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Getting Back in the Saddle: The Experience of Equestrian Athletes Returning to Competition after a Fall

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CERTIFICATE OF APPROVAL

MASTER OF SCIENCE THESIS

This is to certify that the Thesis of

Kristen Sackett

Submitted in partial fulfillment of the requirements for the degree of Master of Science in the School of Health Science and Human Performance at Ithaca College has been approved.

Thesis Adviser: _____

Committee Member: _____

Candidate: _____

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GETTING BACK IN THE SADDLE: THE EXPERIENCE OF EQUESTRIAN ATHLETES RETURNING TO COMPETITION AFTER A FALL

A Master Thesis presented to the Faculty of the Graduate Program in
Exercise and Sport Sciences
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In partial fulfillment of the requirements for the degree
Masters of Science

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by

Kristen Sackett

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Ithaca College
School of Health Sciences and Human Performance
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ABSTRACT

This study examined the experiences of equestrian athletes who had incurred a significant fall from a horse and subsequently returned to competition. Equestrian athletes (N=4) who were at least eighteen years of age, had been involved in a fall within the previous year to year and half, and had been riding for a minimum of two years were recruited for the study. A qualitative, phenomenological research design was used to assess the experiences, perceptions, feelings, and emotions of the equestrian athletes. Each athlete participated in one audio recorded interview lasting 40-60 minutes. Using a phenomenological interview method, as outlined by Patton (1990), the participants were asked the following question: "What was your experience following a significant fall from a horse and the subsequent return to competition?" The phenomenological method of analysis, presented by Shelley (1999), was used to analyze all of the transcribed interviews. Following the analyses of the four interviews, three common themes emerged. They included: (1) Feelings of anxiety and/or fear, (2) Decrease in confidence, and (3) Using the fall as a learning experience. The anxieties and fears of the equestrian athletes in this study focused on the idea of falling again and/or the general fear of the unknown; the athletes focused on the potential "What-ifs" surrounding their return to riding and competition following their fall. The decrease in confidence experienced by the athletes centered on a belief that their skills and riding abilities were inadequate for the tasks they were performing upon returning to riding and competition. Despite the fact that their falls were considered unpleasant, the athletes described that something was learned from their experiences and that they were able to gain new perspectives of their sport.

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Although they may never understand, a big hug and carrot goes to my horse Jane and a big hug and doggy treat goes to my dog Holly for being my stress relief and sanity saver throughout the whole process.

DEDICATION

This thesis is dedicated to my grandmother, Joan Ide Sackett, whose love, passion, and dedication to the Morgan horse was, and will forever be, unmatched.

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CHAPTER I

INTRODUCTION

Participating in sport comes with an inherent risk of sustaining an injury. In equestrian training and competition, the risk of injury to the rider is especially great. Vandruff (1996) stated that "sports, especially equestrian sports, are like a game of Russian roulette: sooner or later the odds will come up against you. The harder you compete and/or the longer you participate in equestrian activities, the better your chances are of getting hurt" (p.56). With equestrians, the question thus becomes not a matter of "if" but rather a matter of "when" an injury will happen (Vandruff, 1996).

Horses can weigh up to 1100 pounds, reach speeds close to 42 miles-per-hour and elevate riders off the ground anywhere from five to eight feet depending on the height of the horse (Sorli, 2000). Along with the speed and height of the horse, the fact that they can change direction and speed (either decelerating or accelerating) in less than a second and without any warning to the rider (Sorli, 2000), is in part why each year an estimated 70,000 individuals are treated in hospital emergency rooms for horseback-riding injuries (Nelson, Rivara, Condie, & Smith, 1994). According to Sorli (2000), there are 350 injuries per 1000 hours of riding in the United States alone.

In a survey conducted by Nelson, Rivara, Condie, and Smith (1994) with 2,195 equestrian athletes, 26.9% had been injured at least one time in the previous 2 years and more than 13% of the riders had been hospitalized at least once in their lifetime due to a riding injury. Nelson also found that the most common mechanism of injury for the equestrian athlete was falling off a horse (49.6%).

As stated, with any sport there comes an inherent risk of sustaining an injury. No matter what the sport, any level or type of injury can occur, typically without warning. When an injury does occur, it is not only important to examine the physical result of the injury but also the psychological result. Bianco, Malo, and Orlick (1999) stated that an athlete's psychological response to injury is of interest for two interrelated reasons: a concern for the athlete's mental health and a concern for the impact of the athlete's mental state on physical recovery. According to Granito (2001), reactions to injury can differ from athlete to athlete. The differences seen between athletes can be based on factors such as personality, the extent of the individual's identification with their athletic role, value placed on sport participation within the life of the athlete, and the individual role that the athlete plays on his or her team (Granito, 2001).

Leddy, Lambert, and Ogles (1994) found that the greatest mood disturbances appeared to be in the initial phase (or onset) of an injury. The emotions experienced may include anxiety, fear, confusion, anger, depression, and frustration (Leddy et al., 1994; Tracey, 2003). Although many athletes cope well with injury, poor psychological responses to injury can occur and can be expressed as failure to take responsibility for the injury and subsequent rehabilitation, non-acceptance of the injury, non-compliance and non-cooperation with the physical therapist, and denial of the seriousness or extent of the injury (Gordon, Milios, & Grove, 1991).

Athletes' responses to injury have been explored using two main psychological models: the Grief Model (Kubler-Ross, 1969) and the Stress Response Model (Brewer, 1994). The grief model examines responses to injury through a stage process that athletes may progress through in order to fully recover mentally from an injury. These

stages include denial, anger, bargaining, depression, and acceptance. The stress response model, on the other hand, views the emotional/behavioral responses to an event as a result of the individual's interpretation of their situation. Thus, the emotional/behavioral response on the part of the athlete will be affected by the way in which the athlete evaluates and interprets the injury (Weiss & Troxel, 1986).

The psychological impact of injury can extend well beyond the rehabilitation process. Even fully rehabilitated athletes may not be mentally prepared to return to competition. Johnston and Carroll (1998) and Bianco, Malo, and Orlick (1999) found that prior to their return, some athletes had a fear of re-injury, doubt about their mental readiness to return, and lowered sport confidence. Similar findings have been found in car accident victims. Many car accident victims have symptoms that could be diagnosed as a Post-Traumatic Stress Disorder, meaning that they exhibit symptoms such as diminished interest in normal activities and avoidance of activities that arouse recollection of the traumatic event (Walker, 1981). In essence, the car accident victim may be physically ready to start driving yet their mental state prevents them from driving again. It is possible that some athletes have a similar response to a severe injury.

The nature of equestrian sports is one in which the rider relies heavily on a semi-communicative and highly reactive teammate (Meyers, Bourgeois, LeUnes, & Murray, 1999). Horses can react without any warning to the rider and this can ultimately lead to a significant fall that may result in injury. Despite the fact that there is extensive literature on the emotional responses athletes have to injury, there has been little research done on what equestrian athletes experience when a significant fall from a horse occurs, regardless if an injury has occurred, or the subsequent return to competition. It is

important to understand equestrian athletes' responses to a significant fall and possible resulting injury in order to better understand the various psychological responses to injury.

Problem Statement

Research has been conducted investigating the emotional and psychological processes that an athlete goes through following an injury (e.g., Bianco, Malo, & Orlick, 1999; Johnston & Carroll, 1998; Leddy, Lambert, & Ogles, 1994; Smith, Scott, O'Fallon, & Young, 1990; Tracey, 2003; Udry, Gould, Bridges, & Beck, 1997), however equestrian athletes have been ignored in the literature. Therefore, little is known about the experiences of equestrians who have returned to competition following a significant fall from a horse. This study may bridge the gap between research completed in "traditional" sports and equestrian athletes. This study incorporated phenomenological interviews to examine the emotional processes equestrian riders experience when returning to competition following a significant fall from a horse. A qualitative, phenomenological research design was utilized so that the participants could describe their experiences in their own words.

Statement of Purpose

The purpose of this study was to describe the experiences of equestrian athletes returning to competition after a significant fall from a horse.

Research Question

What are the experiences of equestrian athletes following a significant fall from a horse and their subsequent return to competition?

Scope of the Study

This study examined the experiences of equestrian athletes returning to competition after a significant fall. The riders' experiences were examined by way of phenomenological interviews. During the interviews, the participants were allowed to discuss their experiences as an equestrian athlete and what they experienced in their return to competition following a significant fall. In discussing their experiences, the participants were given a chance to express their feelings, concerns, and emotions regarding their fall and subsequent return to competition.

Delimitations, Limitations, and Assumptions

Delimitations of the study included:

1. The study was limited to riders at least 18 years of age.
2. The study was limited to riders who had a significant fall within the previous year to year and a half.
3. Participants included only riders with a minimum of two years of equestrian athletic experience.

Limitations of the study included:

1. It is possible that the riders may not have accurately reported their emotions, thoughts, feelings, and behaviors.

Assumptions of the study included:

1. The riders answered questions honestly and to the best of their knowledge.

Definition of Terms

Significant fall was defined as a fall that the athlete found to be more memorable and affected them more than other falls from a horse.

Phenomenology was defined as both a philosophical and methodological approach which emphasizes openness, subjectivity, and the discovery of the essence of human experience (Patton, 1990).

CHAPTER II

REVIEW OF LITERATURE

Introduction

Sustaining an injury can be one of the most emotionally and psychologically traumatic events that can happen to any athlete (Petrie, 1993). According to Sorli (2000), there are 350 injuries per 1000 hours of riding in the United States alone. Despite the fact that equestrian injuries are numerous, research examining equestrian athletes' experiences after a significant fall from a horse, the possible injury, and the subsequent return to competition is lacking. This chapter includes a review of the available research on the emotional reactions athletes experience after sustaining an injury, factors that affect the rehabilitation process, and finally what athletes experience as they return to competition following an injury.

Reactions to Injury

Bianco, Malo and Orlick (1999) stated that an athlete's psychological response to injury is of interest for two reasons: a concern for the athlete's mental health and a concern for the impact of the athlete's mental state on physical recovery. Across many studies, similar initial reactions to injury have been found. Reactions such as shock, disbelief, frustration, and anger have been found in research by Tracey (2003), Johnston and Carroll (1998), and Quackenbush and Crossman (1994). Depression, confusion, and lowered self-esteem have been reported by Leddy, Lambert, and Ogles (1994), Udry, Gould, Bridges, and Beck (1997), and Gordon, Milios, and Grove (1991).

Perhaps the most immediate reaction to injury is an awareness of physical pain. Surprisingly, only one study commented on the awareness of the initial pain of injury.

Udry, Gould, Bridges, and Beck (1997) found that 23.8 percent of skiers interviewed stated that their immediate reactions to injury included an actual awareness of physical pain. In contrast, 57 percent of the athletes in this same study mentioned that while they realized immediately that something was wrong, the focus was not on the pain involved with sustaining the injury (Udry et al., 1997). Thus, it appears that pain awareness is not a typical initial reaction for most athletes.

Emotional Reactions

Several emotional responses to injury have been presented in the literature. Udry et al. (1997) found that athletes described being "emotionally agitated" following an injury. Feelings such as shock and disbelief (Johnston & Carroll, 1998), frustration, anger, fear, and confusion (Granito, 2001) and depression, anxiety, and reduced self-esteem (Leddy et al., 1994) have also been experienced by athletes who have sustained an injury. Macchi and Crossman (1996) and Smith, Scott, O'Fallon, and Young (1990) found that overall, the most common reactions to injury were frustration, anger, and depression. "Depression can be a huge part of the injury. Some of them [athletes] slip into a stage and it can be a day, a week or a couple of months..." (Granito, 2001, p. 77). Depression was also expressed as "emotional depletion" which is characterized by feeling "disappointed," "totally sad," and "bummed out" (Udry et al., 1997). Feelings of self pity were also found by Udry et al. (1997): "I had just been out for half a season last year, so it was like 'Why the hell is this happening to me?' You know I thought that I had put in my dues" (p. 238). Collinson (2005) found frustration as a common reaction to injury as runners with a knee injury described being frustrated with an "incapacitated" body. The runners felt that they had experienced a "fall from grace" which gave way to a

wide range of emotions ranging from anger to despair. Overall, the runners in Collinson's (2005) study struggled to come to terms with their injured state.

Some of these emotional reactions may become more pronounced over time. Quackenbush and Crossman (1994) found that negative emotions such as irritability, feeling miserable, and unhappiness were higher in the days following an injury, as compared to the first 24 hours. Johnston and Carroll (1998) also found that anxiety was most prevalent within the first days following an injury, while frustration and depression emerged as the most prominent emotions throughout the course of the injury.

In a longitudinal study conducted by Tracey (2003), athletes were interviewed three times: at the onset of the injury, one week post-injury, and three weeks post-injury. At the onset of injury (24-72 hours post injury), athletes expressed emotions such as anger, depression, fear, confusion, frustration, worry, and lowered self esteem. Initially, the athletes described enjoying the extra attention given to them because of their injury, however, once the novelty of the injury wore off, they found themselves to be frustrated as they no longer felt "independent." When the athletes were interviewed one week post-injury, they were no longer experiencing a wide range of emotions, but frustration was still prominent. Finally, three weeks post-injury, Tracey (2003) found that the athletes were starting to accept their injury and began internalizing and processing the mixed emotions of anger, anxiety, hope, and depression. McDonald and Hardy (1990) and Smith et al. (1990) found that two weeks following the injury, negative emotions were replaced with more positive emotions such as interest, excitement, joy, relief, and optimism. In fact, the psychological profile for the athletes in this study went from an

extremely negative state, immediately following the injury, to an extremely positive state in weeks two through four (McDonald & Hardy, 1990).

It has also been found that the development of positive emotions is not simply based on time. Macchi and Crossman (1996) found that athletes did not begin to experience positive emotions until their return to training. The athletes initially reported feeling a variety of negative emotions including anger, fear, distress, and depression. These emotions gradually diminished and were replaced with more positive emotions such as relief, optimism, joy, and interest/excitement as they went through rehabilitation and returned to training. Both McDonald and Hardy (1990) and Wiese-Bjornstal, Smith, and LaMott (1995) proposed that positive emotions may not occur until an athlete perceives recovery, not just as a function of time, but that recovery is positive and effective. That is, negative affect diminishes and positive affect increases as the perceived rehabilitation increases.

Cognitive Reactions

When an athlete sustains an injury, the reaction is not only expressed emotionally, but also cognitively. In a study conducted by Udry et al. (1997), United States skiers identified the short-term and long-term cognitive reactions they experienced relative to their injury. Short-term consequences were described as thoughts about being inactive for the current season while the long term consequences were described as follows: "I started thinking about my whole competition scenario. I started contemplating options; I started contemplating school, what am I doing? I can't ski the rest of my life" (Udry et al., 1997, p. 238). Often, injuries force athletes to abandon personal objectives such as going to the Olympics, going to a major competition, or making advances in their skill

levels (Gould, Udry, Bridges, & Beck, 1997). As one athlete stated, "I wondered what I could have done....if this hadn't happened" (Gould et al., 1997, p. 366). Udry et al. (1997) and Gould et al. (1997) also found that athletes started to have questions surrounding the injury, such as "did I do something wrong?"

Athletes also tend to be concerned about the future ramifications of their injury (Gould et al., 1997). For example, athletes expressed concerns that their position on their team could be jeopardized in some way because of their injury (Gould et al., 1997). After interviewing 10 Division III student-athletes, Tracey (2003) found that many of the athletes had internal cognitions such as worry and concern about the time away from training and competition, what the injury meant to the rest of the competitive season, and what the future held for them. The athletes in Tracey's (2003) study also expressed that they were fearful of missing practice, losing fitness, playing catch-up, and how long they would be unable to participate in their sport. Nearly all the athletes in this study stated that these concerns, in turn, caused them to feel depressed, lowered their self-esteem, and increased their anxiety (Tracey, 2003). Thus, it is clear that athletes experience both cognitive and emotional reactions following injury.

Injury as Stress

Sustaining an injury not only causes athletes to be "emotionally agitated" (Udry et al., 1997), but also to feel an overall sense of stress (Heil, 1993). Sources of stress can be defined as situations and/or interactions that induce feelings of worry, apprehension, self-doubt, nervousness, and muscle tension (Gould et al., 1997). Heil (1993) stated that there are four major stresses associated with athletic injury: (1) physical well-being (e.g., physical injury, pain of injury, and physical rigors of treatment and rehabilitation); (2)

emotional well-being (e.g., psychological trauma when an injury occurred, feelings of loss and grief, and threats to future performance); (3) social well-being (e.g., loss of important social roles, separation from family, friends, and teammates, as well as needing to depend on others); and (4) self-concept (e.g., loss of a sense of control, threats to life goals and values, and having to make decisions under stressful situations).

Injured downhill skiers stated that having an injury was an overall stressful event (Bianco et al., 1999). In addition, Gould et al. (1997) found that a lack of (or inconsistent) contact with the team, distractions, feelings of inadequacy, impatience, fear and doubting/questioning were mentioned as the greatest sources of stress experienced by injured athletes.

Positive Reactions

Although injuries tend to create a negative experience for athletes, some positive aspects of injury have been reported. Surprisingly, 95 percent of the athletes interviewed by Udry et al. (1997) were able to express positive aspects about their injury. Udry et al. (1997) found that athletes perceived three main benefits to injury: personal growth benefits, psychologically based performance enhancements, and physical/technical developmental benefits. For personal growth benefits, athletes mentioned that they were able to gain a better perspective on their sport and realize how important their sport was to them. Some athletes described how the injury helped their personality develop and made them "more mature" or "more independent." Another benefit of injury may involve a psychologically based performance enhancement aspect. Some athletes mentioned that they were able to increase their efficacy/toughness, enhance their motivation, and develop more realistic expectations about their skiing during their time

away (Udry et al., 1997). Finally, athletes reported that they were able to ski technically better once they returned to the slopes, their physical health had improved, and their awareness of improvements was increased due to injury. These improvements were attributed to the fact that, after injury, the athletes were better able to assess how their body responded to training (Udry et al., 1997). Tracey (2003) also found that some injured athletes noticed a more determined effort to focus on academics as a result of more time, energy, and resources available to do so.

Models of Responses to Injury

The way in which an athlete experiences emotions following an injury has been expressed via two different theoretical frameworks: the Grief Model (Kubler-Ross, 1969) and the Stress Response Model (Brewer, 1994). The grief model describes the response to injury as a set of stages through which athletes pass in order to fully recover from an injury. The stress response model views athletes' emotional/behavioral responses to injury as a result of their interpretation of the situation. Thus, the athlete's emotional/behavioral response will be affected by the way in which the athlete evaluates and interprets the injury as threatening or non-threatening, pleasant or unpleasant, and the extent of demand the injury places upon the body (Weiss & Troxel, 1986).

Grief Model. The grief model was developed by Kubler-Ross in 1969 and was created out of Kubler-Ross' work with terminally ill patients in order to help explain how a person deals with grief. Grief, according to Evans and Hardy (1995), "may be occasioned by the loss of any significant object, the significance of which is determined by the individual's own value system" (p. 229). Thus, loss can be defined as a state of deprivation or being without something that one once had (Evans & Hardy 1995). For

athletes, an injury can result in the loss of sport participation, which can be particularly difficult as it is generally held in high regard for most athletes. As Evans and Hardy (1995) described, "the more we have invested emotionally in the lost object, or aspect of ourselves, the more threatened we are likely to feel in anticipation of that loss and respond to it with grief" (p. 229).

Astle (1986) used the Kubler-Ross (1969) model of grief in order to explain how athletes react to loss. Individuals who are experiencing grief and loss are said to follow certain patterns (Astle, 1986). According to the grief model proposed by Kubler-Ross, that pattern involves a five-stage model including: denial, anger, bargaining, depression and acceptance.

Denial can be defined as an unconscious mechanism characterized by refusal to acknowledge painful realities, thoughts, or feelings. Denial functions as a buffer after unexpected, upsetting news has been delivered (Kubler-Ross, 1969). By entering into a state of denial, an individual is "re-grouping" him or herself. Some individuals, in addition to denial, react with a need for isolation from others (Astle, 1986). Denial is usually a temporary defense and is eventually replaced by partial acceptance (Kubler-Ross, 1969). With regards to athletes, denial is often exhibited immediately following the injury as some athletes continue to play despite any pain that they experience (Astle, 1986).

After denial, grieving individuals typically move to the anger stage. This stage is characterized by feelings of rage, envy, and resentment, as well as the individual questioning "Why me?" (Kubler-Ross, 1969). Individuals immersed in the anger stage may, at some point, project their anger outward onto those around them such as doctors,

family members, or even God (Kubler-Ross, 1969). An injured athlete, for example, may be resentful toward his/her teammates for being healthy or s/he may be angry at those whom s/he believes are responsible for the injury (Astle, 1986).

Bargaining is the next stage in the grief model. Individuals in this stage try to enter into some form of an agreement with various individuals (Kubler-Ross, 1969). For example, they may engage in good behavior in hopes that they will be rewarded with pain alleviation and a quick recovery (Kubler-Ross, 1969). Some athletes express "good behavior" (e.g., working harder in practice or going above and beyond the recommended workouts or rehabilitation exercises) in hopes of easing the experience of loss (Astle, 1986).

The fourth stage of the grief model is depression. Depression, as described by Gordon (1986), can be anger turned inward and can stem from natural feelings of uncertainty, fear of the unknown and what lays ahead, feelings of helplessness, and the sudden isolation from teammates and friends. For the grieving individual, there comes a point in time when "smiling it off" can not ease the loss or grief experienced (Kubler-Ross, 1969). At this point, the individual experiences numbness and the anger and rage felt in the second stage are now replaced by a sense of great loss (Kubler-Ross, 1969). Many times, athletes in this stage are seen withdrawing from their sport and avoiding discussions about their sport because they have lost interest in their team (Astle, 1986).

The fifth and final stage of Kubler-Ross' grief stage model is acceptance. At this point in time, the individual has had ample time, as well as help from outside sources to work through the first four stages. Although acceptance may seem like a positive place for an individual who is experiencing grief, this stage is typically void of emotion (Astle,

1986; Kubler-Ross, 1969). Athletes who have accepted their injury may start going to games and speaking about their feelings of loss without anger or sadness, but they may not express themselves in an excited manner either (Astle, 1986). Despite this lack of emotion, athletes who do not reach the "acceptance" stage may jeopardize their rehabilitation process because they generally are unable to fully concentrate on their rehabilitation, which may hinder their chances for an effective and successful recovery (Astle, 1986).

Although this grief model is presented as a set of stages, Kubler-Ross (1969) acknowledged that progression though the stages can vary in time and order for each individual. It has been suggested that:

> "These stages provide a useful guide to understanding the different phases that dying patients may go through. They are not absolute; not everyone goes through every stage, in this exact sequence at some predictable pace. But this paradigm can, if used in a flexible, insight-producing way, be a valuable tool in understanding why a patient may be behaving as he or she does," (Kubler-Ross, 1975, as cited by Evans & Hardy, 1995, p.233).

For example, Udry et al., (1997) found that after interviewing skiers who sustained season ending injuries and comparing their responses to the stages proposed by Kubler-Ross (1969), there was only minimal support for the denial stage and no support for the bargaining stage. However, it was found that the anger, depression and acceptance stages of the grief model were highly supported (Udry et al., 1997). This may help to explain that, although some of the stages of the model do help to better understand the

experiences of some athletes following injury, not all stages will be experienced by all athletes.

Stress Response. When an athlete sustains an injury, they may feel a sense of stress (Heil, 1993). Sources of stress can be defined as situations and/or interactions that induce feelings of worry, apprehension, self-doubt, nervousness, muscle tension, and the like (Gould et al., 1997a). In a model of psychological responses to athletic injury by Wiese-Bjornstal, Smith, and LaMott (1995), injury is presented as a primary source of stress for athletes. Injury is a stressor because it places an unusual demand and constraint on the athlete's body which forces them to adapt (Weiss & Troxel, 1986).

Since injury can be a source of stress for athletes (Heil, 1993; Wiese-Bjornstal et al., 1995), the way an athlete responds to injury can be analyzed in the context of the stress process (Brewer, 1994). The stress response is expressed in four steps: (1) environmental demand; (2) perception of the demand; (3) emotional response to the demand; and (4) consequences of the emotions. This four step stress response has been utilized as a foundation for explaining the way athletes respond to injury by several authors (e.g., Smith et al., 1990; Wiese & Troxel, 1987; Wiese-Bjornstal et al., 1995).

The stress response begins with a situation or environmental demand (i.e., injury). As such, the injury serves as a stressor for the athlete (Wiese & Wiese, 1987). While the occurrence of the injury is important to the athlete, the most crucial component to understanding the athlete's emotional reactions is the way in which the athlete perceives the injury (Brewer, 1994). This perception is then mediated by the athlete's cognitive appraisal of the situation (Wiese-Bjornstal et al., 1995).

The perception of the demand (i.e., the injury), or the appraisal of the situation, is by far the most crucial stage in determining the athlete's response to the injury. In this second stage of the stress response, the athlete appraises the injury situation and how it affects him or her (Smith et al., 1990; Wiese & Wiese, 1987). At this time the athlete assesses the severity of the injury, as well as his or her ability to deal with the injury (Wiese & Wiese 1987; Wiese-Bjornstal, Smith, Shaffer, & Morrey, 1998). This assessment includes interpretations of the injury (stressor) as threatening or non-threatening, as well as pleasant or non-pleasant (Weiss & Troxel, 1986). The athlete also assesses the amount of time that the injury will place a demand upon their body (Weiss & Troxel, 1986). Overall, the appraisal of the injury has been found to influence the emotional and behavioral responses throughout injury and recovery (Tracey, 2003).

Whether the athlete's appraisal is positive or negative will influence the third stage of the stress process: the emotional response (Wiese & Wiese, 1987). In this stage, the athlete expresses his or her feelings about the injury, as emotions may be manifested physiologically or emotionally with anger, arousal, anxiety, frustration, depression, or worry (Wiese et al., 1986; Wiese & Wiese, 1987). Tracey (2003) found that injured athletes' emotional state fluctuated depending on their appraisals of the recovery progress, the degree of pain experienced, comments by the medical staff or other sources of social support, as well as the attitude with which the athlete approached each day of the recovery process.

Behavioral consequences represent the fourth and final stage of the stress response. The athlete's behavior in this stage can be heavily influenced by his/her emotional reactions, which are based upon their cognitive appraisal (Wiese & Wiese,

1987). Tracey (2003) found that athletes initially reported having negative cognitions and perceptions about their injury, which led to feelings of depression. Depression, in itself, could lead athletes to withdraw from their sport and be isolated, as Kubler-Ross (1969) described in her grief model. However, some athletes change their cognitive appraisal of a situation by reframing it, and as a result become more optimistic, which helps them work more diligently during rehabilitation (Tracey, 2003).

Identity Loss

Athletes who become immersed in their sport and exclude other activities can develop a self-identity that is entirely composed of that sport (Brewer, Van Raalte, & Petitpas, 2000, as cited in Taylor, Oglivie, & Lavallee, 2006). Thus, when an athlete's sense of self is extremely narrow, they are more likely to feel threatened by injury and suffer identity loss (Williams & Scherzer, 2006). Identity loss can be described as a "reaction to loss of part of the self, the overvalued physical prowess" (Little, 1969, p.187).

Brewer (1993), by using the Athletic Identity Measurement Scale (AIMS) and the Profile of Mood States (POMS), found that athletic identity was significantly related to depression following an injury, with participants higher in athletic identity reacting more negatively to injury, imagined or real, than participants lower in athletic identity. This may suggest that athletes who identify themselves solely as an athlete are more likely to experience depression following an injury. Eldridge (1983) suggested that if a role overpowers an athlete's identity, there may be an emotional struggle when that role is threatened by an injury. Eldridge (1983) thus emphasized that athletes should understand how their personal perceptions of their athleticism impact their identity, so if an injury

occurs they can be aware of the potential conflicts that may cause both emotional struggles and upheavals during recovery.

Several studies (Levins et al., 2004; Taylor & McGruder, 1996) have indicated that after identity is lost due to injury, it can be regained by forming and re-defining a positive new identity involving physical activity. Taylor and McGruder (1996) found that participants with spinal cord injuries who started kayaking were able to redefine themselves and form a new and positive identity. Levins et al. (2004) had similar findings in that participation in physical activity following a spinal cord injury again allowed participants to regain a new and positive identity. All the participants experienced a personal, internal struggle with their new identity, and a loss of their "able identity" to some degree after their injury, regardless of age, circumstances of injury, or level of financial or family support. For most of the participants in the Levins et al. (2004) study, physical activity had been strongly linked to their identity and once injured, their perception of "self" was damaged. When participants were able to resume physical activity, many were able to re-define and form a new sense of self (Levins et al., 2004).

Situation

Gayman and Crossman (1999) investigated how the timing and onset of athletic injuries influenced athletes' reactions to injury. Factors that most influenced an athlete's reactions to injury included: team and individual goals at that point in the season, team cohesion issues, the importance of physical and skill training, the athlete's year of eligibility, status on the team, team's record, length of the off-season, and the severity of the injury.

Brewer (1995) studied the situational factors of emotional adjustment to athletic injury and found that physician-rated current injury status, impairment of sport performance, and social support for rehabilitation were significantly associated with emotional adjustment after sustaining an injury. Also, the number of missed competitions and personal control over recovery were important factors impacting the athletes' emotional adjustment following injury.

A study conducted by Wiese-Bjornstal, Smith, Shaffer, and Morrey (1995) found that sport-specific situational factors affecting reactions to injury were:

> "...elements of the coach, team, teammates, injury context, and situation of sport, and include level and intensity (age, skill level, time commitment), role on team (starter, captain, senior), time in season (playoffs, winning or losing, before states or preseason), injury context (cause of the injury), and team relationships" (p.17).

Athletes and Rehabilitation

Social Support

Research suggests "an athlete's experiences after an injury can be significantly influenced by the important others that he or she either encounters or fails to encounter during the rehabilitation process" (Udry, 2002, p. 42). For example, this might include coaches, teammates, athletic trainers, family, and friends. As a result, it is suggested that the support that an athlete either receives or fails to receive from these social networks plays a major role in the rehabilitation process of injuries (Udry, 2002).

Social support has been identified as an important factor that affects athletes' beliefs about the value of rehabilitation (Bone & Fry, 2006). Shumaker and Brownell (1984, as cited in Bianco, 2001) defined *social support* as an exchange of resources

between at least two individuals perceived by the provider, or the recipient, to be intended to enhance the well-being of the recipient. Heil (1993) stated that social support is a form of interpersonal connectedness that encourages expression of feeling, provides reassurance in times of doubt, and leads to improved communication and understanding.

Within the athletic setting, four different types of social support have been identified as relevant to the injury rehabilitation process. These include esteem/emotional, informational, motivational, and tangible support (Udry, 2002).

Esteem/emotional support refers to any reassuring behaviors that communicate acceptance, belonging, and love (e.g., physical presence, expressions of concern, empathy, affection, niceness, and special understanding from others in similar circumstances) (Udry, 2002). In a study conducted with injured skiers, Bianco (2001) found that both coaches and teammates of the skiers provided emotional comfort and tried to console the injured athletes by offering encouragement, sharing personal experiences, and sharing words of wisdom, all of which the injured skiers valued. As one skier stated, "it is important that people listen and support your feelings" (Bianco, 2001, p. 381).

Informational support refers to providing the injured athlete with information or advice targeted at solving a problem or giving feedback (e.g., giving advice, providing useful information) (Udry, 2002). During rehabilitation, physicians can be a major source of such support as athletes may rely on them for accurate diagnosis and estimates of treatment and rehabilitation time (Bianco, 2001). Tracey (2003) found that athletes reported that the medical staff was an important source of informational support and that the athletes often based their emotional responses on the staff's input.

Motivational support refers to providing the athlete with encouragement to overcome barriers/obstacles (e.g., urging them to attend rehab sessions, pushing them to an optimal level) (Udry, 2002). Bianco (2001) found that many skiers enlisted the use of a "rehab buddy" who provided motivation and challenged the injured skiers during their rehabilitation sessions. Other injured skiers drew inspiration and motivation from comparing themselves to other athletes with the same injury (Bianco, 2001). Another form of support, tangible support, refers to providing concrete assistance or goods (e.g., providing transportation to a rehab session, cooking meals, assistance with financial or material concerns) that injured athletes may not be able to do or retrieve for themselves (Udry, 2002).

Udry (2002) recognized that soon after an injury, athletes tend to express a preference for esteem/emotional support, similar to the early stages of injury rehabilitation where athletes employ coping strategies to deal with the emotional stress of injury. Bianco (2001) found that skiers who experienced noticeable psychological disruptions during their injury had a strong need for both listening and emotional support in order to help them come to terms with their injury. Udry (2002) also acknowledged that later in the rehabilitation process athletes often express a greater preference for informational support, as they are employing strategies that focus on recovery. When injured skiers encountered motivational difficulties, Bianco (2001) found that they had a high need for informational support that was aimed at helping them initiate and sustain active coping strategies.

Problems within rehabilitation often occur when there is a mismatch between the type of support being sought and the type being offered (Udry, 2002). Tracey (2003)

found that while participants desired various degrees of social support during their recovery process, they appreciated and benefited from the support they did receive. Because of this, it is important for those working with injured athletes to understand the type of social support the athlete desires and needs, at various points throughout the rehabilitation process.

Adherence

Rehabilitation adherence is a complex issue and is an important factor for both athletes and athletic trainers. A study by Fisher and Hoisington (1993) examined the relationship between athletes and trainers and examined the factors that increased rehabilitation adherence. The authors assessed former injured and rehabilitated athletes' attitudes and judgments about factors presumed to influence rehabilitation adherence. The factors that were identified as most influential for rehabilitation adherence included: the trainer-athlete interaction, the rehabilitation setting, and the various personality characteristics of the injured athlete. This same study also highlighted the importance of a dynamic interaction between the trainer and the athlete, where the athlete is allowed to have input in the rehabilitation process.

Fisher and Hoisington (1993) found that both the athletic trainer and the environment had an impact on rehabilitation adherence. Good rapport with the trainer and the quality of information provided by the trainer were essential for rehabilitation adherence, while help from the trainers in interpreting pain and the degree of effort necessary to adhere to rehabilitation was also important. The environment in which rehabilitation occurred also influenced adherence in that the athletes were more likely to

adhere to rehabilitation when the rehabilitation facilities were accessible and less crowded during rehabilitation sessions.

These same authors also found several individual factors that influenced rehabilitation adherence. For example, depression associated with injury was found to be a deterrent to adherence (Fisher & Hoisington, 1993). Trainers indicated that a fear of re-injury during rehabilitation was a primary cause for rehabilitation dropout, and it was also found that those athletes who pursued and initiated their rehabilitation with minimal directions had higher adherence rates (Fisher & Hoisington, 1993).

Fisher and Hoisington (1993) also indicated that a majority of the participants believed that rehabilitation adherence was directly related to their willpower. However, it was found that regular monitoring by athletic trainers aided adherence, trainer supervision promoted greater effort, and even the mere presence of an athletic trainer enhanced the quality of the rehabilitation workout. In sum, Fisher and Hoisington (1993) found that self-motivation was based on a number of principles, including the fact that athletes needed to feel that the rehabilitation could be successful and that the prescribed exercises were justifiable.

The use of goals, incentives, and social support can aid rehabilitation adherence (Fisher & Hoisington, 1993). It was found that both short- and long-term goals were important, however, it was recognized that knowledge of the long-term benefits of rehabilitation enhanced adherence. Athletes indicated that the importance of seeing immediate results and positive feedback also facilitated treatment adherence. Threats and scare tactics were not seen by athletes as a way to improve or enhance adherence (Fisher & Hoisington, 1993).

Fisher and Hoisington (1993) concluded that trainer-athlete rapport, athlete's self motivation, a realistic pain appraisal, and the role of coaches and teammates all play a role in rehabilitation adherence. The authors believed that the challenge is to eliminate the barriers to treatment adherence and accentuate the strategies and interactions that promote enhanced injury rehabilitation adherence.

Duda, Smart, and Tappe (1989) also investigated rehabilitation adherence following athletic injury. The purpose of this study was to identify the social-psychological variables that best predicted adherence to injury rehabilitation among intercollegiate athletes. This study employed the personal investment theory which "reflects a comprehensive and interactional perspective on the determinants of motivated behaviors" (Duda et al., 1989, p.368). Within the personal investment theory there are three facets that are crucial to determining motivation in a specific situation: (1) personal incentives (i.e., a person's subjective goals or reasons for involvement in a particular activity), (2) sense-of-self (i.e., the personal collection of thoughts, perceptions, beliefs and feelings related to who a person is), and (3) perceived options (i.e., the perceived behavioral alternatives in a specific situation). For a behavior to be a perceived option it must be seen as available, appropriate, and the person must have an interest or investment in the behavior (Duda et al., 1989). Duda et. al. (1989) found that each of the three aforementioned variables were predictors of adherence.

Mental Plan

Although mental plans (e.g., goal-setting, imagery, and relaxation) may not be regularly used during rehabilitation, there are advantages to integrating such plans throughout the recovery process. It was stated by Johnston (1997) that having an

insufficient mental plan for rehabilitation may have contributed to non-returning [to sport] and injured athletes' problematic and prolonged rehabilitations.

Goal-Setting. Goals tend to influence behavior because they increase effort and help individuals to persist when challenged (Locke and Latham, 1990, as cited in Dawson, Bray, & Widmeyer, 2002). Goals can also direct attention toward the task at hand and help people find and utilize desirable behavioral strategies (Dawson et al., 2002). Theodorakis, Beneca, Malliou, and Goudas (1997) found that goals helped direct effort, provided athletes with a sense of control concerning their performance, and helped to decrease anxiety by redirecting their focus to specific actions and away from worries and fears. Theodorakis et al. (1997) found that injured student-athletes who set specific goals for each of their isokinetic strength training sessions improved their performances significantly more than the injured students who had not used goal-setting throughout their rehabilitation.

When in the rehabilitation setting, Heil (1993) stated that the goals set should parallel the treatment plan prescribed, establish an implicit statement of commitment by the athlete, and identify the treatment as a collaborative process between the athlete and the rehabilitation team. Wiese and Weiss (1987) stated that in order to provide an athlete with a sense of accomplishment that is motivating, both short- and long-term goals should be utilized. Wiese and Weiss (1987) also gave three suggestions when setting goals in the rehabilitation setting: (1) the athlete, athletic trainer, and sport psychology consultant should all work together to establish realistic goals for the rehabilitation process; the goals should be specific and measurable, and written down and posted where the athlete will frequently see them, (2) the goal achievement strategies should be

discussed; this means that the athlete should learn proper techniques for exercises and also understand the overall plan of the program in terms of the progression of resistance, intensity, duration, frequency, and the like, and (3) goals should be evaluated from time to time and reestablished if necessary; feedback from the rehabilitation team should be given to the athlete regarding their progression toward obtaining their rehabilitation goals.

Imagery and Relaxation. In a study conducted by Wiese-Bjornstal, Smith, and LaMott (1995), it was found that faster healing patients used positive self-talk, goal-setting, and healing imagery. When reviewing mental imagery and its application to physical therapy, these authors also found that mental imagery may facilitate physical recovery, reduce stress, and optimize performance.

Relaxation techniques, according to Ievelva and Orlick (1999), help to open avenues within our minds that regulate our bodies. By practicing relaxation, individuals can become more aware of and connected to their bodies, and therefore be better able to direct their activities. When one becomes injured, tension levels tend to increase due to stress associated with the injury, especially within the area that has been injured (Ievelva & Orlick, 1999). Ievelva and Orlick (1999) suggested that relaxation techniques can help individuals relieve tension, thus reducing pain.

Along with the positive effects of relaxation training, imagery skills may also help to heal an injured area. Positive images of healing, as well as images of being fully recovered, are recommended by Ievelva and Orlick (1999) because they can mobilize and enhance the belief in one's healing powers. Ievelva and Orlick (1999) stated that there are three types of imagery that can be utilized by an injured athlete: (1) healing imagery

in which an athlete attempts to feel the injured area healing, (2) imagery during a rehabilitation session in which the athlete envisions the treatment, promoting recovery, and (3) total recovery imagery where the athlete sees him or herself being fully recovered (i.e., free of injury and pain, full range of motion, etc.), returning to their sport, and performing well again.

Wiese and Weiss (1987) stated that athletes can be trained to use imagery and visualization, along with relaxation exercises, in order to deal with the stress and anxiety associated with injury. After learning the visualization and relaxation techniques, athletes can use these skills to help manage the emotions they may feel upon returning to competition (e.g., fear of re-injury).

Returning to Competition

Given a successful rehabilitation, most athletes look forward to returning to competition. In a study conducted Podlog and Eklund (2006), one athlete described how she felt about returning to competition when she stated, "I'm excited that it's finally here, that I can start playing again. It's just all the things that I miss I get to do once again, so I can't wait for it" (p. 55). Athletes have suggested that a return to competition helps them to realize what they were missing and why their sport was so important to them (see Podlog & Eklund, 2006; Udry et al., 1997). In addition, athletes look forward to returning to competition because it allows them a chance to achieve personal goals, bond and socialize with teammates, maintain their fitness levels, and preserve their athletic identity (Podlog & Eklund, 2006).

Many athletes have described their return to competition as an emotional experience full of both positive and negative thoughts and emotions, such as excitement

and/or anxiety (Podlog & Eklund, 2006). Wiese and Weiss (1987) found that before returning to competition, athletes often experience anxiety and ask questions such as: "Will I still be able to perform as I did before?" or "Will I be re-injured again?" The return to competition can be perceived by athletes as threatening because there are many unknowns and it is the unknowns which can create anxiety and insecurity (Podlog & Eklund, 2006).

Fear of Re-Injury

Multiple studies have found that many athletes returning to competition suffer from a fear of re-injury (Bianco et al., 1999; Chase, Magyar, & Drake, 2005; Gould et al., 1997; Johnston & Carroll, 1998; Podlog & Eklund, 2006; Ievleva & Orlick, 1993). Feelings of anxiety about returning to competition have most often been found to revolve around a concern for re-injury and a fear that the hard work during rehabilitation would be "all for nothing" (Podlog & Eklund, 2006). Bianco et al. (1999) found that a fear of re-injury was related to doubts that athletes had about both their physical and mental readiness to return to skiing.

When returning to competition, the fear of re-injury may hold some athletes back (Ievleva & Orlick, 1993). Heil (1993) found that when an athlete had a fear of re-injury, it was sometimes presented as cautiousness in both the rehabilitation process and upon a return to competition. Johnston and Carroll (1998) found that a fear of re-injury tended to be manifested in athletes through being hesitant, holding back, not giving 100 percent effort, being wary of injury-provoking situations (especially those situations that were similar to when the injury occurred), and heavily wrapping the injured body part. One skier, in a study conducted by Gould et al. (1997), stated, "You get scared to just let

things go, and go for it, and not have that fear of 'Oh God, I could get hurt again,' that alone takes a really long time to get over" (p. 368).

Chase, Magyar, and Drake (2005) also investigated the fear of re-injury experienced by female gymnasts. As a result of previous injury experiences, the feelings of apprehension, anxiety, and fear the gymnasts felt were often based upon their fears of suffering another injury. When asked to talk about their fears associated with previous injuries, the gymnasts identified difficulty returning from injury and being unable to participate as the two main origins of their fears. Chase et al. (2005) also found that there were fears associated with obtaining a very serious injury, pain, and even death.

Interestingly, one study found the fear of re-injury as a minor theme among injured athletes. Tracey (2003) found that most athletes felt that "injuries just happened" or even that "things happened for a reason." These athletes indicated that they were mostly focused on healing and returning to their sport, rather than focusing on the possibility of re-injury.

Malingering

According to Heil (1993), malingering has been defined by the American Psychological Association (APA) as the "intentional production of gross exaggeration of symptoms motivated by external incentives for personal gain" (p. 216). Rotella, Ogilvie, and Perrin (1999) found that most athletes who have a habit of malingering do so primarily because they either have a need for attention or have fears. Heil (1993) stated that athletes may malinger because they have learned that they can use complaints of injury and pain to their advantage and avoid the work of a practice or an undesirable situation.

It is extremely difficult to prove with certainty that an athlete is actively engaging in malingering (Rotella et al., 1999), that is, faking symptoms of pain and/or discomfort. However, what can be understood are the reasons why an athlete may malinger, as well as some signs that potential malingering is occurring.

Rotella et al. (1999) found multiple reasons why an athlete might malinger. These reasons include: the exaggeration of an injury to prevent the loss of an athletic scholarship, an excuse for loss of motivation during a losing season, a slump in personal performance or an absence of an opportunity to play, the use of the injury to escape from an activity when competing needs become more important, use of symptoms to gain attention and interests that cannot be fulfilled by opportunities outside sport, and hiding behind an injury as protection against the expectations of coaches, parents, or teammates. This behavior may be the result of an adaptive response to adverse circumstances (Rotella et al., 1999).

When looking for signs that an athlete may be a malingerer, Rotella et al. (1999) found that there are several forms of communication that could be indicative of malingering. For example, some athletes may fail to respond to treatment, continue to express their symptoms in an attempt to receive the resulting attention, become verbal about their situation, or describe their injury, pains, and discomforts in great detail.

Posttraumatic Stress Disorder

Strauser and Lustig (2001) stated that Posttraumatic Stress Disorder (PTSD) is discernible from other anxiety disorders in that the symptoms will only develop after an individual is exposed to an extreme stressor or traumatic event. The six symptom criteria that has been established by the American Psychiatric Association are: (1) the individual

is exposed to an event where injury or death was a possibility and that event invoked feelings of terror and helplessness, (2) the individual re-experiences the traumatic event in at least one distressing manner, such as recollections, dreams, and distress in relation to or cues similar to those of the traumatic event, (3) the person avoids stimuli associated with the event and experiences an overall numbing of responses such as avoidance thoughts, amnesia of the event, detachment, and restricted effort, (4) the person has increased arousal resulting in insomnia, anger bursts, and impaired concentration, (5) the symptoms last at least one month, and (6) the symptoms must be significant enough to cause impairment in social and occupational functioning (Strauser & Lustig, 2001, p. 27). Otis, Keane, and Kerns (2003) also found the following to be associated with PTSD: re-experiencing the event in the form of intrusive thoughts, nightmares, and disassociative flashbacks of the original traumatic event, preoccupation with the event, avoidance of thoughts, people, and places that resemble the traumatic event, emotional numbing, an absence of emotional attachments, and an inability to feel a range of positive emotions.

Although PTSD is not typically thought of as being relevant to the athletic world, it is very possible that some athletes experience symptoms of PTSD following an injury.

According to Goldberg (2006), sports PTSD refers to a situation where the physical and/or emotional sport trauma that an athlete may experience gets embedded in the athlete's neurology and physiology (Goldberg, 2006). The trauma, such as a severe injury, may stay with the athlete in both their mind and body when no assurances of safety can change how the athlete is feeling (Goldberg, 2006).

Following severe physical and/or emotional trauma, instinctive body reactions to fear can become triggered whenever the athlete is in certain stressful, performance

situations that are similar to and remind the athlete of the actual trauma (Goldberg, 2006). Goldberg (2006) found that some athletes will either consciously think back to the time of their injury or they unconsciously are reminded of the event. Some athletes may experience the trauma again, both emotionally and physically, or they may have an experience that is so vivid that the athlete feels as if he or she was actually going through their traumatic event all over again (Goldberg, 2006).

Summary

This chapter examined the research available on the emotional reactions athletes often experience after sustaining an injury, factors that may affect athletes' rehabilitation processes and what athletes experience as they return to competition following an injury. However, it is difficult to generalize that equestrian athletes experience the injury and rehabilitation processes the same as "typical" athletes due to a lack of research involving equestrian athletes and their experiences of falling from a horse and returning to competition.

CHAPTER III

METHODS

The purpose of this study was to describe the experiences of equestrian athletes returning to competition after a significant fall. A qualitative, phenomenological research design was used to assess the experiences, perceptions, feelings, and emotions of riders returning to competition after a significant fall. The interviews were conducted in person and recorded via an audiotape recorder. This chapter will discuss the rationale for the (1) research design, (2) selection of participants, (3) instrumentation, (4) procedures, and (5) data analysis.

Research Design

The participants in this study were asked to discuss their experiences as equestrian athletes in their return to competition following a significant fall. In the discussion of their experiences, the participants were given a chance to express their feelings, concerns, and emotions regarding their fall and subsequent return to competition. A qualitative, phenomenological research design was used in order for the participants to effectively express their experiences in regards to experiencing a significant fall.

A qualitative research design allows a researcher to study a selected issue/problem in depth and with detail (Patton, 1990). This study was designed to gather information from equestrian athletes who had experienced a significant fall. The data from the interviews consists of direct quotes from the participants about their opinions, feelings, and their overall experiences of returning to competition after a significant fall from a horse (Patton, 1990).

Phenomenological investigation focuses on the specific question of: "What is the structure and essence of experience of the phenomenon for these people" (Patton, 1990, p. 71). "A phenomenological study is one that focuses on descriptions of what people experience and how it is that they experience what they experience" (Patton, 1990, p. 71). The phenomenon within this study is the lived experience of equestrian athletes who have been involved in a significant fall from a horse and returned to competition.

Selection of Participants

Four equestrian athletes were purposely selected for participation in this study based on the conditions that they met the following criteria: (1) the participant must be at least 18 years of age, (2) the participant must have been involved in a fall from a horse within the previous year to year and a half, and (3) the participant must have a minimum of two years of equestrian athletic experience.

The participants were recruited by means of personal contacts utilized by the principle investigator. The principle investigator contacted trainers via e-mail or phone to request information regarding equestrian athletes who had returned to competition following a significant fall. Upon receiving recommendations from trainers, the potential participants were contacted via e-mail and given a description of the purpose of the study and asked to contact the principle investigator if they were interested in participating. At this time, the interested participants were sent a recruitment statement (Appendix A).

Instrumentation

Each participant was asked to participate in one interview conducted in person regarding their experience returning to competition following a significant fall from a horse. The interviews lasted 40-60 minutes and were audio recorded for transcription purposes. Using a phenomenological interview method, as outlined by Patton (1990), the participants were asked the following question: "What was your experience following a significant fall from a horse and the subsequent return to competition?" Upon being asked this question, the participants lead the interview and the principle investigator only asked probing questions to gain more clarity and understanding.

Procedures

As stated, the participants were recruited by means of personal contacts utilized by the principle investigator. The principle investigator contacted trainers via e-mail or phone to request information regarding equestrian athletes who had returned to competition following a significant fall. Upon receiving recommendations from trainers, the potential participants were contacted via e-mail and given a recruitment statement (Appendix A), including a description of the purpose of the study, and asked to contact the principle investigator if they were interested in participating.

Those individuals who were interested in participating in the study received an informed consent form (Appendix B) via e-mail which was read and signed prior to being interviewed. Interview times and dates were then set up via telephone or e-mail. Three interviews were conducted in person and one was conducted via telephone.

All participants who agreed to partake in this study were allowed to select a pseudonym so that their identity and participation were kept confidential. Only the participant, the principle investigator, and her thesis committee were aware of the chosen pseudonyms.

The recorded interviews were transcribed verbatim by the principle investigator following the completion of each interview. The transcribed interviews were kept in a locked cabinet in Dr. Gentner's office, 321 Center for Health Sciences, Ithaca College. After the interviews were transcribed, the participants were allowed to review their transcripts and make any changes they felt necessary. This also allowed for the investigator to ask for clarification on any responses that were not originally understood. The notes taken during this second meeting were placed in parentheses in the original transcribed document.

Data Analysis

The phenomenological method of analysis presented by Shelley (1999) was used to analyze the data. The data consisted of four interviews of equestrian athletes who have returned to competition following a significant fall. Each interview (i.e., data set) resulted in an inductive content analysis of the raw data. Using qualitative data analysis allowed for themes and patterns to emerge from the interviews as the analysis process occured. The following steps were followed in the analysis of the data (Shelley, 1999):

1. Each transcribed interview was read by the investigator in order to increase the investigators recollection of the interview and to have a better understanding of

each participant's experiences with regard to their return to competition after a significant fall from a horse.

2. Each of the transcriptions was then examined for significant statements. A significant statement was considered to be any response that directly related to the overall research question and the experience surrounding the return to competition after a significant fall from a horse. All significant statements were pulled (i.e., coded) from the transcribed interview and set aside.

3. The significant statements were then combined into meaning units. This was accomplished by repeatedly comparing the extracted significant statements, combining similar significant statements, and summarizing them into a meaning unit that described all of the similar significant statements that had been combined for that unit. Meaning units were generated by the investigator, but were obtained from and included many of the exact phrases and words found within the significant statements.

4. Similar meaning units were then grouped together into lower-order themes. As with the meaning units, the lower-order theme statements were written by the investigator, still including many of the exact words and phrases from the meaning units.

5. The lower-order themes were then compared and synthesized into higher-order themes for each participant. As with the meaning units, the investigator grouped similar lower-order theme statements and created higher-order themes using, whenever possible, exact words and phrases from the lower-theme statements. The

creation of the higher-order themes was the final step in data analysis conducted for each interview (i.e., each participant).

6. Once all of the interviews were analyzed following the above steps, emergent higher-order themes for each participant were then compared across participants to identify common themes. These common themes are presented in chapter four as the results of the study.

Using this method of data analysis allowed for an opportunity to examine the lived experience surrounding a return to competition after a significant fall from a horse. Both individual and common experiences were examined. By using multiple case comparisons, the experience of returning to competition after a significant fall from a horse was more systematically described, as comparisons were made among and between the equestrian athletes.

CHAPTER IV

RESULTS

The purpose of this study was to describe the experiences of equestrian athletes returning to competition after a significant fall from a horse. Following data analyses of four interviews, multiple higher-order themes were identified for each subject. From these higher-order themes, three common themes emerged. They included: (1) feelings of anxiety and/or fear, (2) decrease in confidence, and (3) using the fall as a learning experience. These three themes provide an answer to the research question: "What are the experiences of equestrian athletes following a significant fall from a horse and their subsequent return to competition?" The common themes, along with supporting statements, are presented below.

COMMON THEME # 1: Feelings of Anxiety and/or Fear

After experiencing a significant fall, the participants described feelings of anxiety and/or fear. Several participants stated that the anxiety and/or fear they experienced resulted in somatic symptoms, such as sweating and shaking, as well as cognitive symptoms. They also described how their anxiety and/or fear negatively affected their riding and their horse. This theme is reflected in the following statements:

> It was the feeling where you would be cantering around the ring and you'd canter around the corner and you'd head towards the fence and my heart would just sink because I'd constantly either see him [my horse] stopping and falling over the fence like he did the first time, or just me falling off and hitting the fence. It was... it was horrible. (Athlete 3)

> But it took me awhile to start jumping again, just in lessons.... because I was terrified. I like, even the smallest little cross-rail just terrified me... I did not want to do it... (Athlete 2)

> I tried [rode] a couple horses to buy.... every single time I got on I was scared and I've never been scared on a horse. (Athlete 4)

Participants also described experiencing physical manifestations of their anxiety/fear:

> So, one day, I've got my chaps and helmet on and I was like "I'm fine...I'm fine", I went to put my foot in the stirrup and I just started sweating, I was shaking. (Athlete 4)

> I've had Thoroughbreds off the track, I've had every... you know big ponies and I was really scared to get back on just to ride Moe. You know... I mean I started shaking, I started sweating; things that have never happened to me my entire life. (Athlete 4)

> I never had like cried on a horse because I wasn't hurt... he [my horse] came in on a half-stride and it was like a really... he like dug himself into the fence and then didn't jump afterwards, like we hit the fence. I just started crying and came into the center of the ring, not because I was hurt at all but because I heard the sounds of the rails being thrown around and it was like... I was shaking inside... like I can't do this. (Athlete 3)

One participant explained that her anxiety caused her to be fearful and that her anxiety might negatively affect her horse during her first competition following her fall:

> I was worried about forgetting the test... which I did... first time ever I've forgot a test. And I was worried that I would cause my horse so much anxiety that he wouldn't perform. (Athlete 1)

Another participant also described how her fear started to negatively affect her horse:

> My horse started to get savvy to the fact that I was afraid and instead of him... it went past him being afraid, being afraid of the jump and then him using me being afraid to not work. So, he became... he just became bossy, he knew what buttons and how to bawk before the fence to get me nervous and then he knew that he was probably going to get out of it [going over the jump]. (Athlete 3)

COMMON THEME #2: Decrease in Confidence

The participants in this study also expressed a decrease in confidence following their fall. This theme is supported by the following quotes:

> ... I think my confidence was blown. I didn't think that I could keep my position and stay on. (Athlete 2)

> ...basically starting back from the beginning because I was so shooken up. I had never had that bad of a fall before and I'd been riding since I was three... so I was like "oh my gosh, did this honestly just happen?" My confidence was just shot. (Athlete 3)

> Every time that I do something that doesn't end, especially with the horse, that doesn't end like I think it's suppose to, you question. You question yourself. (Athlete 1)

Several of the participants also described how it took time for their confidence to return:

> We went through probably about a year of getting... gaining my confidence back and then that made my horse have less confidence... (Athlete 3)

> I am back to almost exactly where I was before I fell. I'm jumping about the same height. My confidence is still not 100%; I'd say I'm probably at like 85-90%. (Athlete 2)

> So, I really do think that I'm pretty much... maybe 90% back to where I was. You know I think it will take time and if I fall, it will probably be a lot scarier for me than it would be before, but you just have to keep doing it. (Athlete 4)

One participant specifically described how her fall affected her confidence in her return to competition:

> ...it was a combination of not wanting to show, not feeling ready and also not wanting to spend a good deal of money for a show I didn't feel good about. (Athlete 2) [reason for not riding at the show following the fall]

> And slowly but surely I started jumping very small jumps and slowly but surely realized, "Yes, I can still do this". But I have not... it took me about 2 ½ months to have a really good course and I have not shown again since then... over fences. (Athlete 2)

COMMON THEME #3: Using the Fall as a Learning Experience

The final common theme that emerged was that the participants used their fall as a learning experience. This common theme is supported by the following statements:

> Part of me is kind of glad that it happened because it set me back and it made me realize how much of a rider... how I need to improve as a rider and how I needed

> to improve, in just like mentally getting over things. But, umm, it was definitely a learning experience. (Athlete 3)
>
> I think it was an experience. I mean I survived, I didn't get horribly injured, nothing permanent. But, it definitely... it's not something I'll forget readily and it's not something that... that eventually, I think that it'll make me a stronger rider because I fell, I got over it... I've moved on from there and I think that it's there but it's not something I'm going to harp on for the rest of the time I ride. (Athlete 2)
>
> I think that it was good that I had those 6 months of healing but also of just sitting back and watching my horse go around with other people and watching him go and then getting back on and going through what I went through, but coming out on top after it. I think it was a learning experience. (Athlete 3)

Subject four described how the fall benefited not only herself as a horseman, but also her horses:

> I've definitely learned to be more aware of what's going on around me when I'm riding; you have to kind of think like the horse and not just pay attention to yourself riding. You have to be very aware; ice is melting, falling off the roof, you might not want to ride young horses that day or if the doors open or if it's your first time going outside you should lunge them. So I definitely think it's helped me a lot as a horseman and made me more aware of how horses are thinking. (Athlete 4)

Summary

Three common themes emerged from the qualitative analyses of the four interviews. The first common theme revolved around feelings of anxiety and/or fear for the athletes. This was expressed with statements such as: "...I was terrified," "... I was scared," and "I just started sweating... I was shaking." The second common theme depicted a decrease in confidence following the fall. Here, the athletes explained how the fall caused them to question their abilities, noting that it took time before their confidence started to return to pre-fall levels. The third and final common theme indicated that the fall was used as a learning experience. Because of the fall, the athletes were able to re-

evaluate their riding, find ways to improve, and have a greater understanding of their horses. These three common themes help to answer the research question: "What are the experiences of equestrian athletes following a significant fall from a horse and their subsequent return to competition?"

CHAPTER V

DISCUSSION

The purpose of this study was to describe the experiences of equestrian athletes returning to competition after a significant fall from a horse. Four interviews were completed and analyzed using qualitative research methods. From these interviews, three common themes emerged: (1) feelings of anxiety and/or fear, (2) decrease in confidence, and (3) using the fall as a learning experience. Each theme is discussed in relation to existing literature.

COMMON THEME # 1: Feelings of Anxiety and/or Fear

After experiencing a fall, the participants in this study reported feelings of anxiety and/or fear as they returned to riding and competition. It is very common for an athlete to experience anxiety and/or fear following a negative event such as an injury. Gould, Udry, Bridges, and Beck (1997), found that fear, particularly the fear of re-injury, was very common in injured athletes who were returning to competition. Chase, Magyar, and Drake (2005) found that female gymnasts expressed feelings of apprehension, anxiety, and fear stemming from the fear of becoming re-injured, while Podlog and Eklund (2006) found concern surrounding re-injury to be the most common reason for athletes to experience anxiety in their return to competition.

All of the athletes in this study were injured due to their fall from a horse, however, none of the participants highlighted thoughts of re-injury as the source of their fear and anxiety. Rather, they expressed general anxiety about falling again. However, since all of the athletes were injured due to their fall, it might be assumed that their general fear of falling again included thoughts of re-injury.

The anxiety and/or fear the participants experienced centered on a fear of another fall and/or a general fear of the unknown. As one participant expressed, "I think what happened when I was off, when I couldn't ride because of the injury, I got to thinking about What if... What if... What if... What if?" (Athlete 1). This fear of the unknown was also found by Weiss and Troxel (1986) who found that athletes who were returning to competition after an injury had a tendency to dwell on irrational thoughts and used "what if?" statements such as: "What if I don't recover quickly?" and "What if I get re-injured?" (p. 106). Weiss and Troxel (1986) also found that these negative thoughts brought about anxiety and fear surrounding re-injury.

Johnson and Carroll (2001) found that a fear of injury was expressed by athletes in several ways: being hesitant, holding back, not giving 100% effort, and being wary of injury-provoking situations (particularly situations similar to the context of the original injury). Similarly, following their fall, several of the participants in this study noted experiencing a decline in their level of riding, in that things they would have easily performed prior to the fall were now difficult. For example, because of her fear, athlete two described how she was not willing to jump fences (for several months) at the same level she had prior to her fall. Athlete four found that riding unfamiliar horses caused her to experience fear which she had never experienced previously.

Several of the athletes in this study also experienced physical manifestations of their anxiety and/or fear. For example, athlete four described how getting on a horse, caused her to begin sweating and shaking. Athlete one stated, "Not only did my chest hurt but my heart was pounding, like it was going 800 miles an hour and I don't know if there was anxiety about getting back on the horse or if it was because I was having pain."

Chase, Magyar, and Drake (2005) similarly described the fear of a gymnast when the athlete stated, "Sometimes I get that feeling, just afraid to do something. My hands start sweating. My feet sweat. I can usually tell that way" (p. 469).

Although no diagnostic questionnaires were used in this study, it is possible that the physical manifestations felt by several of the participants could relate to what is known as Sports Post-Traumatic Stress Disorder (PTSD). Sports PTSD refers to a situation where a physical and/or emotional sport trauma gets embedded in the athlete's neurology and physiology (Goldberg, 2006). Goldberg (2006) found that instinctive body reactions to fear can become triggered whenever an athlete perceives a stressful, performance situation that is similar to and/or reminds him/her of the actual trauma. The participants in this study experienced symptoms similar to Sports PTSD upon their return to riding.

> "...but you know just the fact, you know, you feel a lot safer on the ground and all you can do is envision falling. It [the horse] trips, you're going to fall. It spooks, it falls down, it does something..." (Athlete 4)

> "It was the feeling where you would be cantering around the ring and you'd canter around the corner and you'd head towards the fence and my heart would just sink because I'd constantly either see him stopping and falling over the fence like he did the first time, or just me falling off and hitting the fence. It was... it was horrible." (Athlete 3)

Despite the anxieties and/or fears experienced by the participants, all four returned to riding and competition. In previous research, athletes have described the return to competition as an emotional experience full of both positive and negative thoughts and emotions, such as excitement and/or anxiety (Podlog & Eklund, 2006). However, a return to competition can also be perceived as threatening because there are so many "unknowns" about how things might unfold, and these unknowns could lead to feelings

of anxiety and insecurity (Podlog & Eklund, 2006). The participants in this study experienced similar emotions upon their return to competition. Athlete one described an experience at her first competition following her fall, offering that not only was she worried about forgetting her test, but she actually *did* forget her test for the first time ever. She also stated, "...there was a lot of anxiety about, you know we've come this far... and I didn't canter... what if I don't give him the right cue?" Wiese and Weiss (1987) found that before returning to competition, athletes often experience anxiety and ask questions such as: "Will I still be able to perform as I did before?" (p. 328).

For the equestrian athletes in this study, negative thoughts following their fall caused fears about another fall, as well as fear of the unknown. The pure nature of equestrian sports creates a situation in which the rider relies heavily on a semi-communicative and highly reactive teammate (Meyers, Bourgeois, LeUnes, & Murray, 1999). Horses can be unpredictable and often give little or no warning to the rider prior to acting. Thus, it is possible that the fears and/or anxieties of equestrian athletes are related to both the fear of another fall and to a general fear of the unknown, and sometimes, the unpredictable actions of their horses.

COMMON THEME # 2: Decrease in Confidence

Following their fall, the participants in this study described experiencing a decrease in confidence. As athlete one stated: "Every time that I do something that doesn't end, especially with the horse, that doesn't end like I think it's supposed to, you question... you question yourself." Johnson and Carroll (1998) found that when athletes returned to their sport after an injury, they experienced lowered levels of sport confidence. However, this was related to a fear of re-injury or an injury to another body

part, whereas with the equestrian athletes in this study, the lowered confidence was centered on a belief that their skills and riding abilities were inadequate for the tasks they were performing. As athlete two stated: "... I think my confidence was blown. I didn't think that I could keep my position and stay on."

Podlog and Eklund (2006) also found athletes to have concerns about "being the same player" after a return following an injury. As one athlete stated, "...probably the most unenjoyable thing is the doubts that you have about yourself at the start.... It's not really enjoyable when you're not playing as well as you can, when you know you can play better..." (Podlog & Eklund, 2006, p. 58). Perhaps, for the equestrian athletes, the potential belief of not "being the same player" played a factor in their decrease in confidence. It is possible that the athletes in the current study attributed their fall to a lack of skill or ability, and thus felt they would no longer "be the same player [rider]" as they were prior to their fall.

According to Zinsser, Bunker, and Williams (2006), confident athletes are characterized as individuals who think they can attain something and have positive self-talk, images, and dreams. A confident athlete will focus on attaining success as opposed to focusing on performing poorly or experiencing negative performances/outcomes. For the athletes in the current study, their falls were viewed negatively and thus their focus became negative. For example, athlete four stated, "...one part of me knew I was fine... but the second part of me, you know, all you can envision is 'You're up one second... you're down the next'." Athlete three described how a negative focus started to affect both herself and her horse: "I wanted a horse that would just carry me along and now he was having problems, and I was having problems, so it was just like... we were playing

off of each other in a negative way. So there was no going forward... we just kept back-peddling."

When the equestrian athletes in this study returned to riding and competition, their confidence did not immediately return to pre-fall levels. Instead, the participants described how it took time for their confidence to return. Two of the participants, at the time of the interview, even stated that their confidence was still not fully recovered. For the participants in this study, four to twelve months had elapsed from the time of their fall. Podlog and Eklund (2006) found that for athletes who had to deal with return-to-competition fears, regaining previous confidence, and achieving satisfaction with their performances, it took between two and four months to do so. The athletes in the current study, however, took longer for their confidence to return.

Because horses can be unpredictable, the probability of when, how, and why a fall may occur increases. As a result, a fear of the unknown becomes a significant part in the equestrian's return to riding and competition (as discussed under common theme number one). It is possible that due to this fear of the unknown and the unpredictability of horseback riding in general, that it takes longer for confidence to be restored for the equestrian athlete.

Magyar and Duda (2000) stated that in order for confidence to be restored, an athlete needs to have feelings of environmental comfort, mastery, physical/mental preparation, and social support. These sources of confidence seemed to be present for athlete three:

> "She [the trainer] understood the training part as far as making the horse, holding the whip, and making the horse jump and do his job, but she also understood that by giving me the whip it made me more confident. Even if I truly wasn't

> confident inside, it made my horse feel that I was confident, and as he became confident [it] therefore made me feel confident again."

In short, as athlete three began to master holding the whip and successfully making the horse jump, her confidence started to increase.

In order for both confidence and the expectation of future success to occur, there needs to be a history of successful experiences (Zinsser, Bunker, & Williams, 2006). With the equestrian athletes in this study having experienced a significant fall, it was difficult for them to find something positive and successful to draw from when they returned to riding and competition. However, as time passed, positive experiences and outcomes did occur. As mentioned, athlete three's trainer provided a whip that helped to create a positive outcome. In turn, athlete three's confidence started to increase as she now had something positive to focus on. Athlete two also described how the encouragement of an instructor gave her a positive experience from which to draw confidence:

> "I had a private lesson with another instructor and that's sort of when I started to jump again... she was very encouraging, like every little thing I did well, she made a big deal out of, which looking back was silly but it felt good... I definitely got off and said okay, I accomplished something today."

Thus, it appears that as the equestrian athletes in this study began mastering skills (i.e., started to feel more comfortable with their abilities and skills) and experienced positive outcomes/experiences, their confidence also began to increase and move toward pre-fall levels.

COMMON THEME # 3: Using the Fall as a Learning Experience

The final theme that emerged was that the fall was viewed as a learning experience. As athlete three described: "...getting back on and going through what I

went through, but coming out on top after it. I think it was a learning experience." Tracey (2003) found several athletes who stated that they had learned something from their injury experiences and that, in general, their emotional experiences were described as a "learning experience". One athlete, in a study by Gould, Udry, Bridges, and Beck (1997) noted that he coped with his injury by "looking at it as a learning experience... knowing that you have been through a really bad experience and you need to come back and be stronger than before" (p. 388).

Some athletes have described their injury experience as an opportunity to observe and analyze their sport from a new perspective (Podlog & Eklund, 2006). These same athletes also found that technical skills and performances improved due to their "off-field" observations. Athlete three had similar view: "I think that it was good that I had those six months of healing but also just sitting back and watching my horse go around with other people... it was a learning experience." She also stated, "Part of me is kind of glad that it happened because it set me back and it made me realize how much of a rider... how I need to improve as a rider..." The ability to watch and observe others engage in equestrian events helped this athlete learn more about her horse, as well as how much she needed to improve as a rider. As with this athlete, it is possible that time off to observe could help athletes to improve skills and learn more about themselves.

Interestingly, athlete four found that experiencing a significant fall helped her become a better horseman: "I've definitely learned to be more aware of what's going on around me when I'm riding. You have to kind of think like the horse and not just pay attention to yourself riding. You have to be very aware... and [the experience] made me more aware of how horses are thinking." Similarly, Podlog and Eklund (2006) found that

a benefit of being injured was that it provided participants with a "renewed prespective" or "better appreciation of the importance of sport in their lives" (p. 61). Thus, a fall for equestrian athletes may help them to change their ways of thinking in order to become more aware of how their horse views the environment, and also to gain a better appreciation for their horse and their sport.

Summary

Bianco, Malo and Orlick (1999) stated that an athlete's psychological response to injury is of interest for two reasons: a concern for the athlete's mental health and a concern for the impact of the athlete's mental state on physical recovery. Although there is a plethora of research examining the experiences of traditional athletes experiencing injury and returning to competition, research involving equestrian athletes and their experiences with a fall and return to competition is lacking. Results from this study indicate that the experiences of equestrian athletes returning to competition following a significant fall encompass anxiety and/or fear, a decrease in confidence, and a view that the fall can be a learning experience.

Chase, Magyar, and Drake (2005) found that female gymnasts expressed feelings of apprehension, anxiety, and fear that stemmed from the fear of becoming injured again, while Podlog and Eklund (2006) found a concern for re-injury to be the most common reason for athletes experiencing anxiety in their return to competition. The findings of the current study were similar in that anxiety and/or fear were experienced by all four equestrian athletes as they returned to riding and competition. However, the anxieties and fears of the equestrian athletes in this study focused more on the idea of falling again and/or the general fear of the unknown, as opposed to the fear of re-injury. As stated by

athlete four, "If you're going to ride, you just have to accept the fact you're going to fall. I'm not getting on these horses thinking I'm never going to fall off again, but I'm hoping it's not going to be as bad as it was before" (Athlete 4). Although it is possible that equestrian athletes can obtain an injury as a result of a fall, the four athletes in this study did not focus on the possibility of injury as much as they focused on a general fear of falling again, and the potential "What-ifs" when returning to riding and competition.

As Meyers, Bourgeois, LeUnes, and Murray (1999) stated, the pure nature of equestrian sports is one in which the rider relies heavily on a semi-communicative and highly reactive teammate. Horses can be unpredictable without any warning to the rider. Because of this, the question of "What-if" often arises. Athlete four described her "What-ifs" as: "...all you can do is envision falling. It trips, you're going to fall. It spooks, it falls down, it does something..." For the equestrian athlete, it may not be so much about a possibility of getting injured. Instead, a fear of the unknown may result from the unpredictability of when, how, and why one may fall, as well as how badly a resulting injury may be. In essence, there can be a lack of control that can arise when riding (at any moment) and an equestrian athlete can never be fully sure of what a horse may or may not do.

The present study also found that the four equestrian athletes experienced a decrease in confidence as they returned to riding and competition. The decrease in confidence experienced by the equestrian athletes centered on a belief that their skills and riding abilities were inadequate for the tasks they were performing. In order for both confidence and the expectation of future success to occur, there needs to be a history of successful experiences (Zinsser, Bunker, & Williams, 2006). Due to their negative

experiences surrounding their falls, the athletes' focus tended to be negative in nature as opposed to positive. In essence, there was not a recent history of success for the equestrian athletes to draw from, resulting in all four athletes experiencing a loss of confidence. Even when the athletes returned to riding and competition, their confidence levels did not quickly return to pre-fall levels. However, they were able to increase their confidence over time through mastering skills, support from trainers, and experiencing positive outcomes.

Finally, despite the fact that each respective fall was considered unpleasant, the equestrian athletes described that, overall, something was to be learned from the experience. Similarly, Tracey (2003), Gould, Udry, Bridges, and Beck (1997), and Podlog and Eklund (2006) all found that athletes viewed their injuries, and subsequent returns to competition as learning experiences. The equestrian athletes in the current study were able to gain new perspectives on their sport, as well as, adjust their approach to riding. In the end, this benefited each horse and rider.

CHAPTER VI

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The purpose of this study was to describe the experiences of equestrian athletes who had incurred a significant fall and subsequently returned to competition. The following chapter presents a summary of the findings, conclusions, and recommendations for future research.

Summary

Four equestrian athletes were interviewed using a qualitative, phenomenological research design. This design was used in order for the participants to effectively express their experiences in regards to their fall. The interview format allowed the participants a chance to express their feelings, concerns, and emotions regarding their fall and subsequent return to competition. Following a stepwise analysis of the data, using methods provided by Shelley (1999), three common themes emerged. The common themes were as follows: (1) feelings of anxiety and/or fear, (2) decrease in confidence, and (3) using the fall as a learning experience.

Conclusions

Bianco, Malo, and Orlick (1999) stated that athletes' psychological responses to injury are of interest for two interrelated reasons: a concern for the athletes' mental health and a concern for the impact of the athletes' mental state on physical recovery. Although the current study did not include criteria for an injury resulting from a fall, the findings were found to be similar to previous research in which participants suffered an athletic injury (Chase, Magyar, & Drake, 2005; Gould, Udry, Bridges, & Beck, 1997; Johnson & Carroll, 2001; Podlog & Eklund, 2006; Wiese & Weiss, 1987).

The experiences of equestrian athletes returning to competition following a fall can be described as involving both positive and negative aspects. The three themes from the current study have provided a glimpse into the emotions and cognitions of equestrian athletes following a significant fall and their subsequent return to competition.

Recommendations for Future Research

Despite the abundance of research involving traditional athletes and their experiences surrounding an injury and a return to competition, research involving the experiences of equestrian athletes who have been involved in a fall, and possible resulting injury, is lacking. Thus, the first recommendation is for a replication of the current study. By replicating the current study, the findings might be verified and/or expanded upon. With that stated, the number of subjects should also be increased. By increasing the number of subjects, there is an increased probability of obtaining a more accurate representation of the experiences of equestrian athletes returning to competition following a fall.

It is also recommended to include additional equestrian athletes that are not able to return to riding immediately following their fall. Two of the participants in the current study were able to immediately return to riding their horse following their fall, while two of the participants were not able to do so. As athlete four explained:

> "I think the fact, too, is every other time I've fallen off, I've gotten right back on. And with that incident I couldn't and you know you lay on the couch and that's all you think about or you groom your horses and you still haven't been on. So I definitely think if I was able to get on, right back on afterwards, it wouldn't have stuck with me quite this long." (Athlete 4)

As this equestrian athlete suggested, her experience was different due to the fact that she could not get right back on her horse following the fall. Perhaps, then, the experiences of equestrian athletes would differ depending on the time elapsing before an athlete was able to get back in the saddle.

Additional recommendations might also include using personality inventories to investigate the effects of personality on the overall response to a fall from a horse, attributions to the fall (the rider blaming him/herself versus blaming the horse), professional riders versus amateur riders, different age groups, gender differences, or experiencing a fall at a "home barn" versus a show venue. Due to the fact that there is little existing research surrounding equestrian athletes experiencing a fall from a horse, there could be any number of variations to the current study.

Despite extensive literature on the emotional responses athletes have to injury, there is little known about what equestrian athletes experience following a fall from a horse, regardless if an injury has occurred, and their subsequent return to competition. It is important to understand equestrian athletes' responses to a fall, and possible resulting injury, in order to further expand the knowledge and understanding surrounding the psychological responses to athletic injury.

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Appendix A
Recruitment Statement

You are being asked to participate in a study for a Master's Thesis conducted by Kristen Sackett involving the investigation of the emotional process that an equestrian athlete experiences following a significant fall from a horse and subsequent return to competition. As a co-researcher you would be asked to describe what you experienced emotionally and mentally following a significant fall. This study can be beneficial to the scientific community in that it may further expand the knowledge of the processes an athlete goes through following an injury, as well as expand the knowledge about equestrian athletes available to sport psychology consultants.

Should you agree to participate in this study, you will participate in an interview 60-90 minutes in length. This interview will consist of you describing your experience of a significant fall from a horse and your return to competition. Once completed, the interview will be transcribed for further review by the investigator and, as a co-researcher, you will be allowed to review the transcripts and add to or delete any information recorded.

If you would be interested in participating in this study, please contact Kristen Sackett at (315) 521-2775 or ksacket1@ithaca.edu.

Thank you,

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Appendix B
Informed Consent Form
(Getting Back in the Saddle: The Experience of Equestrian Athletes Returning to Competition After a Fall)

1. Purpose of the Study: The purpose of this study is to investigate the emotional process that an equestrian athlete experiences following a return to competition after a significant fall.

2. Benefits of the Study: As a co-researcher in this study, you will be asked to discuss your experiences as an equestrian athlete and what you experienced in your return to competition following a significant fall. In doing so, you will be given a chance to express your feelings, concerns, and emotions felt following your fall in a way that you may not have been able to express in the past. This may help you gain some level of self-awareness. This study may also be beneficial to the scientific community in that it will further expand the knowledge of the processes an athlete goes through following an injury as well as expand the knowledge about equestrian athletes available to sport psychology consultants.

3. What you will be asked to do: As a co-researcher, you will be asked to participate in one interview conducted in person regarding your experiences returning to competition following a significant fall from a horse. The interviews will last 60-90 minutes and will be audio recorded for transcription. You will be allowed to select a pseudonym so that your identity and participation will be kept confidential; only the investigators and you will be aware of the chosen pseudonym. You will also be allowed to review the transcripts and add to or delete any information recorded. Should you feel uncomfortable, and wish to discontinue the interview, you may do so at any time. All of the interviews will be kept confidential and will only be reviewed by the investigators.

4. Risks: As a co-researcher, you will be talking about your experiences returning to competition following a significant fall from a horse. Overall, the experiences may be emotional and you may feel a variety of feelings and emotions, both positive and negative. Should you feel uncomfortable at any time, you will be allowed to discontinue the interview.

5. Compensation of Injury: If you suffer an injury that requires any treatment or hospitalization as a direct result of this study, the cost for such care will be charged to you. If you have insurance, you may bill your insurance company. You will be responsible to pay all costs not covered by your insurance. Ithaca College will not pay for any care, lost wages, or provide other financial compensation.

6. If you would like more information about the study: Should you desire to receive more information about the study, please contact Kristen Sackett by phone at (315)-521-2775 or by e-mail: ksacket1@ithaca.edu

7. Withdraw from the Study: The overall experience of the interview may be emotional in both a positive and/or negative nature. Should you feel uncomfortable at any point during the interview, you have the right to discontinue the interview with no penalty. The interview will also be transcribed and you will be allowed to review the transcript and add to or delete any information recorded.

8. How the data will be maintained in confidence: If you agree to participate in this study, you will be allowed to select a pseudonym so that your identity and participation will be kept confidential. Only the investigators and you will be aware of the chosen pseudonym. The audio recorded interviews will be transcribed by the investigator and will only be reviewed by the investigators and you. The audiotapes, transcripts, and informed consent forms will be kept locked in a cabinet in the CHS 321 office until transcribed, whereby the tapes will be destroyed.

I have read the above and I understand its contents. I agree to participate in the study. I acknowledge that I am 18 years of age or older.

_____

Print or Type Name

_____ _____

Signature Date

I give my permission to be audiotaped.

_____ _____

Signature Date