a positive attitude and were typically optimistic about their injury. During rehabilitation, players reported feelings of isolation, boredom and being unmotivated; further behavioural responses were illustrated by engaging in alternate activities, for example, outside work or study, or distancing oneself from the football club environment. In addition, the use and disuse of social support

networks was a significant behavioural response. It was these emotional and behavioural responses to the injury reported by this sample of AFL players that impacted the rehabilitation and recovery outcome.

Study 2: Psychosocial reactions to long-term injury:

Findings:

Sixteen key findings accompanied the long-term injury experience. These findings were identified over three interviews and included:

Interview 1: In the period following the injury

Major themes to emerge:

- 1 Negative emotions.
- 2 Adopting a positive mindset to regain control.
- 3 Disengaging from the club.
- 4 Support from others.

"To be having your best season, then to have all that taken away from you, and you're not going to be playing again until next year, you're not going to be out there enjoying it with your mates and while you're winning and up the top of the ladder and all the accolades that go along with it, that was probably the most

disappointing part, and that disappointment obviously turns to anger because you are just missing out on a big opportunity that might not come around again.”

“I’m lucky I’m not playing because I think I was playing and worrying about stuff outside footy. I’d be playing pretty bad footy I think. Like I haven’t been training too bad but I could probably train harder, meaning that I suppose it gets on top of you and, yeah, it affects you in some ways. So I suppose in some ways I’m lucky I’m not playing because I wouldn’t be playing too well. So if I can get on top of this other stuff, then I think I will be 1) a better person and 2) a better trainer and footballer.”

Interview 2: The estimated mid-point of the injury period

Major themes to emerge:

- 1 Rollercoaster of emotions.
- 2 The challenge of rehabilitation.
- 3 Motivation and encouragement from injured teammates.
- 4 The challenge of isolation.
- 5 Support from others.
- 6 Reconnecting with the club environment.
- 7 Renewed optimism.

“It’s so repetitive [the rehabilitation] and stuff like, really not involved in football and, yeah, you’re really not used to it I suppose. Like my training doesn’t change, it’s the same every week. I trained seven out of eight days and I think I just burnt out mentally, not struggling, I think I was just really... burnt out a little bit. I had three days off and then came back this week and started the process all over again.”

“We sort of feed off each other a bit, like we try to train as much as we can with each partner because when we are by ourselves we tend to... I suppose when you’re training with someone you enjoy it a little bit more than when you’re not training with someone. So, the



SOCIAL SUPPORT:
It is crucial clubs have an accurate understanding of the fluctuating emotions players – such as Fremantle’s Antoni Grover, who missed the first eight rounds last season with a knee injury – go through during a long rehabilitation.

fact that we are both injured, he [my training partner] actually made a good point; he doesn’t know how he would of got through it all without someone else. So it’s the same from my point of view, so it’s good to have him.”

Interview 3: In the week before returning to competition

- 1 Mixed emotions.
- 2 Pressure to perform to a high level of football.
- 3 Support from others.
- 4 A positive outcome from the injury experience.
- 5 Recovery outcome: Physical and mental readiness.

“I’m going to have a little bit of fun and just try and not worry about it so much, but then you have got the coaching staff who are looking at you and saying you have got to do this and got to do that, so you can never get too far away from the fact that this is your life and this is what you have got to be good at to be successful in this sort of career.”

“Mentally I’m stronger because of the past and getting over this will hopefully leave me stronger again.”

“I think just to sort of get a bit off my chest, like I feel pretty good now and, hopefully, from now on in, I’m not going to have any more injuries. I mean, just what I’ve gone through, there were times when I wasn’t going well and it’s good just to get it off your chest. I mean, you can talk to people like your parents and things, but to talk to someone who probably doesn’t know a whole lot about you, is good to get it off. I mean, I wouldn’t tell my parents everything because that gets them worried and that sort of thing. It’s good to have a bit of a chat. I have really got a lot out of it.”

Implications of Study 2:

Study 2 should be considered by coaching staff, fitness/rehabilitation advisors and medical professionals when developing rehabilitation programs to enhance and facilitate the recovery process from long-term injury.

Study 2 suggests that:

- Players benefited from the opportunity to “talk” about their injury experience.
- Staff need to inform the injured player that they will go through a “roller-coaster” of emotions at different points in time and players need to be reassured that these emotions are “normal”.
- Coaches should remain actively involved and offer continual support and communication throughout the entire rehabilitation period.
- Rehabilitation programs and strategies need to be specific to each individual case.
- Rehabilitation/fitness advisors should incorporate a variety of rehabilitation activities in the program to keep the injured player motivated.
- Players may feel isolated.
- Although a player may have physically recovered from a long-term injury, the player may not be mentally ready to return to competition and therefore may require extra sessions with a sports psychologist or a health professional to assist in a successful return to competition.

COMMUNICATION:

Star Bulldog Shaun Higgins talks to the club's medical staff. Discussing the injury experience with a professional independent person can enhance the recovery process for players.



Ways to facilitate the rehabilitation and recovery from long-term injury:

Conclusions and practical implications from the research:

A number of implications can be drawn from the findings in this research and these can potentially be applied to coaching staff, sport practitioners, medical personnel and AFL players in order to facilitate rehabilitation and recovery from long-term injury.

Findings suggest that:

→ Emotional reactions to injury vary over time.

It is important that staff have an accurate understanding of the fluctuation in players' emotions in order to best meet player needs during rehabilitation. Furthermore, medical professionals, coaching staff, athletic trainers, fitness advisors and player welfare managers need to recognise and understand the implications of effective social support on injury recovery. Staff members need to identify and attempt to provide the right type of support to injured players, at the right time during the injury period.

Coaching staff are in an ideal position to offer emotional and informational support throughout the rehabilitation process, however, this appears to be underutilised. Findings in this research suggest players would like coaches to offer more social support during their injury period.

→ Interacting and communicating more frequently with injured players.

Players want regular communication with coaches during the rehabilitation period. Players suggested this need not be extensive in terms of time, as long as it was on a more regular basis.

→ Player education.

Educating athletes about the psychosocial process of injury may improve a player's understanding of the process and prepare the player to deal with the emotional implications that accompany an injury.

Similarly, by educating family members and partners, who are the main support providers of injured players, this may potentially further enhance and facilitate the rehabilitation and recovery of injured athletes.

→ Task orientated exercises.

Another way to facilitate the rehabilitation and recovery from long-term injury is to incorporate a variety of different task-oriented exercises into the rehabilitation program so as to keep the injured player motivated. Results from the study and previous research by others have identified the challenge of the prolonged and repetitive nature of much rehabilitation. Providing variation in the content of rehabilitation programs is likely to enhance motivation and contribute to players' willingness to comply with their scheduled programs.

→ Professional assistance.

Although a player may have physically recovered from a long-term injury, the player may not be mentally ready to return to competition. Therefore, players may benefit from scheduled contact with a sports psychologist or similar health professional to assist in a successful return to competition.

→ Talk.

An important "finding" from the research and one which may assist in facilitating and enhancing the rehabilitation of an injured player, refers to the player's willingness to "talk" about their injury. Participants in this study made reference to the fact this research was the first opportunity many injured AFL players had to reflect on their experiences, emotions and challenges while rehabilitating from a long-term injury. Being able to communicate and express one's feelings during this time was reported by **all** players in this study to be beneficial. It was further reported that having an outsider (the researcher) to "talk" to, allowed the player to discuss a variety of factors openly, without potentially jeopardising or influencing their position on the team.

This was highly valued and suggests AFL teams might formally introduce services such as Employment Assistance Programs (EAPs) that allow organisational members to address personal concerns with an independent professional in a setting with no formal connection to the players' employing club.

According to the research team at LaTrobe University, no professional sporting clubs in Australia use such EAPs, although they have been widely used in manufacturing organisations in Australia and overseas. Discussing the injury experience with a professional independent person may be an important component of professional sporting clubs' services to facilitate injury rehabilitation and enhance the recovery process.

"Enhancing the rehabilitation process for professional Australian footballers may potentially assist players throughout the duration of their long-term injury and ensure a player is ready not only to return to competition in a recovered physical state but also return to competition in an optimal state of adequate mental health and social integration". CE

This article is an extract from Dr Ruddock-Hudson's PhD dissertation undertaken at LaTrobe University, supervised by Dr Paul O'Halloran and Professor Greg Murphy. Further information/inquiries can be directed to M.Ruddock@latrobe.edu.au