

SOCIAL SUPPORT AND THE LONG-TERM INJURED PROFESSIONAL RUGBY PLAYER

**BY
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However minor or serious it is, athletic injury can present one of the most emotionally traumatic and challenging experiences that an athlete encounters. Within any contact sport, such as competitive rugby, injuries are a regular occurrence due to some form of contact with other players or even by unseen circumstances away from contact. (There has been a recent increase in the incidence and severity of non-contact injuries incurred by players.) The consequences of such injuries and how a player deals with them are important to his/her continuation in the sport. Over recent years I have conducted a number of studies investigating how professional rugby players have psychologically dealt with initial injury and, in particular, with the rehabilitation from long-term injury. Below I will outline some of the findings from these studies, concentrating on the role of social support and make some considerations for those working with injured players.

Social support is a vehicle for increasing athletic performance as well as enhancing the player's well being. However, social support is also related to compliance with rehabilitation following injury (Fisher, Domm and Wuest, 1988). It has been noted that there are three distinct sections to the injured player's support system:

1. The sports team.
2. The sports medicine team.
3. Family and friends.

Support from all three groups is necessary as no one group can provide all the elements of support needed. It is suggested that social support is best provided by a network of individuals, but it needs to be developed and nurtured and it functions best as part of an ongoing programme rather than simply a reaction to crisis (Rees and Hardy, 2000).

Social support is most needed and least available with injury requiring surgery and lengthy rehabilitation. The player is taken out of the sport system, immediately limiting the opportunity for contact with coaches and fellow players. Visits by teammates to peers who are hospitalized for surgery are quite valuable, especially when family is not conveniently located. The injured athlete needs continual team contact as it could allow him/her to keep up-to-date with changes in plays and team strategies, but primarily provides a feeling of being needed and a sense of security. Another benefit noted by the injured players was an increase in confidence, especially following support provided by teammates who had successfully rehabilitated from their own comparable injuries.

After initial injury, almost all professional rugby players experienced some feelings of isolation, loneliness and sadness as a result of being injured. These negative feelings are enhanced by the player's concern as to how the coach would perceive the injury and his/her inability to participate. This led the majority of injured players to consider trying to rush him/herself back to full fitness without regard to the long-term effects of the injury.

Of the professional players involved in these studies, a small minority was allowed to be absent from the club for long periods of time during the early rehabilitation phase. This led to a longer than anticipated time spent in rehabilitation, primarily as these players found difficulty in dealing with the severity of the injury. As the injured player was not associating him/herself with the club, little (or no) social support was received. In general, these players also expressed that they received inappropriate support from non-medically trained others. Other research has found similar results. That is, unskilled others could provide unhelpful support by trying, among other things, to minimize the importance of an injury, avoid open communication about the injury, criticize attempts at coping, encourage quicker coping and by giving inappropriate advice. Conversely, a number of the injured players was encouraged to undertake alternative work within the club (i.e. community development, marketing, match analysis roles). All these players identified that this was of great benefit to them and specifically expressed views that although they still did not feel like part of the team, it was good to be involved with the rest of the club and to receive constant support. Injured players involved, in particular with match analysis positions, found this involvement the most beneficial. Comments made by these players include, "Getting the opportunity to use the match analysis software will help with my development as a player when fully rehabilitated," and, "It has allowed me to improve my personal rugby knowledge. I can now see better lines of running and how I can position myself to be more effective in defence."

It is the physical therapist who plays the most important support role during the limited-participation/rehabilitation phase, as the player (who may not be overly familiar with the therapist) looks to develop a supportive and trusting relationship. This phase can be one of the most frustrating times for the injured player, especially during the competitive season. A number of players stated they were "gutted" watching teammates prepare for matches or travel to away matches. Phrases like, "I should be out there" and, "Why am I doing this training when I should be competing with my teammates?" were common to players during this phase. The importance of the physical therapist was highlighted as these players had a tendency to push themselves too hard in a bid to return to competition earlier than anticipated. The players noted that it was the physical therapist/medical staff that reduced this frustration by explaining the problems that could arise from not letting the injury fully rehabilitate.

During the return-to-play phase, the focus of the social support is primarily from the player's coach and teammates. It was identified that coaches, by setting goals or targets, could significantly help the player avoid concentrating on the injury and re-injury. Examples of these goals include a coach giving an outside back a set number of times he needed to be involved in play. This number was increased each game, until the player had fully rehabilitated. As a result the player knew that he needed to

be involved and could not try to hide on the field. This player highlighted that these goals made him/her concentrate on performance, rather than being overcome with negative thoughts and fears relating to the injury. The results from other players show increases in confidence as set goals and targets are achieved.

The role of teammates during the return-to-play phase is provided generally by encouragement. This encouragement can enhance the injured player's feelings of self-efficacy that can aid performance. Constant support by teammates before, during and after competition was highlighted by all players in these studies as being beneficial. Comments made by the players included: "I didn't want to let my teammates down and their support was fantastic. They really helped increase my confidence"; "Teammates who'd come back from serious injury before were great. They knew what I was going through and just made me concentrate on my game and the job I had to do, forget about the injury and play"; and, "The guys were great. Early in my first game back I scored and the response was out of this world. They said, "[Name], you're back, now let's show 'em what you can do. This was so inspiring, I was part of it all again after nine months out."

Finally, I would like to provide some considerations for those working with injured athletes. Although the main focus of my studies is in relation to professional players, the main considerations, I feel, could still be applied to players at all levels who suffer from a long-term injury layoff.

1. Importantly, an injured player should not be allowed to disappear on his/her own and avoid contact with others, as this will have a debilitating affect on his/her rehabilitation process.
2. Injured players, who are encouraged to undertake alternate positions within the club, appear to receive great benefit from this, particularly as it allows him/her regular contact with others. Similarly, athletes participating in match analysis roles suggest this is also beneficial to personal performance development.
3. The coach's role in supplying the returning player with social support is very important. The coach can help the athlete to avoid concentrating on the injury and re-injury by setting effective performance goals.
4. The role of social support changes during the rehabilitation from a long-term injury. Initially, the majority of influential support appears to come from the player's family and friends and progresses during the rehabilitation to medical staff, physical therapist and coach. It is important, however, that all can provide support when necessitated by the injured player.
5. Support received by other teammates and players who have successfully rehabilitated from a similar injury is important to the injured player. The majority of players noted the benefit of speaking to these players regarding how they had successfully rehabilitated.
6. Social support plays a very important role as a source of confidence restoration during rehabilitation (Magyer and Duda, 2000) and is also known to increase adherence to the rehabilitation protocol.

References:

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