

SHORT-TERM INJURY:

How you think may affect how you heal

by Frank Young Ph.D. and Gerry Rose Ph.D.¹[1]

“Ouch!... Oh no! Not another injury!... Geez... Now what?...”

These words and thoughts (or their more emphatic equivalents) are the beginning of a series of adjustments and coping strategies in response to injury. Mental decisions, self-talk, imagery and other factors can often make the crucial difference between a rapid and strong recovery, or weakness and likely re-injury. Let's have a look at some of these mental factors now, rather than waiting until your next injury.

1. Defining short-term injury.

In this article we are focussing on short-term injury. In a future article we will discuss the implications of a career-ending injury, an event with more far-reaching implications. Nevertheless, short-term injury response is no less crucial in setting a pattern that could prevent long-term damage and establish positive fitness to allow sport participation for a lifetime. Here we are defining short-term injury as physical damage that inhibits or prevents full participation in an athletic activity for up to 3 months, typically, 6 weeks or less. We are only referring to chronic soreness if it escalates into episodes of acute pain or loss of function. Basically, when the pain and weakness are such that the activity is no longer fun to do.

We are also including both traumatic injury as well as chronic overuse injuries. An acutely sprained ankle commands your immediate attention and action, whereas a nagging case of tennis elbow can be ignored enough times that the tendonitis can actually set in and become quite severe. This distinction leads us to the first mental factor in injury: the tendency toward denial.

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2. Acknowledging the injury.

“Hey man, are you okay?”

“Uh sure, just give me a moment, and I’ll be fine...Okay, let’s go!”

In acute or traumatic injury, the greatest problem or window of vulnerability is within the first 2 hours after the accident happened. After the original crack or crunch the severe pain subsides, often within minutes, the excitement of the sport situation, and the masking effect of adrenaline and shock, allow the athlete to believe the extent of the injury is minor. “Just a flesh wound.” as they say in the movies. Denial often prompts the athlete to return to the game within minutes, greatly risking further tearing of already weakened tissue.

Denial is common as many people ignore injuries (particularly chronic overuse injuries) and try to exercise through them. Reasons for this include goal-driven concerns, such as fear of losing fitness gains, competitive exposure or placement opportunities missed, prevention of goal attainment if they stop playing for a while, especially at crucial stages of their competitive career or season. There can also be practical concerns, such as cost of therapy, inconvenience and time disruptions associated with attending physiotherapy and other treatments, misinterpretation of severity, lack of experience with injuries, and the proper use of medications.

Beyond these obvious factors are some perhaps more unconscious but nonetheless powerful mental factors leading to ignore injuries. Many people try to maintain their self-concept as invulnerable, not subject to weakness, not allowing for the possibility of dependency, even if temporary or appropriate. They might also want to avoid feedback that could limit their freedom or threaten their sense of identity or autonomy, such as past experience with health practitioners perceived as being unhelpful, (advising an obligatory runner “so stop running”). Even in short-term injury, the recovering athlete undergoes a small identity crisis when deprived of his/her favorite mode of recreational self-definition.

Another powerful factor is exercise addiction. Many athletes have the compulsive need for the activity to generate endorphins and relieve stress. If they have not developed alternative mental activities and coping strategies for stress management, then the distress of the injury and its disruptions propel the athlete to return to sport prematurely to restore the addictive release the sport provides.

3. Emotions associated with injury.

As sport and physical activity is often a powerful modulator of emotion, it comes as no surprise that injury that interferes with sport can generate powerful emotions. On the negative side are often: anger, frustration, fear of re-injury, anxiety, guilt, social isolation from the team or sport group, feeling misunderstood by the group, or jealous of others' progression. Furthermore, disappointment and depression can lead to social withdrawal and decreased motivation for all activities, including treatment for the injury.

Thankfully, not all emotion associated with injury is negative. Among the positive emotional experiences could be: relief from the pressure of performance in training and competition, and temporarily, group or team membership with more sympathy and attention. There is the hope of good news and remarkable progress in recovery, the renewal of goals and expectations and motivation for healing, renewed resolve, acceptance and recovery, triumph over adversity, learning about oneself and one's body-mind, and the satisfaction of developing new friendships and resources.

4. Changes in social relationships and shifts in self-image.

Injuries are usually quite disruptive of the lifestyle of the athlete and his immediate social milieu. Functions and capacities can be compromised, and often the marital partner or other family members are frequently faced with a formerly absent athlete member who could be depressed or irritable, and is often less capable than his/her usual self. On the other hand, the injured athlete might actually take advantage of the opportunity to be more involved with family and friends in new and more flexible ways. There are now possibilities to restore balance in relationships where the athlete may have formerly seemed like an over-achieving but emotionally distant person. Transactions around receiving help and nurturance, accepting dependency without embarrassment or shame, and learning lessons of dignity and honor can often prevail in the exchanges of caring that accompany the healing process.

5. Coping mechanisms.

Successful healing is also dependent on a number of mental factors. The main aspect is the focus on a positive mental outlook, cognitively reframing life's experiences, looking for the benefits and opportunities for learning and growth in every challenge. The healthily recovering athlete typically maintains a focus on improvements, faith in therapists, personal healing power, perhaps the power of prayer, or the help of God.

Secondly, there is a corresponding refocus on restoring a balance in other aspects of life, social support, engaging in alternative activities and relationships, resetting goals, working on other aspects of technique or fitness maintenance, staying with the team in another way.

The third factor involves the daily practice of positive self-imagery skills. Included are imaging how the injured area will perform properly and strongly when recovered, mentally rehearsing proper technique using the healed areas of the body currently disabled or limited by injury. Imagery would also involve

desensitization of the anxiety associated with the situation or actions that occurred when the injury happened, so that there is no avoidance or performance reluctance in that situation in future.

The fourth factor is a proactive and self-responsible approach in coordinating the recovery plan with health professionals as needed. This focus on healing includes an early recognition of injury. How do you decide when to go and see a professional? Gerry uses a handy rule of thumb: if there is no improvement in the condition of the injury after taking aspirin for 5 days, avoiding activities which might aggravate it. Proactive recovery involves understanding the condition and its treatment, informed decisions, adherence to therapy regime and limits of acceptable activity, appropriate pain management, and understanding the difference between discomfort (no further tissue damage occurring) and pain (stop right now). Remember that overdoing it in treatment often indicates denial of severity of the injury. Proactive treatment responsibility also includes additional strengthening and relapse prevention and simulation, possibly including desensitization of whatever elements should be ignored in sport performance situations.

6. Overall learnings and positive benefits. The message of the injury.

The next mental factor that promotes health and recovery has to do with cultivating and maintaining a learning set. This means learning and accepting limits, early warning signals, how to discriminate between noise vs. signal, appreciation of health, putting sport in perspective.

What is your injury telling you about your health, your future, your identity, your values, and their balanced coordination? As injury often results from ignored or undervalued warning signs, what are the signals you need to pay attention to in future? What is your decision path? A path that has a balance of physical and mental aspects of focused awareness in living seems like a promising approach to restoring overall health and wellness to the athlete recovering from and preventing injury.
