

PIONEER PRESS Sports

FROM PLAY TO SERIOUS COMPETITION

179

Training one's mind to cope with injuries

By DR. HOWARD E. WOLIN

About the Author:

Howard E. Wolin, M.D. is a practicing psychoanalyst in Chicago. He is an Assistant Clinical Professor of Psychiatry at Northwestern University School of Medicine and an attending physician at Evanston Hospital.

Dr. Wolin, an avid runner, has developed creative programs to assist patients with the rehabilitation process resulting from sports and work-related injuries.

DR. HOWARD WOLIN M.D.

799 CENTRAL AVE. SUITE 340
HIGHLAND PARK, IL 60035
(847) 926-4900

Editor's Note: This is the first of a four-part series on athletes coping with injuries, stress and related problems.

It happens every spring.

Not only baseball, but running, race-walking, cycling and a myriad of other outdoor activities bring out fitness buffs and serious competitors alike after a weather-imposed break from full-fledged activity or training.

6

People who understand their own motivations and limitations usually know how to pace themselves.

9

Even those who don't take things all that seriously find their competitive juices flow a little more heartily. But some people, however knowledgeable, will over-do it a bit, and that's where they run into trouble and get

injured.

And how both the serious competitors and the not-so-serious weekend athletes handle their injuries, psychologically, will make a huge difference in how rapidly they can return to normal training or competition.

Being psychologically aware does not mean you're "crazy" or in danger of becoming "crazy." The body and mind operate together, not independently, and a well-prepared athlete shouldn't engage in a training program unless he knows, in a psychological sense, what moves him to exercise, what he experiences when he's injured and what he can do to help himself for a return to training and competition.

That kind of "mind-related know-how" is just as important as the "body-related" know-how athletes have learned about the physical aspects of prevention, injury and rehabilitation.

In subsequent columns, we'll address such issues as coping with injuries, pressures in sports and even the couch potato and what that sofa-confined person can do psychologically and physically.

To begin, however, preventative psychological medicine, knowing who we are and why we exercise, is the key.

People who understand their own motivations and limitations usually know how to pace themselves or are wise enough to solicit professional help in enhancing training or competitive programs. So too do such persons generally keep a balance between the athletic and non-athletic aspects of their lives.

Frenzied fitness

For some amateur athletes,

however, the pursuit of exercise through fitness can become frenzied. Trips to the health club, to the track or to the tennis courts become compulsive and may result in setting unrealistically high goals.

When they fail to attain their goals, they pay the price in burnout, a state of periodic physical or emotional exhaustion or injury which can result from failure to listen to their bodies saying it is time to back off. While the bodies of those who've burned out may retain a sleekness of shape as well as cardiovascular fitness, their emotional responses may be flat, dull and disinterested. In extreme cases, they may be depressed and hope to escape or retreat.

When both body and spirit are exhausted, athletes may pay improper attention to their training and fail to rest adequately, thus compromising response time and risking injury — runners may stumble, cyclists may swerve or crash, weight trainers may lift incorrectly. Others who become overly-driven, may take risks and suffer injuries.

The bottom line is an injury causes an interruption in the normal course of training and competition, thus unleashing a whole train of psychological responses beginning with grief. At the core of that grief is a legitimate (not crazy) set of feelings that may include shock, helplessness, anger, denial and depression.

One of my patients, a cyclist, had a need to be "perfect," to ride all-out no matter what, even though "no matter what" meant riding all-out without listening to his body which was screaming out in pain and telling him to stop. Part of his treatment, when he finally had to stop and see me, came in helping him

realize doing his best, even if not "perfect," might be good enough when "perfect" meant ignoring his body's demands for reparation, rest and backing off.

Rather than concentrating on what's injured, one's natural inclination, it is much better for an injured athlete to move the focus of the exercise to an area not affected by the injury.

This accomplishes two things: it frees the mind's attention from the area that's injured, in pain and unable to function normally and refocuses it on the parts of the body that are still strong and function well. This in turn has a two-fold effect: 1) The emotional responses of grief, shock, helplessness, depression and anger are mitigated through this "displacement" because attention is diverted toward strengthening, exercising and mastering areas unaffected by injury; 2) "Uplifting" occurs as the athlete focuses on what is functioning well and achieves a real sense of mastery over other sets of muscles and body parts.

A sense of mastery of one's own body and mind then gives one a strong psychological perspective that will aid in rehabilitation. This mastery over what can be done can only lessen any psychological damage brought on by the forced lack of training due to injury.

This "cross-training" won't be an instant substitute for disappointment for the athlete who's avidly into a particular sport, but the new activity will bring physical benefits through continued stimulation of the cardiovascular system and psychological benefits through reduced tension, mitigation of the grief response and a very real sense of accomplishment on the part of the athlete who has achieved mastery over his mind and body.