

## Psychological Factors in Sports Injury Anxiety: Examining Irrational Beliefs and Social Support

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Sports injuries often evoke significant psychological responses that can affect athletes' recovery and well-being. The current study looked at the relationships between athletes' irrational beliefs, perceived social support, and anxiety related to sports injuries, using a sample of 40 (18-25 years) athletes who have experienced sports injuries in the past or present. Multiple regression analysis and Pearson correlation were performed. The findings revealed that specific dimensions of irrational beliefs, particularly depreciation, were positively associated with several components of sports injury anxiety. Perceived social support showed significant positive associations with sports injury anxiety, indicating a complex and context-dependent role of support during injury. Regression analysis demonstrated that irrational beliefs and perceived social support jointly predicted sports injury anxiety. The results suggest that how athletes think about their beliefs, along with the support they receive from their social environment, plays a key role during injury recovery. Integrating cognitive-behavioral approaches such as Rational Emotive Behaviour Therapy may facilitate adaptive emotional adjustment and psychological recovery among injured athletes.

**Keywords:** Sports injury anxiety, Irrational beliefs, Depreciation, Perceived social support, Athletes.

Musculoskeletal injuries, which are common in athletic populations, frequently result in severe psychological distress such as elevated anxiety, sadness, and a persistent fear of re-injury, in addition to physical impairment (Liu et al., 2024). The rehabilitation process and return to play may be significantly impacted by these psychological effects, highlighting the need for a comprehensive approach to injury rehabilitation that goes beyond the strictly physiological (Podlog et al., 2014). For example, the Wiese-Bjornstal model emphasises how situational and personal aspects, in addition to cognitive evaluations, contribute to injury prediction and how coping strategies or social support can affect the course of recovery (Caumeil, 2020). Although the incidence of injuries has been widely associated with trait anxiety, the diversity in this association points to a complicated

interaction with other psychosocial factors (Zafra et al., 2018). Additionally, 20% of collegiate athletes experience severe symptoms of anxiety and depression after an injury, which greatly hinders their recovery and raises the risk of re-injury. This is because these athletes must balance the demands of competitive sports and academic responsibilities (Liu et al., 2025).

There is a significant lack of support systems is highlighted by the fact that collegiate athletes were seeking psychological counselling for mental health problems because they believe it would be stigmatised (Sullivan et al., 2022). This complicated situation requires a more thorough investigation of how some cognitive distortions, such irrational beliefs, enhance anxiety reactions in injured athletes and how strong social support systems can mitigate

these detrimental psychological effects. In particular, this research seeks to clarify how illogical beliefs which frequently result from strong athletic identity and identity foreclosure contribute to the mental health issues that injured athletes face (Furie et al., 2023).

Simultaneously, it explores the ways in which an effective social support group, including teammates, coaches, and athletic personnel, might lessen these psychological burdens and promote more flexible coping mechanisms (Axton et al., 2023). Because of this, creating focused interventions that enhance mental health and hasten physical recovery in athletic groups requires an extensive understanding of these psychological concepts (Torres et al., 2023). Thus, this study investigates the complex interaction between specific irrational beliefs, anxiety related to sports injuries, and the moderating effects of different types of social support among collegiate athletes. This study seeks to identify the specific types of illogical beliefs that are most closely linked to increased anxiety related to sports injuries and to outline the ways in which social support can lessen these anxiety reactions (Axton et al., 2023). Additionally, by combining cognitive appraisal theories with social ecology models of health, this study will advance theoretical knowledge of stress and coping in athletic populations (Evans & Brewer, 2021). It is predicted that the results will guide the development of more successful psychological interventions and programs for injured athletes, fostering both long-term psychological well-being and physical healing. Therefore, developing comprehensive intervention strategies that address both the psychological and physical components of injury rehabilitation requires a deeper knowledge of the intricate interactions between sports injury fear, irrational beliefs, and social support.

## **Objectives**

- To analyze the relationship between sports injury anxiety, irrational beliefs, and social support.
- To determine the predictive roles of irrational beliefs and social support in explaining sports injury anxiety.

## **Hypotheses**

- There will be a significant relationship between sports injury anxiety, irrational beliefs, and perceived social support among athletes.
- Irrational beliefs and perceived social support will significantly predict sports injury anxiety among athletes.

## **Method**

### **Participants**

The study used a quantitative, correlational research to examine the relationships between athletes' irrational beliefs, perceived social support, and anxiety related to sports injuries. 40 volleyball players between the ages of 18 and 25 were selected for the study. Athletes with past or present sports-related injuries were among the participants. Purposive sampling was used to choose all of the participants from various colleges from Kerala. All athletes gave their informed consent before any data was collected.

### **Measure**

*Sports Injury Anxiety Scale (SIAS)*: The Sports Injury Anxiety Scale, developed by Camille C. Rex and Jonathan N. Metzler, was used to measure sports injury anxiety (2016). The 21-item measure assesses many aspects of anxiety associated to injuries, such as fear of re-injury, loss of athletic ability, perceived weakness, anxiety connected to pain, social worries, and poor self-image. Greater anxiety about sports injuries is indicated by higher scores, Cronbach's alpha is 0.94, the scale

as a whole shows high internal consistency. Alpha ratings for the seven subscales range from 0.70 to 0.91, indicating good to very strong internal consistency. Factor analyses validated the concept validity of the seven-factor structure. Its scores showed expected positive associations with general and sport-specific anxiety, negative affect, and fear of reinjury, along with negative associations with sport confidence and athlete quality of life (Rex & Metzler, 2016).

*Irrational Performance Beliefs Inventory (iPBI)*: The Inventory is developed by Turner, Allen, Slater, Barker, Woodcock, Harwood, & McFayden (2018), to assess irrational beliefs. Four aspects of irrational beliefs are evaluated by the inventory: depreciation, awfulizing, low frustration tolerance, and demandingness. Stronger support for irrational performance-related beliefs is reflected in higher scores. The iPBI demonstrates good validity, as confirmatory factor analysis supports its four-factor structure in line with REBT theory, its scores show meaningful associations with established measures of irrational beliefs, it predicts negative emotional outcomes such as anxiety, depression, and anger, and the scale shows low susceptibility to social desirability bias. With good to excellent internal consistency (Cronbach's alpha coefficients ranging from 0.79 to 0.96), as well as evidence of stable test-retest reliability over time in non-intervention contexts, the iPBI exhibits strong reliability, supporting its suitability for measuring changes in irrational beliefs after REBT-based interventions.

*Multidimensional Scale of Perceived Social Support (MSPSS)* The scale is developed by Zimet, Dahlem, Zimet, and Farley (1988). The instrument assesses perceived support across three sources: family, friends, and significant others. Previous research has demonstrated strong internal consistency for the scale, with Cronbach's alpha coefficients reported

between 0.80 and 0.98. Evidence of test-retest reliability has also been established, with reliability coefficients ranging from approximately 0.72 to 0.85 across assessment intervals of several weeks to months (Pedersen et al., 2009). The MSPSS has shown satisfactory construct validity, and its three-factor structure has been consistently supported through confirmatory factor analysis. Higher levels of perceived social support have been associated with reduced anxiety and depressive symptoms, along with enhanced self-esteem, well-being, and adaptive coping abilities, aligning with established theoretical frameworks.

### **Statistical Analysis**

IBM SPSS was used to analyse the data. For every variable, descriptive statistics were calculated. To understand the relationship between variables Pearson's product-moment correlation. The predictive power of irrational beliefs and perceived social support on sports injury fear was evaluated using multiple regression analysis.

### **Result**

Total Sports Injury Anxiety and overall irrational beliefs have a positive association ( $r = .300, p > .05$ ), according to Table 1's Pearson's product moment correlation analysis, however this correlation is not statistically significant. But the subscales are significant and positively correlated. Depreciation, a dimension of irrational beliefs, showed significant positive associations with selected components of sports injury anxiety. Anxiety about being perceived as weak was weakly but significantly correlated with depreciation ( $r = .350, p < .05$ ). Moderate positive correlations were observed between depreciation and anxiety related to letting down important others ( $r = .488, p < .01$ ) as well as anxiety about having an impaired self-image ( $r = .498, p < .01$ ), indicating higher levels of depreciation were associated with greater anxiety across these domains.

Several aspects of sports injury fear showed strong positive correlations with perceived social support (Table 1). Anxiety about losing athleticism or talent ( $r = .488, p < .01$ ), feeling weak ( $r = .412, p < .01$ ), feeling pain ( $r = .432, p < .01$ ), getting hurt again ( $r = .381, p < .05$ ), and losing social support ( $r = .401, p < .05$ ) was substantially connected with support from significant people. Additionally, there were significant positive correlations between anxiety and loss of athleticism/talent ( $r = .448, p < .01$ ), perceived weakness ( $r = .497, p < .01$ ), pain ( $r = .388, p < .05$ ), re-injury ( $r = .508, p < .01$ ), loss of social

support ( $r = .352, p < .05$ ), and impaired self-image ( $r = .321, p < .05$ ). Anxiety about losing athleticism or talent ( $r = .425, p < .01$ ), being viewed as weak ( $r = .410, p < .01$ ), disappointing significant others ( $r = .422, p < .01$ ), re-injury ( $r = .407, p < .01$ ), and having a poor self-image ( $r = .334, p < .05$ ) were all strongly correlated with support from friends. Furthermore, there was a strong positive association between total sports injury anxiety and both overall perceived social support ( $r = .527, p < .01$ ) and friends' support ( $r = .444, p < .01$ ).

Table1. Correlation between Irrational Beliefs, Sports Injury Anxiety, and Social Anxiety among Athletes

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	1																
2	.537**	1															
3	.497**	.642**	1														
4	.400*	.548**	.603**	1													
5	.747**	.772**	.599**	.371*	1												
6	.742**	.501**	.376*	.273	.496**	1											
7	.374*	.564**	.750**	.740**	.365*	.419**	1										
8	.775**	.837**	.826**	.732**	.785**	.696**	.790**	1									
9	.151	.098	-.139	.108	.072	.409**	.133	.154	1								
10	.094	.089	.031	.159	.094	.275	.253	.187	.829**	1							
11	.154	.298	.122	.255	.179	.325*	.274	.299	.845**	.769**	1						
12	.141	.350*	.282	.488**	.188	.241	.498**	.411**	.643**	.682**	.795**	1					
13	.152	.243	.090	.291	.151	.345*	.328*	.300	.911**	.890**	.946**	.874**	1				
14	.488**	.412**	.432**	.282	.381*	.401*	.290	.490**	-.030	-.063	-.004	.029	-.015	1			
15	.448**	.497**	.388*	.237	.508**	.352*	.321*	.501**	-.007	.055	-.016	.043	.019	.739**	1		
16	.425**	.410**	.234	.422**	.407**	.207	.334*	.444**	.086	.166	.102	.205	.154	.658**	.839**	1	
17	.501**	.482**	.392*	.341*	.473**	.357*	.345*	.527**	.014	.050	.027	.096	.053	.890**	.939**	.903**	1

1 -Anxiety about loss of athleticism/talent, 2 - Anxiety about being perceived as weak, 3 - Anxiety about experiencing pain, 4 - Anxiety about letting down important others, 5- Anxiety about re-injury, 6 - Anxiety about loss of social support, 7 - Anxiety about having an impaired self-image, 8- Sports Injury Anxiety Scale, 9- Demandingness, 10- Low frustration tolerance,

11- Awfulizing, 12- Depreciation, 13- Irrational beliefs, 14- Social supports from Significant others, 15- Social supports from family, 16 Social supports from friends, 17- Social supports

Table 2. Multiple Regression Analysis Predicting Sports Injury Anxiety from Irrational Beliefs and Perceived Social Support

Predictor	B	Std. Error	$\beta$	t	Sig
Irrational Beliefs	1.288	.627	.272	2.055	.047*
Social Support	.433	.112	.512	3.865	.000**

$R = .593$ ,  $R^2 = .352$ , Adjusted  $R^2 = .316$ ;  $F(2, 37) = 10.03$ ,  $p < .001$ ; Durbin–Watson = 1.89

Note.  $p < .05^*$ ,  $p < .01^{**}$

To investigate the predictive significance of irrational beliefs and perceived social support on sports injury anxiety, a multiple regression analysis was used. A substantial portion of the variance in sports injury anxiety was explained by the entire regression model, which was statistically significant ( $\Delta R^2 = .352$ ,  $F(2, 37) = 10.03$ ,  $p < .001$ ). Sports injury anxiety was found to be highly predicted by irrational beliefs as well as by perceived social support, suggesting that both cognitive and psychosocial factors made distinct contributions to the model.

### Discussion

The present study examined the relationships between sports injury anxiety, irrational beliefs, and perceived social support among athletes. The findings provide important insights into the cognitive and psychosocial correlates of injury-related anxiety and emphasized the role of social support during the injury context (Wiese-Bjornstal et al., 1998; Brewer & Cornelius, 2001). The research underscore that different dimensions of irrational beliefs relate in distinct ways to specific aspects of sports injury anxiety. Among the various irrational belief subscales, depreciation emerged as the most salient cognitive factor,

demonstrating consistent positive associations with anxiety related to being viewed as weak, fear of letting down significant others, concerns about impaired self-image, and overall sports injury anxiety. Previous research shows that depreciation beliefs highly predict anxiety (David, Schnur, & Belloiu, 2002). These relationships indicate that athletes who engage in global negative self-evaluations may be particularly susceptible to injury-related anxiety, especially when injuries threaten their social identity, self-worth, or perceived value to others. This pattern aligns closely with the REBT framework, which proposes that self-deprecating beliefs are especially potent in intensifying emotional distress, particularly in high-performance and achievement-oriented environments such as sport (Ellis, 1994; Turner, 2016).

In contrast, demandingness and awfulizing showed positive associations primarily with anxiety concerning the loss of social support, suggesting that these belief patterns may influence injury anxiety in more specific interpersonal contexts. Importantly, these findings highlight that not all irrational beliefs exert an equal impact on injury-related emotional responses. Rather than rigid performance demands or low frustration tolerance, beliefs centered on negative self-worth appear to play a more central role in shaping athletes' emotional reactions to injury. Previous studies have shown that demandingness and awfulizing are positively correlated with competitive anxiety (Tóth et al., 2022). Also, the weak and inconsistent relationships observed for the overall irrational beliefs score may, in part, be attributable to the small sample size can limit statistical power and reduce the generalization. Examining individual irrational belief patterns enables a clearer and more nuanced understanding of how specific belief systems contribute to athletes' injury-related concerns.

Contrary to expectations, perceived social support showed significant positive correlations with total sports injury anxiety as well as with multiple anxiety subdimensions. Fears about perceived weakness, pain, re-injury, diminished self-image, and loss of athleticism were positively correlated with all three dimensions of social support. Perceived social support is generally expected to be inversely related to overall sports injury anxiety, as athletes who feel supported by family, friends, and teammates tend to report lower levels of general injury-related worry and fear of reinjury, along with greater psychological readiness to resume sport participation (Bianco & Eklund, 2001; Clement & Shannon, 2011; Udry et al., 1997). These findings indicate that increased injury fear may co-occur with higher levels of felt support rather than a protective impact. One possible explanation is that social support during injury may be reactive rather than preventive, whereby athletes experiencing greater anxiety elicit increased attention, care, and involvement from their social networks. Another possible reading is that research suggests that athletes experiencing more anxiety often seek or receive greater support during rehabilitation (Bianco, 2001; Rees & Hardy, 2000). Irrational beliefs did not significantly correlate with perceived social support in the current study; this could be because social support is a social element while irrational beliefs are a cognitive variable.

The regression results provide more evidence that cognitive and psychosocial elements work together to shape anxiety related to sports injuries. Although overall irrational beliefs did not demonstrate a significant zero-order association with total injury anxiety, they emerged as a significant predictor when examined alongside perceived social support, suggesting a shared-variance or suppression effect. This result is supporting the previous research, stronger

irrational beliefs tend to appraise injury-related experiences as more catastrophic, thereby intensifying fears of re-injury, performance decline, and loss of athletic competence (Nishada et al., 2025). It emphasizes the need to examine injury anxiety within a multivariate framework that captures the interactive influence of belief systems and social contexts, rather than considering cognitive or social factors in isolation.

Importantly, the positive predictive effect of social support challenges traditional assumptions that support uniformly buffers stress and anxiety. In sports injury context social support may function differently, particularly when athletes perceive expectations, evaluation, or pressure to return to play. According to the Integrated Model of Response to Sport Injury, social factors can play a dual role by reducing or intensifying emotional responses, based on the athlete's interpretation of the support received (Wiese-Bjornstal et al., 1998). Cultural factors may influence this relationship, as collectivistic contexts often emphasize obligation, performance responsibility, and concern for significant others, which may intensify anxiety during periods of injury and reduced functioning (Markus & Kitayama, 1991).

Overall, the findings underscore the need to move beyond simplistic interpretations of social support as inherently beneficial and to consider the quality, context, and perceived meaning of support. Interventions aimed at reducing sports injury anxiety may benefit from addressing irrational belief patterns and from helping athletes reinterpret social support in a manner that reduces perceived pressure and evaluative threat. Integrating cognitive-behavioral approaches such as REBT within injury rehabilitation programs may therefore be especially effective in promoting adaptive emotional responses and psychological recovery.

### Limitations and Recommendations

There may be less statistical power and generalisability due to the very small sample size. To effectively investigate causal linkages across all stages of injury and rehabilitation, future research should use longitudinal designs in more diverse populations. Practically, psychological interventions for injured athletes should focus on addressing maladaptive belief patterns while promoting supportive environments that minimize perceived pressure and enhance adaptive coping. Future studies can incorporate how the severity of injury impacts the variable.

### Conclusion

By highlighting the unique contributions of irrational beliefs and perceived social support to athletes' psychological reactions after injury, the current study advances knowledge of sports injury anxiety. The findings indicate that specific dimensions of irrational beliefs, particularly depreciation, are more closely associated with injury-related anxiety than global measures of irrationality. Negative self-evaluations seem to make athletes more susceptible to worries about social judgement, a damaged self-image, and the fear of disappointing loved ones when they are recovering from an injury. Additionally, the study shows that social support plays a complicated and unconventional role in injuries, implying that support could not always serve as a protective element. When addressing psychological adjustment after sports injury, our findings highlight the significance of looking at belief-specific cognitive processes and the contextual meaning of social support. The findings further support the relevance of cognitive-behavioral therapy, like Rational Emotive Behaviour Therapy, in injury rehabilitation and emphasize the need for psychologically informed interventions that target maladaptive belief patterns while fostering supportive environments that

reduce perceived pressure. By integrating cognitive and social perspectives, practitioners may be better positioned to promote adaptive emotional responses and psychological recovery among injured athletes.

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