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Theatre-Based Psychological Intervention to Control Negative Attitude towards Sport Injury

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Research, design, implementation, and efficacy testing of newer psychological interventions have been not only a great passion of psychologists but also an inevitable part and parcel of the developmental process of psychology as a scientific discipline. The present experimentation exemplifies such an effort with the objective of testing the efficacy of a newly developed intervention strategy, which is founded on theatre techniques, to control negative attitude towards sport injury being one of the major debilitating factors of sport performance. The experiment was conducted on group of 16 sport persons; 8 subjects in experimental group and 8 subjects in control group. The intervention consisted of 7 sessions, which is based on a module designed by the experimenter. t-test was used to estimate the significance of mean difference between the experimental and control groups before and after treatment. The results of the experiment showed that the newly developed intervention is effective in controlling negative attitude towards sport injury. This paper discusses the rationale and theoretical basis of employing a theatre-based intervention in sport setting.

***Keywords*:** Sport Psychology, Psychological Intervention, Attitude, Sport Injury

One of the many aspects of sport in which sport psychologists may become involved is that of dealing with the psychological concerns often experienced by athletes who suffer physical injuries. It is critical to the ultimate goal of recovery and return to competition that athletes are indeed rehabilitated both physically and psychologically.

Athletes display a wide variety of psychological responses to injury including negative reactions such as depression, low, self-esteem and distress. Factors such as magnitude of the injury, the success of the rehabilitation programme, athlete's personality, and the level of competition have an impact on the athlete's responses, rendering the responses somewhat idiosyncratic. However, some generalities across different populations and settings can be found. To help in the understanding of psychological responses to athletic injuries, a few authors have developed comprehensive theories of reactions to injuries. One, 'affective cycle theory' of response to athletic injury of Weil and Fine in 1993, argues that reactions to injury are a function of three different responses: distress, denial and determent coping. One year later Brewer has proposed a second approach, the cognitive 'appraisal theory' of response to athletic injury. In this model, the athlete's response to injury is a function of the interaction between personality and situational factors. In turn, the emotional response to the injury and the resultant behavioural response are salient (LeUnes and Nation, 2002).

One of the many aspects of sport in which sport psychologists may become involved is that of dealing with the psychological

concerns often experienced by athletes who suffer physical injuries. Yet most coaches, athletic trainers, and athletes lack both knowledge and skill concerning psychological rehabilitation. It is up to sport psychologists or qualified sport psychology consultants to provide information to injured athletes and/ or other sport medicine team members that will help athletes in their psychological recovery from physical injury.

Athletic injuries may sometimes be anticipated even before they actually are incurred. As reported by several authors, there is some evidence to indicate that psychosocial factors, in addition to physical factors, play a role in the occurrence of sports injuries (Feltz, 1984; Rotella & Heyman, 1986). These factors include risk-taking behavior, anxiety, major and minor stresses, and personality traits. As coaches will attest, some athletes are more likely than others to take risks, whether through high-risk sports such as parachuting, fencing, or rock climbing or by purposely putting themselves in potentially injurious situations (Cohen & Young, 1981).

Sport injury and anxiety

Anxiety is a much assessed psychosocial factor that is viewed as related to both physical and psychological injury (Feltz, 1984; Gordan,1986; Williams & Andersen, 1986; Nideffer,1980). Another factor is stress (Feltz, 1984; Deutsch,1985; Rotella & Heyman; 1986). Likewise, stressful life events have been reported to be correlated with increased injuries in gymnasts (Kerr & Minden, 1998), in a combination of athletes from biathlon, race walking, figure skating, gymnastics, and basketball (May, et al., 1985), and in a combination of high school athletes from football boys' and girls' basketball, boys' wrestling, and girls' gymnastics (Smith, et. al., 1990).

Sport injury and social support

Researches indicate that social support can contribute to health and well-being by reducing exposure to stress and enhancing coping efforts. The mechanisms underlying this relationship remain poorly understood. However, a confusion abounds as to the nature of social support. Bianco and Eklund's (2001) paper examines some of the major conceptual issues relevant to the study of social support in the context of sport injury.

Social support, which in the broadest sense refers to social interactions aimed at inducing positive outcomes, is growing as an area of interest in the literature on sport and exercise, particularly where sport injury is concerned. Generally, research in this area has focused on the role of social support in both the etiology of sport injury and recovery from sport injury. For example, Soulard (2001) found that Family and friends were more associated with emotional support while coaches and team mates with technical support. The knowledge gained from these endeavors has both theoretical and practical implications for sport scientists. Specifically, research findings can elucidate psychosocial issues associated with sport injury and guide the development of injury-prevention strategies and psychosocial rehabilitation interventions (Bianco & Eklund, 2001). The implication of examining the psychosocial factors associated with athletic injury is that social support systems such as those provided by coaches, athletic trainers, and sport psychologists can help athletes recognize their personality, anxiety and risk-taking patterns. These support systems can also assist athletes in readjusting and coping with life changes and stresses in an attempt to minimize vulnerability to injury (Feltz, 1984).

Sport injury and psychological response

The extent of psychological injury that athletes experience along with physical injury varies greatly with the personal attributes of

the athletes themselves and the context within which physical injury occurred. For example, the psychological characteristics of athletes vary in such areas as level of self-esteem, trait anxiety, and intrinsic motivation. All of these factors likely affect their response to injury and the rehabilitation process. In turn, various situational factors such as the nature and extent of injury, type of sport, time, and the perceived context of the injurious situation (e.g., a cheap shot vs. an accidental collision) also may influence an athlete's reaction to injury (Pederson, 1986; Weiss & Troxel, 1986).

Prevention and rehabilitation of sport injury

MacMahon and White (2001) say that a better understanding on the part of the athletes of sources of pressures relating to risk, pain and injury will help them raise their awareness of these pressures and their ability to resist them. Green (1992) comments on the use of imagery in rehabilitation of injured athletes. From a sport psychology perspective, there is at the very least a logical leap from their relationship between imagery and sport performance to the impact of imagery on the healing process of injuries. Hecker and Kaczor (1988) have summarized existing theoretical models that have been advanced to explain the processes involved with mental imagery and its influence on athletic performance (e.g., motor skill development). These include (a) the symbolic learning theory, which posits that symbolic rehearsal advances the development of skills requiring cognitive processes; (b) the psycho neuromuscular theory associated with Jacobsen's work which identified muscular innervations during imagery similar to those occurring during actual performance; (c) the attention-arousal set, which integrates cognitive and physiological aspects of rehearsal in order to distinguish between relevant and irrelevant cues (d) bioinformational theory, in which imagery processes the stimulus characteristics of an imagined scenario and the physiological/ behavioral responses that accompany them. The use of imagery in sport setting has much to do with the present intervention because a theatre based psychological intervention makes use of imagery in abundance.

Theatre and sport

In his book 'performance theory' Schechner (1988) tries to explore the relationship between theatre and sport. Sport and theatre share several basic qualities like, a) a special ordering of time, b) special values attached to objects, c) non-productivity in terms of goods, c) rules and d) special spaces for performance. Lowe (1977) summarizes a discussion on 'the beauty of sport' as the dynamics of sport are more akin to the dynamics of theater or dance, the subtle difference appearing in the exploration of the absolutes of strength, endurance, speed, and similar extremes of man's physical potential (typically applied to a value structure founded in competition). Finally it may be added that the pleasure aspect inherent in sport and theatre makes to denote both of these forms of performance as 'play'.

Theatre as a medium of psychological intervention

Though the curative usage of theatre/ drama has been recognized centuries back, it is only the last century that drama was scientifically developed as a systematic form of psychotherapy. There is at least two approaches currently being practiced to squeeze the healing effect of theatre – psychodrama and drama therapy. Drama therapy is a form of direct work with children and adults through the medium of theatre art, which means the entire range of methods, and structures that belong to what we conventionally call "drama and theatre" (Jennings, 1996). Psychodrama can be considered as any psychotherapy in which patients act out matters related to their

problems in the form of improvisational drama, usually with others who represent significant persons (Sacks, 1993).

Whether it is psychodrama or drama therapy; both approaches evolved relatively straight forward use of theatre/drama as source of creative self expression into more deliberate and ambitious attempts to facilitate social learning and even to resolve deep seated emotional conflicts. In the present investigation a customised theatre-based intervention module has been employed imbibing the merits of prevailing practices and traditional theatre techniques as well.

Method

Sample

As the present investigation is an intervention study, the sample selection was performed by several stages. In the first stage, 83 sport persons (Male, 46 & Female, 37) were selected using convenient sampling method. In the second stage, the inventory (Sport Injury Attitude Scale) was administered to assess negative attitude towards sport injury among the entire sample. The group was classified as high, average and low based on mean and standard deviation of the scores on the inventories. One standard deviation above the mean was considered as 'above average' and one standard deviation below the mean was considered as 'below average', while the middle group as 'average'. Thus 21 subjects, who scored 'above average' on the variable were further considered for the intervention. Among the 21 subjects, 16 (8 pairs) were selected for intervention in terms of matching other attributes like gender and sport discipline. From the selected 8 pairs, each one of the pairs was randomly assigned to experimental group and the rest of 8 formed the control group.

Tools

Sport Injury Attitude Scale (SIAS,Santhosh, 2006)*:* Test retest reliability of Sport Injury Attitude Scale (SIAS) is 0.86 (N=35). The split-half reliability of the scale is 0.73 (N=83). For establishing construct validity, SIAS was correlated with 'Inventory for Sport Competition Anxiety' (ISCA, Santhosh, 2006). The Pearson Product Moment correlation coefficient between the two scales is found to be .672.

Procedure

The procedure included a) pre-intervention assessment, b) intervention and c) post-intervention assessment. The intervention was conducted on the experimental group following the stages and steps of the module prepared in advance. As per the module, there were three precise stages viz. Preparation and Planning, Education and Intervention Proper. Each of the stage comprised of different steps based on theatre techniques. A brief description of the steps involved in 'intervention proper' and its objectives of are given below.

Step-1 *Tuning*: to enhance the involvement of the participants, by creating a positive mental set.

Step-2 *Arousal inducing:* to make the participants alert and vigorous optimally for maximum involvement and free expression.

Step-3 *Making the group suggestive:* to create an ambience of receptivity and responsiveness

Step-4 *Cohesion improvement:* to smoothen group activities and social interaction thereby enhancing social learning.

Step-5 *Improvisations:* is the means of free expression, makes the participants affluent in their thinking, creative in expression; a true theatre technique.

Step-6 *Problem acting out:* to cleanse them psychologically.

Step-7 *Key experience acting in:* this step is contingent upon the specific needs of the participants. Keeping all other stages and

steps intact, step- 7 may be reconstructed to fit in to the special needs of the group.

Step-8 *Exit:* to help the participants be aware of their exits from therapeutic experience and subsequent entrance into their day today life with a new perspective.

Step-9 Evaluation and follow-up: this step is meant for evaluating the effectiveness of the programme by the participants with the help of therapist. This may help modify the future sessions.

After seven days intervention the participants of the experimental group practiced the specific strategies to cope with problem situations for 30 days. The post intervention assessment was done in tune with the pre intervention assessment procedure.

Results and Discussion

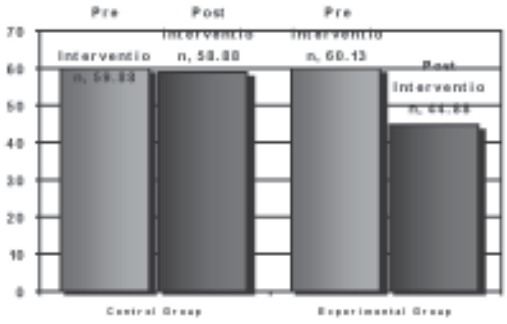
The results of t-test for comparing the experimental and control group before and after intervention are presented in table I. The initial status of the experimental group on attitude towards sport injury is indicated by the mean. And the mean of experimental group was found to be 60.13. After the intervention the mean of the group was estimated as 44.88.

Table I Mean, SD and t-value of experimental group on attitude towards sport injury

Variable	Pre Intervention		Post Intervention		t-value
	Mean	SD	Mean	SD	
Experimental group	60.13	7.36	44.88	7.10	9.73*
Control group	59.88	7.36	58.88	7.85	1.528

* p<.01

Figure I Pre/post intervention comparison of control and experimental group



The apparent mean difference is statistically proved as indicated by the highly significant ($p < 0.01$) t-value i.e., 9.73. More precisely, the mean of the experimental group before the administration of the intervention programme was 60.13 has come down to 44.88. To confirm that the change in attitude of the experimental group is due to the treatment provided by the experimenter, the pre and post intervention comparison of the control group was performed. The slight difference between the pre-test and post-test mean of the control group is negligible as indicated by an insignificant t-value (table I). Therefore, it is clear that the presence of intervention makes notable mean difference in experimental group whereas the absence of such an intervention does not make any change in control group. These conditions satisfy to establish a cause-effect relationship between the intervention and the notable change of the experimental group on the variable 'attitude towards sport injury' could be attributed to the treatment effect.

Though the curative usage of theatre/ drama has been recognized centuries back, it is only the last century that drama was scientifically developed as a systematic form of psychotherapy. There is at least two approaches currently being practiced to squeeze the healing effect of theatre – psychodrama and drama therapy. Whether it is psychodrama or drama therapy, both

approaches evolved relatively straight forward use of theatre/drama as source of creative self expression into more deliberate and ambitious attempts to facilitate social learning and even to resolve deep seated emotional conflicts. Many writers have tried to figure out therapeutic use of drama upon many specific group such as disturbed adolescence (Jennings & Gersie, 1987); people with mental handicap (Brudenell, 1987); elderly people (Langley, 1987); psychiatric patients (Whitelock, 1987; Mitchel, 1987); alcoholics (Jayan et al., 2004). Nevertheless, the psychotherapeutic use of theatre in the realm of sport is a comparatively infrequent exercise while the striking similarities between these two social rituals- theatre and sport- are a matter of fact. Therefore the experimentations with theatre in sport setting aimed to control other debilitating factors are warranted.

Conclusion

The newly developed psychological intervention based on theatre is effective in reducing negative attitude towards sport injury. The potentials of theatre can be tested for controlling other variables so as to enhance sport performance and well being of sport persons.

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