

# The Injury among Top Athletes: “Offside at the Throw-In”

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## Abstract

This study proposes to deepen, from a clinical perspective, the psych affective processes implemented by top athletes' level after an injury. Through a qualitative analysis of the speeches of athletes, we propose to analyze the management methods, including the place and role of rehabilitation and family and friends in the management of the injury. The results confirm that this is a traumatic event creating a major imbalance in the lives of the subjects and generating defensive processes like those defined in mourning work. They reveal the ambivalent nature of the injury, which brings both losses and penalties, gains and profits; it puts out of play but also allows, by a rearrangement after the fact, a throw-in; sometimes it even becomes a source of progress.

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## Introduction

The high frequency of injuries among athletes has prompted a great deal of work in sports psychology. The authors try to identify the factors of performance for the purposes of optimization and surpassing, in the logic of “always higher, always further, always faster”. A recurring theme is that of a cause and effect relationship between injuries and performance, especially between stress and injury. Some results question the ambivalent relations that the sportsman maintains with the sports institution (cf. the flight of M.- J. Pérec to the Olympics after a difficult training).

The sport system has a paradoxical function regarding the athlete. Structured, organized, validated by states and by both local and supranational institutions (national, international federations, Olympic committees), it formalizes membership in elite groups by listing high-level athletes [1-4]. These groups convey the image of the country and each athlete feels invested in a mission for the nation. The socio-cultural and multidimensional aspects of sport, as well as its logic, constitute conditions of expression and self-assertion for athletes. High-level sport provides identifying frameworks and thus makes it possible to engage in a secondary socialization process.

High performance sport, by its obligation of results, is a very restrictive “elitist” system which generates phenomena which emerge in competition and training. It is a system of constraints that is exerted on both the physical and psychological planes. This highly “positive” system acts on the athlete's body through training and on the psychological level through the play of representations and images that the athlete builds in the eyes of others (media, entourage, etc.). This sometimes poses identity problems [5]. Beyond the manifestly imposed instrumental obligation, the coach prescribes an ideal with which the athlete must identify. The institution imposes heavy compliance requirements in return, it generates a heavy burden anxiety [6].

In the athlete there is an imperative need to conform to an ideal that has been received and accepted. We are referring to the ego ideal, that is, the way in which a subject must behave in order to respond to the expectation of authority. The sportsman must also reach the “ideal ego” conceived as a narcissistic ideal of omnipotence and which serves as a support for what Lagache describes under the name of heroic identification. Thus, he accepts an additional suffering in the work, justifies his relentlessness to pursue without lucidity or without criticism an objective sometimes “unrealistic” and supports new frustrations [7,8]. Bruanthis clearly shown, in an anthropological work on athletics, how much the athlete's body freedom space is normalized by the rules in force and by the dominant technical models. The athlete develops behaviors to use the room for maneuver available or seeks to exceed it to find, in a personal exploration, a feeling of identity. A conflict may arise between the sportsman, claiming greater autonomy, and the institution, through the coach. This conflict can remain hidden, masked, result in missed acts such as injuries, underperformance, or be open, thus leading to the breakdown of the relationship between the two protagonists.

The injury is paradoxical. If in most cases it is associated with a negative tone referring to the image of a deficient body (opposite to that of a performer), it can also be associated with positive aspects, in terms of consequences and present benefits or satisfaction in the “afterthought” by the changes it will imply (rest, care, etc.). We have observed that the relations between the sportsman and the system, of which the coach is the main actor, appear to be very ambivalent [9]. In other words, the injury could translate and reveal the ambivalent character of the relations between the sportsman and the system in which he is very strongly invested while being itself marked by this ambivalence. The injury provides displeasure and frustration, as well as satisfaction or pleasure in injured athletes [10,11].



## Methodology

### Sample Preparation

It is made up of 46 competitive athletes distributed as follows: 22 practicing individual sports (13 men and 9 women) and 24 practicing collective sports (15 men and 9 women) at the highest level (national and international) in different disciplines sports. Their injury occurred less than six months ago for all the subjects encountered. These are functional injuries (muscle, joint or bone), of varying severity depending on the subject. It is an accident directly related to the sport practiced and the technique used; they are "pathopathies" or "technopathies" with chronic symptomatology. It can be for example a sprain with or not tearing of the ligaments or a fracture. Some require surgery, all require rehabilitation. In all cases, the resumption of competition remains possible.

### Data collection

The interview as a social situation of encounter and exchange allows, through the communication contract that is established, the production of a discourse. The procedure implemented is standardized. All interviews last 45 minutes. The start of the interview is marked by a statement of instructions and the start-up of a recording device. We conducted two interviews by subject at 15 days apart. These interviews, "free", unstructured, non-directive, allow the voluntary subject to express himself spontaneously, with confidence, to give his feelings, his impressions, his representations of his injury in the sense of psychic elaborations. This style of interview is relevant in the approach to the history of the subjects, their defensive strategies (defense mechanisms) and in the analysis of conflicts. The lived or subjective experience of the subjects interests us here. The first interview started with the following statement: "You were recently injured; can you tell me how it went?"

The second interview made it possible to spontaneously return to aspects not mentioned during the first. The subjects, informed of the general theme of this research, were voluntary. The meeting took place in the same place (personal office) after the resumption of competition. In a few cases, the meeting took place in the specialized functional re-education center (CERT in Capbreton) in a room adapted to this type of device.

### Data processing

It is through the analysis of the utterance that we will try to bring out the cognitive and emotional processes implemented during an injury. An analysis of the utterance is based on a conception of communication as a process and not as a given and considers that a work is developed during the production of a discourse, that a meaning is gradually built up, that transformations take place. It is situated in the space of subjectivity and of the relationships between the subject and its history. This analysis allows access to the preconscious and unconscious dimension of the discourse concealed in the word for word of the utterance and certain discursive positions (variations in form, denials, slip, two-way words, repetitions, thematic). It makes it possible to better specify, from the initial corpus, the differences in the expression of the lived experience or the experience of the injury between the different subjects, to better understand the logic of the discourses, to bring out the implicit and to flush out the defense mechanisms (rationalization, denial, etc.,).

## Results and Discussion

The systematic analysis of the interviews highlights the individual

and specific nature of each injury and underlines the entanglement of multiple factors such as the severity of the injury, its nature, the period of its occurrence. We observed converging results on the experience of the injury from the consequences and its management, we also spotted divergences depending on the subjects.

Analysis of the speech revealed that the admission of bodily suffering stages a scenario very often composed of a series of characters located either in the position of victim - the injured sportsman, or of witnesses - peers, or "aggressor or persecutor" - the doctor who provides the diagnosis-sanction; the latter, often placed in very difficult diagnostic conditions, urgently on the ground, must act quickly and impose his decisions, either of potential repairer or of savior - the physiotherapist with multiple functions: "healer", confidant, psychologist.

### Injury management

The management of the injury is linked to a multitude of factors such as its severity, the time of stoppage, the period of its arrival. The fact of having already been injured appears to be a determining factor in this management in the sense of "care". The first injury is a very important condition for the attitude towards the second injury, it becomes an experience, a benchmark in terms of "procedures", healing protocols and the evaluation of rehabilitation progress. This first injury seems to act as a passing ritual that reduces uncertainty and doubts about the post-injury. As an experience it allows you to mature, to be less dependent on the processes involved in healing. The repetition, the chronicization of injuries then serves as an alarm signal for a necessary, temporary or even permanent cessation of competition.

Differences were noted in terms of management methods, particularly in terms of rehabilitation. Downtime greatly determines the place and role played by rehabilitation [12-15]. It is much more important in team sports than in individual sports. Individual sports practitioners, such as swimmers or runners, considerably and sometimes riskily reduce rehabilitation time. Many resume trainings with their cast for example or still suffer a lot from their injury. For team sports practitioners, re-education is very important, especially if it is institutionalized, which is the most frequent case during major injuries, when it takes place in a specialized body. where the athlete then becomes the main center of interest of an entire team [16].

In the speeches of injured athletes, there appears to be a process of "Egotization" around the injury. The reeducation carried out in a specialized center leads to a reinforcement of the self-centeredness of the sportsman by a massive assumption of responsibility. It provides a "self-sufficiency" function because there is no longer any possible comparison between the efficient body and the deficient body, injured status being the norm of the institution.

### The consequences of the injury

The consequences of injuries are often associated with their severity. In our sample of individual sports practitioners, the range of injuries is much wider, in terms of location and severity, than among those injured in team sports. The first aspects mentioned about the injury put more emphasis on its traumatic nature. The injury is defined as penalizing, painful, weakening the sportsman [17,18]. This seems more evident in sportsmen practicing an individual sport than in sportsmen practicing a collective sport. The terms used by the former to express the consequences are more negative (disaster, drama, terrible, dramatic, etc.,) and the theme of recovery, a theme frequently associated with consequences, in fact refers to the problem of time and in particular to that of downtime. The relationship to time is expressed



differently in "individual" athletes and in "collective" athletes. The stop time is very variable, depending on the severity of the injury but also depending on the family of activity. Individual sports practitioners are most often in a hurry to resume their activity. The stop is apprehended or even feared because it is associated with the fear of losing one's level, of no longer "being in the race", of no longer being able to re-enter the competitions to come. In contrast, in the discourse of "collective" athletes, the idea of taking your time is frequently mentioned, it is associated with the belief that "work and effort always pay". They are a source of gratification.

The consequence of a premature recovery is then the resurgence of the injury which leads to a decline in the level of performance and the chronicity of an injury which never heals. The stop, however necessary, is defined by the practitioners of individual sports as a very penalizing lack because it can dramatically reduce their physical capacities. The judgment is associated with the idea of loss, of regression. Sometimes these athletes insist on their feeling of "lack", by analogy with the lack experienced by the addict. When this judgment goes on, they speak of a real "detoxification" experienced as a "demotivation" or a "deconditioning".

The often-intense suffering is combined with the psychological suffering linked to being no longer productive, being "out of the game". The status of injured becomes synonymous with loss of the image of champion and arouses negative assessments from the media, reinforcing the state described by the athlete himself as "depressed": "I was collapsed, wiped out; it was a real disaster."

The injury is sometimes associated with a form of guilt for athletes. They talk about the difficulties they encounter, the doubts that invade them, the questions they ask themselves, in short when talking about their difficulties or their fatigue is difficult. Failure to consider this event, which is so frequent, may explain the dramatization of the consequences of the injuries and the negative tone of the speeches on the injury.

The injury can have a positive component, it can be associated with benefits and rewards. The memory of displeasure can gradually transform into the evocation of pleasure [19]. The expression of the positive aspects of the injury reflects a rationalization mechanism which allows the experience of the painful event to be modified according to new experiences, in particular according to the progression during his rehabilitation and the resumption of competition, make it more acceptable and above all to be able to re-enter competition [20]. This reversal of affects allows us to reinvest in competition and build a new success project, as evidenced by this interview fragment: "When you come back you are much stronger mentally, I will resume competition with a mental strength that will allow to break everything!"

## Conclusion

The analysis of the content of the speeches of injured sportsmen confirms that it is a traumatic event creating a major imbalance in the lives of the subjects. To cope with this event and manage it as well as possible after the fact, athletes use psycho-emotional processes such as very strong "Egotization" around the injury with a reinforcement of the athlete's self-centeredness. The weakening will result in doubts, questions, anxieties and generate defensive processes. This loss of the image of an invulnerable body and of the "heroic" self-image is sometimes so unbearable that it involves self-defense mechanisms such as rationalization, intellectualization, negation, even denial. The injury, because it "breaks into the realm of the subject", refers it entirely to the

principle of reality on "the sporting being" as to its limits, its mortality, its impotence sometimes.

There appear to be some differences in the expression of the experience of the injury according to the family of activity. Individual sports practitioners have a more "dramatic" representation of the injury, linked to the consequences experienced as penalizing, the stoppage it involves. This necessary rest, this "distancing" or this offside generates troubles linked to the feeling of "lack". The recovery is often too early and causes relapses. Team sports practitioners rationalize their injury by focusing on rehabilitation. Most of the time well accepted, it plays a role of massive reinforcement on the physical and psychological level. It becomes a substitute for activity in terms of investment. The injury is unpleasant and can bring benefits such as learning a new relationship with the body, psychological transformation, growth or progress.

## References

1. Anderson MB, Williams JM (1988) A model of stress and athletic injury: Prediction and prevention. *J Sport Exerc Psychol* 10: 294-306. <https://doi.org/10.1123/jsep.10.3.294>
2. Brewer BW (1994) Review critique of models of psychological adjustments to athletic injury. *J Appl Sport Psychol* 6: 87-100. <https://doi.org/10.1080/10413209408406467>
3. Brewer BW (1988) Adherence to sport injury rehabilitation programs. *J Appl Sport Psychol* 10: 70-82. <https://doi.org/10.1080/10413209808406378>
4. Brewer BW, Van Raalte JL, Linder DE (1991) Role of the sport psychologist in treating injured athletes: a survey of sports medicine providers. *J Appl Sport Psychol* 3: 183-190. <https://doi.org/10.1080/10413209108406443>
5. Crossman J, Jamieson J (1985) Differences in perceptions of seriousness and disrupting effects of athletic injury as viewed by athletes and their trainer. *Percept Mot Skills* 61: 1131-1134. <https://doi.org/10.2466/pms.1985.61.3f.1131>
6. Gordon S, Milius D, Grove RJ (1991) Psychological aspects of recovery process from sport injury: The perspective of sport physiotherapists. *Aust J Sci Med Sport* 23: 53-60.
7. Gould D, Udry E (1994) The psychology of knee injuries and injury rehabilitation. In: *Rehabilitation of injured knee*. St. Louis, Mosby, United States.
8. Ievleva L, Orlick T (1991) Mental links to enhanced healing. *Sport Psychol* 5: 25-40. <https://doi.org/10.1123/tsp.5.1.25>
9. McDonald SA, Hardy CJ (1990) Affective response patterns of the injured athlete: an exploratory analysis. *Sport Psychol* 4: 261-274. <https://doi.org/10.1123/tsp.4.3.261>
10. Nideffer RM (1983) The injured athlete: Psychological factors in treatment. *Orthop Clin North Am* 14: 373-385.
11. Pargman D (1993) *Psychological basis of Sports injury*. (3<sup>rd</sup> edn), Fitness Information Technology Inc., United States.
12. Petitpas A, Danish S (1995) *Caring for injured athletes*. In: *Sport psychology interventions*, Human Kinetics Publishers, United States.
13. Quakenbush N, Crossman J (1994) Injured athletes: A study of emotional responses. *J Sport Behav* 17: 178-187.
14. Rotella RJ, Heyman SR (1986) *Stress, injury, and the psychological rehabilitation of athletes*. *Applied sport psychology: Personal growth to peak performance*. (2<sup>nd</sup> edn), McGraw-Hill Education, United States.
15. Steadman R (1993) A physician's approach to the psychology of injury. In: *Psychology of sport injury*. Human Kinetics Publishers, United States.
16. Suinn RM (1967) Psychological reactions to physical disability. *J Assoc Phys Ment Rehabil* 21: 13-15.
17. Udry E, Gould D, Bridges D, Tuffey S (1997) People helping people? Examining the social ties of athletes coping with burnout and injury stress. *J Sport Exercise Psy* 19: 368-395. <https://doi.org/10.1123/jsep.19.4.368>
18. Weinberg RS, Gould D (1997) *Psychologie et blessures sportives*. *Psychologie du sport et de l'Éducation Physique*.
19. Wiese DN, Weiss MR, Yukelson DP (1991) Sport psychology in the training room: A survey of athletic trainers. *Sport Psychol* 5: 15-24. <https://doi.org/10.1123/tsp.5.1.15>
20. Wiese-Bjornstal DN, Smith AM, Shaffer SM, Morrey MA (1998) An integrated model of response to sport injury: Psychological and sociological dynamics. *J Appl Sport Psychol* 10: 46-69. <https://doi.org/10.1080/10413209808406377>