

A Thesis Presented to the School of Kinesiology
Lakehead University

SUPPORTING INJURED PROFESSIONAL FOOTBALL PLAYERS:
THE ROLE OF SIGNIFICANT OTHERS

by
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Submitted in partial fulfillment of the requirements for the
Master's of Science Degree in Kinesiology

December, 2005



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Your file *Votre référence*
ISBN: 978-0-494-15632-2
Our file *Notre référence*
ISBN: 978-0-494-15632-2

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Acknowledgements

I would like to extend my sincere gratitude and appreciation to many people who made this study possible. Special thanks are due to my advisor, Dr. Jane Crossman, for all her support and patience. I am highly indebted to Dr. Mark Aubry, Ottawa Renegades Team Doctor and Steve Dias, Ottawa Renegades Head Therapist, for facilitating access to members of the Ottawa Renegades Football team and allowing me to carry out my research. Many thanks are due to the members of the Ottawa Renegades football team who took time out of their daily routines to kindly participate in my study.

A special thank you to the other members of my thesis committee, Dr. John Jamieson and Mr. Paolo Sanzo, for sharing their thoughts and providing guidance. Lastly, my family, who have been pillars of strength throughout the duration of my Masters work and my boyfriend Chris, whose injury was the inspiration for this study.

Kimberly A. Mathieu

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Abstract

The purpose of this study is to examine the perceptions of professional football players regarding the social support provided by family, friends and partners during injury. A sample of professional football players [N=15] competing in the Canadian Football League (CFL) were interviewed using qualitative and quantitative measures to determine which type of social support they found most beneficial and from whom. The players felt they were supported emotionally in the initial phases of injury from family and partners. None of the participants required motivational support, many athletes reported not requiring external motivation to heal and resume play. Very few required tangible support, although the need for tangible support varied with type of injury and timing of injury. The players received valuable informational support concerning their injury primarily from their friends who were also athletes, many players referred to the importance of understanding injury and its workings. Family members and partners were not believed to have a sound understanding of what the athletes were dealing with. Future research could evaluate the perspectives of family, friends and partners with respect to athletic injury.

Supporting injured professional football players: The role of significant others

For many athletes, sport can be considered a source of great joy and fulfilment. However, for athletes who get injured, sport can be the cause of immense emotional pain and misery. In Ontario alone in 2001, athletes between the ages of 13-24 experienced 1,658 hockey injuries and 1,275 cycling injuries. Eight hundred and sixty-six athletes within the same age range, from various sports, were hospitalized due to severe injury in sport and recreation activities (<http://secure.cihi.ca>, 2004). These numbers may consistently increase as society continues to place more emphasis on physical fitness, competition and health (Berger, Pargman & Weinberg, 2002).

Athletic injury is a traumatic event often resulting in serious emotional and psychological effects (Berger, Pargman & Weinberg, 2002; Pargman, 1993; Udry, 1997). For athletes being injured for athletes is comparable to being fired from their job without proper notification (Thoits, 1995). All of a sudden the time they have spent training and preparing for competition seems futile. Instead of training and practicing for their sport, the time and effort is replaced by rehabilitation. The severity of the effects depends on the perceived loss by the athlete, i.e., playing time, mobility, recognition of being an athlete and participating in self-defining activity (Berger, Pargman & Weinberg; McDonald & Hardy, 1990). Although perceived loss varies from athlete to athlete, injured athletes typically experience negative psychological reactions including anxiety, depression, fear, and loss of self-esteem and self-worth (Berger, Pargman & Weinberg).

Overall, athletes tend to have negative reactions to their injuries immediately after injury occurrence (Green & Weinberg, 2001; Junge, 2002; Udry, Gould, Bridges, & Beck). However, once they are able to internalize what has happened, athletes are sometimes able to find some positive outcomes of being injured and having time away from competition and training (Udry, Gould, Bridges, & Beck, 1997).

Several strategies have been suggested to athletes to use as tools for recovery from athletic injury. Some of the tools include visualization, relaxation therapy and meditation (Orlick, 2000). Other approaches include attaining the assistance of the people who surround the athlete throughout their daily lives and those persons that interact with athletes on more intimate levels, i.e., family, friends and partners. This strategy is referred to as social support.

Social Support

Social support has been defined as “an exchange of resources between two individuals perceived by the provider or the recipient to be intended to enhance the well-being of the recipient” (Shumaker & Brownell, 1984, p. 11). This definition emphasizes that there is no guaranteed outcome from providing or receiving social support; the result may be positive or negative depending on the recipients’ perception of the support. Social support can stem from a variety of sources and take many forms. Social support does not only exist within the context of athletic injury, but in the instance of life changes, illness and disease and death (Blanchard, Albrecht, Ruckdeschel, Grant & Hemmick, 1995; Ell, Mantell, Hamovitch, & Nishimoto, 1989; Gil & Gilbar, 2001). Just as an athlete will require varying amounts of support while recovering from injury, a person with an illness or required adjustment to some form of a life change, i.e., illness,

death in the family or loss of employment, will require distinct types of support during different phases of coping and recovery. For example, during the first days of injury and rehabilitation, athletes will need information about their injury, or the side effects of the treatments being performed; they will require encouragement, emotional support or simply to talk to someone who understands what they are going through.

Research has shown that those who are ill, recovering from illness or have had very positive or negative life changes are often in need of various types of support (Ell et. al., 1989; Gil & Gilbar, 2001; Peterson, 2001). Feelings experienced by cancer patients and those suffering from terminal illness have been shown to parallel those that injured athletes feel. Some comparable feelings include hopelessness, isolation, depression and anxiety (Blanchard et. al., 1995; Gil & Gilbar, 2001; Peterson; Udry, Gould, Bridges and Tuffey 1997). Given that the feelings of need are no different from those with terminal illness, similar methods of support can be provided to athletes from family, friends, partners, coaches, teammates and medical practitioners.

Coping and Social Support

Bianco and Eckland's (2001) model considers social support as a multidimensional construct highly dependent on the support received versus perceived support. Bianco and Eckland emphasized that social support is determined by three mutually supporting constructs: structural, perceptual and functional. Social support most commonly refers to functions performed for a distressed individual by significant others such as family members, friends, co-workers, relatives and neighbours (Thoits, 1986).

The structural element refers to the composition and the characteristics of an individual network. For example, Rosenfeld, Richman, and Bowen (1998) studied the relationship between supportive communication and school outcomes for lower socioeconomic middle school students. They evaluated the perceived social support of 664 students using the School Success Profile and concluded that there were differences in the structural feature of these students regarding their risk status of poor school performance. Both students at-risk and students not at-risk highlighted that their parents were their major sources of social support. The variation occurred within the social networks of the students who were not at risk; who perceived support from both their teachers and friends. Those students considered at-risk perceived support only from their parents.

The perceptual element is the influence of an individual's perception of social support and its outcome on his or her well-being. Consequently, Rosenfeld et al. (1998) determined that the type of social support the students received would affect attendance. The students who felt that they received reality confirmation support (people who were or are in the same situation as the recipient) from their teachers and parents had better attendance than those students who felt they received technical appreciation support (acknowledging and showing appreciation of the recipients work or efforts).

The functional feature is the relationship that exists between the provision of social support and the well-being of an individual. Rosenfeld et al. (1998) demonstrated that overall, social support had a very positive impact on school attendance and schooling results.

Although the definitions of social support will differ among researchers, the formations of characteristics that merge to create social support are similar. Those similar characteristics are the perception of support received and provided. In other words, the same individual in different situations will require different forms of social support and one particular form of social support will be valuable for some people but not for others.

There are three different types of social support referred to in the literature: emotional, tangible and informational (Bianco & Eckland, 2001; Johnston & Carroll, 2000^b; Hardy, Richman & Rosenfeld, 1991; Udry, 1996). Emotional support is composed of the behaviours that comfort the recipient such as showing empathy, affection or expressing concerns. Tangible support refers to the behaviours that provide help to the recipient in terms of assistance, services (taping the injured area, driving the athlete to the rehabilitation centre) and goods (financial and/or material help). Informational support is formed by the behaviours that give information and useful advice to the recipient, for example a doctor explaining the phases of recovery to a football player just out of knee surgery. Udry (1997) suggested that a fourth dimension of social support should be considered, motivational support. Motivational support is providing encouragement to overcome obstacles and barriers (Cutrona & Russell, 1990; Udry, 1997). An example of motivational support would be the family of an injured athlete encouraging him or her to attend rehabilitation sessions and to maintain a positive attitude. Since no type of support is universally preferred, what is viewed as supportive depends on a variety of factors including, but not limited to, the nature of the stressor and the individual.

Extending on studies already cited, the four types of social support (emotional, tangible, motivational and informational) can be divided into eight distinguishable behaviours (Richman, Rosenfeld & Hardy, 1993). These behaviours include: listening support (listening without being judgmental or giving advice), emotional support (showing care and/or comforting the recipient), emotional support challenge (providing challenge to help the recipients evaluate their attitudes, values and feelings), reality confirmation support (people who were in or are in the same situation as the recipients confirm their perspective of the situation), task appreciation support (acknowledging and showing appreciation of the recipients work or efforts), task challenge support (challenging the way the recipients think about their activity to motivate them to increase their involvement), tangible support (providing the recipient with financial assistance, products, or gifts), and personal assistance (helping the recipients accomplish their tasks providing time, skills, knowledge or expertise) (Petitpas, 1999; Richman, et al.).

Timing and Type

Using all forms and all types of social support by the provider does not guarantee that the recipient will benefit. To be helpful, the providers of social support have to make sure that they're offering not only the right type of support but also the right amount and at the right time (Udry, 2002). "Talking about my injury to other people really helped me to get through that first week, especially when I was still dependent upon others, had crutches and moved slowly. But since I've been back on my own again, I don't think I have to depend on anyone else that much" – *aspiring Olympic athlete after arthroscopic surgery* (Peterson, 2001, p. 7). Throughout the duration of an injury, athletes will typically require more emotional support at the beginning of their injury than when they

return to competition. Should a provider of social support respect these three social support principles, the chances that the supportive behaviours will have beneficial effects will increase. Inconsistent, excessive or moderate support may cause problems for the receiver. It is important that providers of social support consider that the needs of the injured athlete are being met. Problems can occur if the receiver's needs or expectations exceed what can be given by the provider or if the provider has not given the ill, injured or grieving person appropriate amounts of attention (Sarason, Sarason, Potter, & Antoni, 1985; Shumaker & Brownell, 1984; Udry, 1997).

Benefits of Social Support

Researchers have found that social support optimizes an individual's preparedness to handle life stress and crisis situations including mental and physical illness, unemployment, job stress, bereavement, childbirth and mortality risk among other stressors (Ganster & Victor, 1988; Hill, 1991; Sarason et. al., 1985; Schaefer, Coyne, & Lazarus 1981). Social network ties can be of particular significance for chronically ill people because they may serve both health-protective and coping functions (Pennix, van Tilburg, Kriegsman, Deeg, Boeke, & van Eijk, 1997). Previous research has demonstrated the importance of a large social network for reducing morbidity and mortality. Particularly in the case of chronic disease in elderly persons, a social network may provide the necessary support to enhance independent living. Results from various studies have shown that individuals who receive social support are generally more mentally and physically healthy than those who don't (Shumaker & Brownell, 1984). Similarly, athletes who have less life stress and more social support tend to have fewer

injuries than athletes with high stress and minimal means of social support (Hardy et al. 1991; Johnston & Carroll, 1998; Udry, 1997).

Injury frequency increased in 103 female gymnasts competing as Division 1 NCAA athletes as the level of total life change and the number of providers of social support increased (Hardy & Crace 1993; Petrie, 1992). According to these researchers, the more social support individuals receive, the better their mental and physical health. Those gymnasts who were injured reported higher instances of life stress during the year of their injury as opposed to the years preceding it (Petrie). Researchers also established that social support moderated certain stress-injury relationships where athletes in low-support conditions had a higher instance of injury.

Social Support, Chronic Disease and Illness

Older adults with chronic diseases have smaller social networks than people without chronic diseases (Pennix et. al., 1997). Social network and support patterns are also, in part, determined by the type of chronic disease older adults suffer from (Monahan & Hooker, 1997; Pennix et. al., 1997; Roberts, Cox & Shannon, 2004).

Persons having diseases with moderate functional incapacitation, for example, arthritis are shown to be less capable of performing certain roles and tasks and require more informational support (Pennix et. al., 1997). In addition, their support groups are small due to fact that others do not perceive arthritis to be a situation where someone would require support. Conversely, persons with progressive diseases such as terminal cancer have very large social networks and support systems (Pennix).

Pennix et. al., (1997) examined patterns of social network size, functional support, and loneliness in older adults with varying diseases. Older adults with episodic type

diseases such as arthritis, asthma and other lung diseases showed the least amount of social support and the smallest social network. These results were attributed to the social network and support groups not realizing that an older adult with a non-life threatening illness may feel like they need emotional support from family members and friends and informational support from a medical staff (Pennix et. al.).

Gil and Gilbar (2001) and Sarason, Sarason, Potter and Antoni (1985) were able to demonstrate the amount of support received from a social network directly correlated with instance of recovery or, in the case of cancer patients, greater instance of survival. Social support has been documented as having a major role in reducing or buffering negative psychological responses such as hopelessness and depression, to chronic or terminal patients (Gil & Gilbar; Sarason et. al.). Patients who confide their fears and concern to a loving and supportive spouse or a close friend appear to be in a better emotional state and cope more successfully with illness (Blanchard et. al., 1995; Gil & Gilbar).

Life Stress and Injury Relationship

The relationship between athletic injuries and psychological factors has been shown to be stress-related (Weinburg & Gould, 1995). Stress is predicted to produce increased state anxiety and causes alterations in attentional focus and muscular tension. It is important to note that stress does not exist outside the individual and not all people respond negatively to potentially stressful situations. For example, one person may view a championship match as exciting and exhilarating while another becomes anxious and chokes. This will usually depend on the individual's personality traits (perceptual bias) and the coping response (Yan, 1997).

In situations which are perceived to be stressful, athletes will often report attentional narrowing and excessive muscular tension which can disrupt co-ordination and focus thereby increasing the chances of sustaining an injury. For example, a figure-skater who becomes tense during a difficult routine might lack coordination due to muscular tension and fall, consequently injuring an ankle.

Hardy, Richman and Rosenfeld (1991) examined the role of social support and the relationship between life stress and injury in 170 athletes from varying sports. Of the 170 athletes who participated in this study, 118 experienced an injury. Of the injuries experienced, 89% were classified as mild, 7% as moderate, and 4% as severe. As the amount of life change and the number of providers of shared social reality support increased, injury frequency for male athletes increased. Also, contrary to other research, results showed that life stress and social support were unrelated to female athletes' injury frequency and severity. Researchers concluded that although there are no current data to offer an explanation for this lack of relationship, the following possibilities could be considered: a) female athletes experience self-reported life stress differently than male athletes, and b) the social support networks for males function in a state like manner whereas those for females function in a trait like manner. In other words, females maintain a more stable and constant support linkage regardless of their life stressors.

Coping and Social Support Following Surgery

Judging from earlier studies, it is apparent that coping and social support have a number of functions in common. Social support may work like coping by assisting the person to change the situation, to change the meaning of the situation, to change her or his emotional reaction to the situation or change all three. Both coping and social support

can thereby eliminate or alter problematic demands on an individual's psychological and physical well-being (Heil, 1993; Pargman, 1993; Thoits 1995; Udry, 1997).

Udry (1997) examined the role of coping and social support among injured athletes during rehabilitation from knee surgery. There were three separate purposes of this study: 1) to describe the coping strategies used, 2) to examine whether significant time changes in the use of coping and social support occurred during rehabilitation, 3) to determine if coping and social support were significant predictors of rehabilitation adherence.

The strategy that was most popular among athletes was informational coping (Udry, 1997). Informational coping efforts involve attempts to alleviate the source of stress or discomfort through activities such as finding out more about a health condition, listening to the advice of medical practitioners or both.

Emotional coping increased during the beginning of the testing and decreased in the middle of the assessment period. Reasons for this occurring may be due to the fact that athletes' perceived satisfaction with their social resources remained constant throughout their recovery. This finding may also have resulted from the fact that athletes in this sample reported high levels of social support compared with data from previous studies. Emotional coping involves a variety of self-help activities and responses employed to alleviate the unpleasantness of a health problem or provide a soothing effect (Ell et. al., 1989; Udry, 1997).

Social Support Providers

Throughout the onset and recovery of an athletic injury there may be many possible providers of social support including family members, coaches, teammates,

therapists/ medical practitioners and significant others (Petitpas, 1999). Each will play a different role in the athlete's recovery and provide a different type of support (Heil, 1993; Pargman, 1993; Petitpas). For the injured athlete, the medical practitioners might be able to provide informational support while the athlete's family might be able to provide emotional and tangible support.

Coach

The role a coach plays in the recovery from athletic injury is both critical and unique (Kerr & Minden, 1988; Robbins & Rosenfeld, 2001). Coaches have a vital role in that they must determine strategies to keep injured athletes involved with the team to ensure that they will not become disassociated from teammates. The coach must ensure that injured athletes will return to play with as much confidence as possible. This may be a difficult task because coaches still have responsibilities with regard to the rest of the team. However, injured athletes should be made to feel as though they are still part of the team and a meaningful part of the program. According to Bianco (2001), the role the coach plays in the injury often times occurs at the onset. Coaches are typically able to provide tangible support to the athlete by arranging primary medical care, transportation to a medical care facility and providing motivational support by reassuring injured athletes that they have confidence in their recovery. Coaches also offer tangible support for recovering athletes when they return to play by working individually with them and allowing the recovering athletes to progress at their own pace (Bianco).

Medical Practitioners

Medical practitioners are key in providing social support to injured athletes (Gould, Udry, Bridges & Beck, 1997; Rees & Hardy, 2000). Medical practitioners are

the main providers of informational support at the beginning of rehabilitation. Athletes reported that it was vital to have as much information as early as possible, even though such knowledge was often emotionally painful (Johnston & Carroll, 1998^a). Physicians provided the important informational support for the athlete by accurately diagnosing the injury and providing emotional support (hope of recovery). Physicians also provided tangible support by recommending and organizing physiotherapy (Barefield & McCallister, 1997). Athletic trainers and physiotherapists have been documented as being the persons who provide the most effective social support (Johnston & Carroll^a).

Physiotherapists are involved during each phase of injury recovery (Bianco, 2001; Bianco & Eckland, 2001; Robbins & Rosenfeld, 2001). During the rehabilitation phase, physiotherapists are primarily involved in providing emotional support by encouraging the injured athlete and showing empathy towards the injury. Physiotherapists are involved by continually pushing the athlete to do as much as safely possible and by providing regular positive feedback regarding the rehabilitation progress (Johnston & Carroll, 2000^a). Physiotherapists also provided tangible support by being flexible with the scheduling of appointments with the athlete and informational support by providing feedback about the progress, advising and acknowledging the efforts (Bianco & Eckland, 2001). Ford and Gordon (1993) found that according to sport trainers and athletic therapists, athletes who ask questions, heed instructions and seek support, cope more effectively with injury. They are able to accept the injury earlier in the treatment and as a consequence are more likely to have a successful rehabilitation. Robbins and Rosenfeld (2001) found that athletic trainers were perceived to deliver more social support than their coaches.

In addition to providing various types of support to injured athletes, medical practitioners are also faced with the task of dealing with moderate to severe emotional distress. Several surveys of sport physiotherapists, physical therapists, sport and/or athletic therapists and sport physicians have concluded that the most frequent and significant emotions and behaviours associated with unsuccessful treatment include: fear and anxiety, anger and frustration, lack of understanding of the injury and recovery process and wanting to return to competition before full recovery (Gordon, Potter, & Hamer, 2000; McDonald & Hardy, 1990)

Teammates

The role of the teammates to the injured athlete can range from minimal to profound (Hardy et. al., 1991; Heil, 1993; Pargman, 1993; Petitpas, 1999). Teammates typically provide expertise on the technical aspects of the athletes performance and provide some shared reality social support if they have sustained a similar injury or can easily empathize with the injury. Injured athletes have varying expectations with regard to the support they receive from their teammates. Teammates can provide emotional support, tangible support and motivational support and they should attempt to understand several elements of athletic injury before trying to provide support (Heil; Pargman). It is extremely difficult for injured athletes to watch from the sidelines while their teammates practice, play and assume their role on the team. Depending on the injured athlete's status on the team (starter versus non-starter), being sidelined could be very detrimental to an athlete (Heil; Pargman; Udry, 1996). Research has shown that teammates' social support is generally viewed positively (Bianco, 2001; Udry, Gould, Bridges, & Beck,

1997). Bianco found that injured athletes usually understand why their teammates do not interact with them and that is because they have been in the same situation.

Udry, Gould, Bridges, and Beck (1997) described the social support for skiers in the instance of season ending injuries. One skier described support from teammates as very helpful. "Certain teammates were there through the injury...They would fax me from wherever they were and let me know what the team was doing. That was really cool. But definitely only some teammates...But I wouldn't expect it from others. It is really hard when you're competing, and I understand that. I did that, too- you're so focused. I totally understand." (Udry et. al., p. 231). Another study examining social support from teammates showed that athletes with the greater number of injuries perceived the emotional support, reality confirmation and tangible assistance lower than the athletes who sustained fewer injuries (Corbillon, 2003). The athletes with a greater number of injuries also revealed a lower satisfaction with teammates' tangible assistance. However, teammates were described as the best providers of listening support, emotional support, reality confirmation, tangible support and personal assistance. These results coincide with Bianco's (2001) argument that the teammates can provide emotional and informational support by sharing their past experiences.

The Role of Family, Friends and Partners

Injured athletes may rely on the family for several types of support, including emotional, tangible and motivational (Udry, 1997). Consequently, health care providers must be able to work with the athlete's family to inform them of the crucial role they will likely play in recovery from injury (Udry). The family must understand that the athlete

will need specific types of support and then determine how they, as a family, will be able to provide the support without overextending themselves emotionally.

My experience suggests that injured athletes feel isolated and often believe that no one could possibly understand what they are going through. Situations such as climbing stairs or driving somewhere become tedious tasks that once required very little effort. The period of time when the athlete is least mobile is when family members could make the athlete's life easier by creating a comfortable area on the main floor so stairs don't have to be used, ensuring the bathroom is close by and that there are more people about interacting and offering to drive the athlete to therapy appointments. The family can promote an active social life by encouraging the athlete to interact with friends and offering to listen when the athlete is trying to release some frustration about the injury. Athletes described family members as extremely supportive throughout the rehabilitation process due to the time, effort and the caring they received (Bianco, 2001; Petitpas & Danish, 1995; Petrie, 1992; Weiss, & Troxel, 1986).

Spouses and partners have been shown to have a positive influence in 90% of the cases during an athletic injury (Hill, 1991; Udry, 1997). This role may be extremely significant due to the provision of unconditional love, support and acceptance of the injured athlete (Udry). The role of the spouse, however, has not been examined in detail.

Medical practitioners must be able to work with the athlete's family, friends and significant others to inform them of the crucial role they will likely play in recovery from injury (Udry, 2002). It is also important that family members understand what role they will play in the recovery of the athlete. The family must understand that the athlete will need certain types of support and then determine how they will be able to provide the

required support without overextending themselves emotionally. Studies have shown that family members were frequently described as extremely supportive throughout the rehabilitation process (Johnston & Carroll, 1998^b; Udry; Weiss, & Troxel, 1986).

The amount of social support and type of provider may have greater effects on injured athletes than most realize. Without the support provided by teammates, coaches, family and partners, athletes can be left to their own devices to cope with the injury which may have extremely negative outcomes. The impact of having a positive, loving environment can be the difference between a low stress recovery and returning to competition efficiently and a highly negative and stressful environment which is not conducive to the healing process of injured athletes (Udry, Gould, Bridges, & Beck, 1997).

Social support has a direct effect on rehabilitation adherence, life stress, injury severity, psychological response patterns post-injury and emotional responses of athletic injuries (Fisher, Scriber, Matheny, Alderman, & Bitting, 1993; Ford & Gordon, 1993). Athletes are most likely to adhere to a rehabilitation program when there are external factors such as family influencing them to participate actively in their healing.

It is important to determine the effect that family, friends and partners have on injury recovery and the support they are able to provide during the time of injury to ensure the healing process of the athlete is not impeded. If we are able to discover exactly what type of support would be most beneficial to an athlete throughout an injury, it will help in providing counselling strategies to family, friends and partners to aid in optimal recovery.

Due to inadequate information available to those supporting injured athletes, it is essential to discover how the role of social support from family, friends and partners affects athletic injury. The information obtained from this study will act as a useful tool for the families, friends and partners of injured athletes throughout the duration of an athletic injury. By discovering the most beneficial ways to help an athlete cope with injury, providers of support will be able to ease the stress of injury as much as possible. More specifically, what type of support is most beneficial and what amount is ideal.

This study carries personal significance. As an athlete I have suffered through several injuries and have received support of various types from various providers. I feel as though the progression through different phases of my injury could have been made more positive by having not only the emotional support of family and friends, but by being surrounded by people that could empathize with athletic injury and understand the physical and emotional toll injury took on me.

Purpose of This Study

The purpose of this study is to examine the perceptions of players competing in the Canadian Football League (CFL) regarding the social support provided by family, friends and partners during injury.

Methodology

Participants

Fifteen members of the Ottawa Renegades, a CFL team, were interviewed for the study. The sample included 3 American athletes and 12 Canadian athletes. The participants, at the time of interviewing, had competed at the professional level for an average of 6.33 years, ranging from 1-11 years. The athletes competed in the CFL or a

combination of the National Football league (NFL) and the CFL. A variety of injuries were discussed in the interviews and surgical intervention was required in most cases (see Table 1). Recovery time for the injuries ranged from no time away from practice and competition to 8 months. Time from injury occurrence to interview ranged from 2 months to 5 years with a mean of 2.55 years.

Participants were recruited with the assistance of the Ottawa Renegades team athletic therapist who provided details of the Renegades players who had sustained a football injury within 8 years of the study. Due to the competitive nature of professional sport the definition for injury used was pain or disability that prevented the athlete from competing at his optimal level.

Table 1

Demographic of Study Participants

Renegade	Age	Import/ Canadian	Injury Type	Time in Rehabilitation	Time Away from Competition	Time Since Injury
1	25	Import	Strained rotator cuff	2 months	None	1 month
2	33	Canadian	Strained back	Varied	None	Chronic Injury
3	28	Canadian	Strained fat pad on the left knee	4-6 weeks	1 week of practice/ 1 game	3 years
4	27	Canadian	Torn ACL- right knee	3 months	3 months practice/ missed ~10 games	1 year
5	28	Canadian	Broken left ankle	8-9 weeks	4 weeks/ 4 games	5 ½ years
6	25	Canadian	Grade 3 ankle sprain	6 weeks	6 weeks practice/ 5 games	1 year
7	26	Import	Back spasms- lower back	Entire season	6 weeks of practice/ 8 games	2 years
8	28	Canadian	Broken left tibia	9 months	Remainder of season- 11 weeks	4 years
9	30	Canadian	Lis Frank fracture	1+ years	Remainder of season- 2 games	4 years
10	33	Canadian	Dislocated lunate- right wrist	10 weeks	14 weeks of practice/ 13 games	4 years
11	29	Canadian	Dislocated shoulder	7 months	Remainder of season	5 ¾ years
12	28	Canadian	Broken collarbone	12 weeks	10 weeks of practice	3 years

13	32	Canadian	Dislocated elbow	2+ months	2 weeks practice/ 2 games	1 year
14	23	Canadian	Torn ACL, MCL & meniscus	10 months	6-8 months from practice/ competition	2 years
15	32	Import	Torn patella tendon	3.5 months	End of season injury- no time missed	2 years

Interview Guide

An Interview Guide was developed based on relevant literature on sport injury (e.g., Heil, 1993; Pargman, 1993; Wiese-Bjornstal, Smith, Shaffer, & Morrey, 1998), and social support (e.g., Ford & Gordon, 1993; Hardy et al., 1991). The questions that appear on the interview schedule were carefully extracted based on the relevance to the study and its unique participants. The Interview Guide was pilot-tested and subsequently refined to elicit information regarding the participants: a) perceptions of the social support provided by their family, friends and partner, b) their social support preference, and c) their recommendations to family, friends and partners when coping with an athletic injury. For further clarification, family was defined as those whom they considered to be their closest relatives, friends were defined as those that are not teammates, and partners are defined as a wife, girlfriend or live-in girlfriend. The pilot test included four mock interviews with recreational and varsity athletes from Lakehead University. The purpose of the pilot interview was to ensure the questions that were being asked were able to elicit a response with substance and would lead into other facets of athletic injury not yet examined. After each pilot, the advisor overseeing this thesis

provided feedback concerning how the questions were asked, how the questions could be reworded and how to make the athlete feel as though they are being listened to actively and without bias (see *Renegades Interview* in Appendix A).

Procedure

Prior to beginning the interview sessions with the Ottawa Renegades, ethics approval was obtained from the Lakehead University Ethics Committee.

Permission was gained to conduct the research interviews in-season, on practice days between on field workouts and team meetings. The author conducted all interviews, and interviewed each participant once. At the start of each interview, the author explained the objectives of the research outlining the study purposes, details of the interviewee's involvement, and rights as a study participant. Each Renegade player agreed to be interviewed and signed a consent form (see *Consent Form* in Appendix B). All the players understood that they could end the interview at any time.

All players were guaranteed anonymity once they had consented to participate in the study. Anonymity means that their names were not be released at any time during this study. Once the interviewer had recorded each player's background, the participants were assigned a number. The number was used if a direct referral is made to that athlete rather than a name. Players were offered the opportunity to read the document once it had been completed and were given the opportunity to leave a forwarding address with the athletic therapist so that a copy could be mailed to them. Each athlete who was interested in the results of the study gave his name to the athletic therapist who will provide them with the written report upon its completion.

Each interview session was tape-recorded and lasted between 20 and 45 minutes depending on the depth each individual was willing to discuss his injury. Once an interview had been completed, the author made notes of final thoughts, themes and impressions of the interview before the next interview commenced. Each of the recorded interviews were transcribed verbatim and used for qualitative analysis.

Data Analysis

This study is both quantitative and qualitative. The quantitative data is used to make generalizations about the group of participants in this study. Frequency tables have been created to evaluate the trends in the responses of the athletes and to determine if particular tendencies can be applied to make a generalization about professional football players as a group (e.g., do most CFL players receive emotional support from friends?). For example, 66% of the study group strongly agreed that their family provided them with support immediately after the onset of injury.

The narrative data collected from the participants were extremely rich sources of information regarding their social interactions during a distinct time of their lives. The qualitative data consist of audio recordings of each of the interview sessions which were transcribed verbatim. The transcripts were reviewed and coded based on responses and grouped into patterns of like categories establishing a hierarchy of responses, moving from specific to general levels. Once the transcription was complete the author extracted similar responses for each section of the interview. For example, there was a trend when the Renegade participants discussed the type of support they received from their families. Each group of support providers (i.e., family, friends and partners) was examined separately to determine the perceptions of the injured athletes separately. Subsections

were created to differentiate the diverse types of support provided by each group of providers (i.e., emotional, tangible, motivational, and informational).

Confidentiality was insured by not making reference to a specific athlete when stating results and keeping records of the interview sessions private. Results of the study will be made available to the participants should they request them.

Limitations:

When performing this type of study theoretical assumptions are often made. As for this study, the limitations are as follows:

1. The interviewee will be honest and truthful.
2. The athlete will be able to recall the events of his injury.
3. The interviewees are all football players from the same C.F.L. team, subject to the same medical professionals.

A semi-structured interview allowed for follow up questions that lead to more in depth responses.

Delimitations:

This study examined the perceptions of players in the CFL. The following criterion will be used for inclusion in this study:

1. Participants are 15 active Canadian Football League player.
2. The participant must have been injured while competing during their varsity or professional careers within 5-8 years of the interview session.
3. Each participant was interviewed using the Interview Guide created by the researcher.
4. All interviews were conducted by the same interviewer to ensure consistency.

5. The participants were asked how vividly they recall the events of their injury i.e.,
1= not at all, 5 = vividly.
6. All interviews were conducted in the athletic therapist's office.

Results

The data were collected based on the players' vivid recall of the events of athletic injuries. All the athletes interviewed, with the exception of one, rated the recall of their injury as vivid.

Types of Support from Family, Friends and Partners

Table 2 shows the frequencies of support received from family, friends and partners. These data were collected from the quantitative portion of the interview schedule.

When the athletes were asked if family, friends and partners provided them with emotional, tangible, informational support or motivational support they responded based on a 5-point Likert Scale. The players who received emotional, tangible, motivational or informational support from the support providers being examined rated each type as 4-agree or 5-agree strongly; those who did not receive varying supports rated each type as 1-disagree strongly or 2-disagree.

Table 2

Frequency of Support Received

Type of Support	Family	Friends	Partners
Emotional	14	15	6
Tangible	6	2	2
Informational	5	8	0
Motivational	14	15	6

Note. Frequencies are based on a 5- point Likert scale (1= disagree strongly, 5 = agree strongly).^a There were 7 players with partners at the time of their injury.

Players who reported receiving informational support did not receive information pertaining to the injury itself but rather spiritual or practical advice. Those who did receive information about their injuries (N=2) had a sister or a parent who was a nurse and was able to provide advice as a medical professional. The players who reported receiving motivational advice only received encouragement to play football again and to continue pursuing their dreams. None of the athletes received, nor required, motivation to complete therapy, take care of their own well-being or maintain a positive attitude.

The athletes who reported receiving informational support believed that the only useful information they received was from their friends who were athletes. They felt there was a mutual understanding and they could get information about their injury as well as have someone to share their experience with. Those athletes who received

motivational support from friends all reported that their friends truly wanted to see them play football again. The athletes did not require motivation to complete therapy, with the exception of one athlete who felt that his friends helped him to maintain a positive attitude.

Emotional Support

Emotional support was provided by family, friends and partners at the beginning of rehabilitation and diminished throughout the healing process. The main providers tended to be people who did not have expert knowledge of the injury but had a close personal relationship with the injured athlete.

Family

Emotional support from family appeared to have three major functions throughout the athlete's injury: (a) to help the athlete acknowledge the existence and severity of the injury, (b) to help rationalize thoughts and feelings and (c) to confirm that the athlete is cared for and is appreciated.

Right after the injury I was in the locker room getting X-rays...they came in the locker room to make sure I was ok. That really showed their concern. My brothers cared too, but they were in Toronto so there wasn't much they could do.

My mom and sister flew in and stayed with me for a week because I couldn't move around too well. I was on crutches and pain pills and all that junk so they flew to St. Louis, my Mom was there for a week my sister stayed with me for a bit longer to help get me going. My Mom got there the day after my surgery.

Interestingly, when emotional support was in profuse availability, its importance to the healing process was reduced. With the exception of seeking out emotionally supportive behaviours in the acute phases of injury, many athletes chose to deal with the injury independently and did not look for emotional support. Those players who

perceived little or no social support from family found emotional support less important to their recovery.

There are not a lot of football players that have their parents around. My college team for example had 10 guys from the state everyone was out of the state. Whether you're in college or playing pro ball, you don't have the support system of your parents...they're not around. The guys that have support systems that could be called family are the guys that are married. I would never come to football camp expecting that my family's support would play a major role in my injury or career. The guys on your team are your support system. If you blow your ACL there's 8 guys that have done the same thing. That's where you get your support. You can get input and feedback from your peers. You can learn and educate each other about injuries. You can teach each other tricks to do things. I did my rotator cuff last year; I found a way to lift my hand above my head in the shower. Then I told a guy about it that did it the week later, that's how we do it. This is our support system.

The following figures show the extent to which the injured athletes felt supported from family throughout varying phases of athletic injury.

Table 3

Perceived Emotional Support from Family

Player's rating	Immediately	48 hours	Duration
Disagree Strongly	1	2	1
Disagree	1	1	1
Undecided	0	2	0
Agree	5	5	5
Agree Strongly	8	5	8

Note. Frequencies are based on a 5-point Likert scale (1= disagree strongly, 5 = agree strongly).

Many players mentioned that although their families were not present during the initial stages of injury, they still felt supported emotionally. Those who did not feel as though they received emotional support throughout the course of their injuries mentioned a weak family bond.

The results from 48 hours post injury are very interesting because the players felt less supported than they did initially; however, it is beyond the scope of this study to determine why it is different. Many of the emotionally supportive behaviours from family members did not involve physical closeness but rather phone calls, or loving messages. Further research may show that families of athletes become accustomed to injury and are essentially desensitized to the psychological effects it could potentially have.

Family members are typically a vital part of the injured athletes social network and are often the only support providers that have been through all facets of the injury with the athlete (Bianco, 2001). However, in the case of professional athletes, the emotional care and support they receive from family members (other than wives and live-in girlfriends) is over the phone or in some other form of communication that may not include the family being physically present until the injury is less severe or no longer present. Very few players [N=2] had the option of going home when their injury occurred. Most athletes returned home when the season was over or had family come to visit during the initial phases of injury. Of the fifteen injured athletes that participated in this study, three had family physically present during the onset of their injury. One player was injured in the off-season while training at home and 2 players had parents in the stands. The commonality in almost all cases [N=14] was that family members

showed concern for the health and well-being of the athlete and made an effort to make him feel cared about and important as a person, not just a football player.

Well I was still in Vancouver so mostly phone calls. Making sure I was alright, they would send anything out if I needed it. It was at the end of the season so I was there until just before Christmas then I headed back to Ottawa.

They couldn't do much but call to see if I was alright and make sure I was being taken care of.

Friends

Friends were considered to be a constant source of emotional support for the injured football players who sometimes struggled to cope with the physical and psychological demands of rehabilitation and recovery. Friends were reported being optimistic and positive about the injury. Some friends showed support by taking the athlete's focus away from the injury (N=4). This was done by resuming normal functions like going to movies, going out to eat or having a beer at a local pub. Most friends of the players did not talk about the injury or even ask about it. Friends were supportive by just being there for the athlete. The following table shows the extent to which the injured athletes felt supported by their friends throughout varying phases of athletic injury.

Table 4

Perceived Emotional Support from Friends

Player's rating	Immediately	48 hours	Duration
Disagree Strongly	0	2	0
Disagree	0	1	0
Undecided	2	2	2
Agree	5	6	8
Agree Strongly	8	4	5

Note. Frequencies are based on a 5-point Likert scale (1= disagree strongly, 5 = agree strongly).

The players interpreted this question to mean the support they received when their friends found out they were injured initially. The players who were undecided [N=2] stated that their friends did not know they were injured until much later but believed that had their friends known they were injured, they would have been supported completely. Much of the initial support the injured players received was primarily from teammates.

As mentioned above, these professional football players tend not to have the support of friends who are not teammates on a daily basis. For this reason, the emotional support they received from their friends included phone calls, visits once the season was over and in rare cases in-season. Three players received support from their friends immediately because they were injured during summer training or at the end of the season, thus, still in the initial phase of injury recovery.

My friends were in Toronto, most of them were CFL players or guys who played in University. They wanted me to get better before I started doing

anything. You know don't start back too soon. We did rehab together. One of my best friends got hurt the week after I did so we always went together.

They stayed my friends. Just because I wasn't playing or could potentially never play again...they didn't care. I was still their buddy. They didn't care either way if I played football or not. The injury could have been career ending. I wasn't going to know until the cast came off, and got back to training camp. They whole time they just told me "We don't care if you don't play anymore...you're still our buddy".

They would talk about when I come back our team will achieve this...as opposed to if you come back. There was no doubt in their mind I would come back in full form.

A lot of my friends weren't athletes with the exception of my teammates. They didn't even talk about that [the injury]; they wanted to know how things were going and that was about it.

All the athletes interviewed felt as though they were fully supported by their friends throughout the entire span of their recovery. Very few athletes felt as though their friends were not able to provide them with caring words and actions until the time they resumed play.

Since not all of them [my friends] could be there they would call me on the phone, telling me I'd be back to where I was before I even know it. Some of my friends from Ohio saw it on TV, they said, don't worry you'll be back in there. They were just anxious for me to get back. That made things a lot easier on me...knowing I had that kind of support.

If you got injured in a game you would have people waiting for you outside the locker room as soon as the game was done. You knew they saw what happened and you knew they were there out of concern. Some of the trainers would let a few of your friends come into the training room if it was bad enough. Your good friends were right there until you were back on the field again.

...you never want to hear "oh I guess you're done!" You don't want to hear that, you want to hear when you will be back. Some people have no idea but even they'll ask "so what happens next?" Then you say, "I'll be out for 3-4 months", your friends will check up on you every so often within that time frame.

Partners

Of the fifteen football players injured, seven had a significant other at the time of injury. Six of the athletes interviewed reported that the provision of emotional support from partners was excellent. One athlete had a different experience. The injury he sustained that season caused a major change in his relationship with his fiancé. With this exception in mind, all the players spoke very fondly of the care they received throughout the duration of their recovery and how the care they received from their partners was an important part of their recovery.

She knows that it's important to me. So she makes sure that I'm happy in what I'm doing. At first she didn't understand the extent of my injury. She worried too much. Until I explained it then she understood what was happening and where you're going from there. She was completely supportive!

I could talk to my wife...talk about the situation, my frustration with not being able to play. Sometimes you just want someone to listen to you. My wife was always very supportive.

The support I got from my girlfriend was very consistent throughout...she was always very supportive. She felt bad, she knew how important football is to me.

One player, who had a severe leg injury and was barely able to move without pain, found that the opposite was true. The caring and compassion often expected in a loving relationship with a partner was non-existent.

My fiancée at the time...she didn't support me at all...that's what led to the inevitable end to that. She was very dependent, and I couldn't satisfy her dependence. She was so dependent on me doing stuff and when she had to do stuff she was bitter.

[My fiancée] wasn't very sympathetic that I wasn't very mobile. I didn't get it casted for 3 days so every time I moved I was sweating and crying...she didn't like that. I was just drenched in sweat from the pain.

Table 5

Perception of Emotional Support from Partners

Player's rating	Immediately	48 hours	Duration
Disagree Strongly	1	1	1
Disagree	0	0	0
Undecided	0	0	0
Agree	4	4	5
Agree Strongly	2	2	1

Note. Frequencies are based on a 5-point Likert scale (1= disagree strongly, 5 = agree strongly). ^a Only 7 players of the 15 interviewed had a partner when they sustained their athletic injury.

*Tangible Support**Family*

Reference to tangible support was made at the beginning of rehabilitation or immediately following the injury. Tangible support was provided in six cases. Those players who received tangible support from their families were: a) injured at the end of the season and traveled home, b) returned home after training camp for additional assistance, c) were injured during training in the summer or had family support network with them at all times (i.e., wife and children). Several participants noted that whether or not they received tangible support was highly dependent on their own attitudes about dealing with the injury and if they were willing to accept assistance from others.

Being the only boy in the family, it's pretty much par for the course to get pampered when I was home anyway...

I didn't need help with anything, I was self-sufficient.

I'm pretty stubborn so I wouldn't take a lot of help...but sometimes they made me sandwiches.

My parents let me stay at their house. My Mom was a nurse, she would sometimes prepare an ice bucket at home so I could put my foot in it, or she would wrap it up.

Table 6

Frequencies of Tangible Support Athletes Received When Injured

Type of Support	Family	Friends	Partners
Meal preparation	8	3	3
Driving to rehab	5	4	2
Financial	0	0	0
None	7	8	4

Note. Frequencies are based on a 5-point Likert scale (1= disagree strongly, 5 = agree strongly).

The type of tangible support each athlete received was dependent on the severity of the injury and their team's location when the injury occurred. Some athletes were away from home and thus received no tangible support [N= 9]; others injured themselves at home and had the support of their families [N= 2]. Three athletes returned home to receive the required assistance while four others had their families come to take care of them during the times they were most debilitated. Tangible support was provided for those who were severely incapacitated, such as those in casts or on crutches, and was perceived to be extremely important in the early phases of rehabilitation.

When comparing the instance of athletic injury between elite professional athletes and elite amateur athletes, it is evident that their tangible needs are different.

Professional athletes do not worry about finances due to an injury because they will be paid as long as they maintain a position on their respective teams. Amateur athletes are often subsidized but not to the extent professionals are. Also, many amateur athletes do not have athletic therapists at their disposal along with the extensive medical staff professional athletes are accustomed to.

For one month after the surgery I stayed out there, then I came back here and my family took care of me for a month, then I went back [to school]. Fixing meals, driving me to appointments, I'm really lucky that I had my family to do that.

My parents set up a room in their house for me because I couldn't get around in mine. I couldn't really do anything. They drove me around, took to me rehab, made me food, took me out to eat...they did it all.

There were differing views about receiving tangible assistance from family because some athletes felt it created a reliance on someone else doing everything for them. Several athletes did not believe that they would push themselves to heal if they were not performing their daily tasks free of assistance.

I preferred the distance [being away from home]. I don't like drawing attention to myself personally. The way that I was hurt, I couldn't even move, so having someone there always saying 'Are you ok baby?' It's nice, but at the same time if I get babied I'm not going to get better. I like it too much. You're not pushing as hard, someone's doing it for you. You can't depend on somebody else you gotta depend on yourself.

Material and financial assistance was not required from the families of the football players, because the player's team was the primary source of financial support and paid for all the provisions of rehabilitation the athlete required.

Friends

Literature has shown that friends were the main providers of tangible support for injured amateur athletes (Johnston & Carroll, 1998^a). Results from this study did not concur. Thirteen of the athletes interviewed felt as though they received little or no tangible support from friends.

Material or financial assistance was not an issue for any of the athletes, because professional contracts have clauses that cover injuries and as a result none of them required any. All the athletes were taken care of financially by their college or professional team. The ability to have financial assurance is an important part of rehabilitation. If a professional football player is injured, he is still getting paid and the team will always take care of his rehabilitation. This would significantly decrease the stress level caused by financial restraints when an athlete is injured and attempting to return to play.

Partners

Literature referring to tangible support from partners during athletic injury is non-existent so this researcher has nothing with which to compare the findings of this study. However, due to the loving nature of the relationship between partners, emotional, tangible and motivational supports are readily available (Udry, 1996).

Tangible support was offered in most cases from partners but was not always accepted. The lack of acceptance of this type of support was attributed to a reported

stubbornness on behalf of the injured football players or it was perceived that they were not injured enough to require this type of support. One athlete was not offered tangible support from his partner causing a major stressor in their relationship.

Those who were willing recipients looked upon the tangible support provided by partners favourably. All the injured players, with the exception of one, were very satisfied with the quality and timing of the support provided by their partners. The athletes who were incapacitated enough to require help with mobility and every day chores, received more support in the initial phases of their injury and less tangible support as they were able to physically do things on their own. As the injury healed, the support diminished slightly until the athlete was able to function at the same level as he could pre-injury.

Those who refused tangible support from partners didn't feel as though they were injured to the extent of requiring such support, while others reported feeling stubborn and chose to cope with their injury by making adaptations to their lifestyles.

Informational Support

Research thus far has shown that athletes prize the information they receive from medical professionals above all others (Ford & Gordon, 1993). This researcher found that informational support from medical staff was used by injured football players merely as a primary coping strategy. Once the diagnosis had been made, the sole providers of informational support, despite any warnings or advice the medical staff gave them, were other football players who had sustained the same injury.

...when I played with the Bucs I knew a guy had the same surgery so I called the guy from the Rams and he told me about his surgery. I wanted to ask about things that I really wasn't sure of myself. I asked him so many details...wow. He just told me to follow rehab and stay patient,

then start getting more aggressive near the end. So once I had talked to people that had been through it I was more confident that I'd be okay.

Without a doubt, if a Doctor told me I should be doing this in this phase, I would go ask my buddy who had blown his knee out. I would take what he said more into heart than what the Doctor told me for sure.

...if they've done it before, they can tell you what you want to know. Like my shoulder, it hurts, but I can play, I can't throw a football but I can run with the ball. I can hit people, I can't throw it.

... you want to know if what you're experiencing is normal, if you have a problem or run into a road block you want to know what to expect. You want to know how to get through it, especially right after the surgery. I knew what to look for down the road. That's why you talk to someone who's done it.

I knew a bunch of guys that had been through it (knee surgery). I knew that if I called one of them up and said, "my knee swelled up" they would be able to tell me that happened to them too and could say "oh ya, just ice it and this exercise will help do this".

... the best advice [about my injury] would be from the guys that had that injury before. They could tell you everything about the injury and the rehab process. Really the best information you could get was from the guy that did it before.

Informational support was sought throughout all phases of recovery from athletic injury. All the professional football players interviewed felt that discussing their injury with someone who has already sustained that injury and recovered completely was extremely beneficial in each phase of recovery. Most players had questions not only immediately after surgery but also during rehabilitation, if they found they had reached a plateau, if they experienced pain that could potentially be "abnormal" or if they wanted to inquire about training regimens during the later phases of injury recovery. None of the athletes considered the source of their information to be inaccurate. The players wanted to discuss their injury with someone who had sustained the same injury and recovered

rather than someone that understood the physiological structures and timing of athletic injuries.

Family

When the athletes were asked about the informational support available to them from their families; many of the players believed that their family did not understand the magnitude of the injury [N=11]. Of the remaining four players, three had family members who were nurses. When the players were asked about their families' knowledge of athletic injury, many felt as though there was not a clear understanding of the "next generation of athletic injuries".

Table 7

Athletes' Perceptions of Support Providers Knowledge of Athletic Injury

Players' rating	Family	Friends	Partners
Disagree Strongly	2	1	4
Disagree	4	4	3
Undecided	5	1	0
Agree	3	6	0
Agree Strongly	1	3	0

Note. Frequencies are based on a 5-point Likert scale (1= disagree strongly, 5 = agree strongly).

...they say "Are you ok?" I'd say yes, they'd say "how much time will you miss?" I say 4 weeks; they say "Oh...is that long?" They're pretty

much that clueless. I think a lot of parents try and understand the next generation of injuries but...

If it's not life threatening it doesn't even register on their scale. To them it doesn't even register in their mind, it's not even an injury. To them my broken ankle was like a rug burn.

They understood after I explained it to them [the injury]. At first they didn't. When they heard the word surgery they kind of realized a little more. I think I told them 3 months [no football] so they were shocked again...I'd never been hurt before. After I explained it to them and they understood that I would come back at 100% they were cool with it.

Five players believed they received several forms of advice but none pertaining specifically to the injury.

My mom is a very spiritual lady she often offered spiritual advice and guidance.

...they just told me that it wasn't the end of the world.

My dad always gives me advice, it's no different if I'm injured or not.

Family, with the exception of a few medical professionals, were not able to provide the injured athlete with any informational support they found to be of great benefit.

Friends

Valuable advice received from friends of the injured athletes was solely from friends who were also football players and had sustained a similar injury. Friends did not understand.

I wouldn't say any advice was useful. They'd never had that injury before and how can you talk about it when you've never experienced it.

Some of my friends were athletes, they were varsity athletes. I'd say they somewhat understand injuries.

It's always nice to talk to someone who isn't intimately related with your football life. They have such a different perspective on the outside. When you're on the inside everyone has kind of the same outlook, they don't.

...They (non-athlete friends) didn't really understand the injury.

My friends would offer advice on coming back from injury, and how to stay in shape. Actually we did rehab together. One of my best friends got hurt the week after I did so we always went together.

They [my friends] said go to rehab and do whatever the trainer says to do. One of my friends had a similar injury so I pretty much told him what I was doing then he would tell me what he did. He just said it was going to hurt for a while and I just had to pretty much deal with it.

The main providers of informational support throughout the stages of rehabilitation were other injured athletes. Discussions with other injured football players provided information regarding the future implications of the injury and allowed participants to clearly establish attainable goals for rehabilitation. Because athletes at a professional level have dedicated a large majority of their lives to sport, the recovery process may be somewhat different than that of a layperson or someone competing in sport at a lower level. These groups of men have made their livelihood in sport and are willing to make any sacrifice needed to recover and return to competition. Having a shared reality support with another elite athlete can act as both a motivator and as a coping strategy. By making a connection with another athlete, players can gain the confidence to continue with therapy knowing they can confide in someone should they require additional guidance.

Partners

The informational support available to the injured football players from partners was non-existent. None of the players with partners [N=7] believed that their significant

other had an understanding of their injury or what it would entail (i.e., rehabilitation, time away from football and training time diverted to therapy time).

Many players felt as though the injury created a momentary high stress situation in their relationships due to lack of comprehension in the initial phases of injury. However, six players felt as though their partners made an effort to create a very positive atmosphere to promote an optimistic mood for coping with injury but none had any knowledge of athletic injury, or their injury specifically. Most of the informational support provided to the players was general and none of it pertained to the injury itself. Much of the informational support given to the players from their partners was overall “get healthy” type information.

Right away she was freaking out, very panicked. When physio started she was more relaxed and it [the panic] was just something that kind of phased out. Everything went back to normal.

At first she didn't understand the extent. She worried too much. Until I explained it then she understood what was happening and where you're going from there. I think she does get stressed out when I'm injured. She worries.

...when I was first injured, my wife's reaction was “*&^#%!” , that subsided after a while and then she tried to encourage me to work hard and do what I could.

My girl tried to tell me to stay positive, she told me everything would be alright, that was comforting to. But she didn't really understand the extent of the injury.

Since one of the main functions of informational support is to determine progress in rehabilitation, the injured athletes were not able to share a common reality with their partner, which was injury. The partners were not able to relate to the injury as an athlete who had already sustained that particular injury and thus were not able to provide this type of support.

The information shared among the couples was the injured athlete explaining the injury to their wives or girlfriends. It was not a reciprocated type of support.

Motivational Support

Family

In most cases of athletic injury, the presence of motivational support during rehabilitation is paramount to the recovery of an athlete (Brewer, 1998; Cutrona & Russell, 1990; Larson, Starkey & Zaichowsky, 1996). Without motivational support, amateur athletes tend to adhere less to rehabilitation, suffer from emotional stress and tend to isolate themselves from their team, family, friends and others who care for them (Ford & Gordon, 1993; Petrie, 1992). Comparatively, professional athletes do not seem to react to athletic injury in the same manner.

The training regimen of professional athletes is analogous to an innate function such as drinking when thirsty in most human beings. Because their bodies are used as their livelihood, the importance of maintaining good health was a key component to an extensive career. When these athletes sustained an injury their first thought was “what do I need to do to get back to playing?” The athletes interviewed gave the impression that they have complete faith in the capabilities of their surgeons to get them back to where they were prior to their injuries. Even though with serious injuries there is often the concern of making a full recovery, injured athletes have the capacity to do everything in their power to return to the game they love.

Motivation from family did not play a role in the athlete adhering to his rehabilitation, returning to competition or maintaining a positive attitude about his injury. Many of the players believed that family members who expressed the desire to see them

play again were providing emotionally supportive behaviours rather than a motivational tool. None of the players believed that they needed an external source to ensure they would continue with their careers as professional athletes which speaks to their high levels of intrinsic motivation.

Table 8

Players' Perceptions of Motivation Provided

Player's ratings	Family	Friends	Partners
Disagree Strongly	1	0	2
Disagree	1	0	0
Undecided	3	3	1
Agree	5	9	3
Agree Strongly	5	3	1

Note. Frequencies are based on a 5-point Likert scale (1= disagree strongly, 5 = agree strongly).

All the players interviewed felt as though they did not require any external motivation to ensure adhering to their rehabilitation schedules or maintaining a positive attitude towards their injury.

I have a really positive attitude. I had no negativity whatsoever. I knew I'd get better I just had to take the time to do the rehab.

I had a positive attitude. I was just so disappointed, more so than having a negative attitude. I knew this was an injury that would heal 100%.

It's always stressful when you're injured and you're missing games but I was fairly positive I knew I would get over it [the injury] quickly.

It [rehabilitation adherence] wasn't an issue. I didn't need anyone telling me to go.

My family didn't need to tell me to attend rehab or listen to the physio, I needed to do what I needed to do to get better.

I felt that if I stayed positive that I would get over the injury. They [my family] agreed with me.

...they [my parents] have no idea what rehab is. It's totally self-motivated.

They [my family] didn't need to help me be positive, I was never really down. I never had a negative attitude because I was never down about the injury. If I was down they would pick me up in a heartbeat. It never really had to get to that point. It's not like I'd never seen this injury before, I just needed time to heal.

My family did encourage me to maintain a positive attitude, but I never felt like I needed it.

A factor that most athletes did not consider as a source of motivation was that their families were excited to see them return to action. None of them noted this as a source of motivation. However, the encouragement of their families to return to competition may have inadvertently acted as a motivating factor especially for rehabilitation adherence.

They [my parents] enjoy watching me play so they basically said when you're ready to play...go do it. They would say "take your time, get rehab done; we'll help you with whatever you need".

My Mom asked me after I had gone through surgery and the really tough parts of rehab if playing football was still something I wanted to do... I said it was. She supported my decision 100%.

My parents are probably the loudest people in the stands.

She [my Mom] loves that I play football and was upset that I got injured so she would just ask me everyday if it felt better. Oh yeah, my Mom loves it. She loves watching me play.

They [my family] would just say “we want to see you get back out there and play...it’s your dream. As long as you can get back out there and play without injuring yourself more.”

Table 9

Frequency of Family, Friends and Partners who Responded Positively to Returning to Competition

Reaction	Family	Friends	Partner
Encouraged Return	11	15	7
Discouraged Return	2	0	1
Mixed feelings about return	2	0	1

Note. Frequencies are based on a 5-point Likert scale (1= disagree strongly, 5 = agree strongly).

The family members that expressed interest in their sons’ returning to football were thought to do so because they understood the importance of sport in their sons’ lives. They also understood that while they were young and healthy they should follow their dreams and earn a living as a professional athlete. The families and partners that had mixed feelings about returning to football were based solely on the belief that football may not be a safe activity and they were concerned about future health risks. Those who expressed negative feelings about their loved one’s returning to play

professional football were concerned about life-long damage to their bodies and perceived football as a health hazard.

...I wouldn't say they deterred me, I would say that they didn't think it [football] was the safest thing for me to be doing.

They told me that they understood that this type of thing happens. They told me that I was more important than playing football.

Friends

The Renegades interviewed had varying experiences with motivational support from their friends. Some of the players had friends who were training partners and they received constant motivation to keep improving and continue training by keeping their focus on the end goal of being healthy and returning to play. Many athletes felt as though they were able to return to competition in the same or better physical condition as when they were initially injured. Other players had friends who wanted to see them compete again and although they could not identify with sustaining an athletic injury, they urged the injured athletes to return to competition. Overall, the players received unwavering support to return to competition from their friends.

The players who referred to their friends as off-season training partners believed that they were motivated by their friends' commitment to training. They refused to let down their training partners by not participating in a workout. The athletes' eagerness to compete and contribute to a team atmosphere increases their motivation to prepare for the upcoming season. Many athletes referred to modifying the intensity of their workouts but they would not skip a training session.

...they [my friends] trained with me. We trained together, competed together; they never took it easy on me. They encouraged me to get back to where I was... I'd say there was a lack of sympathy.

They never took it easy on me. They were always pushing me, but, there was times where I would have to back off.

...others helped me train and get ready for the next season. Some of them stopped playing but they still wanted to train.

Several of the players interviewed reported that their friends love to see them playing football. Many of them referred to their friends offering slight pressure to return to play. All felt as though the pressure was given with good intentions and was not meant to further harm them. They perceived this type of support as positive motivation.

They'd be asking me all the time how I was feeling, asking me when I'd be ready to go.

They [my friends] said get your ass on the field ASAP. Pressure from friends is positive but sometimes you end up riding these guys because you want them back. It's positive peer-pressure though.

...they asked when I would be back. It was more like, instead of "are you done?" it was "when will you be back?"

...they would say "we need you back so get healthy!!!" It was a little stressful but in a good way. I wasn't sure if I was 100% and I was ready to get back. I don't think them saying anything to me was stressful, I think the stress I felt I put on myself.

Other players felt as though the motivational support they received from their friends was through efforts to distract them from their injury. Several players believed that having an outlet that was non-football related relieved the stress of the injury. As such, they were able to rejuvenate and redirect their energies toward healing and physiotherapy.

They [my friends] didn't care either way if I played football or not. The injury could have been career ending. I wasn't going to know until the cast came off, and got back to training camp. They whole time they just told me "We don't care if you don't play anymore...you're still our buddy".

...they [my friends] really want to see you back in the game, winning! But they also tried to take some attention away from the injury by taking me to Grace O'Malley's for some pints.

...you start getting antsy, you start wanting some activity. They [your friends] help keep you in the right frame of mind and same concept as just talking to you and being able to drop some of your frustrations on someone else that you don't see in the locker room.

Partners

Motivational support from partners varied from player to player. Some of the athletes interviewed felt very supported by not only the words, but the actions of their partners. For example, partners would assist with therapy (if possible), tell the athlete how much she loved watching him play and ultimately support the player returning to competition. This type of support provided the injured players with encouragement to return to competition.

She even helped me do therapy for my knee she would move my knee through the range of motion I needed then she would get me ice. She asked me after I had gone through surgery and the really tough parts of rehab if playing football was still something I wanted to do... I said it was, she supported my decision 100%.

She tried to get me to go back as soon as I could, maintain a positive attitude, not to let it bring me down...it wasn't the end of my career that it was just a bump in the road.

The players who did not feel as though they were motivated to return to competition by their partner [N=2] felt as though they were being distracted from rehabilitation by their partners' need for attention.

You gotta rehab and get yourself back to where you were but, you know, she kind of forgets about that after a while, and she doesn't get that you're not rehabing because you want to and it's fun. It's your job, you have to get back or you won't have a job the next year. Going on vacation is tough enough when you're trying to get ready for the season, but after you're trying to get ready for a season when you've been injured and you're not as far along as you usually are that's not going to help.

She didn't support me at all. She was very dependent, and I couldn't satisfy her dependence. She was so dependent on me doing stuff. She wasn't very sympathetic that I wasn't very mobile.

Many players noted the importance of their partners understanding their love for the game of football; however, being understanding was considered an emotionally supportive behaviour rather than a motivational behaviour.

Discussion

The role family, friends and partners play in supporting injured professional athletes is primarily on an emotional level. All the players interviewed referred to the importance of having their loved ones physically present, showing they care and expressing concern for their injury and their physical well-being. Although most professional athletes do not have access to all the support providers throughout the duration of their professional season, the importance of a phone call, physical presence and emotional comfort was of paramount value to the athletes acceptance of their injury.

Very few of the athletes mentioned requiring tangible support unless they were severely injured and could not function as they could prior to the injury. Like Udry (2002), I found that athletes typically have deeply ingrained norms of physical independence which attributes to their aversion towards tangible therapy. Many of the players felt that asking for help and receiving varying types of tangible support was a sign of weakness that they would not accept. Having a loved one make a sandwich was

more welcomed than having someone help them up the stairs. These findings are significantly different from previous findings from amateur level athletes who are in need of all types of support at varying times of their recovery (Bianco, 2001; Hardy et al., 1993, Johnston & Carroll, 1998; Thoits 1995). The results are likely affected by the level of performance of the athlete. The results of the aforementioned studies were based on participants who were non-athletes, recreational athletes or amateur athletes. Thoits (1995) stated that coping strategies used by a diverse group of patients with varied illnesses, disease and injury, were centered on the perception of uncontrollability and the number of stressors that were placed on them at a given time or throughout the span of twelve months.

Conversely, the professional athletes who participated in this study felt as though injury recovery was under their control but the injury itself was not. They also felt as though their recovery was within their control as long as they adhered to therapy. Their coping strategies included acceptance of the injury, discussing the injury with a medical practitioner then turning to a teammate who had sustained the same injury for support. Their coping strategies were centered on healing from the injury and the support they received was similar to that of a cancer patient participating in a shared reality social support group (Blanchard et. al., 1995). Contrary to amateur sport, many additional stressors that are brought about by injury do not exist for professionals. The majority of the population does not have a van to pick them up and take them to therapy or an athletic therapist available to them each day and very few receive a paycheck for the duration of their injury. These everyday occurrences contribute to further stress for a layperson or an amateur athlete who does not have access to these privileges. Professional athletes can

focus on recovery from injury without many common stressors adding to the pressure of rehabilitation. Many of the professional athletes who sustain an injury are completely taken care of by the teams they play for and their return to sport is perceived as “how long will you be out?” instead of “will you be back?” Professional athletes have access to the best rehabilitation equipment, immediate appointments with medical professionals and instant surgeries.

Although it is beyond the scope of the study to speculate why such a significant difference exists between amateur and professional athletes, however, it is this researcher’s opinion that professional athletes are desensitized to athletic injury, as are their families, friends and partners. Currently, most athletes that compete in high level, high intensity sport programs accept injury as a part of sport and physical activity and, as a result, the expectations athletes have for their families, friends, and partners are minimal. Perhaps they need to know at a particular time during the injury that they are loved not only as an athlete but also as a son, friend or partner.

Unlike most other professions, the likelihood of being injured at work is much greater for professional football players. Many of the athletes who were interviewed could think of several injuries they had sustained, but chose the most recent one which in some cases was not the most severe. Athletes who had sustained several injuries had expectations for the way others might treat them when they are injured again and are able to communicate what type of support they will require and when they will require it. Other players who have never had a serious injury had a more difficult time coping with the injury as well as communicating their needs to significant others. The difference for significant others can be immense in these two varying situations. One family may have

dealt with several injuries and consequently, knows what to do and when; while another family who has never had a loved one injured will not likely have coping mechanisms in place, nor will they understand what an athlete expects of them throughout the duration of their recovery. When significant others don't know how to react, injury can be detrimental to injured athletes. They now have the stress of trying to cope with their own injury and the sometimes negative reactions of their support providers.

Injury severity may also affect how much support an athlete will require from significant others. Some may be slightly debilitated and have no choice but to accept some help from a support provider. Nonetheless, in most cases, the football players referred to not accepting help because it meant weakness. They did not want to get accustomed to having someone take care of them and they didn't want their significant others to be inconvenienced by their injury. This may be reflective of the sports culture where mental toughness is expected. Athletes who accept help and succumb to pain are not perceived as "tough". Professional sport, like elite amateur sport, has adopted an attitude that athletes need to push through pain and injury although the results of playing through injury could affect the athletes health for the remainder of their lives. Long after the onset of an injury, physical problems may appear such as osteoarthritis. According to one study, a single knee injury early in life can put a person at five times the risk for osteoarthritis in adulthood (<http://arthritis.org/resources/SIP/intro.asp>, 2005).

Professional athletes and amateur athletes require the timing, type and amount of support to vary throughout the duration of their recovery from injury (Udry, 1996). However, the athletes who participated in this study placed little importance on constant support from family, friends and partners. Udry reported that motivational support was

considered to be a significant form of support for amateur athletes. However, I found very different results. None of the professional athletes interviewed noted that they needed motivational support to return to play because their motivation was attributed to what literature refers to as an internal locus of control. Many of the athletes wanted emotional and minimal amounts of tangible support in the acute phases of their injury from the support providers mentioned. Nonetheless, they did not need regular support throughout the duration of their injury. Players did not feel as though the support providers were able to offer useful advice pertaining specifically to their injury. Conversely, athletes would accept informational support from other support providers, i.e., teammates or medical practitioners, who they felt were more experienced in athletic injury rehabilitation.

Udry (1996) suggests that family members are a vital part of the injured athletes social network and are often the only support providers that have been through all facets of the injury with the athlete. In twelve of the fifteen cases, the players had minimal to no access to family members. Although several players have wives and live-in girlfriends, they do not travel with the team and on occasion do not re-locate with their husbands and boyfriends when the professional season begins. Professional athletes do not have access to family members unless they are training at home in the summer when their injury is sustained or an injury occurs at the end of the season and they quickly return home. Similar to previous studies, the athletes expressed a desire to receive emotional support from family, friends and partners. Upon inception of injury, the athlete required a caring gesture and to feel cared for; professionals were satisfied by a phone call while amateur athletes needed physical proximity. Family members provide

athletes with emotional support, tangible support and also motivational support (Bianco, 2001; Hardy et. al., 1991; Rees & Hardy, 2000; Udry et. al., 1997). I did not find that that was the case for the athletes in my study. They placed less emphasis on motivational support from any external support provider and often times did not choose to accept varying forms of tangible support.

Summary

It is often assumed that significant others can play major roles in reducing stress in athletes during injury. However, little attention has been given to: (a) what type of behaviours specifically affect professionals positively (emotional support versus motivational support), and (b) how prevalent each type of support is among professional athletes. This investigation attempted to fill this void. In-depth retrospective interviews were conducted with professional level football players who experienced athletic injury (n = 15). Analysis revealed that athletes evaluations of the specific behaviours of important others varied very little according to the type of support provided (emotional, tangible, informational or motivational). Additionally, frequency analysis revealed that athletes described their interactions with important others primarily on an emotional level. The findings are discussed in relation to current research of social support providers and types of support provided during athletic injuries.

The results of this study, compared to previous research have differed greatly. The professional level football players reported significantly lower needs for support than amateur and recreational athletes. Many professional athletes reported having a support system within the team and they did not require much outside support with the exception of caring behaviours exhibited by their families, friends and partners. Unlike past

studies, this study demonstrates that these athletes are self-motivated and required minimal tangible support.

Conclusion

The type and timing of social support provided to injured professional athletes has the capacity to reduce the stress of the injury as well as help the athlete maintain a clear and positive outlook on their injury. As a result, it is essential to understand how certain behaviours of important others can affect how an athlete will recover from athletic injury.

Due to the increased instance of athletic injury, determining the optimal coping strategy for the players' important others is crucial. Because a growing number of athletic injuries occur each year, in professional and amateur sport, the ability to provide optimal support and comfort to an injured athlete is of paramount value. Being able to assist an athlete positively through their recovery from injury will reduce the instance of re-injury caused by extremely high stress levels and greatly aid in their return to sport.

Professional athletes reported that the provision of emotional support from family, friends and partners was important in the initial phases of injury. Each of the athletes discussed the importance of knowing these groups of important others were concerned about them and their injury.

Motivational support was found to be of use in few ways due to the internal motivation these athletes possessed. Family, friends and partners did not need to encourage athletes to rehabilitate or attend therapy sessions; the athletes did that on their own. Many of the factors previously found to be motivating were thought of as emotional support. Each of the athletes was comforted knowing that their families,

friends and partners enjoyed watching them play football and were understanding of their love for the sport.

Tangible support was required in very few instances [N= 4]. A majority of the athletes had other methods of preparing food and getting rides to rehabilitation. None of the athletes required financial support of any kind from any of the support providers studied. At the professional level of competition the athletes are not financially liable for their rehabilitation or surgeries. This is far different from an amateur athlete who does not have the accessibility to an MRI on an immediate basis.

Informational support was absent in the majority of the cases from most groups of support providers. The group that understood the least about athletic injury was partners. None of the players felt as though their partner was able to provide them with any advice that was useful in recovering from the injury. Many felt as though their partner tried to provide vague advice, however, none of the suggestions related to the injury itself. Family members were not able to provide any useful information pertaining to the injury with the exception of very few medical professionals. The family members who were nurses [N = 2] were able to provide useful advice about caring for the injury in its acute stages.

Recommendations

Research in this area has provided the opportunity to delve further into the coping strategies of professional athletes. When examining this elite group of athletes it would be interesting to determine the support they receive from the network they are most often surrounded by; teammates, coaches and medical professionals, and whether or not they feel it is beneficial in any way. Since the access to support providers for professional

athletes is far different than those of amateur athletes, the groups that would benefit most from this type of research would be those who surround the athlete on a daily basis.

Professional athletes are not often living in the same city as their families, friends and, sometimes, partners; they are constantly travelling and are in training for a majority of the year.

Further research should be done examining the attitudes of support providers such as teammates, coaches, medical professionals, families, friends and partners, towards athletic injury. Based on information from the Ottawa Renegades and based on my own personal experience, support providers of athletes tend to be somewhat desensitized to the occurrence of injury. It is my belief that the type, quantity and quality of support athletes will receive are based heavily on the reaction of those around them.

Further research is needed to be able to provide a specific guide which support providers can follow to ensure their athlete is receiving the best care possible throughout the duration of the injury. More diversity in the types of athletes interviewed would be valuable in determining what kinds of behaviours are most beneficial, for professional athletes from varying sports, both individual and team. There could potentially be different supportive behaviours athletes find comforting depending on the sport the athlete competes in. Additional studies may also examine the difference between female and male professional athletes to determine if the type of social support required is similar or different.

Renegades' Recommendations for Families, Friends and Partners of Injured Players

As part of the interview schedule, the football players were asked to make a recommendation that could be used for future reference pertaining specifically to the

three groups of care givers being examined. The following recommendations stem from their own personal experiences with athletic injury and the support systems of family, friends and partners.

Family

- Don't panic. Nowadays anyway. I can understand that maybe in their day when someone went into the hospital for something like this they probably never came out. So, nowadays they're good with stuff [surgery] and, I can honestly say that...well I've had cartilage taken out of this knee, I've this shoulder socket reduced, had this one done, had my left pec repaired. I've never lost any speed never lost any strength. I've always been able to come back exactly where I was before. I'd say just let the athlete do the rehab and relax, be cool.
- I would say the biggest thing is to not be too supportive initially. Always trying to find an explanation for everything. In your head and in your heart you know you're going to be OK. It's dealing with all the other aspects of being injured that are more difficult than the actual injury itself. I would say, give athletes their space.
- Don't stress so much about the injury, don't freak out about it. Realize things will get better. A lot of us have been doing this for a long time. We know our bodies; we know when they're done.
- We have the attitude of I'm hurt what can I do, I need to go forward. I don't find the best reaction is getting upset. It's better to try and rally around the athlete and try to be as positive as you can, so we can't start dwelling on the injury because once you do that, you can't move forward.
- Just let the athlete go at their own pace.
- Give them [the athlete] their space and let the athlete deal with the injury how he wants to, what he feels is best. Accept the way they decide to deal with it.
- Understand that it's a tough thing for an athlete to go through so we don't want to talk about it all the time I guess. And don't think that the person is always needy; you always feel like you have to help sometimes we just want to deal with the stress ourselves I guess.
- Understanding is the key. It's the most important thing. Most family or family members won't know what a torn ACL or MCL is like so understanding is the most important part then positive reinforcement in whatever direction the person wants to go. If they don't want to pursue the sport anymore, help the athlete

through the initial phases of adjusting to the issues then after that family can offer more guidance and direction.

In summary, the injured football players feel as though their families would be more helpful should they allow athletes to deal with their injury as they see fit. Also, many athletes referred to understanding the injury and having knowledge of what it entails. This includes coping with the injury, rehabilitating the injury and preparing to return to competition post-injury. If family members understood the faith that the athletes have in the medical staff and their own bodies, they may not worry as much.

Friends

- I think just, you know, support, and knowledge about, find information about what happened. Try to understand what the person is going through. It's easier to support someone when you know what they're going through.
- Be supportive, to be there whenever you can be there. Try to not discuss the injury, the negative future outcomes.
- Gain knowledge about injuries. If they've done it before...they can tell you what you want to know.
- Be there and help the player through it, especially if you have experience with the injury.
- Just be there if they want to talk about it, bring it up and if they want advice give it to them. Don't nag them asking "why did you do that?" Just be positive.
- If you can't help, you can help by asking, getting information. If the person doesn't need help leave him alone, sometimes it's what you have to do.
- Be supportive. Any anecdotes that they can provide from their own past injuries is extremely useful, it helps you come back.
- It's nice to know they're worried about you, but its also important they know why they're worried. It's better to understand the injury and the phases that it will go through, and the amount of time that an athlete has to take to heal. There are progressions in how hard we can push ourselves and when.

- I would recommend just training with the athlete, helping them to get back. Don't take it easy on them; they have their family for that. Don't let them be satisfied to be where they're at. Push them to work in rehab. It's tedious and painful, but if you don't rehab properly you won't get back to where you were at.

Overall, the expectations that the players have for their friends are very different than those for their families. The expectations a majority of the players had for friends, was to provide them with information regarding the injury. Many of the players also referred to their friends as training partners and felt they understood when to increase the intensity of training and rehabilitation and knowing when to slow down.

Partners

- The difference in 4 or 5 degrees in a knee injury make the difference of if you can get back to running as fast as you did before. Tenths of a second decide whether you're on the roster or not. Don't discourage rehab, don't discourage someone to train.
- There is a fine line between encouraging and putting the right amount of pressure to put on someone to stay at their peak all the time. There's that borderline going above and beyond making the person step out of what they really want to do...what they should be doing.
- Be supportive and understanding, be patient.
- Don't be too supportive initially. Always trying to find an explanation for everything. Sometimes you have to deal with things on your own. You don't really go for the "oh you're gonna be ok". In your head and in your heart you know. It's dealing with all the other aspects of being injured that are more difficult than the actual injury itself. Give athletes their space. Be there in a physical way.
- Don't stress so much about the injury, don't freak out about it. Realize things will get better. A lot of us have been doing this for a long time. We know our bodies; we know when they're done. Don't worry too much.
- Give them [injured athletes] their space and let the athlete deal with the injury how he wants to, what he feels is best. Accept the way they decide to deal with it.

Based on the recommendations made for partners during athletic injury, players would agree that partners must be understanding about the injury and allow the athlete to deal with it as needed. Many players expressed the importance of maintaining low stress levels to better deal with the situation at hand. When a partner is stressed about the injury, it increases the stress levels for the athlete. Undue stress is counterproductive when trying to heal from an athletic injury.

The information gathered from this group of elite athletes may be used to help the support providers of this select group to better cope with the occurrence of athletic injury. The recommendations made by the members of the Ottawa Renegades Football Club will be extremely valuable to family, friends and partners when trying to determine how to best deal with the situation of athletic injury.

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Appendix A

Renegades Interview Schedule

Social Support Interview Schedule**Background Information**

Name:

Position:

Partner Status: Single/ Married/ Live-in

Number of years playing professional:

Age:

Hometown:

College Team:

Think of a significant injury you have sustained in the past.

How well do you recall the events of your injury?

1	2	3	4	5
Not at all				Vividly

Age you were injured:

What was the injury you sustained?

How were you injured?

Did the injury keep you from practice? If so, how long?

Did the injury keep you from competing? If so, how long?

Did your injury require surgery?

Did the injury require rehabilitation? If so, how long were you in rehabilitation?

Where in your career did the injury occur? Early, middle, or late?

When you were injured were you a starter, non-starter or practice player?

Part 1- Family**First I'd like to ask you about your family and the role they played while you were injured.**

When you were initially injured, you received support from your family.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

During the first 48 hours of your injury you received support from your family.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

You received support throughout the duration of your injury from your family.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

The support you received from your family was valuable in decreasing the stress of your injury.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

Your family was knowledgeable about your injury.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

Your family was sympathetic of your injury.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

Your family treated you the same way as they did before your injury occurred.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

Your injury caused a major change in your relationship with your family.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

Your family motivated you to get back to 100%.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

You could talk to your family about your injury.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

Your family put pressure on you to play and compete injured.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

The quality of support you received from your family throughout your injury was excellent.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

Who do you qualify as your immediate family? Where do they live?

- ↗ Parents
- ↗ Siblings

What kind of support, if any, did you receive from your family?

Interviewer cues

Emotional support is defined as reassuring behaviours communicating love and acceptance (e.g. physical presence, expressions of concern, empathy, affection etc...)

During your injury was your family physically present?

Tangible support is defined as provision of concrete assistance or goods (e.g. transportation to rehab, fixing meals)

When you were injured, did family members drive you to rehabilitation?

When you were injured, did your family assist with fixing meals? If yes, how often?

When you were injured, did you receive financial assistance from your family?

Informational support is defined as advice targeted to problem solving or feedback (e.g. providing useful advice, being a positive role model)

When you were injured was your family able to provide useful advice? Describe the advice (positive or negative).

Motivational support is defined as providing encouragement to overcome an obstacle (e.g. urging to attend rehabilitation)

When you were injured, did family members urge you to attend rehabilitation?

When you were injured did your family encourage you maintain a positive attitude?

When you were injured did your family support you returning to competition? How?

Did the support you received from your family differ from the time you were injured through rehabilitation and then when you returned to action?
If yes, in what way?

Provide some descriptive words to illustrate the reaction of your family to your injury.

Were there any other ways your family helped in your recovery?

Were there any ways your family hindered your recovery?

What recommendations would you make to family for future reference?

Part 2- Friends

Now I'd like to ask you about your friends and the role they played while you were injured and recovering.

When you were initially injured, you received support from your friends.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

During the first 48 hours of your injury you received support from your friends.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

You received support throughout the duration of your injury from your friends.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

The support you received from your friends was valuable in decreasing the stress of your injury.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

Your friends were knowledgeable about your injury.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

Your friends were sympathetic of your injury.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

Your friends treated you the same way as they did before your injury occurred.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

Your friends put too much time and effort into caring for you during your injury.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

Your injury caused a major change in your relationship with your friends.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

Your friends motivated you to get back to 100%.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

You could talk to your friends about your injury.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

Your friends put pressure on you to play and compete injured.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

The quality of support you received from your friends throughout your injury was excellent.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

What kind of support, if any, did you receive from your friends?

What is the extent of your friendship network?

Interviewer Cues

Emotional support is defined as reassuring behaviours communicating love and acceptance (e.g. physical presence, expressions of concern, empathy, affection etc...)

During your injury were your friends physically present?

When you were injured, did your friends express concern?

Tangible support is defined as provision of concrete assistance or goods (e.g. transportation to rehab, fixing meals) When you were injured, did friends drive you to rehabilitation?

When you were injured, did your friends assist with fixing meals?

When you were injured, did you receive financial assistance from your friends?

Informational support is defined as advice targeted to problem solving or feedback (e.g. providing useful advice, being a positive role model)

When you were injured were your friends able to provide useful advice? Describe the advice (positive or negative).

Motivational support is defined as providing encouragement to overcome an obstacle (e.g. urging to attend rehabilitation)

When you were injured, did friends urge you to attend rehabilitation?

When you were injured did your friends encourage you maintain a positive attitude?

When you were injured did your friends support you returning to competition? How?

Did the support you received from your friends differ from the time you were injured through rehabilitation and when you returned to action? If so, in what way?

Provide some words to illustrate the reaction of your friends to your injury.

Were there any other ways your friends helped in your recovery?

Were there any ways your friends hindered your recovery?

What recommendations would you make to friends for future reference?

Part 3- Partners

Finally, I'd like to ask you about your partner and the role they played while you were injured and recovering.

When you were initially injured, you received support from your partner.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

During the first 48hrs of your injury you received support from your partner.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

You received support throughout the duration of your injury from your partner.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

The support you received from your partner was valuable in decreasing the stress of your injury.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

Your partner was knowledgeable about your injury.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

Your partner was sympathetic of your injury.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

Your partner treated you the same way as they did before your injury occurred.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

Your injury caused a major change in your relationship with your partner.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

Your partner motivated you to get back to 100%.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

You could talk to your partner about your injury.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

Your partner put pressure on you to play and compete injured.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

The quality of support you received from your partner throughout your injury was excellent.

1	2	3	4	5
Disagree Strongly	Disagree	Undecided	Agree	Agree Strongly

What kind of support, if any, did you receive from your partner?

Interviewer cues

Emotional support is defined as reassuring behaviours communicating love and acceptance (e.g. physical presence, expressions of concern, empathy, affection etc...)

During your injury was your partner physically present?

When you were injured, did your partner express concern?

When you were injured, did your partner show empathy?

When you were injured, did your partner show affection?

Tangible support is defined as provision of concrete assistance or goods (e.g. transportation to rehab, fixing meals)

When you were injured, did your partner drive you to rehabilitation?

When you were injured, did your partner assist with fixing meals?

When you were injured, did you receive financial assistance from your partner?

Informational support is defined as advice targeted to problem solving or feedback (e.g. providing useful advice, being a positive role model)

When you were injured was your partner able to provide useful advice? Describe the advice (positive or negative).

Motivational support is defined as providing encouragement to overcome an obstacle (e.g. urging to attend rehabilitation)

When you were injured, did your partner urge you to attend rehabilitation?

When you were injured did your partner encourage you maintain a positive attitude?

When you were injured did your partner support you returning to competition? How?

Did the support you received from your partner differ from the time you were injured through rehabilitation and then when you returned to action?

Provide some words to illustrate the reaction of your partner to your injury.

Were there any other ways your partner helped in your recovery?

Were there any ways your partner hindered your recovery?

What recommendations would you make to friends for future reference?

Appendix B
Consent Form

My signature on this sheet indicates I agree to participate in a study by Kim Mathieu, on the **relationship between athletic injuries and social support** and it also indicates that I understand the following:

1. I am a volunteer and can withdraw at any time from the study.
2. There is no apparent risk of physical or psychological harm.
3. The data I provide will be confidential.
4. I will receive a summary of the project, upon request, following the completion of the project.
5. The data will be stored for seven years at Lakehead University once the project has been completed.

I have received explanations about the nature of the study, its purpose, and procedures.

Signature of Participant

Date