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# **Reactions to a Career-Ending Sport Injury: Pekka Hirvonen, Professional ice hockey player**

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## **Abstract**

This chapter presents an end of athletic career case of Pekka Hirvonen, a professional ice hockey player. The presentation encompasses his case description, details of the multi-ligament knee injury he suffered, the role of athletic identity, pre-retirement planning, and coping skills in the process of transitioning out of sport. These factors are then further explained through Taylor and Ogilvie’s (1994) conceptual model of adaptation to career transition. Based on the above, an interprofessional plan of care was developed, and the case was evaluated from the perspective of those involved: a licensed psychologist, his wife, and the coach. The chapter also discusses ethical considerations, and provides an update of Pekka’s progress two years later.

**Keywords:** 33-year old male, professional ice hockey, forced retirement, athletic identity, coping, pre-retirement planning, MCL-ACL-PCL-meniscus injury

## Case Description

Pekka Hirvonen is a 33-year old professional ice hockey player, who suffered a multi-ligament knee injury during a regular practice session. A detailed evaluation of the injury revealed that his medial collateral (MCL), anterior cruciate (ACL), and posterior (PCL) cruciate ligaments were torn with medial meniscus damage and needed reconstructive surgery. His initial response to his injury was: “this is no big deal. I am a strong, healthy ice hockey player. I have been through worse. Let’s get this fixed.” Pekka remained very positive throughout his medical care and post-surgery rehabilitation, and according to his physiotherapist, the rehabilitation process went well. Pekka did notice some periodical swelling and pain in his knee during rehabilitation, but said that it was “something a little ice and sisu<sup>1</sup> would take care of.” However, at his three-month post-surgery evaluation, his orthopaedic surgeon revealed that the ligament repair went well, but the meniscus repair was unsuccessful, and that Pekka needed a meniscectomy. The surgeon also indicated that because of the extent of this second surgery, it was very likely that Pekka would not be able to return back to professional sport. This medical judgment was a huge shock to Pekka. He had been playing hockey since the age of five. Even during primary school, he knew he wanted to be a professional hockey player. In all his life choices, hockey had always come first.

Prior to his multi-ligament injury, Pekka had played his best season and the expectations from the coaches and the club were high. Pekka’s plans were to return back to the ice for a few more years “I cannot believe this is happening. If I don’t have this meniscectomy, my career is over. If I do have this surgery... my career is still over. I mean, I am a 33-year old guy who has played ice hockey all his life. I am a hockey player. What else could I even do?” On that evening, Pekka went home and could not sleep. Pekka kept tossing and turning in his bed and thinking: “What am I going to do? I cannot support my family if I don’t play hockey. I wish I had listened to my parents when they insisted that I should get an education.” As a hockey player, Pekka had always been able to deal with any worrying thoughts and stressors that came his way, and many considered him mentally and physically strong. However, this time it was different. Pekka felt overwhelmed, he did not know how to deal with all of this. The unforeseen end to his career as a professional ice hockey player meant his wife Nina and two children, Onni (8 years old) and Ilona (6 years old) would face a great financial loss. Being high school sweethearts, Pekka and Nina have been married for over ten years, and hockey has always been at the core of things, determining how and where they lived. Nina was a hockey wife. She had sacrificed her professional career to support Pekka, and when their children were born, she focused on the family. As Nina put it: “family comes first... I want to support Pekka in pursuit of his dreams, and you know, if you want to get things in life, you have to make sacrifices. The future will pay off.”

After the second surgery, Pekka stayed home and refused to answer the phone, or to participate in any conversations with the club officials, coaches, or even his loved ones. Pekka felt overwhelmed by all of this, and thought that he was just a big disappointment to everyone. “I

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<sup>1</sup> *Sisu is a uniquely Finnish personality trait and a state of mind that is said to typify Finnish spirit of inner strength, endurance, resilience, tenacity, determination, and perseverance. It is also a cultural norm and a value that all Finns are proud to have.*

have let my family, coaches, and teammates down. So shameful that a grown man can't take care of his business. How weak is that?" Over the next few weeks, Nina became increasingly worried about Pekka and his behaviour. Nina has noticed that Pekka had become increasingly withdrawn from his family and friends. For example, Pekka and his closest teammates would typically spend one night a week together playing videogames, and have a sauna, but since his injury, Pekka has not seen his teammates at all. When asked about it, Pekka stated: "I cannot go there and be reminded about how my body has betrayed me."

One month on, nothing had really changed. Pekka was still very withdrawn, and took strong painkillers to ease the physical pain and discomfort. At times, the pain was so intense that Pekka got angry and relieved his anger by punching a wall or breaking objects. Pekka appeared to struggle with normal daily activities, he was eating and sleeping too much, and was annoyed by his children. "They are so annoying. All they want to do is playing with me. Can't they see that I just want to rest?" At times, Pekka found himself recalling the good times and his past achievements, which quickly turned into despair. "I could have been so much better, and achieve so much more. Now I have nothing." Overwhelmed by the whole situation, it was at this point when his wife Nina decided to call Pekka's coach for help. After all, the coach had been Pekka's confidant for several years, and knew him better than anyone else.

## **The Injury**

The anterior cruciate (ACL) and posterior cruciate (PCL) ligaments enable the knee to support the body's weight and provide front-to-back and rotational stability, while the medial collateral ligament (MCL) helps support the inside of the knee providing side-to-side stability (Parker, 2016; Phisitkul, James, Wolf, & Amendola, 2006). In the case of Pekka, the ACL, PCL, MCL, and meniscus were torn after receiving a strong impact to the knee while his foot was fixed on the ground. Typically, individuals with this type of injury experience pain, loss of knee motion, swelling and instability (Millett, Wickiewicz, & Warren, 2001). Early surgical intervention before scar tissue forms is usually required. Treatment usually involves surgical repair/reconstruction to regain stability and the function of the torn ligaments (Laprade & Wijdicks, 2012). The rehabilitation process is painful and lengthy. Recovery can start after swelling subsides. Early rehabilitation may start with exercise on a stationary bike. Later exercises involve more intense training aimed at improving the range of motion and strength.

### **Key Factor 1: Athletic Identity**

One of the factors affecting Pekka's responses to his career-ending injury was his identity. An individual identity, which refers to the traits, social relations, roles, and social group memberships that define who one is (Oyserman, Elmore, & Smith, 2012), is considered one of the most critical psychological constructs that influence their transition out of sport (Arvinen-Barrow, Hurley, & Ruiz, 2017; Brewer, Cornelius, Stephan, & Van Raalte, 2010).

Athletic identity has been defined as "the degree to which an individual identifies with the athlete role" (Brewer, Van Raalte, & Linder, 1993, p. 237). A strong athletic identity is present when athletes identify their self-worth in terms of their participation and achievement in sports to the exclusion of other activities. An individual with a strong athletic identity may perceive transitioning out of sport as threatening as they may have little input to support their sense of self-worth once they retire from their sport (Taylor & Ogilvie, 1994). Research has shown that athletes with a high athletic identity, when forced to retire due to injury, may be prone to experience unpleasant emotions, dissatisfaction with time of retirement, and adjustment difficulties (Alfermann, Stambulova, & Zemaityte, 2004; Arvinen-Barrow, Hurley, & Ruiz, 2017; Mankad, Gordon, & Wallman, 2009; Webb, Nasco, Riley, & Headrick, 1998), viewing retirement as something that is lost and cannot be recovered (Werthner & Orlick, 1982).

A widely used instrument to assess athletic identity is the Athletic Identity Measurement Scale (AIMS; Brewer & Cornelius, 2001). The AIMS is a 7-item self-report instrument that measures athletic identity and the strength and exclusivity of the athletic role. The scale includes three subscales assessing social identity, exclusivity, and negative affectivity, rated on a 6-point Likert Scale (0 = strongly disagree; 5 = strongly agree). The AIMS is characterized by sound psychometric properties, with reported adequate internal consistency on samples of American athletes representing diverse sports. The AIMS is available in several languages other than English (e.g., Chinese, Dutch, German,

Portuguese, Russian). In Pekka's case, since there is no Finnish version available, the practitioner could use the English version, given that Pekka had good English skills.

### **Key factor 2: Pre-Retirement Planning**

Pekka faced a serious adjustment crisis due to the non-existence of a preretirement plan. Retirement planning refers to the individual's long-term effort in preparation for the end of their career and is typically associated with realistic expectations of retirement and clear long-term goals. Pekka, who suffered a non-normative injury after which he expected to recover and return to sport, had not considered a future without sports until he was faced with it. Pre-retirement planning is a valuable resource that can significantly impact the quality of the adaptation to career transition and effective coping (Arvinen-Barrow, DeGrave, Pack, & Hemmings, in press; Arvinen-Barrow et al., 2017; Arvinen-Barrow, Nässi, & Ruiz, 2015; Stambulova, 2000). Research has shown that pre-retirement planning is predictive of changes in athletes' psychological health, with the existence of planning being associated with a more successful transition out of sport compared to those who do not have an alternative plan (Lavalley, 2005; Roberts, Mullen, Evans, & Hall, 2015; Stoltenburg, Kamphoff, & Lindstrom Bremer, 2011). Equally, athletes involved in sports that require a large amount of their time and energy appear to have no time for pre-retirement planning during their careers (Lavalley, 2005).

There are different career and education programs offered by Olympic Centres (e.g., Australia, Canada, USA) to help athletes in preparing for the life after sport. In the USA, professional sports teams such as the National Hockey League (NHL), National Football League (NFL), and National Basketball Association (NBA) also offer career-counselling services or pension plans to their members. Unfortunately, such services are not as common in Finland, and of the services available, Pekka had not considered them as important, since his intentions were to play professional ice hockey for the next five years. "I was planning to get around to it... I mean all these income protection insurances are out there, I just did not think I needed them yet."

### **Key factor 3: Coping Skills**

In Pekka's case, it appears he does not possess adequate skills to cope with his abrupt career transition. For him, transitioning out of sport has become a stressful situation, involving several financial, occupational, emotional, and social adjustments. Coping skills are important factors influencing the quality of the adjustment to athletic retirement (Grove, Lavalley, & Gordon, 1997; Stambulova, Stephan, & Jäphag, 2007). Coping has been defined as "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984, p. 141). Lazarus and Folkman distinguished between problem-focused coping, which targets the stressor involving plans or actions to change a situation causing distress, and emotion-focused coping, aimed at managing emotional distress, typically used when the individuals perceived that the situation cannot be modified. Research indicates that athletes with strong athletic identities may fail to develop appropriate coping skills and thus, be more vulnerable to career transition difficulties (Crook & Robertson, 1991). The way in which individuals appraise their injury may trigger different emotional responses and would lead to using diverse strategies for coping (Grove, Lavalley, & Gordon, 1997; Lazarus, 2006).

To assess coping strategies, practitioners can use either the COPE inventory (Carver, Scheier, & Weintraub, 1989) or the sport version of the instrument, the Modified-COPE (MCOPE; Crocker & Graham, 1995). The COPE (Carver et al., 1989) is a widely used 60-item self-report that assesses 15 different ways in which people cope with stress including problem- and emotion-focused coping strategies. The MCOPE (Crocker & Graham, 1995) is comprised of 12 scales assessing active coping, planning, suppression of competing activities, seeking instrumental social support, seeking emotional social support, denial, humour, venting of emotion, behavioural disengagement, wishful thinking, self-blame, and increased effort.

## **Theoretical Considerations**

Taylor and Ogilvie's (1994) conceptual model of adaptation to career transition provides a useful framework to conceptualize the career transition process. The model integrates theoretical and empirical findings addressing relevant aspects in the career transition process from sport to the post-career, focusing on the reasons for their sport career retirement. According to Taylor and Ogilvie's model, there are five basic stages to consider when assisting an athlete in their transition: (1) the cause for career termination, (2) the adaptation to the transition, (3) available resources, (4) the quality of transition, and (5) interventions. The main causes for termination of sports career may depend on age, de-selection, the consequences of an injury, and free choice. A career ending injury, considered as the most negative transition in sport, may trigger a wide range of unpleasant emotions, and cause various degrees of physical disabilities, which may limit the choices of new careers (Arvinen-Barrow et al., 2017). Important factors related to the athletes' adaptation involve the extent of the psychological, social, financial, and occupational changes, as well as the athletes' self- and social-identity, and perceived control. Athletes' adaptation to career transition depends on the availability of resources, such as coping strategies, social support, and pre-retirement planning (Stambulova et al., 2007). These factors need to be considered in interventions aimed to address the potentially negative psychosocial consequences of career transition crises.

When applying Taylor and Ogilvie's (1994) model to Pekka's case, it is clear that the involuntary nature of his career termination, mainly caused by a severe and unexpected injury, was indicative of a post-retirement adjustment crisis. Pekka's strong athletic identity was helpful after the first surgery, because associated with a positive attitude towards the rehabilitation process. However, his initial reaction after the second surgery and being informed that he would not be able to return to sport was perceived as a shock, and appraised as a loss. The lack of available resources, pre-retirement planning in particular, was threatening Pekka's quality of adaptation and having negative consequences



for his family. As evidenced in the case, Pekka had poor coping skills to deal with the situation, in that he used avoidance-based coping strategies (e.g., denial, mental, and behavioural disengagement) instead of problem-focused techniques. Altogether, his strong athletic identity, negative appraisal of the situation and lack of available resources had adverse psychosocial consequences for his transition out of sport and well-being.

### **Interprofessional Plan of Care**

Following his initial injury, different health professionals were involved in Pekka's plan of care. His primary rehabilitation team consisted of the team orthopaedic surgeon, the physician, and the physiotherapist. The physiotherapist was in charge of Pekka's post-surgery rehabilitation. Following standard procedures within the ice hockey team Pekka played for, the team physician referred Pekka to a certified sport psychologist (SP) immediately after Pekka's first surgery. There was no previous relationship between Pekka and the SP. Following the first surgery, the physiotherapist and the SP worked with Pekka with the goal of full recovery and return to sport. After the second surgery, however, it was clear that Pekka would not be able to return to professional sport. As a result, the focus of the plan of care shifted, and the goal of Pekka's physiotherapist was to decrease his pain and work with him on functional recovery exercises.

The role of the SP also changed following the second surgery. The SP focused on psychological adjustment, with a goal of facilitating successful transition out of sport. The intervention plan of care sought to address the psychological, behavioural, and social impact of retirement. Since Pekka exhibited behavioural signs of poor coping, and emotional and behavioural disengagement (refusing to answer the phone or to talk), especially with his loved ones, it was decided that including Pekka's wife and coach to his care team would be beneficial. Thus, the three met with Pekka's permission. It was decided that the objective would be to increase Pekka's awareness of the transition process and demands to help him cope with traumatic experiences and stress-related emotions, and restore his self-

esteem. The process also focused on a realistic evaluation of available resources, possible barriers, and coping strategies for a successful transition to life out of competitive sport. Part of this process would be that Nina too attends Pekka's sessions with SP when relevant.

### **The Sport Psychology Consultant's Perspective**

Pekka met with the SP immediately following the initial injury, after the first surgery. Much of the early sessions were focused on the rehabilitation process, goal setting, subsequent rehabilitation, and successful return to sport. However, this changed after Pekka was told he would not be able to return back to professional ice hockey. During his first meeting with the SP after the devastating news, Pekka verbalised that he was "scared, afraid about what the future will bring, and not sure now what is there for me." When prompted further, Pekka explained: "I think that I'm in a vicious circle and can't find the way out. I feel that everything is falling apart. I think that, my life has no meaning. Why do I get this kind of punishment?" The initial discussion with Pekka made clear that he perceived the end of his athletic career as a traumatic experience. Pekka demonstrated appraisals of athletic identity loss, and it was evident that he had not yet processed his transition out of sport. This had triggered a range of stress-related emotions, which in turn had negative psychological, behavioural, and social impact on Pekka.

It was at this point that the SP decided to switch his approach to working with Pekka. Instead of using a practical cognitive-behavioural therapy founded on goal setting, SP decided to utilize a more person-centered trauma-informed therapy. The sessions focused on creating a supportive environment where Pekka could express his emotions, providing a realistic perspective to consider life after sport, mobilizing his resources, and developing skills to cope with this transition.

The purpose of the first session after the devastating news was on conducting an initial assessment of the situation and creating a supportive environment. It was also important to give Pekka the opportunity to share his thoughts and express his feelings. Pekka was asked to provide a detailed

account of what happened. The role of the SP was to actively listen to Pekka and give him the opportunity to fully recall and recount the event as he had experienced it. The recall and reconstruction of the incident was painful, but a step-wise approach to his crisis intervention made it easier to structure the whole story of what happened in his mind. The goal of this type of intervention was to help Pekka become aware of what had happened and their significance for himself and for his own life (Hillman, 2002).

During the sessions, Pekka experienced a wide range of intense emotions. These included sadness, anger, relief, and anxiety, to name a few. In most sessions, Pekka cried intensively, which was something he would not typically do at home or with his peers. He repeatedly wondered what he could have done differently. Sometimes it was very difficult for Pekka to talk about his injury and its consequences, and felt that coping with it all with a brave face was important:

The feeling of shame is really strong and I do refuse to go to all social happenings, celebrations etc. People are asking, how is it going and how is your knee? I give unclear answers, because I think that accepting it would be a sign of weakness, and the truth is very painful. It is better to stay away than answer people's questions. Giving explanations is really frustrating and it hurts. When you are in trouble and feeling physical and psychological pain, you easily think that it is not anyone else's business.

At times, Pekka's grief was palpable. The SP remained present in Pekka's grief, being patient and giving him time to deal with it. Every time grief was experienced and dealt with, the healing process moved forward, and the next time the experience was less intense. Addressing this requires an effective use of time, silences, and professional skills (Mischke-Reeds, 2018):

- PEKKA: This is terrible...I don't know how I am going to survive this ...
- SP: [Nodding, silence] ...Would you tell me how you are feeling now when you are sitting there?
- PEKKA: Awful....
- SP: Hmm...where does the awfulness feel in your body?
- PEKKA: [Silence...touching his chest]...In the chest [Pause]...It is terrible, why just me?
- SP: [nods, sits in silence...] [Pause] How do you feel now, when talking about it?
- PEKKA: Angry.

Silence in itself, in particular when dealing with traumatic experiences, can be perceived as inability to address the individuals' needs. However, silence is part of nonverbal communication and should reflect active listening associated with the effective reception of information. When accompanied with other appropriate forms of nonverbal communication, such as making direct eye contact and nodding to confirm understanding, silence can transmit the idea of being actively involved in listening and able to fully understand the individual needs (Weinberg & Gould, 2015). The role of the SP was to give Pekka time to deal with his emotions (anger, anxiety, grief), at the same time ensuring that he took care of himself and was involved in the family's daily routines. Family support can have beneficial influence in the process of adjustment and protect from the negative impact of stressors (Venter & Grobbelaar, 2018). Specific questions such as "what have you eaten today with your family?", or "what are you going to do with your family when you leave from here?" were used to help Pekka cope with the situation one session at the time. When Pekka displayed signs of acceptance,

such as being able to think about other things outside his shock of forced retirement from ice hockey, then the focus of the sessions shifted towards increasing his coping strategies and well-being.

To foster emotion self-regulation, namely, down-regulation of unpleasant emotions and up-regulation of pleasant emotions (see Robazza & Ruiz, 2018), the SP taught Pekka meditation and relaxation strategies (Walker & Heaney, 2013). Pekka was given audio exercises to practice at home and incorporate into his daily routine. In a similar manner, imagery was used to help Pekka down-regulate his anxiety and create a pleasant experience (Arvinen-Barrow, Clement, & Hemmings, 2013). For example, Pekka was asked to find a comfortable sitting position, take a few deep breaths, notice his bodily sensations, and imagine a warm wave of healing relaxation flowing throughout his whole body.

After some practice, Pekka used imagery to be prepared and cope with possible unpleasant emotions arising when confronting (Gross, 2014) situations that reminded of his injury and triggered anxiety. As Pekka indicated “using imagery was useful before going to places that were threatening, such as going to the ice rink for a teammates’ farewell party.” In these situations, Pekka was also taught to focus on his breathing with a goal to calm down. This is consistent with Gross’ process model of emotion regulation in which distracting attention away from the disturbing emotional cues of a situation and redirecting the focus on non-emotional aspects (e.g., relaxation and breathing) are viewed as part of the emotion regulation process.

The SP also used eye movement desensitization and reprocessing (EMDR; Shapiro, 2017) to help Pekka deal with stress. EMDR is a therapeutic technique used to block the deleterious consequences of traumatic memories and related negative imagery. It was found effective in the treatment of posttraumatic disorders and a range of clinical issues (Luber, 2016), and has also been applied in sport (e.g., Falls, Barker, & Turner, 2018). EMDR involves identifying specific situations, triggers, emotional and physical symptoms, and negative self-referencing statements linked to past, present, and future issues. Then, the person is asked to visually follow the predetermined sequence of

rapid and rhythmic movement of the psychologists' fingers shifting from side to side across the range of eye movement. During this bilateral stimulation the person is required to pay attention to the own experience with a sense of mastery and more adaptive interpretations with respect to the traumatic event. Hand taps and auditory tones are used in case of visual impairments of eye movement intolerance. Prior to the teaching and implementation of this strategy, it was deemed necessary for Pekka to process previous experiences connected with personal traumatic experiences. This process in Pekka's words was "scary in the beginning, like watching a movie". However, after a couple of sessions he felt more distant to the traumatic incidence and felt that it was easier to cope with the anxiety. Gradually, he was able to include daily activities like watching an ice hockey match. He began to perceive that his mental well-being had improved and felt more energetic.

Counselling Pekka through retirement involved addressing his thoughts and emotions related to his adaptation to the current situation and his future. Once Pekka had processed his initial shock and grief, the sessions focused on helping him adjust his perceptions about himself to his new roles out of sport (e.g., starting a new business), to experience feelings of value and self-worth outside of ice hockey, and being more present in his relationships with his family.

Overall, Pekka's recovery process was slow and intensive. From the onset of the injury, Pekka met with the SP once every second week. Following his devastating news, Pekka met with the SP twice a week. After the initial shock phase, the frequency of the meetings was reduced to once a week, then to every second week, and in the final stages to once a month. Overall, Pekka's SP consultancy sessions lasted 2 years.

### **The Wife's Perspective**

When Nina approached Pekka's coach, she felt that watching her husband suffer in silence was affecting their family life. Pekka's injury was a shock to his family, and with Nina being a hockey wife, she too was tangibly affected by Pekka's transition out of sport. Although Nina was practically

responsible for all everyday chores, Pekka was the emotional pillar for their family. Their two children, Onni and Ilona, were initially enjoying the idea that they could spend more time at home with their father, but they quickly realized that this would not be the case as Pekka was often angry and withdrawn from social interactions. As a consequence, the children reduced the interaction with their father to avoid irritating him. “It is like living on eggshells”, Nina explained to her friends. “I know things are hard for him, but so it is for us too. I mean, I am worried about future, and how we can financially survive, and I am worried about Pekka and our family life. When I bring things up with Pekka, it is constant arguing. So I am starting to avoid interactions with him. And that’s not healthy for any of us.”

In the struggle to help his husband, Nina joined him in one of the sessions with the SP. Nina wanted to be able to share her feelings and to find a way to help her husband. For Pekka and Nina, being able to share feelings and listen to each other was very productive and brought with it a sense of relief. Nina discussed how she had been trying to support Pekka, by listening and providing an environment facilitative of conversation and how this had backfired. Pekka was dispirited while listening to his wife, as he found himself in a situation he had done nothing to create, but he and his family were suffering the consequences. When it was Pekka’s turn to share his feelings, he opened up for the first time since the injury occurrence, and it made Nina deeply emotional.

Nina’s experiences are not unique, in that the impact of career-ending injuries often extends beyond the injured athlete. According to a systemic approach to family therapy (Rivett & Buchmüller, 2018), communication provides the essence of a relationship. In addition, it is not possible not to communicate within a system, and any behaviour including silence is a form of communication. Pekka’s avoidance to talk, triggered Nina’s interaction withdrawal, and feeling depressed, which resulted in a circular and negative spiral, as Pekka blamed himself for this. Thus, the SP encouraged them to share their feelings for at least 15 min every day.

With the assistance of the SP, Nina was able to provide emotional support through physical presence, love and acceptance, empathy, and encouragement facilitating a sense of comfort and security. She also helped Pekka recover self-esteem through enacting behaviours such as involving him in daily activities and routines, and demonstrating belief in Pekka's ability to cope. Nina attempted to engage in active listening while refraining from making judgements, sharing positive and negative thoughts and feelings associated with the transition process. By planning and organizing activities with family friends, Nina offered a shared social reality, where she tried to restore social interactions and to provide a sense of normalisation. The SP, Nina, and Pekka agreed that Nina would come back to a session in a month time.

### **The Coach's Perspective**

Pekka was a highly regarded player by his Coach, who had high expectations for him. Their relationship was one in which Pekka (as well as all players in the team) could express his thoughts and feelings in a genuine manner. The injury was also shocking news for Coach, who felt sad for Pekka not only for the consequences to his athletic career but also personally. Coach had been Pekka's confidant throughout his career and Pekka trusted him and had previously discussed even personal issues. From the onset of Pekka's injury, Coach as well as his team members were supportive at the early stages of the rehabilitation process and remained in contact by phone. After Pekka's second surgery and once they knew he would be not able to play hockey again, Coach tried to remain in contact with him. Pekka, however, was not responding phone calls. Pekka felt that Coach would stop calling and at some point lose interest on him. Typically, in situations where athletes face a career ending injury, coaches have responsibilities to the rest of the team, and may not have as much time to devote to the injured athlete (Udry, 2001).



After a time without any news, Coach received Nina's phone call, who was overwhelmed by the whole situation. Coach's attempts to talk to Pekka were unsuccessful, thus, he decided to take a step back and give room to Pekka to assimilate the situation. When Pekka started showing signs of acceptance and thinking what life could look like outside of being a professional player, the SP also contacted Coach and they shared ideas about how to facilitate a successful transition out of sport.

During an initial meeting with Pekka, Coach provided examples of athletes who had suffered career ending injuries and were able to make a successful transition out of sport, and are currently integrated in society. Then Coach connected Pekka with another athlete who had suffered a career ending injury a few years back. This helped Pekka realize that there were other people who have also suffered traumatic incidents, and allowed him to share his experiences with someone who could empathetically understand his struggles.

According to Podlog and Dioni (2012), self-determination theory (SDT; Ryan & Deci, 2017) provides a framework to examine the coaches strategies for addressing athletes psychosocial challenges in returning to sport following injury rehabilitation. SDT emphasizes the importance of satisfying individual psychological needs for competence, autonomy, and relatedness. Needs satisfaction results in enhanced well-being, self-development, and self-determined behaviour, social functioning, and task involvement in a variety of settings. Competence reflects the perceptions of effectiveness in one's interactions with the environment, autonomy is typified by the belief that one's actions are volitional, and relatedness denotes a sense of connectedness with others. SDT can be used as a framework to develop a strategy where the individuals transfer their athletic skills to other tasks within the sporting context or in other contexts. Coach was very instrumental in keeping Pekka involved in the team. For example, Coach was assisting Pekka in transferring his skills (competence) as a former athlete, and capitalizing on such skills, providing opportunities for Pekka to assist him in tasks such as organizing team activities, planning sessions and drills, or sharing his own experiences with novice athletes

(autonomy). Coach explained to the other members of the team the new role that Pekka had on the team by acknowledging his unique competences and skills, in an effort to have him accepted and maintain his social involvement (relatedness) and social identity as a person. Coach also introduced Pekka to relevant people within the hockey player development network, which allowed him to develop new skills and a professional identity. Overall, Coach intervention was very useful in helping Pekka make a successful transition out of competitive sports to establishing a professional career.

During this intervention Coach was able to respond appropriately to Pekka's needs displaying positive interaction skills. The intervention, indeed, was characterized by closeness, commitment, complementarity, and co-orientation, in accordance with Shanmugam and Jowett (2017) conceptualization. Closeness was characterized by Coach and Pekka valuing and supporting each other. Commitment was reflected in the intent to maintain the relationship and continuing working with each other. Complementarity was manifested in reciprocal care in the relationship between Coach and Pekka. Finally, co-orientation represented the common ground that allowed both to share thoughts and plans for the future.

### **Ethical Considerations**

In accordance with the American Psychological Association's standards for practice, as specified in the Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2010) psychologists working with clients should possess appropriate education training and supervised experience prior to providing services to make sure that such services are within the boundaries of their competence. A key principle is the obligation that psychologists have to protect confidential information gathered during consultations. Only with the appropriate consent from the individual, psychologists may disclose confidential information to others, unless law mandates it for valid specific

purposes such as to protect the client, psychologist or others from harm. In the case of Pekka, the SP asked for his permission to meet with his wife Nina and Coach, and disclosed information they had agreed beforehand, appropriate for his adaptation and successful transition out of sport.

### **Case update**

As indicated earlier, Pekka held regular meetings with the SP for two years post injury occurrence. During this time, he had an opportunity to study a new profession, which he successfully completed. We are pleased to note that despite his difficult career transition, Pekka and Nina are happily married and he has remained involved in ice hockey. Collaborating with the hockey player development network, and later working for the network has helped Pekka develop a professional identity. He now feels a sense of satisfaction “giving back” to the sport that gave him so much. He has also started a new business.

### **Conclusions**

Pekka, a professional ice hockey player described in this case study, suffered a multi-ligament knee injury during a practice session. He received early medical care and a surgery intervention, with a positive prognosis and post-rehabilitation process. A 3-month post-surgery evaluation revealed that a second surgery was needed to repair Pekka’s meniscus, which resulted in the end of his career. A plan of care was implemented involving several health professionals, a SP, his wife, and his coach who interacted closely during the process of transition out of sport. The intervention focused on Pekka’s psychological adjustment and provision of help to make a successful transition out of sport. Once it was clear that Pekka would not be able to return to sport, the SP worked with Pekka to help him deal with his emotions, have a realistic view of available resources, and develop skills to cope with his transition. The role of his wife was directly related to the provision of several types of support, while

the intervention from the coach was facilitative in establishing a professional career. The overall intervention resulted in a successful transition to professional life.

## KEY POINTS

- Pekka, a professional ice hockey player suffered a multi-ligament knee injury that needed reconstructive surgery.
- After two surgery procedures, Pekka was informed that he would not be able to return to sport.
- Pekka's strong athletic identity, lack of pre-retirement planning, negative appraisals of the situation and lack of appropriate coping skills to deal with his emotions influenced his adjustment to athletic retirement.
- To address Pekka's emotional reactions and facilitate a successful transition out of sport, a SP, his wife, and Coach were involved in the process. In particular the SP utilized a trauma-informed therapy approach (e.g. EMDR) to help dealing with his stress-related experiences, while his wife and Coach were sources of support, and instrumental in facilitating a successful transition.
- Pekka was able to accept his situation and to develop a professional identity (e.g., working in ice hockey development network and developing a business)

## CRITICAL THINKING QUESTIONS

1. How did Pekka's strong athletic identity affect his transition out of sport?
2. Can you think of any other aspects of Pekka's psychosocial environment, which may have played an important role in his transition?
3. Each person involved in Pekka's transition out of sport used different strategies to address his needs. What are other possible alternative strategies that could have been used? Why do you think they would be effective?

## RESEARCH TIPS

1. What is the role of the coach, family members, and teammates in the transition out of sport after a career ending injury?
2. What psychological strategies can be used to help individuals retire from sport after an injury?
3. How coach, family, teammates, and other professionals can interact to assist in the individuals' transition out of sport?

## KEY PUBLICATIONS

1. Park, S., Lavalley, D., & Tod, D. (2013). Athletes' career transition out of sport: A systematic review. *International Review of Sport and Exercise Psychology*, 6(1), 22-53.

This paper presents a systematic review of 126 studies related to athletes' career transition out of sport. The review focuses on sample characteristics, with studies including from 1 to 1617 participants of both genders involved in all competition levels, and psychological correlates associated with athletes' career transition quality. The review presents several factors related to the quality of the career transition (e.g., athletic identity, demographic issues, voluntariness of the decision, injuries/ health problems, financial status), and available resources during the transition (e.g., coping strategies, pre-retirement planning, psychosocial support). Practical implications such as the provision of proactive (e.g. education in transferable skills) and reactive support (e.g., supporting their identity reformation process) are provided.

2. Stambulova, N. (2010). Counseling athletes in career transitions: The five-step career planning strategy. *Journal of Sport Psychology in Action*, 1:95–105, 2010.

This paper presents a counselling framework to help athletes in their career transition, termed the Five-Step Career Planning Strategy (5-SCP). The 5-SCP is a framework to facilitate consultant-

athlete communication aimed to increase awareness of past experiences, present situation, and future perspectives in sport and out of sport. The first two stages deal with how the athlete structures the past. The third stage focuses on the identification of most important spheres of current life and the evaluation of the balance among them. The fourth stage deals with the anticipation of the future, while the last stage focuses on lessons learned and coping resources developed. The paper also provides a review of reflections on the application of the model.

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