

Injured athletes use of self-talk



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A sports injury can be serious and cause profound physical and emotional distress. The physical aspects of the injury can even contribute to loss of a sports career. The emotional stress of a sports injury can result in affects such as anxiety and depression which result in obstacles to healing and future performance (Myers, Peyton & Jensen, 2004). After injury most athletes will suffer from a change in their mood for a short length of time. This change in mood will manifest as anger, depression, tension, and low energy levels. Normally the athlete returns to their pre-injury mental status once they are on their way to recovery (McDonald & Hardy, 1990)

Sports injuries can have a devastating impact on athletes and the search for effective psychological rehabilitation methods have been ongoing. One study using the open-ended Sports Injury Survey found that athletes that healed the fastest engaged in more positive self-talk, goal setting and healing imagery than slower healing athletes. It was found that the mental strategy of goal setting was the most productive technique and scientists believe the reason for this is that it is easy to learn and is within the athlete's control. The results of the study would suggest that there are numerous psychological factors that play an important role in injury recovery. A number of other studies have demonstrated that speed of recovery was effected by goal setting, attitude, imagery, social support, and coping skills (Ivleva & Orlick, 1991). One study demonstrated that imagery can be helpful in injury rehabilitation. Imagery is used often in training and competition, but athletes don't use it as often for recovery from healing and need to be reminded of its efficacy (Sordoni, Hall & Forwell, 2000)

It has been found that an athlete's inability to return to pre-injury performance levels was due to psychological factors and stressors rather than physical ones (Evans, Harding & Fleming, 2000). One of the factors with an impact on performance levels post-injury is the athlete's perceived inability to demonstrate the same skills they enjoyed pre-injury. One example of this is a rugby player who returned to the game after suffering a shoulder injury. He favoured the injured shoulder and used the other shoulder more frequently. The result of this behaviour was that he put extra pressure on the one shoulder setting himself up for future injuries (Evans et al., 2000). When an athlete returns to the game before they are truly ready the risk for more injuries or re-injury is increased. Even if an athlete has been told by his sports physician that they can return to competition they may not be ready psychologically (Evans et al., 2000). Cupal (1998) claims evidence exists that indicates when an athlete returns to the sport before they are psychologically ready they increase the risk of more injuries

There are different approaches to explaining how an athlete responds to injury. One of these approaches is designated the cognitive appraisal approach. This approach focuses on the athlete's perception of the injury and it offers an explanation for individual differences in responses to injury and their perception of the injury (Brewer, 1994). Brewer (1994) believes that one of the positive aspects regarding the cognitive appraisal approach is that it offers explanations for the diverse responses to injuries unlike other methods that don't provide such insight. There are a number of influencing factors with cognitive appraisal. The individual personality characteristics of the athlete that remain constant over time are a factor. Another factor is the

athlete's changeable situation which they have no control of. One example of this is time of season of the injury (Gayman & Crossman, 2003).

A study of the psychology of season ending injuries amongst skiers from the USA Ski Team was conducted (Gould, Udry, Bridges & Beck, 1997a; Gould, Udry, Bridges & Beck, 1997b). This study included lengthy interviews and revealed different factors of the injury experience. Researchers discovered that some athletes received what they perceived were benefits from the injury. If they had a problem with the stress of the competition they may see this injury as a blessing in disguise and a way out. Performance anxiety can be another reason why an athlete sees the injury as beneficial. Also, rehabilitation can be physically painful and emotionally trying (Gould et al., 1997a). Other factors researchers uncovered were the sources of stress, social support systems, and coping strategies. In some instances a severe injury can interfere with social activities especially if they are sports-oriented (Bianco, Malo, & Orlick, 1999). Bianco et al. (1999) interviewed skiers from the Canadian Alpine Ski Team. What they learned was that there was an early phase when the athlete is injured or ill and then they move into a phase of rehabilitation where they begin to recover, and the last phase is when they are fully recovered and back to pre-injury activity. Every one of these phases included a set of events that influenced the emotional and cognitive responses (Granito, 2001, pg. 63). Researchers looked to cognitive appraisal to explain why some athletes suffer from greater psychological distress following an injury than others (Brewer, 1994). What they found was that the manner in which an athlete perceives the injury experience plays an

important role in how well they recover and are able to return to pre-injury performance levels (Brewer, 2001, as cited in Gayman & Crossman, 2003).

The time of the year when an athlete is injured may determine how well and fast they recover and return to competition. For example, one athlete may be distraught and stressed over being injured post-season because after all his hard work and team effort he will not be able to participate in the play-offs. Another athlete may regard the injury as beneficial because they can get out of a horrendous season where the team didn't do very well. The athlete who perceives the injury in a more positive light will have an easier time of recovery than the athlete who experiences more negative emotions surrounding the injury (Gayman & Crossman, 2003)

Pre-season is important because after a break from sports the athletes are ready to get back in the game again and are looking forward to try-outs. An injury sustained pre-season can be regarded in different ways. The more severe the injury is the greater the athlete's frustration and disappointment (Gayman & Crossman, 2003). An injury that isn't serious enough to keep the athlete out for the entire season may not be as devastating for some because they become motivated to heal and spend the rest of the season in the game. Different factors enter the picture for mid-season injuries. An athlete who is out due to injuries during mid-season can be more stressed because by this time the team members are bonding. The athlete will also have lost some of their physical abilities that are important to the game. The team has been traveling and playing many games together by mid-season and the injured athlete will feel that they are missing out on the camaraderie and fun (Gayman & Crossman, 2003). When an athlete is injured end of

season the success of the entire team may be hindered and this is a source of great stress and disappointment for the athlete. If it's the athlete's last year of college, for example, the injury could end his career in sports. If the injury is severe enough regardless the season; it is devastating for the athlete and requires different and more intense coping techniques (Gayman & Crossman, 2003). Finally, the playoffs are important because the team has bonded and worked hard together for an entire season to get that far. Injuries sustained during this time could hamper efforts for the championship title not to mention the personal satisfaction of success (Gayman & Crossman 2003)

How an athlete reacts to their injury may be based on how they personally view the situation. For instance, injury in pre-season may be regarded more negatively by one athlete than another. It all depends on how they perceive the situation (Gayman & Crossman, 2003). There are different factors in the injury recovery process. One of those factors is gender differences. One study found there were differences in the perceptions of male and female injured athletes. It was found that male athletes had reported a more positive relationship with their coaches than the females. Males also were more apt to have a special person in their lives that they received emotional support from. It was discovered that female athletes were more apt to worry about how their injuries would affect their future health than the males (Granito, 2002). Regardless of male or female, it would appear that a good social support network and positive relationships with coaches are important when an athlete sustains an injury. There are, however, more factors involved in the success of an athlete's rehabilitation and recovery than that

of emotional support from others. Other interventions and coping mechanisms involve goal setting, imagery, and self-talk (Ivleva & Orlick, 1991)

There are numerous psychological intervention strategies for rehabilitation from sports related injuries. Oftentimes the athletes' erroneous thoughts about intervention strategies keep them away from getting the help they need to recover more quickly and fully. The interventions could help them return to competition not only physically ready but psychologically ready as well. Due to a lack of knowledge and understanding leading to faulty beliefs about intervention strategies the athlete doesn't always get the help they need. The efficacy of any post-injury therapy or treatment depends on the ability of the athlete to accept and receive different techniques and strategies (Myers et al., 2004).

One of the strategies in treatment for sports injuries that isn't fully understood is that of positive self-talk. Self-talk in injury recovery is even less understood than other techniques and strategies even though athletes do use it for performance improvements. Athletes have used both self-talk that is instructional in nature and self-talk that consists of positive affirmations (Van Raalte, Cornelius, Brewer, & Hatton, 2000). Self-talk has been recognized as an effective tool for improvements in performance but unfortunately, has not been given as much thought as a strategy for recovery from injury. One reason that has been given to explain why there is a lack of knowledge regarding self-talk and its importance to recovery from injury has to do with understanding the fundamentals behind performance improvement in sports (Hardy, 2005)

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There is a relationship between performance improvements and self-talk. It has been suggested that it's the aspect of self-talk that involves functionality that sheds light on its relationship with performance. This includes the cognitive and motivational aspects of self-talk (Hardy, Gammage, & Hall, 2001a). Theodorakis, Weinberg, Natsis, Douma & Kazakas (2000) investigated the efficacy of self-talk with athletes using positive self-talk in proportion to the specific demands of their physical activity. Instructional self-talk was used for the technical demands and motivational self-talk was used for less technical demands such as the athlete's strength and stamina. The researchers expected that instructional self-talk would be more effective when the demands of the activity involved skills and accuracy and the motivational self-talk would be more effective when the demands involved strength and stamina. The results demonstrated that instructional self-talk for technical demands met the researcher's expectations, however when the demands were for motivational self-talk the results weren't as expected (Hardy, 2005). The researchers discovered that both types of self-talk generated an increase in performance in the activity of leg extensions but not in the activity of sit-ups which requires stamina. Theodorakis et al. (2000) believe one reason for this outcome is that there wasn't an equal distribution of males and females for the study thus affecting the results. Theodorakis et al. rightly calls for more research in order to determine why positive self-talk (or negative) impacts athletic performance (Hardy, 2005).

One factor that may impact the effectiveness of self-talk on an athlete's performance is how they interpret their self-talk as far as it relates to motivation. The athlete may regard their self-talk in either a negative or

positive light (Hardy, Hall, & Alexander, 2001b). If an athlete regards their self-talk as de-motivating it certainly not help them recover faster and can even keep them from getting back to pre-injury performance levels.

Theodorakis et al.(2000) explains that the lack of differences across groups in his study is that there are motivational aspects to the instructional self-talk and some of the self-talk used by the athletes may have been either motivating or de-motivating. Self-talk is supposed to be positive for the athlete. The attitude of the injured athlete is important to their recovery. If the athlete is optimistic their chances of recovery are greater and they have better coping mechanisms. Suggestions to encourage the athlete are for them to use only positive words, language and tone, during the rehabilitation-in and out of the clinic (Mind, Body, pg. 1). Examples of positive self-talk are: " I will get through this" " I will recover fully" " I will get back to playing my sport, better than I was before" " I will get 115 degrees of flexion today" (Mind, Body, 2005, pg. 1). These self-talk strategies will create a more positive and healthy mind set in the injured athlete (Mind, Body, 2005). In a study with tennis players it was found that instructional self-talk had a positive outcome on performance but not on self-efficacy (Landin & Hebert, 1999). It is suggested then that practitioners determine if the athlete finds self-talk is to be de-motivating or motivating. An athlete can learn to perceive themselves in a healthier and more self-affirming manner by engaging in positive self-talk (Hardy, 2005).

The speed with which an athlete recovers from injury can be increased by using certain mental strategies. It is up to the athlete and their physician to determine, in light of the patient's situation and personal preferences, what

would be the best strategy to ensure a rapid and full recovery from injury. The athlete and their sports doctor can be creative in coming up with what techniques seem to fit. Special attention should be given to the psychological state of the athlete and the seriousness of the injury. A comprehensive approach to injury management has been proven to be successful through research suggesting that by using more goal setting, positive self-talk, and imagery, athletes recover more quickly from injuries (Mind, Body, 2005, pg. 1)

Self-talk is useful for injury recovery and quite often for the management of physical pain and distressing emotional states. Self-talk is described as, . the endless stream of thoughts that run through your head every day (Chronic Pain, 2005, pg. 1). This self-talk or automatic thinking can be positive or negative and based on logic and reason (Chronic Pain, 2005, pg. 1). There are times when self-talk can be negative and based on faulty perceptions due to inadequate information. In order for self-talk to be effective for recovery from injury the faulty thinking must be recognized and changed. In order to recognize the faulty thinking it's important to recognize the different categories of non-productive thinking. One method of thinking that is not positive self-talk is generalizing. An example of this is when the individual regards one event as a trigger for a never ending series of negative events. As the pain continues the individual thinks they will not be able to carry on as before and they begin to devalue themselves. Another example of negative thinking is when the individual thinks in terms of catastrophes. With this type of thinking the individual imagines the worst case scenario. For example, they imagine that the pain from the injury will become a problem

and they will become embarrassed if out in public or with friends (Chronic Pain, 2005). Another example of catastrophic thinking is when the athlete thinks things will never change and they will never get any better (Lake, 2005). Polarizing is another thinking style that leads to negative self-talk. This is when the individual sees everything as black and white, good or bad, positive or negative. They cannot concede that there is oftentimes a place in the middle. One of the more serious consequences of this thinking is that the individual feels they have to be perfect or else they are a failure; there is no acceptance of the fact that they are human like everyone else and can make mistakes while not seeing themselves as losers. Filtering is when the individual looks at the negative thoughts in a situation through a magnifying glass and minimizes the positive thoughts. One example given of this is when the individual did a great job at work that day but when they get home they realize they forgot to do one thing. The entire evening is ruined because the individual sits there and ruminates on that one task they failed to do. All the accolades they received that day from boss and co-workers is forgotten and only the negative is focused upon. Another negative thinking pattern that leads to unhealthy self-talk is that of personalizing. When something unpleasant, unfortunate, or bad happens the individual thinks that they are blame, even if it's something out of their control and has nothing to do with them. Emotionalizing is thinking where the heart rules the head. Objectivity is pushed aside for irrational thinking. One example of this is if an individual feels they are dull or stupid and therefore they believe that is what they are (Chronic Pain, 2005).

This type of thinking is dangerous for the athlete especially one who is recovering from an injury. The athlete must recognize the negative thinking and begin the exercise of positive self-talk. An interesting rule of thumb regarding the process of positive self-talk is as follows:

Don't say anything to yourself that you wouldn't say to someone else

Be gentle and encouraging. If a negative thought enters your mind, evaluate it rationally and respond with affirmations of what is good about yourself. Eventually your self-talk will automatically contain less self-criticism and more self-acceptance. Your spontaneous thoughts will become more positive and rational. (Chronic Pain, 2005, pg. 1)

What people say to themselves all too often sets the stage for how they look at life and what they do about it. One example of this is when the individual comes home after a day of working and says, I don't want to exercise today. It's cloudy outside, there's no one to walk with, and besides, I've already exercised twice this week (Managing Your Pain, 2005, pg. 1). A more positive way to respond to this situation is to say, " I don't feel like exercising today, but I know I'll feel better afterward and have an easier time falling asleep" (Managing Your Pain, 2005, pg. 1). These examples are very important in retraining the mind to engage in positive self-talk. The self-talk one engages in can literally change the way an individual experiences physical pain. Negative messages can lead to increased pain, while positive messages can help distract you from pain (Managing Your Pain, 2005, pg. 1)

There are several steps to take in order to change negative self-talk that leads to increased pain into positive self-talk which speeds up the healing

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process and leads to decreased pain. The first of these steps is for the individual to make a list of all negative self-talk engaged in. The second step is to change each negative statement on the list into a positive statement. One example would be the following, "I'm tired and don't feel like attending my support group tonight, but if I don't go I might miss out on some good tips like the ones I learned last month. I can always leave the meeting a little early" (Managing Your Pain, 2005, pg. 1). The third step is to practice the positive self-talk. Even though it doesn't come naturally and may take some time to become comfortable with keep at it until it becomes second nature (Managing Your Pain, 2005, pg. 1).