When it hurts too bad to play: The psychology of injury & rehab

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When it hurts too bad to play: The psychology of injury & rehab
By Joe Mannion, MS

There is a saying, “we make promises to virtue, but we obey pain.” For a lot athletes (exercisers and dancers included), the statement might be better expressed, “we make promises to sound training methods, adequate recovery, stretching, and proper nutrition, but we obey pain… after it progresses to tendonitis, IT Band Syndrome, and other overuse injuries.”

Most athletes can relate to this truth: sometimes it hurts so bad we must obey, we must back off, we must go the orthopedist, the chiropractor, or any number of injury rehab experts.

The range of distress we experience will vary according to the type of injury, the degree of impairment, our level of involvement, and numerous other factors. Do we use sport, exercise, or dance to keep our moods elevated, or are we committed to a team or specific competition? Anxiety, depression, anger, and many other emotions can be normal reactions to an injury.

Rehabilitation pulls together a tapestry of physical and mental cross-stitches, exemplifying the mind-body connection. Two of the most prominent psychological elements are (1) the psychological skills (e.g., smart goal setting, task-relevant focus, etc.) that can enhance and expedite physical and mental healing and (2) the often ensuing emotional fallout. By addressing the social and emotional context in which injury and rehab occur, the healing process can be greatly enhanced.

Let’s take a candid look inside my head to illustrate how these dynamics can unfold.

I am Joe Mannion. I am a triathlete. I can swim and bike and run with some skill. I practice each segment multiple times a week and interpret my abilities and my discipline to mean I am strong. I feel these activities and my identity as a triathlete make me more attractive. If I’m honest with myself, there are times when I feel more worthy of love and attention from others because of my training.

Let’s say a serious injury occurs that demands some drastic changes in my training. Already a number of psychological considerations are possible: (1) has my over-reliance on training for a sense of worthiness led to an imbalance in training and recovery, (2) has non-sport stress eroded my concentration and led to this accident, or (3) did I consciously or less consciously hurt myself because that provided one of the only “acceptable” ways to take a break from training? All of these possibilities, and many more supported by research and “lay” observation, are plausible and happen everyday with athletes.

Most sports have an inherent risk of injury, too, and maybe these psychological
considerations were not to blame for the injury. Regardless, an important follow-up question is, “how might these lingering beliefs or life circumstances sabotage my rehabilitation?” For example, might my over-reliance on triathlon for self-esteem and identity lead to severer depression when I can’t train? And might such depression lead to an attempt to shortcut my rehab and prematurely return to triathlon, leaving me at risk for even worse injuries? Possibilities abound.

Healing Our Relationship With Pain

Most athletes learn to use pain as feedback about their training in some way, often by referencing coaches or other athletes. Around the gym, in the locker room, and on TV, we hear pain described as “good pain” (e.g., lactic acid from a good workout) or “bad pain” (e.g., joint inflammation).

As we can begin to see, though, beliefs about sport, about our worthiness, and about what constitutes strength have a great capacity to distort this already inexact feedback system. For example, we’re inundated with messages like, “no pain, no gain,” “pain is weakness leaving the body,” and “only the strong survive.” Many of us also develop a tendency to compare our progress with more elite athletes, rather than with athletes at our developmental stage, or, better yet, with our own previous performances.

An already misguided, body sacrificing culture is, then, “validated” every time a Kerri Strug vaults with two torn ankle ligaments to win an Olympic gold medal (as she did at the Atlanta Games). Unfortunately, for each Kerri Strug who has an Olympic medal and, often, a lifetime of arthritic complications and worse [e.g., the average life expectancy for an NFL athlete is about 54 (Allen Levy, MD, physician for the New York Giants)], there are legions of people, especially kids, with all the physical and emotional complications and little of the glory.

A key to optimizing sport participation and rehab is learning to heal our relationship with pain, both physical and emotional. Remember, both types of pain are signals that something needs attention. Knee pain may be signaling it’s time to buy new shoes or do more stretching. If we’re willing to examine our emotional pain, rather than overtraining or blocking it out, we may discover a host of unquestioned beliefs and life strategies also in need of healing. Mending our faulty senses of worth (e.g., “I am worthy of love because of my accomplishment”) and developing healthier psychological skills will not only enhance rehabilitation but also enhance the enjoyment of sport, enhance the return to sport, and, likely, enhance future performances as well – to say nothing of being a happier person.

I am Joe Mannion. Participating in triathlon makes me feel strong and more acceptable. My godfather was an avid runner. Now, my godfather is paralyzed from ALS (a.k.a., Lou Gehrig’s disease). He barely has use of his right hand and has not walked in 3 years. I hold cups for him...
when he coughs up mucous. Thanks to a new medical device, I no longer have to hold a special bottle for him when he needs to urinate. I feed him.

On a bad day, he may tell me through streams of tears how he dreamt of walking the previous night. On most of my visits, though, he’s fine. He jokes with me, in front of his nurses, that he hasn’t been fed since I saw him last week. He encourages me to hang in there with my goals. The contrast between his desire to feed himself and my need to be a chiseled triathlete has evoked a mixed sense of shame, and his “intactness” has left me feeling even less cohesive. I’ve observed cracks in my athletic identity (among others) as a basis for my worthiness of love and attention. In fact, I’ve observed my athletic basis for worthiness to have an elusive quality, rarely adequate for long and in need of constant maintenance. Being a triathlete has even felt alienating.

This type of disillusionment, though uncomfortable, is not a bad thing if better understood. Dis – illusion. “Dissing” our “illusions” about what constitutes worthiness, about what constitutes strength, about many unquestioned beliefs and unquestioned strategies for getting and being worthy of love. Pain can be one of our greatest teachers. The “lost” or “stranger in a strange world” feeling comes from seeing the same world through a new and clearer lens. We need not fear these feelings. As athletes, we have some adeptness at handling the new and difficult because we know there are rewards. We can parlay our skills in sport in the service of our broader lives.

Having addressed some of the social and emotional context in which injury and rehab occur, we can move more effectively and mindfully into using psychological skills. We can anticipate how we might complicate the use of these skills and be more apt to recognize solutions.

The landscape of rehab is complex, but here are three major psychological considerations to optimize healing, both physical and emotional:

I. Goal Setting

Principals of optimal goal setting are straightforward and help facilitate, among other things, motivation, focus, and steady improvement. Many of us fixate on “outcome” goals (e.g., achieving pre-injury ranges of motion in the affected joint), but “process” goals are those necessary to reach the desired outcomes (e.g., prescribed exercises and stretches). Process goals also give us focal points that we can control. When we don’t tie these together (i.e., work and meaningful reward) on an appropriate timeline (i.e., short to long term processes and outcomes), the chance of malingering increases.

Likewise, when we set goals and timelines rooted more in our egos than in sound rehab medicine (e.g., “if I work twice as hard, I’ll heal twice as fast… then I’ll be extra special and more lovable”), we may subvert motivation and progress with disappointment. Without reconciling our relationship with emotional pain, we may over-do-it or under-

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do-it to protect our fragile egos from the steadfastness and patience required ahead. We may create unnecessary setbacks.

Beyond these considerations, optimal principles include setting goals that are not too easy, not too hard, not too many in number, and that are measurable. Goals that deal with feelings (e.g., to feel good about your rehabilitation plan, to feel confident in communication with staff) are fully appropriate and plans should be devised to ensure these outcomes as well. Your rehab team is integral to making your goals fit these parameters. This support staff leads right into our next area.

II. Social Support

Social support may be the most important area of all. Your social support circle includes family, friends, coaches, teammates, the dance company, and the individuals assisting your rehabilitation. Quality relationships, especially with your rehab staff, are important for so many reasons. Quality relationships increase the likelihood of adherence to the rehab program, help ensure the rehab program is tailored and appropriate, and help buffer against and effectively address impatience, depression, and the wide range of emotions and concerns we’ve only begun to explore.

Make a list of your concerns, hopes, questions, fears, and goals to discuss with your rehab staff. How this early discussion flows may be indicative of what to expect in the future. There are many great injury rehab people out there so ask around. Advocate for yourself because this is a very important dynamic and, depending on your injury, could be a longer term relationship. Likewise, try to identify people who support your growth and don’t reinforce or evoke those old self-defeating beliefs.

III. Healing Imagery

Various forms of imagery have been used intuitively for healing purposes around the world for thousands of years. Modern science is now recognizing “healing imagery” as an effective, complimentary exercise to enhance healing, both physical and emotional. Research has shown healing imagery can increase blood flow to traumatized tissue, improve immune responsiveness, increase temperature in affected sites, improve mood and sense of control, and mobilize many other healing enhancing mechanisms. I’ve had multiple cancer patients join my meditation classes because their oncologists strongly encouraged adopting some form of mental healing.

Many rehab specialists will be able to help you with this. A simple method is to assume a comfortable position, close your eyes, and breathe regularly to relax. Then, picture the site and structures around the injury. I highly recommend getting online or finding a book that illustrates your injury. If actual pictures are too gory for you, look for accurate drawings instead. Your rehab staff should have such images readily available. Take 10 minutes or so
to picture (1) you and your rehab team “fixing” the injury (e.g., welding a torn ligament back together), (2) warm, “healing” blood flowing into injured areas and washing away damage, or (3) any imaginative healing images that resonate with you.

If you’re having surgery, ask your doctor to describe the surgery and image the major steps going smoothly and successfully. Emphasize feelings of confidence and wellness. Downtimes (e.g., in waiting rooms, in MRI machines) are great for this exercise. Also, try incorporating these healing images as you perform prescribed exercises and stretches. Your imaging skills (and concentration, and confidence, and mood, etc.) will improve with practice and serve your return to sport.

Enhancing our senses of self, while healing our bodies or while perfectly healthy, holds great potential for our experiences of living. A more flexible identity, a less destructive motive to achieve, and an understanding about worthiness can free us to actualize what we truly value (and recognize what we truly value). As we find our way in this new experience, we make things better not only for ourselves but for others as well. We become living references for others questioning their bases for worthiness, for strength, and for identity. We can offer healthier models of love and, in this way, begin to heal a major source of such misguidance.

For other personal reflections on sport identity, on worthiness, and on rehabilitation, take 5 minutes and listen to Jim Maclaren’s introduction at www.jimmaclaren.com. For additional sport related stories, try googling “Team Hoyt” and “Rudy Garcia-Tolson”.

Joe Mannion has a Master of Science degree in sport psychology and is available (to patients and to rehabilitation professionals) for more information on the psychology of injury, rehabilitation, and sport, for useful literature, and for personalized collaboration at 314.265.4271 and joe@AllWorldPerformance.com.
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