

## Chapter 5: THE PSYCHOLOGY OF INJURY

### I. Personality Variables

A. Personality is defined as the “stable, enduring qualities of the individual.” Factors that play a role in sports injuries include the athlete’s general personality make up, trait anxiety, locus of control and self-concept.

1. A person’s \_\_\_\_\_ (Slide 2) can be classified as aggressive, passive, introverted, extroverted, etc.

2. \_\_\_\_\_ (Slide 2) is defined as “a general disposition or tendency to perceive certain situations as threatening and to react with an anxiety response.”

3. \_\_\_\_\_ (Slide 2) refers to people’s belief, or lack thereof, that they are in control of events that affect their lives. People with an external locus of control feel they have little control over their lives; people with an internal locus of control feel they are responsible for what happens to them.

4. \_\_\_\_\_ (Slide 2) particularly low self-concept, may be a factor in sports injury. Athletes with low self-concepts are less able to deal effectively with the stress of competition. In the extreme, being injured may become an attractive alternative to participation because it provides attention for the athlete and gives him or her an excuse to avoid playing.

a. Low self-concept can be raised through a program of individualized counseling provided by a trained specialist.

### B. Seasonal Affective Disorder (SAD)

1. SAD is a psychiatric disorder that occurs primarily during the fall and winter seasons.

2. Symptoms include loss of physical capacity and energy, increased appetite, decreased libido, hypersomnia, anhedonia, and impaired social activity.

a. Research on ice hockey players (n = 68) found a total of 22 suffering from either symptomatic SAD or subsyndromal SAD.

3. Accurate diagnostic tests are available and should be administered by a specialist.

4. Rosen, et al. reported that light therapy could be helpful in treating SAD.

II. Psychosocial Variables. Although correlations between personality traits and injury have been weak, recent research has found strong relationships between psychosocial factors and injury. Psychosocial factors develop through interaction between the individual and a changing social environment.

A. \_\_\_\_\_ (Slide 3).

B. A variety of life-events questionnaires have been developed including the SRRS, SARRS, LESA, LEQ, LESCA and the ALES.

C. Evidence suggests a strong relationship between stressful life events, especially negative events, and sports injury.

1. Athletes with a \_\_\_\_\_ (Slide 3) of coping skills were less likely to get injured.

D. Coaches should refer athletes to trained specialists for counseling and avoid “playing psychologist.”

### III. Competitive Stress and the Adolescent

A. As more adolescents participate in sports, professionals are growing concerned about the psychological effects of sports activities on youths.

1. The intensity of competition has increased drastically in some sports, particularly women’s gymnastics, tennis, figure skating, BMX cycling, and skate boarding, which routinely produce champions under 16 years of age.

2. Pressure to win can come from parents, coaches, peers, sponsors, and the media. It is assumed that youngsters do not have the coping skills that enable adults to handle such pressure.

3. Young athletes \_\_\_\_\_ (Slide 4).

4. Parents and coaches must take care not to force children beyond their ability to cope with the activity.

IV. Psychology of the Injured Athlete. Injury is a psychological \_\_\_\_\_ (Slide 5) for the athlete.

A. Weiss and Troxel reported that an injury results in a psychophysiological response that follows the classic stress-response model.

1. \_\_\_\_\_ (Slide 5) of the injury serves as potent stressor as the athlete is forced to adapt to restriction of normal activity.

2. \_\_\_\_\_ (Slide 5) involves the appraisal of the short- and long-term significance of the injury.

3. \_\_\_\_\_ (Slide 5) involves the emotional response to the injury that can precipitate psychological and physical reactions including anxiety, depression, anger, and elevated blood pressure and heart rate.

a. Ermler and Thomas as well as Pedersen developed models of injury response that fit into phase three. According to Ermler and Thomas, injury causes an athlete to experience feelings of alienation. Pedersen compared the effects of injury to the grief response that follows a death of a loved one (loss).

4. \_\_\_\_\_ (Slide 5) involves the long-term consequences of the emotional responses that occur in phase three. If an athlete responds to an injury in a negative manner, various health-related problems can occur, such as sleep disorders, loss of appetite, and possibly decreased motivation.

B. Recommendations:

1. \_\_\_\_\_ (Slide 6).

2. \_\_\_\_\_ (Slide 6).

3. \_\_\_\_\_

\_\_\_\_\_ (Slide 6).

4. \_\_\_\_\_

\_\_\_\_\_ (Slide 6).

5. \_\_\_\_\_ (Slide 6).

## V. Eating Disorders

A. The majority of sports impose a narrow set of parameters for the appropriate body type required for success. Reality dictates that specific sports require specific body types for competition. Some sports demand leanness for success because of **biomechanics** and societal expectations. \_\_\_\_\_ (Slide 7) of top athletes focuses on physical appearance, especially for female athletes.

1. Emphasis on the ideal body has resulted in negative effects for the \_\_\_\_\_ (Slide 7), particularly the development of abnormal and dangerous eating behaviors.

B. Anorexia Nervosa and Bulimia Nervosa

1. \_\_\_\_\_ (Slide 8) fear of being fat. People with this condition have grossly distorted body images. They think of themselves as fat even though they are abnormally lean.

2. **Bulimia nervosa** is characterized by \_\_\_\_\_ (Slide 8) i.e., vomiting, taking laxatives, fasting, or undertaking vigorous excessive exercise.

3. Both conditions are serious psychological problems that are more common in adolescent and young-adult females.

C. Research

1. A significant percentage of female collegiate athletes may practice **pathogenic** (\_\_\_\_\_) (Slide 9) dietary habits, usually to improve their performance or appearance. In one study, 70% of subjects who reported having pathogenic eating behaviors felt their dietary practices were harmless.

2. Rosen et al. found that \_\_\_\_\_ (Slide 9) of the athletes studied regularly practiced some form of pathogenic eating behavior. In another study, 39.2% of the females and 14.3% of the males were classified as bulimic, and 4.2% of the females and 1.6% of the males were \_\_\_\_\_ classified as having anorexia nervosa. In a more recent survey, Johnson et al. found that almost 11% of females and about 13% of males binge-ate on a weekly, or more often, basis.

3. Little is known regarding pathogenic eating behaviors among male athletes; wrestling has been plagued with strange eating behaviors and training practices to "make weight." Although males comprise around 10% of the diagnosed cases of eating disorders, male athletes report relatively higher indices of the disorders when compared to male non-athletes than when female athletes are compared to female non-athletes.

#### D. Sport Specificity and Eating Disorders

1. Certain sports have a higher risk that participants will develop eating disorders, particularly \_\_\_\_\_ (Slide 10). In a study of 215 female gymnasts attending college, over 60% reported a variety of disordered eating behaviors.
2. Female athletes in sports that place a premium on physical appearance have a significantly higher prevalence of eating disorder symptoms than female non-athletes.
3. Eating disorders may be becoming a problem in sports that historically have not been associated with these conditions, such as female field hockey, softball, volleyball, track, and tennis.
4. People suffering from anorexia nervosa and bulimia nervosa are at risk of \_\_\_\_\_

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\_\_\_\_\_ (Slide 11).  
Additionally, psychological problems such as depression and anxiety disorders often affect people with eating disorders.

#### E. Prevention. Prevention of eating disorders must be the goal of those involved in organized sports.

1. \_\_\_\_\_ (Slide 12).
2. \_\_\_\_\_ (Slide 12).
3. \_\_\_\_\_ (Slide 12).

4. Coaches and parents need to be alert to the signs of eating disorders. A sample disordered eating questionnaire is shown in Table 5.1 on page 62.

F. Treatment. Treatment ranges from \_\_\_\_\_ (Slide 13) when eating disorders are diagnosed early to hospitalization in severe cases. Eating disorders may be symptoms of a more \_\_\_\_\_ (Slide 13). According to experts, at least \_\_\_\_\_ (Slide 13) of all cases do not respond to therapy.