

# An interdisciplinary examination of stress and injury occurrence in athletes

Dr Harry Fisher<sup>1\*</sup>, Dr Marianne Gittoes<sup>1</sup>, Professor Lynne Evans<sup>1</sup>, Miss Leah Bitchell<sup>1</sup>, Dr Richard Mullen<sup>2</sup>, Dr Marco Scutari<sup>3</sup>

<sup>1</sup> School of Sport and Health Science, Cardiff Metropolitan University, Cardiff, United Kingdom

<sup>2</sup> Division of Sport, Health & Exercise Sciences, Brunel University, London, United Kingdom

<sup>3</sup> Istituto Dalle Molle di Studi sull'Intelligenza Artificiale (IDSIA), Manno, Switzerland

Correspondence\*:

Dr Harry Fisher

harryfisher21@gmail.com

## 2 ABSTRACT

3 This paper adopts an interdisciplinary approach to explore the relationship between psychosocial  
4 factors, physiological stress-related markers and occurrence of injury in athletes using a repeated  
5 measures design across a 2-year data collection period. At three data collection time-points,  
6 athletes completed measures of major life events, the reinforcement sensitivity theory personality  
7 questionnaire, muscle stiffness, heart rate variability and postural stability, and reported any  
8 injuries they had sustained since the last data collection. Two Bayesian networks were used to  
9 examine the relationships between variables and model the changes between data collection  
10 points in the study. Findings revealed muscle stiffness to have the strongest relationship with injury  
11 occurrence, with high levels of stiffness increasing the probability of sustaining an injury. Negative  
12 life events did not increase the probability of injury occurrence at any single time-point; however,  
13 when examining changes between time points, increases in negative life events did increase the  
14 probability of injury. In addition, the combination of increases in negative life events and muscle  
15 stiffness resulted in the greatest probability of sustaining an injury. Findings demonstrated the  
16 importance of both an interdisciplinary approach and a repeated measures design to furthering  
17 our understanding of the relationship between stress-related markers and injury occurrence.

18 **Keywords:** Sports Injury, Stress, Interdisciplinary, Bayesian Network

## INTRODUCTION

19 Over the last four decades sport related injuries have received increased research attention (Ivarsson et  
20 al., 2017). This attention is unsurprising given the high incidence (Rosa et al., 2014; Sheu et al., 2016),  
21 and undesirable physical and psychological effects of sports injuries (Leddy et al., 1994; Brewer, 2012).  
22 To mitigate against both the increasing incidence and undesirable consequences of injury, research has  
23 identified several psychological (Slimani et al., 2018), anatomical (Murphy et al., 2003), biomechanical  
24 (Neely, 1998; Hughes, 2014) and environmental (Meeuwisse et al., 2007) factors associated with sports  
25 injury occurrence. Indeed, several models of injury causation have been proposed that highlight the  
26 multifactorial nature of injury occurrence (Kumar, 2001; Meeuwisse et al., 2007; Wiese-Bjornstal, 2009),

27 of which one of the most widely cited was developed by Williams and Anderson (Fig 1; Andersen and  
28 Williams, 1988; Williams and Andersen, 1998).

**Figure 1. Stress and injury model (Williams and Andersen, 1998).**

29 Williams and Andersen's (Williams and Andersen, 1998) model proposed that when faced with a  
30 potentially stressful athletic situation, an athlete's personality traits (e.g., hardiness, locus of control and  
31 competitive trait anxiety), history of stressors (e.g., major life events and previous injuries) and coping  
32 resources (e.g., general coping behaviours) will contribute to their response, either interactively or in  
33 isolation. Central to the model is the stress response, which reflects the bi-directional relationship between  
34 athletes' appraisal of, and response to, a stressful athletic situation. The model predicts that athletes  
35 who have a history of many stressors, personality traits that intensify the stress response and few coping  
36 resources, will exhibit greater attentional (e.g., peripheral narrowing) and/or physiological (e.g., increased  
37 muscle tension) responses that put these individuals at greater risk of injury.

38 Within Williams and Andersen's (Williams and Andersen, 1998) model, major life events, a component  
39 of an athlete's history of stressors, most consistently predicts injury occurrence (Williams and Andersen,  
40 2007); specifically, major life events with a negative, as opposed to positive, valence (Passer and Seese,  
41 1983; Maddison and Prapavessis, 2005). However, personality traits and coping resources have also been  
42 found to predict injury, with for example, athletes more likely to sustain an injury if they have poor social  
43 support and psychological coping skills, and high trait anxiety and elevated competitive state anxiety;  
44 compared to athletes with the opposite profile. (Smith et al., 1990; Lavallée and Flint, 1996; Ivarsson and  
45 Johnson, 2010). However, the amount of variance explained by the psychosocial factors proposed by the  
46 model has been modest, typically between 5 - 30% (Galambos et al., 2005; Ivarsson and Johnson, 2010);  
47 suggesting other factors are also likely to contribute to injury occurrence.

48 Research that has explored the effects of the psychosocial factors in Williams and Andersen's (Williams  
49 and Andersen, 1998) model, has failed to examine the mechanisms through which these factors are  
50 proposed to exert their effect. To elaborate, the model suggests that injuries are likely to occur through  
51 either increased physiological arousal resulting in increased muscle tension and reduced flexibility or  
52 attentional deficits caused by increased distractibility and peripheral narrowing. However, to date, the  
53 research has largely focused on attentional deficits (Andersen and Williams, 1999; Rogers and Landers,  
54 2005; Wilkerson, 2012; Swanik et al., 2007). For example, Andersen and Williams (Andersen and Williams,  
55 1999) measured peripheral and central vision during high and low stress conditions and found athletes  
56 with high life event stress coupled with low social support had greater peripheral narrowing under stressful  
57 conditions compared to athletes with the opposing profile; these athletes went on to sustain an increased  
58 number of injuries during the following season. Indeed, Rodgers and Landers (Rogers and Landers, 2005)  
59 supported Andersen and Williams's (Andersen and Williams, 1999) earlier findings reporting that peripheral  
60 narrowing under stress mediated 8.1% of the relationship between negative life events and injury. However,  
61 few attempts have been made to explain the remaining variance between negative life events and athletic  
62 injury through the other proposed mechanisms, such as increased muscle tension and reduced motor control  
63 (cf. Williams and Andersen, 1998).

64 One possible reason for this oversight is the multifactorial nature of injury and the possible contribution of  
65 other non-psychological factors to the stress response (Meeuwisse et al., 2007; Wiese-Bjornstal, 2009). For  
66 example, a large body of research indicates that training-related stress is also likely to be related to the stress  
67 response and injury occurrence (Lee et al., 2017; Djaoui et al., 2017), and may account for the unexplained

variance from the psychological predictors of injury. Appaneal and Perna (Appaneal and Perna, 2014) proposed the biopsychosocial model of stress athletic injury and health (BMSAIH) to serve as an extension to Williams and Andersen's (Williams and Andersen, 1998) model and to address some of these issues. To elaborate, the BMSAIH aimed to clarify the mediating pathways between the stress response and injury, consider other health outcomes and behavioural factors that impact sports participation, and integrate the impact of training on athletes' health (Appaneal and Perna, 2014). The central tenet of the BMSAIH is that psychosocial distress (e.g., negative life events) may act synergistically with training-related stress as a result of high-intensity and high-volume sports training, and "widen the window of susceptibility" (Appaneal and Perna, 2014, 74) to a range of undesirable health outcomes including illness and injury. Consequently, the BMSAIH provides a framework for future research to build on Williams and Andersen's (Williams and Andersen, 1998) model, by including other physiological markers of training-related stress, which together may provide greater insight into the injury process.

Although research supporting the BMSAIH has mainly focused on the relationship between hormonal responses to training and injury occurrence (Perna and McDowell, 1995; Perna et al., 1997, 2003), other research has identified additional markers of training-related stress that are associated with an increased risk of injury; for example, heart rate variability (Bellenger et al., 2016; Williams et al., 2017), postural stability (Romero-Franco et al., 2014) and muscle stiffness (Pruyn et al., 2015). Unfortunately, these markers are often studied in isolation without an assessment of the psychosocial factors that are known to contribute to injury, thereby limiting our understanding of how psychosocially and physiologically derived stress may contribute synergistically to injury occurrence. Recently, Bittencourt et al. (Bittencourt et al., 2016) suggested that to better understand the multifactorial nature of sports injuries, research needs to move away from studying risk factors in isolation and instead adopt a complex systems approach to injury. Such an approach posits that injury may arise from a complex "web of determinants" (Bittencourt et al., 2016, 3), where different factors interact in unpredictable and unplanned ways, but result in a global outcome pattern of either adaptation or injury. Complex systems approaches have been used in health care to model the large number of risk factors associated with different types of diseases (Plsek and Greenhalgh, 2001); however, very few studies have attempted to address sport injury occurrence using such an approach (Hulme et al., 2018).

To summarise, despite offering a possible framework to build on the research stemming from Williams and Andersen's (Williams and Andersen, 1998) model, researchers have largely overlooked the potential to explore other physiological stress-related markers proposed by the BMSAIH, in addition to the already well-established psychological characteristics known to be related to injury (Appaneal and Perna, 2014). Furthermore, research has typically not captured changes in both psychosocial factors and stress-related physiological markers that may occur between initial measurement and injury occurrence. Viewed through the lens of a complex systems approach the interaction between psychosocial sources of stress, stress-related physiological markers and injury occurrence may provide new insight into the injury process. Therefore, the purpose of the current study was to examine the relationship between psychosocial factors, physiological stress-related markers and occurrence of injury in athletes over time.

## RESULTS

### Subsection 1

You can use R chunks directly to plot graphs.

```
x <- 0:100
set.seed(999)
y <- 2 * (x + rnorm(length(x), sd = 3) + 3)
plot(x, y)
```

## Subsection 2

Frontiers requires figures to be submitted individually, in the same order as they are referred to in the manuscript. Figures will then be automatically embedded at the bottom of the submitted manuscript. Kindly ensure that each table and figure is mentioned in the text and in numerical order. Permission must be obtained for use of copyrighted material from other sources (including the web). Please note that it is compulsory to follow figure instructions. Figures which are not according to the guidelines will cause substantial delay during the production process.

## 1 DISCUSSION

### DISCLOSURE/CONFLICT-OF-INTEREST STATEMENT

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

### AUTHOR CONTRIBUTIONS

The statement about the authors and contributors can be up to several sentences long, describing the tasks of individual authors referred to by their initials and should be included at the end of the manuscript before the References section.

### ACKNOWLEDGMENTS

Funding:

## 2 SUPPLEMENTAL DATA

Supplementary Material should be uploaded separately on submission, if there are Supplementary Figures, please include the caption in the same file as the figure. LaTeX Supplementary Material templates can be found in the Frontiers LaTeX folder

## 3 REFERENCES

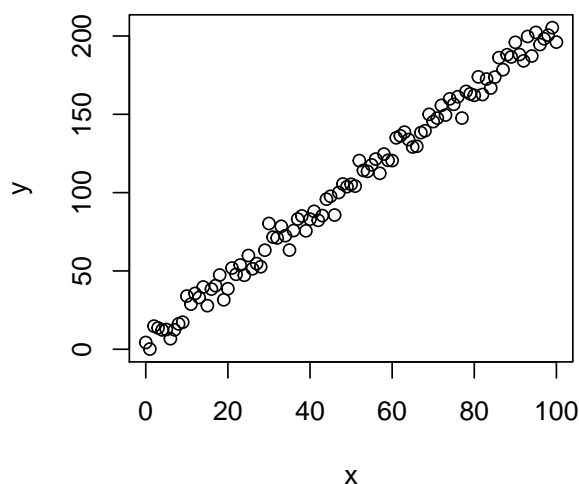
A reference list should be automatically created here. However it won't. Pandoc will place the list of references at the end of the document instead. There are no convenient solution for now to force Pandoc to do otherwise. The easiest way to get around this problem is to edit the LaTeX file created by Pandoc before compiling it again using the traditional LaTeX commands.

## FIGURES

Andersen, M. B., and Williams, J. M. (1988). A model of stress and athletic injury: Prediction and prevention. *Journal of Sport and Exercise Psychology* 10, 294–306. doi:10.1123/jsep.10.3.294.

Andersen, M. B., and Williams, J. M. (1999). Athletic injury, psychosocial factors and perceptual changes during stress. *Journal of Sports Sciences* 17, 735–741. doi:10.1080/026404199365597.

Appaneal, R. N., and Perna, F. M. (2014). "Biopsychosocial model of injury," in *Encyclopedia of sport and exercise psychology*, eds. R. C. Eklund and G. Tenenbaum (Thousand Oaks, CA: Sage), 74–77.



**Figure 2.** Figure caption

- 134 Bellenger, C. R., Fuller, J. T., Thomson, R. L., Davison, K., Robertson, E. Y., and Buckley, J. D. (2016).  
 135 Monitoring athletic training status through autonomic heart rate regulation: A systematic review and  
 136 meta-analysis. *Sports Medicine* 46, 1461–1486. doi:10.1007/s40279-016-0484-2.
- 137 Bittencourt, N. F. N., Meeuwisse, W. H., Mendonça, L. D., Nettel-Aguirre, A., Ocarino, J. M., and  
 138 Fonseca, S. T. (2016). Complex systems approach for sports injuries: Moving from risk factor identification  
 139 to injury pattern recognition - narrative review and new concept. *British Journal of Sports Medicine* 50,  
 140 1309–1314. doi:10.1136/bjsports-2015-095850.
- 141 Brewer, B. W. (2012). “Psychology of sport injury rehabilitation,” in *Handbook of sport psychology*, eds.  
 142 G. Tenenbaum and R. C. Eklund (Hoboken, NJ, USA: Wiley), 404–424. doi:10.1002/9781118270011.ch18.
- 143 Djaoui, L., Haddad, M., Chamari, K., and Dellal, A. (2017). Monitoring training load  
 144 and fatigue in soccer players with physiological markers. *Physiology and Behavior* 181, 86–94.  
 145 doi:10.1016/j.physbeh.2017.09.004.
- 146 Galambos, S. A., Terry, P. C., Moyle, G. M., and Locke, S. A. (2005). Psychological predictors of injury  
 147 among elite athletes. *British Journal of Sports Medicine* 39, 351–354. doi:10.1136/bjism.2005.018440.
- 148 Hughes, G. (2014). A review of recent perspectives on biomechanical risk factors associated with anterior  
 149 cruciate ligament injury. *Research in Sports Medicine* 22, 193–212. doi:10.1080/15438627.2014.881821.
- 150 Hulme, A., Thompson, J., Nielsen, R. O., Read, G. J. M. M., and Salmon, P. M. (2018). Towards a complex  
 151 systems approach in sports injury research: Simulating running-related injury development with agent-based  
 152 modelling. *British Journal of Sports Medicine* 53, 560–569. doi:10.1136/bjsports-2017-098871.
- 153 Ivarsson, A., and Johnson, U. (2010). Psychological factors as predictors of injuries among senior  
 154 soccer players. A prospective study. *Journal of Sports Science and Medicine* 9, 347–352. Available at:  
 155 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3761721/>.

- Ivarsson, A., Johnson, U., Andersen, M. B., Tranaeus, U., Stenling, A., and Lindwall, M. (2017). Psychosocial factors and sport injuries: Meta-analyses for prediction and prevention. *Sports Medicine* 47, 353–365. doi:10.1007/s40279-016-0578-x.
- Kumar, S. (2001). Theories of musculoskeletal injury causation. *Ergonomics* 44, 17–47. doi:10.1080/00140130120716.
- Lavallée, L., and Flint, F. (1996). The relationship of stress, competitive anxiety, mood state, and social support to athletic injury. *Journal of Athletic Training* 31, 296–299. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/16558413>.
- Leddy, M. H., Lambert, M. J., and Ogles, B. M. (1994). Psychological consequences of athletic injury among high-level competitors. *Research Quarterly for Exercise and Sport* 65, 347–354. doi:10.1080/02701367.1994.10607639.
- Lee, E. C., Fragala, M. S., Kavouras, S. A., Queen, R. M., Pryor, J. L., and Casa, D. J. (2017). Biomarkers in sports and exercise: Tracking health, performance, and recovery in athletes. *Journal of Strength and Conditioning Research* 31, 2920–2937. doi:10.1519/JSC.0000000000002122.
- Maddison, R., and Prapavessis, H. (2005). A psychological approach to the prediction and prevention of athletic injury. *Journal of Sport and Exercise Psychology* 27, 289–310. doi:10.1123/jsep.27.3.289.
- Meeuwisse, W. H., Tyreman, H., Hagel, B., and Emery, C. (2007). A dynamic model of etiology in sport injury: The recursive nature of risk and causation. *Clinical Journal of Sport Medicine* 17, 215–219. doi:10.1097/JSM.0b013e3180592a48.
- Murphy, D. F., Connolly, D. A. J., and Beynnon, B. D. (2003). Risk factors for lower extremity injury: A review of the literature. *British Journal of Sports Medicine* 37, 13–29. doi:10.1136/bjsm.37.1.13.
- Neely, F. G. (1998). Biomechanical risk factors for exercise-related lower limb injuries. *Sports Medicine* 26, 395–413. doi:10.2165/00007256-199826060-00003.
- Passer, M. W., and Seese, M. D. (1983). Life stress and athletic injury: Examination of positive versus negative events and three moderator variables. *Journal of Human Stress* 9, 11–16. doi:10.1080/0097840X.1983.9935025.
- Perna, F. M., Antoni, M. H., Baum, A., Gordon, P., and Schneiderman, N. (2003). Cognitive behavioral stress management effects on injury and illness among competitive athletes: A randomized clinical trial. *Annals of Behavioral Medicine* 25, 66–73. Available at: <https://www.scopus.com/inward/record.uri?eid=2-s2.0-0037262738%7B/&%7DpartnerID=40%7B/&%7Dmd5=37332ebe6a96>.
- Perna, F. M., and McDowell, S. L. (1995). Role of psychological stress in cortisol recovery from exhaustive exercise among elite athletes. *International Journal of Behavioral Medicine* 2, 13–26. doi:10.1207/s15327558ijbm0201\_2.
- Perna, F., Schneiderman, N., and LaPerriere, A. (1997). Psychological stress, exercise and immunity. *International Journal of Sports Medicine* 18, 78–83. doi:10.1055/s-2007-972703.
- Plsek, P. E., and Greenhalgh, T. (2001). The challenge of complexity in health care. *BMJ* 323, 625–628. doi:10.1136/bmj.323.7313.625.
- Pruyn, E. C., Watsford, M. L., and Murphy, A. J. (2015). Differences in lower-body stiffness between levels of netball competition. *Journal of Strength and Conditioning Research* 29, 1197–1202. doi:10.1519/JSC.0000000000000418.



- Rogers, T., and Landers, D. M. (2005). Mediating effects of peripheral vision in the life event stress/athletic injury relationship. *Journal of Sport and Exercise Psychology* 27, 271–288. doi:10.1002/9781444303650.
- Romero-Franco, N., Gallego-Izquierdo, T., Martínez-López, E. J., Hita-Contreras, F., Osuna-Pérez, Catalina, M., and Martínez-Amat, A. (2014). Postural stability and subsequent sports injuries during indoor season of athletes. *Journal of Physical Therapy Science* 26, 683–687. doi:10.1589/jpts.26.683.
- Rosa, B. B., Asperti, A. M., Helito, C. P., Demange, M. K., Fernandes, T. L., and Hernandez, A. J. (2014). Epidemiology of sports injuries on collegiate athletes at a single center. *Acta Ortopédica Brasileira* 22, 321–324. doi:10.1590/1413-78522014220601007.
- Sheu, Y., Chen, L. H., and Hedegaard, H. (2016). Sports- and Recreation-related Injury Episodes in the United States, 2011–2014. *National Health Statistics Reports*, 1–12. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/27906643>.
- Slimani, M., Bragazzi, N. L., Znazen, H., Paravlic, A., Azaiez, F., and Tod, D. (2018). Psychosocial predictors and psychological prevention of soccer injuries: A systematic review and meta-analysis of the literature. *Physical Therapy in Sport* 32, 293–300. doi:10.1016/j.ptsp.2018.05.006.
- Smith, R. E., Smoll, F. L., and Ptacek, J. T. (1990). Conjunctive moderator variables in vulnerability and resiliency research: Life stress, social support and coping skills, and adolescent sport injuries. *Journal of Personality and Social Psychology* 58, 360–370. doi:10.1037/0022-3514.58.2.360.
- Swanik, C. B., Covassin, T., Stearne, D. J., and Schatz, P. (2007). The relationship between neurocognitive function and noncontact anterior cruciate ligament injuries. *American Journal of Sports Medicine* 35, 943–948. doi:10.1177/0363546507299532.
- Wiese-Bjornstal, D. M. (2009). Sport injury and college athlete health across the lifespan. *Journal of Intercollegiate Sport* 2, 64–80. doi:10.1123/jis.2.1.64.
- Wilkerson, G. B. (2012). Neurocognitive reaction time predicts lower extremity sprains and strains. *International Journal of Athletic Therapy and Training* 17, 4–9. doi:10.1123/ijatt.17.6.4.
- Williams, J. M., and Andersen, M. B. (2007). “Psychosocial antecedents of sport injury and interventions for risk reduction,” in *Handbook of sport psychology*, eds. G. Tenenbaum and R. C. Eklund (Hoboken, NJ, USA: Wiley), 379–403. doi:10.1002/9781118270011.ch17.
- Williams, J. M., and Andersen, M. B. (1998). Psychosocial antecedents of sport injury: review and critique of the stress and injury model. *Journal of Applied Sport Psychology* 10, 5–25. doi:10.1080/10413209808406375.
- Williams, S., Booton, T., Watson, M., Rowland, D., and Altini, M. (2017). Heart rate variability is a moderating factor in the workload-injury relationship of competitive crossfit™ athletes. *Journal of Sports Science and Medicine* 16, 443–449.