SOUTH AFRICAN PROFESSIONAL SUPER RUGBY PLAYERS' LIVED EXPERIENCES OF CAREER-RELATED TRAUMATIC INJURIES: A PHENOMENOLOGICAL ANALYSIS

By

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SUMMARY

Historically, non-career-ending traumatic rugby injuries have been defined, researched, and treated from a predominantly biological perspective. However, dimensional approaches (e.g., the *bio-psycho-social* model) have highlighted the need to incorporate both psychological and social dimensions into understanding the effects of traumatic rugby injuries on the entire *lebenswelt* of the individual experiencing them. Recently, certain research has outlined a general stage-wise process or progression that traumatically injured sports people, including rugby players, seem to experience as a result of being injured. Generally speaking, these stages comprise reactions to the onset of the traumatic injury, emotional reactions to the injury, and the subsequent rehabilitation processes leading to recovery.

The aim of the present study was to describe the lived experiences of traumatically injured South African Super Rugby players. Hence, it was decided that the employment of a qualitative, descriptive phenomenological methodology was well suited to achieving this general research aim. Purposive sampling was employed apropos the research participants (i.e., three participants who had sustained a traumatic rugby injury while competing in the 2017 Super Rugby competition were selected). Each participant was required to be between the ages of 24 and 30 years old. This age group was chosen in an attempt to maintain a degree of consistency between the possible psychosocial experiences described by the participants. Open-ended interviews were conducted in order to gather information, while allowing for as much spontaneity and authenticity in the participant responses as possible.

This study produced a variety of rich descriptions of the experience of a traumatic rugby injury from the perspectives of the three traumatically injured South African Super Rugby player participants. Common themes indicate that the experience of a traumatic rugby injury can be seen to exist within three stages, that is, *initial reactions to the traumatic injury / injury onset*, *emotional reactions to the traumatic injury* and *subsequent reactions to the traumatic injury* (including *the rehabilitation process*).

Each of the stages comprises various sub-themes (i.e., the traumatically injured South African Super Rugby player attempts to remain positive about the injury, while appraising the severity of the injury). Emotional reactions include fear responses to the need for surgical interventions, and to the possibility of financial losses concomitant with feelings of loss related to foregone career opportunities. Subsequently, the traumatically injured South African Super

Rugby player attempts to employ several adaptive coping mechanisms during the recovery / rehabilitation process, while relying on beneficial support from insiders, outsiders, and the medical team.

Themes drawn from this study could possibly be of value apropos the future designing and implementation of psychological interventions aimed at assisting traumatically injured rugby players (including Super Rugby competitors) during their recovery processes.

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CHAPTER 1
ORIENTATION, MOTIVATION AND OBJECTIVES

This preliminary chapter introduces the study pertaining to the lived experiences of career-related, traumatic injuries in South African professional Super Rugby Players. Both an orientation towards, as well as a motivation for the investigation is offered. Furthermore, the aims and objectives of the study are clarified in this chapter, concomitant with provision of the possible value of the research.

1.1 Orientation

In many instances, professional sport is a very lucrative business, in which the competitors tend to be paid high salaries. Injuries are, therefore, costly (e.g. financially, personally, apropos career longevity, and the like) both to competitors and to their contracting employers. This is particularly germane to sports that require a high level of physical contact, and in which, therefore, a high number of traumatic injuries occur. The word *trauma* as used here refers both to physical injury, as well as its psychological concomitants – as is demonstrated in the relevant section of the Literature Review.

Professional rugby is both a high finance and a combat sport. The vast majority of professional rugby players will experience at least one, career-related, traumatic injury (Arvinen-Barrow, Massey, & Hemmings, 2014). Schwellnus et al. (2014), for example, found that, per year, approximately 55% of Super Rugby players experience traumatic injuries that require more than one week of rest and rehabilitation before they are able to re-enter competition. Given that the Super Rugby Competition is generally regarded as being the apex of union-based play (i.e., only one level below international test rugby), the physical, social-emotional, psychological, and, at times, financial costliness of traumatic injuries is commensurately high. Additionally, it should be noted here that rugby is regarded as a mainstream South African sport. South Africans invest large financial amounts into the game via television viewership, sponsorship and government support. Hence, the pressure to perform (including the recovery from injuries) at both union (e.g., Super Rugby), as well as national (i.e., Springbok) levels is high.

Notwithstanding, until very recently interventions aimed at rehabilitation of Super Rugby competitors focused primarily on physical aspects. This investigation, therefore, is directed towards the lived experiences of traumatically injured players drawn from this population, in

order to attempt to identify as many factors as possible around their *lebenswelt* of the traumatic rugby injury.

1.2 Motivation

Historically and as stated above, it would appear that much attention has been paid to and thus research conducted into only physical recovery regarding interventions, ramifications and the availability of support structures regarding injured professional rugby players (Carson & Polman, 2012). More recently, additional research has begun to emerge around attempts to ensure aspects of psychological re-stabilization aimed at aiding a player's capacity to regain playing form, and hence re-enter competition at a level commensurate with his pre-morbid state (Evans, Wadey, Hanton, & Mitchell, 2012; Carson & Polman, 2017). These psychologically oriented aspects are reported to have previously been largely neglected. In other words, application of pertinent **psychological** interventions appears, universally, to have been somewhat ignored.

Recently, research identifying some of the psychological aspects of contact sport traumatic injuries has been conducted, primarily, overseas (Carson & Polman, 2017; Concannon & Pringle, 2012; Williams & Appaneal, 2010). Psychological aspects identified in the research, to date, include certain stress-related (e.g., frustration, fear, fatigue) and psycho-social (e.g., guilt, self-doubt, negative perceptions of the team environment) factors that impact optimum reintegration into competitive rugby participation (Arvinen-Barrow et al., 2014; Carson & Polman, 2010; Cresswell & Eklund, 2006; Evans et al., 2012; Green, Morgan, & Manley 2012; Nicholls, Holt, Polman, & Bloomfield, 2006; Ruddock-Hudson, O'Halloran, & Murphy, 2012, 2014). However, there seems to be a dearth of studies done in South Africa. The overarching motivation for any of the research done apropos the psychological aspects related to contact sport injuries is, of course, to enable consideration of ways of assisting players to regain form as quickly, but as efficaciously as possible.

Notwithstanding, this study represents the first attempt at investigating, in so far as possible, the **entire** lived experiencing of traumatically injured, South African Super Rugby players, as reported by them. It comprises, therefore, a descriptive attempt at establishing more than psychological aspects alone, as it includes themes around the *umwelt, mitwelt (*including financial aspects, where appropriate*)* and *eigenwelt* of the injured players interviewed.

1.3 Aims and Objectives

The aim of this research was to attempt to describe the lived-experiences of severe traumatic injuries undergone by a sample of South African professional Super Rugby players, whether injured in training for, or whilst playing rugby. An open-ended interview was conducted, so as to facilitate the collection of the required experiences from each participant.

The experience of traumatic injury affects professional rugby players at multiple levels (Corbett & Milton, 2011), which include the biological, social-emotional, cognitive-psychological, as well as financial, and, where appropriate, spiritual ones. In order, therefore, to extract the most comprehensive degree of richness of interviewees' lived-experiences of traumatic injury, phenomenology's methodological approach was considered to be the most suitable. This is because this method allows for elucidation of the essences of the experience of severe traumatic rugby injuries, with the greatest degree of accuracy and fullness. Captured essences can, thus, be used to describe the experience in question from a psychological perspective.

Finally, a specific sub-aim of this study was to compare, thematically, the findings of the present study with those themes already elucidated in the international literature, as outlined in chapter 2.

1.4 The Possible Value of the Study

Identification of psychological consequences to traumatic sports injuries does not, as yet, appear to have resulted in the designing or implementation of specific interventions aimed at assisting these injured athletes. It would, therefore, perhaps be of both interest and value to attempt to ascertain whether or not, similar psychological aspects as those researched internationally across various contact sports apply equally to the lived experiences of traumatically injured professional South African Super Rugby players. Ultimately, these findings may facilitate future decisions around the designing of pertinent interventions that could assist recovery of form.

1.5. Overview of the Study

This first chapter provides an introduction to this study including the overarching orientation, motivation, aims and objectives, as well as the possible value of the research. **Chapter 2** presents a general overview of the world of a professional rugby player; definitions of injury, trauma, and traumatic injury, as related to differing sporting codes and the population under review; as well as a discussion regarding relevant literature pertaining to the lived experiences of traumatic injuries

in athletes, in general, and in professional rugby players outside of South Africa. **Chapter 3** provides an outline of the aims of this study before discussing methodology in the social sciences and how it pertains to this research. A brief overview of differences between quantitative and qualitative research will be mentioned. Next, an exploration of phenomenology is provided, as well as the justification for its application to this investigation. Finally, a discussion apropos phenomenological validity is given before outlining pertinent ethics germane to this research. **Chapters 4 - 6** provide the intra-individual analyses of participants ***A***, ***B***, and ***C***. The transcript of each participant is analysed individually, while descriptions of their experiences are extracted and discussed as relevant meaning units. **Chapter 7** then presents an integrated analysis of all three participants' meaning units, which are then ordered into relevant common or uncommon psychological themes that either do or do not correspond with those drawn from the international literature provided in chapter 2. Finally, **Chapter 8** includes an evaluation of this study's findings, as well as recommendations regarding possible future research.

CHAPTER 2
TRAUMATIC RUGBY INJURY: A LITERARY REVIEW

This chapter presents a general descriptive overview of the world of the professional rugby player. Several physical, cognitive and psychosocial elements pertinent to professional rugby players in general, as well as to South African professional rugby union players competing in the Super Rugby competition will be mentioned. Furthermore, terms including injury, trauma and traumatic injuries will be discussed before exploring literature pertaining to the lived experiencing of both traumatic sports and rugby injuries. Finally, a conclusion of the above will be given.

2.1 Introduction to The World of a Professional Rugby (Union) Player

The game of rugby union itself became a professional sport in 1995, and consequently, saw an increase in viewership and financial backing (Howe, 2001). Rugby union players are beginning to earn salaries that rival some other mainstream sports. As is the case with other professional sports, payment structures normally involve relatively short-term contract lump sums that are divided across 12 months, making up a player's monthly salary. Certain contracts may specify additional match fee and / or bonus payments. Typically, these short-term contracts last between one and three years.

Professional rugby union players are, thus, dependent upon comparatively temporary and potentially unreliable, albeit lucrative, financial contracts in order to sustain their livelihood. The word *unreliable* here refers to the fact that professional rugby union players generally retire at considerably earlier ages (Mckenna & Thomas, 2007) in comparison to professionals in other economic sectors and non-collision sports, such as golf. Frequently, retirement is due to career ending, acute or chronic injuries (Howe, 2001). The risk of physical injury in professional rugby union is high (Almedia, Olmedella, Rubio, & Palou 2014; Carson & Polman, 2017). This risk adds to both physical and psychological pressures experienced by players, as traumatic injuries negatively impact earning potential, as well as future participation in the chosen career. Nicholls, Holt, Polman and Bloomfield (2006) suggested that injury risk was the main stressor experienced by professional Heineken Cup (i.e., European club competition) rugby players during the 2004 season.

Since the professionalization of rugby union, players take part in far more local and trans-national competitions, as well as undergoing increases in training than what used to be the case when the sport was an amateur one (Howe, 2001). Increased pressure in the form of the maintenance of personal relationships, demands for media appearances, sponsorship duties, and more public interest also potentially exacerbate a player's level of stress, and hence injury risks (Venter, 2014). Players often attempt to reduce the risk of injury via various self-regulatory mechanisms including more rigorous and structured training schedules; adhering to specific dietary requirements; following medically researched pre-habilitation (i.e., training programmes aimed at injury prevention) and rehabilitation protocols (Meir, Diesel, & Archer, 2007). At the same time, players attempt to increase their career longevity in the game via the enhancement of individual skills and physical performance standards. Individual sacrifice and concomitant psychological, as well as social dimensions, often accompany adaptation to the world of professional rugby union (Mckenna & Thomas, 2007; Meir et al., 2007).

In summary, the international increase in popularity of rugby since 1995 has resulted in an increase in the number of matches played annually both nationally and transnationally. This has caused an increase in stress on players to retain high levels of physical conditioning (e.g., aerobic / cardiovascular fitness, as well as physical power, speed and strength) throughout the entire year (thereby increasing injury risks). Furthermore, increases in psychosocial stressors related to the professional game have been seen to exacerbate fatigue and, hence, injury risk (Venter, 2014).

The next subsection provides an explanation of the Super Rugby competition, followed by an overview of pertinent literature aimed at identifying the physical requirements of professional rugby players participating in elite competitions. Next, literature pertaining to identified psychological factors found in elite athletes and descriptions of identified psychosocial factors found in both international and South African professional rugby players will be covered.

2.1.1 The Super Rugby competition.

Historically, the Super Rugby competition or Super Rugby, which is a rugby union game, was played between provincial Southern Hemisphere teams from South Africa, New Zealand, and Australia. Recently (i.e., 2016 and 2017), teams from Argentina and Japan have been added to

the roster. Currently, Super Rugby consists of 18 teams. This competition is largely regarded as the premier provincial rugby tournament in the world. Hence, the players selected as members of Super Rugby squads comprise the elite athletes of the game, who may also represent their national teams, as well (Kruger, Potgieter, Malan, & Steyn, 2010; Smart, 2011).

The competition is played over approximately 16 weeks with teams playing *at home* and *away* games. Games are played on a weekly basis with teams given only one to two weeks of *off* time during the competition season. Travelling between South Africa, New Zealand, Australia, Argentina, and Japan in order to play this collision sport has been described as being particularly gruelling. Players often experience high levels of physical and mental fatigue, as well as the increased risk of injury (Thomson, 2014).

2.1.2 The physical requirements of professional rugby players.

Physical requirements of professional rugby players subsume aspects regarding skills, sensory-motor and perceptual capacities, as well as physical athleticism. For example, as in most professions, it is commonly known that individuals rely on particular skills and *tools* to carry out goal directed behaviours. With regards to elite sport, Howe (2001) suggested that, "the body is the one tool with which an athlete has to work" (p. 289). The world of rugby is no different as players depend on individual physical abilities and skills in order to participate successfully in this profession. For example, individual physical and sensory perceptual abilities required at elite levels of rugby include high degrees of muscle strength and power (Argus, 2011) and a superior sense of balance (Jaco & Puckree, 2014). Meir (2005) suggested that both professional rugby union and league players should have highly developed visual functions that include tracking, depth perception, and acuity. Müller, McLaren, Appelby and Rosalie (2015) agreed with Meir (2005), while adding that well developed proprioceptive areas of the brain that are involved in players' awareness of their position in space, as well as the sense of balance, are linked to both the vestibular and the visual systems. Thus, highly developed sensory-motor, perceptual and physical domains found in professional rugby players underpin many of the skills that these players frequently demonstrate.

Gabbett, Jenkins and Abernethy (2011), in their research into the Australian National Rugby League (NRL) competition, suggested that the players selected to compete are often more experienced; are physically leaner; have greater standing start acceleration abilities; are

capable of generating large quantities of lower body muscular power; have a higher vertical jump (Gabbett, 2000); and possess a greater estimated aerobic capacity than those players who would not be considered for selection. Similarly, regarding rugby union and particularly those players competing in the Super Rugby competition, Smart (2011) indicated that these players seem to share specific physical characteristics including high levels of strength and body composition (muscle density), speed, and repeated sprint abilities. Player skills that result in game or competition success are largely underpinned by these characteristics, as well as those mentioned by Gabbett et al., (2011) and Meir (2005). Additionally, physical preparation aimed at maintaining and developing the above-mentioned capacities is not only important in order to prepare a player to participate, but also in order for them to keep developing within the profession (Smart, 2011). Any injury to a player could obviously interrupt these processes, at varying degrees of severity.

One should also bear in mind that the above-mentioned capacities are likely to be commensurate with a player's genetic and physiological makeup. Costa et al. (2012) purported that elite athletes often find themselves engaging in the sport that is the best fit for their particular talents, and that the genetic influence on athletic ability cannot be ignored. Furthermore, one's behaviours and, in the case of athletes, performance can be understood as being the manifestation of a combination of physical attributes, psychological processes, as well as one's exposure to social situations including his understandings thereof (i.e., psychosocial factors) (Corbett & Milton, 2011). Hence, identified psychological and psychosocial aspects of elite athletes, as well as professional rugby players are covered next.

2.1.3 Psychological aspects.

Psychological aspects (subsuming both cognitive and social elements) identified in elite athletes that allow them to compete at the highest level of competition will now be elucidated; followed by a more specific overview of those factors found in rugby players.

2.1.3.1 *Pertinent neuropsychological aspects.*

Certain neuropsychological aspects seem to be contributors to the level of cognitive functioning required by professional rugby players. According to Kruger et al. (2010), certain cognitive functions, related to executive functioning, contribute to both playing competencies, as well as the facilitation of recovery of form to pre-morbid standards of play, after injuries.

Generally speaking, executive functioning refers to a collection of higher-order neurocognitive control processes that enable human beings purposefully to participate in goal-directed behaviours (Hyslop, 2016; Pronk, Karremans, Overbeek, Vermulst, & Wigboldus, 2010). According to Longaud-Valès et al., (2016) executive functioning processes include:

- Goal setting and maintenance;
- Task organization;
- Planning;
- Cognitive and behavioural inhibition;
- Initiatory processes;
- Evaluation and self-monitoring;
- Strategic thinking and behaviour;
- Problem-solving;
- Cognitive and affective set shifting; and
- Deliberate, voluntary control over cognitive functions.

Another neuropsychological factor worth taking into consideration is that of neuroplasticity. The term refers to the brain's capacity to change and to alter (e.g., in terms of disruption or enhancement, and as a result of responsiveness to *training*), due to experience. In other words, alterations may occur in either positive or negative ways depending on experiential attitudes and outcomes (Hofmann, Friese, Schmeichel, & Baddeley, 2011). In addition, not only does effective executive functioning subsume a *motivational* component that can be employed to assist sportspeople, and especially rugby players, with competitive play, as well as with recovery of form, after injury (Fuster, 1999) but it also includes a *social* aspect allowing for successful social interaction that positively affects adaptability in sports people (Hyslop, 2016).

2.1.3.2. Psychosocial factors identified in elite athletes.

Several studies have considered some of the psychological factors that appear to underpin the progression to, and maintenance of a professional career within various sporting codes. These factors are especially germane (as relates to this study) in terms of their relevance to coping with the concomitant *stressors* that accompany participation in the chosen sports career (e.g., Golby & Wood, 2016; Holland, Woodcock, Cumming, & Duda, 2010; Sarkar & Fletcher, 2014; Van Yperen, 2009) and are regarded as psychological (and social) strengths that athletes rely on in order to navigate the rigours of their profession. These psychological

factors should occur in conjunction with the neuropsychological aspects of effective executive functioning mentioned above.

Holland et al., (2010) suggested that previous studies into psychological characteristics that underpin peak performance in sport include mental discipline; preparation; mental toughness (Golby & Wood, 2016) and the possession of automatic coping skills; competitiveness; the accurate and deliberate use of mental techniques, lower degrees of fear responses; optimism; sport intelligence; and readiness for self-sacrifice (required also in team sport competitions). Additionally, Van Yperen (2009) mentioned that "goal commitment, engaging in problem-focused coping behaviours, and social support seeking" (p. 317) are some of the psychological factors that seem to predict career success in professional soccer.

Most professional athletes are concerned with the achievement and possible maintenance of peak performance levels, concomitant with the potentially negative impact on these created via experiences of stress, pressure, and performance anxiety. Krane and Williams (2006) suggested that certain mental characteristics have been found that relate to the possibility of achieving peak performance across sporting codes. These characteristics include high levels of self-confidence; expectations of success; immediate task focus; the feeling of being in control; the perception of demanding situations as being exciting or challenging; positivity in cognitions and attitude regarding performance; and high levels of determination and commitment. Golby and Wood (2016) included the individual having (1) a sense of control over oneself and over a situation (i.e., the belief that one can influence the outcome of an event); (2) the perception of difficult situations as being challenging and unique growth opportunities; together with (3) the possession of high levels of commitment and involvement in tasks regardless of stress. Golby and Wood (2016) see the aforementioned as being the three factors that comprise the concept of *hardiness* or *mental toughness* within sport.

Maintaining high performance standards is often linked to how the athlete copes with stress (Nicholls, Jones, Polman, & Borkoles, 2009). Mental toughness has been seen to diminish psychological stress, as well as to ameliorate performance in sport (Golby & Wood, 2016). Additionally, Sarkar and Fletcher (2014) purported that psychological *resilience* (i.e., "the role of mental processes and behavior in promoting personal assets and protecting an

individual from the potential negative effect of stressors") (p. 1420) is important in sporting arenas in order to tolerate the experience of pressure. These authors identified three overarching categories of potential stressors considered relatively unique within sports: *competitive performance*; *the sport organization*; and *personal non-sporting life events*. Injury was also identified as a stressor (within the category of competitive performance) that requires high levels of resilience in order effectively to cope with rehabilitation and resuming competitive participation (Sarkar & Fletcher, 2014). Resilience seems to develop due to person / environment interaction over time, enabling flexibility and adaptation (Sarker & Fletcher, 2014).

Another psychological quality found to be important regarding sports achievement in elite adult athletes is the ability to experience *enjoyment* (Holland et al., 2010) in one's participation. This experience of enjoyment may lead to *peak experiences* or "a moment of highest happiness" (Harmison, 2011, p. 4) that results in the concept known as *flow*. Flow is described as occurring when awareness and action seem to combine into experiences of complete task focus and control over the self and situation (Harmison, 2011). An athlete may also experience intense concentration, as well as a complete loss of self-consciousness. According to Kimiecik and Jackson (2002), peak experiences often manifest in an autotelic fashion (i.e., a manifestation of intrinsic purpose and goal directedness) that tends to be related to practice and experience within a chosen field.

2.1.3.3 Psychosocial factors found in professional rugby union players.

Many of the psycho-social factors found in elite athletes are also present in professional rugby union players, that is, the ability to achieve peak performance, self-confidence, task focus, experiences of positive challenge and enjoyment, resilience, control, positivity, determination, commitment, mental toughness, self-discipline, competitiveness, automatic coping skills (including coping with fear responses), optimism, and self-sacrifice (Golby & Wood, 2016; Holland et al., 2010; Kimiecik & Jackson, 2002; Sarkar & Fletcher 2014; Van Yperen, 2009).

Before elaborating on the psychological attributes of rugby union players, the developmental trajectory within which these sport-related psychological attributes tend to develop should be mentioned. Hence, a discussion of developmental stages of sports participation will be presented before outlining the development of rugby-related psychosocial strengths. Next, identified social factors pertinent to rugby union players will be

highlighted. Finally, a discussion of how elite rugby union players cope with stress and competitive anxiety will be given.

2.1.3.3.1 Developmental stages of sports participation.

Cotè (1999) identified three phases of sport participation between and including early childhood and late adolescence. These phases comprise three stages of development, that is, *the sampling years* (i.e., playing many games and *sports* in order to become aware of various sporting codes), *the specializing years* (i.e., the reduction of sporting codes to one or two preferences), and *the investment years* (i.e., the dedication to and practice of one chosen sporting code). Additionally, the influence of both the individual's family and external social support structures are essential in transiting through these phases of development, successfully (Bordieu, 1978; Cotè, 1999, Mckenna & Thomas, 2007).

2.1.3.3.2 Development of rugby-related psychosocial strengths.

Holland et al., (2010) proposed that elite British youth rugby union players who were in the specialisation years of sport development perceived 11 categories of psychological qualities deemed as essential to their progression towards professionalism. These qualities included levels of enjoyment; an ability to take responsibility for their own advancement within rugby union; adaptability to changing environments; social abilities that manifest in squad spirit; being a self-aware learner; determination; self-confidence; maintenance of a high level of performance; game sense (i.e., sport intelligence); attention skills; and mental toughness. Additionally, mental techniques employed by this population in order to regulate psychological qualities (Vealey, 1988) seem to include individual strategic techniques employed to enhance personal performance, that is, personal reflection on one's own actions, active engagement with and use of support systems, and team-based strategies (Woodcock, Holland, Duda, & Cumming, 2011).

It would appear that the development of mental qualities and techniques of Holland et al., (2010) and Vealey (1988) fit Sarkar and Fletcher's (2014) definition of the psychological resilience, as well as Golby and Wood's (2016) outline of mental toughness, needed to tolerate and to combat experiences of stress often experienced within professional tiers of many sports including rugby union. For example, in order for a professional rugby union player to promote his personal assets, while protecting himself from stress, he would have had to develop the above mentioned psychological qualities and techniques in order to gain

control over his self and situation, while challenging himself to cope with the stress of the game.

The assumption could then be made that psychological resilience and mental toughness would play important roles in a rugby player's ability to manage stressors, particularly as regards to coping with injury. Successful employment of the psychological resilience and mental toughness, concomitant with the psychological qualities and skills outlined by Holland et al., (2010), therefore, appear to be attributes relied upon not only by elite sportspeople in general, but by rugby players, as well. Psychological resilience and mental toughness are often regarded as being underpinned by neuropsychological components including core cognitive capacities, that is, working memory, attentional control, inhibitory control, and set shifting (Suchy, 2009).

Attempts to elucidate specific psychological qualities, skills and techniques that elite rugby players utilize within this profession, *per se*, seems to be fairly sparse (Neil, Wilson, Mellalieu, Hanton, & Taylor, 2012; Nicholls et al., 2009). Notwithstanding, those that were identified appear to be high levels of resilience, mental toughness, self-confidence, and perceptions of being in control (Golby & Wood, 2016; Kruger et al., 2010; Sarkar & Fletcher, 2014). Additionally, concentration (Kruger et al., 2010); goal directedness (Carson & Polman, 2017; Kruger et al., 2010); self-regulation aimed at coping with stress-induced emotions (Carson & Polman, 2017; Golby & Wood, 2016; Neil et al., 2012; Nicholls et al., 2006; 2009; Sarkar & Fletcher, 2014) and achievement motivation (Kruger et al., 2010) were noted. Skills *per se* include conscious and deliberate cognitive strategies and techniques such as mental rehearsal (e.g., imagery / visualisation and verbal persuasion techniques), as well as positive self-talk, and thought stopping skills (Cook & Crewther, 2012; Nicholls et al., 2006; 2009) that seem to enable the player to peak under pressure; to enjoy freedom from worry; and to be coachable (Kruger et al., 2010).

2.1.3.3.3 Identified social factors

In addition to the above, mention should be made of reported broader social, and perhaps even ideological, values that elite rugby union players appear to possess. Mckenna and Thomas (2007) proposed that the game of rugby union represents particular attitudes such as club loyalty, respect for authority, tolerating hardship sans protestation – stoicism, and hegemonic masculinity. Interestingly, and in agreement with Bordieu's (1978) concept of cultural capital, players within the institution of rugby are provided with a "moral compass for

daily behaviour, decision-making and predicting the actions of others within the sport" (Mckenna & Thomas, 2007, p. 21). Furthermore, at the elite or professional level, these attitudes and values are reinforced, creating an environment in which intense bonding often takes place (Light & Kirk, 2001). The sharing of intense experiences on and off the field in a relatively exclusive environment can have positive (e.g., resulting in stable relationships and support structures) and negative (failure to establish relationships outside of the institution) ramifications for players.

Venter (2014) suggests that an athlete's (e.g., professional rugby union player's) perception of there being social support (i.e., family and friendship circles), together with a concomitant ability to engage with this social support, seems to enhance recovery from match fatigue, poor performance, as well as injury: all beneficial to performance. Hence, the majority of athletes who compete at elite levels of rugby union would ideally have relatively high levels of sociability.

2.1.3.3.4 Coping with stress and competitive anxiety.

In relationship to the management of (and inclusive of reactions to) stress and competitive anxiety inducing factors, Neil, Mellalieu and Hanton (2006) delineated the differences between elite and non-elite rugby union players' experiences as follows: professional rugby union players within this sport seem to interpret competitive anxiety in *facilitative* rather than *deleterious* ways. Psychological qualities enabling this positive interpretation by elite rugby union players included high levels of self-confidence and perceptions of being in control (again, part of the resilience factors as well as components of mental toughness) that often protect individuals against the negative effects of anxiety (Neil et al., 2006; Neil et al., 2012). According to Neil et al., (2006) and Neil et al., (2012) these psychological qualities and cognitive perceptions appear to assist elite rugby union players in the employment of cognitive strategies and techniques including, as already mentioned, mental rehearsal (imagery and verbal persuasion techniques), positive self-talk, and thought stopping (Nicholls et al., 2006; Nicholls et al., 2009) in order to benefit from the facilitative dimensions of competition anxiety.

The employment of advanced, conscious and deliberate coping capacities, strategies and skills, aimed at managing stressful demands (e.g., the physical and mental errors, as well as injuries mentioned above) seem to allow elite rugby union players to remain goal-directed (Carson & Polman, 2017; Nicholls et al., 2009), as they interpret anxiety symptomatology to

be controllable and motivational. Conversely, non-elite players seem to interpret anxiety as being more deleterious than facilitative and hence, appear, more frequently, to utilize relaxation techniques in order to *protect* themselves against it (Neil et al., 2012). Nicholls et al., (2009) described stress as comprising imagined future damage in the form of perceived threat; damage that already exists in the form of harm; perceptions of challenge when difficult situations are identified as controllable; and benefit that considers potential gain from a stressful situation. In other words, according to Nicholls et al., (2009), elite rugby union players are able to interpret the threat and harm aspects of stress in fairly positive ways by perceiving them as controllable challenges, enabling of beneficial outcomes regarding experiential gains. Nicholls et al., (2009) also suggested that professional rugby union players appear to manifest more anxiety on training days and more anger on match days. The regulation of these stress-induced, negative emotions (e.g., via the above-mentioned blocking, thought stopping and visualization) is vital regarding both match and training performance (Carson & Polman, 2017; Golby & Wood, 2016; Neil et al., 2012; Nicholls et al., 2006; Nicholls et al., 2009; Sarkar & Fletcher, 2014).

2.1.3.4 Psychosocial factors found in South African rugby union players.

Regarding the South African context, Kruger et al., (2010) attempted to investigate how psychological skills of rugby union players are correlated to both cognitive perceptions (i.e., perceptions of control over situations and themselves; and perceptions of their opponents), and to prior experience (i.e., performance history that colours the player's present cognitive perceptions). These authors suggested that psychological skills are reportedly positively correlated to rugby union players' abilities to cope when faced with the demands of competition. Kruger et al., (2010) defined psychological skills as those that are measured by the Athletic Coping Skills Inventory-28 (ACSI-28) including "coping with adversity; peaking under pressure; goal-setting; concentration; freedom from worry; confidence and achievement motivation; as well as coachability" (p. 73). Furthermore, these authors suggested that South African elite, transnational, rugby union players (i.e., Super Rugby, as well as international players) appear to hold more positive cognitive perceptions of their ability to prepare psychologically before games than non-elite or amateur players do (e.g., provincial and club rugby players respectively) (Kruger et al., 2010). Additionally, transnational players' prior experience (performance history) seems to interact with these cognitive perceptions, which underpin the use of psychological skills more effectively than is the case with non-elite or amateur players.

This brief introduction to the aspects of the world of a professional rugby union player were provided in order to facilitate an understanding of the manner in which injuries, particularly those of a traumatic nature, often affect both the individual players and their teams, at multiple levels.

The next section covers an exploration of pertinent findings regarding definitions of serious injuries; injuries sustained by sports people in general; and serious injuries experienced by professional sportsmen involved in rugby and Super Rugby competitions.

2.2 Injury

According to Fuller et al., (2007), due to context dependency, no generally acceptable theoretical definition of injury currently exists. Notwithstanding, Howe (2001) suggests that, "Injury can be understood as a breakdown in the structure of the body, which may affect its function" (p. 290). Richmond, Kauder, Strumpf, and Meredith (2002) purported that serious injury can be defined as "the anatomical and physiological derangements induced by the application of external physical forces to the body" (p. 215). Additionally, examples of mechanisms that cause serious injuries include those that arise from interpersonal violence, accidents (e.g., vehicle collisions), and sexual violence, such as rape (James et al., 2016). Regarding traumatic brain injury (TBI), research done in the United States of America indicated that, statistically, these frequently occur due to falls, blunt force trauma by or against an external object, and motor vehicle collisions (Taylor, Bell, Breiding, & Xu, 2017). Depending on the type of motor vehicle collision, specific excessive forces (i.e., acceleration and / or deceleration) may contribute to the breakdown of head, brain and spinal cord structures that result in TBIs.

Similarly, sports injuries also tend to be relatively sports specific. Although injury is a concomitant of many sporting codes (O'Neil, 2008), especially at the elite and professional tiers, they can and do differ from each other in certain instances (i.e., differing sporting codes are likely, more often than not, to produce injuries related specifically to the demands of the various sports being played). As noted by Timpka et al., (2015), therefore, "one size does not fit all in the planning of surveillance methods in sports epidemiology" (p. 649). In light of this and for the purposes of this research, brief mention will be made of injuries related to certain other sporting codes, followed by an elucidation of rugby related injuries.

2.2.1 Injury in sport.

As a result of work done by researchers such as Timpka et al., (2015), some sporting codes developed consensus statements around the types of injuries most likely to occur within a given sport. For example, Merron, Selfe, Swire, and Rolf (2006) suggested that senior, as well as junior, elite soccer players in the United Kingdom are likely to sustain injuries to the upper thigh, knee, and ankle regions. Injuries that seem to affect professional tennis players who competed in the (United States) U.S. Open between 1994 and 2009 included ankle, wrist, knee, foot, and shoulder injuries (Sell, Hainline, Yorio & Kovacs, 2014). Meanwhile, National Football League (NFL) or *American Football* (which is also a collision sport) players are often injured while catching, throwing, kicking, tackling, running and changing direction or speed during games or practice. Repeated stresses on the physical body of these players may also result in *overuse* injuries (Domb, 2017). This author also suggested that the sites most commonly injured in NFL players are the knees and ankles.

2.2.2 Rugby union injuries.

Fuller et al., (2007) suggested that historical differences in the definitions and methodologies employed in the research of rugby union injuries (henceforth referred to simply as rugby injuries) have produced variability in data, while also creating difficulties in comparative studies of research results. Hence, in order to bring consistency and comparability of results to the study of injury and injury-related phenomena, the establishment of a Rugby Injury Consensus Group (RICG) was undertaken by the International Rugby Board (IRB). Its consensus statement, published in 2007, focused on "injury definitions and data collection" (Fuller et al., 2007, p. 177). Most of the information provided in this regard, therefore, is drawn from this consensus statement, as reviewed by these authors.

Categories identified by the RICG include (amongst others) *injury, medical attention injury, time loss injury*, *injury severity*, and injuries arising via *training and match exposure*. Criteria for classifying injuries in terms of severity, location, type, diagnosis, and causation were also considered (Fuller et al., 2007). RICG definitions include the following:

- A rugby **injury** is defined by Fuller et al., (2007) as, "*Any physical complaint, which was caused by a transfer of energy that exceeded the body's ability to maintain its structural and/or functional integrity, that was sustained by a player during a rugby*

match or rugby training, irrespective of the need for medical attention or time‐loss from rugby activities." (p. 178).

- A **medical attention injury** is defined as, "*An injury that results in a player receiving medical attention*" (Fuller et al., 2007, p. 178).
- A **time loss injury** is defined as "*an injury that results in a player being unable to take a full part in future rugby training or match play*" (Fuller et al., 2007, p. 178).
- **Injury severity** relates to how many days may be required for a player's rehabilitation to enable return to training and subsequent availability for match selection (Fuller et al., 2007). The RICG categories of injury severity include "*slight* (0–1 day), *minimal* (2–3 days), *mild* (4–7 days), *moderate* (8–28 days), and *severe* (>28 days)" injuries (Fuller et al., 2007, p. 28).
- **Recurrent injuries** also occur, that is, those that comprise the same type and that happen in the same place as ones previously experienced by any player. They may be classified as those recurring injuries that arise early (within 2 months), late (2 to 12 months), or delayed (more than 12 months after the initial injury) (Fuller et al., 2007).
- **Non-fatal catastrophic injuries** may transpire, as well. These, however, refer specifically to brain (i.e., TBIs) or spinal injuries that result in "permanent (> 12 months), severe, functional disability" (Fuller et al., 2007, p. 178). Hence these are injuries that cause players to have to retire from competing in professional rugby.
- Finally, injuries may occur during either training (done to improve or maintain requisite levels of physical conditioning), or while playing a match against another team. The potential severity of the injury sustained, however, may be the same whether exposure occurs under training or match play conditions (Fuller et al., 2007).

2.2.3 Injury in Super Rugby players.

Players competing in the Super Rugby competition could experience any or all types of injury described in the IRB consensus statement's categories. Thus, this section focuses on injury statistics, followed by the injuries most commonly found in this competition.

In a study done by Schwellnus et al., (2014), covering five South African, Super Rugby franchises during the 2012 season, these authors claimed that team doctors may expect there to be 1.67 injuries occurring, per each match played. Additionally, 55% of all players competing in the tournament are expected to experience an injury that will side line them for

more than one week. Injuries most often occur during the later stages of any game. During the time spent playing the entire tournament, Schwellnus et al., (2014) reported that 25% of the injuries that occur will be sufficiently severe as to cause injured players to require anywhere between one and four weeks for rehabilitation; while 11% of players will require more than four weeks before being able to play again. This means that, at least one player will become unfit to play for a period of between one and four weeks, after every three games; while one player will be out of competitive play for a period of more than four weeks, after every six games.

The most frequent injuries experienced by Super Rugby competitors occur in the knees or thighs (i.e., lower limb injuries) and / or in the shoulder and clavicle areas (i.e., upper limb injuries). Most of these injuries may be classified as musculotendinous injuries. The next most commonly found injuries involve joints or ligaments (Schwellnus et al., 2014).

Thomson (2014) advocates the necessity for continuous, epidemiologically based surveillance of Super Rugby injuries in order to "identify factors associated with injury, design intervention strategies for the reduction of injury risk, and measure the outcome of any intervention strategy" (p. 75).

Meanwhile, and as was the case with Fuller et al., (2007), Schwellnus et al., (2014) also considered "*medical attention injuries"* (p. 2), that is, those requiring medical attention within one day, and "*time-loss injuries"* (p. 2) that last longer. Only the latter will be considered for the purposes of this research, as the former type injuries are less likely, sufficiently, to impact players' lived-experiencing of trauma, and because, commonly and across the international community of Super Rugby franchises the term, *traumatic rugby injury* refers to time-loss injuries requiring more than four weeks for rehabilitation.

Overall, while the IRB's consensus statement may not be considered comprehensive enough in medical terms regarding the scope subsumed by the word *injury*, it is considered to be a fair representation of what this term means in relationship to rugby and Super Rugby competitions. Notwithstanding, until recently, rehabilitation focus of injured rugby players was concentrated, primarily, on physical recovery (Arvinen-Barrow et al., 2014; Carson & Polman, 2010; Carson & Polman, 2012; Evans et al., 2012; Green et al., 2012; Nicholls et al., 2006). Historically, players, administrators, team doctors and coaches have focused far less on

the importance of psychological factors germane to recovery, especially recovery from the impact of experiences of trauma (Concannon & Pringle, 2012; Covassin et al., 2014; Roy, Mokhtar, Karim, & Mohanan, 2015; Timpka et al., 2015).

Corbett and Milton (2011) suggested that the *self* comprises physical, psychological, social, and spiritual dimensions and that serious injuries, therefore, pose a risk to the integrity of the physical dimension of the self that may well affect other *self-dimensions*.

The next section presents an exploration of physical, but predominantly psychological definitions, aspects and effects of trauma, both in general, but again with specific reference to traumatic rugby injury.

2.3 Trauma.

Physically speaking, *trauma* refers to "serious injury to the body, as from physical violence or an accident"; "a hurt; a wound; an injury; damage; impairment; or external violence producing bodily injury or degeneration" and "a wound or injury, especially damage produced by external force" (The Free Dictionary by Farlex, 2016). Psychologically-speaking and according to Baumgardner and Crothers (2010) *trauma* may be viewed as a situation or an event, the resulting experience of which, "shatters people's basic assumptions about themselves and the world they live in" (p. 67). Hoffman (2002) suggested that trauma could be defined according to the *type* or the *effect* of an event (or to the interaction between them). The Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5) defines a traumatic event as subsuming "exposure to actual or threatened death, serious injury, or sexual violence" (American Psychiatric Association - APA, 2013, p. 271); while the effect of an event may subsume the psychological ramifications thereof, namely and inclusive of a sudden sense of helplessness or loss of control of one's ability to feel safe or secure within one's own body and / or the outside world (Corbett & Milton, 2011; Hoffman, 2002).

According to Schneider et al., (2012), "psychological trauma may accompany physical trauma or exist independent of it" (p. 1). Psychological trauma has been correlated positively to exposure to threatened death, vicarious exposure to traumatic events, as well as repeated exposure to the aversive particulars of traumatic events (APA, 2013; James et al., 2016). However, Schneider et al., (2012) suggested that there is still little understanding regarding "the relative impacts of psychological and physical trauma" (p. 1) and that symptoms

associated with psychological trauma are not exclusive to Trauma and Stressor Related Disorders in DSM-5. Rather psychological trauma may manifest in other disorder categories, as well, including Mood and Anxiety disorders (Schneider et al., 2012).

Certain authors emphasize that trauma appears to be a consequence of a combination of a negatively interpreted precipitating event, and the deleterious psychological effects thereof (Corbett & Milton, 2011; Hoffman, 2002; Seely, 2007). Furthermore, Corbett and Milton (2011) opined that traumatic incidents could be experienced when an individual "perceives a threat to the physical and / or psychological integrity of the self or others" (p. 62).

Professional rugby union players are exposed to physical threats to the integrity of the self in the form of serious injuries on a daily basis (Almedia et al., 2014; Hurley, 2016); which, according to Schneider et al., (2012), qualify as traumatic injuries and subsumes the potential for psychological sequalae. The following two sections present psychological perspectives on trauma, followed by a brief discussion regarding the possible effects of trauma.

2.3.1 Psychological perspectives on trauma.

In order better to understand the term *psychological trauma*, a brief overview of trauma from three different schools of thought within psychology will be presented next. The three psychological schools of thought include the psychodynamic, the behaviourist, and the humanist perspectives.

2.3.1.1 Psychodynamic perspective.

Hoover, Luchner and Pickett (2016) suggested that the psychodynamic approach to understanding trauma and its aetiology focuses on the individual's *subjective* experience of the trauma. Furthermore, these authors regard a person's own definition and conceptualization of their traumatic experiences as being central to the amelioration of its symptomatology within the psychodynamic framework. Historically, psychodynamic theory and practice have assumed that trauma symptomatology exists due to internal and subjectively experienced *conflict*, that is, external stress is represented internally, while being subjectively understood (Hoover et al., 2016). Hence, the traumatic experience varies between individuals due to its dependence on the person's *unique history* – the same event could be interpreted as being either traumatic or not traumatic depending on the individual's history and unconscious

conflicts. (Hoover et al., 2016).

2.3.1.2 Behaviourist perspective.

From a behaviourist perspective, trauma is often regarded as the outcome of conditioning (classical and / or operant), as well as observational learning (Wagner, Rizvi & Harned, 2007). Simply put, behaviours arise either spontaneously or through being determined by an event; however, the maintenance of that behaviour is generally due to *on-going* factors that *reinforce* it. Third-wave behavioural perspectives, including Dialectical Behavioural Therapy (DBT), concentrate on attempting to understand trauma symptoms from the perspective of their function rather than the pathological aspects thereof (Hoover et al., 2016; Linehan & Wilks, 2015).

2.3.1.3 Humanist perspective.

Humanist or client-centred approaches to trauma tend to focus on the individual's experience of the traumatic event, while relying on his / her innate coping strategies (i.e., strengths and skills) to steer them towards growth. The humanist psychotherapist does not formulate symptoms of trauma by focusing on a history of conflict or the function of those symptoms. Rather the therapist offers the individual a space in which he can become empowered via his own natural coping mechanisms and with the freedom to do so at his own pace (Hoover et al., 2016; Seely, 2007).

2.3.2 Effects of trauma.

Physically-speaking, the effects of trauma worth mentioning, here, could include immune system suppression, concomitant with an increased risk of allied medical conditions developing (Hyslop, 2016).

Taken from the psychological perspective, the effects of trauma appear to include (1) psychiatric diagnostic possibilities and (2) the development of several other effects including rigid coping strategies that may restrict processing of a traumatic event; feelings of guilt, shame and / or self-blame; disruptions in social functioning; compromised trust in others; emotional numbing; difficulties related to interpersonal relatedness; and feelings of detachment, irritability and isolation (Brand, Rossell, Bendall, & Thomas, 2017; Corbett & Milton, 2011; Hoffman, 2002; Hoover et al., 2016; Maguire & Byrne, 2017; Seely, 2007; Schneider et al., 2012).

Apropos the first point, studies have shown that traumatised individuals are potentially at greater risk of developing psychiatric diagnoses such as post-traumatic stress disorder and "major depression and alcohol or drug dependence" (Corbett & Milton, 2011, p. 63). Meanwhile, the cumulative effects of re-traumatisation may even result in the development of psychotic symptoms (Brand et al., 2017).

Apropos point two, Hoover et al., (2016) suggested that individuals who experience failure in the regulation of their emotions after the traumatic event often risk developing rigid coping strategies that tend to restrict the ability to process the experience of the trauma. Hence, feelings of guilt, shame, and self-blame may arise (Hoover et al., 2016). Furthermore, social functioning can be disrupted due to traumatization: individuals can experience a lack of trust in others, as well as emotional numbing (Corbett & Milton, 2011). These effects may lead to difficulties in interpersonal relatedness and include feelings of detachment, irritability, and isolation (Hyslop, 2016).

Individuals' reactions to traumatic events can vary (Corbett & Milton, 2011; Hoffmann, 2002). A person's subjective experience of an event seems to influence responses to the event (Hoover et al., 2016). Responses to traumatic events can range from the person experiencing mild disruptions to the self-system, to reactions that could be considered to be severe, i.e. dysfunctionality across personal, social and occupational domains (Corbett & Milton, 2011; Hoffman, 2002; Hoover et al., 2016; Schneider et al., 2012). Seely (2007) suggested that variable factors including intensity, duration, as well as an individual's possible history of traumatic experiences and re-traumatisation, can affect the reaction to any given trauma, concomitant with the time taken to adjust to, and to recover from, the traumatic event.

2.3.2.1 Re-traumatisation.

Regarding *cumulative* effects of trauma, Corbett and Milton (2011), and Brand et al., (2017) suggested the possibility, via a dimensional approach, of the development of many psychopathologies, including psychoses due to recurrent traumatization. Generally speaking, it could be considered to be rare that professional rugby players would experience the development of psychotic features or other severe pathological presentations due to traumatically experienced injuries. However, the fact that they are constantly exposed to the risk of traumatic injury themselves, as well as vicariously, raises certain concerns regarding negative effects of potential re-traumatisation.

2.3.2.2 Concerns around re-traumatisation in rugby players.

Two specific concerns within the world of rugby players are given. A first concern is the likelihood of re-traumatisation occurring, as a result of being injured on more than one occasion during any given career (i.e., *cumulative traumatisation*). A second concern is the rugby players' on-going exposure to injuries happening, either to teammates or to other competitors, that frequently results in the experience of *vicarious traumatisation* (Brand et al., 2017; Corbett & Milton, 2011; Maguire & Byrne, 2017). Both of these types of traumatisation have the potential to exacerbate the negative effects of individual experiences of trauma. The cumulative ramifications of experiencing trauma forms part of this study especially when compounded via experiences of *vicarious* traumatisation.

Meanwhile, and as mentioned by Hurley (2016), the environment in which professional rugby players live not only exposes them to trauma and traumatic injuries, they witness it happening to others. Hurley (2016) suggested that professional rugby players who see a teammate being injured may experience heightened levels of fear regarding their own potential to experience injuries. According to Maguire and Byrne (2017), when an individual perceives either a threat to, or an actual event that affects the physical and / or psychological integrity of another, he or she may be at risk of *vicarious traumatisation*. The continuous exposure to others who either have experienced, or are experiencing, trauma can result in the observer developing the effects of traumatisation. These effects or levels of distress can disrupt the individual's beliefs about what / whom to trust; perceptions of safety; ability to exercise control; levels of self-esteem; and ability to experience intimacy (Maguire & Byrne, 2017).

Added together, individual rugby players are constantly and cumulatively at risk of being injured either in training for, or during match play. Additionally, rugby players who vicariously experience that risk on a continuous basis during their careers, may develop traits arising from the effects of trauma, or, potentially, even enough traits to meet a diagnosis of Post Traumatic Stress Disorder (PTSD) (P.L. von Hörsten, personal communication, May 27, 2017).

Meanwhile, the creation and maintenance of interpersonal relationships and sociability within a team sport such as rugby union often serves as a protective factor (Williams & Appaneal, 2010) that allows a player to perform. Notwithstanding and from the individual's perspective, disruptions in individual and team relationships could cause an injured player to

experience feelings of isolation, loneliness, and boredom (Evans et al., 2012) that could potentially exacerbate the experience of the trauma in a *cyclical* fashion. Conversely, integration of injured with non-injured players could impact negatively on the possibilities of vicarious traumatisation of team members, if not managed correctly and with sensitivity.

The next section provides a discussion of traumatic rugby injuries, as well as an overview of literature pertaining to the lived experiences of traumatically injured athletes, rugby players and Super Rugby players.

2.4 Traumatic Rugby Injury

As can be ascertained from the above outlines of injury and trauma, there are a variety of ways in which one could define these constructs. For the purposes of this research, the definition of a traumatic rugby injury is considered to be one that has involved a severe threat to the anatomical integrity of a competitor (experienced either during training for or during match play) and that, due to time loss from competition of four or more weeks, will have physical, psychological, social, financial and career-impacting sequalae (Corbett & Milton, 2011; Fuller et al., 2007). Historically, emphasis has been placed upon issues to do with physical recovery, while less research has been done into the psychosocial and cognitive ramifications of experiences of traumatic injury. Therefore, this research focuses upon these aspects. Hence, while it is acknowledged that biological scientists have their own definitions of injury and trauma, at the physical level, greater emphasis will be placed, throughout this study, on psychological definitions of these terms. In order to achieve this, discussions around athletes', rugby players' and Super Rugby players' lived experiences of traumatic injures will be presented next.

2.4.1 Athletes' lived experiences of traumatic injury.

Elite and professional athletes, alike, often experience a variety of negative effects when traumatically injured. Much research has been done regarding the physical ramifications of traumatic injuries in elite athletes; however, psychological and social sequalae have, until recently, been largely neglected (Concannon & Pringle, 2012; Covassin et al., 2014; Roy et al., 2015; Timpka et al., 2015).

Several authors who have attempted to understand the psychological effects of traumatic injuries across various sporting populations agreed that traumatic injuries seem to affect the individual at physical, psychological, and social levels, interdependently, that is, a

change in one domain will have an effect on the others (Covassin et al., 2014; Santi & Pietrantoni, 2013; Williams & Appaneal, 2010). Hence, the psychology of traumatic injuries will impact an athlete's ability to recover both physically, as well as socially (Clement & Shannon, 2011; Covassin et al., 2014; Timpka et al, 2015).

The following sub-section aims to outline (1) the widely accepted idea of a *stage-wise* progression towards injury recovery; (2) previous findings related to the psycho-social ramifications of traumatically injured elite athletes across various sporting codes with emphasis being placed on emotional and cognitive concomitants; (3) their employment of maladaptive coping strategies; (4) their perceptions of social support.

2.4.1.1 Stages of traumatic injury experiences in athletes.

According to Heil (1994) and Van der Poel and Nel (2011), traumatic sports injuries seem to be experienced within a *stage-wise* process that appears to reflect Kübler Ross's grief model, which focused on how terminally ill patients experienced their approaching death. Kübler Ross's original work outlined five stages in the process of grief and loss including (1) *denial*, (2) *isolation*, (3) *anger and bargaining*, (4) *depression*, and finally (5) *acceptance* (Kübler Ross, 2014).

Perceptions of loss regarding both athletic ability and identity have been outlined as being particularly difficult for injured athletes to process due, not only to feelings of isolation, but also to fears around post rehabilitation performance (Heil, 1994; Van der Poel & Nel, 2011). Furthermore, injured athletes' perceptions of isolation appear, according to Van der Poel and Nel (2011), to cause heightened levels of psychological upheaval during the early and the late stages of recovery.

Regarding traumatically injured elite athletes' experiences of negative cognitive appraisals, as they transit through various stages of injury rehabilitation, Concannon and Pringle (2012) and Roy et al., (2015) suggested that a traumatically injured athlete generally experiences three overarching stages of injury rehabilitation. These three stages include (1) the *information processing* stage; (2) the *emotional upheaval* stage; and (3) the *positive outlook* stage (Udry, Gould, Bridges, & Beck, 1997).

According to these authors (i.e., Concannon & Pringle, 2012; & Roy et al., 2015), a traumatically injured athlete's cognitive appraisals seem to shift between and within each stage or phase of recovery. For example, during the *information processing* stage, an athlete may focus on the pain of the injury; reasons why the injury occurred; and what self-controlled, injury prevention measures were not taken; time loss due to injury; and what could have been done by others to prevent the injury (Roy et al., 2015). Concannon and Pringle (2012) purported that, during this initial stage, the athlete potentially engages in high degrees of self-reflection, while attempting to process injury information that includes the circumstances of the injury; the extent of physical damage done; and the likelihood of returning to competition. The *emotional upheaval* stage generally comprises the injured athlete experiencing maladaptive cognitions such as denial, disbelief, loss of identity, fear of re-injury, and beliefs about incompetence. This stage is often characterised by the individual experiencing both negative emotional reactions and negative mood (Concannon & Pringle, 2012; Roy et al., 2015). During the final stage of *positive outlook*, an athlete may reach an acceptance of the injury status, together with an increased ability to regulate emotional concomitants.

2.4.1.2 Athletes' emotional and cognitive reactions to injury experiences.

Athletes' cognitive appraisals of injuries are generally accompanied by emotional reactions (Concannon & Pringle, 2012; Roy et al., 2015; Timpka et al., 2015). A review of the literature revealed that career related traumatic injuries in elite track and field athlete populations often result in the individual experiencing feelings of fear, lack of autonomy, incompetence, loss, abandonment, frustration, anxiety, depression, anger, inhibition, and lowered self-esteem (Covassin et al., 2014; Roy et al., 2015; Timpka et al., 2015; Williams & Appaneal, 2010). Ruddock-Hudson, O'Halloran, and Murphy (2012) mentioned boredom due to repetitious rehabilitation processes as being an emotion commonly experienced by injured professional Australian Football League (AFL) players. Additionally, Clement and Shannon (2011) suggested that these feelings are frequently experienced in injured elite college athletes across American Football, Volleyball, Soccer, and Basketball sporting codes.

Covassin et al., (2014) maintained that a traumatically injured elite track and field athlete's emotional reaction of anxiety can be separated into both *trait* (dependent on personality factors) and *situational* (reactive to an event) anxiety. These authors suggested that an injured athlete's level of situational anxiety after a traumatic injury seems generally to

be positively correlated to the existing level of trait anxiety. Obviously, the severity of the injury and the extent of time lost from competition would impact the degree of anxiety experienced by the individual, as well (Covassin et al., 2014). Furthermore, anxiety seems to be experienced due to the negative cognitive appraisal of the injury situation rather than to the actual injury, itself. Concomitant negative cognitive appraisals in this population include perceptions of diminished *social support* after injury; a sense of loss (e.g., athletic ability); fear of re-injury; negative self-perceptions; self-doubt; and increases in the perception of pain (Covassin et al., 2014).

Regarding the emotional reaction of fear, certain authors suggested that traumatically injured elite athletes competing in the above-mentioned sporting codes experience fears related to potential relapse when returning to competition (Roy et al., 2015; Timpka et al., 2015); the loss of autonomy or independence (Roy et al., 2015; Timpka et al., 2015; Williams & Appaneal, 2010); perceptions of abandonment and neglect (Roy et al., 2015); perceptions of diminished social status; potential hindered performance capacities; pain exposure; a threat of disfigurement; perceptions of permanent disability; and the risk of death (Williams & Appaneal, 2010).

Furthermore and regarding traumatically injured elite track and field athletes' experiences of negative mood, Roy et al., (2015) suggested that the employment of maladaptive coping strategies such as disconnection and rejection, other-directedness, inhibition, and perceptions of dependence often result in enduring tension and depressed mood. Clement and Shannon (2011) agreed with these authors' findings as they pertained to elite college athletes across other sporting codes including American Football, Volleyball, Soccer, and Basketball.

2.4.1.3 Injured athletes' employment of maladaptive coping strategies.

In addition to the above-mentioned cognitive appraisals and emotional concomitants, Timpka et al., (2015) suggested that injured elite track and field athletes frequently utilize the maladaptive coping strategy of self-blame in order to cope with their injuries. According to cognitive appraisal theory, individuals may employ affective adaptation frameworks in order to make sense of physical sensations (Timpka et al., 2015). For example, when an athlete cannot make sense of a bodily sensation (such as an injury) via cognitive processes,

vulnerability to affective reactions ranging from avoidance, to increase and / or overuse may occur.

Simply put, injured athletes who perceive the sensation of pain as being non-threatening due to affective interpretations (that may be influenced by feelings such as guilt), risk employing maladaptive coping strategies such as self-blame and denial, which often culminate in them experiencing *overuse injuries*, that is, those injuries sustained via the exposure to micro trauma and functional overreach (Timpka et al., 2015). Self-blame in this population often incorporates cognitive distortions, including thoughts around having not trained hard enough or having not employed enough mental strength in order to push through physical pain barriers (Timpka et al., 2015).

2.4.1.4 Injured athletes' experiences of social support.

One should bear in mind that the experiences of traumatic injuries are often influenced by an individual's support structures (Williams & Appaneal, 2010). In team sport situations, support structures are not ones merely confined to those surrounding the individual sportsperson, but are also heavily influenced by other team members and their acceptance or rejection of an individual player (Hurley, 2016). For the purposes of this research, the latter will be emphasised, in this regard, as rugby is a team sport.

Regarding cognitive perceptions of social support, Williams and Appaneal (2010) suggested that traumatically injured athletes who perceive there to be a lack of social support may experience negative cognitive perceptions, including both decreases in self-worth, as well as self-confidence. This could then lead to a lack of motivation regarding rehabilitation programmes and commitment to recovery (Covassin et al., 2014; Williams & Appaneal, 2010). Furthermore, feelings of abandonment and neglect are often experienced by individuals who perceive their relationships with teammates and family to be in jeopardy, due to them not being able to fulfil their role as athletes within their social structures (Roy et al., 2015; Ruddock-Hudson et al., 2012; Williams & Appaneal, 2010).

2.4.2 The lived experiences of traumatically injured rugby players.

The paucity of literature / research pertaining to the psychological and social experiences of professional rugby players who are recovering, or have recovered from, traumatic injuries (reintegrating or reintegrated into competition) is especially evident in the South African

context. Consequently, the following aspects pertaining to the lived experiences of traumatically injured rugby players will be discussed: (1) an outline of relevant international findings regarding the psychosocial (and to a far lesser degree, concomitant cognitive) factors professional rugby players may experience when traumatically injured; (2) factors that may contribute to *burn out syndrome* in professional rugby players; and (3) a review of professional rugby players' possible vicarious experiences as they might relate to injured teammates within their team environment.

2.4.2.1 International findings: psychosocial and cognitive factors traumatically injured rugby players experience.

A review of the literature arising in Australia and the United Kingdom revealed certain psychosocial factors that seem generally to be experienced by traumatically injured professional rugby players. These factors include negative perceptions of the team environment; increased perceptions of levels of pain; frustration; loss of identity within the team; pressure to play while still being injured; and guilt regarding not being able to participate / contribute (Cresswell & Eklund, 2006; Howe, 2001); self-doubt and stress (i.e., career, medical, financial and social) (Arvinen-Barrow et al., 2014; Evans et al., 2012; Howe, 2001); perceptions related to a loss of independence; increased levels of (negative) social comparison; unwanted attention; loss of routine; feelings of isolation and boredom; anxiety related to incapacitation; a lack of knowledge regarding diagnoses; worries related to injury prognosis; disruptions in self-image; fears around weight loss; concerns regarding re-injury; missed competition opportunities; external and internal pressures to recover; and future performance anxiety (Evans et al., 2012); stigma related to negative perceptions of psychological interventions regarding both team coaches and administration (Green et al., 2012); and the employment of cognitive avoidance and blocking as coping strategies (Carson & Polman, 2010; 2012).

Furthermore, specific traumatic rugby injuries seem to carry with them particular psychosocial experiences. For example, anterior cruciate ligament (ACL) injuries in rugby players result in an average time-loss of 235 days. Hence, these players reported experiences of shock, disbelief, anger frustration, and depression (Arvinen-Barrow et al., 2014; Carson & Polman, 2017; Clement & Shannon, 2011).

Table 2.1 below provides a summary of psychosocial and cognitive factors traumatically injured rugby players typically experience that were drawn from the pertinent literature.

TABLE 2.1

Typical Psychosocial and Cognitive Experiences of Traumatically Injured Rugby Players

Experience	Author(s)
Negative perceptions team environment	Cresswell and Eklund (2006) and Howe (2001)
Perceptions of increased pain levels	
Frustration	
Loss of team identity	
Pressure to play while still injured	
Guilt about non-participation / contribution	
Self-doubt and stress	Arvinen-Barrow et al., (2014), Evans et al., (2012), & Howe (2001)
Perceptions of loss of independence	Evans et al., (2012)
Negative social comparison	
Unwanted attention	
Loss of routine	
Feelings of isolation and boredom	
Anxiety re incapacitation / future performance	
Lack of diagnoses' knowledge	
Worries related to prognoses	
Disruptions in self-image	
Fears around weight loss	
Concerns re re-injury	
Missed competition opportunities	
External / internal pressures to recover	
Stigma / negative perceptions of psychological interventions	Green et al., (2012)
Cognitive avoidance / blocking	Carson and Polman (2010; 2012)
Re specific traumatic rugby injuries:	
Shock	Carson and Polman (2017) and
Disbelief	Clement and Shannon (2011)
Anger	

Frustration	
Depression	

2.4.2.2 Burn out syndrome.

Mention should also be made of the negative ramifications of several of the above-mentioned factors as they pertain to *burn out syndrome* in professional rugby players. Cresswell and Eklund (2006) proposed that burn out syndrome includes three overarching characteristics, that is, "emotional exhaustion, reduced accomplishment and depersonalization" (Maslach as cited in Cresswell & Eklund, 2006, p. 219). These authors suggested that the experience of injury, including an injured player's negative perceptions of the team environment, increased levels of pain, frustration, loss of identity within the team, pressure to play while being injured, and guilt regarding not being able to participate, seem to contribute to player burnout. This syndrome (burn out) often leads to professional rugby players retiring from the game at significantly earlier ages than those players who do not experience it (Cresswell & Eklund, 2006). Hence, these players often experience financial, social, and personal loss (Howe, 2001).

2.4.2.3 Vicarious experiences of professional rugby union players.

Hurley (2016) suggested that non-injured rugby players who are exposed to other rugby players who are (or have been) injured potentially experience increased levels of fear regarding personal injuries, as well as decreases in confidence apropos the team's future performances. Additionally, team members who witness key players being injured may develop doubts regarding the competence of replacement players. These elements may cause both *social* and *emotional contagion* (or contamination) within the team environment.

2.4.3 Traumatically injured Super Rugby players.

Despite a search of available literature using search engines including Ebscohost Academic Search Complete, Psych Articles, Medline, E Journals, Humanities Source and Sport Discuss, no literature specifically regarding the lived experiences of traumatically injured local or international Super Rugby Competition players was found. Presumably, these players experience similar stress and psychosocial rehabilitation difficulties as those identified and noted for other sportspeople in the international research discussed thus far. This absence of available literature pertaining to the lived experiences of traumatic rugby injuries by Super Rugby players serves as a motivation for the present study, particularly should professional

rugby franchises, such as the Super Rugby competition, begin to implement specific, directed, psychologically-determined interventions in order to assist players with rehabilitation and recovery of form (i.e., the return to the pre-morbid standard of play).

2.5 Conclusion

The world of a professional rugby player comprises certain unique experiences, as well as attendant stressors: one of the most important of which is the on-going risk of injury. The pressure to remain capable of peak performance (i.e., the effective utilization of one's physical and psychological capacities) throughout the season, in order to profit from match opportunities, is high. Players may not only have to endure being physically compromised, but also have to deal with financial, career, and psychosocial loss when affected by the effects of a traumatic rugby injury.

Physical injury is often considered to be any breakdown to the physical integrity of one's anatomical structure that may cause temporary or permanent dysfunction. Psychological injury tends negatively to impact the self-system, frequently also tending to result in some or other, temporary or even permanent degree of dysfunctionality. Hence, definitions of injury are complex. The IRB's consensus statement (mentioned in section 2.2.2) outlined certain specific injury delineations for the purpose of creating consistency in both the study, and comparison of rugby injuries.

The experience of either physical or psychological trauma tends to give rise to negative effects on the self-dimensions. For example, the experience of physical trauma (arising from injury) may create a breakdown of an individual's assumptive world and concomitant psychological, cognitive, and social coping strategies.

Professional sports people, including professional rugby players, who sustain traumatic injuries thus experience a breakdown of the *assumptive self*, which seems to underpin various cognitive and psychosocial consequences. For example, feelings of loss appear to be experienced even while a sports person is traversing the stages of rehabilitation. Of course, the extent to which sports people experience the negative ramifications of traumatic injuries depends largely on the severity of the injury.

Finally, mention was made of the dearth of literature pertaining, specifically, to the experiences of traumatically injured South African Super Rugby players, which serves as a motivation for the present study.

CHAPTER 3
RESEARCH METHODOLOGY INVESTIGATION AND PROCEDURE: THE PHENOMENOLOGICAL METHOD

This chapter aims to outline certain general methodological premises, as well as the methodological procedures employed within this study. In order to accomplish this the aims of this research will be delineated; a description of *methodology* in the social sciences will be given; a summary of the essential differences between *quantitative* and *qualitative* research methods will be mentioned; and a brief historical overview of *phenomenology* will be provided. Additionally, a definition of *phenomenology* and relevant principles of Husserl's Transcendental Descriptive Phenomenology, as they pertain to this research, will be elucidated; Heidegger's hermeneutical phenomenology will be discussed; the contemporary and pertinent application of Descriptive Phenomenology regarding Giorgi's (2012) recommendations will be delineated; Giorgi's (1997; 2008) methodological procedures, germane to this research study, will be outlined; phenomenological validity, as well as ethical considerations and research synthesis will be discussed; and finally, a conclusion of the above will be given.

3.1 Research Aims

As mentioned in chapter two, there exists a paucity of information regarding *what* professional rugby players experience when living with a career-related traumatic injury. Most research regarding this phenomenon (to date) has been done in the United Kingdom and Australasia. Results of these studies have outlined certain psycho-social-cognitive and financial factors that seem to be experienced by players within the professional rugby community. Furthermore, there is an equal paucity of research into *how* an understanding of these factors could be employed in the psychological treatment of the population under review.

3.1.1 General aim.

Due to the dearth of research, worldwide, and especially within the South African context, this study aims to describe the lived experiences of a selection of South African professional Super Rugby players who have been traumatically injured while either training for or playing rugby.

Attempts will be made to elucidate, with as much richness as possible, the psychological *essences* (i.e., to make invisible structures of the phenomenon visible) (Laverty, 2003) together with the invariant meanings (i.e., as related to Husserl's *free imaginative variations*) (Giorgi, 1997) attendant thereon.

It will be borne in mind throughout this study (as already noted in chapter two) that the experience of traumatic injury affects the individual at multiple levels, which include the biological, social, psychological (i.e., Heidegger's *umwelt, mitwelt* and *eigenwelt*) (Maddi, 1996), as well as financial, and relevant spiritual ones. The researcher will remain aware of these different dimensions of experience while attempting to collect rich descriptions of the scientific essences of the experience of traumatic rugby injuries. Hence, this research is aimed at both describing and elucidating an understanding of the (invariant) essences, together with their inherent meanings, by following the descriptive phenomenological method of Giorgi (1997; 2008; 2012).

3.1.2 Specific research procedure.

This study will focus not only upon the essences related to the overarching experience of the phenomenon of career-related, traumatic injury in South African Super Rugby players, but attention will also be given to the factors subsumed under this phenomenon, as mentioned in the above paragraph.

The specific research procedure included the following:

- Three participants were sourced. They comprise individuals who were selected to compete in the 2016 / 2017 Super Rugby competition, but who have sustained a severe traumatic rugby injury (i.e., an injury that requires more than four weeks of rest and rehabilitation before being able to return to playing). Players who have sustained a career ending injury were not considered for the reasons given in chapter one;
- Relevant biographical information was obtained;
- A phenomenological open-ended interview was conducted with each participant;
- Verbatim transcriptions were made (including references to non-verbal communication, where appropriate);

- The transcribed interviews were analysed next, intra-individually, within the chosen phenomenological method;
- Conclusions were drawn pertaining to the lived experiences of the participants, via an inter-individual interpretation of the data obtained;
- The analyses will then be discussed, while attempting to include suggestions regarding interventions aimed at redressing psychological factors associated with the overarching phenomenon under review; and
- Arising from the above, possible recommendations will be considered and made in relationship to future research.

Finally, a specific sub-aim of this study is to compare, thematically, the collected descriptions of the phenomenon under investigation with those themes already elucidated in the international literature, as outlined in chapter two.

Having described the aims and procedure of this research study, it would be appropriate to continue this chapter with a brief historical overview of the evolution of methodology within the social sciences.

3.2 Methodological Approaches in the Social Sciences

The field of research subsuming what became known as the social sciences arose during the late 19th century. Historically speaking, the Scientific Method, *per se,* was constructed by Isaac Newton, in the 17th century. Currently, and as Terre Blanche and Durrheim (2011) suggest, much debate revolves around the question of what constitutes appropriate research methodology within the social sciences. These debates often arise due to the existence of differing philosophies about, as well as divergent methods and techniques of, scientific enquiry (Terre Blanche & Durrheim, 2011). Furthermore, selection of both methods and techniques used within an overarching research methodology should be done via specific criteria, in order to ensure that they are aligned to the specific aims of the research (Kothari, 2004). Hence, while social science research attempts both to produce and to contest multiple accounts of the world, its research methodology is the vehicle used to achieve these aims (Terre Blanche & Durrheim, 2011).

Further to the above, Kothari (2004) maintained that, "*research methodology* is a way to systematically solve the research problem" (p. 8), based on scientific method, that is, "the pursuit of truth as determined by logical considerations" (p. 9). Additionally, this author proposed an understanding of the scientific method that concerns itself, *inter alia,* with the repeatability of research results; he further maintained that it is the scientific method, rather than scientific material, that unifies the sciences. Thus, according to this author, research methodology consists of logical and repeatable steps that are employed in order to investigate the research problem, while also considering the logic underpinning the choice of the methods and techniques utilised in those steps (Kothari, 2004).

It should be mentioned that Terre Blanche and Durrheim (2011) maintained that there exist three overarching *types* of research aimed at accomplishing research goals. These research types include 1) exploratory, descriptive, and explanatory research; 2) applied and basic research; and 3) quantitative and qualitative research. This study employs qualitative research. Hence, the differences between quantitative and qualitative methods will be mentioned, briefly, before further elucidation of the phenomenological approach is presented.

3.3. Quantitative and Qualitative Methods

A combination of both quantitative and qualitative research methods can be utilized in order to accomplish specific research goals (Terre Blanche & Durrheim, 2011).

The quantitative method arose, primarily, in the domain of natural science, due to its capacity to *measure* statistically reduced, fact and data-based constructs (e.g. within the biological or physical fields), while logic, objectivity and empiricism are inherent in its techniques (Durrheim & Painter, 2011). Historically, the social sciences, too, preferred the quantitative method, as a result of a general acceptance of the *positivist* paradigm.

A strength subsumed under quantitative research is the capacity to generalise findings, due to data being objective (Durrheim & Painter, 2011). Hence, quantitative research may be preferred in instances when the researcher has prior and / or advanced knowledge of pertinent variables, as well as reasonable ways of controlling and measuring them (Terre Blanche, Kelly & Durrheim, 2011). Advocates of the quantitative method opined that qualitative research could be interpreted too openly and thus risk being subject to bias (Durrheim & Painter, 2011).

Notwithstanding, during the early 20th century, the idea emerged that human subjectivity could not be logically, objectively, and empirically measured via positivist methods, alone. Critics of the quantitative method purported that, although it could be regarded as a generally valuable device within the social sciences, its goal of quantifying data often constrains and / or limits investigations into human experience (Terre Blanche et al., 2011).

Conversely, qualitative research methods attempt to "describe and interpret people's feelings and experiences in human terms rather than through quantification and measurement" (Terre Blanche et al., 2011, p. 272). The qualitative approach, therefore, is typically preferred in those instances in which the variables (including how to measure them or what their importance may be) are not known in advance. This approach enables the researcher to attempt to explore a variety of subjective and contextually-based possibilities via active participation in open-ended and inductively-based research, in order to come to conclusions about human experiences (Terre Blanche et al., 2011).

Hence, for the purposes of this study, qualitative research within the phenomenological methodological approach is employed, as the aim is to explore the lived experiences of traumatically injured, South African Super Rugby players. As a platform for the justification of the application of this research approach to this study an overview of phenomenology, including a brief historical account of its development, will be discussed in the following sections.

3.4 An Overview of Phenomenology

Before addressing the development of phenomenology as a research methodology, it should be noted that prior to the early 20th century, the dominant worldview (and approach to scientific research) was the Newtonian-Cartesian one. For example, in his attempt to prove, with certainty, the existence of the *world,* Descartes concluded that the only certainty that could be relied upon was the fact that we have the capacity to think about and reflect on, uncertainty. This conclusion was expressed in his saying, *cogito ergo sum* (I think, therefore, I am) (Cohn, 1997).

Consequently, Descartes further concluded that, as objects are regarded as being separate *things* by, and to, the subject observing them, consciousness exists as something separate from the *world* (Cohn, 1997). Hence, philosophy and the sciences, during this epoch,

maintained that reality was external to the self and that one could observe this stable, external reality, in order to acquire knowledge about it. This view is known as the *positivist paradigm.*

Phenomenological enquiry was largely based on the rejection of positivist methods regarding the acquisition of knowledge of human experience. Phenomenology developed via various sets of assumptions that were underpinned by social and scientific reasoning, philosophy, and general beliefs (i.e., in accordance with most epistemology). Thus, this overview of phenomenology provides introductions to paradigms and *weltanschauungen*; a brief mention of both the positivist and interpretive paradigms; a further discussion around the development of phenomenology; a definition of phenomenology; and a brief summary of some of Husserl's research concerns and philosophical enquiry, as well as an outline of his transcendental descriptive phenomenology. Next, three tenets of Husserl's phenomenological reduction will be mentioned followed by Heidegger's 'life-worlds', as well as some of his ideas around interpretation and language. Finally, the section ends with the contemporary research methodology of descriptive phenomenology.

3.4.1 Paradigms and *weltanschauungen*.

Meanwhile, Thomas Kuhn (2012) proposed that the word *paradigm,* itself*,* consists of an entire world-view based on employment of common techniques and methods, as well as of beliefs and values held by members of the scientific community (i.e., systems of understanding the world). Kuhn further maintained that paradigms differ in what they consider to be both legitimate questions, and methods are, hence, *incommensurate* with each other (Terre Blanche & Durrheim, 2011). Terre Blanche and Durrheim (2011) concurred that "paradigms are all-encompassing systems of interrelated practice and thinking that define, for researchers, the nature of their enquiry along three dimensions: ontology, epistemology, and methodology" (p. 6). Three world-views outlined by Terre Blanche and Durrheim (2011) include the *positivist*, *interpretive*, and *constructionist* paradigms. However, Kuhn (2012) noted that when a world-view or sets of assumptions about the nature of knowledge are no longer universally accepted, relied upon methods of enquiry often become insufficient to the purposes of investigation. Consequently, a *paradigm shift* can and does occur. It should be noted here that only the positivist and interpretive paradigms will be covered below, as they are relevant to the chosen methodological procedure of the present study.

3.4.2 The positivist paradigm.

As already noted, the Newtonian-Cartesian epoch's view is that reality (both from

philosophical and scientific understandings thereof) existed externally to the self and that it was thus objectively observable, allowing for a way to acquire knowledge about it that is evident and expressed within what is known as the *positivist* paradigm (Cohn, 1997).

During the 19th and 20th centuries, the hypothetico-deductive model of science underpinned methodology in the social sciences. This model of scientific enquiry is predicated on the assumption (first proposed by Karl Popper) that knowledge can be objectively, logically, and empirically tested via the falsification of hypotheses. According to this model, theories are then generated via the presumption that if one cannot falsify a hypothesis then the alternative must be true (Terre Blanche & Durrheim, 2011). Hence, this *positivist* model of scientific enquiry presupposes that the natural universe (including, therefore, the nature of the world) is stable due to it being governed by a set of external laws that are measurable by an objective observer.

3.4.3 The interpretive paradigm.

Conversely, during the early 20th century, a shift started to occur within the social sciences away from the positivist to the *interpretive* paradigm (Terre Blanche & Durrheim, 2011). Social scientists began to realise that a person's experience of external reality is subjectively interpreted, while also being influenced by researcher / participant intersubjectivity. Thus, the positivist paradigm was no longer solely appropriate regarding the answering of questions about subjective human experience (Terre Blanche & Durrheim, 2011). As can be seen, the type of research methodology employed should be paradigmatically commensurate with specific beliefs held about the nature of reality. Hence, phenomenology developed as a method to investigate human experience.

3.4.4 The development of phenomenology.

The term *phenomenology* had been employed within various philosophical writings by many significant philosophers, including Marx, Kant, and Hegel, during the 18th century. However, it was not until the early 20th century that phenomenology arose as a philosophical 'school' under the tutelage of Edmund Husserl and, later, Martin Heidegger (Spinelli, 2005). The school of phenomenology remains concerned with how the world appears or how it is articulated, to consciousness, via experience. It recognizes the 20th century understanding (elucidated by both Husserl and Heidegger) of the inseparability of objective reality and the subject experiencing thereof (Cohn, 1997). As Cohn (1997) suggested, this idea of consciousness articulated via experience, together with ramifications regarding *what* could be

known, was considered to be a radical shift away from the dualistic Newtonian-Cartesian worldview of the 17th century.

3.4.5. Definition of phenomenology.

Spinelli (2005) stated that the term *phenomenology* originated, partly, from the Greek word *phainomenon,* meaning 'appearance' or 'that which shows itself' (p. 6). Meanwhile, the word *phenomenon* refers to "the appearance of things, as contrasted with the things themselves as they really are" (Spinelli, 2005, p.6). Spinelli (2005) elaborated on this philosophical premise by referring to the work of Emmanuel Kant who argued that *the thing* itself (i.e., *noumenon*) can never be known, except through its appearance to us (i.e., *phenomenon*). Additionally, Kant suggested that the truth of reality is beyond our capacity directly to experience it (Spinelli, 2005).

The word *Logos*, meanwhile, is derived from a Greek verb that means 'to say' (Cohn, 1997). Hence, Macquarrie (as cited in Cohn, 1997) maintained that phenomenology is concerned with how "speech articulates the phenomenon" (p. 9). One should bear in mind that, within this context, the word 'speech' suggests "exploration and understanding" (Cohn, 1997, p. 10). As Heidegger (as cited in Cohn, 1997) maintained: "the expression, *phenomenon*, signifies that which shows itself in itself, the manifest" (p. 10). Thus, the articulation of what appears (or is manifest) to consciousness implies an *inseparability* of consciousness and the world. This conceptualization contradicts the view of Descartes, while the phenomenological principle of the inseparability of the world and consciousness will further be elaborated upon below.

3.4.6 Husserl's research concerns and philosophical enquiry.

Husserl, who was first and foremost a mathematician, was doubtful of the dualistic and reductionist worldview that portended to be able, objectively, to engage in the pursuit of knowledge or truth (Cohn, 1997). According to Cohn (1997), influenced by his mentor, Franz Brentano, Husserl purported that the act of thinking cannot exist in and of itself; thinking is always directed towards an object or a *something* and is, therefore, *intentional* (i.e., having reference and direction), even if the Kantian *noumenon* is inaccessible. Simply put, Husserl maintained that if consciousness is always directed towards phenomena, those phenomena are revealed within consciousness; hence the two can never be separated, as Descartes believed.

As Cohn (1997) suggested, once the mind-world (subject/object) split that was created

via Cartesian dualism had been revealed to be false, phenomenology's aim to describe (in as accurate, unbiased, and uncontaminated a way as possible) intentional experience gained *essential* relevance.

Furthermore, Jennings (1986) noted Husserl's deep concern with the manner in which philosophy's ancient (e.g., Platonic) aim of striving towards absolute (pure) knowledge and truth had become eroded by *modern* (in Husserl's time) physical and social sciences' epistemological approaches. For example, during the mid 19th century, certain philosophers maintained that, "knowledge is relative to its historical age" (Jennings, 1986, p. 1232), which subsumes paradigmatic systems of enquiry. This *relativistic* view of philosophical enquiry gave rise to what was known as *Weltangschaaung* (world-view) philosophy. However, Husserl maintained that if philosophy surrendered itself to *relative* knowledge, it would be surrendering its initial, ancient ideals, thus leading to its own destruction (Jennings, 1986).

Consequently, Husserl sought to rescue philosophy from its self-imposed crisis via redirecting it towards its primary ideal of the pursuit of (divine) wisdom and ultimate truth. Husserl shared the ancient Greek philosophers' beliefs that the pursuit of truth should be directed towards gaining knowledge of *essence* (Jennings, 1986). In his attempt to reform philosophy via the development of a rigorous *science of phenomena*, Husserl tried to create a system of clarification regarding how human consciousness experiences objects that are presented to it (Spinelli, 2005). Spinelli (2005) opined that both new meaning and significance were ascribed to phenomenology, as a result of Husserl's strivings towards philosophical and scientific reform.

Via his refinement of this system of philosophical enquiry, Husserl developed the *phenomenological method* that is regarded as a "fundamental philosophical procedure" (Spinelli, 2005, p. 6). According to Spinelli (2005), this procedure, "focuses on the data (or phenomena) of consciousness, in order to clarify their role in the process of meaning-construction, while also attempting to set them aside – or bracket them – in order to arrive at a more adequate (if still necessarily incomplete) knowledge of reality" (p. 6).

3.4.7 Husserl's transcendental descriptive phenomenology.

Cohn (1997) suggested that Husserl's phenomenology focuses on a search for *essences* via the transcendence of existence. This author juxtaposed Husserl's view of phenomenology with the view of existentialists who are focused on how existence is experienced rather than

attempts at transcending existence by exploring its process. To transcend, in this context, refers to how Husserl maintained that in order to experience truth or 'pure' knowledge, the phenomenologist is required to 'suspend' and transcend existence or his *being-in-the-world* (ontic concerns) by reducing experienced phenomena to their descriptions without any pre-knowledge and / or bias (Cohn, 1997; Jennings, 1986). In elaboration of this extremely simplified summary of Husserl's phenomenological approach, certain constructs including *essence*; his concept of *consciousness*; the psychology of transcendental reduction; and Spinelli's (2005) interpretation of Husserl's method of *phenomenological reduction* will next be elucidated.

3.4.7.1 Essence.

While his phenomenological approach is predicated upon the idea that pure consciousness or *reality* is not, and cannot be, known to us (as it only reveals itself to consciousness via experience through awareness and perception of phenomena) (Spinelli, 2005), Husserl maintained that phenomena are variable in accordance with experience. Conversely, essences are those invariable essentials that are *given* to consciousness (Husserl, 2012). Jennings (1986) explained *essence* as "a fact or entity that is universal, eternally unchanging over time, and absolute" (p. 1232). Hence, essence does not shift as paradigms do, nor is it reliant on knowledge of any epoch, logical argument or the personal opinions of any one or group. Much like Platonic *Ideas*, essences cannot be empirically observed, nor can they be revealed via any form of induction or abstract thought processes; however, they have a form within reality that can be "grasped in an act of reflective consciousness" (Jennings, 1986, p. 1232).

3.4.7.2 Consciousness.

"Consciousness is the medium between a person and the world" (Giorgi, 2012, p. 9). According to Husserl (2012) *essence* or *eidos* can be described when the *World* (i.e., existence) is suspended and transcended. Hence, he maintained that the starting point of natural knowledge is experience (*Erfahrung*) and that it is within experience that this knowledge remains. He further purported that the World represents the totality of possible research. Thus, Husserl concluded that all sciences of the *World,* seeking to elucidate the concepts of *true Being*, *real Being* (i.e., empirical Being), and *Being in the World,* coincide regarding the meanings ascribed to them (Husserl, 2012).

As a result of the above, Husserl (2012) maintained that experience is always intentional and that it is *intentionality,* described as the inter-relatedness / interdependence

between consciousness and reality (the world), that is the fundamental basis of our meaning-constructs (Spinelli, 2005). Simply put, Husserl (2012) opined that consciousness is always directed towards an object or *thing*. Hence, we experience the World (and its meanings) via interpretations of the objects in it. Additionally, he maintained that, "every science has its own object-domain as field of research, and to all that it knows" (p. 9). Intuitions of these objects are reasonably and correctly self-given or "*given in a primordial sense*" (p. 9), which implies that it is through intuitions that objects appear as *object-giving* (*dator*). Furthermore, experience is seen as being the first intuition of all natural knowledge and its sciences, while it is *perception* that is the primordial *dator* experience (Husserl, 2012). Essentially, Husserl suggested that the awareness and perception of a *real* (primordially given) *object* are "one in the same thing" (Husserl, 2012, p. 9).

Moreover, Husserl maintained that intentionality focuses consciousness, via basic and invariant steps, towards translating the pure but unknowable essence of the world into things or objects that are interpretable (Spinelli, 2005). Hence, Spinelli (2005) describes the Husserlerian concept of intentionality as comprising two corresponding foci (i.e., *noema*, and *noesis)*. An understanding of these experiential foci is essential to Husserl's phenomenological method when attempting to reduce facts to essential and pure transcendental phenomena.

Noema refers to the object of intentionality. It is *what* consciousness is directed towards, while *noesis* is *how* one's consciousness is directed towards the object. Spinelli (2005) describes this focus as "the referential element of experience" (p. 17). In other words, we define the object (*noema*) via subjective context and interpretation (*noesis*). Hence, Husserl concluded that experience comprises both direction and reference (Spinelli, 2005).

3.4.7.3 The psychology of transcendental reduction.

Although his phenomenological method of philosophical enquiry was developed in order to assist all *natural*, as well as *psychophysical* scientific investigations with acquiring knowledge, it was the science of psychology that seemed, to him, to be the logical connection between human experience and *transcendentally* purified phenomena (Husserl, 2012).

Husserl (2012) maintained that psychology is a science of experience, which is made up of both empirical *facts* (or *Tatsachien*) and existent *realities* (or *Realitäten*). In other words, psychology is concerned with how a *subject* experiences his / her matters of fact

within the spatio-temporal world, that is, real existence or *Dasein* (Husserl, 2012).

Furthermore, Husserl (2012) juxtaposed psychological phenomenology against *pure* or *transcendental* phenomenology. Hence, he described transcendental phenomenology as a "science of essential Being" or *eidetic* science, "which aims exclusively at establishing knowledge of essences (*Wesenserkenntnisse*) and absolutely no facts" (Husserl, 2012, p. 3). In order to accomplish this aim, Husserl maintained that the process of Reduction *strips* away the layers of the *factual* to the *essential* via the purification of psychological phenomena from what, essentially, bestows reality on them (Husserl, 2012). Husserl (2012) postulated that we have primordial experience of external objects via outer perception. However, memories or future expectation constitute a primordial experience of self-perception. Thus, and for example, we cannot experience others' self-perceptions via 'empathy'; rather we "behold the living experiences of others through the perception of their bodily behaviour" (p. 10). Husserl (2012) concluded that empathy, therefore, arises from intuitional *dator*; however, it no longer constitutes a *primordial dator* act, due to, for example, self-perceptual contamination. Simply put, according to Husserl, one cannot experience others' self-perceptions or object-givings, directly. One can only *empathise* with their experiences via one's own intuitions, that are, themselves, secondary to primordial *dator*.

3.4.8 Husserl's phenomenological reduction.

As one can ascertain from the above, Husserl's transcendental descriptive phenomenology was concerned, primarily, with stripping away the layers of variant interpretations of experience, in order to approach, as closely as possible, to knowledge of underlying invariant phenomena (*noema*) – although complete knowledge of the *noema* is essentially unattainable (Spinelli, 2005). These principles form the basis of the phenomenological method. However, phenomenological psychology differs regarding its focus on the clarification of experience variants (variables) in order more accurately to control the interpretations made of psychological phenomena (Spinelli, 2005). The clarification of psychological variants is aimed at understanding how they might influence and perhaps limit researcher or practitioner interpretations of those phenomena (Spinelli, 2005). Hence, due to this study being a psychological investigation into the lived experiences of traumatically injured South African Super Rugby players, the psychological descriptive, phenomenological method will be employed. However, before outlining the steps of Giorgi's (1997; 2008; 2012) understanding of the phenomenological method, which forms the basis of this study's methodological procedure, a brief elucidation, via Ernesto Spinelli's interrelated but distinguishable three-step

approach (i.e., the rule of epoché; the rule of description; and the rule of horizontalization) to Husserl's descriptive phenomenology, will be presented, due to their pertinence to their founder's *ideas.*

3.4.8.1 Epoché.

Husserl's (2012) first rule of phenomenological reduction (or rule of epoché) comprises *self-suspension*, which describes the act of purposefully setting aside preconceptions and biases of prior experience. These biases (prejudices), if left unsuspended, risk contaminating the phenomena under investigation. Hence, Husserl spoke of the act of temporarily *bracketing* (as far as possible) preconceived ideas about experience, in order to create openness to our immediate experiences (Spinelli, 2005). Subsequent interpretations of the phenomena under investigation become more acceptable as scientific data if appropriate bracketing is achieved. Hence, conclusions stemming from phenomenological inquiry should be based on immediate and unbiased "experience of the person rather than upon prior assumptions and expectations" (Spinelli, 2005, p. 20). It should, however, be borne in mind that the achievement of complete or *ideal* bracketing is not possible. Notwithstanding, the suspension of a varying amount of preconceived biases is. As Spinelli (2005) suggested, even the intentional act of bracketing should enable diminishing of the risk of phenomenological contamination.

The rule of epoché is especially pertinent regarding this study, as the researcher has prior, personal, experience of the phenomenon under investigation. The act of temporary bracketing will be essential during both the interview and analyses stages of this study in order to minimize the risk of contaminating the results with the researcher's historically-based assumptions, potentially precipitating bias.

3.4.8.2 Description.

Spinelli (2005) maintained that Husserl focused on the descriptive essences of phenomenological reduction. Simply put, it is the phenomenologist's duty to describe immediate experience without limiting it via, for example, instant explanations of it. Immediate explanations of the experience, in the form of theoretical views or hypotheses, will detract from the experience variables of immediate intentionality (Husserl, 2012). In other words, if openness to experience via the rule of epoché is achieved, the next step is a concrete descriptive examination "of the intentional variables which make up our experience" (Spinelli, 2005, p. 21). However, as is the case with the first step regarding the rule of epoché, the rule of description is limited apropos the possibility of experiencing a pure, explanation-

free description (Spinelli, 2005). Spinelli (2005) further proposed that although an ideal description is unachievable, it is reasonable to assume that explanations of experience exist on a continuum between and including *concrete description* (sensory-based immediate experience) and *abstract analytical* (conceptual) generalisations. The latter incorporates meaning-making components within theoretical boundaries (Spinelli, 2005).

3.4.8.3 Horizontalization (equalization rule).

The rule of horizontalization describes the third step in Husserl's reduction. This rule suggests that once an experience has been immediately described, as concretely as possible, one should attempt to avoid placing any hierarchical significance on the items of those descriptions (Spinelli, 2005). In other words, initial experience should be treated with an attitude of *not knowing* (Husserl, 2012). If the phenomenologist is able to employ the rule of horizontalization, this should enable revelation of the 'whole' or essence of the experience, itself, once the items thereof have been described with equal value. Any hierarchical value pre-emptively attached to any item during the process of description could limit the potential for a complete experience (Spinelli, 2005). Similarly, a pure horizontalization (or equalization) of phenomena is unachievable. However, an attempt at resisting hierarchical evaluation during the descriptive process should reduce the imposition of unwanted "questionable and biased hierarchies of significance upon our investigations" (Spinelli, 2005).

3.4.9 The hermeneutical interpretive phenomenology of Heidegger.

Meanwhile, and as was mentioned in the introduction to this section, there is another approach to Phenomenology as a research methodology. Husserl's student (and successor at Freiburg University), Martin Heidegger, who began his academic studies and career in the field of the sciences, later shifted to theology and, finally, concluded them with Philosophy, formulated this second approach.

Heidegger was most concerned with the "basic question in metaphysics" (Cohn, 1997, p.11) (i.e., "What is Being?" (p. 11)): followed by how existence is *experienced* (as opposed to identification of what the pure essences of phenomena are). He referred to his concept of the experience of existence via use of the word, *Dasein* (Being there) (Cohn, 1997); or as Pivčevič (1970) refers to it, "the there of Being" (p. 110).

Heidegger, therefore, distinguishes between what he termed ontological and ontic concerns. The former term subsumes those *existential,* or as Spinelli (2005) called them, *life*

givens (including mortality, relatedness, throwness, inevitability of choice, freedom, space and time). The latter term refers to how human beings experience the ontology of existence, subjectively, or via their ontic, being in the world. According to Heidegger, therefore, the manner in which individuals are able to escape from the concerns surrounding (ontological) Being, is via involvement in the ontic (Cohn 1997). Hence, Heidegger's phenomenology was / is aimed at understanding ontic existence via interpretation of meaning that is inter-subjectively and historically explored (Cohn, 1997), because hermeneutic phenomenology focuses on an individual's life world or "human experience as it's lived" (Laverty, 2003, p.24).

Achieving the above requires one stripping away the layers of existence that are taken for granted (e.g., the assumptions about existence) and then elucidating the experience of them, in order to create meaning / understanding. Husserl focused on understanding phenomena *per se* (i.e., acts of attending, perceiving, recalling, thinking about the world and so on); whilst Heidegger emphasized *Dasein* as this relates to human beings as creatures who focus on "their fate in an alien world" (Laverty, 2003, p.24).

Heidegger maintained that an individual's history will influence his present (i.e., immediate) understanding of experience because understanding forms part of one's existence (i.e., who we are in the world). To Heidegger, therefore, and unlike Husserl's conception of the term, consciousness is not separate or separated from the world, but rather it is the formation of historically lived experiences. In other words, according to Koch (as cited in Laverty, 2003), there is an "indissoluble unity between a person and the world" (p. 24), predicated on a constantly, mutually interactive historicity that subsumes cultural and social contexts (whilst not disputing Heidegger's opinion that one's background can never be fully explicated, which is why it is essential to consider, when employing this methodology, what Laverty (2003) referred to as fore / or pre-existing structures).

Hence the fulcrum or nexus of elucidation via this approach is the interpretation of interactive meaning, through employment of the languages (either verbally or non-verbally communicated) inherent in culturally bound texts, which culminate in the achievement of new meanings arising from historical ones, at both individual and social levels. Thus, hermeneutics involves "an interpretive procedure aimed at understanding and disclosing phenomena via language", which is employed in order to, "find intended or expressed meanings" (Kvale as cited in Laverty, 2003, p. 24).

Meanwhile, of primary importance regarding the purposes of this research, is Heidegger's three overarching constructs within which *being in the world* is experienced (i.e., *Umwelt, Mitwelt,* and *Eigenwelt).*

3.4.9.1 Umwelt.

Umwelt consists of the biological and, especially, physical world of subjective experience that is closely related to the existential given of *embodiment*. Simply put, this construct pertains to how one interprets and derives meaning from one's biological and physical perceptions of existence (Maddi, 1996). For example, the *Umwelt* of a traumatically injured Super Rugby player could encompass the experience of loss of body function due to structural damage, as well as experiences related to physical pain.

3.4.9.2 Mitwelt.

The construct *Mitwelt* considers the individual's conscious awareness of the existential given of *relatedness* or *being-in-the-world-with-others* (Maddi, 1996). Cohn (1997) maintained that the individual exists in the world *with others*, via un-chosen, at least historical, inter-subjectivity (i.e., the interaction between self and others). Hence, Heidegger maintained that there cannot be a separation of the individual from the world into which one has been *thrown*, and that the individual's existence depends, therefore, upon the mutual inclusivity of the world (others) (Cohn, 1997). As pertains to this study, a traumatically injured Super Rugby player may experience a heightened sense of isolation from his usual social circles, due to for example, his perceptions of being separated from, and unable to contribute to, his team. This may result, either in a perceived *choice* to remain isolated, or an attempt to 'move closer' to others (which may cause an over-involvement with them).

3.4.9.3 Eigenwelt.

Regarding *Eigenwelt*, this concept refers to the individual's intrapsychic relationship with the self. It incorporates individual, intrapsychic processes that include internal narratives and cognitions (Maddi, 1996). Eigenwelt, as being-in-the-world, deals with our inevitable involvement or '*Sorge'* with our psyche or (intra) subjective consciousness. Traumatically injured Super Rugby players could experience meaning-making via an internal narrative aimed at recovery. Conversely, a player might engage in intrapsychic self-denigration via negative attributions.

3.4.9.4 Interpretation and language.

Having covered the above terminology and with regard to the practical application of phenomenology as a research methodology, Hans-Georg Gadamer agreed with Heidegger's ideas regarding language, understanding and the mutuality of interpretation, that is, there exists, "a dialectical interaction between the expectation of the interpreter and the meaning of the text" (Laverty, 2003, p. 25). Hence, *questioning* is considered to be a vital part of the interpretive process, necessary because *understanding* is not merely the recreation of another's meaning. Questioning enables the presentation of possibilities of encountered meaning that have bearing on one's own consciousness, which, in essence, implies that a transformation takes place via the communion of dialogue. Gadamer (as cited in Laverty, 2003), meanwhile, maintained that research methods can never be entirely "objective, separate or value free" (p. 25) (and, thus, that even the idea of bracketing is absurd), as one cannot leave one's history out of the present by simply employing an *attitude* (Gadamer as cited in Laverty, 2003).

Additionally, Laverty (2003) maintained that a **"**clear distinction between phenomenology and hermeneutical phenomenology does not exist" (pp. 27-28). Descriptive phenomenology is 'foundationalist', as it looks for 'correct' answers and / or "valid interpretations of texts" (p.27) that are "not dependent on the biographical, historical or social position of the interpreter" (p. 27). Hermeneutic phenomenology is considered to be 'non-foundationalist', as it is aimed at meaning making via "interpretive interaction between historically produced texts and the reader" (p. 28).

Furthermore, and according to Polkinghorne (1985) the term methodology should be conceived of as involving an approach to the acquisition of understanding that is creative and "responsive to particular questions and subject matter" (Laverty, 2003, p. 28). Hence, methodology presupposes abilities regarding reflection, insight, language sensitivity and openness to experience (Van Manen, 1997). Meanwhile, Laverty (2003) also contended that a *method* should be chosen and employed that is able to keep the researcher focused on exact or precise knowledge (including procedure), whilst *methodology* requires the employment of "good judgment and responsible principles" (p. 28) and not the mere following of "rules used to guide the research process" (p. 28).

Thus, while this study makes primary use of Husserl's descriptive version of Phenomenology, Heidegger's *umwelt, mitwelt* and *eigenwelt* constructs will be employed as

they relate to the value they can add to an understanding of the lived (physical, social, and intrapsychic) experiences of traumatically injured Super Rugby players. Therefore, some questioning is likely to be employed, appropriately, in order to uncover or to tease out deeper meaning, where necessary.

3.4.10 The contemporary research methodology of descriptive phenomenology. Husserlerian transcendental phenomenological reduction is aimed at understanding *consciousness* (i.e., the experience of essence) via the transcendental purification of phenomena. Giorgi (2012) maintained that the method of descriptive phenomenological reduction, employed within contemporary psychological research, is aimed at the reduction of the *objects* of consciousness, in order for the phenomena to reveal themselves as they would if they could. This method of reduction was derived from Husserl's psychological phenomenological reduction, which considers the acts of consciousness (i.e., perception, awareness, and intentionality) to be commensurate with actual human consciousness (Giorgi, 2012).

Creswell (2007) maintained that phenomenological research is directed towards the description of the lived experiences of a phenomenon of two or more people, in order to investigate and ascertain any commonalities of shared experience. The descriptions of the lived experience of the phenomenon are then reduced to a description of its essence. This author suggested three basic steps within phenomenological research. Firstly, the researcher identifies a phenomenon of human experience for investigation - in this case, the phenomenon of traumatic rugby injury. Secondly, data is collected from an identified group of people who have experienced the phenomenon (e.g., three traumatically injured South African Super Rugby players. Thirdly, the data (e.g., written transcripts of the individual's experiences) pertaining to this sample's lived experience of the phenomenon are reduced to thematic descriptions of the phenomenon's essential and 'universal' essence/s, in as richly detailed a manner as possible (Creswell, 2007).

Furthermore, Giorgi (2012) proposed certain guidelines that should be employed when employing his descriptive phenomenological methodology. These guidelines are dependent on the researcher's adoption of the correct attitude, commensurate with phenomenological psychological reduction. The 'correct' attitude subsumes the aforementioned process of bracketing and description during both the data collection and analysis phases of the research. It further includes the researcher concentrating on the objects of experience that are *given*,

without intruding past knowledge or biases onto them. Additionally, Giorgi (2012) maintained that psychological phenomena should be treated with the sensitivity commensurate with a psychological attitude. For example, and in the case of this study, the researcher's psychological attitude, appropriate to the phenomenon of traumatic rugby injuries, should be one of consideration for the potential physical, social, and psychological experiences of the participants. Having achieved the reductive, psychological attitude, Giorgi (2012) next described five steps in the analysis of the phenomenological data. These steps may be summarized, as follows:

1. A preliminary reading of the data transcripts in order to gain a holistic understanding;
2. A second reading of the transcripts in order to discern *meaning units*;
3. Transformation of the meaning unit descriptions into psychological expressions. Giorgi (2012) describes this step as being fundamental within the phenomenological method;
4. A reduction of the psychological expressions into essential structures; and
5. Finally, the written essential structures of experience are then utilized, in order to assist in the clarification and interpretation of the raw data, done to enable provision of a general description of the experience.

It would be meet at this stage to mention Giorgi's differentiation between the use of language to describe phenomena that are presented to consciousness, and the act of interpretation. Giorgi (2012) acknowledged that these two processes are similar in many ways and that analyses of psychological data will always have an interpretative quality to them. However, he suggested that, during the task of description, the researcher accounts for noetic factors (i.e., meaning-conferring or interpretive acts). Accounting for noetic factors by the researcher involves purposeful and deliberate reflection, aimed at detecting these factors in order to describe them. Conversely, he purported that interpretive phenomenological methods do not attempt to separate the act of interpretation from the perception of the object under investigation. It is taken for granted that the perception of a phenomenon subsumes the *living through* of the interpretive act (Giorgi, 2012).

Furthermore, (Giorgi, 2012) maintained that the act of description is aimed at describing, as accurately as possible, what is given in experience without adding or

subtracting anything from what is presented. Interpretation, however, subsumes prior (non-given) theoretical, hypothetical and / or assumptive factors, which add to that which is given in experience.

3.5 The Applicability of Phenomenology to the Current Study

In order to achieve the aims and sub-aims of this research, a number of systems of methodological research might have been employed. However, given that it is an investigation into the *lived experiences* of traumatically injured Super Rugby players, a phenomenological approach was considered the most able to allow for achievement of the aims. Furthermore, within the field of phenomenology, a *primarily* descriptive (as opposed to hermeneutic) approach appeared to be more appropriate. In elaboration of this, the study is directed towards drawing out descriptions of the experience of being traumatically injured as a professional Super Rugby player, in order to articulate the essences of the phenomenon. Notwithstanding and according to information gleaned from the Literature Review section, there appears also to be a limited understanding of how this population subjectively perceives their *Umwelt, Mitwelt,* and *Eigenwelt* experiences regarding the phenomenon being investigated. Hence, descriptions of these participants' experiences (whether across all three phenomenological worlds or not) should enable the researcher to gain a rich understanding of their subjective realities as they relate to living with a traumatic rugby injury.

Additionally, and in accordance with phenomenological methodology, the researcher attempted to not make presumptions apropos advanced or prior knowledge of variables linked to the phenomenon of traumatic rugby injuries; nor did this study aim to measure variables that participants may or may not have experienced. What this research attempted to achieve was to describe *what* the subjective reality *is* of the experience of a traumatic rugby injury, within the population under review.

3.5.1 Methodological procedure.

This study is delineated as being qualitative and descriptive. The specific approach used was derived from that of Giorgi (1997; 2008; 2012). The adopted research procedure for this study, therefore, considered pertinent theoretical, practical, and ethical dimensions, in order to ensure the quality and dependability of its results.

Giorgi (2008) described two overarching stages of his phenomenological procedure (i.e., the *data collection* and *data analysis* stages).

Firstly, data collection subsumes the selection of appropriate participants, as well as the manner in which the researcher collects relevant / pertinent data from them. The purposive sampling technique (elucidated below under section 3.5.3) was employed for the purposes of this research, due to its specificity. Furthermore, the open-ended interview technique was used, in order to collect the data (refer to section 3.5.4.1 below). Finally, unique principles of phenomenological *reduction* (i.e., bracketing and transcription), as pertains to the data collection (interview) stage of Giorgi's method, was employed (refer to sub-section 3.5.4.3 below).

Secondly, during the data analysis stage, the five steps of Giorgi's (2008) method was employed, in accordance with the application of his approach, to this research (refer to section 3.5.5 below).

3.5.2 Participant selection.

In alignment with the descriptive phenomenological approach, participants chosen for this study comprised only those individuals who were experiencing the phenomenon; who were able to articulate their experiences in a language that is familiar to the researcher; and who were available to communicate their experiences (Giorgi, 2008).

Giorgi (2008) suggested that three to five participants is usually sufficient in order to provide enough *variation* across descriptions of the phenomenon under investigation. Variation is important within phenomenological research regarding the aim of clarifying descriptive essentials. The recommended participant sample of three to five individuals allows for the employment of free imaginative variation, thereby obviating the risk of imaginative extrapolation predicated on too small a sample size (e.g., as might occur in single case studies) (Giorgi, 2008). In other words, studies that focus on single cases risk failure to have provided for the sufficient variation of experience needed in order both to clarify invariant descriptions of essences, as well as understandings of their meaning (Giorgi, 2008).

Conversely, and when considering research carried out within a time frame, and by only one researcher, Giorgi (2008) also purported that a large number of participants included

in the study could become impractical regarding how much time is needed accurately to reduce the descriptions of experiences into their meaning units and general essences. Additionally, the analysis of the data could also become contaminated by certain factors such as researcher fatigue, as well as *experience repetition* when large samples of participants are included in phenomenological studies (Giorgi, 2008). Notwithstanding, it should be borne in mind that Giorgi's (2008) recommendations of sample size do not guarantee the trustworthiness of the study's results (i.e., exact descriptions of the phenomenon's essences). Hence, researcher responsibility lies in the precise examination of the collected data for quality and relevance (Giorgi, 2008).

3.5.3 Purposive sampling and participant criteria.

Bearing the above in mind, the purposive sampling technique of participant selection was chosen as the one most appropriately suited to the requirements of this study.

Turner (2010) suggested that good sampling subsumes the selection of participants, who are aligned to the purpose and aims of the research. Purposive sampling entails identifying individuals who meet predetermined criteria linked to the objectives of the study (Cozby, 2009). It is, therefore, defined as "looking for those individuals to take part precisely because they can offer the researcher some meaningful insight into the topic of study" (Palys, 2008, p. 884).

The general aim of this study was to describe the lived experiences of South African professional Super-Rugby players who had been traumatically injured while either training for or playing rugby matches. Hence participants comprised those South African professional rugby players, currently members of Super Rugby competition teams, who have experienced the phenomenon of traumatic rugby injury.

Specific selection criteria were as follows:

1. Participants included those individuals who were selected to compete in the 2017 Super Rugby competition and who sustained a severe traumatic rugby injury (i.e., an injury that has required more than four weeks of rest and rehabilitation before one is able to return to play);

2. Selected individuals were between the ages of 24 and 30 years. Younger players may not have had enough time within the professional ranks to have become *dependent* on their chosen career regarding the sustaining of the quality of life attendant upon it, while older players might be entertaining ideas revolving around retirement. Hence, their experiences of the traumatic injury might be very different apropos the dimensions related to their career (i.e., physical, psychological, social, spiritual, and financial ones). The preferred age range, therefore, has been determined due to the fact that it is considered to represent the one most vulnerable to possibly the deepest experiences of trauma, together with a concomitant breakdown of their assumptive world, due to the threat injury poses to a career to which they have become committed; and
3. Participants were chosen who were able adequately to communicate in the English language, as that is the first language of the researcher. The descriptive phenomenological approach relies on the participants' ability to articulate their experiences of the phenomenon.

Apropos the actual selection of participants, a number of external criteria had to be borne in mind, as well. As already stated in previous chapters, the Super Rugby competition is generally regarded as being one of the most demanding competitions within the international rugby community. Players are, therefore, under great pressure to perform, while traumatically injured players are equally under great pressure to recover form, as soon as is functionally possible.

In order, therefore, either to obviate, or at least to minimize, any potential for exacerbating experiences of trauma (as a result of being interviewed in relationship to this), that could have, potentially, interrupted recovery of form, the medical administration of the Super Rugby franchise in closest proximity to the researcher was approached to assist with selection of currently injured participants. Five possible participants were put forward, of which the three who most fitted the purposive sampling criteria of the researcher were selected from this group.

A caveat should be mentioned regarding the researcher's awareness of certain demographic criteria including for example, ethnicity, race, social economic status, and religion that have not been considered in the recruitment of participants. It is acknowledged

that these factors may influence participant's descriptions of experiencing the phenomenon under review. Although these factors were not included in participant recruitment criteria, they were included in a biographical questionnaire during the interview stage of data collection.

3.5.4 Information gathering.

The paucity of international (note: none has been done in South Africa, to date) literature describing the essences of traumatically injured (inclusive, therefore, of Super Rugby competitors) professional players points to a lack of in-depth, specifically developed interventions aimed at the reduction of detrimental psycho-social-cognitive ramifications.

Thus, this research was undertaken in order to attempt to uncover the essences of South African Super Rugby players' lived experiences of traumatic, career related injuries. It is hoped that results might be able to augment the knowledge base regarding this phenomenon, as further interpretative phenomenological studies, as well as future quantitative analyses of these collected themes, could be pivotal in the development of the above-mentioned specific interventions. It is for these reasons (i.e., exploration of actual lived experiences in order to uncover essences) that the open-ended interview technique was employed within this research study.

3.5.4.1 The open-ended interview.

The open-ended interview, as a phenomenological data collection technique, aims to gather articulated or written descriptions of the participant's subjective perspectives by encouraging the adoption of a natural, conversational attitude (Giorgi, 1997; 2008). Simply put, the open-ended interview technique involves the interviewer posing a broad, non-descriptive and non-definitive question regarding the phenomenon under review to the participant (Giorgi, 2008). The researcher is then able to follow the interview process by maintaining an attitude of empathy and curiosity about the participant's experience of the phenomenon. Additionally, the interview is recorded either by a video recording or audio recording device. The interview process is regarded as being relatively open and informal, as the researcher attempts to draw out from the participant meaningful descriptions of experience. Notwithstanding, Husserl (2012) maintained that empathy is not to be considered a primordial or direct experience; we can only understand the other via the perception of their behaviours (including bodily behaviours). Hence, Giorgi (1997) also suggested that although there are limitations regarding

the accuracy of articulated experiences during the phenomenological interview process, the researcher's acute awareness of participants' communications (verbal as well as non-verbal, apropos richness of descriptions) can address these limitations, to a certain extent.

Furthermore, the open-ended interview allows the interviewer to be flexible during the data collection phase of the research, that is, the participant is encouraged to answer the question in spontaneous and in natural ways with minimal guidance and / or pre-emptive coaxing from the interviewer (Giorgi, 1997). Of course, a potential resource guideline, subsuming relevant questions and to be used in the event that the participant is not able adequately to describe his / her experiences of the phenomenon, is permitted by the researcher. However, this semi-structured guideline should only be employed in the absence of natural spontaneity (Giorgi, 1997).

Additionally, the open-ended interview technique is considered to be synonymous with the descriptive phenomenological method due to its reported capacity to engender a more conversation-style approach to data collection. This approach is often preferred when attempting to draw out descriptions of personal and potentially sensitive experiences. Simply put, this interview technique allows the researcher, respectfully, to follow the participant's descriptions of their experiences, while posing occasional questions aimed at deepening explorations of understanding and meaning surrounding the phenomenon. This should allow for the creation of conditions in which the participant is enabled to experience the interview as being a mutually reciprocal, naturally articulated, knowledge seeking endeavour, rather than an exploitation of his / her experiences (Giorgi, 1997; 2008).

A broad, non-directive, open-ended question was posed to the participants around what they were experiencing as a result of their injury. During an audio recording of the interview, the researcher followed the participant's experience process with an attitude of respect and curiosity, while being cognisant of both his own and the interviewee's verbal and non-verbal communication. A resource guideline containing a set of predetermined but open-ended questions was kept ready in case a participant lacked natural spontaneity in his responses. The researcher made use of a conversation-style approach throughout, while encouraging mutual reciprocity and spontaneity from the participants. Finally, the interviewer attempted to employ the attitude of phenomenological reduction from the outset of the

interviews, as this attitude incorporates the idea of phenomenological bracketing during both the data collection, as well as data analysis stages of the research.

3.5.4.2 The biographical questionnaire.

A biographical questionnaire was administered to the participants before the interview process. The questionnaire comprised questions aimed at determining age; length of time employed within the particular rugby union; marital status; length of marriage / partnership; number of children; psychological history; estimated time of rehabilitation regarding the current injury; time passed since last competitive match; number of traumatic injuries; and number of operations. The questionnaire was administered in the belief that it would add contextual depth to interpretation of the participant's descriptions of the phenomenon under review.

3.5.4.3 Technique of bracketing.

As mentioned (in section 3.7.1) under the rule of *Epoché*, bracketing is essential during both the data collection and analysis stages of the phenomenological method (Husserl, 2012). Quintessentially, bracketing requires that the researcher remains open to experiences by suspending, as far as possible, all preconceived ideas, values, beliefs and / or biases linked to the phenomenon under investigation (Giorgi, 2008). Additionally, as Spinelli (2005) suggested, bracketing requires an attitude of reflection on the process of intersubjectivity, in order to account for when and where the researcher may have influenced the interview or analysis process. Reflection on the processes of articulation and interpretation likely enabled the researcher to draw out, both from the participant, as well as from research transcriptions, rich descriptions of experiences in as uncontaminated a way as possible (Giorgi, 2012).

3.5.4.4 Transcription of the interviews.

Recorded interviews were transcribed, in order for the researcher to have a text-based account of the process of the data collection stage. These transcriptions form the bedrock of the phenomenological analysis, as it is the textual material that is representative of the phenomenon. In accordance with requirements, the transcriptions were a verbatim account of the interview process; incorporating the punctuation that further enabled the researcher to retain the verbal and non-verbal nuances of the interview and data collection processes. Polkinghorne (1985) suggested that the participant's articulation of the experience is merely a conduit for the experience itself (i.e., the essences of the phenomenon exist in the experience

of the phenomenon, not the language used to describe them). Hence, the researcher attempted to consider, as accurately as possible, both his own and each participant's communication nuances during the transcription stage of data collection.

3.5.5 The data analysis stage.

To reiterate, Spinelli (2005) maintained that Husserl's psychological phenomenological method consists of three overarching rules or stages of reduction. They include the rule of *Epoché*, which subsumes the concept of self-suspension and / or bracketing; the rule of *Description*, which directs the researcher towards the descriptions of invariant essences *sine* immediate explanations of them; and the rule of *Horizontalization*, which, when employed, allows the essence of the phenomenon to reveal itself without any pre-emptive hierarchical value being placed on it by the researcher (Spinelli, 2005).

It was mentioned under section 3.5 that Husserl's pure transcendental, phenomenological approach was not entirely appropriate for this particular study, as the research did not attempt to seek knowledge of pure consciousness or pure invariant truth. Rather, it was aimed at collecting rich descriptions of experiences of the phenomenon, *traumatic rugby injuries*. Hence, an adaptation of Husserl's original method was required, in order to achieve the study's aims. This adaptation was achieved via employment of Giorgi's (1997; 2008; 2012) phenomenological steps in the analysis of the gathered data. A detailed explanation of these five steps is presented below.

1. The researcher should read the descriptions of the phenomenon as a whole, in order to gain a holistic understanding of the data (Giorgi, 2012). The first reading of the data should be done in order to gain a global sense of the experience, without focusing on individual parts or themes. The attitude of bracketing should enable the researcher to suspend preconceptions about what data segments are significant or not (Giorgi, 1997; 2008). Hence, adherence to the rules of epoché and of horizontalization is imperative during this first step;
2. A second reading of the description is next undertaken, while experiences of meaning transitions are noted, in order to reduce the descriptions into *meaning units* (Giorgi, 2012), still articulated, at this stage, in the phrasing (natural language) of the participant (Giorgi, 1997). Again, the second reading is aimed at gaining an even more in-depth, but overarching understanding of the data.

Meanwhile certain data sections are divided into said meaning units, that is, data segments that hold pertinent psychological meaning regarding the phenomenon under investigation (Giorgi, 1997). The application of both the phenomenological and psychological attitude during this stage of the research process is consequential regarding the reduction of possible researcher contamination. This process of segmentation is continued until no new meaning units reveal themselves. The noting of meaning units is dependent on the researcher's adopted attitude and may differ from researcher to researcher (Giorgi, 2012);

3. The researcher next transforms the meaning units into descriptions that contain explicit psychological importance and value connected to the phenomenon under investigation (Giorgi, 1997; 2012). The researcher relies on the method of free imaginative variation (i.e., the exploration / examination of various potential expressions or multiple meaning possibilities), in order to (language) convert these naturally given meaning units into psychologically valuable descriptions (Giorgi, 1997; 2008). As Giorgi (2008) maintained, these descriptions form the underpinning structure of a participant's experience of the phenomenon. It is imperative that this step be conducted in a reflective and precise manner, in order to meet phenomenological, psychological, and scientific research criteria;
4. Step four is aimed at reviewing and reducing the psychological descriptions of a participant's experience. Descriptions that have been re-described in the language of psychology are now re-examined and re-organized, in order to come to a synthesis of psychologically based meaning units, i.e. relevant and diverse descriptive statements (Giorgi, 2008). Again, free imaginative variation is employed during this step of writing the essential structures of participant experience (Giorgi, 2012); and
5. The written, essential structures of experience are then utilized in order to assist in the clarification and interpretation of the raw data (Giorgi, 2012). Simply put, the written, psychologically structured descriptions of a participant's experience of the phenomenon are then checked against the meaning units, as well as against the raw data descriptions, in order to verify the inclusion of implicit data constituents (Giorgi, 2008). Finally, the researcher "dialogues the structure with the transformed meaning units and raw data in order to elaborate in full the findings of the study" (Giorgi, 2008, p. 39). The writing of the general structure of research results is considered to be the last step in the phenomenological method;

however, Giorgi (2008) maintained that it is not to be considered the final step in the research report.

3.6 Phenomenological Validity

Willig (2008) suggested that traditional quantitative methods of assessing scientific rigour and value within social science research (e.g., objectivity, reliability, generalizability, and validity) are not suitable in determining the quality or even transferability of qualitative studies. However, it is still imperative that qualitative research be assessed according to certain scientific criteria in order to achieve trustworthiness regarding its acquired knowledge (Yardley, 2000). Additionally, criteria employed in evaluating the trustworthiness of qualitative research should adhere to and represent compatibility to its methods, as well as its epistemological framework (Willig, 2008).

Kelly (2011) purported that there exist two types of 'meaning' qualities that are important regarding the defence of acquired knowledge in qualitative studies (i.e. *intended meaning* and *interpretive meaning).* Intended meaning could be considered to form the basis of validity in descriptive studies, such as this one. It requires the author to verify, via the participant, his / her reduced descriptions or essences of a participant's experiences of the phenomenon under investigation, in order to establish veracity of the findings. Conversely, interpretive meaning becomes more complicated regarding the verification of the study's findings, as it requires other experts in the field to verify the veracity of the results (e.g., via a process of triangulation) (Kelly, 2011).

Psychological phenomenological research is also considered to be more valid when its methodological principles are adhered to. Giorgi (1997) suggested that these principles include phenomenological criteria (i.e., achievable if the description of essences has been achieved via the employment of adequate methods of reduction, imaginative variation and the reflection on the processes of intentionality); scientific criteria (i.e., achievable if utilization of a systematic and critical method of enquiry in an attempt to allow results to be as transferrable as possible, is employed); and psychological criteria (i.e., requiring an attempt be made to describe psychological essences via the attitude of psychological sensitivity).

Descriptive phenomenological research does not purport to achieve the generalizability of its findings, as many quantitative studies do. It aims to describe a participant's subjective experiences of the phenomenon under investigation. Hence, its

validity relies on how the researcher explains the variations of meaning, drawn from a participant's experiences, in order to clarify the phenomenological essentials (Giorgi, 2008). The verification of the clarified descriptions, via the researched participants, added to the study's intended meaning (Kelly, 2011).

3.6.1 Credibility and dependability of qualitative research.

As is the case with quantitative *validity*, qualitative *credibility* describes the extent to which the research method explores what it purports to explore (Van der Riet & Durrheim, 2011). Hence, this research would be considered as being credible if results obtained there from accurately reflect participants' experiences of the phenomenon of career-related traumatic rugby injury.

Van der Riet and Durrheim (2011) maintained that the credibility of a qualitative study depends on how convincing and / or believable its results are. The researcher's noted reflective processes during the steps of the phenomenological method should account for whether subjective bias or any other factors may have influenced research outcomes, or not. Hence, "qualitative researchers understand plausible rival hypotheses as events *to be* understood, not variables to be explained" (Van der Riet & Durrheim, 2011, p. 91).

3.6.2 Research quality of this study.

In order to attempt to achieve credibility within this research, the researcher attempted to adhere to the outlined steps of psychological and phenomenological reduction, during both the data collection and analysis stages; while remaining aware of his subjective experiences of the phenomenon that could have possibly contaminated research outcomes.

On the other hand, research dependability refers to "the degree to which the reader can be convinced that the findings did indeed occur as the researcher says they did" (Van der Riet & Durrheim, 2011, p. 93). Hence, dependability of this research was hopefully achieved via providing the reader with detailed and rich textual accounts of the participants' descriptions of the phenomenon under investigation. Additionally, adherence to the philosophical and psychological concepts of phenomenological research methodology should also facilitate convincing the reader that the results of this research are derived from a sound scientific framework.

Finally, qualitative, phenomenological research is not aimed at creating generalizable

findings. Rather, it is aimed at understanding subjective human experience. Due to the subjective nature of phenomenological research, as well as to the relatively small sample size of participants, research results of this study are not intended to be generalised to the greater population. However, results are potentially transferable regarding the expansion of meaning frameworks that could be used, in order to gain greater understandings of the phenomenon under investigation.

3.7 Specific Research Ethics

As this research was done within the department of Humanities of the University of Johannesburg, this university's code of academic and research ethics was adhered to. Ethical clearance was obtained from the Humanities' Academic Ethics Committee of the University of Johannesburg, during the proposal stage of this research.

Three ethical considerations, specific to this research, were followed. They included *informed consent*, *participant confidentiality*, and *consequences of participation.*

Regarding informed consent, participants received a letter outlining the purpose of the research; how the interview procedure would be conducted; the voluntary nature of the interviewing process; the individual's right to withdraw from the research process during any phase of the interview without any negative repercussions; and the assurance that all participant particulars would be kept confidential via the use of a pseudonym. Participants were provided with ample time to peruse and to familiarize themselves with the contents of the letter, prior to an agreed upon interview date. The researcher was also available to answer any concerns that the participants may have had regarding the procedure. Participants then signed the letters before the interview procedure began.

The ethic of participant confidentiality was considered to be of utmost importance during the research procedure. Pseudonyms were used throughout the transcription and data analysis stages. The only record of the participants' names exists on the consent letters, which were securely stored, under lock and key, at the researcher's place of residence. Audio recordings of the interview process, as well as the original interview transcripts, were stored on a computer under a password, to which only the researcher has access. Once the final structure of the research report was written and edited, transcripts and audio recordings of the interviews were erased. No raw data was shared with anyone besides the research supervisor,

Dr Pieter Basson and the transcriber, who was not provided with any names and who was asked to sign an oath of confidentiality, prior to being provided with any material. This oath further required the deletion of material, upon completion of work.

The third ethical consideration was that of consequences of participation. It is widely accepted within contemporary social science research that issues of potential *harm* be addressed within the generally accepted code of ethics. The issues of harm considered included potential risks to participants across biological, psycho-social-cognitive, as well as spiritual and financial domains. Given that these risks require to be identified, to be minimized, as well as to be communicated to the participants in a transparent manner before participants give their informed consent to participate in the study, the greatest possible care was taken to address any potential harm, throughout the process.

A potential risk involved in this research involved players divulging sensitive information about their respective unions, team members, and administration staff that could detrimentally affect their future relationships within the team environment, if not treated with confidentiality. Another risk apropos this study included participants divulging personal and emotionally sensitive information that could have negatively affected them at a psychological level.

Over and above the researcher attempting to manage this risk via psychological sensitivity, mention was made of the potential for engaging counselling services, in relationship to what could be expected from counsellors / psychologists, should the experience of participation have caused any degree of destabilization not otherwise manageable.

3.8 Research Synthesis

Research synthesis describes the process of integrating (i.e., synthesizing) the natural descriptions of participant experience and their reduced meaning units into the general written structure that consists of psychological and phenomenological essences and constituent experience segments (Polkinghorne, 1985). The synthesis of phenomenological research results depends on continuous reflexive practices on the part of the researcher during all of the above-mentioned steps pertaining to both the data collection and data analysis stages.

Meanwhile, the dependability and quality of this research was reliant on the dependability and quality of the researcher's phenomenological and psychological attitude of reduction - that also subsumed the descriptive and interpretative processes outlined in previous sections of this chapter (Polkinghorne, 1985).

Notwithstanding, Spinelli (2005) maintained that the *perfect* attitude of phenomenological reduction (i.e., complete bracketing and description) is not possible. There will always be a certain amount of researcher bias that will enter into the descriptions, meaning units and general structure of the research results, due to researcher subjectivity. However, awareness of unavoidable bias allows the researcher to reflect on the descriptive and interpretative processes, including the process of free imaginative variation, in order to remain as close as possible to the originally given, participant experience descriptions (Spinelli, 2005).

Hence, it is due to the possibility of variations in results of qualitative, phenomenological research that the issues of reliability and validity within this methodology are often raised and / or criticised. As a result of this, Van der Riet and Durrheim (2011) suggested that qualitative researchers prefer the terms *credibility* and *dependability* to replace those of validity and reliability, respectively.

Having borne the above in mind, this researcher made on-going, conscious efforts, throughout the process, to act in accordance with both the limitations and advantages of employment of the phenomenological methodological approach.

3.9 Conclusion

This chapter aimed to outline the justification of using the phenomenological methodological research approach in this study, while delineating the pertinent specific steps of the said methodological approach.

In order to achieve this, the general and specific aims of this research were elucidated. Next, a brief overview of methodology within the social sciences, with specific attention being paid to qualitative phenomenological methods, was given. Additionally, a historical platform for the development of both Husserl's and Heidegger's phenomenological philosophies and research approaches was provided.

Giorgi's (2012) contemporary application of phenomenology to psychological

research was next summarized, in order to preface the discussion of how phenomenology was be employed within this study. Following on from the overview of Giorgi's method, the methodological procedure of this research was outlined. Procedural steps that were discussed included, participant selection; purposive sampling; information gathering; the open-ended interview; the biographical questionnaire; and the technique of bracketing. The transcription and data analysis stages of this research were next discussed *a la* Giorgi's (1997; 2008; 2012) recommendations. Qualitative research validity was also explored with specific reference to phenomenological research quality. This chapter ended with a brief discussion around the ethics particular to this study, as well as with an outline of research synthesis and the importance of continued bracketing. Thus, this chapter aimed to provide a sufficient justification of the use of the phenomenological research method, and that the employment of Giorgi's (1997; 2008; 2012) procedural steps will assist with enhancing the credibility of this study.

The following three chapters are devoted to individual analyses of participant interviews.

CHAPTER 4
INTRA-INDIVIDUAL ANALYSIS, DESCRIPTIONS AND DISCUSSION OF PARTICIPANT A'S EXPERIENCE OF A TRAUMATIC RUGBY INJURY

The chapter begins with an introduction of Participant ***A*** via an outline of information gathered from the biographical questionnaire. This will be followed by the interviewer's impressions of ***A*** before, during and after the interview process. The intra-individual analysis of ***A***'s interview transcript, pertaining to his experience of his traumatic rugby injury, will next be presented apropos stages subsuming initial reactions to the traumatic injury; followed by emotional reactions thereto; and concluding with subsequent reactions to the traumatic injury. Finally, a conclusion will be given.

4.1 Introducing Participant *A*

A is a white, 24-year-old South African. He was educated at a prestigious, Johannesburg high school from which he matriculated. Currently, he is studying, part time, at a South African University. His home language is English but he is also able to speak Afrikaans. He has been playing for, and contracted to, his current rugby union for the last five years.

Regarding relationships, he is in a five-year, monogamous relationship with his current girlfriend and has no children. ***A*** communicated to the interviewer that he enjoys a good relationship with his parents. Reportedly, his parents support him in his career both emotionally and, at times, financially.

The traumatic injury ***A*** described during the interview was the first he had experienced of such magnitude as to require, not only two operations, but also a rehabilitation period of around 12 months. The injury comprised a full shoulder dislocation. ***A***'s medical team reportedly believed that a Bankart operation (in 2016) might be sufficient to enable full recovery (after a six-month rehabilitation process). However, it later transpired that a Laterjet operation was necessary (in 2017) – the second operation also required around a six-month recovery period. By the time of the interview, ***A***'s rehabilitation process was such that he was on the brink of being selected to play for his team, once again. Meanwhile, prior to the interview, ***A*** had never seen either a psychiatrist or a psychologist on an individual level.

4.2 Researcher's Impressions of Participant *A*

A arrived for the interview wearing a t-shirt, shorts and running shoes. He presented as

friendly, socially extraverted, interested in the interview process, but slightly nervous. Nervousness manifested in his being very talkative before the actual interview began. However, after the interviewer explained the interview process to ***A***, he relaxed somewhat. During the interview, ***A*** presented as being very honest about his feelings around experiences of his traumatic injury. For example, he became tearful when disclosing that he felt he had been negligent, physically speaking, whilst undergoing his first rehabilitation process. Hence, the interviewer gained the impression that ***A*** might have been experiencing feelings of guilt, in relationship to being injured, for a second time – especially as he seemed to use the experience of the interview as an opportunity for catharsis.

A was able, adequately, to articulate his experiences and thanked the interviewer for the opportunity to discuss them, towards the end of the interview, at which time he mentioned that he felt, "really good". The overarching impression gained was that ***A*** is dedicated to his career (whilst not being financially dependent upon it).

4.3 Analysis of Participant *A*'s Experiences

This section will present themes around ***A***'s descriptions of his experiences of his traumatic rugby injury. The analysis is divided into overarching subheadings aimed at describing ***A***'s experience within the phenomenological framework. These three main subheadings comprise ***A***'s initial reactions to the traumatic injury; his emotional reactions to the traumatic injury; and his subsequent reactions to the traumatic injury including the rehabilitation process.

Before proceeding, however, three aspects should be noted, that is, this traumatic injury was the first one experienced by ***A.*** Secondly, the injury required two operations to rectify, whilst both ***A*** and his medical team had initially believed one operation would be sufficient. Once it had been established that the first operation had not ensured ***A***'s full recovery, the second operation was done. Having to undergo a second operation resulted in ***A***, not only experiencing an additional degree of shock, but also re-traumatisation, due, in part, to its unexpectedness. Finally, requiring a second operation to repair ***A***'s injury, extended the duration of the traumatic injury to a period of around 12 months, instead of the initially anticipated six months.

4.3.1 Existential baseline.

A mentioned that during the year prior to his traumatic rugby injury he had not expected to

play much senior rugby (Super Rugby). He then indicated that, as he had in fact played well during the Super Rugby competition, he had earned an unexpected, unofficial senior position in the Currie Cup team. ***A*** described his *lebenswelt* prior to his traumatic rugby injury as one comprising mainly enjoyment of his rugby career.

- "I had a great season of Super Rugby; [prior to injury] my initial thoughts were only playing very little rugby as a senior and [I] ended up playing a lot of rugby … I mean, I'm a youngster, first season Super Rugby, going to Currie Cup, I'm almost like a senior player amongst the players. I think I was just enjoying myself hey"!

Post-injury, the sheer length and complexity of ***A***'s convalescence precipitated him having to re-evaluate meaning around his career. He described having become cognizant, not only of how his injury had affected him on a personal level, but also in terms of what would be required of him to continue to play at the professional level.

- … "Ja, I think ja, I said earlier on how it's [experience of traumatic injury] scarred me. I think it [experience of traumatic injury] gave me a mentality of I must just work. Nothing fancy (emotional), just work".

Hence, it would appear that ***A***'s traumatic rugby injury constituted, in his mind, an existential baseline from where he tends to compare and contrast his performance as a professional rugby player, as well as his enjoyment of the game, into before and after his injury.

4.3.2 Initial reactions to the traumatic injury.

A's descriptions of his initial reactions to his traumatic injury are presented below. These initial reactions include experiences of a lack of stress and positivity, confidence and trust in his medical team, a lack of prior experience of traumatic injury, insomnia, and buffering.

4.3.2.1 Lack of stress and positivity.

A's initial reaction after his injury seems to have constituted a lack of stress, together with confidence in, and attempts at an overall positive attitude towards, his recovery.

- "So ... a lot of guys have shoulder ops done and everything like that, and everyone, like everyone, is positive. 'Ag, you going to be all right; don't stress; you're going to do this and this with Doc. Yeah! You'll start your rehab in so many weeks and whatever' … So, I wasn't then [right after the first

operation] really stressed, hey. I thought, come February, I maybe miss two, three games at most, so I wasn't stressed".

4.3.2.2 Confidence / Trust in the medical team.

A experienced confidence in both the repair done to his shoulder and his recovery from his first operation based on the confidence his medical team exhibited.

- "It [shoulder] popped out, but then, there was no inflammation. I still had full range of movement. There was a little bit of weakness, but they [medical team] were confident so, like, I was confident ... Uhm, they [medical team] said, 'maybe it [shoulder] just rolled over a bit of cartilage or something like that'. I was like okay, happy days, I'll go and try tackle okes, again".

Once it was discovered that a miscommunication had occurred around the initial operation, ***A*** described experiencing a continued trust (which is predicated on confidence) in his medical team, particularly in the biokineticist involved.

- Interviewer: "Participant **A**, how did you experience that, the doctors and the medical staff not believing you, when you, when you told them what had happened?"

  Participant A: "So like obviously they [medical team] … and, I back our doctors [including his biokineticist] and stuff, a lot. They, they are honest with me and everything, and stuff like that".

4.3.2.3 Lack of prior experience of traumatic injury.

A's initial reaction to sustaining his injury was to mention that he did not think the injury was as bad as it turned out to be. This reaction manifested due to lack of prior experience regarding what a traumatic injury might entail.

- "I injured it [shoulder] (clear throat) I'd say midway through Super Rugby 2016, and then the first few games of Currie Cup, injured it again. It wasn't like bad, it was just like stingers, and a bit of weakness and stuff in the arm".

A next described how the success he had experienced during the year and prior to the injury protected him, at first, from the shock of surgery being required. Once the need for surgery was confirmed, however, he mentioned being inexperienced around what this might entail.

- "I was still at this, hype [immediately after sustaining the injury]. I mean I'm a youngster ... So for me, it wasn't the end of the world. I had a great year and then come, like Monday they [medical team] say to me, no, you definitely need surgery. So like, I never had a hectic injury. Ja, now ... I was a bit in the dark initially".

He then described his inexperience by saying that he had not considered the consequences of his injury to him in relationship to his being excluded from playing rugby and from his team for an extended period of time.

- "So, it [from injury to operation] was a quick process; it was almost like I couldn't get my head around it. Wednesday, I got a new shoulder on (but) … Ja, now I'm, I'm going to sit out for five, six months. I couldn't, I didn't understand, like, what not playing rugby, like for six months, would even feel like."

4.3.2.4 Insomnia.

A described disruptions to his post-injury sleep patterns having arisen mainly from inexperience around effective management of his traumatic injury and the concomitant increased amount of available time, and from not knowing how to keep himself more constructively occupied.

- "The first two weeks [after the injury occurred] you [I] can't do much [due to taking painkillers that resulted in drowsiness] … so it's relatively easy to sleep … I'd say after that, so say, three weeks on … I'd say my routine started initially falling apart from there, but then the not sleeping … I'm so used to playing and I didn't know what to expect. Come so many weeks into doing nothing, you feel like, you can pull your hair out. That's almost why I feel like, well not like I feel like, there are stages where I couldn't sleep".

4.3.2.5 Buffering.

A's initial reactions to his traumatic rugby injury were buffered by the impending off-season mandatory holiday all Southern Hemisphere teams are required to take, by recent memories of achievement, and by the fact that his early participation in the forthcoming, pre-season training was not, in his opinion, essential.

- "I think it [time of year injury was sustained] was just, if I'm completely honest it was probably the time of year, as well ... So October, November, December they, and my mates, also on a Friday, not lus for thinking of anything, let's go have a few beers and stuff like that. So I think it was also the time of year ... for me letting my hair down and stuff, it was lekker."

- "... People [rugby fans] still remember me from the year of rugby (2016), and so they come and chat to me and stuff like that. So it was lekker, hey! Even though I'm not in amongst the team and training that

much, it was still lekker to be associated with the rugby and everything like that, while chilling with my mates".

Finally, ***A*** described a belief that he did not need to worry about not being included in the team again, due to the buffering effect of the perceived success of his first operation. He understood this perceived success as enabling him to re-join his team shortly after the 2017 pre-season training began – which early training he did not appear to believe to be essential that he attended.

- "So, ja, I wasn't stressed [by the traumatic rugby injury] … They [his team members] went into pre-season, so they were training and everything, but the days weren't as long. After their [team members] sessions, I could go and chill with them so that was, that was fine" … "I'm a front row. I got to miss pre-season [training] so, it's always a bonus" (chuckling).

4.3.3 Emotional reactions to the traumatic injury.

A described several emotional reactions as part of his experiences of his traumatic rugby injury. Some of his emotional reactions were experienced in relationship to his first operation; others apropos his second operation. Emotional reactions included those arising from diagnostic confusion, disbelief and fear, uncertainty, feelings of being a burden, feelings of loss around missed opportunities, feelings of jealousy and self-pity; of grumpiness and irritation; and of boredom.

4.3.3.1 Diagnostic confusion.

A was soon re-injured after having started to train for competitive rugby again after his first operation. This was unexpected, as he and his medical team both believed that his injury had been repaired sufficiently. ***A*** described his becoming emotional, as a result of the confusion around the re-occurrence of the injury.

- "And uh, jis, I'll be honest. I just wanted to know what was wrong and, like, he [biokineticist] put the paper in front of me. I didn't even read it, I just pushed it back and I was like just, tell me what it is Doc. And he said, 'you have to go for another op'. And then from there, jis I got emotional, hey. Uhm, ja, got very emotional. Uh, I saw the surgeon two weeks after that".

4.3.3.2 Disbelief and fear.

The recurrence of his traumatic injury and the need for a second operation caused ***A*** to experience disbelief and, for the first time, fear.

- "… It [the shocked reaction of the medical team] was frightening. I must be honest. Because, uh, the doctors thought I had the second op, the first time … And when it [shoulder] dislocated, they came to me and … I said to the docs, 'it popped out' and they said … to me, 'it can't … It's [the doctors not believing ***A***] weird … And you could see there, there was, like, disbelief when I told them it popped out, because they, they actually thought it was a Laterjet, not the Bankart … No, I was emotional, hey".

4.3.3.3 Uncertainty.

A described experiencing feelings of uncertainty around coping with the breakdown of his pre-morbid, assumptive world. After sustaining the traumatic injury, however, he also indicated recognition of the need to resolve his uncertainty, despite experiencing this as being emotionally difficult.

- "You [I] don't know how it's going to be sitting at home watching TV, watching the highlights of the year, stuff like that. Ja, I think that's the best way to put it, you [I] don't know what to expect about how you're [I'm] going to feel during the next six months … Ja, I think, it's just like not knowing what to, like not knowing what's gonna happen".

- "So it's, it was almost like, uh, if I can put it in a way like, it was almost like a process of me just trying to get over it [the traumatic injury], and that was hard".

4.3.3.4 The feeling of being a burden.

Once the 2017 pre-season training actually started, the injured ***A*** was no longer able to socialize with his team mates as he had done during the mandatory holiday season. He described a growing awareness of the potential to become somewhat of a burden to those teammates who were probably tired after training sessions.

- "… From January, February … it's full focus on the Super Rugby, so you [I] also don't wanna, to be a nag on your [my] mates, 'cause they're training. You [I] also want to train but if you're in their shoes, wouldn't expect them to come and hassle you while you want to dos (sleep)".

4.3.3.5 Feelings of loss around missed opportunities.

The unexpected, extended duration of ***A***'s traumatic injury, due to the second operation being required, exacerbated accumulating feelings of loss around once seemingly achievable goals. Hence, awareness of the magnitude of loss of erstwhile, potential opportunities increased the longer ***A***'s recovery took to be achieved.

- "I think, I was looking at it [recovery] short term. I was that guy did a lot of work. I wasn't the guy running in front but I worked hard and, ja! (sigh), uhm, (sigh) … So last year (2016), I had like an

opportunity to play for the [national side] and, ah, it didn't happen … So then I had aspirations to play end of year tour, uh, last year. Then my first shoulder [injury] happened, and then this was like my goal, for the year … (emotional; crying). Ja, (sigh) … I got the opportunity and (crying) everything and, ja, missed it this year. I feel like it's not that I let the opportunity go or whatever, but I felt like the opportunity is gone. So, like, I have to almost wait for next year" [2018].

The need for a second operation deepened ***A***'s experience of feelings of loss, as his injury resulted in him having to forego, not only one year's worth of opportunities, but at least some of the goals he had set for himself in 2017, as well. The feeling of loss was compounded by the fact that his close rugby-playing friend was able to achieve their shared goal of playing for the national side, whilst the recurrence of his injury precluded him from this.

- "I think it's the whole [national side] thing. Initially when I didn't make the squad, it was like sore and I tried to hide it and everything like that, because my mate made the … squad … I was genuinely happy for him (emotional) … So after the op, I'd come to terms that I wasn't going to play end of year tour … My mate still plays for the [national side], uh, a few guys that I play with also got opportunities and I wanted to be one of those guys. So like, ja! I just feel like, when I'm with them, people come and ask them how the rugby is going and stuff like that. Then … I just want to be in the same boat as them being able to play rugby. Like, trying to achieve something, but now I've got to try, get fit again, try strengthening the shoulder, all that kak! Again!"
- "Fuck! This [talking about his traumatic injury process] is tough".

4.3.3.6 Jealousy and self-pity.

A experienced jealousy (particularly around lost opportunities, separation and possibly perceived isolation) and feelings of self-pity. He also described being upset about his jealousy and self-pity in relationship to himself and on behalf of his teammates.

- "I'd say it's [the feeling experienced] a bit of jealousy. I think it is, uhm, me wanting to be there training, playing, even though I can't, I know I can't. But still, don't have in it me to go, sit there and talk kak. Ja it's, I think it is jealousy but I almost (sigh), I feel (sigh), (emotional) I think I feel sorry for myself when I'm there (at his union). (Sigh). Ja"!

4.3.3.7 Grumpiness and irritation.

A described feelings of grumpiness and irritation that revolved around the experience of the loss of not being able to participate in major, Super Rugby games, due to his traumatic injury.

- "Ja, being grumpy there watching [the major game] … Jis, that week building up to the [major game] was tough, hey. That was the week you want to be involved, [home game] and everything, that was, was the goal".

At times, his grumpiness, due to his injury precluding him from being able to play rugby, was directed at his girlfriend.

- "But I'm not necessarily grumpy in front of people or per se her [girlfriend], but she can tell when something is wrong. Chicks! Uh So ja, I think, so I'm already irritated and then she comes 'what's wrong, why do you feel that way?' And then I almost just want to be like, 'Not now, let me just watch the game finished', then we can chat; and then I almost get mislik".

Furthermore, ***A*** also described being irritated by outsiders' questions causing him to have to refocus attention on his injury experience via making him have to explain (and, therefore, be reminded of) what had happened to him.

- "I think it just got irritating like (laughing), chilling with my friends and stuff like that, and then people come and ask me, 'What's wrong?', 'What this?', 'How long?', 'Will you be back?', 'What happened?', 'Why did you need a second surgery?'… So, it's like almost them asking me all the questions, makes me think about it [traumatic injury] even more".

4.3.3.8 Boredom.

The experience of post-injury boredom, during his convalescence, was described by ***A*** in relationship to him having to deal with being alone, with little to do, for several hours of the day.

- "Ja, I was pretty bored, hey [during convalescence] … I'm so used to playing [rugby] and I didn't know what to expect. Come so many weeks into doing nothing, you feel like, you can pull your hair out, that's almost why I feel like, well not like I feel like, there are stages where I couldn't sleep" … You're thinking about what's going to happen, tomorrow? What can I do to keep myself busy? Who can I go see? What time my mates are going to finish with training? What time my parents get home? Whatever, go visit them. Just, ja, you're bored so, you almost think of ways to keep yourself entertained, so that you're not as bored tomorrow. Ja, it's weird (laugh)".

- "It's the stuff in between [activities] like, ja, you go to a physio, at like eight in the morning and then you have rehab at, like, nine. Then after that, your mates only finish training at two / three. Like, from, say, ten till three, you chilling by yourself. I mean come three months of chilling by yourself, it's boring (laughing), to say the least".

This experience of boredom contributed to sleeplessness, ruminations, and other disruptions to his pre-morbid routines, dealt with in the sub-section, below.

4.3.4 Subsequent reactions to the traumatic injury: the rehabilitation process. ***A*** described several experiences pertaining to his rehabilitation process in sequentially evolving components that indicated the developmental trajectory he underwent from an initially less, to an ultimately more efficacious apprehension of his situation. The overall development of awareness finally culminated in a level of more mature realism around the ramifications of the injury and the required commitment to a career as a participant in a contact sport that he narrated as having not previously been sufficiently aware of.

At first, ***A*** described certain maladaptive coping mechanisms that included the seeking of distractions (also in order to avoid having to think about the ramifications of being injured), as well as various disruptions to his pre-morbid, physical health-based routines / regimen.

He later described how the adopting by him of improved, better adapted coping mechanisms led to greater success in the rehabilitation process. These subsumed learning from previous experience; adaptive avoidance; beneficial support he received from insiders and outsiders; his recognition of the supportive needs of his support structures; the support he received from his medical team; his employment of goal directedness, as well as the resolution to those goals. Hence, overall, a shift in his understanding of the world of his professional rugby career emerged.

4.3.4.1 Maladaptive coping mechanisms.

Within ***A***'s rehabilitation process, several maladaptive coping mechanisms were initially resorted to by him, in order to manage his experiences of the shock and trauma of being injured and unable to play rugby. Hence, these arose after the injury first occurred, and after his first operation had been done. Primarily, these maladaptive coping mechanisms revolved around distractions, and increases in eating and substance use.

4.3.4.1.1 Distraction.

A described himself using a hookah pipe (hubbly) as a method for him to distract himself

from thinking about rugby. He tended to smoke the hookah pipe with his non-rugby playing friends.

- (Sigh) "It's quite a shitty thing of me to say, but like, we're [***A*** and his non-rugby playing friends] in different boats. They're studying. For them to have a hub is like me going to chill with them; 'cause them having a hub is like, them relaxing from studying and then me just visiting them, is like me relaxing from not thinking about rugby … but like ja, it is what it is … I think it's more just being in the company of your mates and stuff. Cause they probably get you away [distract] from this, your shoulder injury, and stuff like that".

*4.3.4.1.2 Increases in **A**'s eating patterns.*

Regarding eating patterns, ***A*** mentioned that his girlfriend and parents remarked on an increase in the amount of food eaten by him, post injury.

- "Ja, like … my parents and my girlfriend … give you [me] shit, like you [I] go look in the fridge to find something to chow, and they'll tell you [me], 'Argh, no, you eating again?'".

*4.3.4.1.3 Increases in **A**'s substance use.*

A described increased consumption of substances, in the form of alcohol and tobacco, after his first operation, due to not being able to participate in training for or playing rugby games and his not being involved in the team environment.

- "Ja, I think that's a big, big thing hey! [increases in substance use] 'Cause like not being with the team, I come home and then my mates, that aren't playing rugby and stuff like that, I mean they're chilling and stuff, have a few beers, smoke a bit of hubbly and stuff, and then I don't have to be up, half past seven in the morning, go train and stuff like that. Have some beers, smoke some hub, and then not being in the team environment, I think it pushes you [me] away from, like what you [I] should be concentrating on and stuff like that".

- "… Drink myself dead [post injury] and stuff like that … thinking, I'll be fine; I'll work all the alcohol out".

4.3.4.2 Adaptive coping mechanisms.

Over time, ***A*** became more aware of the impact of his coping mechanisms on his rehabilitation and, as a consequence, he developed ways in which to resolve his somewhat maladaptive coping mechanisms to ones that facilitated his rehabilitation. Firstly, ***A*** became aware that his initial coping mechanisms were not constructive ones.

- "… I think just if, I didn't drink as much and smoke as much hubbly and all that stuff, not that my recovery would've been any quicker [physically], that it wouldn't have been a bad thing".

- [Initially] "I didn't look at the picture in the end, like, I thought of coming back. Argh! I'll come back into training. I'll be fine. I'll work all the alcohol out. I'll get fit quickly. All that stuff, so I didn't stress … Like you think, jis, I'm looking good, hey! Everything is coming right; everything is coming back into place. Then you do that first fitness session with the team, and it feels like your lungs are exploding" (laughing) … [So] I think it was just, I went far away from, like, so, I think if I can put it in a way, I made it harder for myself to get back into a team, for playing me again".

4.3.4.2.1 Learning from previous experience.

A's awareness of less constructive coping mechanisms led to a processing of his experience that enabled ***A*** to reach a deeper understanding of what needed to be done to achieve effective rehabilitation. Simply put, he described having reflected upon and learnt from previous experiences.

- "But, ja, it was, I think for me to have done so well in my second op, I almost needed to be … how I was in my first op (sigh) … So, ja, I can't be one of those guys that look back in hind sight and, like 'jis, you were stupid, why did you do this'? Like I suppose just everything happens for a reason. I don't know why but it's one of those things. Uhm, ja, I think my experiences from my first op, actually helped me drastically for my second".

4.3.4.2.2 Adaptive avoidance.

After his first operation and once the 2017 rugby season began, ***A*** described self-imposed, selective, adaptive avoidance of his team mates because of the possibility that interaction with them might open up emotional wounds for him.

- (Sigh) "Ja, fuck! I almost, ja, turning on other stuff now (crying) … probably chilled with my [rugby team] mates I'd say less than half the amount [after the second operation compared with after the first operation] – also, 'cause they have been playing rugby and everything like that. So, I feel like, if I am there [at training or games], it'll open up wounds and stuff like that".

This deprivation of participation (self-imposed or otherwise), also gave rise to an increasing desire to work (in order to get better).

- (Emotional) "Ah ja, I feel like I'm opening wounds. Like I said, that I sit there [alone], think about the Boks, Super Rugby, playing a whole bunch of rugby again, enjoying myself. Don't know, I feel sorry for myself, and then I work".

After ***A***'s second operation, he readapted his avoidant reaction to one in which he chose to continue to reduce his contact with his non-rugby-playing friends, and to employ extra-mural opportunities to engage in activities with other injured team mates. He mentioned that he believed this type of contact would probably lead to a closer bond between him and his injured teammates, once they all start to play rugby, again.

- Interviewer: So you're saying, that you are choosing to sort of separate yourself, be away from those guys [non rugby-playing friends], so that you can [work].

  Participant A: (Sigh) Ja, in a way, like I still want to chill with them, but, uh, I don't want to feel like that [negatively influenced by non rugby-playing friends]. Ja, it's shit! (sigh)".

- "Uhm, we [other injured teammates] did like a lot of stuff together, hey, like we did, uh, like activations, where we ... the Craven week was here this year. So, we went and spoke to all the captains, we walked out (a side), the Craven week side, stuff like that. Ja, like, we did things outside rugby ... we did a commentary thing the one day on Super Sport. It was something small but, it was fun, flippen laugh our asses off and it almost makes you closer with those guys. I'm sure when we play again we'll probably be even closer and stuff".

4.3.4.3 Support structures.

A described a number of experiences around the availability of support structures during his traumatic injury, together with the influences they had on his recovery. He distinguished between *insiders* (i.e., team members) and *outsiders* (i.e., significant others and friends who do not play rugby), who provided him with support throughout his traumatic rugby injury and rehabilitation. Additionally, ***A*** also described how he recognised the need for support for his support structures before acknowledging the support that he received from his medical team.

4.3.4.3.1 Insider support.

A described the benefits of being able to engage in the shared world of other injured teammates. This he experienced not only as supportive, but also "nice". Furthermore, he stated that he found it easier, constructively, to manage his rehabilitation when his experiences thereof were shared with others in a similar situation.

- "Ja … but like now with my second op, the amount of time I spent with the team compared to the first op, was drastic, like huge … Much more".

- "Actually … I also think, like, having guys that are also injured with you … they also have niggles, they also come there, with doc and do our stuff together. Even though we're doing completely different

things, it's just lekker having guys that are in a similar scenario as you … having them around was nice".

4.3.4.3.2 Outsider support.

Outsider support refers to ***A***'s parents, his girlfriend and his non-rugby playing friends. He described physically oriented (and financial) support given to him by his parents and girlfriend, as follows.

- "Ja, my parents, very helpful, like come visit me when I had surgery and everything … Uh, they actually paid for [needed rehabilitation equipment] … I didn't expect them to … they here to support".

- "My missus was also very supportive hey … So I think she wants to try help … She did help me a lot with the, like the first op and stuff like that, also not knowing what to expect, neither did she … I couldn't drive for the first, two weeks … So, I'd just phone her to bring some more ice and stuff like that, so she was also very helpful with that stuff".

Similar support was also given by non-rugby playing friends:

- "Uhm, a lot of my mates stayed pretty close to me, so if I needed anything they can either get it for me or come fetch me, and take me, or whatever like that. The second op, my one mate lived quite close to me, so he was my Uber" (laughing).

4.3.4.3.3 Recognition of the need to support the supporters.

A also described his recognition of the fact that some of the people who supported him (like his girlfriend) also benefitted from support in the form of mutual sharing of experiences.

- "Uh, ja, like, like I said (a senior, injured player), my girlfriend and his wife, they're both in the same boat, 'cause … this year, we didn't play (in an important game) … So, my girlfriend and his wife also had someone to like, uh, not what you call it, so, like, me being in the same like with my mate, we in the same boat. So, my girlfriend and his wife were, like, in the same boat. So ja, I think that helped a bit hey, 'cause I think my chic got pissed off with me (laughing)".

4.3.4.3.4 Support received from medical team.

A indicated having confidence in the honesty of his medical team. The majority of physical support received, as described by ***A***, centred on assistance received from his biokineticist (who informed him honestly of when he was doing well and when further progress needed to be made).

- "… He [biokineticist] just answered all my questions, hey, … and he'll be straight with me … He'll say my external rotation is looking good. So, like I know, I can, so he tells me okay, 'that's not good we can work on that'".

- "He [biokineticist] was also just honest with me, didn't sugar coat anything".

4.3.4.4 Goal directedness.

Some time after the second operation, ***A*** acknowledged that he had reached a level of realism about the commitment needed, not only for rehabilitation to be successful, but also in relationship to his career, as a whole. Hence, ***A*** seemed to have developed a greater degree of goal directedness.

- "I think, I think, I was looking at it [injury rehabilitation after the first operation] short term … didn't look at the picture in the end. Like, I thought of coming back. I'll be fine …"

After the second operation, ***A*** described reactions that indicated the realization that a more efficacious recovery could have been facilitated, had he been more realistically committed from the outset. Outcomes of this realization in terms of greater goal directness were described by ***A***, as subsuming the adoption of both physically, and mentally oriented goal commitment and directedness.

4.3.4.4.1 Physically oriented goal directedness.

From the specifically physically oriented perspective, ***A*** was more responsible and worked harder on his rehabilitation after the second operation compared to after the first one.

- "… So like, last time [after the first operation] I didn't swim, this time [after the second operation] I swam with like a board under my arm and just kick legs. A watt bike. As soon as I could start rowing, I'd row. Like this time I almost pushed the envelope, where last time I was, like, a lazy little oke".

4.3.4.4.2 Mentally oriented goal directedness.

From a mentally oriented perspective, ***A*** narrated several factors that resulted in his subsequent adoption of a more efficacious, more goal-directed attitude towards rehabilitation. After the second operation, ***A*** now has a realistic recognition of the need to work hard / harder in order to achieve recovery of his pre-morbid form:

- "It [the unexpectedness of and processes involved in his second operation] made me work harder, hey! Ah, I think I pushed myself … every day, uh, even Sundays … I think it gave me a, mentality of I must just work, nothing fancy, (emotional) just work. So it's good, I do think. So, uhm, nothing comes for

people that sit around. Which is also what I think, why I felt like I did [after first operation]. Uh, ja, uh. I think it's made me work proper hard".

- "Like I said, uh earlier I looked at my (sniffing) first recovery to my second recovery, like everything (sniffing … emotional) like going with my mates, instead of getting fucked, I'd have like three beers. It was, ja, it was different, gymmed myself broken … almost like, ja, just wanted to come right … Ja fuck; I don't even know how to explain it, uh".

- "Uh, so it's, I'm just being realistic so it won't happen, so I almost have to like prep myself, come pre-season (sniffing) next year, well end of this year. I just got to grind and get down and do the dog's work".

4.3.4.5 Goal Resolutions.

A described the manner in which he resolved his issues around goal commitment and the difficulties of the amount of work needed to be done in order to regain his pre-morbid form. He described how he employed the valuing of achieving little goals, one step at a time, as well as the celebration of said achievements. ***A*** also mentioned how he utilized focused attention and the maintenance of a positive mind-set in order to achieve his rehabilitation goals.

- "Whereas, same thing with injury, you got to like celebrate the little goals and stuff like that … like stupid things, being able to do like twenty push ups with my shoulder and stuff like that. You got to like, celebrate the little victories, else you actually, just going to be negative the whole time".

- "Like I didn't, didn't realise the importance of doing the little stuff [after first operation], whereas now, coming back into training, it's like, still difficult, it's never easy 'cause it's, it's a longer day and stuff like that, but it's nothing like it was the first time coming back"… Ja, I think my, my attention to detail got a lot better early from experiencing coming back into it.

A concluded his descriptions of how he resolved a need for greater goal commitment and directedness by describing his awareness that a future directed approach would serve him better than his dwelling in the past (regarding lost opportunities).

- "Ja, I think, I think just wanting to play [rugby] again, hey. Like, I think it's also me thinking of what could've happened, where in rugby it's … focus on what's at hand. So now I'm constantly looking to the future and stuff like that".

- "And I think, ja, with rugby, I've just been looking at playing, again. And then like the opportunities that could come playing again, where I'd been looking at the opportunities that I'd missed".

4.4 Conclusion

With reference to the developmental trajectory of the traumatic injury experienced by ***A*** and the processes involved in his recovery, stages varying from naivety due to lack of experience of a traumatic rugby injury and optimism, were initially described. After ***A***'s re-injury and second operation, however, an increased degree of both realism and commitment, not only to the rehabilitation process *per se*, but to the various aspects of his career as a whole were described.

Hence, themes drawn from the meaning units provided by ***A*** around his initial reactions to his traumatic injury included a lack of stress and positivity (due to lack of experience of a traumatic rugby injury), confidence and trust in his medical team, insomnia, and buffering.

Regarding emotional reactions around the traumatic injury experienced by ***A***, themes drawn from this section included diagnostic confusion, disbelief and fear, uncertainty, the feeling of being a burden, feelings loss around missed opportunities, jealousy and self-pity, grumpiness and irritation, and boredom.

Themes taken from the sub-section on subsequent reactions and the rehabilitation process included employment of initially maladaptive coping mechanisms, followed by a resolution of this via use of adaptive coping mechanisms, as well as his awareness of support he received from *insiders*, *outsiders*, as his medical team.

Participant ***B*** will be introduced in the next chapter.

CHAPTER 5
INTRA-INDIVIDUAL ANALYSIS, DESCRIPTIONS AND DISCUSSION OF PARTICIPANT *B*'S EXPERIENCE OF A TRAUMATIC RUGBY INJURY

This chapter begins with an introduction to participant ***B*** via an outline of information gathered from the biographical questionnaire; followed by the interviewer's impressions of participant ***B*** before, during and after the interview process. The intra-individual analysis of participant ***B***'s interview transcript, pertaining to his experience of his traumatic rugby injury, will next be presented apropos stages subsuming initial reactions to the traumatic injury, followed by emotional reactions thereto, and concluding with subsequent reactions to the traumatic injury. Finally, a conclusion will be given.

5.1 Introducing Participant *B*

B is a black 28-year-old South African. He was born in Mpumalanga and matriculated from a well-known school in the area. Currently, he is completing a university degree, part-time. His family resides in Mpumalanga and is apparently supportive of his career in rugby. ***B*** reported that he contributes to the financial support of his family with his career salary. Currently, he is in a monogamous relationship.

His home language is Swati, however, ***B*** received his education in English and is fluent in this language. ***B*** has been playing for, and contracted to, his current union for the last four years as a back line player.

He communicated that he had experienced two previous traumatic injuries that did not require surgery to redress them. Both of the previous injuries kept ***B*** out of competitive rugby for around eight weeks.

Regarding his current injury, ***B*** experienced a hyperextension of his right knee resulting in tears in his anterior cruciate, posterior cruciate, and medial collateral ligaments, as well as in his right meniscus and hamstring, which resulted in him requiring surgery to rectify the damage. He was booked off from competitive rugby for nine to twelve months by his union's medical team. This interview was conducted approximately six months into his rehabilitation process.

Regarding past psychological or psychiatric history, ***B*** has never seen a psychologist or psychiatrist in his personal capacity before. He did mention, however, that he appreciates the psychological support that has been afforded to him by the psychologist and *mental coach* who are currently working with his union. This support was received during the time that he was playing, before his current injury, while being more directed towards performance rather than support during his rehabilitation process.

5.2 Researcher's Impressions of Participant *B*

B arrived for the interview wearing a t-shirt, jeans and trainers. His elaborate general presentation suggested that he took pride in his appearance. ***B*** presented as being slightly apprehensive, but both interested and invested in the interview process. Rapport was easily achieved with him and the interviewer noted that ***B*** seemingly wanted to make a good impression.

Throughout the interview process, ***B*** seemed to attempt to represent a positive attitude regarding both his physical and mental recovery. However, the interviewer, at times, noted a degree of anxiety in ***B*** when he was describing certain experiences around his injury.

Overall, ***B*** presented as being introverted, self-regulated, controlled and goal directed. Furthermore, he seemed to be managing his levels of anxiety around his physical recovery fairly effectively. However, an impression gained by the interviewer of Participant ***B*** was that he tended to avoid painful emotional content that may have been present during his injury experience.

5.3 Analysis of Participant *B*'s Experiences

This section will present ***B***'s descriptions of his traumatic rugby injury experiences. The analysis has been divided into appropriate overarching subheadings aimed at describing ***B***'s experience within the phenomenological framework. These three main subheadings comprise ***B***'s initial reactions to the traumatic injury; his emotional reactions to the traumatic injury; and his subsequent reactions to the traumatic injury including the rehabilitation process.

It should also be mentioned that ***B***'s traumatic injury was both sudden and unexpected. Hence, ***B***'s initial experiences of his injury comprised mostly those of shock and trauma related to the physical aspects thereof. These experiences differ from those of both ***A***'s

and ***C***'s as the latters' injury mechanisms were described as being more gradual rather than sudden.

5.3.1 Existential baseline.

B described himself as having been well prepared for the 2016 Super Rugby season prior to his traumatic injury. Pre-morbidly, he described his *lebenswelt* as comprising meanings around physical and mental preparation, as well as prior and potential future achievement (i.e., hopes of playing for the national side).

- "I've been working really, really hard, you know, in the previous pre-season, off season period, you know, in terms of getting my speed work, my conditioning, intact, to get ready to play Super Rugby and I felt like I had a shot to actually [make the national side] … I had been the fittest, probably the best prepared in that period and then something like … and mentally I was also in the right space, in the best possible space that I could have been … making (chuckles) the team was not easy, so for me to make the team was an achievement on its own, and then, my future goals was to play … still is to play for [the national side] and I believe I'm going to do it".

Due to his traumatic injury, however, ***B*** described having realised what he could and could not control regarding his rugby career and life in general. ***B***'s pre-morbid meanings around preparation, achievement and control seemed to shift to a more realistic appreciation of control and choice after sustaining his traumatic rugby injury.

- "You can put in the work, you can do as much as what you want, but then you can't control what happens, you know? But the only thing that you can control is how you react to what has happened to you, you know what I mean?"

Hence, ***B***'s traumatic rugby injury appeared to have amounted to an existential baseline in his mind from where he compared his pre-injury attitude of work, achievement and control to his post-injury one based on his realisation that the only thing that he is able completely to control is his reaction to a situation, and not the situation itself.

5.3.2 Initial reactions to the traumatic injury.

B's descriptions of his initial reactions to his traumatic rugby injury are presented below. These reactions included ***B*** experiencing a trauma reaction to his sudden and unexpected rugby injury comprising a basic breakdown in his assumptions around control. ***B*** described

having reacted with humour to the shock and trauma of his injury before he experienced a brief disruption in his religious beliefs. These belief structures were then reactively re-instated, allowing him to gain a positive perspective regarding his traumatic rugby injury. Finally, ***B*** described reacting to his injury situation in more rational rather than emotional ways.

5.3.2.1 Trauma: breakdown in the basic assumption of control.

Right after sustaining the traumatic rugby injury, ***B*** described being instantly confronted with his own assumptions around the illusion of control. He mentioned how this confrontation highlighted the uncontrollable vicissitudes of his career, which led to a momentary basic breakdown of ***B***'s faith in his ability to dictate his own career trajectory.

- "I was in awe of you know [how quickly trauma can occur], like sometimes … I just learnt that you can never been in control. That was the first thing that I learnt, is that you can never be in control … Obviously its always a privilege to be on the field and playing, in front of the crowd, in front of people, you know? It's always amazing to experience that [playing in front of spectators] and you just learn in that moment [moment of injury], that it [control] can be taken from you in any moment, you know, and you [I] go through all those years where you've [I've] played and you've taken things for granted and all that stuff, and its, in that moment you just realize, everything just flashes in front of your face and you think, 'Wow, okay, that's me gone for the year' and possibly … [end of career]".

5.3.2.2 Humour reaction.

During the initial shock of his injury, ***B*** described having reacted to it with laughter.

- "[I] Went into the physio rooms or the doctors rooms, and the first thing I did, walking in there, I just laughed, you know? … You know like when you laugh like, 'Ugh' yeah, that was a laugh that I had, like 'Yoh!'"

He next described using humour to communicate with the nurse charged to assist him after his injury.

- "My exact words were [after being traumatically injured], 'ah' I said, 'God is a funny God' to the nurse, to the lady that was helping me out and I just laughed".

5.3.2.3 Disruption in religious belief structure.

During his attempts to cope with the initial shock and trauma of his physical injury, ***B*** experienced a brief disruption in his belief that God would protect him. He described his attempt to share this basic breakdown in his faith with the nurse who was assigned to assist him after his injury.

- "I went off the field then I went into the … into the medicals, Okay. And then they [medical personnel] were busy prepping me or like wrapping and strapping me and stuff and then that's when I said it, and she [the nurse] was like 'what did you say'? Like she was actual Afrikaans, I said, 'Ja, God is a funny God, this faith thing is …' I said something like that; I said, 'This faith thing is a not easy'. Yeah, I said, 'This faith thing is not easy'".

5.3.2.4 Gaining positive perspective through religion.

B described how the short-lived disruption in his faith was replaced with the positive perspective that God had was in control of his life and that his injury may have occurred in order to direct him towards a *greater* life path.

- [Talking to himself shortly before exiting the medical suite] … "'Walk out here with a smile, knowing that there's a greater, there's God who is in control, there's big, bigger things, than what just happened to you' [injury] … Hence I had to be positive, I had to smile, I had to … and not just a fake smile but I had to be like … put myself in that [having faith in God] situation".

B next described how he experienced his injury as a test of his faith, which allowed him to minimalize the severity of his injury when he compared it to *bigger* possibilities that God had may have *planned* for him.

- "So, I think what I meant in that period, it's [injury situation] more like, (Pause) it's a test. It was more like a test. Like okay, you [I] say you [I] have faith in God, you [I] believe in this and this and this. It's easy to believe when things [rugby career] are going well; it's easy to have faith when everything is kosher. It's easy to believe when you got hopes and dreams and passions and everything is, you know is fine with you [me], and you [I] know where you [I'm] going. But then when there is a setback, what do you [I] do? And I think that was the other thing that changed that mind-set thing for me to choose that positive [reactive] part [of himself] because it was like God was just saying to me 'I'm in control'. 'You, you might have thought you have done all the work but maybe I want to use you in a different … you want to be a Bok but I wanna use you in a different position than you have set out for yourself'".

5.3.2.5 Rationalisation of the injury.

In an attempt to control his reactions to the initial trauma of being injured, ***B*** described having endeavoured to rationalise or understand his injury rather than succumb to its emotional concomitants.

- "… And I'm thinking like there was … there wasn't a lot of emotion [during his reactions to the traumatic injury] but a lot of trying to rationalise things".

B experienced himself as having made a rational choice to not give in to emotions such as sadness and disappointment that could have manifested in him when he returned to the side of the field after his injury. Additionally, ***B*** also mentioned that his rational mindset assisted him in becoming future directed.

- "So, I took that upon myself from that moment I told myself, 'you know what? It's [traumatic rugby injury] already happened, where to from here?' In that split-second, in that moment, I just told myself, 'if you come out here with your crutches, don't go out there sulking' … There wasn't a lot of 'Ah, I'm sad', 'Awe, I'm pissed off' or … okay maybe disappointment. Well sure, cause that's a given [disappointment], but obviously because I was disappointed but I didn't choose sadness, I didn't choose giving up. So I think I was more rational than emotional. I was thinking, okay, what's the next, opportunity".

5.3.3 Emotional reactions to the traumatic injury.

B described several emotional reactions, firstly in response to the initial shock and trauma of his rugby injury, and secondly to the subsequent diagnostic, treatment and rehabilitation processes. These emotional reactions included an immediate shock reaction when he sustained his injury, which included him experiencing dissonance between his cognitions and emotions; an immediate feeling of disappointment; disillusionment due to his injury diagnosis; a degree of confusion around his recovery time due to changes in his diagnosis; fear reactions; emotional confusion and a need for catharsis; frustration due to a loss of independence; and feeling misunderstood by his family.

5.3.3.1 Dissonance between cognition and emotion (shock).

B described his first emotional experience during the initial moments after he had sustained his traumatic rugby injury, as comprising a *shock* reaction. ***B*** mentioned how he experienced cognitive and emotional dissonance during this time, as he attempted to remain hopeful and positive that his injury was not too severe, while also understanding the gravity of it.

- "But it's just like as soon as it happened [the traumatic rugby injury], I remember the Doctor came up to me and asked me, 'Are you alright?' I was like, 'No!' I knew it [his knee joint] was gone, and he just … [talking to himself] 'No, just try remaining positive', but I knew in my heart that … it was my season done, right there. You know I had to try and remain hopeful but in your head you just hoping something that the doctors might tell you, something different, but I knew what it was [severe]".

5.3.3.2 Immediate feeling of disappointment.

B described experiencing disappointment immediately after he had sustained his traumatic rugby injury. This disappointment was due to ***B***'s immediate realisation of what he would potentially lose due to his injury including the work that had gone into his mental and physical preparation for the season, as well as potential future losses regarding playing at the national level.

- "As soon as it happened [the traumatic rugby injury], I just felt, it was a setback, major setback … I felt like I had a shot to actually … to challenge for a spot in the Bok squad this year. It [traumatic injury] was just a major setback in terms of … I had been the fittest, probably the best prepared in that period and then something like… and mentally I was also in the right space, in the best possible space that I could have been, and then as soon as it happened it was just like, 'Argh', it felt like a whole six months just went to waste, you know what I mean?"

- Interviewer: "… Can you just explain to me just, just describe, if you can think back to that, what was your experience of that 'Argh, what's happened now?'".

  Participant B: "Its [feeling] disappointment, hey, you can't explain it … It's, it's a whole lot of disappointment … But then in that moment you know that everything is gone, everything [complete loss of career and opportunities]".

5.3.3.3 Disillusionment due to injury diagnosis.

After undergoing an MRI scan and subsequently receiving his primary injury diagnosis; ***B*** experienced feelings of disillusionment when he compared his initial recovery expectations to the severity of his injury and the potential loss of his future career.

- "… Well obviously after I had done the scans and then now you [I] start thinking gee, jeepers like this is pretty much … it [traumatic injury] could be a career ender. Because as I've mentioned of all things that I … you know my MCL, PCL, meniscus and hamstring avulsion that's pretty much … It's a lot of damage. So yeah it just, I took a bit of a knock [realising how severe his injury was compared with hope that he had retained beforehand] …".

5.3.3.4 Diagnostic change resulting in recovery time confusion.

B next described how feelings of disillusionment were compounded when he received news after his operation, originally scheduled to be two hours that he had, in fact, been on the operating table for seven hours. This change in time frame was due to his surgeon having to repair his shattered meniscus that was not originally diagnosed.

- "… I was still hopeful, that it wasn't gonna be such a bad injury and then as soon as they told me that, my op was meant to be two hours firstly, then it ended up being seven hours. Because when they opened the knee, my scans didn't show my meniscus was … so when they opened up, my meniscus was shattered, so now it [rehabilitation process] moved from being what the doctors on field said was four months, to being six months, to being nine months, to being 12 months to being almost you know, you would pretty much lucky to get back, that type of thing [disillusionment]".

B mentioned that the change in his traumatic rugby injury diagnosis created a degree of confusion in him regarding his injury recovery time. He described this process, as making it difficult for him mentally to prepare for his rehabilitation, which culminated in him realising how tough the recovery process would be.

- "So I think that [change in injury diagnosis] was you know the build-up, so after three weeks, you [I'm] like flip, you know … Jis! In my head I had this idea, but then now you [I] get bad news and now it's another setback in terms of mentally. Because now you've [I've] prepped yourself [myself] like, 'No, it's only four weeks, so I can do that, it's doable', and then, 'Ah no, it's only six months', 'Ah no, it's only nine' and then, 'ah its 12' then, uh (sigh). It's gonna be tough you know, you [I] actually start realising how tough it's gonna be".

5.3.3.5 Fear reactions.

B described two fear responses in reaction to his traumatic rugby injury. He mentioned experiencing fear related to thoughts around being re-injured, as well as fears around financial losses.

5.3.3.5.1 Fear of re-injury.

B described an emotional reaction of fear related to him potentially re-injuring himself when he returned to competitive play. He mentioned how these fears were connected to realistic appraisals of his age and the amount of career-time that he had left to remain competitive in professional rugby.

- "… It'll [worries around his traumatic injury] obviously be like the re-injury type of thing. Like reinjuring yourself, I think that's the only time that the fear will come up … if I get injured, maybe now, for me it will be difficult to come back cause it'll [rehabilitation time] be another year … I'm already 28 and as a back line player my time is very limited in terms of [career longevity] … especially nowadays these kids [other players] are playing at age 19 and you know as you [I] look back, my years are getting shorter and shorter so I think the fear of if I really injure myself what's gonna happen to my career?"

5.3.3.5.2 Fear of financial losses.

B described experiencing fear related to him potentially not being able to retain his current contract and, hence, earning potential or to be able to play in order to be re-contracted the following season.

- [Thinking about his future] "… what's gonna happen to my finances? … what's gonna happen to, you know, my future. (Sigh) So, I think that might be where the fear of … might be coming from … if that contract is taken away from you [me] or you [I'm] are not able to play rugby in the next year, what would happen? So I think that's where the fear would probably creep in …"

B mentioned fears around potentially not being able to sustain his own physiological needs due to financial losses.

- "… 'cause I don't want to worry about, okay where's my next meal coming from? Where's this [food] coming from? Yeah it's complicated (laughing) but uhm… I think that fear part would come from that as well, not being able to sustain myself financially, yeah".

B next described how his traumatic rugby injury emphasized his awareness of fear regarding his potential inability to fulfil certain familial financial responsibilities, as well as what it would mean apropos his sense of self-worth linked possibly to letting people down who rely on him.

- "… [If he cannot play rugby again] what's gonna happen to the people that I have to look after? … it's [playing professional rugby] important to me because I've got family and the people I have to look after … I think it [not being able to support his family] would be like letting people down, people who rely on me. It's like if you're [I'm] a father, you've [I've] got a family and you [I] lose your [my] job, it's not only shot on your [my] ego but like they look at you [me] differently, and you [I'm] no longer that person they can … they could always rely on. It [loss of earning potential] changes the whole spectrum

and I think that's where the fear would probably come from, not being able to take care of my family or to look after my family financially, and I hate that (laughing), so".

5.3.3.6 Emotional confusion and need for catharsis.

Approximately three weeks after his operation had been performed, ***B*** mentioned that he began to feel emotions that he did not understand and that he could not name. These emotions manifested in him becoming tearful.

- "… The third, third, ja third, third week after my op, post-op … I remember one specific night though. I don't know what had happened, where I actually … I'm not a crier, but I actually went into the bathroom and I actually thought about the whole thing [traumatic ruby injury] and I was like you know what, I just like cried for like a good like 50 seconds, just thinking about what had just happened where I actually… cause my girlfriend was like 'no, you need to deal with this, you need to', and I was like (silent and pensive) …".

Next, ***B*** mentioned that he did not experience any specific emotional content when he became tearful; however, he described having felt better once he had allowed himself to cry, thereby possibly experiencing some catharsis.

- But when it [becoming tearful] happened like, it was just a flash; it was just like, I just need … I didn't even know why I was crying. I just went there and I was just (claps hands), and then afterwards it [I] felt like so good.

5.3.3.7 Frustration due to loss of independence.

Once ***B***'s operation had been completed he experienced the realisation of how much he would have to rely on others regarding his normal activities of daily living, leaving him frustrated.

- "Ja, post-op. I was [frustrated]… 'Cause now that's when you [I] realise like, flip I can't do anything. You know you [I] need someone to help you [me], maybe drive or go to the bathroom …"

5.3.3.8 Feeling misunderstood by family.

B communicated that he experienced not being understood by his family when he visited them. This was due to them not being adequately equipped to understand what was required of him to rehabilitate his injury, which resulted in him perceiving their support as being that of pity.

- "Yeah, because I felt like every time I go there [to his family of origin] … because I'm in a state where I'm so, so positive and then they [family of origin] don't see it, because they not like involved in the sport and they don't understand the psychology of the sport … The thing is, every time I go back there, it's more, like its pity …".

B mentioned feeling as though his family does not want to understand him as a person. This made it difficult, at times, for him to remain positive about his recovery process.

- "Yeah, because I felt like they [family of origin] wouldn't understand like why I'm so positive, why I'm going about doing these [rehabilitation protocols], yeah, I get crazy sometimes but … (sigh) … they [family of origin] generally don't want to understand me as a person, they think I'm weird".

5.3.4 Subsequent reactions to the traumatic injury: the rehabilitation process.

In addition to the emotional reactions that ***B*** experienced throughout his injury process, he mentioned factors that assisted him in regulating these emotions, while he worked on his rehabilitation.

This section describes ***B***'s experiences around coping with his traumatic rugby injury, which includes how his positive pre-morbid mental state affected his recovery, favourably. Next, he mentioned certain adaptive coping mechanisms that he employed in order to remain both positive and focused on the task of returning to competitive play. Finally, ***B*** described the importance of his support structures, which assisted him to cope with his traumatic rugby injury.

5.3.4.1 Positive pre-morbid mental state.

B described how both his spirituality and positive mental state, prior to his injury, contributed to his ability to remain resilient throughout his rehabilitation process.

- "I just remembered [after the traumatic injury] that spiritually I was in a good space, mentally I was in a good space and everything that culminated before, you know that was happening before the injury was just, I was in a good, good place you know what I mean? So for me, the only thing that shifted was I'm not on the field anymore … I think because I was in the right mental space prior to the injury, it was a lot easier for me, to how can I say, to just move on from the injury part of the situation and to what do you [I] do about the next period of your life".

5.3.4.2 Adaptive coping mechanisms.

B next described certain adaptive coping mechanisms that he consciously and deliberately employed in order to assist him in his recovery process. These coping mechanisms included positive alternate life interests; adaptive avoidance of both family and negativity; the awareness of the negative ramifications of self-isolation; the awareness of the consequences of choice; goal directedness; compartmentalisation; positive visualisations; meaning making via service to others; and his reliance on positive religious belief structures.

5.3.4.2.1 Positive alternate life interests.

B mentioned that he had always stimulated himself by engaging in life and other interests besides rugby. He described how these different interests assisted him in shifting his focus away from the negative aspects of his injury, which in turn facilitated his recovery.

- "I've always vowed, that I would never let rugby, dictate or be my like everything in terms of … I have always been the guy who's always stimulated by other things as well. So I think the combination of all those things helped me in the [rehabilitation] process … I think that's what's helped me to just move forward and also, like we spoke earlier, that I'm not just focused on … just the rugby, I'm focused on the recovery but I'm not just focused on it, you know I've got other things that stimulate me".

5.3.4.2.2 Adaptive avoidance: family and negativity.

B described how he attempted to manage his fears of being negatively influenced by his family members by avoiding them. ***B*** then experienced this avoidance as being a necessary sacrifice that he had to make in aid of his convalescence, which he described as having potentially exacerbated some relational issues with family members.

- "Like Okay, flip! I can chat to them [family members], I can spend a bit of time with them, but [I] can't do too much of that because I feel like … because I believe in energies. Because their energy, might pull my energy in a different direction [post injury] and I start to slack in terms of what I've set out, to do for myself (Sigh) … I think that's affected like maybe that part of our relationship, in terms of me going home and I think, that's a sacrifice I had to make".

B also commented on how, in addition to his family, he attempted to avoid negative thoughts, comments and people.

- "If you negative … I know it's like difficult, but for me (sigh) that's a big no no, because if I allow a different energy … from mine and that energy is a little bit stronger than what mine is, then it can easily

just (claps hands) [contaminate him] … And then you're … your [my] body just does whatever your [my] head has been thinking about, even without you [me] knowing. So, hence, I see it, I just guard myself from those negative thoughts, negative comments, and negative people".

- " … Even if I'm at the stadium and then someone says something [negative] I'll just walk away, and I'll move, and I'll go sit with someone else, chat about different things. I know myself. Anything that you hear you, you might not think that it doesn't affect you, but it does so I just, I just try and keep as positive as possible.

5.3.4.2.3 Awareness of the negative ramifications of self-isolation.

Although ***B*** avoided certain people, he described being cognizant of the dangers around isolating himself too much from others during his convalescence.

- "… That's when [during self-isolation] you [I] start to think of all these bad things you know, once you isolate yourself then you start questioning, 'why did this happen to me this time?' because you [I] can always feel like you [I] were [was] wronged … you [I] can very easily, for me, shift away or isolate yourself [myself] and start thinking negative things".

5.3.4.2.4 Being aware of the consequences of choice.

B mentioned that he had been aware of how his immediate post injury and later choices would influence his rehabilitation process. He communicated how he was constantly confronted with making choices between experiencing his injury as an opportunity for growth or capitulating to the negative aspects of it.

- "I had to choose … do I go with the opportunity or do I go with the negativity or the giving up part of [his injury process] … cause it's easy, very easy [to become negative] … So now you [I] have to, in that moment, again you [I] have to choose.

For example, each time his medical team gave him bad news about his diagnosis, ***B*** experienced having to make the right choices (regarding positive versus negative thoughts) for himself.

- "So now every time they [the medical team] tell you, they give you [me] bad news [regarding his injury diagnosis] now you [I] have to choose, they give you [me] more bad news and that cycle [bad news and choice] … and then now you [I] get used to like choosing the right things because look I've already come so far, like it can't go worse".

5.3.4.2.5 Goal directedness.

B mentioned how he remained focused on his primary goal of returning to play rugby and that activities not aligned to that goal were set-aside during his convalescence.

- "… You set yourself for something and you just look at the, what you call it, the silver lining and you just keep going and the main goal [playing rugby again] remains the main goal. Anything that's not preferable can wait. Everything should be focused on, on me getting back [to competitive play] and that's been my approach".

B also described regularly re-assessing and consolidating both his recovery and life goals, which he had been accustomed to doing prior to his traumatic rugby injury.

- [During goal evaluation and consolidation] "I ask myself questions. 'Where are you? Where are you going? Where do you come from? Where do you want to be?' So I do a lot of introspection. So the goals that you've [I've] set out for yourself [myself], 'are you on track?' 'Are you still on track?' 'Cause you can easily lose track. You [I] might think you [I'm] still on track but you [I] find that you [I'm] not. You know like what can you [I] do to better your [my] situation right now, what can you [I] do to improve yourself [myself]? … So I sit down literally and ask myself these questions".

- Interviewer: "And has this been specifically in terms of your injury or is this just an overarching thing that you've always done?"

  Participant B: "Something that I've always done, but I'm more conscious of it [goal setting and re-evaluation] now and I'm more, how can I say … So I go out of my way to actually make the time for me to actually do that. Yeah, so I'm intentional about it".

Additionally, ***B*** recognised how his traumatic injury experience had resulted in him narrowing his pre-morbid goal focus of winning games to that of simply returning to play by dedicating himself to the rehabilitation process.

- "[Sigh] While you were [I was] playing you [I] can just go through the motions like we … you [I] as a person you get comfortable with … like I said like when things go well, you [I] get comfortable … But when your [my] career is on the line where, your [my] knee is busted … that changes your [my] whole mind set and your [my] whole perspective … it [traumatic injury] narrows down the goals because now my goal's not to win, to beat (Super Rugby teams) … So now it [traumatic injuy] narrows down my goal, my goal is to get back on the field. And what's the best way to get back on the field? Is to rehab this knee the best possible way".

5.3.4.2.6 Compartmentalisation.

Part of ***B***'s method of goal attainment comprised him compartmentalising his daily activities and thoughts. He described having separated allocated rehabilitation time from time that he could be doing other *things*. He experienced his ability to compartmentalise as enabling him to *switch off* from other activities in order to focus on rehabilitation when necessary.

- "… If it's rehab time, then it's rehab time, and then as soon as I'm done in rehab it's done. Then I move on to other things, you know what I mean?"

- "So now there is a time and place for business maybe and there's a time and place for when I want to do my media stuff. And then I switch off there and when I go to training, there's a time and place for me to train, then after the training I switch off, 'cause now I don't have to do skills and stuff, so now I can afford to pretty much, uhm, when rugby is done, when I leave the stadium then rugby is done".

5.3.4.2.7 Positive visualisations: intentionality.

B also described how his awareness and practice of positive visualisation techniques assisted him in controlling his thoughts and feelings during his recovery process. He further mentioned becoming more intentional regarding his daily existence after he was injured, which precipitated the need to implement these skills.

- "I'm more conscious of, well this thing [visualisation techniques] has worked for me when I was fine but then now that I'm injured I need to do more of it [visualisation] because I can actually focus my thoughts. So now I can clear my head, focus my thoughts … wake up in the morning, I have a routine; I pray, I get up, shower, get dressed, then I get into my car. First thing that I do is I sit there, play some music and then just sit and then plan my day. Like I visualise, okay I'm driving, get into the stadium, I'm excited, greet everyone, 'hey, how you guys doing?' whatever. If I have meetings I actually even visualise how I walk into the meeting and get to meet the people".

- "I've got more time to myself now [after being injured] so … I also for a year … So yeah, like I've got a whole lot of time now and I take my thinking time seriously. Because how I (sigh), how I think and prep myself for, for the day is the most important thing 'cause the worst thing to do for me is to wake up in the morning, you don't have a plan of how you going to approach the day, you don't have a goal for the day. You just go through the motions. Anything can push you in whichever direction … Yeah, that's the word, I'm intentional about it".

5.3.4.2.8 Meaning-making via service to others.

B described having derived a sense of meaning during his rehabilitation process from consciously and deliberately shifting his focus from how the traumatic rugby injury had affected him, towards how he could assist others by inspiring them through his own recovery.

- "But the whole thing [traumatic rugby injury] for me was, also not just about myself, it was about inspiring other people out there who have gone through injuries of struggle. I've had a lot of people text me and, 'Awe, you've taken this so well, I've just had an injury, you know mentally how have you dealt with A, B, C.?' you know, so people are actually seeing, how I have dealt with it [traumatic rugby injury] and they have been inspired by it. That was one of the things I've set out to do … So I play a different role in everyone's lives and in turn they help me because I need that. I need that type of stimulation for me to feel like I'm still doing something worthwhile".

5.3.4.2.9 Positive religious belief structures.

B also described having depended on his belief that he was able to control the outcome of his rehabilitation process via faith and prayer.

- "I'd go to church and the people will pray for me and it will be the same thing, just speak it [positive recovery] into existence and now I'm sitting here, and I'm thinking 'flip! I could be could be back [playing rugby] in six months (Chuckles)"".

B also mentioned how he remained cognizant of how his religious faith would assist him through difficult times during his recovery process.

- "I have to start thinking about like, you know what, at the end of the day let me remain faithful in the tough times because that's what will see me through [his recovery process]".

5.3.4.3 Support structures.

B described recognizing a number of beneficial support structures that assisted him in his rehabilitation process. As in the case of ***A***, ***B*** distinguished between *insiders* (i.e., team members), as well as *outsiders* (i.e., his girlfriend). Furthermore, he also mentioned the support he received from his medical team and how he negotiated that support.

5.3.4.3.1 Insider support.

B described being aware of how spending time with other rugby players, within his team environment, could be beneficial to his recovery.

- "For me it was important just to be there [in the team environment] and still add value to the team, add value to the squad. Because that helped me kind of rehabilitate myself mentally".

- "I feel I'm still part of it [Super Rugby team], I watch clips with the guys, I still stay involved, I stay, you know, stimulated, in terms of, yeah I'm part of the group, I'm not isolating myself".

Additionally, ***B*** described experiencing inspiration when spending time with his team at the stadium, while watching them play well.

- "When I'm at the stadium, I enjoy being around the guys, I enjoy being around the rugby players … because it inspires me, like when I see them [his team mates] do well, then it inspires me to actually like, 'Yoh!' I want to be back there [on the field training and playing rugby] doing what they doing, so I enjoy that hey [watching his team play] and it keeps me stimulated as well".

5.3.4.3.2 Outsider support.

Additionally, ***B*** experienced his girlfriend as being particularly helpful during his convalescence due to her having studied part of a medical degree, and, hence, her ability to understand both his injury process, as well as him as a person.

- "I was around my girlfriend a lot [after sustaining the traumatic injury]. She was very helpful because when we together I'm not the rugby player, just me, and we just dealing with the situation as it is, you [I'm] injured and she was just helpful, she was awesome, she has been in medicine. Uhm, just chatting about the injury. I chat about it a lot, so it's not something that I'm, that's like 'Argh, no I don't want to chat about it' … I can completely, uh, just be [me], you know".

5.3.4.3.3 Support received from medical team.

B described an understanding of the importance of having his medical team committed to his recovery process. He mentioned how he attempted to influence the attitudes of his treating doctors and physiotherapists by leading conversations around his rehabilitation.

- "I try and lead the recovery conversations. Like I said, if my doctor says 'Yoh, so I feel like this …', [***B*** interrupts] 'But I'm playing next week! Right?' So once I tell them that, their approach in treating me, as well, is different because now they thinking, 'We need to get this guy back on the field', because that's what I'm plotting in their heads. So their approach of treating me is different from the guys like, 'Yoh, doc I don't know when this thing will get better!'"

Furthermore, ***B*** described being aware of how his potential negative attitudes could affect his physiotherapist's ability to treat him in positive ways. He mentioned how important it is to remain positive around his physiotherapist in order to receive the most appropriate treatment.

- [When needing medical treatment] "I'll walk into the physio room, I'm like 'hey' you know, 'please just give a rub' or, 'put in some needles here and there … because we know in six months' time I'm going to be playing and I need to be a hundred per cent'. So the way he [physiotherapist] treats me, when he's [physiotherapist] doing his treatment, is going to be different than a guy [another team member] who walks in there like, 'Ja, just, Argh just gooi those needles a little bit there or do this and that', but 'Argh this thing is just been sore its irritating me'. That's just negative, negative, negative, also the way he [physiotherapist] approaches the whole treatment thing with like, Yoh! now you draining him, cause he's [physiotherapist] also had a long day. But when you come with a positive vibe and you spread it, it's infectious. So I will try and alter my surroundings like that as well".

5.4 Conclusion

With reference to the original shock and trauma that ***B*** experienced due to his sudden and unexpected rugby injury, he described having been confronted with a basic breakdown of his previously held assumptions around control. Additionally, he mentioned certain emotional reactions that he experienced due to his fears around the potential finality of his traumatic rugby injury and his realistic appraisals regarding the severity of it. However, in order to cope with his injury, as well as its subsequent emotional concomitants, ***B*** described how he consciously and deliberately employed various coping mechanisms that assisted him in regaining a certain amount of control over his attitude and, hence, his recovery and future career.

Thus, themes drawn from the meaning units provided by ***B*** regarding his initial reactions to his traumatic rugby injury included traumatic breakdown in the basic assumption of control; a humour reaction; a disruption in his religious belief structure; gaining a positive perspective through his religion; and rational rather than emotional initial reactions.

Regarding emotional reactions around the traumatic injury experienced by ***B***, themes drawn from this section included dissonance between his cognitions and his emotions (shock); feeling immediately disappointed; disillusionment due to his injury diagnosis; confusion around recovery time due to diagnostic changes; fear reactions including those

around financial losses and re-injury; emotional confusion and a need for catharsis; frustration due to loss of independence; and feelings around being misunderstood by his family.

Themes taken from the sub-section on subsequent reactions and the rehabilitation process included ***B***'s employment of various adaptive coping mechanisms, as well as his awareness of support he received from *insiders*, *outsiders*, as his medical team.

Participant ***C*** will be introduced in the next chapter.

CHAPTER 6
INTRA-INDIVIDUAL ANALYSIS, DESCRIPTIONS AND DISCUSSION OF PARTICIPANT *C*'S EXPERIENCE OF A TRAUMATIC RUGBY INJURY

This chapter also begins with an introduction to Participant ***C*** based on an outline of information gathered from the biographical questionnaire, followed by the interviewer's impressions of ***C*** before, during and after the interview process. The intra-individual analysis of ***C***'s interview transcript, pertaining to his experience of his traumatic rugby injury, will next be presented apropos stages subsuming initial reactions to the traumatic injury, followed by emotional reactions thereto, and concluding with subsequent reactions to the traumatic injury. Finally, a conclusion will be given.

6.1 Introducing Participant C

C is a white, English and Afrikaans speaking 29-year-old South African male. He was born in KwaZulu Natal and obtained a matric from a well-known school in the area. Currently, he is considering applying for a bachelor's degree in psychology that he hopes to complete via correspondence study. He maintained a monogamous relationship with his wife for five years prior to their marriage, three years ago. The couple have two children. ***C***'s parents and family are reportedly supportive of his career in rugby. He has been playing for, and contracted to, his current union for the last eight years. ***C*** stated that he contributes to the financial support of his family of origin.

C communicated that he has experienced four previous rugby traumatic injuries (all of which required surgical interventions). However, ***C*** mentioned that his current injury is the one that has been the most traumatic for him. Reportedly, ***C*** was experiencing chronic pain in his pubic symphysis, which kept him out of competitive play for six weeks. However, after returning to competitive training, ***C***'s injury deteriorated to the point where surgery was required to rectify it. Only during this surgery was the actual problem correctly diagnosed and repaired. Unfortunately, the time it would take to effect recovery was confirmed as being unpredictable, due to known inconsistencies with this (fairly rare) type of injury.

At the time of the interview, ***C*** had not played competitive rugby for 10 weeks. It was conducted approximately four weeks into his post-surgical rehabilitation process.

Regarding pre-morbid psychological or psychiatric history, ***C*** has never seen a psychologist or psychiatrist in his personal capacity. However, he mentioned that he finds the contribution of the team psychologist to be highly beneficial in terms of performance and the management of positive team dynamics.

6.2 Researcher's Impressions of Participant *C*

C arrived at the interview in a branded vehicle. He was wearing jeans, a t-shirt, and trainers. ***C*** presented as being well groomed. His general presentation suggested that he was aware of his appearance, while not being overly concerned with it. ***C*** was confident when he greeted the interviewer. He initiated a conversation around psychology and the process of studying it. Furthermore, he seemed to be both interested and invested in the interview process. Rapport was easily achieved, and his responses were articulate, open and honest.

C presented as being very positive about his recovery; while positivity was supported by his religious beliefs. Conversely, there were occasions during the interview when he admitted to feelings of both loss and of disillusionment. These feelings seemed to manifest in fears around his financial future, as well as him possibly losing career related leadership positions.

C presented as a high functioning, capable, religious and somewhat charismatic man. He communicated easily with the interviewer and did not hesitate to ask for clarification when needed. The interviewer gained the impression that, while ***C*** relies on his family unit for support, he also experiences a sense of purpose in the leading and development of his teammates. Hence, overall, ***C*** presented as being a somewhat extroverted, likeable, self-regulated, controlled and goal directed person, who seemed to be managing his levels of anxiety around his physical recovery, concomitant with his rehabilitation programme, in fairly efficacious ways.

6.3 Analysis of Participant *C*'s Experiences

This section will present ***C***'s descriptions of his traumatic rugby injury experiences. The analysis has been divided into appropriate overarching subheadings aimed at describing ***C***'s experience within the phenomenological framework. The three main subheadings comprise ***C***'s initial reactions to the traumatic injury; his emotional reactions to the traumatic injury; and his subsequent reactions to the traumatic injury including the rehabilitation process.

It should be noted here that the onset of ***C***'s traumatic rugby injury was gradual. He described having been able to continue playing rugby for a period of time before his injury became severe enough to keep him out of competitive play. Hence, descriptions of his experience do not necessarily follow a temporal order. Finally, ***C***'s descriptions did not constitute a clear existential baseline that could be accurately outlined.

6.3.1 Initial reactions to the traumatic injury.

C's descriptions of his initial reactions to his traumatic rugby injury are presented below. These reactions included ***C*** reactively attempting to manage his injury onset; the recognition of his physical deterioration and a change in his injury status; a reaction of fighting a battle due to a lack of recovery progress; his attempt to manage others' perceptions of him in reaction to the injury onset; the realization of his injury severity, as well as his need to surrender his leadership role.

6.3.1.1 Reactive management to injury onset.

At the onset of ***C***'s traumatic injury, he described a dawning awareness that his body was not operating in the manner to which he had previously been accustomed, while recognising his innate sense of optimism.

- "I was managing it [the noticed change in his physical status] to an extent but it definitely got worse and then after [another game in the series], again, huge high, beating them, everything going really well, but after the game obviously I can feel something is just not right … but then I'm really an optimistic person".

In order to be available for selection for the following weekend's game ***C*** described his reactions to his awareness of his physical status at this stage of the onset of his traumatic injury. These responses included noting that something was wrong, speaking to his medical team about the situation, and their attempts to manage the injury via use of rest and pharmacological interventions. The interventions employed resulted in him being able to play on the following Saturday.

- "So during that week [of ***C***'s second game], tried to train on Monday … something wasn't feeling right. Got treatment, platelets injections, you know, you [I] do everything possible that you [I] can do … take

painkillers, injected, take painkillers … Saturday before the game I felt really good, the same thing, painkillers, inject, play, and I mean we played really well".

Unfortunately, the interventions were insufficient to redress the situation resulting in a lack of improvement in C's condition.

- "… But while all that [attempted interventions in response to the injury onset] was happening, my groin … and obviously at that time, I didn't know, but the pubic symphysis was getting worse".

6.3.1.2 Change in injury status: physical deterioration.

A change in injury status was described by ***C*** as having arisen from his recognition that his injury had worsened between the game he had played immediately after identifying that something was not right, and the following one. This response came about because he realised that he was able to feel the discomfort of the injury, despite the employment of the prescribed pain suppressants.

- "'Cause the first [game], I couldn't feel it in the game, but this one with all the pain stuff and injection I started to feel it and I was like flip, this feels different, 'flip I hope it's not bad, I hope it's not bad'"**.**

C continued throughout the following week to attempt to manage his injury via the employment of the same rest and pharmacological protocols he had utilized the week before. However, he next described a physical "shock" reaction during a training session that precipitated his realisation that the injury was severe enough to cause him not to be eligible for selection for the next game.

- "Then I just got really bad, from Thursday, trying to train, so I injected, took pain killers, trained for five minutes went in a lineout, came down on a lineout and I just felt like a shock down my leg, and knew something's not right. And then immediately I knew I can't play [rugby] the weekend".

From here, ***C***'s rugby injury deteriorated rapidly.

- "And then it got really bad, whereas by Saturday I could hardly walk and by Sunday I was literally … I couldn't walk".

6.3.1.3 Fighting a battle in reaction to lack of physical recovery progress.

C described himself experiencing a fight reaction during the injury onset period of his traumatic rugby injury. He described the lack of progress he was experiencing in his recovery process as a physical "battle", although he recognised his innate optimism.

- "So every day I wake up and I say, 'I've progressed, it's [the traumatic injury] better, it's gonna be fine, it's gonna be all right'. And then, I mean I walk, I get out of bed and, then I'm like, jeepers (whispers) what happened, it [injury] just doesn't, this thing doesn't [is not getting better]. But then again, then I just tell myself again, 'no, no, it's [injury situation] going to be fine, (claps hands) it's going to be all right (claps hands), don't worry' (claps hands), you know … it [believing that he is recovering from his injury] becomes challenging. So it's [managing his injury] constantly just like a battle, ja, physiologically".

6.3.1.4 Attempt to manage perceptions of others in reaction to injury onset.

C acknowledged that the phenomenon of "ego" influences professional rugby players' perceptions of themselves and others. ***C*** described how his initial inability to play rugby due to his traumatic injury gave rise to him wanting to not be perceived as *soft* by others. He recognised that his perceptions of being *soft* were related to his ideas around the meaning of "ego".

- "So, in your [my] mind, there was a whole time like a battle. Like, you don't wanna look, I'll be completely honest, you don't wanna to look like a softy, you know? Because obviously in rugby there is ego involved. So you don't wanna look like someone who's got this injury that you can actually play [rugby] through, but now you're not playing [rugby] through it. So, there is that [awareness of others' potential negative perceptions of him]".

6.3.1.5 Realisation of injury severity.

C's response to the lack of progress in his recovery process was to come to the realisation that a change in his traumatic injury management was required. Around this time, his treating surgeon informed him that an operation was necessary; as a result of which ***C*** realised that his injury was severe enough that he would not be eligible for selection for the end of year rugby tour.

- I'm not progressing with what I'm doing at the moment [prescribed management and rehabilitation protocols]. Something needs to change because I'm not heading in the right direction".

- "Eventually, not progressing well enough with my rehab and the [team] doctor saying, 'look, something's not right here, we're not progressing, let's go see the surgeon'. Went [***C*** and his team doctor] to go see the surgeon … so in the week of the [major game], that's when, basically, they [medical team] told me 'look, you're [we're] gonna have to operate' … And the next week operated. And with knowing, now, that I had to operate [undergo the procedure], I knew that I would miss the whole [rugby] championship as well … So, had the operation …".

6.3.1.6 Realization of the need to surrender leadership role.

C described how he found it difficult to allow another player to take over his leadership position, after his traumatic injury.

- "… [Me] Getting an injury ... and then obviously … new (leaders) are announced. And you [me] being injured, you [I] have to allow that person to, I wouldn't say have authority … I don't know how else to say it but he needs to establish his presence [as a leader], because the team needs to follow him, and in whatever way that is, you [I] need to allow for that".

6.3.2 Emotional reactions to the traumatic injury.

C described several emotional reactions comprised of his feelings around his experiences of his traumatic rugby injury. These emotional reactions included feeling a lack of motivation due to dissonance between cognitive and physical experiences; guilt around missing training; several fear reactions; diagnostic confusion; disappointment due to a lack of recovery progress; nervousness in reaction to exploratory surgery; joy and relief in reaction to an accurate diagnosis and the repair of his injury; feelings of being left out and forgotten; sadness; and feelings of loss due to him being sidelined.

6.3.2.1 Feeling unmotivated due to cognitive and physical dissonance.

C described feeling a lack of motivation while he was attempting to manage the onset of his traumatic rugby injury. This feeling was due to his realisation that his physical progress was not matching up to his recovery expectations

- "It becomes very difficult to stay positive, stay motivated [when playing with a potential injury] … So, then in your head … and you've been talking positively to yourself, but then it's another battle again to stay positive. Because you basically, you fighting your physical … So, in my head I'm battling that, but then my physical, you know, what I feel physically and the progress that I'm feeling every day, just doesn't match up [to recovery expectations]".

6.3.2.2 Guilt around missing training.

Given the initial diagnostic confusion around ***C***'s traumatic injury, he described experiencing feelings of guilt, due to not being able to train with his teammates (despite having been selected to play in the following Saturday's game). The guilt ***C*** felt, he related to a sense of feeling undeserving of selection.

- "I'm already missing on Monday and on Tuesday training [while having been selected to play on the Saturday] and I'm sitting out on the side-line. So I'm, like I feel guilty. So, there is probably some guilt definitely involved … like, I'm not deserving. Here I am on the side-lines, I should be training [with the team], I should be the one running in front, but here I've got this injury".

6.3.2.3 Fear reactions.

C described several fear responses in reaction to his traumatic rugby injury. He mentioned experiencing fear related to the possible severity of his rugby injury; fear due to dissonance between others' perceptions of the injury and personal experience; fear and worry regarding his potentially losing career opportunities; and fear of financial losses.

6.3.2.3.1 Fear around possible injury severity.

C described feeling fear as a result of his realisation that the injury already identified in his pen-ultimate game (before being side-lined by his traumatic rugby injury), had worsened during his last game, despite employment of pain suppressants.

- "The last fifteen minutes [of his last game before being sidelined by his rugby injury] I could feel, yoh, something, I just couldn't go, like it [the traumatic injury] was getting worse. And then already my mind, already in the game, my mind was starting to think like flip, I, sherbet I hope this [the injury] isn't bad. I can feel it".

Once ***C***'s last (pre-operation) rugby game had finished, however, he described experiencing a feeling of actual fear around the severity of his traumatic injury.

- "… And then [when the rugby game was finished], you know, got off the field and then again all those emotions come up … the emotions I guess that I was feeling was probably a bit of fear, to be honest. Fear of 'is this [injury] serious or is it not?'".

6.3.2.3.2 Fear due to dissonance between others' perceptions of the injury and personal experience.

C further mentioned how the discrepancy he experienced between what others were telling him about his injury and recovery protocols, and his actual experiences of it, created fear in him.

- "… And then obviously there is that fear, you know, people telling you [me], 'it is gonna be fine, just do this x and y. But then also in your [my] head, you [I'm] like thinking, sherbet, but it [the traumatic injury] doesn't feel great'".

6.3.2.3.3 Fear and worry around potential loss of opportunities.

C described experiences of worry and fear related to potential loss of opportunities including goals that he had been working towards for the previous four years, as well as the potential loss of his overseas contract for the ensuing year.

- "Then you [I] start thinking, I mean I start thinking to myself … okay, we doing well in Super Rugby. There's still play-offs to come. Gees, I've been working so hard, I've been working four years, for this [Super Rugby playoffs]. Four years for this [Super Rugby playoffs] and there is a possibility I can be out for that [Super Rugby playoffs] … I was worried and fearful that I'm gonna miss the Super Rugby playoffs … Am I gonna miss Super Rugby? Am I gonna miss the whole year? … Something I've been working for really hard, and fear that I would miss the season. I mean I've got a contract in [another country]".

6.3.2.3.4 Fear of financial losses.

Additionally, ***C*** experienced fear related to him potentially losing a lucrative contract that he had recently signed to play for an overseas club due to him being traumatically injured. He described these fears as arising from him recognising that he would potentially not be able to fulfil his obligations to the overseas club if he did not recover from his traumatic rugby injury in time.

- "I'll be one hundred per cent honest with you, so I have a contract in [overseas club], if I'm not fit to play [rugby], then I lose that [overseas] contract, which is obviously financially, like massive … obviously, look I'm not complaining, you [I] get looked after here [financially] in South Africa, but its just, it's [financial amount] just in another bracket if you play overseas … So it's that fear of thinking to myself, that thinking, sherbet, I'm not gonna earn that [overseas financial amount], that's [potential earnings] gonna be gone …"

Exacerbating said fears around possible financial losses; ***C*** described his perceived financial responsibilities regarding his own family, as well as those regarding his family of origin. He mentioned that his fears around potential financial loss were linked to thinking that he will not have enough money to support them both.

- "I mean that [lucrative overseas contract] can help my family. I'm mean not just talking about my wife, but it's me and my dad, it's my [sibling]. We didn't have, ja, but anyway. So there's that fear of [losing financial stability], you know, sherbet …".

- Interviewer: You said, 'we didn't have' and then you stopped.

  Participant C: Ja, we [family of origin] didn't have [a lot of money], I mean I didn't grow up [financially secure], we were a working class family, so I mean my parents [describes his family upbringing] … So I mean I wanna help, I wanna be able to support them [***C***'s family of origin] financially … But there's just that fear that you [I] won't have enough, that I won't have enough.

Over and above his experience of fear related to potential financial losses due to his injury, ***C*** described being cognizant of his not being financially secure after his rugby career. Hence, he mentioned feeling worried due to missing out on opportunities that could assist him in this regard.

- "I'm not gonna be financially stable enough after [my] rugby [career], so that is, in a nutshell, that is the fear … and that obviously, this [lucrative overseas] contract will contribute massively to me being able to be [financially secure], so there's that fear and then obviously the fear of missing, everything [all potential opportunities due to traumatic injury]. You [I] worry, so I'm worried".

6.3.2.4 Diagnostic confusion.

C mentioned experiencing confusion regarding his diagnosis. Initially, due to his medical team's lack of experience of pubic symphysis injuries, it was believed that ***C*** had sustained the more commonly found, less severe, and more treatable, sportsman's groin injury. He understood that, had this undifferentiated, initial diagnosis of sportsman's groin proved to have been correct, he should still have been able to continue to play rugby.

- "Because it's [pubic symphysis] not a very common injury, it's uncommon, they [medical team] didn't have a lot of research, especially about pubic symphysis. Sportsman's groin they did [know a lot about], that is why they [medical team] thought I had a normal sportsman's groin and that is something you can

play [rugby] with, something that heals. I mean even with the operation, it can heal within six weeks and you can play again. You hear from the doctors 'look you're gonna be okay, don't worry about it. Three, four weeks, a little bit of rest, rehab, you gonna be okay' … And then going through step for step every single day [attempts at injury recovery from sportsman's groin without the correct diagnosis], it's challenging".

Once this initial diagnosis was discovered to have been incorrect, ***C***'s experiences of confusion were enhanced because various medical team members and attendant health professionals (i.e., at union and national level) next offered differing opinions regarding his diagnosis and, therefore, also, recovery protocols.

- "But then obviously afterwards [the failure of treatment protocols germane to sportsman's groin being successful], because we have a doctor, we have a physio [at his union]. I also work with a physio now in [my union]. Then there's still the doctor at the [national side], there's physios at the [national side]; and there's this person who is a coach, but [also medically trained]. And all of them have different opinions of when I'll be ready, or what was wrong initially, or what is wrong now. And it's also challenging working through that [differing professional opinions] … It's challenging having a lot of people speak into your life at the same time about one thing but saying different things, all of them saying different things. And who are qualified, who are doctors and physios, and who are professionals? 'Cause it [differing opinions] does confuse you**.** I don't know how else to say it. It confuses you".

6.3.2.5 Disappointment due to lack of recovery progress.

Prior to the investigative operation that led to the achievement of an accurate diagnosis of his traumatic injury, ***C*** described feeling intense disappointment, as a reaction to him not progressing during the initial stages of his traumatic injury.

- "[I was] … searching for … we all, as humans we search for progression and I believe that's what keeps us going is progress. And if I don't feel progress, it becomes difficult … but also I could feel that there wasn't progression [in the attempts made around injury recovery]. So, I'm searching for a solution [to his injury status], I want to get better … So, utterly disappointed, gutted …"

6.3.2.6 Nervousness in reaction to exploratory surgery.

Once ***C***'s union team doctor and the consulted surgeon had come to the conclusion that an exploratory surgical procedure needed to be done, in order to achieve an accurate diagnosis of his traumatic injury, ***C*** described his initial reaction as one of nervousness due to uncertainty about what might be discovered.

- "… Look going into the [exploratory surgical procedure] operation, I was still nervous."

6.3.2.7 Joy / relief in reaction to accurate injury diagnosis and injury repair.

Post-operatively, ***C*** received the news from his surgeon that a tear had been identified and repaired. The relief this clarification provided ***C*** with gave rise to the experience of joy.

- "… They [the medical professionals] hadn't on any of the scans, they hadn't picked up a tear … But as soon as he [the surgeon] did the op, as soon as I got out he told me … there was a definite tear, fixed it … So, immediately after that you feel [I felt] like, even though you [I] now know that you're [I'm] missing out on all that [rugby career opportunities], but now you [I] feel like, oh [claps hands] this is what [was wrong] ... they [surgeon] fixed it".

- Interviewer: "If you could just describe that feeling [experienced after the injury being fixed], what would you describe it as?"

  Participant C: "Joy … Joyful, joyful. Ja, jeepers I don't how else to say it, but joyful, happy, ecstatic … Just over the moon. [Laughs] So ja, it was great!"

6.3.2.8 Feeling left out and forgotten.

C described how his being undesirably prevented from playing with his team due to his injury led to him experiencing feelings of being left out and forgotten.

- "… Because you [I] always feel like you're [I'm] not part of it [being involved with his team]. After an injury, it just feels you [I] … as much as you [I] want to be there, you [I] just, ja. It's difficult to explain, like you [I] want to be there [involved with the team] but you [I] just can't be there … So you're in that situation [being injured but around his team] and that makes it even more difficult because every day you are conscious of what you are missing out on. And a good example is … my wife also says this. Monday to Friday I'm absolutely fine. Then [***C***'s team] play on a Saturday and I watch the game and then that [watching the game] almost ignites those emotions of not being there, missing out, not being able to contribute, and it's tough … So, you [I] feel out".

- "It's [not being involved with the team] tough, it's challenging, because at times I mean, you [I] feel like you are, you're [I'm] forgotten, if you know what I mean, 'cause things just move so quickly in team sports you [I] have to … Every week is a new challenge, every day is a new challenge, and every hour is a new challenge … there's an injury, if something happens the next guy steps out [of the team], it's just the way it is".

6.3.2.9 Sadness

After mentioning his love for training, strategy, decision-making, and his implementation of general leadership components related to the game of rugby, ***C*** described his propensity to become saddened if he is unable to participate due to his traumatic rugby injury.

- "So, I mean, for instance, I'm a (leader) for a team, so I make decisions on the field, and I love that. I love the strategic part. I mean that label (leader), doesn't mean anything to me, but making decisions on the field in those high pressure situations, getting to know players, knowing what their strengths and weaknesses are, like, I thrive on that … I love that …"

- "To me, the worst thing is missing training. Jeepers, I can't miss training, like it burns me inside, it like literately breaks my heart if I can't train. I love training and I want to be part of training …You [I] do, you [I] feel forgotten, feel hopeless cause you [I] can't play. Sad, I mean, again it's challenging, it's that fight, to staying positive".

6.3.2.10 Feelings of loss due to being sidelined.

C next mentioned experiencing a sense of loss due to missing out on Super Rugby playoffs due to his traumatic rugby injury.

- "Missing out on all the playoffs, Super Rugby playoffs … to me was four years of work … We [***C*** and his team] were working four years for this [Super Rugby playoffs] … So it [last few games with his team] was kind of like the end, the ultimate, this was the pinnacle, that's why I say it's [what he had lost] everything because that's basically what I've been working for. So, I mean, ja, I would say it [not being able to play due to traumatic injury] had a big [negative] effect on me".

Additionally, ***C*** described experiencing "difficult" feelings around losing the opportunity to play for his national team.

- "… After my operation, [***C*** and his medical team] deciding to operate, or having to operate, missing out on the rugby championship. The boys are now in [overseas countries] this weekend. And, you know, missing out on that [international games], all the test [rugby] matches, six test [rugby] matches, and then the fear of missing out end of year [rugby tour] as well … end of year, we tour, we play [international games] … Its difficult [emotionally]".

6.3.3 Subsequent reactions to the traumatic injury: the rehabilitation process. In addition to the emotional reactions that ***C*** experienced throughout his injury process, he mentioned factors that assisted him in regulating them, while he worked on his rehabilitation.

This section describes ***C***'s experiences around coping with his traumatic rugby injury, which include various adaptive coping mechanisms he employed in order to remain both positive and focused on the task of returning to competitive play. Additionally, ***C*** also described the importance of his support structures, which assisted him to cope with his traumatic rugby injury.

6.3.3.1 Adaptive coping mechanisms.

C described certain adaptive coping mechanisms that he consciously and deliberately employed in order to assist him in his recovery process. These coping mechanisms included his awareness of the risk of contaminating his teammates; his employment of positivity and optimism; his awareness of negative emotions as a coping technique; affirmations and visualisations; goal directedness; compartmentalisation; and his positive religious belief structures. These coping mechanisms are consequently discussed.

6.3.3.1.1 Awareness of the risk of contaminating teammates.

Regarding the phenomenon of contamination, ***C*** described being aware of potentially negatively affecting his teammates if he did not control his attitude around them, after being injured. He mentioned how his awareness of the risk of contamination resulted in him communicating positivity via both his body language and his speech despite him experiencing difficulties regarding his injury situation.

- "Ja, it's [contamination] something you [I] have to be conscious of because you [I] don't ever want your [my] injury or what you're [I'm] going through … you [I] don't want to look negative at all … In a team environment … so, I'm conscious what my body language is about, how I speak, the words that I speak, the things that I say to players [teammates] … Because for instance when my [traumatic rugby] injury was happening we [his Super Rugby team] were in play offs so it's [the playoffs] hugely exciting. I mean it's [playoff Super Rugby games] massive for the [rugby] Union, as I've mentioned we've [his team] worked four years for this. So the players [teammates] are excited, they can't wait, I mean it's massive. Everyone [team, administration, fans] is on a high and I'm going through this difficult time [traumatic rugby injury] but I don't want that [negative traumatic rugby injury experiences] to rub off on the other players or even other [rugby] players to even see that".

6.3.3.1.2 Positivity and optimism.

Regarding ***C***'s overarching attitude towards his injury, he described being aware of his predilection towards positivity that he attempted to sustain by deliberately engaging in pursuits that encouraged staying positive. Furthermore, he mentioned how his optimistic nature assisted him in recognising negative thoughts, as well as the regulation of the negative thoughts.

- "I've coped with it [the traumatic rugby injury] by constantly drowning myself in positivity. Whether that is reading, I love reading; I got a couple of books that I'm reading at the moment. Whether that's [remaining positive] listening to podcasts, motivational speeches, worship music, which I love, praise and worship music, spiritually connecting, just having those little triggers [towards positivity] that you see. Reading, quotes, scripture … that puts me in that positive state of mind … but then I'm really an optimistic person, so any kind of negative thought I'll (claps hands) always immediately, not just in sport, in anything, I'll immediately try and hit that [negative thoughts] down, with 'it's going to be okay, it's gonna to be fine, it's gonna be okay, hundred per cent' …"

6.3.3.1.3 Awareness of negative emotions as coping technique.

C communicated that he recognised how his awareness of negative emotions that he was experiencing assisted him in regulating these negative emotions and, hence, enabled him to gain a sense of power and control over them.

- "… Ja, every day is a challenge [when traumatically injured], but I believe the awareness of those emotions that I feel really helps me to overcome them because I'm aware of them, and I know when I go into that state of mind I'm aware of it [negative emotions and mind set] and I have ways to … Like if I'm down, I'm negative. I'm aware of that [being negative] and because I'm aware of it negative emotions] I feel I can get myself out of it or I have things that I do that gets me out of that [going further into negative emotions and thoughts]… Being conscious of it helps me, so I know it's [negative emotions] there and I acknowledge it and I'm aware of it and therefore, I feel that I can overpower it and I can overcome it, by acknowledging it and being aware of it. And that makes me strong".

6.3.3.1.4 Affirmations and visualisations.

C communicated that he regularly employed affirmations and visualisation techniques in order to assist him in remaining motivated during his recovery process. He indicated that he made regular use of his team's "injury confession" that affirms a player's will to overcome an injury. He described how he regularly repeated this injury confession to himself, which reminded him about his team's positive culture.

- I mean what's really nice is, at [***C***'s rugby union] we have confessions that we say, and we've actually got an injury confession that we say. Specifically, So I've got it [affirmation] on my phone actually … That's [his team's ethos] what I believe in, that's part of our culture and what we stand for and it really helps, it really helps you to have that confession … so we have to read it [the team confession / affirmation] all the time. So I've got in my cupboard in my house, in my cupboard so I see it [team confession / affirmation] every day.

C also mentioned how the injury confession *triggered* him into looking towards the future rather than thinking about the past and what he had missed due to his injury. This focus on the future assisted him in remaining positive, while coping with his injury experience.

- "So, it [injury confession / affirmation] triggers my mind into a positive state. I've also got something, you can actually go into my car now and I've got something [injury confession / affirmation] stuck on my dash, which is another trigger to me. It says I can't keep thinking in my past if I want to move into my future. So, I can't just keep thinking about this injury and when it happened, what I missed out on [loss of rugby career opportunities], you know. So I got to just keep looking forward. So it [injury confession / affirmation] just helps me to [remain future directed] … those little triggers, Ja ..."

Additionally, ***C*** also employed a visualisation technique that involved him every day repeatedly looking at his national side jersey. He described this as a coping mechanism that *triggers* his mind into remaining motivated to keep working towards overcoming his injury.

- "… And then I've also got my [national team] jersey … So that jersey is where I want to be again so it's [looking at his national team rugby jersey] like a motivation, you know, for me, to keep putting the work in basically, every single day … I believe that it [visualising himself playing in his national team rugby jersey] really helps me. To just … how can I explain it [his visualisation technique], it's almost like a trigger to see it [playing again for the national team], you know. It's easy to say its motivation. It is to an extent but it like triggers my mind".

6.3.3.1.5 Goal directedness.

C described an evolution in his attempts to control his traumatic rugby injury recovery process via effective goal setting. He mentioned that, due to the original misdiagnosis of his injury and concomitant confusion around it, he recognised the importance of narrowing his goal focus to smaller steps in his recovery process rather than larger overarching goals of what he wanted to achieve during his career.

- "… I decided about two weeks after my op, I decided, I changed my mental attitude. 'Cause my mental attitude was always, okay this is when I want to play, or, here I'm working towards this [winning

championships], this is when I'm playing and then I changed it [goal focus] to being, when I play, to let me just get right. So let me just recover sufficiently and taking it [injury recovery process] day for day. So regardless of when, I don't know when it's [traumatic rugby injury] gonna be right but I'm not gonna look at that [end goal of full recovery], I'm gonna look at every single day. Take it [recovery process] day for day, that's what I'm gonna focus on, the small little things, small little processes, my rehab exercise, my physio. That's what I'm gonna focus on and in time it [traumatic injury] will get [better] …"

C mentioned that he experienced less fear, more peace and emotional stability when he was able cognitively to focus on smaller goals instead of placing pressure on himself via the implementation of possibly unrealistic traumatic injury recovery time lines.

- "… And that [focusing on smaller goals] brought a lot of peace into my heart. Because immediately I started letting go of the things that I was fearful about and what I was worried about ... So I started letting go of playing [overseas] and almost telling myself I'm not going to play [overseas], it's done. I'm not gonna play on the end of year [international rugby] tour. I might play rugby this year. But if I do, bonus! … [Chuckles] Otherwise I feel you [I] put pressure on yourself [myself]".

6.3.3.1.6 Compartmentalisation.

C also described how he consciously and deliberately compartmentalised aspects of his life after his injury in order to "disconnect" from his career as a rugby player. This disconnection due to his ability to compartmentalise assisted him to experience more peace during his recovery process.

- "Because rugby is not my life, it is a part of my life … Therefore, I can go home to my family and consciously, I disconnect from being a professional rugby player … And I'm a father and a husband and through that, through that disconnection, I have peace, in my heart. I don't know if that makes sense but ja" (laughing).

6.3.3.1.7 Positive religious belief structures.

Finally, ***C*** described his religious belief as being a vital component in assisting him to accept his injury and to cope with his injury recovery process. He mentioned how, during listening to worship music and praying, he felt a release of pressure that he had been experiencing regarding his need to recover from his traumatic injury. This release of pressure could constitute a cathartic experience.

- "I'm quite spiritual [religious] so basically what happened, the big change was … I was sitting on the couch [at his home] I was listening to some praise and worship music and often, you know, like I pray. It was just like this huge wave came over me and God told me it's [***C***'s traumatic injury recovery] going to be okay, just relax it's gonna … it's like He [God] literally told me it's gonna be… and like tears were just running down my face. Because it [the injury] was honestly it was like huge, like massive, huge on my shoulders".

6.3.3.2 Support structures.

C described recognising a number of beneficial support structures that assisted him in his rehabilitation process. As in the case of ***A*** and ***B***, ***C*** distinguished between the support he received from *insiders* (i.e., team members), and *outsiders* (i.e., his family). He also mentioned the support that he received from his team psychologist as being beneficial to him during his traumatic rugby injury.

6.3.3.2.1 Insider support.

C described having received support from his rugby team members during his convalescence. He mentioned having gathered information about what his operation and recovery process would be like from players who had actually experienced the same traumatic injury as he had experienced. He commented that their positive responses assisted him in remaining hopeful about *his* recovery process.

- "… You know, a couple of the boys [teammates], a couple of the [rugby] players are hugely supportive … there were various guys within our team that had that operation [beforehand]. I spoke to … I'd speak to one of them and say, look, you had this [same traumatic injury as ***C***] as well, and he'd be like 'yes, best thing I could have done had the op, six weeks I was playing again'. And then that [knowing that the operation to fix his injury had been successful before] obviously lifts me, you know, that gives me confidence then I'm thinking, jeepers okay it's [the traumatic injury] not so bad, it's going to be okay".

6.3.3.2.2 Outsider support.

C expressed how his experiences of his family's love, support and care assisted him in becoming both energized and positively distracted from potential negative thoughts around his traumatic injury and loss.

- Interviewer: "Tell me more about that, how do you experience them [family] being around?"

Participant C: "It's like energy [being with his family], if you know what I mean. Like I get a lot of energy through them [his wife and children], love, support, care and to an extent it [spending time with his family] definitely does take your mind off those negative things [injury].

6.3.3.2.3 Support received from team psychologist.

Additionally, ***C*** described the support that he received from his team's psychologist (mental coach) as being extremely helpful regarding having someone to talk with about his mental state during the injury process.

- "… We're [***C***'s team] fortunate to have people, like my friend, who works with us continuously … he's our psychologist. He's there every single week, to have a chat with him to where your mind is at, where are you [competitively and injury recovery wise]. Where are you [am I] mentally at this moment, what are you [I am] struggling with, what are your [my] fears, what are your [my] thoughts. So there is … I mean that's phenomenal support having that [a team psychologist]".

6.4 Conclusion

With reference to the traumatic injury experienced by ***C***, including both its gradual onset and the initial confusion around the injury diagnosis, he described experiencing various, at times failed, attempts to manage his recovery, as well as certain emotional reactions. However, once ***C***'s traumatic rugby injury was accurately diagnosed and surgically repaired, he described having experienced more faith in his ability to recover, which was underpinned by his previous experiences of injury management and recovery processes. His employment of certain conscious and deliberate coping mechanisms, now commensurate with his physical rehabilitation trajectory assisted him in accepting his traumatic injury experience.

Hence, themes drawn from the meaning units provided by ***C*** around his initial reactions to his traumatic injury included his reactive management attempts during the onset of his injury; a change in his injury status including physical deterioration; experience of fighting a battle due to a lack of recovery progress; his attempts to manage the perceptions of others in reaction to the onset of his injury; a realisation of the severity of his injury; and a realisation of his need to surrender his leadership role.

Regarding emotional reactions around the traumatic injury experienced by ***C***, themes drawn from this section included him feeling unmotivated due to cognitive and physical

dissonance; guilt feelings around missing training; various fear reactions; diagnostic confusion; disappointment due to lack of recovery progress; nervousness in reaction to exploratory surgery; joy and relief in reaction to an accurate diagnosis and the repair of his injury; feeling left out and forgotten; sadness; and feelings of loss due to being sidelined.

Themes taken from the sub-section on subsequent reactions and the rehabilitation process included his employment of various adaptive coping mechanisms, as well as his awareness of support he received from *insiders*, *outsiders*, as well as his team psychologist.

An inter-individual analysis of themes drawn from participant ***A***, ***B*** and ***C*** will be presented in the next chapter.

CHAPTER 7
INTER-INDIVIDUAL ANALYSIS, INTEGRATION AND DISCUSSION

Chapters 4, 5 and 6 presented independent, intra-individual analyses of each participant's interview transcript, which resulted in individual descriptions and meaning units particular to each interviewees' experiences pertaining to sustaining a traumatic rugby injury. This chapter aims to integrate these meaning units, where appropriate, into themes that represent those germane to more than one interviewee (i.e., where two or three themes accord). It should be noted here that this chapter makes use of, where appropriate, the phenomenological method of free imaginative variation found within steps three to five of Giorgi's (1997; 2012) phenomenological methodological reduction. Free imaginative variation is utilized in order to re-describe the given meaning units drawn from the intra-individual analyses. It does so via re-examining, re-organising and synthesising (Giorgi, 1997; 2012) those meaning units into psychologically-based, relevant, and diverse essential structures considered to represent descriptive essences of the experiences of traumatic rugby injuries in South African Super Rugby. Furthermore, where applicable, themes identified in the literature review will also be connected to those found in this research. The identified themes will then be discussed from a phenomenological perspective, after which a conclusion will be presented.

7.1 Experiences of Traumatic Rugby Injury: Stages of Progression

As mentioned in the literature, sports injuries, including rugby injuries, are generally experienced by athletes in a stage-like process (Van der Poel & Nel, 2011). Concannon and Pringle (2012) and Roy et al., (2015) outlined three general stages of sports injury: the *information processing stage*; the *emotional upheaval stage*; and the *positive outlook stage.* Furthermore, Evans et al., (2012) described *onset of injury*, *rehabilitation*, and *return to competitive sport* as general stages of sports injury. Of course, certain cognitive appraisals, emotional reactions and coping mechanisms are likely to be specific to each respective stage.

Regarding this research, all three participants described experiences of their respective traumatic rugby injuries that followed a general, stage-like process that included *initial reactions to the traumatic injury*, *emotional reactions to the traumatic injury*, and *subsequent reactions to the traumatic injury: the rehabilitation process.* At the time the interviews took place, none had yet returned to competitive play. Hence, common themes found across either all three participants, or when appropriate at least across two participants, will be integrated and discussed under each relevant stage.

It should be noted here that, although the inter-individual integration of extracted descriptions tends to follow the stages mentioned in the above paragraph, a certain amount of overlap apropos individual meaning is unavoidable in phenomenological research (Laverty, 2003). Hence, themes may cross the boundaries of the given stages; when this occurs, those themes will be discussed accordingly.

7.2 The Existential Baseline

Participants ***A*** and ***B*** both described experiencing an awareness of existential baselines during their respective convalescence. A distinctive shift in *lebenswelt* perception was described by ***A*** regarding his pre- and post-injury experiences. Pre-injury, ***A*** mentioned an attitude towards his professional rugby career that subsumed enjoyment of the game (enhanced by enjoyment of the unexpected success he had achieved in the same year as the injury occurred), and a lack of experience of the ramifications of sustaining a traumatic rugby injury (as this was his first one). Post-injury, ***A*** described having had to take cognizance of, not only ways in which he needed to resolve the ramifications of the effects of his injury at a personal level, but in terms of the commitments needed to play the game at a professional level, as well.

Meanwhile, ***B***'s shift in *lebenswelt* perception centred on issues of control. Pre-injury, he described control of his physical being (including preparation and maintenance of physical well-being) and focus on future directed goals as being sufficient to the achievement thereof. Post-injury, ***B*** described being confronted with loss of this previously held assumptive world around control issues. This confrontation he resolved via coming to the realisation that, while he could not control situations, he could make the choice to control his attitude towards whatever events arose in his life.

No evidence was found in participant ***C***'s experiences of his traumatic rugby injury of an existential baseline.

7.3 Initial Reactions to the Traumatic Injury

Two themes could be extracted from the participants' descriptions within this stage of traumatic rugby injury, although the individual subheading descriptions are not exactly accordant. Evans et al. (2012) purported that their findings around the injury onset stage of sports injuries "reinforce the idiosyncratic nature of injury related demands" (p. 921). Hence, it is no wonder that participants' experience descriptions, within the initial reactions stage,

varied. The two accordant themes that emerged are the participants' attempts at positivity, and their cognitive appraisals of the injury severity.

7.3.1 Attempts at positivity.

Participants ***A, B,*** and ***C*** all described a degree of positivity (and therefore optimism) in reaction to the shock of the onset of their respective injury. However, ***B*** and ***C*** had both experienced traumatic rugby injuries in the past, while ***A*** had not. Hence, the former mentioned participants described consciously employing positivity, as an initial reaction (e.g., ***C*** mentioned being characteristically optimistic and attempting to resort to this trait, while ***B*** mentioned choosing to rationalize his injury positively, as a consequence of his religious beliefs). ***A***'s positivity was described as having arisen due to lack of experience of traumatic rugby injuries (hence a lack of stress), and faith / trust in his medical team and the responses of his team mates.

Kruger et al., (2010) noted positivity as one of the possible psychological skills and correlated cognitive perceptions that South African rugby players competing at transnational levels appear to have at their disposal.

It would, thus, appear that a degree of faith (***A***'s trust in his medical team and team mates' responses; ***B***'s faith in God; and ***C***'s faith in his innate optimism) allowed for the existence of, even a limited degree of, positivity as a reaction to the onset of the injury.

7.3.2 Cognitive appraisal of injury severity.

Both ***B*** and ***C*** described attempts at cognitive appraisals apropos the realisation of the possible severity of their respective traumatic rugby injury, during and around the onset thereof.

B described having attempted to rationalise his injury situation in reaction to his awareness of initial, negative emotional, contextual responses, and his concomitant confrontation with a breakdown in his assumption of control. This rationalisation included a reactive, cognitive appraisal of his injury severity that subsumed the likelihood of his ever returning to competitive play.

C described his initial attempts at management of his traumatic rugby injury as including cognitive appraisals around the severity thereof. He also took into consideration the likelihood of his returning to competition, although his appraisals were purely time frame-based.

Concannon and Pringle (2012) also found in their study that during the initial or information processing stage of the injury, athletes may engage in self-reflection during an attempt to process information around the injury; including the extent of physical damage done and the likelihood of returning to competition.

7.4 Emotional Reactions to the Traumatic Injury

This stage of their experiences of a traumatic rugby injury was described by all three participants. Concannon and Pringle (2012), as well as Roy et al., (2015) suggested that injured elite athletes seem to experience an *emotional upheaval* stage in response to being injured. Evans et al., (2012) purported that rugby union competitors are often subjected to various stressors when injured, and that these stressors often affect the injured player at various emotional levels. Shared themes drawn from the participants' descriptions within this sub-heading's stage of their experiences include confusion around diagnoses; fear reactions; and feelings of loss.

7.4.1 Diagnostic confusion.

All three of the participants were subjected to a degree of confusion as a result of either initial misdiagnoses (e.g., sportsman's groin and unawareness of shattered meniscus) or miscommunication around the initial diagnosis (Bankart rather than Laterjet operation done).
Equally, all participants described experiencing a degree of emotional destabilization, as a result of diagnostic confusion. This emotional destabilization ranged from expressing feeling extremely disappointed, to very "emotional", to feeling "gutted". Similarly, all participants described their responses to awareness of the unexpectedness of the severity of their respective injury in terms that included recognition of the fact that recovery (extended by severity once accurate diagnoses had been achieved) was going to be "tough" and / or "challenging".

Evans et al., (2012) mentioned in their research stressors around a lack of knowledge of diagnoses, concomitant with worries related to prognoses around injury severity and the rehabilitation process.

As all of the participants interviewed in this study described experiencing issues related to an initial lack of knowledge of diagnoses, it may be presumed that they were stressed by the confusion around achievement of accurate diagnoses. If so, stress may have exacerbated the possible negative effects of individual traumatization around what certain authors (Brand et al., 2017; Corbett & Milton, 2011; Maguire & Byrne, 2017) have referred to as cumulative (as well as vicarious) traumatization. In other words, perceptions of feelings of safety (related to confusion around the achievement of accurate diagnoses) may have been compromised, while issues around emotional upheaval and subsequent reactions of denial, disbelief and even negative mood (Concannon & Pringle, 2012; Roy et al., 2015) may have been equally exacerbated.

7.4.2. Fear reactions.

A perusal of the literature indicated that injured elite athletes across many sporting codes seem to experience a variety of fear reactions (Roy et al., 2015; Timpka et al., 2015; Williams & Appaneal, 2010).

Two of the three participants interviewed in the research described a fear response in reaction to a surgical procedure being required. Two participants also described fear related to financial loss.

7.4.2.1 Fear around surgical procedure.

The unexpectedness of ***A***'s re-injury and the concomitant need for another operation to be done, he described as being "frightening". ***C*** described feeling "nervous" prior to undergoing his exploratory operation (as he did not know what the outcome might be).

7.4.2.2 Fear of financial loss.

Evans et al., (2012) suggested that financial demands across both the injury onset and the rehabilitation stages of traumatic rugby injury cause significant stress in the individual player. This stress was found to be closely linked to the professional rugby player being unable to work. Arvinen-Barrow et al., (2014) also suggested that injured professional rugby players'

feelings of stress often include their perceptions of not being able adequately to cope with financial demands placed on them. This stress was experienced by ***B*** and ***C*** as fear around financial loss.

Both ***B*** and ***C*** described having experienced fears around financial losses. Commensurately, both described financial fears arising as a result of a possible inability to continue with their respective contractual arrangements, should they not be able to return to their pre-injury levels of competition within the time their contracts demanded.

Specifically, ***B*** mentioned feeling fear due to the possibility of his not being re-contracted for the following season, which would mean that he would not be able to fulfil his familial financial responsibilities. ***C*** also described feeling fear due to the possibility of his losing a lucrative, overseas contract that might have facilitated him securing his own and his family's financial position. Hence, both ***B***'s and ***C***'s fear of financial loss revolved around familial responsibilities.

7.4.3 Feelings of loss.

All the participants described experiencing a sense of loss due to their respective traumatic rugby injury. ***A*** described a painful emotional reaction due to the realisation of what he had lost in terms of career opportunities he had wanted to pursue. ***B*** mentioned a feeling of disappointment related to his recognition of what he had lost in terms of his pre-injury physical fitness, as well as potential future career opportunities. He also described feeling frustrated due to his perceived loss of independence. ***C*** described experiencing feelings of loss around being excluded from training / playing, and leadership opportunities. He also mentioned that he experienced fear and worry related to potential loss of career opportunities.

Evans et al., (2012) suggested that injured professional rugby players experience stress associated with their realisation of missed career opportunities across both the injury onset and the rehabilitation stages of the injury process. This stress may include professional rugby players potentially experiencing the ramifications of a loss of physical fitness; a loss of independence; and / or a loss of competition opportunities. Roy et al., (2015) also mentioned that an athlete might experience a sense of loss (linked to particular cognitive appraisals) that could include feelings of frustration, disappointment and anger. Hence, feelings of loss due to a traumatic rugby injury potentially include a variety of emotions. Which emotions might be

experienced depend upon the individual rugby player's idiosyncratic history and temperament.

7.5 Subsequent Reactions to the Traumatic Injury: The Rehabilitation Process

Evans et al., (2012) outlined *rehabilitation* as a stage in an injured athlete's injury process. Additionally, Roy et al., (2015) described the *positive outlook* stage of injury rehabilitation that comprised the injured athlete accepting the injury and its ramifications, while often experiencing an increased ability to regulate negative emotions arising from the injury. All three participants described, in their subsequent reactions to their respective traumatic rugby injury (i.e., during their rehabilitation stage) responses that subsumed increased abilities to regulate emotional experiences via adaptive coping mechanisms.

Furthermore, Carson and Polman (2017) maintained that injured professional rugby players' support structures play an important part in their rehabilitation process. All three participants in this study also described the role of support structures as part of their rehabilitation processes.

7.5.1 Adaptive coping mechanisms.

Kruger et al., (2010) suggested that professional, transnational / international South African rugby union players are able to employ adaptive cognitive strategies that enable them to cope with adversity, including traumatic injuries, within their professional rugby careers. Carson and Polman (2017) mentioned that elite professional rugby players tend consciously and deliberately to employ coping strategies / mechanisms and skills, aimed at managing stressful demands - including traumatic injuries.

All of the participants described the employment of adaptive coping mechanisms during this stage of their injury trajectory. All three participants described the employment of *goal directedness.* Two participants (i.e., ***A*** and ***B***) mentioned *adaptive avoidance.* ***B*** and ***C*** described employment of *compartmentalisation, visualisations,* and reliance upon *positive religious belief structures* as adaptive coping mechanisms that facilitated their recovery process.

7.5.1.1 Goal directedness.

A described an increased focus on goal directedness after his second operation. He mentioned

how a degree of realistic understanding regarding the severity of his traumatic rugby injury had precipitated his deliberate employment of goal directed behaviours, in order to recover more effectively than he had previously done.

B mentioned directing his attention to his goal of returning to play, while activities not aligned to that goal were set aside. He also described continuously re-assessing and consolidating, not only his recovery goal, but also his life goals, during his convalescence. These activities he described as assisting him in remaining focused on his recovery process.
C described narrowing his focus on the setting and achievement of small goals in his recovery process. He mentioned that he experienced his employment of goal directedness as assisting him in alleviating pressure he had been feeling, due to the unrealistic, time-related, expectations he had previously placed on himself to return to play.

Carson and Polman (2012) suggested that effective goal setting strategies seemed to assist injured professional rugby players when attempting to return to competitive play. These authors further mentioned that goal directedness played an important part in how a rugby union player manages stressful career and life demands, including career-related injuries (Carson and Polman, 2017).

7.5.1.2 Adaptive avoidance.

A described having consciously and deliberately avoiding his rugby playing friends in order to protect himself from negative emotions (related to reminders of loss) during his *emotional upheaval* (Concannon & Pringle, 2012) stage of convalescence. ***B*** described having managed his fears of being negatively influenced by his family via the avoidance of them. Additionally, he described how he avoided negative people, comments and negative thoughts in order to remain focused on his rehabilitation goals.

Adaptive avoidance (including cognitive avoidance and blocking) has been described in the literature by authors such as Carson and Polman (2012), as being a coping mechanism employed by professional rugby players. Further, Carson and Polman (2017) suggested that injured professional rugby players who are in the *early limited participation* stage of their convalescence, as well as when they are in the *late limited participation* stage, often attempt to avoid watching their teammates play rugby games, in order to avoid negative emotions connected to reminders of loss.

7.5.1.3 Compartmentalisation.

Both ***B*** and ***C*** described *compartmentalising* their daily activities during their convalescence. They mentioned how the separation of rugby and rehabilitation tasks from other life interests assisted them in "switching off" or "disconnecting" from their careers when necessary. Disconnection was described by ***C*** as enabling him to experience increased peace during his rehabilitation process. ***B*** mentioned that *compartmentalising* daily activities allowed him to remain focused on his rehabilitation process.

Specific literature pertaining to the employment of *compartmentalisation* as a coping mechanism by injured sports people was not found.

7.5.1.4 Visualisations.

The term *visualisation* refers to employment of relevant, intra-psychic images around the achievement of goals. ***B*** and ***C*** described employment of *visualisations* as subsequent reactive, adaptive coping mechanisms during their convalescence.

B mentioned that intentional use of positive visualisation techniques assisted him in controlling both his thoughts and his emotions, during his recovery process. ***C*** described how his employment of visualisation techniques "triggered" him into remaining motivated to work on his recovery from his traumatic rugby injury in order to facilitate his return to competitive play.

Carson and Polman (2012) maintained that use of *imagery* as a coping strategy has proved to be beneficial in injured rugby players' recovery processes. These authors stated that all of the participants employed in their research used some form of visualisation technique during the *pre-return to competition* phase of injury recovery, which facilitated the development of confidence (when they returned to competitive play).

7.5.1.5 Positive religious belief structures.

Both ***B*** and ***C*** described how they relied on their religious belief structures in order to cope with their respective traumatic rugby injury. ***B*** mentioned how his practices of faith and prayer assisted him in his belief that he would be able to control the outcomes of his recovery

process. ***C*** communicated that his religious faith underpinned his eventual ability to accept his injury situation, while releasing the pressure he felt to recover.

No existing literature pertaining to the employment of religion as a coping mechanism regarding injured athletes or rugby players was found.

7.5.2 Support structures.

Williams and Appaneal (2010) suggested that injured athletes are often influenced, either negatively or positively, by their support structures. Additionally, and regarding team sports, Hurley (2016) purported that support structures include both those around the individual sports person, as well as other team members who may be perceived as accepting or rejecting of the individual competitor. Furthermore, Williams and Appaneal (2010) indicated that injured athletes who perceive a lack of social support might experience negative cognitive perceptions in their self-worth and self-confidence. Such perceptions may lead to decreases in both motivation and commitment to recovery programmes (Covassin et al., 2014).

All three participants described their awareness of how certain support structures (including both *insider* and *outsider* support) positively assisted them during their respective rehabilitation process. Two participants also specifically described the support that they received from their respective medical team as being beneficial to their recovery.

7.5.2.1 Insider support.

Regarding support received from teammates, all the participants described this as being beneficial to their rehabilitation process.

A mentioned that he perceived the support of other injured teammates as being favourable, as he felt as though he could share his injury experiences with them.

B described how spending time with his teammates was beneficial to his rehabilitation process, as he often experienced feeling inspired by them. Carson and Polman's (2012) study also mentioned that injured professional rugby union players might become motivated to recover via being exposed to positive team support structures.

C communicated that he experienced the support he received from his teammates as being beneficial, in part due to his being able to gather information about both his injury diagnosis and prognosis from those teammates who had experienced the same or a similar injury before he did. He mentioned that his teammates' positive responses assisted in him remaining hopeful during his recovery process.

7.5.2.2 Outsider support.

All participants described experiencing some form of *outsider support* as assisting them during their convalescence. Both ***A*** and ***B*** mentioned that their girlfriends were particularly supportive of them at both physical and emotional levels.

Additionally, ***A*** described the support that he received from his parents as being particularly helpful, apropos alleviation of boredom, as well as from a physical recovery perspective.

C commented on how his family's support enabled him to experience positive distraction from his injury and from his feelings of loss. He also mentioned becoming more "energized" when he was around them, during his convalescence.

As mentioned above, all the participants described experiencing both *insider* and *outsider support* during their respective traumatic rugby injury. Roy et al., (2015), Ruddock-Hudson et al., (2012) and Williams and Appaneal (2010) suggested that the availability of social support in the form of relationships both with teammates and family is vital regarding injured athletes' ability to protect themselves from feelings of neglect and abandonment.

7.5.2.3 Support received from medical team.

A and ***B*** described themselves as reacting positively to the support that they received from their medical team during the rehabilitation stages of their injury. ***A*** indicated that his biokineticist supported both his physical and emotional recovery by being honest with him regarding his performance during his convalescence. ***B*** described being aware of the importance of the support he received from his medical team, especially regarding the support given by his treating physiotherapist. He mentioned how he attempted to influence the medical environment by remaining positive in order for the physiotherapist to support him in more efficient ways.

Carson and Polman (2012) suggested that an injured professional rugby player's physiotherapist plays an important role in his ability to remain positive during the *pre-return to competition* stage of rehabilitation. In their 2017 study, Carson and Polman proposed that an injured professional rugby player's recovery seemed to be assisted by the support received from the treating medical team.

7.6 The Experience of a Traumatic Rugby Injury: Phenomenological Discussion

This study attempts to explore an understanding of the lived experiences of traumatically injured South African Super Rugby players. The descriptive phenomenological method, as per Giorgi's (2012) framework was chosen in order to extract descriptions from the participants' experiences. However, the application of pertinent concepts drawn from the body of phenomenological research to those descriptions could allow for both a deeper and a richer understanding thereof; thus facilitating possible identification of the manifold experience of (non-career-ending) traumatic rugby injuries. Hence, this chapter subsumed an attempt at connecting and synthesizing universal essences apropos the descriptions derived from the analyses of the participants' responses. The section below comprises a discussion around the concepts of universal essences, consciousness, throwness, and intentionality pertinent to this research.

7.6.1 Universal essences.

Chapters 4, 5 and 6 reveal the general essences, as articulated into consciousness, of each participant's experience of traumatic rugby injury. The present chapter attempts to reveal universal essences of the experience of traumatic injury by South African Super Rugby players via identification of common, perceptual experiences germane to either all or two of the participants interviewed. The participants' conscious experiences of the phenomenon under review subsumed all of the relevant, contextual, and interactive factors (e.g., consciousness, throwness, and intentionality) of their respective life-world (*lebenswelt*).

7.6.2 Consciousness.

As mentioned in chapter 3, *consciousness* can be regarded as "the medium between a person and the world" (Giorgi, 2012, p. 9). In other words, *consciousness* occupies the space of experience, which exists between the subject and given objects both extra- and intra-

psychically. Phenomenology is interested in how this experience is articulated into consciousness.

The totality of the lived experiences of the individual injury of three traumatically injured South African Super Rugby players was shared (as comprehensively as possible) through meaningful descriptions, articulated from their (individual, personal) consciousness during each participant's open-ended interview. It should be noted, however, that the experience of a traumatic rugby injury occurs within a bio-psycho-social environment. Descriptions of each traumatic injury experience, therefore, subsumed discrete, as well as interactive responses to and between the *umwelt*, *mitwelt* and *eigenwelt* aspects of the *lebenswelt*, and *Dasein* of each participant.

7.6.3 Throwness.

All elite sportspeople are born with a degree of exceptional physical capability, which is what enables them successfully to compete. The capacity to compete at an elite level is not only determined by genes but is a combination of environmental and developmental opportunities (e.g., family and school background underpinning the evolution of a specific bio-psycho-social makeup), as well as genetic factors. This combination is equally applicable to any professional rugby player competing at the Super Rugby level. Hence, each participant interviewed in this study shared (to a greater or lesser degree) this type or form of *throwness*, which they rely upon to maintain their optimum standard of physical and mental conditioning. Each respective traumatic rugby injury, therefore, confronted participants with a threat to their pre-assumed life-world that precipitated confrontation with their limitations within the context that constituted their specific *throwness*.

7.6.4 Intentionality.

Husserl (2012) maintained that experience is always intentional (as already mentioned in Chapter 3), and that it is, therefore, intentionality (described as the inter-relatedness or interdependence between consciousness and reality) that is the fundamental basis of one's construction of *meaning*.

All the participants described how the nature of their lived experience of being traumatically injured represented a threat to their pre-injury assumptive *lebenswelt*. In order to clarify, reconstruct and hence restore authentic *meaning*, all participants consciously and

actively employed positively oriented *intentionality* around efficacious coping mechanisms and goal directedness (as subsequent reactions to their respective injury), in order to reconstitute their *Dasein*, as relates to their rehabilitation within their chosen career.

7.7 Conclusion

Themes extracted that may be considered to represent essences of the experiences of traumatic rugby injuries in South African Super Rugby players included *umwelt*, *mitwelt* and *eigenwelt* aspects of the *lebenswelt* and *Dasein* of each participant. In other words, the experience of sustaining a traumatic rugby injury appears to subsume threats to the physical, the psychological, and social / financial life-world of the injured player. Each participant described experiencing an injury trajectory (during which any of the above-mentioned threats could arise, either discretely or concomitantly, whilst transiting the early onset, emotional upheaval or resolution stages of the traumatic rugby injury).

Whilst certain, purely individual responses occurred in the analysis of each participant's descriptions, those themes that were experienced by two or all of them included the making of comparisons between their pre and post-injury status; and, during the initial reaction stage, attempts at positivity and *cognitive appraisals* of their injury severity.

Themes concerning emotional reactions that arose from sustaining a traumatic rugby injury included feelings of confusion around diagnoses and lack of *diagnostic knowledge*; fear reactions; and feelings of loss. Regarding specific fear reactions, correlation between two of the participants was found in relationship to fear of surgical procedures and fear of financial losses.

Apropos subsequent reactions to traumatic injury, themes that arose here included the employment of adaptive coping mechanisms, such as *goal directedness*, *adaptive avoidance*, *compartmentalization*, *visualizations* and *positive religious belief structures*. Themes around support structures were described by all the participants as including insider (team-based) and outsider (family, partners, and friends) support, whilst only two participants mentioned a reliance on the support of their respective medical team.

Hence, most of the essences of sustaining a traumatic rugby injury within the South African Super Rugby playing population corresponds with existing findings in the literature.

In the next chapter, an evaluation of the study will be presented, together with recommendations for future research and a conclusion.

CHAPTER 8
EVALUATION, RECOMMENDATIONS AND CONCLUSION

> "So, I mean, for instance … I make decisions on the field, and I love that. I love the strategic part. I mean … making decisions on the field in those high pressure situations, getting to know players, knowing what their strengths and weaknesses are, like, I thrive on that … I love that … [and then after the injury] … I was gutted … [but] I can't keep thinking in my past if I want to move into my future … I can't just keep thinking about this injury and when it happened, what I missed out on, you know. So I got to just keep looking forward … [so] … I decided about two weeks after my op, I changed my mental attitude … to let me just get right. So let me just recover sufficiently and taking it day for day. So regardless of when, I don't know when it's gonna be right but I'm not gonna look at that, I'm gonna look at every single day. Take it day for day, that's what I'm gonna focus on, the small little things, small little processes, my rehab exercise, my physio. That's what I'm gonna focus on and in time it will get [better] …" [Participant C]

The above compilation of descriptions from Participant ***C*** is given because it provides support for a number of the psychological and psychosocial themes revealed both by this study and by the literature review. This chapter will provide an overview of the research findings. The study will then be evaluated in terms of its strengths and limitations. Next, recommendations in terms of possible future research, as well as those pertaining to psychological interventions will be suggested, after which a conclusion will be provided.

8.1 An Overview of the Experience of a Traumatic Rugby Injury

Chapter 7 discussed common themes drawn from interviews done with three, traumatically injured, South African Super Rugby players. Three stages were described by all participants in relationship to the injury event, that is, there was mention made of the *initial reaction to the traumatic injury*, followed by descriptions around *emotional reactions to the traumatic injury*. Finally, *subsequent reactions to the traumatic injury* (including *the rehabilitation process*) were described.

- During the **initial reactions** to the traumatic rugby injury, the injured South African Super Rugby players tried to remain positive, while also attempting cognitively to appraise the severity of the physical damage done.
- The traumatically injured rugby players experienced a primary **emotional reaction** of *fear* as a result of the incident. For example, when diagnostic confusion occurred, fear

arose in relationship to the consequences of the need for surgical intervention. Fear was also experienced regarding the possible ramifications around awareness of potential financial losses. Another emotion the injured players experienced had to do with feelings of *loss* related to possible forgone career opportunities.

- The traumatically injured rugby players experienced **subsequent reactions** during their rehabilitation process. These subsequent reactions comprised the conscious and deliberate employment of various coping mechanisms (e.g., goal-directedness, adaptive avoidance, compartmentalisation, visualisations, and positive religious belief structures); as well as the awareness and the utilisation of positive support structures (i.e., insider support, outsider support, and support received by the medical team).

The phenomenon of experiencing a traumatic rugby injury is located in and forms part of the broader life-world of the South African Super Rugby participants in this study. Phenomenological essences seemed to be important in the participants' respective experience of a traumatic rugby injury. Firstly, the players were *thrown* into the injury situation against their will. They were confronted with a breakdown in their previously held assumptions around both their physical and psychological capacity to maintain an optimum level of athletic functioning. In and of itself, this confrontation was traumatic. Secondly, within this confrontation, the injured players *intentionally* directed their *consciousness* towards the re-construction of their life-world physically, psychologically, socially, and / or spiritually.

8.2 Evaluation of the Study

As is the case with all research, the present study has certain strengths and limitations, which will be outlined next.

8.2.1 Strengths of the study.

- Although some literature does exist regarding specific experiences of injured, professional rugby players, literature pertaining to a qualitative investigation of the lived experience of *being* traumatically injured, either among the international or the South African population of rugby competitors, was not found. Hence, this study represents the first attempt at extracting the essences of this phenomenon.
- The choice of the population from which the sample for this study was drawn could also be considered to be a *strength* of the research. Super Rugby competition players (whether South African or otherwise) are generally considered to be among the

representatives of the highest level of competition outside of international, test rugby. Hence, traumatic (rugby) injuries can be seen as being costly to this stratum of players in terms of maintenance of career status, of furtherance of careers to the highest level of play, and in terms of possible financial loss. The findings of this study could thus possibly be useful apropos the facilitation of a better understanding of the processes involved after players experience a traumatic rugby injury.

- The descriptive phenomenological approach could be regarded as a *strength* of this research as the application of phenomenological bracketing allowed the researcher to bracket prior knowledge and presuppositions regarding the phenomenon under review, thereby facilitating attempts at uncovering the essences of the experience.
- The employment of open-ended interviews to gather information for this study allowed the participants to describe the totality of their perception of their respective experience of the phenomenon, with a degree of spontaneity and authenticity. The participant transcripts could consequently be regarded as relevant and reliable accounts of their experiences.
- Thematically speaking, much of this study's findings concurred with previous findings in the international literature. However, some themes emerged that might be specific (either only, or to a greater degree) to the South African context. Hence, an additional *strength* of this study is that it might have been able to add to the available body of literature regarding (traumatic) sports injuries.
- The findings of this study were corroborated via comparative findings in the literature, as well as quotations found in the participants' interview transcriptions. Every attempt was made to verify the extracted themes by referencing participant quotes.
- Finally, this study's sample consisted of individuals of various ages, who come from varying socio-economic backgrounds. The diversity in the sample allowed for a richer understanding of the phenomenon under review.

8.2.2 Limitations of the Study.

- Although the sample of three participants was within Giorgi's (2012) recommended sample size regarding a phenomenological enquiry, the addition of another two or three participants' experiences could have contributed to increased depth in the inter-individual analysis, and consequently to the common, essential themes that emerged.

- The Super Rugby competition comprises teams made up of male rugby players, only. This is not fully representative of the entire, professional rugby population, including women professional rugby players.
- Another limitation of this study has to do with the methodological approach employed. While the descriptive phenomenological method allowed the researcher to remain relatively bracketed throughout both the interview and analysis stages of the study, it became apparent during the latter stage that an interpretive (hermeneutic) approach to the research could have added *psychological* depth to the results.
- As mentioned above, the researcher tried to avoid potential subjective bias throughout the various stages of the study, via attempting to employ the phenomenological laws of reduction. However, as noted in chapter 3, a perfect attitude of reduction is not possible in phenomenological research. Some degree of researcher bias would have emerged at various stages of the study. This unavoidable fact could call into question some of the findings of the study.
- Due to the lack of randomised sampling and the small number of participants used in the study, the findings may not sufficiently comprehensive to be generalised to other populations of traumatically injured rugby players.

The limitations mentioned above serve to inform recommendations for future studies regarding traumatic rugby injuries.

8.3 Recommendations for Future Research

Based on the findings and limitations of the present study, the following recommendations can be made for future research.

- Future research could consider different methodological approaches. The hermeneutic phenomenological method could facilitate a deeper psychological interpretation of the lived experiences of traumatic rugby injuries. Semi-structured interviews could also allow for the identification of specific themes possibly experienced across the population of all rugby players that could then inform the design of future, transferable interventions.

- It is also recommended that quantitative studies focusing on specific themes drawn from this research and / or those drawn from the literature, be done in order to measure both the frequency and the magnitude at which those themes are experienced.
- Future research could attempt to include more diverse sample groups across age, race, culture, ethnicity, and gender in order to facilitate the generalisation of results to the greater rugby playing population.
- Finally, studies aimed at understanding both medical professionals', as well as rugby coaches' attitudes towards traumatically injured professional rugby players could assist in facilitating employment of more supported, goal directed interventions.

8.4 Psychological Interventions Arising from the Recommendations for Future Research

As mentioned in chapter 1, the identification of psychosocial themes drawn from the experiences of traumatically injured, professional rugby players have not, as yet, resulted in the design and / or implementation of specific psychological interventions aimed at assisting these injured athletes either personally or career-wise. Results from studies such as the ones recommended above could serve to enrich psychological understandings of the phenomenon of traumatic rugby injury. Additionally, and bearing in mind that the sustaining of injuries is a given in the game of rugby, consideration of the possible employment of certain pre-emptive measures that could be put in place before injuries occur, could also be facilitated thereby. Hence, further recommendations around psychological interventions designed at aiding the population of injured South African Super Rugby players are made below.

- Firstly, the traumatic nature of a severe rugby injury and its concomitant emotional reactions of confusion, fear, and feelings of loss underpin the need of these injured rugby players to have access to a confidential environment within which they are able to address their experiences. A professional, confidential relationship with a psychologist trained in general counselling, trauma / bereavement counselling, and skills-based therapy seems to be needed regarding the players' ability to process germane aspects of the trauma experienced.
- Secondly, it is recommended that a qualified psychologist be available to act as a mediator between the injured rugby player, and his medical team and coaches. Mediation could be useful regarding the facilitation of communication of relevant information between the two. For example, a psychologist could assist with transference of medical information around diagnostic knowledge, whilst enabling a

deeper understanding of the experiences and ramifications of stress induced reactions, related to the player's experience of the traumatic injury, back to the medical team and coaches. Similarly, transference of recovery feedback information between the two (but especially regarding the coaching staff) could also be facilitated by a psychologist: as could recommendations regarding relevant pre-emptive measures, particularly in cases of re-injury.

- Thirdly, a psychologist's facilitation of more goal-directed employment of available support structures (particularly as relates to insider support) could be considered relevant. For example, group support sessions, mentorship programmes and the like could be structured where appropriate.
- Fourthly, a qualified psychologist would presumably be sensitive to the idiosyncratic nature of traumatic rugby injury experiences. Hence, tailored / specific individual psychological interventions could be formulated and applied to those injured players who are in need of them. Unless otherwise desired, interventions should, primarily, be underpinned by trauma counselling and skills-based approaches.

8.5 Conclusion

The World Health Organization maintains that *health* is comprised of physical, mental, social, economic, and faith-based dimensions (Karam, 2014). Meanwhile, there is an old Roman dictum that a healthy mind is found in a healthy body. Taking into consideration the obvious emphasis placed on the physical health and physical ability needed in order to be able to participate in sport, in general, and in a sport as high contact as rugby, at a professional level, there is to be expected an equally obvious emphasis on **physical** recovery from injury, inclusive of a traumatic rugby injury.

Notwithstanding, it appears that no traumatic event occurs purely physically or psychologically. Rather, there is an interaction between the two modes of being. The recognition of the existence of the interplay between physical and psychological aspects was demonstrated by studies done by international researchers, which focused more on psychosocial factors than had historically been the case, in order to identify and perhaps adopt, multidisciplinary (Concannon & Pringle, 2012) factors and interventions that might facilitate optimum recovery from injury. This author attempted to explore whether or not the same need to conduct research into this phenomenon, in the South African situation, was justifiable.

In order to achieve the above-mentioned aim, an open-ended question was asked of three, traumatically, injured Super Rugby competition participants around their lived experiencing of their respective injury. Themes and essences that emerged from analyses of their responses, not only supported some of those found in the international literature, but highlighted WHO's concept of health. Simply put, physical, mental, social, economic, and faith-based themes were derived from analyses and results of this study.

It is, therefore, presumed to have been a justifiable area of research in that the results could be interpreted as pointing to the need to include, at least from a psychologist's perspective, the design and implementation of psychosocially-based interventions to assist with achievement of as optimum a recovery process from a traumatic rugby injury, as possible. The participants all described, to some degree or another, how the psychological dimension seems to be pivotal to their ability to confront the trauma of their respective injury, while consciously employing intentionality to recover from it.

It is to be hoped that the themes and essences derived from this study may prove of some assistance in the design, formulation, and implementation of psychosocially oriented, therapeutic interventions. From the findings of this study it is clear that a reliance on purely physical interventions apropos a professional rugby player's recovery from a traumatic rugby injury does not appear to be sufficient in order to achieve *health.*

Finally, the author of this study also felt it necessary to comment on *his* experience of the three participants involved in this research. It should be mentioned that all three participants became tearful at some point during the interview process while describing their experiences. The researcher was, at times, taken aback by the need shown by these traumatically injured players to talk to someone about their experiences in a confidential environment, even if purely for reasons of achieving some degree of catharsis. This experience, alone, seems enough to justify the need for psychological interventions aimed at the addressing of the trauma experienced by these players. The author would like to pay homage to these participants' courage and strength of will, evidenced in their interview transcriptions.

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APPENDICES

Appendix A

Interviewer: Hi Participant A, Thank you for coming today and participating in this interview. So [clearing throat], the question is, Could you please describe to me as honestly as possible and in as much details as possible, your experience of the impact of your current injury, on you and your rugby career?

Participant A: Initially how I felt about it. Come my first injury, I had a great season of Super Rugby; my initial thoughts were only playing very little rugby as a senior and ended up playing a lot of rugby. So going into my first op, I wasn't then really stressed hey, I thought, coming February I maybe miss two, three games at most, so I wasn't stressed, I'm a front row, I got to miss pre season so, it's always a bonus. So ya I wasn't stressed and I still had my mate's around and stuff. They went into pre session, so they were training and everything but the days weren't as long, so after their sessions, I could go and chill with them so that was, that was fine.

Interviewer: Just quickly, so what happened in your first, with your first injury?

Participant A: I think it was a combination of stuff. I injured it [clear throat] I'd say midway through Super Rugby 2016, and then the first few games of Curry Cup injured it again. It wasn't like bad, it was just like stingers, and a bit of weakness and stuff in the arm from I'd say too much rugby. Then the third one, against the Sharks … a guy tackled me like on my elbow, and it felt like my shoulder wanted to come out.

Interviewer: Okay.

Participant A: So there was definitely a lot of instability and that was the Friday, I had surgery on the Wednesday. So it was a quick process, it was almost like I couldn't get my head around it. Wednesday, I got a new shoulder on, that was a quick turn of events.

Interviewer: What do you mean you couldn't get your head around it, can you tell me more about that?

Participant A: [clearing throat] Like I told you I had this great, great year of rugby. We made it to the Super Rugby final in Wellington, I only expected to play maybe a handful games like I said earlier, and then the Curry Cup, that was where I wanted to play a lot of rugby and everything and I did! Then, I got injured, and then I was still at this, hype, I mean, I'm a youngster, first season Super Rugby, going to Curry Cup, I'm almost like a senior player amongst the players and then, ya, the week before the, semi final against the sharks, bust my shoulder. So for me it wasn't the end of the world, I had a great year and then come like Monday, they say to me no you definitely need surgery. So like, I never had a hectic injury I think I was out with seven weeks with my left ankle in 2014 and ya, now I'm, I'm going to sit out for five, six months, I couldn't, I didn't understand like what not playing rugby, like for six months, would even feel like so, I was a bit in the dark initially

Interviewer: Can you just explain a little bit more about being in the dark? What do you mean? Describe it.

Participant A: So, I knew what everyone was telling me, you going to do this, going to do that, but ya, you don't know how its going to be sitting at home watching TV, watching the highlights of the year, stuff like that, ya you don't know what to expect like. Ya, I think that's the best way to put it, you don't know what to expect about how you going to feel during the next six months. Because when you with your mates, I mean you don't even think while you training, you just have fun and now, come surgery you sitting there in a sling for six weeks. Where you could have played in a semi final maybe, possibly the final stuff like that. Ya, I think, it's just like not knowing what to, like not knowing what's gonna to happen.

Interviewer: You said earlier that they told you this and that, can you just describe to me?

Participant A: So, I mean rugby is a lot of tackling and stuff, so a lot of guys have shoulder ops done and everything like that, and everyone like everyone is positive, ag you going to be alright, don't stress, you going to do this and this with Doc, yeah you'll start your rehab in so many weeks and whatever, but its the stuff in between like, ya you go to a physio, at like eight in the morning and then you have rehab at like nine. Then after that, your mate's only finish training at two three, like from say ten till three you chilling by yourself. I mean come three months of chilling by yourself is, boring [laughing], to say the least ya!

Interviewer: So you were bored?

Participant A: Ya I was pretty bored hey, like I said earlier I'm so used to playing and I didn't know what to expect. Come so many weeks into doing nothing, you feel like, you can pull your hair out, that's almost why I feel like, well not like I feel like, there are stages where I couldn't sleep. Like you tired, get in bed at like 9 o'clock, and then 11 o'clock you still up, because

you just thinking of, like you almost plan your next day to try and keep yourself busy ya, it's a weird feeling.

Interviewer: Can you tell me more a little bit about that, you know that not sleeping and [clearing throat]?

Participant A: I think initially, like I wasn't fazed about not sleeping and everything, play Playstation and watch TV and movies and stuff and chill with my mate's. But then when it starts to getting serious again and you can see the end goal, like I think your rhythm's also bit stuffed up from being up late and everything like that, and then ya, you, you tired you had a busy day and whatever, and you get in bed at like 9 o'clock, and ya you thinking about what's going to happen tomorrow. What can I do to keep myself busy, who can I go see, what time my mate's are going to finish with training, what time my parents get home whatever, go visit them. Just, ya you bored so, you almost think of ways to keep yourself entertained, so that you not as bored tomorrow. Ya, it's weird. [Laugh]

Interviewer: Weird feeling, foreign?

Participant A: Ya its foreign, like I said, you not used to it.

Interviewer: Participant A, can I ask you, when did the not sleeping, or the changes in your sleep pattern, sort of start after you were injured?

Participant A: The first two weeks you can't do much, because the first weeks pretty painful, the second week, you still take your painkillers and stuff like that. So you do get drowsy and it's relatively easy to sleep, so I'd say after that, so say, three weeks on you…. like I chilled with my mates and everything like that. So ya, I'd say my routine started initially falling apart from there, but then the not sleeping, I'd say probably the January when we got, when the guys went back to pre-season. Cause then its full focus on the super rugby, so you also don't wanna to be a nag on your mate's, cause they training, you also want to train but if you in their shoes wouldn't expect them to come and hassle you while you want to dos. So ya id say from January, February, but then as soon you back with the team, its almost, you tired. You're, proper tired so even as much as you thinking, you fall asleep [laughing].

Interviewer: Tell me a bit more about if you can, about nagging your mates you said you know, you don't want to be a nag.

Participant A: I wouldn't say being a nag, but like, it wouldn't happen in the past where I message like each of my mates, even though you know from training, so I can come past and flip, sit and play Fifa or something like that, just so that its not sitting at home playing Playstation by yourself. I think its more just being in the company of your mate's and stuff. Cause they probably get you away from this, your shoulder injury and stuff like that.

Interviewer: Was there anyone else who you would go and hang out with? Or who you could rely on for company?

Participant A Ya like obviously having my parents and my girlfriend around and stuff, I chilled. Like they are also helping me as much as they can, but I think that, I call it freedom of chatting with your mate's. They'll ask you, how's your shoulder doing and everything like that, but then after that, give you shit, like you go look in the fridge to, find something to chow and they'll tell you, "Argh no you eating again!". Something like that, so it, it gets you away I'd say. From the surgery and the waiting, ya, it's good!

Interviewer: Alright so hanging with your mates keeps you away from, thinking about your surgery and actually what happened?

Participant A: Definitely.

Interviewer: Alright. Anything else about that experience of, you know, cause you said earlier, you kind of wanting to be with the team but not being able to and?

Participant A: Ya, I think that's a big, big thing hey! Cause like not being with the team, I come home and then my mate's, that aren't playing rugby and stuff like that, I mean they chilling and stuff, have a few beers, smoke a bit of hubbly and stuff, and then I don't have to be up, half past seven in the morning, go train and stuff like that, have some beers, smoke some hub, and then not being in the team environment I think it pushes you away from, like what you should be concentrating on and stuff like that.

Interviewer: Ya.

Participant A: Ya I don't want to skip ahead, but like now with my second op, the amount of time I spent with the team compare to the first op, was drastic like huge.

Interviewer: More or less?

Participant A: Much more!

Interviewer: Much more?

Participant A: Cause of just being in the team environment like, like I said earlier, physio at eight, rehab at nine then I'm out. When now it's like physio at eight, rehab at nine, gym with the squad, have lunch with the squad. Then when they train then I'd go home and stuff like that. So its being in environment more where, [clear throat] say like my mate's that are studying if they got a break or whatever, go to their house have a hub with them after training, I've just done physio and rehab and I probably, probably was doing the wrong thing, going against like, hub's not good for you, especially for guy training or wanting to get back to training. So, ya, I think as good influences they are, I think they can also be like bad influences, but it's also me.

Interviewer: Which mate's, can be good and bad influence?

Participant A: [sigh] It's, quite a shitty thing of me to say, but like, we in different boats they studying, for them to have a hub is like me going to chill with them, cause them having a hub is like, them relaxing from studying and then me just visiting them, is like me relaxing from not thinking about rugby. So it is a bit of a shitty thing for me to say but like ya, it is what it is. Uhm Ya, ya but!

Interviewer: You said earlier Participant A, that there were things that, you know, you were supposed to do, but you wanted to get back with your first injury, cause we will get to the second injury just now.

Participant A: Ya a hundred percent.

Interviewer: I mean it's up to you what you want to talk about as far, but [clear throat] there were things that you knew you were supposed to do, to get back, you really wanted to get back, but now you were doing things that was kind of going against that, what was your kind of experience of that, how did that sort of happen?

Participant A: I think it was just, if I'm completely honest it was probably the time of year as well. Ya, like I said earlier my first op, was October and then played in Jan. So October, November, December they and my mate's also on a Friday, not lus for thinking of anything, lets go have a few beers and stuff like that. So I think it was also the time of year, and then I also had a full year of rugby, for me letting my hair down and stuff, it was lekka. It was different, people still remember me from the year of rugby, and so they come and chat to me and stuff like that. So it was lekka hey, even though I'm not in amongst the team and training that much, it was still lekka to be associated with the rugby and everything like that while chilling with my mate's. Ya, it was lekka. Ya I think me saying, going against what I'm supposed to be doing, I still did everything I needed to. I think just if, I didn't drink as much and smoke as much hubbly and all that stuff, not that my recovery would've been any quicker that it would've been a bad thing.

Interviewer: mmm

Participant A: I think it was just, I went far away from, like, so, I think if I can put it in a way, I made it harder for my self to get back into a team, for playing me again.

Interviewer: Participant A, why do you think that happened?

Participant A: [sigh] uh

Interviewer: Or what happened? Can you describe, what made you go there?

Participant A: I think I was just enjoying myself hey! Have my mate's over and have a braai and everything like that and I, I think the reason I'm thinking like this is also because of my second op now. I think ya, the second op, this time I didn't chill as much with my mate's. Well I did chill with them but wouldn't drink myself dead and stuff like that. Ya, I think it was ya, enjoying myself having fun, I didn't look at the picture in the end like, I thought of coming back. Argh I'll come back into training, I'll be fine, I'll work all the alcohol out, I'll get fit quickly all that stuff, so I didn't stress. So I was having fun when I got back and I started working again, like you think, jis, I'm looking good hey! Everything is coming right, everything is coming back into place, then you do that first fitness session with the team and it feels like your lungs are exploding [laughing]

Interviewer: [laughing]

Participant A: But ya it was, I think for me to have done so well in my second op, I almost needed to, be how I was in my first op. So ya, I can't be one of those guys that look back in hind sight and like "jis, you were stupid why did, you do this?" Like I suppose just everything happens for a reason, I don't know why but its one of those things. Uhm ya, I think my experiences from my first op, actually helped me drastically for my second.

Interviewer: Okay, how do you think that happened?

Interviewer: [clear throat]

Participant A: I think coming back hey, so like, like I said earlier, my lungs were exploding Coming back into training, like the conditioning coach would tell me, "Are you cycling, are you gyming legs, are you doing what you can?" I'm really like ya, where I would go, like, I'd say three times pushing it. Uhm, where in the first op when now it was like as much as I can, so like, last time I didn't swim, this time I swam with like a board under my arm and just kick legs. A watt bike, as soon as I could start rowing I'd row. Like this time I almost pushed the envelope. Where last time I was like a lazy little oke.

Interviewer: Ya.

Participant A: Like I didn't, didn't realise the importance of doing the little stuff, where as now coming back into training its like, still difficult its never easy cause its, its a longer day and stuff like that, but it's nothing like it was the first time coming back.

Interviewer: Ya.

Participant A: Ya, I think my, my attention to detail got a lot better early from experiencing coming back into it. I also [laugh] proper psychology now. I also think uh, like the second knock where it dislocated.

Interviewer: Ya.

Participant A: Was frightening I must be honest, because, uh, the doctors thought I had the second op, the first time so they thought I had the Laterjet and not the Bankart the first time. And when it dislocated they came to me and, they say you know your body and you really do, [laughing], and it popped out and I said to the docs it popped out and they said to me it cant.

Interviewer: Ya.

Participant A: So [laugh] bullshit hey it popped out, cause I, I literally felt it when I rolled up. I Put it back in place and then uh, they said to me it cant [laugh] its weird even the doctors didn't believe me and stuff like that [clear throat]. On the Friday after that it popped out again, like I said earlier it popped out again, uhm, only after that did they really believe me and then the week after that they gave me cortisone, trying to strengthen it. Cause my strength was still there it was just a little bit of pain and stuff like that, which I, I was I was keen on I wanted to play rugby I wasn't fearful of the future and stuff and it just oef!

Interviewer: Participant A, how did you experience that, the doctors and the medical staff not believing you, when you, when you told them what had happened?

Participant A: I actually don't know hey, because I told them it had popped out and they said it cant and then the second time it popped. Argh I don't know it popped out but then, there was no inflammation, I still had full range of movement, there was a little bit of weakness, but they were confident so like I was confident.

Interviewer: Oh, okay.

Participant A: So like obviously they and, I back our doctors and stuff a lot.

Interviewer: Ya.

Participant A: They, they are honest with me and everything and stuff like that.

Interviewer: Ya.

Participant A: And you could see there, there was like disbelief when I told them it popped out, because they; they actually thought it was a Laterjet, not the Bankart.

Interviewer: Ya.

Participant A: So I was also like confident. Uhm they said, maybe it just rolled over a bit of cartilage or something like that. I was like okay, happy days ill go and try tackle Okes again.

Interviewer: And then when it came to pass that, it actually uhm, it was serious and you needed to have an op how did you.

Participant A: No, I was emotional hey.

Interviewer: Can you tell me about that?

Participant A: Uhm, so like I told you now, the game when it popped out, then the week after we had that training session, I literally didn't train the whole week to try and rest it.

Interviewer: Ya.

Participant A: And they backed me on the bench against the Reds and then in the captains run I was doing hits, they wanted me to do a few tackles; I did four hits … on the last one it popped out, oef! Put it back in we went back to the doctor, the doctor said, we said to the doctor it popped out and then again he said no it can't, and then the guy that I was doing the its with, he said doc it was out. So ya canned it and then aha went for a MRI the next week Tuesday, after the MRI, Wednesday we had off, Wednesday I had like physio and stuff like that. Actually it was a Wednesday. So I had physio in the morning and then the afternoon they had the MRI report and doc send me a message saying uh, "we got the

report but I'm not so sure I'm going to send it to another specialist but come past later". So I was like okay fine I, I don't mind I had rehab with doc at Rosebank in any case. So I went there, uhm, doc had the report, so he said let me check, so he did the tests for unstable shoulder and it popped out in the one test, and I thought it was fine, cause they were still confident and everything prior to that.

Interviewer: Uhm.

Participant A: And then ya, afterwards I was sitting there, it was, they put it back in and everything and doc went and chatted to, well the Bio went and chatted to our team doctor. And then he came back and then he was like come with me, then we went into his office where the machine is, where we do the shoulder strengthening and like he went and sat on his desk, and I like carried on walking to the machine, and he was like no come sit here, so I went there I sat there and he like slid me like a paper like this and uh, jis I'd be honest, I just wanted to know what was wrong and like he put the paper in front of me, I didn't even read it I just pushed it back and I was like just, tell me what it is Doc and he said you have to go for another op. And then from there, jis I got emotional hey. Uhm, ya got very emotional. Uh, I saw the surgeon two weeks after that.

Interviewer: Ok, so that was a bit of a shock.

Participant A: Jis, ja man.

Interviewer: Just before we get the surgeon, uhm can you just tell me a little bit about actually what emotions you were, you kind of experienced at that time?

Participant A: [sigh] uhm [sigh] so last year during the super rugby I had like an opportunity to play for the Boks and ah it didn't happen after we lost in the final. So then I had aspirations to play end of year tour, uh last year. Then my first shoulder happened and then this was like my goal, for the year [emotional] [crying] ya [sigh]

Interviewer: I can see this is quite hard for you to speak about it.

Participant A: Ya!

Interviewer: Okay.

Participant A: [deep Sigh] ya it was tough hey!

Interviewer: Okay.

Participant A: Uh I think it's scarred me a bit hey!

Interviewer: Scarred you?.

Participant A: Like I said, uh earlier I looked at my [sniffing] first recovery to my second recovery, like everything [sniffing],[emotional] like going with my mate's, instead of getting fucked, I'd have like three beers, it was ya, it was different gym'd myself broken, like I said earlier. Ya cause, ya just can't work…..almost like, ya just wanted to come right …..Ya fuck; I don't even know how to explain it, uh.

Interviewer: Participant A, yes I can see this is difficult and obviously you can [clear throat] tell me if you want to carry on or not okay! Are you okay to carry on?

Participant A: Ya I'm fine.

Interviewer: You sure?

Participant A: Get it out before next week.

Interviewer: Okay.

Participant A: [sigh]

Interviewer: Uhm we can chat a bit about it afterwards as well if you like.

Participant A: Okay.

Interviewer: Uhm so you said that, you know you got really emotional when, you realised that you had to have a second op the Doc actually passed you a piece of paper he didn't actually tell you, he wanted you to read. Okay, and you pushed the piece of paper back, and you said listen just tell me what's going on, and you got emotional about it and then you said that, you know you had aspirations for the Bokke and you had a, there was a lot of stuff that was happening. Can you tell me just a little bit more obviously if you up to it. About what you were thinking or just what was happening with you, when you were, when you realised that these things might not happen?

Participant A: [sigh]

Interviewer: Sort of, what kinds of emotions were around it?

Participant A: I think, I think, I was looking at it short term. So like I wanted to play in the incoming series, stuff like that, so, ya! I just, I had a goal that I wanted to achieve. Ya! I don't know, I feel like its, not that I let the opportunity go or whatever, but I felt like the opportunity is gone, so like I have to almost wait for next year.

Interviewer: Okay.

Participant A: So it's, it was almost like uh, if I can put it in a way like, it was almost like a process of, me just trying to get over it, and that was hard. [emotional]

Interviewer: Getting over what?

Participant A: That I won't get the goal [emotional], cause I can't, uh, miss the incoming series the rugby championship starting now. If I'm realistic the chance of me being able to play in the end of year tour, I think I would've played 5 games of rugby, in well 7 games of rugby at most, in 12 months and that's without the first op.

Interviewer: Okay.

Participant A: Uh, so its, I'm just being realistic so it won't happen, so I almost have to like prep myself, come pre season [sniffing] next year, well end of this year. I just got to grout and get down and do the dogs work. Ya!

Interviewer: Okay.

Participant A: Ya, you know, its not a bad thing uh, my first op well before I had my first op and everything like that, 2016, uh 2015 - 2016 ah pre season I was that guy did a lot of work, I wasn't the guy running in front but I worked hard and ya! [Emotional sigh] I got the opportunity and [crying] everything and ya missed it this year.

Interviewer: Okay.

Participant A: Fuck! This is tough.

Interviewer: I can see it's tough. You okay?

Participant A: Ya.

Interviewer: You sure?

Participant A: Promise!

Interviewer: Okay, uhm, alright, so thank you Participant A, thanks for sharing this. Uhm, okay, so you went through your first op okay, and you said that you were [clear throat] your first rehabilitation, you said that you kind of you sort of listened to the doctors you kind of did what you were told, but ya it was also nice to get away from the rugby a bit.

Participant A: Ya.

Interviewer: But you also missed it, so you, you know you had that kind of six months that you were you doing your thing.

Participant A: Ya I was free.

Interviewer: Okay then you came back, you played two games and [hand slap] you popped it again.

Participant A: Ya.

Interviewer: There was, uhm, doubt over weather you had popped it or not, the doctors, the medical staff didn't believe you that it had gone out. Because they thought it was something else.

Participant A: Ya.

Interviewer: That you had already the Laterjet, uhm.

Participant A: Procedure.

Interviewer: Procedure and you couldn't pop it okay.

Participant A: Ya.

Interviewer: Uhm and then when he told you that, "listen you need an op, you have to go back in", okay, you got emotional you started to thinking about.

Participant A: Ya

Interviewer: You know what, you know what you've.

Participant A: Missed.

Interviewer: Going to miss out on okay.

Participant A: Ya.

Interviewer: Okay. Uhm alright so can, can, can you tell me about sort of how that experience you know being injured the second time has affected you and uhm, or how you have experienced it, at the moment or through these, through these last six months?

Participant A: Uhm ya like I said it, it made me work harder hey! Ah, I think I pushed myself with physio pushed myself with rehab, in the gym everyday. Uh even Sundays uh, ya I think, ya I said earlier on how its scarred me, I think it gave me a, mentality of I must just work, nothing fancy [emotional] just work. So it's good, I do think so, uhm, nothing comes for people that sit around. Which is also what I think, why I felt like I did. Uh, ya, uh. I think it's made me work proper hard.

Interviewer: Okay.

Participant A: [Sigh] ya fuck! I almost ya, Turning on other stuff now but like probably chilled with my mate's I'd say less than half the amount also cause they have been playing rugby and everything like that so, I feel like if I am there, it'll open up wounds and stuff like that.

Interviewer: If you there with?

Participant A: With my mate's, like them coming of training wearing kit and stuff like that.
Interviewer: Is this your linesman's?
Participant A: Ya.
Interviewer: Okay.
Participant A: Uh.
Interviewer: So are you saying that you, you spending less time with them?
Participant A: I have definitely.
Interviewer: This time?
Participant A: Ya.
Interviewer: Okay.
Participant A: Uhm, ya just work.
Interviewer: Participant A can you tell me little bit more about that, Sort of how that?
Participant A: I'd say it's a bit of jealousy. I think it is. Uhm, me wanting to be there training, playing, even though I cant, I know I cant, but still don't have it me to go, sit there and talk kak. Ya it's, I think it is jealousy but I almost [sigh], I feel [sigh], [emotional] I think I feel sorry for myself when I'm there. [Sigh]. Ya!
Interviewer: In what way?
Participant A: [emotional] ah ya I feel like I'm opening wounds. Like I said, that I sit there think about the Boks, super rugby, playing a whole bunch of rugby again, enjoying myself, don't know, I feel sorry for myself and then I work.
Interviewer: So you saying, that you are choosing to sort of separate yourself, be away from those guys, so that you can.
Participant A: [sigh].
Interviewer: Feel that?
Participant A: Ya in a way like I still want to chill with them, but uh I don't want to feel like that. Ya it's shit! [sigh] Ya fuck! But I'm back next week.
Interviewer You back next week?
Participant A: Ya I think it's also a build up. [emotional] It's been a long wait. I need to blow my nose.
Interviewer Let me get you a tissue quickly. [footsteps leaving the room and returning]
Participant A: Thank you.
Interviewer There you go, okay. So uhm, Participant A, you said earlier again, you talking about you know you don't want to open up wounds, uhm could you describe to me a little bit, if you can and obviously you.
Participant A: [blowing nose]
Interviewer: Uhm you know what those wounds are?
Participant A: I think its, like I said earlier hey, ah the whole Boks thing. Ya I was, initially when it's like, I didn't make the squad, it was like sore and I tried to hide it and everything like that, because my mate made the Boks squad and everything like that, he's my mate I was genuinely happy for him. [Emotional] Genuinely! Happy for him and then, so after the op and everything like that, I'd come to terms that I wasn't going to play end of year tour and everything like that. I wanted to play this year, and then, ya! My mate still play's for the Boks, uh a few guys that I play with also got opportunities and I wanted to be one of those guys. So like, ya! Not that he like opens up wounds I just feel like, when I'm with them, people come and ask them how the rugby is going and stuff like that. Then, like not that I want to be them, answering the people. I just want to be in the same boat as them being able to play rugby. Like, trying to achieve something, but now I've got to try, get fit again, try strengthening the shoulder, all that kak! Again!
Interviewer: Okay.
Participant A: I think it's also, most okes it's like okay, once I'm sorted out a hundred percent back in the mix, no hassles. Happy days, and then I think that's what I was also expecting and then, ya second one, like I said scarred me. [laughing] Got a big cut on my shoulder as well.
Interviewer: What do you mean by there's a big cut on you shoulder can you tell me about that?
Participant A: There is [laughing].
Interviewer: I've seen it ya.
Participant A: There's a massive cut.
Interviewer: How you experiencing that?
Participant A: Uh I'm actually not that phased about the cut. Uh it feels funny. [laughing] Like actually the scar it feels funny, but the shoulder feels fine now initially it clicked a lot, uhm ya, like doing rehab and stuff like that I think, Uh they moved a little bone. Called a coracoid

process and they put it in here, so it is different in the shoulder and it clicked a bit, but now it doesn't click by law. So, it feels, it feels proper. Uh still bit of like, there's not as much range. That's what the, the operation is for. To tighten the whole joint and everything like that to make the shoulder stable

Interviewer: And in terms of your rugby going forward, because you said you playing next week, your first game?

Participant A: I'm, I'm not to stressed about that hey uh, I must have impressed people last year because uh they want to offer me another two year extension, even though I haven't played much rugby, but ya like, then I also look at other factors of uh, so like uhm, like the 2019 world cup. Something I'm looking at, so I don't necessarily want to sign another two-year contract. I want to sign a year contract and then if nothing comes with the green and gold, I'm thinking of immigrating or something like that.

Interviewer: Okay.

Participant A: So its, it is me being realistic again. Uhm, not that I am burning bridges or closing doors or anything like that, I just, I think it's also a goal to play in the world cup. And it is definitely goal to play in the green and gold and world cup, but uh ya, it's also a career. I think you do make the most of it financially also cause, of the aspects of oversees, stuff like that. Ya!

Interviewer: Participant A, can I ask you about sort of uhm, this injury specifically or these last two injuries that you've had and you mention now, you know it's a career, you in a career. It could be lekka to draw from being in the green and gold but then also there is a financial concern. How do you experience those concerns in terms of what's happened with you the last year?

Participant A: [sigh] If I'm completely honest I've I haven't really had like financial problems and stuff like that, my parents are pretty well off, I'll be honest. They helpful and everything like that, with surgery and everything I've got systems in place like medical aid and gap cover. So it was an expensive op and everything like that, but over time I got everything back. So there weren't like financial concerns and stuff, per say, but like, ya flip, if I played say 80 percent of the rugby this year, uhm there bonuses that could come into play. So, it's also looking at stuff like that. Not that I was like financially stressed or anything like that, like I think I'm in a good place at the Lions.

Interviewer: So how did you experience not being able to be eligible, for those bonuses and what not?

Participant A: Uh I wasn't too fazed hey, like I said it put me in a different frame of mind. Uhm ya I just wanted to play, so almost worked I didn't really look at the financial stuff. If I'm completely honest the thing that burned me, uhm flippen dog [laughing] hurt its knee and had to go for an op and it was kak expensive, [laughing] I swear

Interviewer: Ya it is hey.

Participant A: So that was probably the only financial thing I had, but nothing with like rugby and stuff like that, not really with financially

Interviewer: Participant A, you said earlier uhm, quite a bit early in the interview that your girlfriend and your parents have been, a big support for you. Can you tell me a bit about that support and anything else, any other support that you experienced or haven't?

Participant A: Ya my parent's, very helpful, like come visit me when I had surgery and everything like that. Uh, they actually paid for , its like a ice machine game ready That I put on my shoulder to circulate cold water to help with the inflammation and swelling and stuff like that. They actually paid for that and I didn't expect them to so like that was very helpful, so cause like, it showed that they here to support. My missus was also very supportive hey, shame I think I gave her a bit of grey hairs being grumpy and not being able to play but Uh ya.

Interviewer: What happened with the grumpiness?

Participant A: Argh, I think it was going to the stadium, watching the oakes play, also wanting to be there. But I'm not necessarily grumpy in front of people or per se her, but she can tell when something is wrong. Chicks! Uh So ya I think so I'm already irritated and then she comes "what's wrong, why do you feel that way"? And then I almost just want to be like, "Not now, let me just watch the game finished", then we can chat and then I almost get mislik. Not that she's pestering me or anything like that, but she's concerned. So I think she wants to try help, she did help me a lot with the, like the first op and stuff like that, also not knowing what to expect, neither did she. Uh like with the game ready and stuff like uh I couldn't drive for the first, two weeks or something like that. So I'd just phone her to bring some more ice and stuff like that, so she was also very helpful with that stuff.

Interviewer: How did you experience that as well, not being able to drive?

Participant A: I wasn't too fazed hey. Uhm, a lot of my mate's stayed pretty close to me, so if I needed anything they can either get it for me or [burp] excuse me, come fetch me, and take me, or whatever like that, I wasn't to fazed also Like uh, uh ya I was a boarder and stuff like that, so I'm not too fazed about being in the same place uh ya. Ya it actually wasn't bad hey. The second op, my one mate lived quite close to me, so he was my Uber, even though he was using my car so it was chilled, not many concerns with that.[laughing]

Interviewer: And you mentioned early as well and I know it wasn't part of the interview but you know before, when we were chatting little bit before. You said something about guys asking you, how you doing? Can you tell me little bit about that?

Participant A: Ya I said earlier like about watching the rugby and getting grumpy and stuff like that. Not that I got grumpy with people asking me , I think it just got irritating like [laughing], chilling with my friends and stuff like that, and then people come and ask me " What's wrong?", "What this?", "How long?", "Will you be back?", "What happened?", "Why did you need a second surgery?". So I wouldn't, I say it's like knocking on the door to opening up wounds, so its, I think it's one of the adding factors. So like, not that they throwing fuel on my fire or anything like that, I think its just like knocking on the door like, so its like almost them asking me all the questions, makes me think about it even more, and then another guy asks me a question, then I think about it even more, then I almost have to like be short, like pretty blunt about it, like, "No it popped out", "Oh why?" , "No, it was just a freak accident", "Oh okay", "Did you come back to early?", "No they actually did the wrong op", "Really how can they do the wrong op?", "I don't know" [laughing], stuff like that.

Interviewer: And uhm, you know again you talking about, opening up the wounds and everything again and I would like to go back to Again if you can just explain it a little bit more. You saying that, you know, "the knocking on the door" and it makes you "think about". You think about "it" can you describe sort of what, "it" actually is or was?

Participant A: I think, ya I explained earlier, like the realization of not being able to achieve the goals I'd like, set out for myself like people even say, "Jis you had a good opportunity to be in the green and gold," then you want to be like "thank you, hopefully next year," but you also sore.

Interviewer: Ya.

Participant A: So it's difficult, and then, not that it prevents me from going out and stuff like that, but you almost don't want to just, speak to everyone. Like just want to chill with little circle of mate's They know how things are going and chat about whatever comes up. I think it is like, ya just missing the opportunity and what, [burp] excuse me, the two ops and stuff, ya!

Interviewer: And Participant A in terms of support as well, where else did you find support so you said, your mate's, your girlfriend and your parents?

Participant A: Ah, the, the guy that actually slid me the paper to tell me I have to go for the second op. He's our Bio and uh so obviously the first op, afterwards I spent a lot of time with him and stuff like that so, like the reason they didn't believe it firstly, was because I had actually, I had done all the work. My tests were good, my range of movement was good, everything looked like, a good shoulder, a healthy shoulder, it was strong enough, it was full range of motion and he didn't believe it either. Then, ah, he was also the guy who sent me to Pretoria and now with the second op as well, he's been helpful hey.

Interviewer: Okay

Participant A: Ya doc, good oke! [Noise]

Interviewer: Okay you said, that doc the biokineticist was [clear throat], helpful, can you tell me a little bit about how, he was helpful to you?

Participant A: Ah, I'd say he just answered all my questions hey. So I would go to the surgeon and he would tell me, okay I can play in this many months, I need to do the bio stuff, so initial testing, I'll be like, "Was it good?", and he'll be straight with me he'll say "Okay we still need a bit of work with your external rotation," with my internal rotation cause, they cut through the peck with the surgery and then he'd say my external rotation is looking good, he is happy with how I'm progressing there. Need to start doing this to strengthen your internal rotation. So like I know, I can, so he tells me okay, "that's not good we can work on that."

Interviewer: Okay.

Participant A: So then I know like okay sweet, then I said earlier about working hard and everything like that, so it was cool. I've got a clear picture of what I need to do and stuff like that so he'd give me a rehabilitation program and stuff like that, "doc can I do extra's?", "No, you've done enough today," stuff like that, so he gave me like almost like a direction, but also how can I say, like gave me, ya, like direction. He was also just honest with me, didn't sugar coat anything.

Interviewer: Had you experienced sugar coating before at all?

Participant A: No not really, but, ya I think the first time I thought to myself, Argh I'm going to come back and be okay. Ill do everything I need to make sure everything is fine. But like this time it was a case of I'm going to do it properly everything is going to be a hundred percent, where I almost wanted to do too much where doc was like, "No." You done now! And then it also gave me a bit of freedom with him to be, like now he doesn't even tell me, when my shoulder is [laugh] weak in a certain place or strong in a certain place, I can just look at the screen and just know it myself.

Interviewer: You noticed. [Laughing]

Participant A: Ya so it's, it's cool, but he's been proper hey. Uh, also just to talk shit too hey! He tells me his wife is giving him shit, so he can't play golf on Sunday, so there's me laughing, talking shit as well, so its lekka. Ya it's not always serious with him, like I do my work and then he'll just talk kak, while I'm doing the program and everything and it's just, it's like training. You do line outs, you do plays, and it's not always serious the whole time. Like in the zone with blinkers on, everything likes that, like if something happens we laugh. So ya, its lekka hey, good vibe I'd say helpful, ya. [Sigh]

Interviewer: Participant A, can you think of anything else that you wanted sort of describe or tell me about your experience of any injury that you, I mean the last two cause I'm looking at this as sort of one long.

Participant A: Ya one long injury.

Interviewer: Injury?

Participant A: Which it basically is.

Interviewer: Ya, uhm.

Participant A: Uh.

Interviewer: No pressure.

Participant A: Actually. Actually I'm not to sure hey, uhm I suppose it's a good thing if I can't think of anything of the top of my head. Uh, ya, it sounds shit but I also think like, having guys that are also injured with you, so like myself and uh, one centre, and there's another, well our captain he also got injured. Ya they also have niggles, then also come there, with doc and do our stuff together, even though we doing completely different things, it's just lekka having guys that are in a similar scenario as you, like not being able to play in the Super Rugby. Ya something like that, which I don't want that on anyone. Just because I'm injured, doesn't mean you must be injured and come chill with me while you injured, but ya. But having them around was nice.

Interviewer: How did you experience that what was it uhm?

Participant A: Uhm we did like a lot of stuff together hey, like we did uh like activations, where we the Craven week was here this year. So we went and spoke to all the Captains, we walked out the Lions side, the Craven week side, stuff like that, ya, like we did things outside rugby. Uhm like we did a commentary thing the one day on super sports, it was something small but, it was fun, flippen laugh our asses off and it almost makes you closer with those guys I'm sure when we play again we probably be even closer and stuff.

Interviewer: Ya.

Participant A: Uh, ya, like, like I said our captain the super rugby final, my girlfriend and his wife, they both in the same boat, cause he and I both played in the super rugby final last year And now this year we didn't play so, my girlfriend and his wife also had someone to like, uh, not what you call it, so like me being in the same like with my mate, we in the same boat. So my girlfriend and his wife were like in the same boat, so ya, I think that helped a bit hey, cause I think my chic got pissed off with me.[laughing}

Interviewer: She did hey.

Participant A: Ya being grumpy there. Jis that week building up to the super rugby final was tough hey, that was the week you want to be involved, home final everything, that was, was the goal.

Interviewer: Ya, how was that for you?

Participant A: That was tough hey, uhm cause you really want to be involved in that I mean that's like having a super rugby final, at home, is like, its like flip, jis like it's, it's the best seat to be

in, to win it. And we were in that seat, so like the build up, I think everyone in Joburg thought we going to win, like hundred percent. And then uh, I actually before the game, I had mixed feeling about if I want them to win or not cause I want to be with them lifting the trophy. But, jis after the game, I was upset hey, I felt bad for my team mate's

Interviewer: Can you tell me a little bit about, you know wanting them to win or did not know if you wanted them to win or not?

Participant A: Uh, ya! I think it goes back to like earlier, like the opportunities of, playing for the Boks. I mean there are guys that have won rugby World Cup, that haven't won, a super rugby so; I mean it's also a goal.

Interviewer: Uhm.

Participant A:

Interviewer: Ya

Participant A: Hands down, it's definitely a goal. Uhm, so I was, I was in that boat, like I'm a little bit jealous but I'm also happy for my mate's. But ya, shame I felt bad hey, after the game, Yo I felt bad for the oakes. I mean just listening to my self speak now, I can feel how, what that sounds, me not wanting them to win, but then after the game, flippen upset for them that they didn't win. Ya.

Interviewer: Sounds like there's been a lot of an emotion around this last sort of six months.

Participant A: Ya I think, I think just wanting to play again hey, like I think it's also me thinking of what could've happened, where in rugby its, focus at what's at hand. So now I'm constantly looking to the future and stuff like that, all the stuff where with rugby, it almost like you got to look at the little things.

Interviewer: Ya.

Participant A: Where as same thing with injury you got to like celebrate the little goals and stuff like that, like stupid thing being able to do like twenty push ups with my shoulder and stuff like that, you got to like celebrate the little victories, else you actually, just going to be negative the whole time. And I think ya with rugby I've just been looking at playing again. And then like the opportunities that could come playing again, where I've been looking at the opportunities that I've missed.

Interviewer: Ya, ya.

Participant A: So ya that's a nice way of thinking about it.

Interviewer: Ya.

Participant A: Uh, ya, that's actually, I like the way I think about it.

Interviewer: Shall we end it there?

Participant A: Ya, hundred percent.

Interviewer: Participant A, thanks so much man,

Participant A: Thank you!

Interviewer: Seriously thanks for being so honest.

Participant A: This was lekka.

Interviewer: Okay.

Appendix B

Interviewer	Okay, so this is the 2nd of August 2017, this is the interview with Participant B. So welcome.
Participant B:	Thanks man.
Interviewer:	Thanks for participating in this research. So we chatted a little bit about what the research is about, again just to put you at ease.
Participant B:	Yeah.
Interviewer:	And also, regarding what the research is about basically. So I am going to ask you the question that we chatted about earlier. And the question is, Could you please describe to me as honestly as possible and in as much detail as possible, your experience of the impact of your current injury, on you and your rugby career?
Participant B:	Alright, let me just start with my career. As soon as it happened, I just felt, it was a setback, major setback, 'cause I've been working really, really hard, you know, in the previous pre-season, off season period, you know, in terms of getting my speed work, my conditioning, intact, to get ready to play Super Rugby and I felt like I had a shot too actually, to challenge for a spot in the Bok squad this year. It was just a major setback in terms of … I had been the fittest, probably the best prepared in that period and then something like… and mentally I was also in the right space, in the best possible space that I could have been, and then as soon as it happened it was just like, "Argh", it felt like a whole 6 months just went into waste, you know what I mean?
Interviewer:	Sure.
Participant B:	So it was a difficult period, a difficult time. But it's just like as soon as it happened, I remember the Doctor came up to me and asked me, "Are you alright?" I was like, "No!" I knew it was gone, and he just… "No, just try remaining positive," but I knew in my heart that, it was my season done, right there. You know I had to try and remain hopeful but in your head you just hoping something that the doctors might tell you something different, but I knew what it was. Went into the physio rooms or the doctors rooms, and the first thing I did, walking in there, I just laughed, you know?
Interviewer:	Why?
Participant B:	Because it was, it was just I was in awe of you know, like sometimes, I just learnt that you can never been in control. That was the first thing that I learnt is that you can never be in control.
Interviewer:	Okay.
Participant B:	You can put in the work, you can do as much as what you want, but then you can't control what happens, you know? But the only thing that you can control is how you react to what has happened to you, you know what I mean? So, I took that upon myself from that moment I told myself, "You know what? It's already happened, where to from here?", in that split-second, in that moment I just told myself, "if you come out here with your crutches, don't go out there sulking, walk out here with a smile, knowing that there's a greater, there's God who is in control, there's big, bigger things, than what just happened to you,". Obviously it is always a privileged to be on the field and playing, in front of the crowd, in front of people, you know? It's always amazing to experience that and you just learn in that moment, that it can be taken from you in any moment, you know, and you go through all those years where you've played and you've taken things for granted and all that stuff, and its, in that moment you just realize, everything just flashes in front of your face and you think, "Wow, okay, that's me gone for the year" and possibly… well obviously after I had done the scans and then know you start thinking gee, jeepers like this is pretty much… it could be a career ender. Because as I've mentioned of all things that I… you know my MCL, PCL, meniscus and hamstring avulsion that's pretty much.
Interviewer:	It's a lot of damage.
Participant B:	It's a lot of damage. So yeah it just, I took a bit of a knock, but I think because I was in the right mental space prior to the injury, it was a lot easier

for me, to how can I say, to just move on from the injury part of the situation and to what do you do about the next period of your life.

Interviewer: Okay.

Participant B: I had already like started a clothing line, or I was in the process of starting a clothing line. I had already like had other things that I was involved in. I've been doing public speaking, media stuff, and I just told myself, the most important thing is, don't disengage. Don't disengage from… don't now all of a sudden go home, sulk, after a post-op that is, and not go to the stadium and don't see the guys. For me it was important just to be there and still add value to the team, add value to the squad. Because that helped me kind of rehabilitate myself mentally.

Interviewer: Okay.

Participant B: Because now I feel I'm still part of it, I watch clips with the guys, I still stay involved, I stay, you know, stimulated, in terms of, yeah I'm part of the group, I'm not isolating myself. Because that's when you start think of all these bad things you know, once you isolate yourself then you start questioning why did this happen to me this time, because you can always feel like you were wronged. But I have never thought like I was wrong. If not me, who else? 'Cause I felt like at that period or point in time I was the best possible person to handle the situation. If it happened to maybe to one of my other mate's, I don't know how they would've dealt with it. But I knew like, I was ready, even though it was, disappointing when it happened but mentally I was just in a space where, I was ready and took it as a challenge and I remember telling my girlfriend. She was like; "well I don't understand, I think you're in denial about something," I'm like "why?" She's like, "'cause I feel so bad for you and you aren't here and you happy and you." and I actually went home and sat down and thought about it and I questioned myself, "why was your prodigy immediately the way it was?", but then I just remembered that spiritually I was in a good space, mentally I was in a good space and everything that culminated before, you know that was happening before the injury was just, I was in a good, good place you know what I mean. So for me the only thing that shifted was I'm not on the field anymore.

Interviewer: Okay

Participant B: I'm not on the field but I didn't… and I've have always vowed, that I would never let rugby, dictate or be my like everything in terms of… for instance you cannot be picked sometimes. Are you gonna go and sulk and be like, "okay uh my life has ended or whatnot," you know so I have always been the guy who's always stimulated by other things as well. So I think the combination of all those things helped me in the process, but I remember one specific night though. I don't know what had happened, where I actually I'm not a crier, but I actually went into the bathroom and I actually thought about the whole thing and I was like you know what, I just like cried for like a good like 50 seconds, just thinking about what had just happened where I actually… cause my girlfriend was like "No you need to deal with this, you need to," and I was like.

Interviewer: When was that night when you started to cry? How long after the injury?

Participant B: Uhm, [deep sigh]. It was maybe, the third, third, ya third, third week after my op, post-op.

Interviewer: Third week post-op?

Participant B: Ya post-op. I was… 'Cause now that's when you realise like, flip I can't do anything. You know you need someone to help you, maybe drive or go to the bathroom, or when I sleep I was sleeping in my lounge; I couldn't sleep on my bed, because obviously the elevation was different, so for the first two months I was sleeping in the lounge on my couch. But when it happened like, it was just a flash; it was just like, I just need… I didn't even know why I was crying. I just went there and I was just [claps hands], and then afterwards it felt like so good, I was like okay listen, what's the way forward here. You know obviously you feel bad, but where's it coming from firstly.

Interviewer: Where do you think it was coming from?

Participant B: I think it was just. [Long pause] Because what had happened was I was still hopeful, that it wasn't gonna be such a bad injury and then as soon as they told me that, my op was meant to be two hours firstly, then it ended up being seven hours. Because when they opened the knee, my scans didn't show my meniscus was… so when they opened up my meniscus was shattered, so now it moved from being what the doctors on field said was 4 months, to being 6 months, to being 9 months, to being 12 months to being almost you know, you would pretty much lucky to get back that type of thing. So I think that was you know the build-up, so after three weeks, you like flip, you know. I thought in for… cause I had videos that I was recording of myself just, because I wanted to share my, my journey with people. So I had videos I had recorded while I was doing my scans and I said stuff like "I'll be back in ex amount of weeks, I'll be doing this," and I was sharing like how I'm gonna go about my recovery and you know when you think back, Jis! In my head I had this idea, but then now you get bad news and now it's another setback in terms of mentally. Because now you've prepped yourself like, "No, it's only 4 weeks, so I can do that, it's do able", and then, "Ah no, it's only 6 months'", "Ah no, it's only 9" and then, "ah its 12" then, uh [sigh]. It's gonna be tough you know, you actually start realising how tough it's gonna be.

Interviewer: What were you experiencing when that happened, so when they said it was sort of 3 weeks, and then 6 and then 12 and then… 'Cause you kind of, there was… even in your tone of voice it's sort of went up and then it went down like that now, so how did you experience that?

Participant B: To be honest, as soon as they told me, I told the doctor that I'd be back in 6 months.

Interviewer: So, you told the doctor?

Participant B: Yeah, I told him. I told the surgeons. He was like, so when can you, and like no… what is the period that you generally… that MC op… ACL injuries generally take? They were like, "No, guys used to come back in 6 months, now its 12, uhm yeah its 9, its 9 months now." And I was like "Okay I'm gonna come back in record time" and he was like "uhm" Then every time, every day when I go to my physio I tell him the same thing.

Interviewer: Okay.

Participant B: I'm gonna be back, just tell the coach to pick me next week, I'm gonna be back, you know like I'm gonna be back in record time, and that's the whole thing. Out of my whole theme, the whole time! And even when they told me I just like speak it into existence, and I'd go to church and the people will pray for me and it will be the same thing, just speak it into existence and now I'm sitting here, and I'm thinking flip! I could be could be back in 6 months. [Chuckles]

Interviewer: Could be back, ya!

Participant B: But the whole thing for me was, also not just about myself, it was about inspiring other people out there. Who have gone through injuries of struggle, I've had a lot of people text me and "Awe you've taken this so well, I've just had an injury, you know mentally how have you dealt with A, B, C." you know, so people are actually seeing, how I have dealt with it and they have been inspired by it. That was one of the things I've set out to do, because I was like, you know what, medically people can tell you this can be done, if you put your mind to it and you do the right things obviously, you not gonna be naive and, start forcing issues like that. If you do things the right way and have the self believe that you can come back, in that time. Its… that was my theme and I watched like clips of athletes that have actually come back from major injuries.

Interviewer: Okay

Participant B: Like this specific person who is pretty much my… like I look up to him a lot, cause he's had a lot of loss in his life. He also shattered his ACL at some point, came back [clear throat] in the same season and he had the most running meters in the NFL, broke the record. So for me, I was inspired by that. I was like well, if he can do it then I can do even better cause my injury is worse than his, but I can do that and that's been my thing. Now I think

that's what's helped me to just move forward and also, like we spoke earlier, that I'm not just focused on just the rugby, I'm focused on the recovery but I'm not just focused on it, you know I've got other things that stimulate me. So when I get back, if its rehab time, then its rehab time, and then as soon as I'm done in rehab it's done. Then I move on to other things, you know what I mean?

Interviewer: Okay.

Participant B: So now there is a time and place for business maybe and there's a time and place for when I want to do my media stuff. And then I switch off there and when I go to training, there's a time and place for me to train, then after the training I switch off, 'cause now I don't have to do skills and stuff, so now I can afford to pretty much uhm…..when rugby is done, when I leave the stadium then rugby is done.

Interviewer: And how does that relate to your career at the moment and how do you think that's helped you in terms of your recovery and your career? You can try and elaborate on that a bit.

Participant B: What in terms of my thinking… or?

Interviewer: Or just your recovery in general or other aspects around you, around your life as a rugby player, you know how do you think that…. how do you kind of experience that sort of compartmentalisation of your work and other?

Participant B: It's difficult hey, because at some point you gonna sacrifice something. I think I've I sacrificed a bit of my family, a little bit, because I haven't had the time, to go back home and the thing is every time I go back there it's more like its pity.

Interviewer: Are you saying the injuries impacted your ability to go, and see your family?

Participant B: Yeah because I felt like every time I go there…. because I'm in a state where I'm so, so positive and then they don't see it, because they not like involved in the sport and they don't understand the psychology of the sport. And they generally don't want to understand me as a person they think I'm weird. So, [laughing] I get there, I've got a brace on and they like "Hey are you alright?" and like "No I'm cool" so, "Yeah, do you need any..?", "No I'll be back soon and don't worry.", and then you know… so I didn't want… because you can see like my mom and when she looks at me she sees me as her son, not as rugby player who just got hurt. She sees her son, who's in a hell of a lot of pain, so now for me to see that, in her face, knowing that I'm fine, but doesn't matter what I tell her she will still….you know. I think that's affected like maybe that part of our relationship, in terms of me going home and I think, that's a sacrifice I had to make. Like Okay, flip! I can chat to them, I can spend a bit of time with them, but can't do too much of that because I feel like…. because I believe in energies. Because their energy, might pull my energy in a different direction and I start to slack in terms of what I've set out, to do for myself. [Sigh]

Interviewer: So I'm getting this, I mean, correct me if I'm wrong, are you saying that you… it wasn't the injury physically that stopped you from going, it was your need to be rehabilitated, and actually wanting to kind of isolate yourself a bit from your family?

Participant B: Yeah, because I felt like they wouldn't understand like why I'm so positive, why I'm going about doing these, yeah, I get crazy sometimes but… [sigh].

Interviewer: Tell me about the craziness bit, what do you mean?

Participant B: Well like for me, [sigh] like [sigh] it's just uhm, I'm competitive right, so when I go and do rehab, its rehab, "not there to… uh okay this thing is sore but…", you know when I have to do that, I have to do my work, I do my work and I'm hell of a focused on that and I'm adamant on doing that, and sometimes when I'm home…. like I can't train as hard because they feel like "No you doing too much." They try and baby me and like, "No you not supposed to do this," and like.

Interviewer: Your family?

Participant B: Yeah so it was one of those situations. So I was like, Nah, I can't really deal with that, because now mean I start… you know arguing about… "Yeah but then you know respect, the time you need to"… like no, I've already set out

you know the goal in my head that I want to achieve. So that's my thing and it's not always, it's not only about me and that's the part they don't want to understand, like it's not about me. It's about inspiring other people that might go through the same situation or that have gone through the same situation, but have struggled. But then they can look at me and be like, "Ah", but then how I was able to go through this and that's the other thing that pushes me. Because every time I feel like okay, not today I don't feel like, you know pushing those flippen… doing those squats or doing those leg presses and those things, and then I remember like, hey it's not only just about you, yourself. There are people who are actually looking at you and look up to you and they want to see you back on the field, mainly you don't want to disappoint yourself and you don't want to disappoint them as well. So that drives me as well.

Interviewer: Who else? So your family you've chatted a bit about. Who are the people that you do want to be around, that you have wanted to be around during this?

Participant B: I was around my girlfriend a lot, she was very helpful because when we together I'm not the rugby player, just me and we just dealing with the situation as it is, you injured and she was just helpful, she was awesome she has been in meds. Uhm, just chatting about the injury. I chat about it a lot, so it's not something that I'm, that's like "Argh" no I don't want to chat about it"

Interviewer: With your girlfriend or….?

Participant B: No, with everyone, with anyone. When I'm at the stadium, I enjoy being around the guys, I enjoy being around the rugby players. Because It inspires me, like when I see them do well, then it inspires me to actually like "Yoh!", I want to be back, there doing what they doing, so I enjoy that hey and it keeps me stimulated as well. With the younger okes, I can, you know maybe help them mental… you know like the under 19's that in come in through the system. So I play a different role in everyone's lives and in turn they help me because I need that. I need that type of stimulation for me to feel like I'm still doing something worthwhile. So I need those people around me to feel like okay… [Intelligible], cause if I do isolate myself, because I'm a loner by nature right! So I live by myself I… when I go home that's when I can switch off. Ya but I need to go to the stadium do whatever I need to do, and then when I go home then I know okay now I can switch off. And if I'm with my girlfriend then, obviously then it's a different story because we don't do any rugby related stuff, that's when I can completely…. uh just be, you know.

Interviewer: Tell me, you said just now that feeling of being worthwhile; have there been times during this experience that, you had experienced that feeling of not being worthwhile?

Participant B: [long and deep sigh]

Interviewer: Or any experience around that?

Participant B: [Long silence] Well I think now, for me coming back now, I'm having trouble with the way that the Currie Cup is going [chuckle], I've mentioned it earlier. Is it worth me coming back, now as early as, 6 months and to play in that environment or should I just wait. I think that's the only maybe like is it worthwhile, but not myself personally. You know what I mean? Is the whole recovery thing getting back in play is it worthwhile… is it worth my while, you know what I mean?

Interviewer: Okay.

Participant B: But I haven't felt like "awe", maybe I'm not worthwhile like I'm not you know important to other people or not [sigh] adding value or I've never…I don't ever feel like that because I search for those opportunities. I go out to look for those opportunities whether it is speaking at church, or having a coffee with someone and actually sharing a story, sharing our lives, sharing spirituality, sharing business ideas. Because, you can very easily, for me shift away or isolate yourself and start thinking negative things.

Interviewer: What type of things would you be susceptible to?

Participant B: [Sigh] Obviously like it's the whole doubt thing, doubt is a big… major thing, once you let doubt creep in, once you open the door for doubt to come in its very difficult to, close it again so I've been very cautious in terms of uhm, like guarding the relationships and, the stimulants that I have. In terms of what I am I doing, where am I doing, and who am I doing it with. If I'm going to chat to you and you tell me "Yoh, no don't do, don't came back now you know it's, going to be dangerous" then I keep myself away from you because that's true to you but it's not true to me. Cause I know where my goal is, right? So yeah those are the things that I stay away from cause if you go home you start thinking doubt then you might think "Okay, flip, first thing when I come back I'll get injured" you know what I mean? Then you start thinking negative then you start thinking failure.

Interviewer: Have you experienced that, had you experienced that to a certain extent?

Participant B: Yeah I have actually, like because this guy who who's actually helped me as well had a similar injury. He came back early… not early, but he came back a year.

Interviewer: He's another player?

Participant B: Yeah he's another player, and then he injured he's ACL again. So now everyone every ones watching like now, "Don't come back to early, remember what happened to him". So now the one night I think I was at home and I was thinking, Yoh, would actually be nice to come back, you know like you imagine yourself playing, then you have that "Yoh", what if I get hurt, what if I… you know. But then I immediately told myself you can't think like that because once you think like that you make it a reality for you. Because I believe a lot of what you what manifests starts in the subconscious, whatever you think about, it starts in your head.

Interviewer: Sure.

Participant B: And then you're your body just does whatever your head has been thinking about, even without you knowing. So hence I see it I… just guard myself from those negative thoughts, negative comments, and negative people. I just surround myself with people who speak faith, speak positivity and try and, I won't say understand, but like who are moving in the same direction I'm moving in. So for me I believe like I said energies. If you negative, positive sometimes, I know it's like difficult but for me [sigh] that's a big no, no, because if I allow a different energy that, from mine and that energy is a little bit stronger than what mine is, then it can easily just [claps hands].

Interviewer: Okay.

Participant B: I'd rather keep positive people, and that's just pretty much the way that I deal with it. Even if I'm in the team environment, even if I'm at the stadium and then someone says something I'll just walk away, and I'll move, and I'll go sit with someone else, chat about different things. Because I know myself. Anything that you hear you, you might not think that it doesn't affect you, but it does so I just I just try and keep as positive as possible.

Interviewer: You said right in the beginning of the interview, I want to take us back if you don't mind. You said that when the injury happened you were kind of "Argh", you had this whole preseason that you had done, you were in such a good physical shape, you were in such good mental shape and then the injury happened you actually said "Argh". Can you just explain to me just, just describe, if you can think back to that, what was your experience of that "Argh, what's happened now?"

Participant B: Its disappointment, hey, you can't explain it.

Interviewer: Disappointment?

Participant B: Its, it's a whole lot of disappointment. I mean you set out goals, you work hard you do everything in your power to, firstly make the team, because making [chuckles] the team was not easy, so for me to make the team was an achievement on its own, and then, my future goals was to play… still is to play for the Springboks and I believe I'm going to do it. But then in that moment you know that everything is gone, everything. Like for that moment it was like [deep sigh] ya okay now I have to [clear throat]… cause that's the

window period where you can either go negative "Argh fuck this"… sorry for my language but Yeah

Interviewer: It's okay. [laughing]

Participant B: "Fuck this rugby thing." You know, or you can decide okay, no let me… I've still got an opportunity, even if I have to go back to square one. Because that's where I'm at now, go back start from scratch but for me I'd rather take the opportunity of starting again than take the easy way out of giving up you know what I mean? So for me, I just took the opportunity out of that "Argh" moment, it was there, and I had to choose that very moment.

Interviewer: So it's a choice, okay.

Participant B: I had to choose do I go with the opportunity or do I go with the negativity or the giving up part of… cause it's easy, very easy. Like you imagine yourself running a 3km at the lines, we do that a lot and at any moment, any point your head can tell you to stop, cause it's tough. You know, but the reward is just, when you keep going [Clear throat] and you actually finish, doesn't matter what the time is. But the fact that, hey you can say "I finished this thing", I set out to do this but I finished it.

Interviewer: Okay.

Participant B: It's very important, when you stop and you give up. The next time you start again or you set out to do that thing, it's till in your head like your last time I fell I couldn't finish. So now it's a burden and your ability to execute whatever you doing is limited to a last, to a past failure, you know what I mean? So your ability for you to finish is limited by, "Yoh!, Remember last time I finished I was only able to do four rounds I hope now I can", so now you not thinking finish you thinking just let me just make four, and…

Interviewer: Is this in terms of your injury now, in terms of you rehab?

Participant B: Yeah, in terms of my rehab. So for me its if I move on, if I do something, rather finish, because it gives me confidence that the next time I do it, I can only better myself from there, instead of giving up and then you have to start from scratch and you still limited to what you achieved in the past or what you are only able to do in the past. So yeah, that disappointing moment, it was… hence like I said, I was I was laughing, you know like when you laugh like "Ugh", yeah that was a laugh that I had, like "Yoh!"

Interviewer: Describe that bit to me that laugh. Can you?

Participant B: My exact words were "ah" I said "God is a funny God" to the nurse, to the lady that was helping me out and I just laughed.

Interviewer: And that was straight after your injury? So is that when you were…

Participant B: Yeah when I walked off.

Interviewer: Ok so it was actually when you were going off the field?

Participant B: I went off the field then I went into the…

Interviewer: Into the medical suit

Participant B: In to the medicals, Okay. And then they were busy prepping me or like wrapping and strapping me and stuff and then that's when I said it, and she was like 'what did you say'? Like she was actual Afrikaans [intelligible], I said "Ya, God is a funny God, this faith thing is…" I said something like that; I said "this faith thing is a not easy" Yeah, "I said this faith thing is not easy". So I think what I meant in that period it is more like, [Pause] it's a test. It was more like a test like okay, you say you have faith in God, you believe in this and this and this. It's easy to believe when things are going well; it's easy to have faith when everything is kosher. It's easy to believe when you got hopes and dreams and passions and everything is you know is fine with you and you know where you going. But then when there is a setback, what do you do? And I think that was the other thing, that changed that mind-set thing for me to choose that positive part because it was like God was just saying to me "I'm in control you, you might have thought you have done all the work but maybe I want to use you in a different… you want to be a Bok but I wanna use you in a different position than you have set out for yourself" or maybe I was just not ready, it was not meant for me, for this year, and then I have to start thinking about like you know what, at the end of the day let me remain faithful in the tough times because that's what will see me through. Because I

	believe my life is a story, it's a journey and at the end of the day, do I want a story of [pause][sigh] of failure, not really failure but a story of… a legacy of being… of giving up when things get tough or do I have a legacy of jis this guy actually went through ABC. But look at him now, look at how he came back from adversity you know through all the odds and look at him. I want to… my story has to be a story of… cause I've never had it easy like my rout to playing Super Rugby, and I was told time and time again, no you not good enough for Super Rugby, or maybe you not good enough for this, you will never make this. So for me it's never been easy, so it didn't come as a surprise when now… [Laughing] now this was put in my hand. So now it's another opportunity for me to prove people wrong again, to prove myself right to… yeah just to write my story in a positive light. 'Cause someone has to go through it.
Interviewer:	And in terms of not having an easy road into rugby and then this injury happening. So I got the positive side of it but emotionally how did that injury affect that idea of having a hard road into Super Rugby, on an emotional level?
Participant B:	On an emotional level. [Long pause][Sigh] It inspires me man, like uhm, 'cause I just wanna do more. It was tough; cause I know in my head like,"Geez bra", you have to work hard, again. Like back to square one, like I said. Now you have worked yourself to a certain position, but then now that's gone. Now you have to go back and work from scratch again.
Interviewer:	So that, that same feeling of loss again?
Participant B:	Yeah that same feeling of "Oof", now I have to "Oof", now I have to work my way up again. I think emotionally… I don't know like… cause [sigh] there wasn't a lot of emotion within that period. I like struggle, like cause now you've asked me like a couple of questions, and I'm thinking like there was… there wasn't a lot of emotion but a lot of trying to rationalise things.
Interviewer:	Okay, alright.
Participant B:	There wasn't a lot of "Ah, I'm sad", "Awe, I'm pissed off" or… okay maybe disappointment. Well sure cause that's a given, but obviously because I was disappointed but I didn't choose sadness, I didn't choose giving up. Hence I had be positive, I had to smile, I had to… and not just a fake smile but I had to be like… put myself in that situation. So I think I was more rational than emotional. I was thinking, okay, what's the next, opportunity. Yeah! Along those lines. "Cause yeah, like I said, disappointment that was a big thing for that moment.
Interviewer:	How long could that disappointment last, do you think if you could put a number on it?
Participant B:	I've already mentioned it, it was obviously every time you hear "No it's gonna be 4 weeks".
Interviewer:	Okay that was at intervals?
Participant B:	At intervals. So now you have to… in that moment, again you have to choose. So now every time they tell you, they give you bad news now have to choose, they give you more bad news and that cycle… and then now you get used to like choosing, the right things because look I've already come so far, like it can't go worse. I'm already in that situation of like the whole saying that says once you're going through hell, just keep going. That was my approach I just took cause things are already messed up I am I gonna mess up now my, my mental side of things in terms of being negative and start eating and get fat and then now… can just sit cause its easy, like I'm still on a contract I could've literally have sat there and the Lions are still paying me [laughing] you know I'm just enjoying whatever period. But I understood that, okay listen, first of all this is an opportunity for you to do all of the other things that you wanted to do.
Interviewer:	You said you said just now uhm you could've just sat back and just sort of started eating and get fat. You said it with a bit of a laugh but I'm wondering, I'm wondering about that, was it something that you did think about how? How did you experience that choice that you had?

Participant B:	Remember, I chose I wanna to be back in record time and me being back at record time doesn't mean me like, being fine walking or whatever, it was me playing so I can't play if I'm fat, so pretty much I didn't even have to make that choice, the choice was made in a decision. You know what I mean? So for me to be able to ABC I can't be like binge eating and doing all kinds of stuff. But it was just one of those things like you set out, you set yourself for something and you just look at the, what you call it, the silver lining and you just keep going and the main goal remains the main goal. Anything that's preferable can wait everything should be focused on, on me getting back and that's been my approach.
Interviewer:	Okay.
Participant B:	Yeah, so hence I struggle even like to go into the negative parts cause I've never really sat and thought about any negativity. Like every time anything remotely just tries to creep in, like I said, when I actually imagine like getting hurt and stuff then I immediately [claps hands] snap out of it because I know, "No you can't think like this," because, that will affect you, maybe not now, but as soon as you touch the ball and you start running You'll have that little thing telling you Jis; maybe you not ready, maybe you scared, like fear. I think life of fear is a sad life hey. Everything should be put on, overcoming and just living your, you know giving out the best that you can at all times.
Interviewer:	So how do you… cause I mean you talked to me about it how you experienced that little voice saying, you going to get injured again or something and you said its fear, But then you said that through thought you kind of put that out of you mind. So can you talk to me a little about that, how you do that and why? Little bit more; I know you have told me a bit about it, but just if you can elaborate on that a bit.
Participant B:	Why I put fear out of my mind. Firstly I'm a believer and then like the bible says fear is not from god, Fear is a sin, if it's not from god then it's, you know? It says so many times in the bible, it says do not fear, so do not fear anything. So fear, disappointment, all those other things they open the door to doubt you see. So my thought process is always like, I'm very how can I say weary of what I'm thinking of, when I'm thinking about it, who I'm around, what are they saying, are they adding value or are they taking stuff away from me or are they just disrupting my ability to think the way that I want to think. So in a sense like I'm… I always like to go into a controlled environment like in terms of like I control the environment that I'm in. Or if it's not conducive
Interviewer:	So when do you feel… so I know that the fear is fleeting and you sound like you really are controlling it but also for this interview, if you could talk to me a little bit about, your experience of when you experience that fear, maybe who you around or a situation that you in, you know when it kind of [clicks fingers] pops up.
Participant B:	Yeah it would probably pop out if you think it'll obviously be like the re-injury type of thing. Like reinjuring yourself, I think that's the only time that the fear will come up because I mentioned earlier, like this is a career and you know it's my livelihood and I know if I get injured maybe now for me it will be difficult to come back cause I'll be another year… I'm already 28 and as a back line player my time is very limited in terms of… especially nowadays these kids are playing at age 19 and you know as you look back my years are getting shorter and shorter so I think the fear of if I really injure myself what's gonna happen to my career, what's gonna happen to my finances what's gonna happen to the people that I have to look after what's gonna happen to you know my future. [Sigh] So I think that might be where the fear of might be coming from, cause you can plan and do all these things but sometimes you know you'd think about certain things that are out of your control and if that contract is taken away from you or you are not able to play rugby in the next year, what would happen? So I think that's where the fear would probably creep in but then again like I've said before, because I've set up like so many things for myself not to even worry about that cause I don't want to worry about, okay where's my next meal coming from? Where's this coming from? Yeah it's complicated [laughing] but uhm…

Interviewer: No, you're explaining it well.

Participant B: Yeah it's complicated but like, there's always that door I just shut it as soon as [snap fingers] anything negative pops up I shut it and I'm like "no". But you still have an opportunity 'cause you must understand like everything I do I see it as an opportunity that's why I'm here. You might take this as okay, its research and whatnot, but I might be here talking to you speaking into your life and maybe changing certain things about you that you probably never thought about, so that's an opportunity for me to speak into your life and it's an opportunity for me to learn from you as well. That's why I'm here. If I like… okay later I'm speaking at a school, I'm gonna have a new experience, I got an opportunity to touch someone's life, if it's one person so be it. And if I mingle with someone I've got an opportunity to learn as well. So everything that I do I see it as an opportunity. That's where… like the fear part, I can't like live my life in fear because there's so many opportunities and there's so many choices to make with those opportunities, do you choose now to let that opportunity go or do you choose to grasp it and actually learn from it and have an experience and get better for it or do you choose to fear and there's no growth, there's nothing in that. There's no growth, its barren basically so you can learn nothing from, from fear.

Interviewer: Thanks. Okay so just stay on the subject of fear a little bit and just to get a little bit more information about it. When are the times that you can think during this rehab process for the last 6 months? When has this fear been the sort of the most prominent? Do you understand what I'm asking? When did you experience the most in terms of what context or…?

Participant B: Uhm okay, I think financially would be…

Interviewer: Financially?

Participant B: Yeah the financial part cause it's important to me because I've got family and the people I have to look after. So I think that would be because… I think it would be like letting people down, people who rely on me it's like if you're a father, you've got a family and you lose your job, it's not only shot on your ego but like they look at you differently, and you no longer that person they can they could always rely on. It changes the whole spectrum and I think that's where the fear would probably come from, not being able to take care of my family or to look after my family financially, and I hate that [laughing], so.

Interviewer: [Laughing] okay sure.

Participant B: So, [laugh] I don't want to find myself having to borrow or loan money to be doing stuff. I think that the fear would be there cause that's deep pit that, a dead thing. So, yeh I'll want to own everything that I have and I don't want any debt and I think that fear part would come from that as well. Not being able to sustain myself financially, yeah. But none of it is in terms of physical in terms of like "Oh no, now I'm not playing", and I'm scared something's gonna happen.

Interviewer: So it's more the overarching feel.

Participant B: Yeah it's more like if I can't play then, yeah I think that's…

Interviewer: Thanks. Just a little bit, just one or two more questions as well and also going back [sigh] a little bit. You mentioned earlier also that you, you sometimes you're a loner so you can isolate yourself and it something that you've been weary of. Where there any times…can you explain that experience to me a little bit about isolation and being weary of it during this whole process?

Participant B: Actually okay I'll tell you as recently as, last week, like the whole week, I think you tried calling me a couple of times and you couldn't get hold of me. My phone was off, I just switch off, I go off social media I didn't answer my phone sometimes and I could go to my place I can sit down, I read, I pray, I reflect, and that's me spending time with me. I ask myself questions. Where are you? Where are you going? Where do you come from? Where do you want to be? So I do a lot of introspection. So the goals that you've set out for yourself, are you on track? Are you still on track? 'Cause you can easily loose track. You might think you still on track but you find that you not. You know like what can you do to better your situation right now, what can you do to

improve yourself? Be, it reading your book, be it trying something new. So I sit down literally and ask myself these questions.

Interviewer: And has this been specifically in terms of your injury or is this just an overarching thing that you've always done?

Participant B: Something that I've always done, but I'm more conscious of it now and I'm more, how can I say, what's the word, my English is running away now. So I go out of my way to actually make the time for me to actually do that. Yeah so I'm intentional about it.

Interviewer: Intentional?

Participant B: Yeah that's the word, I'm intentional about it.

Interviewer: And where does that come from? And why is it more prominent now, do you think?

Participant B: I've got more time to myself now [laughing]

Interviewer: Okay [laughing], sure.

Participant B: I've got more time to myself now so. I also for a year… last year I stopped watching TV, so that gives me more time as well. I felt like okay watching TV just feeds me a whole lot of unnecessary crap, might as well now just read. So yeah, like I've got a whole lot of time now and I take my thinking time seriously. Because how I [sigh] how I think and prep myself for, for the day is the most important thing 'cause the worst thing to do for me is to wake up in the morning, you don't have a plan of how you going to approach the day, you don't have a goal for the day. You just go through the motions. Anything can push you in whichever direction.

Interviewer: Okay.

Participant B: And the whole idea of doing this started like awhile back where, I thought about like watching TV, listening to the news, before leaving the house, right? I thought to myself, I get to work tired. I've listened to the worst news… like, wake up, I just got into my car, and then ah someone died last night, some one was killed, some kid was raped da, da, da, dah. On TV they were showing some gruesome stuff on the news and then you drive around, there's billboards everywhere there's placards, ANC did this, Zuma did that. While you're driving there's a taxi driver cuts in front of you, and now road rage "Argh"! By the time you get to the stadium you are already [claps hands] you know in a bad mood and your day is already messed up right? So now I was very conscious of, well "change it", if you feel like this is affecting you, cause it did affect me, you know, cause you end up having those conversations, 'cause sometimes you use news as conversation starters, "Hey did you see how" that guy," and then it creeps into you head and the whole day your angry "Jis, me I'd kill him!" Then there's a whole lot of negativity in your system [laugh]. You don't even know where it came from.

Interviewer: Are you saying that other players in your team also see the same news and you guys talk about it?

Participant B: Yeah, like anywhere. We could all see the same thing and then you get there, the coach tells you not in the team. That's more negativity and you get… by the time you get home…

Interviewer: Okay so this was even before the injury?

Participant B: Yeah, before the injury.

Interviewer: Okay

Participant B: So now, that's what I'm trying to explain, now I'm more conscious of well this thing has worked for me when I was fine but then now that I'm injured I need to do more of it because I can actually focus my thoughts. So now I can clear my head, focus my thoughts, wake up in the morning. I have a routine, I pray, I get up, shower, get dressed, then I get into my car. First thing that I do is I sit there, play some music and then just sit and then plan my day. Like I visualise, okay I'm driving, get into the stadium, I'm excited, greet everyone, "hey, how you guys doing?" whatever. If I have meetings I actually even visualise how I walk into the meeting and get to meet the people.
Greet them and that's how I go through my day. I imagine myself there's a taxi driver cutting in front of me, but I still struggle from this but, I've got a lot of road rage [chuckle], Ah I let him go, well done.

Interviewer:	[laughing]
Participant B:	You know, just to help myself so when anything happens, and I've already prepped for it. I have already prepped in my head, okay. Obviously it won't go down as, but at least I've gone through it in my head and I know exactly how to react to certain situations.
Interviewer:	So you saying that that from the injury as well, you've kinds had to prep you own stuff and you had to control your own day. So before while you were playing, what's the kinda difference between that and what you've experienced up until now with your injury?
Participant B:	[Sigh] While you were playing you can just go through the motions like we… you as a person you get comfortable with… like I said like when things go well, you get comfortable. We had this. Everything is easy, everything is you know "Ah"; you know today I'm tired "Ah", today I'm this! Because you in a position where you can afford to be all laxy-daisy. But when your career is on the line where, your knee is busted and everyone's looking to like "Hey dude, when are you gonna be back!" There's people looking for you to be paying bills so that changes your whole mind set and your whole perspective you more driven, you more focused on… and also it narrows down the goals because now my goal's not to win, to beat Cheetahs or to beat the Crusaders
Interviewer:	Oh yes, okay.
Participant B:	You know what I mean? So now it narrows down my goal, my goal is to get back on the field. And what's the best way to get back on the field? Is to rehab this knee the best possible way, and I control that to the best of my ability, I try and lead the recovery conversations. Like I said, if my doctor says "Yoh", so I feel like this… "But I'm playing next week!" right. So once I tell them that, their approach in treating me, as well is different because now they thinking, "We need to get this guy back on the field," because that's what I'm plotting in their heads. So their approach of treating me is different from the guys like, "Yoh, doc I don't know when this thing will get better!"
Interviewer:	Okay.
Participant B:	It's a different mind-set so now; I'm altering my surroundings by the things that I say. I'll walk into the physio room, I'm like "hey you know, please just give a rub" or "put in some needles here and there, because we know in 6 months' time I'm going to be playing and I need to be a hundred present". So the way he treats me, when he is doing his treatment, is going to be different than a guy who walks in there like, "Ya, just, Argh just gooi those needles a little bit there or do this and that", but "Argh this thing is just been sore its irritating me." That just negative, negative, negative, also the way he approaches the whole treatment thing with like, "Yoh!" now you draining him, cause he's also had a long day. But when you come with a positive vibe and you spread it, it's infectious. So I will try and alter my surroundings like that as well.
Interviewer:	Anything else you feel you wanna share with me, anything else that you could think of?
Participant B:	[Sigh] not that I can think of right now, like out right.
Interviewer:	Okay.
Participant B:	I really… [Long silence] What can I think of, Sjoe!
Interviewer:	It's okay.
Participant B:	I don't know.
Interviewer:	You have given me a lot and thank you so much, for the interview and thanks for being so honest, about things, alright.
Participant B:	I appreciate this.
Interviewer:	Okay, we'll end it now.
Participant B:	Okay, sweet.

Appendix C

Interviewer: Okay, so this is the 6th of September, I am here with Participant C, this is the second interview for this research. So Participant C, I'm gonna ask you the question and then I'll just let you respond, and just answer honestly and openly. Okay?

Participant C: Cool.

Interviewer: So the question is, could you please describe to me, as honestly as possible and in as much detail as possible, your experience of the impact of your current injury on you and your rugby career?

Participant C: Okay, so I would say initially, I mean obviously being a professional you go through injuries. I wouldn't say often. I've been quite fortunate, but you do go through them time and again. I must be honest, this one came at a very difficult time and there couldn't have been a more, worst time. I had obviously a huge high of becoming Springbok captain. Which was massive for me and my family during the weeks so, the build up, obviously being selected first and foremost for the Springboks, then being announced as being captain, which was massive, huge and then my son being born, in the same week as my first test match as captain, and so it was huge. But while all that was happening, my groin, and obviously at that time I didn't know, but the pubic symphysis was getting worse. I was managing it to an extent but it definitely got worse and then after that, first test match against France, again huge high beating them. Everything going really well, but after the game obviously I can feel something is just not right.

Interviewer: Uhm.

Participant C: So during that week, tried to train on Monday, arrived in Durban, tried to train on Monday, something wasn't feeling right. Got treatment, platelets injections, you know, you do everything possible that you can do. And the emotions I guess that I was feeling was probably a bit of fear, to be honest. Fear of is this serious or is it not? And people telling me "no don't worry, it's a sportsman's groin, its fine, I've played with that, you can play the whole season, you gonna be absolutely fine. "And In my head feeling like, jeepers but this just doesn't feel right, it doesn't. So in your mind there was a whole time like a battle like, you don't wanna look, I'll be completely honest, you don't wanna to look like a softy, you know? Because obviously in rugby there is ego involved. So you don't wanna look like someone who's got this injury that you can you actually play through, but now you're not playing through it, so there is that. And then there's obviously your own drive, you know? To me the worst thing is missing training. Jeepers I can't miss training, like it burns me inside, it like literately breaks my heart if I can't train. I love training and I want to be part of training. So you feel out.

Interviewer: So how did your injury affect you with that, in terms of how you felt about missing training?

Participant C: Like that week?

Interviewer: Hmm.

Participant C: So you feel a bit out, if you know what I mean? You feel like… and especially cause I was in a position of being a captain, so you know you wanna be there. So I've only played one test match, it's gone really well, now I'm on my second week and I'm already missing on Monday and on Tuesday training and I'm sitting out on the sideline. So I'm, like I feel guilty, so there is probably some guilt definitely involved.

Interviewer: What do you feel guilty about?

Participant C: Guilty, that I feel guilty like I'm not deserving. Here I am on the side-lines, I should be training, I should be the one running in front, but here I've got this injury. And then obviously there is that fear, you know, people telling you, it is gonna to be fine, just do this x and y, but then also in your head you like thinking sherbet, but it doesn't feel great. Then you start thinking, I mean I start thinking to myself okay, we doing well in Super Rugby, there's still play-offs to come. Gees I've been working so hard, I've been working four years, for this. Four years for this and there is a possibility I can be out for that, but everyone is telling me it's gonna be fine, it will be fine, it will be fine. Train on the 3rd, take pain killers, injected, take pain killers, do Thursday training and it felt good, like it felt I managed. I went through the whole training. We don't really have a new captain, no new captains. Saturday before the game I felt really good, the same thing, painkillers, inject, play, and I mean we played really well, won the game. The last fifteen minutes I could feel, yoh, something, I just couldn't go, like it was getting worse. And then already

my mind, already in the game, my mind was starting to think like flip, I, sherbet I hope this is not bad, I can feel it. 'Cause the first test I couldn't feel it in the game, but this one with all the pain stuff and injection I started to feel it and I was like flip, this feels different, flip I hope it's not bad, I hope it's not bad. And even though we won, I mean everyone was on a high. But always in the back of my head, I was thinking, sherbet this doesn't feel good, doesn't feel great. You know again, Sunday, then the lead up to the next test match which was here home ground at Ellis Park, would obviously be my first test match at home for me as captain being on my home ground. So you have, you so badly wanna be part of that, and then again on that Monday couldn't train, Tuesday couldn't train, it was really sore. Almost the same routine, you know, missing training, seeing the guys train, having that fear.

Interviewer: Talk to me about the fear again because you said earlier as well, it was, it came at a really, it was a difficult time and that there was fear around the timing of the injury. Can you explain that to me, so what do you mean by it?

Participant C: Like a fear of missing. I was worried and fearful that I'm gonna miss the Super Rugby playoffs. Something I've been working for really hard, and fear that I would miss the season. I mean I've got a contract in Japan. I'll be one hundred percent honest with you, so I have a contract in Japan, if I'm not fit to play, then I lose that contract which is obviously financially, like massive.

Interviewer: Okay.

Participant C: Yes obviously look I'm not complaining, you get looked after here in South Africa, but it just, it's just in another bracket if you play overseas, I mean you would know. So it's that fear of thinking to myself, that thinking, sherbet, I'm not gonna earn that, that's gonna be gone. I mean that can help my family. I'm mean not just talking about my wife, but it's me and my dad, it's my sister. We didn't have, ya, but anyway. So there's that fear of, you know, sherbet.

Interviewer: You said we didn't have and then you stopped.

Participant C: Ya, we didn't have, I mean I didn't grow up, we were a working class family, so I mean my parents, my dad, he was a mechanic, he got retrenched for three years, then he worked for my grandfather. My mom never worked, she was really sick when I was younger. She suffered from various things, depression to an extent, thyroid problem, and various issues. So I mean I wanna help, I wanna be able to support them financially and my sister as well. She is doing very well. She is standing on her own two feet, but she made a couple of wrong decisions when she was younger, credit card wise, had a bit of debt, you know and I helped her with that, I helped her to pay that off. But there's just that fear that you won't have enough, that I won't have enough. I'm not gonna be financially stable enough after rugby, so that is, in a nutshell, that is the fear. And that obviously this contract will contribute massively to me being able to be, so there's that fear and then obviously the fear of missing, everything. You worry, so I'm worried I am I gonna miss everything and not wanting to miss.

Interviewer: What do you mean by everything?

Participant C: I say everything because the playoff's to me was four years of work and obviously knowing like our coach, he was down after that. We were working four years for this and then he's finished. So it was kind of like the end, the ultimate, this was the pinical, that's why I say it's everything because that's basically what I've been working for. So, I mean ya, I would say it had a big effect on me. Then I just got really bad, from Thursday, trying to train, so I injected, took pain killers, trained for five minutes went in a lineout, came down on a lineout and I just felt like a shock down my leg, and knew something's not right. And then immediately I knew I can't play the weekend. And then, you know, got off the field and then again all those emotions come up. But I'm a very optimistic person.

Interviewer: Just before we get on to that, 'the same emotions', what emotions are you talking about?

Participant C: So I'm saying, immediately when that happens, then immediately I'm thinking to myself, flip okay, I know I'm not gonna play this weekend, but how bad is it? Am I gonna miss Super Rugby, am I gonna miss the whole year. Do you know what I mean? So then those same… but then I'm really an optimistic person, so any kind of negative thought I'll [claps hands] always immediately, not just in sport, in anything, I'll immediately try and hit that down, with it's going to be okay, it's gonna to be fine, it's gonna be okay, hundred percent, like I've always been an optimistic person. And then it got really bad, whereas by Saturday I could hardly walk and by Sunday I was literally… I couldn't walk. I had to get crutches. And then obviously the guys did well because we won the test match, but I knew

something wasn't right here. You hear from the doctors "look you're gonna be okay, don't worry about it. Three four weeks, a little bit of rest, rehab, you gonna be okay". And then going through step for step every single day, it's challenging, because you always searching for… we all, as humans we search for progression and I believe that's what keeps us going is progress, and if I don't feel progress if, it becomes difficult. It becomes very difficult to stay positive, stay motivated. It becomes difficult, you know, because you're not seeing that… and then it's even more difficult when what you feeling is different to what everyone is saying. So everyone is saying "no don't worry you gonna be fine", but you feeling like, jeepers, but it's been a week I still can't walk.

Interviewer: Oh, physically.

Participant C: Ya, physically I still can't walk. So then in your head… and you've been talking positively to yourself, but then it's another battle again to stay positive. Because you basically, you fighting your physical… what you're feeling physically, mentally your fighting what you are feeling physically. So physically I can feel, I feel terrible, I'm not feeling progress, but mentally I'm fighting to say I feel great, I can feel progression. I'm getting there, every day is better; it's going to be okay. That's the fight everyday, basically.

Interviewer: You said just now that, there is a discrepancy between what you're feeling and also what 'they' were saying. Tell me about that.

Participant C: So like the doctors, physio's?

Interviewer: Okay, go on.

Participant C: Because it's not a very common injury, its uncommon, they didn't have a lot of research, especially about pubic synthesis. Sportsman groin they did that is why they thought I had a normal sportsmen's groin and that is something you can play with, something that heals. I mean even with the operation it can heal within six weeks and you can play again. And there were various guys within our team that had that operation, I spoke to. I'd speak to one of them and say, look, you had this as well, and he'd be like "Yes, best thing I could have done had the op, six weeks I was playing again". And then that obviously lifts me, you know, that gives me confidence then I'm thinking, jeepers okay it's not so bad, it's going to be okay. He played through the whole season and he got operated on at the end of the year and it was only six weeks, its fine, just need a bit of rest. So in my head I'm battling that, but then my physical, you know, what I feel physically and the progress that I'm feeling every day, just doesn't match up.

Interviewer: To what others are saying who have been though that same process?

Participant C: Yes. So it's constantly that battle physiologically you know, to stay positive.

Interviewer: And how did you experience what was sort of going on with you when the doctors and the physio's were actually saying this and you knew that, physically you actually weren't.

Participant C: I was still hanging on to that hope, hundred percent.

Interviewer: Where was that hope coming from?

Participant C: That hope was I would say coming from them. Probably majority coming from them, you know because, they are telling me it's gonna be fine, "We've dealt with these type of things". So that is where the majority of the hope comes from but then obviously I take that and I become hopeful. So every day I wake up and I say, I've progressed, it's better, it's gonna be fine, it's gonna be alright. And then, I mean I walk, I get out of bed and, then I'm like, jeepers [whispers] what happened, it just doesn't, this thing doesn't. But then again then I just tell myself again no, no, It's going to be fine, [claps hands] it's going to be alright [claps hands], don't worry [claps hands], you know. So it's constantly just like a battle, ya, Physiologically.

Interviewer: It sounds like it.

Participant C: I mean what's really nice is at the Lions we have confessions that we say, and we've actually got an injury confession that we say. Specifically, So I've got it on my phone actually. So we have one that that we say normally so "I'm Participant C, I'm the Lions, I shall represent us with pride wherever I go because I'm focused and disciplined. I play with passion and courage and joy and I do so to the best of my ability, I make wise decisions, I'm fearless and love pressure, because I know where my strength and wisdom comes from." So we have a confession, so that's, that's me.

Interviewer: Okay.

Participant C: That's what I believe in, that's part of our culture and what we stand for and it really helps, it really helps you to have that confession in a team environment, 'cause that is what I stand for as a Lion rugby player, and then we have an injury confession. I can, look

I don't know what one out my head but I've read it, so we have to read it all the time. So I've got in my cupboard in my house, in my cupboard so I see it every day. And then I've also got my Springbok jersey. The last game I've played was in Durban against France that was the last game I played. So that jersey is where I want to be again so it's like a motivation, you know, for me, to keep putting the work in basically, every single day. Okay, let me try find this for you.

Interviewer: So Participant C, these confessions …

Participant C: Here it is.

Interviewer: Okay right.

Participant C: So must I read it for you?

Interviewer: Yeah, you can read it

Participant C: So recovery confession: "I know that everything works together for my good, therefore I also know that this injury will turn out to my benefit, I'm in a great place, everything in my body works together to soon be back to great health and fitness, I know that my choice of thinking determines the direction of my body, I choose the door of life and I feel the power of healing working within me every moment. I recover with wisdom and patience and I treat every challenge in my life with grace, I am the golden Lions, we are a winning team and I'm a champion." So that's out recovery confession

Interviewer: Thank you for that.

Participant C: Pleasure.

Interviewer: So these confessions and having your jersey up there, what does it… you know do during this time that you've been injured, when you say these confessions and you look at that jersey, could you explain to me how you experience that and what your feeling are around it and what it perhaps does for you?

Participant C: I believe that it really helps me. To just… how can I explain it, it's almost like a trigger to see it, you know. It's easy to say its motivation. It is to an extent but it like triggers my mind.

Interviewer: Okay, into what?

Participant C: Into a positive state. So it triggers my mind into a positive state. I've also got something, you can actually go into my car now and I've got something stuck on my dash, which is another trigger to me. It says I can't keep thinking in my past if I want to move into my future. So, I can't just keep thinking about this injury and when it happened, what I missed out on, you know. So I got to just keep looking forward. So it just helps me to … those little triggers, Ya.

Interviewer: You said now as well, and I know we've talked about it a little bit before but I just want to go back to it again just to see if there is anything else that you can tell me about it.

Participant C: Sure.

Interviewer: You said now the stuff that I missed out on, can you maybe name that stuff again?

Participant C: Sure. Obviously missing out on all the playoffs Super Rugby playoffs, Quarter finals, semi-finals, and final and now, ultimately after my operation deciding to operate or having to operate, missing out on the rugby championship. The boys are now in Australia, in Perth playing Australia this weekend. And, you know, missing out on that, all the test matches, six test matches, and then the fear of missing out end of year as well. End of year, we tour, we play the French, play Italy and then we play Scotland. So there's that and then again it's my contract in Japan, you know, not being able to play there and, missing out on that contract and what benefit that can bring, so. There is that but what helps me again is like my family, massively, because like for instance now I would be sitting in Australia but after this interview I will drive home and see my wife and kids. So those positives are massive to me, you know, are huge.

Interviewer: Tell me more about that, how do you experience them being around?

Participant C: It's like energy, if you know what I mean. Like I get a lot of energy through them, love, support, care and to an extent it definitely does take your mind off those negative things. As I mentioned before those things that I'm missing out on those various things. Spending time with them, like for instance like last year, I wouldn't have seen them now during this time at all. So for eight weeks, two months, I wouldn't have seem my family basically and now I'm with them and having a son whose only twelve weeks old, a daughter whose two and a half, a young family, it's time that I would never be able to get back and therefore I hold on to that as a huge positive. Even though I am injured and I am and not playing I still see this as a massive positive, you know, something that I wouldn't have had but what some that I've gained now from this injury that I wouldn't have if I was playing.

Interviewer: Could you explain a bit more if you can, and how that support, that familial support you're talking about, how it's helping you in terms of your career. How you're experiencing it in terms of your career and what you want to achieve.

Participant C: Massive. Look, I believe meeting my wife at a young age was hugely beneficial to me and my career. I met her when I was twenty years old and that was massively beneficial to me. I'm a hugely committed and loyal. I've always been, really committed and really loyal and having her at a young age, I can honestly tell you stopped me from doing real stupid things. And having her by my side was hugely beneficial and obviously my family now, and having that support as I've mentioned before. Because rugby is not my life, it is a part of my life. Therefore, I can go home to my family and consciously I disconnect from being a professional rugby player. And I'm a father and a husband and through that, through that disconnection, I have peace, in my heart. I don't know if that makes sense but ya. [laughing]

Interviewer: No, it does. Thank you for sharing. So I suppose what I want to ask as well perhaps is, you're talking about support, what other support has been around?

Participant C: Besides my family?

Interviewer: Whichever ya, if you can think of any.

Participant C: Look, my family's played the biggest role but definitely, you know a couple of the boys, a couple of the players are hugely supportive and we're fortunate to have people, like my friend, who works with us continuously. He's there every single week, to have a chat with him to where your mind is at, where are you.

Interviewer: He's the psychologist?

Participant C: Yes, he's our psychologist. Where are you mentally at this moment, what are you struggling with, what are your fears, what are your thoughts. So there is… I mean that's phenomenal support having that. It's difficult because you always feel like you're not part of it. After an injury it just feels you… as much as you want to be there, you just ya. It's difficult to explain, like you want to be there but you just can't be there. I mean in a team sport things move on, rapidly.

Interviewer: Explain that a bit to me.

Participant C: So I mean for instance I'm a captain for a team, so I make decisions on the field, and I love that, I love the strategic part. I mean that label 'captaincy', doesn't mean anything to me, but making decisions on the field in those high pressure situations, getting to know players, knowing what their strengths and weaknesses are, like, I thrive on that. I love that and getting an injury and then not being able to do that, and then obviously a new captain is announced. And you being injured, you have to allow that person to, I wouldn't say have authority. I don't know how else to say it but he needs to establish his presence, because the team needs to follow him, and in whatever way that is, you need to allow for that. And that sometimes is also challenging, cause you so badly want to be part of it. But you know for the team this is the guys they need to follow, you know what I mean. So you do need to take a bit of a step back, you need to respect that because it is the best for the teams, and that's also difficult.

Interviewer: In what way is it difficult Participant C, but personally?

Participant C: You see, I don't know, is it an ego thing? I don't know. But for me I honestly love it. Like I thrive on that, I honestly, I thrive on that, the build up towards the game, the analysis beforehand, the game, making decisions on the field, high pressure situations, that's what I live for. I Love it, absolutely love it. Then not being able to do that becomes challenging

Interviewer: How do you cope with it, or how have you coped with it during your injury?

Participant C: I've coped with it by constantly drowning myself in positivity. Whether that is reading, I love reading; I got a couple of books that I'm reading at the moment. Whether that's listening to pod casts, motivational speeches, worship music which I love, praise and worship music, spiritually connecting, just having those little triggers that you see. Reading, quotes, scripture, that puts me in that positive state of mind.

Interviewer: Anything else that you could think of at the moment, in term of how you've experienced this injury particularly?

Participant C: Specifically like psychologically now?

Interviewer: Psychologically, or I suppose at any level. You know we've talked a bit about administration level, in terms of doctors and physio's anything. We've talked a bit socially and we haven't gone into much socially, you mentioned some stuff and then personally as well, so I mean anything that you've experienced within the last ten weeks, that you think is…?

Participant C: That I haven't said already? I don't think so.
Interviewer: You spoke earlier about not really knowing length of time of recovery.
Participant C: Yes that's correct.
Interviewer: How are you experiencing that?
Participant C: It's challenging, because it was a bit of a rollercoaster, because obviously I got my injury with the Boks. As I mentioned before I was told look, do rehab, have rest, you gonna be fine and you gonna play so my goal was to play in that final. Doing my rehab, again that mental battle for you not getting that progression, it's still sore, but everyone telling you, you gonna be fine. Eventually not progressing well enough with my rehab and the doctor saying "look, something's not right here, we're not progressing lets go see the surgeon". Went to go see the surgeon, so in the week of the final that's when basically they told me "look, you're gonna have to operate". And the next week operated and with knowing now that I had to operate, I knew that I would miss the whole championship as well. So, had the operation, which is now three and a half weeks.
Interviewer: So let's just go back quickly, so they said that you were gonna be okay, and then doc said, "Listen not going well".
Participant C: Yes.
Interviewer: Can you talk to me about that experience of when he told you that now you need an op. What was that like, how did you experience it? What was happening?
Participant C: It was challenging, just because I was so hopeful.
Interviewer: Beforehand?
Participant C: Yes, beforehand, so hopeful beforehand, but also I could feel that there wasn't progression. So, I'm searching for a solution, I want to get better. I'm searching for a solution. I'm not progressing with what I'm doing at the moment. Something needs to change because I'm not heading in the right direction. So utterly disappointed, gutted, but also a sense of… especially afterwards. Look going into the operation I was still nervous because they hadn't on any of the scans, they hadn't picked up a tear, but something wasn't right. But as soon as he did the op, as soon as I got out he told me, as soon as he opened up there was a definite tear, fixed it. So, immediately after that you feel like, even though you now know that you're not missing out on all that, but now you feel like, oh [claps hands] this is what, they fixed it.
Interviewer: If you could just describe that feeling, what would you describe it as?
Participant C: Joy [laughs]
Interviewer: Joy, okay.
Participant C: Joyful, joyful. Ya, jeepers I don't how else to say it, but joyful, happy, ecstatic.
Interviewer: Okay, [laughs]
Participant C: Just over the moon. [Laughs] So ya, it was great. But then obviously afterwards because we have a doctor, we have a physio. I also work with a physio now in Rosebank. Then there's still the doctor at the Springboks, there's physio's at the Springboks and there's is this person who is a coach, but a doctor. And all of them have different opinions of when I'll be ready, or what was wrong initially or what is wrong now and it's also challenging working through that.
Interviewer: Tell me about the challenges, what do you mean?
Participant C: It's challenging having a lot of people speak into your life at the same time about one thing but saying different things, all of them saying different things. And who are qualified, who are doctors and physio's, and who are professionals, cause it does confuse you. I don't know how else to say it. It confuses you.
Interviewer: How does that confusion effect you do you think?
Participant C: Mentally it's difficult and that is why I decided about two weeks after my op, I decided, I changed my mental attitude. 'Cause my mental attitude was always, okay this is when I want to play, or, here I'm working towards this, this is when I'm playing and then I changed it to being, when I'm play, to let me just get right. So let me just recover sufficiently and taking it day for day. So regardless of when, I don't know when it's gonna be right but I'm not gonna look at that, I'm gonna look at every single day. Take it day for day, that's what I'm gonna focus on, the small little things, small little processes, my rehab exercise, my physio. That's what I'm gonna focus on and in time it will get… and that brought a lot of peace into my heart. Because immediately I started letting go of the things that I was fearful about and what I was worried about.
Interviewer: Just remind me about those again.

Participant C: So I started letting go of playing in Japan and almost telling myself I'm not going to play in Japan, it's done. I'm not gonna play on the end of year tour. I'm might play rugby this year. But if I do, bonus! But if I don't, I spend time with my family, I see my kids, I see my wife more. Can maybe go on a little holiday, which we haven't done in five years. There're things I can do I in this time that I would have never been able to do. So that way of thinking, I promise you it felt like it had an impact on my recovery. All of a sudden I started feeling a bit more progression. If you know what I mean, it just started feeling like, jeez I'm progressing a bit more, I'm feeling a bit better and it just took all that weight and pressure off my shoulders. It was like it was gone and I was okay with it. It's going to be fine. I'm quite spiritual so basically what happened, the big change was… I was sitting on the couch I was listening to some praise and worship music and often, you know, like I pray. It was just like this huge wave came over me and God told me it's going to be okay, just relax it's gonna… it's like he literally told me it's gonna be… and like tears were just running down my face. Because it was honestly it was like huge, like massive, huge on my shoulders.

Interviewer: What was on your shoulders?

Participant C: Well like the responsibility, the fear of not having enough. Not playing in the rugby championship, not playing in the end of the year tour just being announced as captain. I mean this is a prime opportunity for me to excel, and not being able to do that.

Interviewer: Talk to me about that a little bit. I want to get back to the spiritual stuff but just talk to me about that again, cause it's been a theme that's come up. Prime opportunity...

Participant C: Yes.

Interviewer: So if you can just describe maybe what you were going through, specifically as you, in terms of understanding that now you're injured and you had all of this stuff, if you can just tell me a little more about that.

Participant C: Like what I was feeling or?

Interviewer: Interns of the fear and all of these things that you descried earlier.

Participant C: Like what I was going through, ya. I mean it's again like I said forwards. Your mind… you think of all those small things but then you also think of the bigger thing. Not having enough for my family. So you start thinking about that, you start thinking [chuckles], I mean it's you're… I mean everything goes through your mind. How long is it gonna take for me to recover, when will I be able to play, will I even be captain when I come on back. Will they pick me for the Springboks, when I come back? Jeepers this was an amazing opportunity for me. Wow I mean, like all those things go through your head and then again it's that fight, you know, what I'm gaining form it, being with my family, spending time with them, doing things that I would not otherwise be able to do during this time and holding on to that, and that being my driving force, instead of the negative, the what-ifs.

Interviewer: Getting back to the spiritual stuff that you were talking about, so you said that you are spiritual and that kind of gave you a lot of strength.

Participant C: Yes.

Interviewer: And you described that you were sitting there and you released a lot of stuff. How has that affected you during this time?

Participant C: Ah, hugely, since that moment?

Interviewer: Generally, or that moment which ever you want to talk about.

Participant C: Ya well generally faith plays a massive role in my life, huge and at that moment massive. As I said it was almost like a weight off my shoulders and my mind set completely changed to knowing that I will be ready when it's ready. And that everything is going to be okay and just focusing on every single day, the small little moments, the processes and not thinking about when I need to be ready, if I'm going to be ready and missing out on these various things I've mentioned before. But actually letting go of that and saying it's gonna be, it's gonna be okay. Even if I miss all of that it's gonna be okay and that was like that pressure released completely off my shoulders.

Interviewer: You said earlier as well, sorry I'm just going back 'cause I'm trying to kind of get as much as I can out of you.

Participant C: Nah, it's cool.

Interviewer: Just to go back a little while ago you said that, you have also beside your family you've also spent some time with some of the other guys. Can you can you talk to me about you experience of how you've kind of experienced your injury in terms of the other players in the team and just some thoughts around that and some feelings around that?

Participant C: Ya, it's something you have to be conscious of because you don't ever want your injury or what you're going through… you don't want to look negative at all. In a team environment so, I'm conscious what my body language is about, how I speak, the words that I speak, the things that I say to players. Because for instance when my injury was happening we were in play offs so it's hugely exciting. I mean it's massive for the Union, as I've mentioned we've worked four years for this. So the players are excited, they can't wait I mean it's massive. Everyone is on a high and I'm going through this difficult time but I don't want that to rub off on the other players or even other players to even see that.

Interviewer: How did that make you feel, what was going on inside you?

Participant C: It's tough, it's challenging, because at times I mean you feel like you are you are forgotten, if you know what I mean, 'cause things just move so quickly in team sport you have to. Every week is a new challenge, every day is a new challenge, and every hour is a new challenge. There's an injury if something happens the next guy steps out, it's just the way it is. And you do, you feel forgotten, feel hopeless cause you can't play. Sad, I mean again it's challenging, it's that that fight, to staying positive. I mean it does bring you energy being around the guys but it's also difficult. Because you're there but you watching them train, you're watching them prepare and that makes it even more difficult because it's being there in those moment's highlights the fact that you aren't able to play.

Interviewer: Okay.

Participant C: So you're in that situation and that makes it even more difficult because every day you are conscious of what you are missing out on. And a good example is… and this is my wife also says this. Monday to Friday I'm absolutely fine. Then the Springboks play on a Saturday and I watch the game and then that almost ignites those emotions of not being there, missing out, not being able to contribute, and it's tough.

Interviewer: Ya, it must be hey? How did you handle that in terms of your relationship with the team? How are you handling it?

Participant C: Being conscious of it helps me, so I know it's there and I acknowledge it and I'm aware of it and therefore, I feel that I can overpower it and I can overcome it, by acknowledging it and being aware of it. And that makes me strong.

Interviewer: Okay. Is there anything else that you can think of [long pause] In terms of your experience of this injury, in particular, [pause] in terms of your career and you personally?

Participant C: Ya I mean, I can't really. I think it's ya… every day it's still challenge every day. Ya, every day is a challenge, but I believe the awareness of those emotions that I feel really helps me to overcome them because I'm aware of them, and I know when I go into that state of mind I'm aware of it and I have ways to…

Interviewer: Just tell me about that state of mind that you can get into, if you can.

Participant C: Like if I'm down, I'm negative. I'm aware of that and because I'm aware of it I feel I can get myself out of it or I have things that I do that gets me out of that. Whether that's, like I've said before, having those little triggers. Listening to praise and worship music, listening to motivational talks or pod casts and that gets me out of that state of mind.

Interviewer: When does that state of mind kind of hit you the most and a how often?

Participant C: When I'm in that environment. For instance when I was with my, injure… it was more challenging so I was injured and I was in that environment of quarter semi-finals. So then it was every single date, in my face, it's there, every day. Now I wouldn't have played Currie Cup anyway, because I'm contract in Japan, but the Boks are playing, but they're not here. I'm not in that training environment I'm ant home I'm with my family so it's a lot easier because I'm not in that environment. But then on the weekend, on a Saturday, it's challenging again because now I'm I know it's the game day, you know what I mean? I know it's the game day and its test match day. I love rugby so I'm not gonna not gonna watch the game and so I'm watching the day and then those emotions come back again.

Interviewer: Come up in you.

Participant C: They come up in you again.

Interviewer: What emotion is the most prominent do you think, while you watching the games?

Participant C: I don't know what emotion it would it be. I don't know if it'd be sadness [laughs]. I'm missing out the, like I want to be there.

Interviewer: Missing out, okay.

Participant C: I wanna to be there, I wanna contribute, I'm not there, and I wanna be there [laughs]

Interviewer: Okay. [Laughs]

Participant C: I want to be there so badly. I don't know what other emotion. Ya, I just wanna be there man, I wanna play, I wanna run, contribute, tackle, you know how it is.

Interviewer: [laughs]

Participant C: Flip, I just want to be there. [Laughs]

Interviewer: How many more weeks do you have to go do you have a time line at the moment in terms of when?

Participant C: No look, again some of the physio's they say, "Look okay we're look to mid-October", but for me my mental… what I think mentally is day for day. So my mental attitude is day for day. Every single day I take it as it comes. I do what I have to do I tick my boxes and it will be ready when it's right. Ya, that's what I'm aiming just to get it one hundred percent.

Interviewer: Good.

Participant C: [Chuckles] Otherwise I feel you put pressure on yourself. That's what I was I was doing beforehand you know. Having all these time lines, it would just put pressure on myself and then my progress wasn't matching up to where to when I wanted to play and then emotionally it just hits you down. When physically you're not matching up, to where you want to be mentally on that day. Then it becomes really difficult. Whereas now I let go and I'm just taking it day for day and I'm focusing on just my progress every day it's a lot easier and I don't find myself in those up and down battles. I mean you get those now and then, but a lot more on the upward curve or just on the same. If I talk just about my emotions it's like a steady line.

Interviewer: Thanks man. So, I think, I think we've got it.

Participant C: Sweet.

Interviewer: Unless there's anything else you want to add. Thanks so much and ya, good luck!

Participant C: Pleasure, thanks man.

Interviewer: Okay.

Participant C: [Laughs] Cheers.

Appendix D

Department of Psychology

17 May 2016

Informed Consent Form

Thank you for agreeing to participate in my research study. The purpose of this study, a description of the involvement required, and your rights as a participant are outlined below.

Purpose: This study is conducted as a requirement for the completion of an MA Counselling Psychology at the University of Johannesburg. The purpose of this study is to explore what psychological and social experiences you went through during a traumatic rugby injury as well as how you coped with these experiences.

Your Participation: Your participation in this study will consist of an interview that will be around forty minutes to one hour. You will be asked to fill out a biographical questionnaire before the interview begins. The information in this questionnaire includes your age, number of injuries sustained, how long you have been with your particular union, marital status etc., number of children (if any), how many surgeries you have had and if you have ever sought psychological help before.

The interview will be conducted in a relaxed environment of our choosing. It will entail a 'conversation like' atmosphere. You will be able to stop or pull out of the interview at any time. You will also be able to ask me anything that you are unsure of or if you need clarity on any subject pertaining to the interview and research process.

Confidentiality: The interview will be recorded in order for me to transcribe it and use that information for the data section of this research study. However, your identity will be kept confidential in the research write up. Once the transcripts have been written and analysed, the recordings of our interview together will be deleted. I will perhaps discuss the interview process with my supervisor; however, a pseudonym will be used. The recordings and transcriptions will be kept in a, password protected, file on my computer and any identifying information will be changed when I report on the results in order to maintain confidentiality.

Should you have any questions, please contact the researcher, Trevor Hall on 0794970830 or mail me at trevs07@hotmail.com

By singing below, I acknowledge that I have read and understand the above information.

_____ _____

Signature Date

Appendix E

UNIVERSITY OF JOHANNESBURG

Department of Psychology

December 2016

Invitation to participate in a research study:

You are invited to participate in a research study that will explore professional rugby player's personal experiences of coping with a traumatic injury. Please take as much time as you need to discuss this research, and the decision to participate in it, with whomever you feel you need to. The decision to participate, or not participate in this research is completely up to you.

This research will look at what you experienced as a professional rugby player while being injured. You will be asked open-ended questions, directed at your personal experiences of being injured.

If you decide to participate in this study, you will be interviewed for around forty minutes to one hour in a venue that is comfortable for both of us. I will record the interview so that I can use your answers to open-ended questions as data for this study.

As mentioned above, the interview will take place in a relaxed atmosphere. You will have the right to pull out of the interview at any time. You will also have the right not to answer any questions that you feel you do not want to.

There will be a biographical section to the interview that you will be asked to complete. This information will include your age; marital status; length of marriage / partnership; number of injuries you have had; length of current injury; length of time since you have played competitive rugby; number of previous traumatic injuries (four or more week's duration); number of operations; length of time that you have been employed at your union; children; and any previous experiences regarding psychotherapy.

You will not be required to state your name on any document. The interview, as well as the results of this research, will remain completely anonymous. However, the option to be named will be made available to you.

Although this study is relatively risk free, you may disclose certain personal, important and emotional experiences to me. This disclosure could cause certain degrees of emotional destabilisation. It is unlikely that emotional destabilisation would occur, however, if you feel that what is discussed may have destabilised you in any way, there will be an opportunity for debriefing with me after the interview or at a time convenient to you. I will also be able to provide you with referrals to a psychologist if you feel that you may need it.

In terms of benefits, there will be no direct benefits (career or otherwise) awarded to you for participating in this study.

You can call me on 0794970830 or email me at trevs07@hotmail.com if you would like to participate in this study or if you have any queries regarding this study.

_____ _____

Signature Date

Appendix F

Qualitative Interview Question

Question: Could you please describe to me, as honestly as possible, and in as much detail as possible, your experience of the impact of your current injury on you and your rugby career.

Biographical Information

1. Age?
2. Ethnicity
3. Home language?
4. How long have you been with this Union?
5. Partnership / Marriage?
6. Length of time in partnership / marriage?
7. Children?
8. Have you ever seen a psychologist for any reason?
9. Number of operations?
10. Nature of the injury? What kind of injury?
11. How long have you been booked off for your current injury?
12. How long has it been since you have played competitive rugby?
13. Number of traumatic injuries (i.e. four or more week's duration)?