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The Effectiveness of Psychotherapy Sessions for Athletes after Recovering from Injury

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Abstract:

Injuries significantly affect athletes both physically and psychologically during recovery. This study examines how therapy sessions influence athletes' mental well-being, motivation, self-esteem, and readiness to return to play after an injury. The findings indicate that psychological therapy aids in managing fear of reinjury, strengthening coping strategies, and restoring confidence. Integrating psychological support into rehabilitation programs is essential for addressing athletes' mental challenges. Techniques such as cognitive-behavioural therapy (CBT) and mindfulness training have been shown to enhance emotional resilience. Regular therapy sessions provide a supportive environment for athletes to discuss their experiences with professionals, helping them regain their athletic identities. The research encourages sports organizations and rehabilitation centres to prioritize comprehensive mental health programs for the holistic recovery of athletes.

Keywords: significantly, CBT, psychological therapy, rehabilitation centres.

Problem Statement:

This study addresses the psychological challenges athletes encounter after injuries, emphasizing the impact of therapy sessions on their recovery. It underscores the necessity of a holistic rehabilitation approach that combines physical and mental health support, acknowledging that many injuries may arise from a lack of psychological preparedness and resilience. The goal is to enhance mental resilience, manage emotional stress, and ease the transition back to sports.

Introduction

Sports injuries cause the player to stay away from sports practice for a period of time, which leads to a lack of self-confidence. Despite the clear scientific progress in the field of sports injuries and

other related sciences such as sports medicine, injury physiology, and injury psychology, the occurrence of injuries may be due to poor preparation, whether physical or psychological, or due to a previous injury after which the player was unable to fully recover. Some players take the competition into account a lot, especially due to the closeness of the level, as the fear factor in a player sometimes may lead to injury, in addition to poor equipment, or that safety means in training are not available to players, and as a result of injury.

The real problem is often not due to a lack of physical fitness but rather to weak psychological skills. The psychological state may have a strong relationship with the physiological state and thus with the functional efficiency of the body's internal systems. Stressful situations can cause emotional manifestations, such as unpleasant emotions and the early stages of depression (anxiety, anger), as well as negative physiological changes. Stressful situations can also lead to negative physiological changes, such as increased fatigue with minimal effort, back pain, breathing difficulties, and decreased individual health efficiency. Life's psychological pressures impose demands on the individual, which can be physiological, psychological, or social. These demands can combine two or more of these aspects, resulting in numerous damages that negatively impact the individual's personal and professional lives.

Most systems share a set of main steps known as behavioural guidance, which include studying behaviour, i.e., estimating and defining behaviour, formulating realistic goals, and implementing guidance strategies to change behaviour and achieve objectives. The process of behavioural guidance begins with the definition of behaviour. rocess begins with defining and measuring the behavior, followed by the identification of related and functional variables. Next, it involves discussing and evaluating the program's effectiveness, as well as implementing the treatment plan.

All athletes are impacted by psychological stress, especially during tournaments. Pressure is often the true issue, particularly during sporting events. It often results from poor psychological abilities rather than a lack of physical health. It's possible that the psychological state and the physiological condition, and therefore the internal systems' functioning efficiency, are closely related. Negative physiological changes brought on by stressful conditions might include back discomfort, difficulty breathing, greater weariness with little exertion, and diminished personal health efficiency. Emotional symptoms, such as negative feelings and the early stages of depression (anxiety, rage, aggressiveness, and jealousy), may also result from the stressful scenario. The psychological demands of life might be social, psychological, or physiological, and they can mix two or more of these elements. As a consequence, the person suffers significant harm that impacts both his personal and professional life.

Sports Injuries:

An injury is damage or disability to the body’s tissues, and this damage may or may not be accompanied by tissue tearing as a result of any sudden and severe external impact. The injury is considered the result of the body being exposed, in whole or in part, to a severe force that exceeds the body’s ability to endure. The injury is also a harmful change in one or more types of different body tissues, accompanied by stages of a physiological, chemical, and psychological reaction as a result of a force that is often internal or external. This kind of injury occurs when an external or internal influence disrupts the work or function of a tissue or group of tissues in the body. We divide these influences into three categories: external, self, and internal.

Sports injury classifications: Sports injuries may be physical or psychological.

A-Physical injury: An athlete works hard to avoid and stay away from a sports-related physical injury. It is necessary to look at sports physical injury in light of the following factors:

1. They are related to sports practice and general or accidental accidents.

2. Due to the severity, nature, and location of the injury, the athlete is unable to participate in any positive sports or movement performance for some time. It requires immediate medical care.
3. In addition to medical rehabilitation, psychological rehabilitation is necessary for the player's recovery. The injured person returns to exercise in the best physical and mental health.

B- Psychological injury:

No doubt, some players experience psychological trauma. (Psychological trauma) as a result of some situations that threaten them with some risks and difficulties without their direct connection to physical injury. Some other players may be exposed to such psychological trauma (psychological injuries) as a result of some situations that result in physical injuries such as wounds, fractures, lacerations, etc. during sports practice. It is as if physical injury may be a factor that helps in the development of psychological trauma in the athlete, which primarily needs psychological care and psychological rehabilitation so that the player can return to his athletic level instead of the negative impact of psychological trauma on the player and forcing him to refrain from sports practice.

Causes of injury:

Identifying the causes of injury is fundamental to understanding and managing sports-related injuries. A clear assessment of the nature of the injury and the athlete's condition is crucial for determining appropriate treatment methods. Sports injuries vary based on the mechanisms by which they occur, which underscores the importance of analyzing different sporting activities. To effectively categorize these injuries, it's essential to perform a kinetic analysis for each type of sport, as this helps identify the specific injuries associated with various activities. We can classify sports activities into five main forms: contact sports, team games, and individual games. Each category presents unique risks and patterns of injuries due to the nature of the physical interactions involved. Understanding these factors is vital for prevention strategies and tailoring rehabilitation efforts.

Individual activities

Individual activities include both individual and group games, involving physical contact among players.

Repetitive Training Injuries arise from the nature of the activity:

1. **Physical contact injuries:** These are influenced by the player’s position, team role, physical preparation, and skills. My plans take into account the player's age and psychological state.
2. **Muscular Injuries:** These can lead to biochemical and physiological fatigue based on the training schedule and competition, resulting in muscle cooperation loss and energy depletion.
3. **Injuries from Poor Training:** Common causes include inadequate training planning, outdated or non-compliant equipment, neglect of personal gear, prolonged training sessions, unsuitable environments, Achilles tendon inflammation, lack of coordination in scheduling, and improper footwear.
4. **Activity-Related Injuries:** Players in individual or group sports may experience fractures and injuries to ligaments and the musculoskeletal system due to friction with competitors, violence, or falls. In individual sports, acute muscle tears may occur from competition intensity, leading to muscle fatigue. Injuries typically arise during specific phases, especially when changing training routines or increasing load suddenly, particularly at the beginning of a training programme when players are not yet conditioned.

Psychological manifestations of sports injury

- **Loss of identity:** When an injured athlete realises that they will stop training and participating in sports competitions, along with the associated loss of moral and material benefits, they may

feel as though they have lost a dear and precious part of themselves. This can lead to a sense of lost identity, which could significantly impact their self-concept and self-esteem.

- **Fear and anxiety:** When an athlete sustains a sports injury, they experience heightened levels of fear and anxiety, with negative thoughts about the impossibility of recovery often permeating their mind. If the period of non-participation in sports training and competitions continues, this time becomes fertile ground for such thoughts. It is linked to feelings of fear and anxiety, encompassing both physical and cognitive aspects.

We find that the "psychological restraint" resulting from this psychological shock hinders the development of positive voluntary characteristics and traits such as courage and determination. Fear creates a state of tension that compels the athlete to seek escape from situations that trigger unpleasant feelings. Consequently, these situations become negatively attractive, leading the individual to avoid confrontation and invent excuses to escape.

Fear can also induce physiological changes beyond the athlete's control due to the activity of the autonomic nervous system. These changes may include increased sweating, facial pallor, trembling, dryness of the mouth and throat, or elevated heart rate and breathing, among other symptoms. This is one of the manifestations. An athlete's level of fear primarily depends on the following factors:

- The degree of severity of the situation.
- The psychological characteristics of the athlete, including their familiarity with the unique situations of sports activity, particularly those associated with danger or difficulties.

Psychological Aspects of Sports Injuries:

Psychological anxiety, characterised by internal tension and fear of failure, is a key symptom for athletes facing sports-related injuries. This anxiety can result in irritability, concentration issues, absent-mindedness, and physical symptoms such as rapid heartbeat, respiratory distress, and increased sweating. Athletes may develop negative thoughts about their recovery due to their psychological traits, past experiences, and other factors. Signs of maladaptation to injury include ongoing uncertainty regarding recovery and reintegration into training, fear of re-injury post-recovery, guilt for missing team activities or competitions, avoidance of key individuals within their sport, acknowledgement of extended treatment and healing challenges, and reliance on the medical staff without personal effort. Additionally, the presence of an injured athlete can distract or unsettle teammates.

Injuries often lead to diminished self-confidence and self-efficacy, subsequently lowering motivation and performance. Athletes returning after long absences may find it difficult to regain previous skill levels, requiring further support from medical and psychological teams to rebuild confidence and competence. The researcher aims to explore these psychological pressures and their origins, noting that injured athletes, including those on Arab national teams, frequently experience stress and reduced self-esteem, which adversely affects their physical abilities and skills. This observation has prompted the researcher to conduct a study and offer psychological counselling sessions to boost confidence and alleviate psychological stress among injured players, supported by relevant studies and literature.

Research Objectives :

1. Numbers Sessions Athletes in the Baghdad and Diyala governorates receive psychological treatment to lessen stress.
2. Identify the impact of sessions. We provide psychotherapy to relieve the psychological stress of injured athletes in Baghdad and Diyala Governorate.

3. We are identifying the impact of psychological pressure on the injured in the Army and Police Club in the Baghdad Governorate.

Research Areas:

The Human Field: The study will focus on sports injuries among 22 athletes in Baghdad and Diyala governorates.

Timeline: From Monday, January 25, 2024, to Saturday, May 20, 2024.

Locations: Army Club Hall, College of Human Education, and Diyala Club Hall.

Research Terms:

- **Psychological Injury:** This term refers to psychological "trauma" in sports, resulting from specific incidents that may or may not cause physical injuries. Such trauma can alter an athlete's emotional state, motivation, and behaviour, potentially leading to a decline in athletic performance or cessation of sports altogether. Psychological injuries significantly impact the central nervous system due to severe emotional effects.
- **Psychological Counselling:** This is a scientifically grounded process aimed at fostering positive interactions between the counsellor and the counselee. The objective is to modify the counselee's behaviour by helping them find solutions to obstacles in their progress, ultimately maximising their potential.

The operational definition of psychological pressures aims to reduce the psychological pressures that accompany performance among track and field athletes through a set of psychological sessions. These sessions are based on analyzing the concept of stress and its causes among players and treating them in light of theories and methods of psychological counselling.

Previous Studies:

Mahmoud Gamal Mahmoud (2018) AD present a study examines the correlation between psychological stress and sports injuries in school sports activities. Mahmoud's study aims to identify the relationship between psychological stress and sports injuries in school sports activities for middle and high school students from 14 to 18 years old. It employed the descriptive method—specifically the survey method—as it was deemed appropriate for the nature of the research. The study intentionally selected a sample of middle and high school students, aged 14–18, for the study. The researcher used the psychological stress scale for young athletes. The research sample consisted of 200 students. The results of the study revealed a correlation between psychological stress and sports injuries during school sports activities, with statistically significant differences between males and females in terms of bruises, fractures, tears, and dislocations favouring males and sprains favouring females. This study aims to assess the psychological treatment sessions for athletes in the Baghdad and Diyala governorates to alleviate stress. We will evaluate the effectiveness of psychotherapy on injured athletes in these regions, particularly focusing on the psychological impact on those in the Army and Police Club in Baghdad.

Ayed Ali Zarifat, Majed Fayez Majli, and Osama Mahmoud Abdel Fattah (2018) discovered that mental imagery significantly improved self-confidence in injured athletes post-rehabilitation. The study utilised an experimental method with four athletes from the Jordan University of Science and Technology athletics team who had recovered from injuries. Participants initially had moderate self-confidence, which notably increased through mental imagery. The research design included experimental and control groups with pre- and post-measurements to reduce psychological stress and enhance self-confidence. This equivalent group method facilitated a comparison of pre-and post-test results, allowing the researchers to assess the intervention's impact while minimizing

biases. Analyzing the post-test changes enabled meaningful conclusions about the intervention's effectiveness.

Research community and sample:

The research community comprised 22 young injured players from Baghdad and Diyala governorates who had recovered and resumed training, representing various individual sports, according to registration statistics from Iraqi clubs for 2023–2024. The researcher purposefully selected a sample from the Army and Police Club, including 16 players from Baghdad, which accounts for 72.73% of the injured group, while those from Diyala make up 27.27%, as shown in Table (1). This table outlines the division of the research sample into the application sample and the survey sample.

Table (1)

T	Sample	Sample Numb	TheProvince	Persentg	Total Number
1	Survey sample	6	Diyala	%27.27	14
2	Sample software application (demo group)	8	Baghdad	%72.73	
3	Total	14		% 100	

Table)2)

Table (2) demonstrates the similarity of the two groups in height, weight, chronological age, and training age.

Varablesy	Arithmeticment	Standard deviation	The mediator	Coefficient of skewness
the weight	57,750	3.941	58,000	-0.198
height	159,688	6,519	158,500	0.972
Chronological age	16.313	0.873	16,000	-0.024
	2.375	0.904	2,000	0.503

The study reveals the homogeneity of the two groups in terms of various variables, including height, weight, chronological age, and training age. The range of the coefficient of skewness falls between 972 and 0.503.

- The research employed various methods and devices for information collection.
- and foreign sources, as well as various studies.
- Personal interviews with experts
- Tests and measurements
- Observation and experimentation
- Internet information network
- Stress scale
- Laptop calculator Type (DELL) Number (1)
- Device for measuring height and weight. Number (1)
- Casio's stopwatch (1)

Table (3)

Table (3) displays the injury areas, rehabilitation, and psychological stress identified by the experts.

Importance Relativity %	Degree College 105	level Significance	Error rate	Ka value calculated 2	not Agree	Agree	number Experts	Variables
93.33	98	moral	0.000	21	0	21	21	Training load
8 90.4	95	moral	0.000	21	0	21	21	Psychological traits
91.43	96	moral	0.000	21	0	21	21	Family pressures
8 90.4	95	moral	0.000	13.76	1	19	21	hostile reaction

This Table presented the scale to several experts and specialists in educational and sports psychology to gauge its validity for the intended purpose. It was indicated that Apple The best way to verify apparent validity is for a number of specialists to estimate the extent to which the paragraphs represent the characteristic to be measured .

First: Content Validity: This type of validity aims to know the extent to which the test or scale represents aspects of the trait or characteristic that is required to be measured and whether the test or scale measures a specific aspect of the phenomenon or measures all of it, i.e., the extent to which its content matches what is intended.

Second: Apparent Validity: This type of validity was achieved when the psychological stress and self-confidence scales were presented to a group of experts and specialists in the field of psychology, sports psychology, and testing and measurement to confirm the validity of its phrases and the extent of the ability of those phrases to measure the components of behaviour that they measure. Their number was 21. Experts and specialists agreed on the validity of all the phrases. This led to the deletion of some phrases, the merging and modification of others, and the transition of others to a better field.

Exploratory Experiment:

In order to ensure the clarity of the instructions, the researcher conducted a survey experiment on Saturday, corresponding to 2-1-2024, using the psychological stress and self-confidence scales on the experiment sample consisting of 6 players from Diyala Sports Club/Diyala Governorate who were randomly selected from the research sample community. The purpose of this experiment was to identify any difficulties or work obstacles encountered by the researcher during the basic experiment, which did not reveal any obstacles. Additionally, it aimed to assess the validity of the scale paragraphs, their clarity, and their understanding of the research sample. This was done to overcome any difficulties or obstacles that may arise during the implementation of the scales and their understanding of the research sample. This experiment demonstrated the clarity of the scale instructions and paragraphs, as well as the range of time required to complete the scale paragraphs, spanning from 15 to 25 minutes.

Preparing psychotherapy Sessions for Sports Injuries:

The sessions The main goal of the current research is therapeutic. The planning system played a crucial role in preparing the sessions to achieve this goal. Given the psychological nature of the research problem, the researcher organized and prepared counselling sessions using the subsequent steps.

1. Identify Needs: After identifying the needs, the first step in the process of preparing and preparing psychological sessions, the researcher prepared priorities that included the titles of the psychological sessions based on the literature and previous studies. The researcher presented the

titles of the psychological therapy sessions to a group of experts in the fields of education, psychology, and educational guidance for discussion.

2. Choosing Priorities: We collected the questionnaire, transcribed the experts' answers, and placed them in a frequency table. We arranged the titles of the psychological sessions in descending order based on their frequency, considering the experts' comments on the titles of some sessions, their duration, and their time.

***3. Setting* Goals:** The aim of the current program is to reduce psychological stress and develop self-confidence for those with sports injuries by changing the player's perceptions of himself, enlightening him about his abilities and potential, working on setting realistic goals that he seeks to achieve, relying on himself, taking responsibility, reducing the factor of anxiety or fear that overwhelms him after a sports injury, and working on forming a positive outlook towards himself.

1. Program Evaluation Before applying the psychological program to the players, the researcher presented it to a group of 21 experts who specialize in general and sports psychology, seeking their feedback on the program's suitability for achieving the goals. Following a discussion on the session content, the researcher incorporated the feedback from the experts. Their suggestions are the final form of the psychological program, as the researcher relied on the session that obtained a percentage of 75% or more, and in light of the grades obtained from the experts, 3 sessions were excluded because they obtained a lower percentage, so the researcher relied on 12 sessions.

2. Pre-test application: After selecting the research sample, the researcher conducted a pre-test on January 4, 2024, at the Diyala Sports Club, distributing forms to measure psychological stress half an hour before training.

Basic experience:

The psychotherapy sessions were conducted as group counselling through lectures and discussions, leading to a reduction in individual self-centredness within the experimental group. The researcher fostered a warm environment built on forgiveness, mutual respect, awareness, and trust, encouraging all participants, especially those less active, to share their thoughts and engage in discussions. After consulting with experts, the program ran for about 45 days, featuring two sessions per week, each lasting 30 to 45 minutes, totalling 12 sessions from July 1 to February 20, 2024, scheduled for the afternoons before training at 2-3 PM. Experts in general sports psychology also provided guidance lectures for the participants. This study involved 16 players who had previously been injured and had recovered. A scale was distributed to explain the research objectives, emphasizing the importance of accurate responses and clarifying that all answers would be used strictly for research purposes, ensuring anonymity. Following the collection and analysis of the scale responses, the aim is to perform a statistical analysis to identify valid items based on their discriminating power and reliability coefficients.

Table (4) Equivalence of the control and experimental groups in the results of the psychological stress scale domains and the total score of the scale

Significance	rate The mistake	value T calculated	Standard deviation	The middle Arithmetic	Sample	Groups	Variables
random	0.139	1.551	3.784	27,900	8	empiricism	Training load
			3.100	25,500	8	The officer	
random	0.214	1.292	1.751	19,800	8	empiricism	Psychological traits
			1.337	20,700	8	The officer	
random	0.553	-0.605	1.370	19.100	8	empiricism	Pressures Family
			4.115	83,600	8	The officer	
			5.478	140,700	8	empiricism	

At a significance level below 0.05 and with 14 degrees of freedom,

1. The experimental group received the final version of the proposed psychological sessions in a designated room.

2. During the counselling sessions, we encouraged the athletes to share their opinions and experiences to address psychological pressures.

3. The researcher clarified the objectives and implementation plan to the experimental group members.

4. The players in the experimental group received 12 guidance sessions in total.

5. The researcher confirmed that these sessions and relaxation exercises met the research objectives.

6. The final day of the guidance sessions included a post-test.

We prepared the psychotherapy sessions and ensured all necessary conditions for success, then executed the sessions according to the planned schedule.

Post-test application: We conducted the post-test (psychological counselling sessions) under the same conditions as the pre-test on Saturday, February 20, 2021. The research team distributed the psychological stress and self-confidence scale forms during the 12th counselling session to a sample of 16 players from the Police and Army Sports Club, ensuring that the environment, timing, tools used, and testing methods matched those of the pre-tests

Statistical means:

The researcher used the Statistical Package for the Social Sciences (SPSS) seventeenth version.

1: Arithmetic mean

2: Standard deviation

3: Coefficient of torsion

4: square like any

5: Law of T for independent samples

Table (5). The table displays the pre-and post-test arithmetic means and standard error for both the experimental and control groups.

Error Standard	Standard deviation	Sample	The middle Arithmetic	Test type	lonliness Measurement	Areas	Groups
1.197	3.784	8	27,900	Pre-test		The burden Training	The group empiricism
0.500	1.581	8	19,500	Post-test			
0.554	1.751	8	19,800	Pre-test		Features Psychological	
0.611	1.932	8	14,800	Post-test			
0.980	3.100	8	25,500	Pre-test		The burden Training	The group The officer
0.537	1,700	8	22,000	Post-test			
0.423	1.337	8	20,700	Pre-test		Features Psychological	
0.473	1.494	8	18,700	Post-test			

It is clear from Table 10 that the arithmetic mean value of the psychological pressures for the pre-test ranged between (27.900) and (19.500), while for the post-test the arithmetic mean ranged between (14.800) and (22.00). It is clear from the table above that the arithmetic mean values in the pre-test and post-test for the psychological pressures test were different, which indicates that a change occurred in the post-test from what it was in the pre-test.

Table (6) It displays the difference in arithmetic means, the calculated value of (t), the error rate, and the significance of the differences between the results of the pre-and post-tests.

Significance	rate Error	T	Differences			Tests	Areas	Groups
			H	A F	S-F			
moral	.00 0	8,748	0.846	2.675	-7,400	Before me after me -	Fluency Psychological	The group empiricism
moral	.000	11,410	0.789	2.494	-9,000	Before me after me -	Balance Emotional	
moral	.000	11,721	0.903	2.99	8.425	Before me after me -	self Physical Good	
moral	.000	6,500	0.400	1.265	-2.600	Before me after me -	Fluency Psychological	The group The officer
moral	.00 0	10,480	0.448	1.418	-4,700	Before me after me -	Balance Emotional	
moral	0.000	13,748	0.327	0.926	-4,500	Before me after me -	self Physical Good	

The results fall below the significance level of 0.05 and the degree of freedom (7).

The researcher used the (t) test for correlated samples to determine the differences between the arithmetic mean of the pre-and post-tests of the experimental and control groups in the self-confidence test. The values of (t) ranged from (8.748) to (11.721) for the experimental group and from (5.400) to (13.748) for the control group. The significance value (Sig) was found to be (0.000), which is less than the significance level (0.05). The significance value, being smaller than the significance level, suggests a significant difference between the pre- and post-tests, favouring the post-test.

Table (7). It displays the difference in arithmetic means, the value of (t), the error rate, and the significance of the differences between the results of the two pre-tests.

Significance	rate Error	T	Differences			Tests	Areas	Groups
			H	A F	S-F			
moral	.00 0	8,748	0.846	2.675	-7,400	Before me after me -	Fluency Psychological	Experimental group
moral	.000	11,410	0.789	2.494	-9,000	Before me after me -	Balance Emotional	
moral	.000	11,721	0.903	2.99	8.425	Before me after me -	self Physical Good	
moral	.000	6,500	0.400	1.265	-2.600	Before me after me -	Fluency Psychological	The group The officer
moral	.00 0	10,480	0.448	1.418	-4,700	Before me after me -	Balance Emotional	
moral	0.000	13,748	0.327	0.926	-4,500	Before me after me -	self Physical Good	

The results fall below the significance level of 0.05 and the degree of freedom (7).

Table (8) The statistical description shows the results of the post-test self-confidence scale for the experimental and control groups.

Stand ard error	Standard deviation	Arith metic mean	Sample	Groups	Areas
0.597	1.889	41,300	8	Experimental group	Psychological fluency
0.862	2.726	33,900	8	Control group	
0.371	1.174	40,400	8	Experimental group	Emotional balance
0.452	1.430	34,600	8	Control group	
1.407	4.448	35,300	8	Experimental group	good physical self
0.803	1.966	28,667	8	Control group	

Table 9 illustrates that the arithmetic mean of self-confidence in the experimental group's post-test ranged from 40.400 to 44.100, while the control group's range was 33.000 to 35.900. This indicates a notable difference in the means, suggesting a greater increase in self-confidence for the experimental group.

Regarding the pre- and post-test results, Tables 8 and 9 show that the pre-test arithmetic mean for psychological stress was between 19.500 and 27.900, whereas the post-test mean ranged from 14.800 to 22.000. This shift indicates an improvement in the posttest, likely due to the consistent application of the psychological counseling program, which effectively reduced psychological pressures related to sports injuries.

Furthermore, Tables 7 and 8 reveal that the pre-test mean for psychological stress was 80.400, 70.600 for the experimental group, 83.600 for the control group, and 78.100 for the post-test. The differences in means between the pre-test and post-test highlight a significant change in psychological stress levels following the intervention.The researcher observes that players require medical, physical, and psychological rehabilitation to overcome fears of sports injury risks and return to their pre-injury performance levels. This fear creates tension, making players overly cautious and leading to a loss of courage during competitions and interactions.

Psychological rehabilitation is a crucial stage in the treatment of sports injuries, aiming to expedite the player's return to training and competitions while preserving their prior physical and skill levels. This process continues after medical treatment and physical therapy until the player resumes normal sports activities. Emotional release sessions designed to alleviate stress have improved the players' post-test results and reduced psychological pressures. The program also considers the varying psychological impacts based on injury type and severity, as more severe injuries heighten negative psychological effects. The researcher focused on understanding players' psychological reactions to injuries and accommodating individual differences. Counseling sessions aimed to help players regain their abilities and prepare for a return to training by utilizing emotional release as a vital tool for addressing psychological pressures.

Analysis of Tables 7 and 8 shows the experimental group had a post-test mean psychological stress score of 70.600, compared to 78.100 in the control group, indicating a more significant change in the experimental group.Determining the extent of a player's injury is critical in differentiating psychological rehabilitation processes. The goal remains to expedite the player's return to competition while minimizing the loss of physical and skill levels. Despite some athletes believing self-confidence prevents injuries, it actually helps them manage mistakes during competitions. This aligns with Fahd Nayef Mohammed Al-Ajmi's 2007 study, which noted that less confident athletes require a certain level of self-assurance to navigate various situations effectively and reduce injury

risk. Conversely, some athletes exhibit overconfidence that can lead to injury, while others possess an appropriate level of confidence.

The researcher highlights the effectiveness of the psychological treatment program, corroborating previous studies on psychological guidance's impact on developing self-confidence. Studies by Hussein Lamia and Aino Abdullah support this by emphasizing the positive correlation between self-confidence and skill performance.

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Session topic: The Ability Coping with Stress

- The guide starts the session by welcoming clients and thanking those who completed their home training. He introduces the topic of stress management, defining psychological stress as external

factors that pressure an individual's psyche, leading to tension and anxiety and hindering personal integration and balance (Falih, 2013). The counsellor discusses reasons for low self-confidence and notes the relationship between frustration and agitation.

- Fear and anxiety often stem from a person's reluctance to take responsibility, which can result in a distorted perception of failure and its consequences. The session explores how to confront and overcome the fear of failure, as illustrated by individuals who generalize past incidents of embarrassment to other situations, leading to perceived negative opinions from others (Abu Salem, 2016).
- The guide outlines steps to manage stress:
- 1. Let go of fear and anxiety.2. Avoid self-comparisons.3. Practice self-love and appreciation.4. Cultivate excellent social skills.5. Hold yourself accountable and admit mistakes.6. Identify weaknesses to improve and strengths to develop.
- Abu Salem (2016, 6-7) notes concerns about appearance.
- The guide shares a model of a character who turned an injury and setback into a pathway to success, encouraging clients to reconsider their habits and training methods in response to failure. We pose a reflective question: Would you seek advice elsewhere or find a new coach if you felt unsupported by your coach post-injury and were not progressing? The lecturer stresses the importance of self-reliance in decision-making, promoting independence and psychological comfort, while cautioning against dependency on others, which can lead to feelings of inadequacy and failure.

Session topic: Boosting self-confidence

- The guide welcomes the clients at the beginning of the session, thanks them for attending, and then continues the home training, thanking the clients who completed it well.
- The guide gives a lecture on the topic of the session (self-confidence) as a characteristic of personality integration through which the individual can confront others, rely on himself, and begin to practice his work without fear or feeling inferior or shy in front of others.
- The guide outlines the following factors that contribute to a lack of self-confidence:
- Frustration: There is a close relationship between frustration and lack of self-confidence.
- Anxiety and fear arise when someone undertakes a task.
- Others' criticism makes the person feel like a failure, which erodes his self-confidence.
- Exposure to a past incident, like embarrassment or reprimand, can lead to generalizations.
- Others have a negative view of you and do not rely on you in important matters
- The guide shows the steps to develop self-confidence.
- Leave fear and anxiety.
- Always avoid comparing yourself to others.
- Communicate with others and have excellent social skills.
- Be kind to yourself and accept your mistakes.
- Identify weaknesses to avoid them and strengths to develop them.
- Avoid people who complain a lot.
- Abu Salem (2016, 6-7) expresses concern about appearance.

The counsellor employs the skill of dialogue and discussion to pinpoint clients' irrational beliefs, as demonstrated in the following scenario: Are you confident in yourself and capable of overcoming challenges? The counselor discusses irrational ideas with clients, as follows:

- ***The counsellor:*** Feelings of anger and frustration towards myself and my actions accompany my inability to trust myself to overcome challenges, even the smallest mistakes.
- ***The guide says:*** Try to change your internal dialogue with yourself, and you must realize that every person has a talent that God Almighty has distinguished him with. Stop hating yourself and believing that you are useless and worthless. Instead, move forward, ensuring that your pent-up anger and frustration do not accumulate. Stay calm and relaxed and think about your needs.
- ***The counselor:*** I depend on my family to meet all my needs because whenever I think about finding a job, I expect that I will fail, which may cause a loss to the employer.
- ***The guide:*** When negative thoughts infiltrate your mind, they diminish your self-confidence, leading you to rely on your family and become a burden, with no ability to alter the situation. God did not create man in vain, but rather created you as a productive being, and you must convince yourself that you have abilities and potential and have high confidence in performing.

The counsellor facilitates a behavioural debate between two teams of counselees by posing the question, "Do you trust yourself that you are a productive person, or do you depend on others to satisfy your needs"?

A. The seeker of guidance: I derive my value from the praise of others for any work I do.

B. The seeker of guidance: I derive my value from my self-respect, not from the praise of others. This is regarded as a significant issue that undermines self-assurance. I possess sufficient confidence to fulfill my responsibilities towards others.

A. The seeker of guidance: I feel constantly resentful of my weaknesses, and I see that everyone focuses on my weaknesses.

B. The person seeking guidance: Each one of us has weak points that may appear negatively and affect the individual's personality and performance, and they may create a psychological state in front of himself and others.

A. The seeker of guidance: I always prefer that my family assigns the rest of my siblings to fulfill their needs because they are better than me.

B. The guide: I work within my family by distributing the duties with my brothers so that I am not a burden on them.

The counsellor presents a summary of the behavioural argument between the two groups of counselees regarding the occurrence of insight in possessing self-confidence because self-confidence is a type of internal psychological balance.

Session Topic: Emotional Balance

The guide delivers a lecture on the session's topic, emotional balance, emphasising the importance of an individual's ability to control and manage their emotions, avoid excessive emotional agitation, and resist the impact of temporary or emergency events to achieve self- and social adaptation without requiring significant psychological effort.

The Guide Explains The Importance of Emotional Balance: An emotionally balanced individual has the ability to tolerate a reasonable amount of frustration, believes in long-term planning, and works to review circumstances in light of expectations and developments. He also has the ability to

control the expression of emotion, and his presence with others is based on love and interaction that does not cancel out privacy and uniqueness.

The guide outlines the following rules for controlling emotions: The person understands how others respond to his actions and respects their viewpoints.

Avoid selfishness, self-love, and the love of controlling others. Before he gets upset, he should think about the consequences of it and whether he is willing to bear them or not.

Observe others' movements to understand non-verbal physical communication:

- He must learn how to deal positively with different moods.
- The goal is to train a person to be mentally and physically calm.
- The counsellor employs the art of dialogue and discussion to pinpoint irrational thoughts in the following scenario: Do you have the ability to control your emotions?

The counselor discusses his thoughts.

***The counsellor*:** I become angry when I see others working, their lives stable, and potentially free from daily problems.

The guide: Whatever the reasons for your anger, it will not benefit you. Islam has called for controlling emotions through suppressing anger, affection, mercy, trust, seeking reward, seeking refuge, and staying away from negative, repulsive emotions such as anger, revenge, and hatred. Emotional balance is the highest degree of reassurance and happiness.

Client: I worry a lot, and my tension increases when I face an emotional situation, such as when my friends constantly criticize me.

The guide: You should understand that an organ within the human brain, in addition to the mind, forms emotion. The mind's response speed is twice as slow as the emotional state, occurring ten seconds earlier. When you become emotional, the mind intervenes and causes you to feel regretful. Therefore, you must postpone your reaction, even for a few seconds. Therefore, you must remain calm and leave enough space between the action that occurred and the reaction to avoid saying or doing anything that you may regret later.

The guide provides a summary of the behavioural debate between two groups seeking guidance on how to gain insight into the details and generalities of life, to control emotions in the face of potential challenges. Controlling emotions aids an individual in developing a sense of confidence during their interactions with the environment, providing them with a sense of satisfaction and security. It also grants them the freedom to interact with others and in their relationships with the world around them. This sense of safety and security enables them to perform their social roles with positive competence, while also maintaining calmness and sound thinking in the face of crises and hardships.

- The facilitator summarises the session by identifying the negative and positive aspects of the following two questions:

What does emotional balance mean?

What are the rules of emotional balance?

The counsellor asks each client to write a scenario that demonstrates emotional control.