A PHENOMENOLOGICAL EXAMINATION OF THE EFFECTS OF SOCIAL SUPPORT ON THE RETURN-TO-PLAY JOURNEY OF PROFESSIONAL BASEBALL PLAYERS

by

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This dissertation is dedicated to all injured athletes working their way back from long-term injuries. While this journey is long and challenging, you can do it. Rely on your inner strength and internal resources, and surround yourself with and lean on all the support available to you. It will make the journey less arduous and more rewarding.

To all the professionals supporting injured players: while your work is demanding and often goes unnoticed, your efforts are essential, meaningful, and have a powerful impact during what is arguably the toughest part of an athlete's journey. Stay the course.

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Thank you, everyone, for your support throughout this journey.

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ABSTRACT

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This qualitative phenomenological study examined the lived experiences of professional baseball players at various levels within MLB organizations during two critical moments in their efforts to return to competitive play after a long-term injury: the return-to-play (RTP) and return-to-competition (RTC) phases. Data were collected through semi-structured interviews conducted during the 2025 season.

Several findings from this study support existing research on the importance of athletes perceiving and receiving social support from key sources (e.g., family and friends, medical professionals, psychological service practitioners, etc.), and specific types of support (e.g., emotional, informational, motivational, and tangible). This study extends the literature by examining the intersection of different sources and types of support. It includes a broader range of social support providers, offers more detail on the value of various support types, and emphasizes changes in informational and tangible support from the RTP to the RTC phases. Additionally, this study offers new insights into factors that influence challenges faced during identity transition (i.e., from injured athlete

to healthy athlete), injured athletes' willingness to accept social support, and negative perceptions of social support.

The significance of social support for injured athletes returning to sport has been largely overlooked and undervalued. This study offers a more detailed examination of which types of social support are still vital and identifies the key people who provide different types of support. It also gives recommendations on how to deliver the support to be most effective. The findings could benefit all parties involved in providing social support to the athletes during this crucial stage of their athletic careers, as well as assist the athletes themselves.

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LIST OF ABBREVIATIONS AND KEY TERMS

Bullpen or Side	A training methodology in baseball, which, when used in the context of injured athletes, is part of the progression from rehabilitation athlete to return-to-play athlete and is used before Live BP and continuously throughout their return-to-play protocol.
Live BP	Live Batting Practice: A training methodology in baseball, which, for this study and in the context of injured athletes, indicates the beginning of the return-to-play ramp-up protocol. It entails pitchers facing hitters from their own team, and it is meant to simulate a real game situation, even though it is against teammates.
Long-term injury	An injury keeping the athlete from training or competition for twenty or more weeks. These injuries are referred to as moderate or severe in the medical literature.
MLB	Major League Baseball
MP	Mental Performance. This term refers to professionals with training in sport and performance psychology who work in professional baseball and whose work is generally limited to psychological skills, psychoeducation, and performance-specific topics with players and coaches.
MH	Mental Health. This term refers to professionals with training in psychology, counseling, or psychotherapy. These professionals

	work in baseball, are licensed practitioners, and can provide mental health services. They sometimes, but not necessarily, work with athletes on mental performance issues.
MiLB	Minor League Baseball
PSPs	Psychological Service Practitioners: Includes Mental Performance Coaches, Counselors, Sport Psychologists, Psychiatrists, and other internal and external psychotherapists who work with the injured athletes.
RTP Stage	Return to Play Phase: Also known in the literature as Return to Sport and Return to Competition, this stage of the rehabilitation process involves the athlete being able to play in a competitive game.
RTP Phase	In this study, Return-to-Play (RTP) will be utilized for the initial research interviews, covering the initial phases of the return-to-play protocol and ramp-up process. These include Live BP's and Rehabilitation Assignment Games.
RTC Phase	In this study, Return-to-Competition (RTC) will be utilized to describe the second stage of the research interviews, which took place once the players were outside of their rehabilitation assignment and had been activated by their organizations to play in competitive games (e.g., AA, AAA, Majors).
Rotator Cuff	A group of muscles and tendons that surround the shoulder joint and allow a person to lift and rotate the arm.

SLAP	Superior labrum anterior and posterior. A type of shoulder injury where the top (superior) part of the labrum is injured. This top area is also where the biceps tendon attaches to the labrum. A SLAP tear extends from this attachment point's front (anterior) to the back (posterior). The biceps tendon can be involved in the injury, as well.
SMPs	Sports Medicine Professionals. Includes doctors, athletic trainers, and physical therapists who specialize in assisting athletes through their injury and rehabilitation process.
UCL	Ulnar Collateral Ligament is a ligament on the inner side of the elbow that connects the upper arm bone to the forearm bone. It helps stabilize and support the elbow during certain motions, like throwing.
UCLR	Ulnar Collateral Ligament Reconstruction is a type of surgery used to repair the injured ligament in the elbow. Primary UCLR refers to the first surgical intervention of the UCL. Revision UCLR refers to any additional UCLR surgery in the same elbow.

CHAPTER ONE

INTRODUCTION

A professional athlete must be in peak physical condition to endure the demands and thrive in their chosen sport. A Professional baseball player epitomizes a high-level athlete as they have a combination of strength, flexibility, and speed, which helps them generate the explosive power to perform the baseball skills well enough to sign a professional contract. This physical prowess allows the baseball pitcher to throw the baseball at speeds that the ordinary person does not even experience while driving their car on the highway unless they are willing to risk a speeding ticket and possibly endanger their lives. In 2024, the average fastball pitch speed in the Major Leagues was 94 miles per hour, and Ben Joyce's fastball was clocked at 105.5 miles per hour, only 0.3 miles short of the 105.8 record held by Aroldis Chapman ("ten fastest pitches", 2024). Similarly, position players can hit the baseball at those extraordinary speeds from only 60 feet, 6 inches away, with only a wooden bat with a maximum diameter of 2.61 inches. A 95-mile-per-hour fastball reaches the home plate in 0.434 seconds, and a 100-mile-per-hour fastball in 0.375 seconds. In perspective, the blink of a human eye takes between 0.300 and 0.400 seconds. The baseball batter has approximately .075 seconds (75 milliseconds) to identify the ball out of the pitcher's hand, 100 milliseconds to process the image, 25 milliseconds to decide to swing, and 150 milliseconds to execute the swing and make successful contact with the ball (Quinton, 2017). Successfully hitting a baseball is even more impressive when one considers the deception that accompanies pitching tactics reflected in the different types of pitches designed to confuse the batters with

varying speeds, movement, and placement of the ball. Defensively, agility, quickness, hand-eye coordination, dexterity with their glove work, and ability to accurately throw the ball at short and long distances are other examples of why baseball players are amongst the top athletes in the world.

Executing and perfecting these high-level skills consistently and repeatedly year after year allows this select group of people to make a living as professional baseball players. Wealth, fame, and adulation await those who survive the competitive cauldron of the Minor Leagues and successfully make it to the Major Leagues. How does the process start? Millions of boys across the United States dream of playing in the Major Leagues when they first pick up a baseball, a bat, and a glove. According to the Sport & Fitness Association (SFIA) Topline Participation Report, baseball participation in the USA was nearly 16.7 million in 2023 (SFIA, 2023). This dream is not exclusive to American-born players, as millions more aspiring baseball players from countries like the Dominican Republic, Cuba, Venezuela, Panama, Japan, Korea, and Australia share a common dream to play professional Major League Baseball (MLB).

Pursuing the Dream

Like other sports played by young children worldwide, what starts as a game becomes something different, something more, an opportunity to make a living, achieve wealth, fame, and a new life trajectory. However, the reality of becoming a professional baseball player is more challenging than the dream fueling the pursuit. It is an arduous journey and riddled with obstacles that test even the most talented individuals from an early age. American and international youth play in the Little Leagues, a national and international elite league that culminates with the Little League World Series (LLWS).

Teams of the best ten to twelve-year-olds from every corner of America and several parts of the world descend to Williamsport, Pennsylvania, every summer to play in this precocious and prestigious baseball competition. Almost 1000 youth all-stars represent the best of the best young players that have been selected for the LLWS. However, estimates indicate that only around 0.003% of Little Leaguers ever make it to the Majors, and since its inception in 1947, only 64 LLWS players have made it to the Majors (Little League, 2024).

Although the Little Leagues are not the traditional route to the Majors, the competition to become a professional baseball player is fierce, and MLB organizations have armies of scouts identifying players from American high schools, colleges, and international academies to sign with their organization. While this is the beginning of their professional journey as baseball players, it takes many years to continue to develop their game in the Minor League Baseball (MiLB) system, which progresses through increasing levels of competition (i.e., rookie league, low A, high A, AA, and AAA).

Professional Baseball Structure: A Competitive Cauldron

Signing a professional contract with one of the 30 MLB organizations can happen in one of two ways: International players are signed after they turn sixteen years old and assigned to live and train in the Dominican Republic, where each organization has its own training and residential complex. Secondarily, players are added via the annual high school and college draft. If the players agree to contractual terms, they are immediately assigned to various levels of the organization's MiLB system. Making the journey to the Majors even more complicated, a new roster limitation rule in the MiLB structure occurred in 2024, limiting each organization to a 165-player limit (Cooper, 2024a).

An additional obstacle in professional baseball is that MLB rules and regulations impose time restrictions on promotion to each organization's "40-man Roster". The 40-man Roster is an extended roster from which an MLB team can select players for its 26-player active roster representing the team in the major leagues. The extra 14 players are like reserves in case a current MLB active player suffers a short—or long-term injury or is forced to miss games due to other circumstances, such as emergency medical or paternity leave. Achieving the 40-man Roster status means a significantly higher salary for a minor-league player, and perhaps more importantly, it highlights the organization's belief in that player's prospect of making it to the Major League roster as an MLB contracted player. However, time is not on the Minor League players. MLB rules force clubs to assign players to the 40-man roster within five seasons of being signed if they were under 18 years old or four seasons if they were over 19 when the organization first signed them. While players not promoted to the 40-man roster can continue their playing careers within their original or a different organization, these timelines create additional pressure for players and management alike, making it feel more like deadlines and adding another layer of competition within professional baseball. Most minor league players' dreams end along the way, as it is estimated that only 10% of MiLB players are added to a Major League roster (Gordon, 2014).

Things do not get any easier for the athletes who succeed in becoming an MLB team's active 26-player roster, a Major Leaguer. The pressure to perform and win is exceptionally high, and managers can select players from the 40-man roster throughout the season. With only 26 players allowed in the active MLB roster of each MLB-affiliated organization, moving players up and down from the minors to the majors is a

common practice in the 162-game regular baseball season. This competitive cauldron within each organization creates an environment where it is difficult for players to see teammates as collaborators. Instead, players wearing the same uniform become the competition as all players strive to make it to the majors and fulfill their life-long ambitions. Dirk Hayhurst, a former professional Major League baseball player who pitched nine years in the Minor Leagues and the Majors, is now a bestselling author and broadcaster. He has written three books about his baseball experiences, including his injury and rehabilitation experience. He candidly encapsulates the reality of the road to the Majors: "That's the thing about baseball: There is a lot of competition to make it to the top, the most ruthless one comes from within your own team" (Hayhurst, 2014, p.8).

The Business of Baseball: The Promise of the Big Payout, a Complicated Journey

The prospect of securing a big contract is enormous for professional baseball players and their families. The potential earnings can be a staggering lure, as evidenced by Juan Soto's recent record-breaking 15-year, $765 million contract (Spotrac, 2024). However, attaining a multi-million-dollar deal is much more complicated and not guaranteed.

The first financial opportunity for professional baseball players comes when they are drafted. International youth players can be drafted at age 16, and while many receive significant signing bonuses, the majority do not. Still, a 17-year-old receiving a multi-million-dollar bonus is only possible for approximately 50 players each draft year (Sanchez, 2024). Juan Soto's original signing bonus was $1.5 million when drafted in 2015 (Spotrac, 2024). American high school and college players can enter a different draft and stand to make a significant financial payout, with the top three picks in the last

draft receiving about $9 million each (MLB, 2024). However, not every player drafted receives million-dollar signing bonuses, and not every player in the Minors comes into professional baseball through the draft.

Notwithstanding their signing bonus amounts, MiLB players are signed to a contract limited by collective bargaining agreements between MLB and the players union. These yearly salaries start at $19,800 at the rookie level and progressively increase to $35,800 annually at AAA (Cooper, 2024b). In 2024, A 40-man roster player was guaranteed the Major League minimum contract of $740,000 annually (Gough, 2024), marking a professional baseball player's first significant salary increase. The average Major League salary in 2024 was $5 million, approximately six times the minimum salary (Gough, 2024). However, MLB rules and bylaws lock player contracts to a league minimum amount for at least three years, regardless of how well they perform (MLB Transactions, n.d.). The players who continue to perform well after those first three years enter a process of arbitration where they can enter a negotiation for a salary increase with the organization for their subsequent contracts, but most baseball players are not guaranteed their first big payoff until they enter free agency, six years after their first professional contract (MLB Transactions, n.d.). Even if successful in their quest to attain a high contract, players may sustain injury, threatening what they have achieved.

The Issue of Injuries: A Detour or Derailment?

Baseball players must remain healthy and keep their bodies injury-free even in their best physical fitness condition. The wear and tear of daily training regimes and multiple games every week can test even the fittest players. Knicks, bruises, muscle strains, and other short-term ailments can negatively impact baseball performance, but

elite athletes are asked to learn to manage these minor aches and pains in pursuit of their dreams (Jessiman-Perreau & Godley, 2016). Using the Major League Baseball Health and Injury Tracking System database, Carr and colleagues (2002) found that 112,405 work-related baseball injuries were reported for players in MiLB and MLB during the 2011-2019 seasons, yielding an average of 12,489 injuries per season in all the levels of professional baseball in America. Of the total injuries reported, 33% were classified as severe, forcing injured players to miss at least five or more days and up to the entire season (Carr et al., 2022). In some cases, severe injuries can even lead to an abrupt end to their baseball careers (Rymer, 2022).

Long-term injuries present a steeper obstacle at any stage in a player's career (Ruddock-Hudson et al., 2012). Long-term injury is defined by various lengths of time but centers around significant time away from competition (Fuller et al., 2006; Reussner et al., 2024). In line with other research, this study defines a long-term injury as keeping the athlete from training or competition between five and twenty months (Tramer et al., 2023). These types of injuries are considered moderate or major and require the attention of medical professionals to remedy the damage and help the athlete recover. In professional baseball, the injured player must be removed from the active roster and reassigned to the long-term injured list (MLB Transactions, n.d.).

Nature and Type of Long-Term Injuries in Baseball

Three of the most common types of long-term injuries are related to the shoulder (i.e., Rotator Cuff: superior labrum anterior and posterior Labrum), elbow (i.e., Ulnar Collateral Ligament [UCL]; fractures), or related to broken bones or torn ligaments (i.e., anterior cruciate ligament [ACL]). Baseball pitchers are especially vulnerable to shoulder

and elbow injuries, while non-pitchers, broadly referred to as "position players," are more likely to experience broken bone or ACL injuries. Twenty-six percent of MLB pitchers and 19% of MILB pitchers reported a history of undergoing a surgical procedure to repair their UCL at least once during their professional baseball career (Leland et al., 2019). Yet even position players suffered from these injuries. In a study of professional baseball players between 2011 and 2017, Marigi and colleagues (2022) reported 3,414 shoulder injuries, which resulted in an average of 10,000 days missed from baseball per year. In the most recent MLB report on arm injuries, the study reports that "injury rates among pitchers have skyrocketed over the past decades" and calls it an epidemic (MLB, 2024, p. 59).

The rate of UCL reconstruction surgery is on the rise at all levels of baseball (Mehta et al., 2020). The rate of shoulder and UCL injuries, which had been steady over the last twenty years, has spiked over the past three years. This increase is reflected in the number of days pitchers spent on the injured list for shoulder injuries, increasing by 200%, from under 2000 days in 2014 to close to 6000 in 2024 (MLB, 2024). In the 2024 MLB report on arm injuries, UCL surgeries in professional baseball increased from 104 in 2010 to 281 in 2024, representing an increase of 170% (MLB, 2024). Reasons for the increased injuries to pitchers have been attributed to the never-ending push for higher velocity, spin rates, and ball movement (Labott et al., 2023; MLB, 2024). This has become known as "stuff+," an analytical number used in baseball to judge pitch quality (Sarris, 2025). These elements exert extra demand on the elbow and shoulder and relate to the pitcher's health (Labott et al., 2023; MLB, 2024; Sarris, 2025).

Return to Play

These injuries often require surgical intervention and a lengthy rehabilitation and recovery period before returning to play. Shoulder and elbow (UCL) injuries yield the poorest return to play rates for professional baseball players (Tramer et al., 2023). Thomas and colleagues (2020) documented return-to-play rates for UCL injuries based on 29 studies conducted between 1980 and 2019 for MLB players. They found that 80% to 97% of players successfully returned to play within 12 months, but only 67% to 87% reported returning to the same level of play as before the injury within 15 months. In addition, the authors reported decreased pitching workloads and fastball usage in all participants of the studies included in their review (Thomas et al., 2020). Another trend is an increase in UCL injuries to younger pitchers (MLB, 2024), who are subsequently more likely to require subsequent surgeries called revision UCL surgery. An unpublished article by Erickson in the MLB report (2024) provided even more dire return to play rates, stating "that following UCL revision, only 72% of professional baseball pitchers were able to return to play at any level, and only 59% were able to return to the same level of play" (MLB, 2024, p. 26). Related to return to play rates, a recent retrospective review of all MLB athletes who underwent arthroscopic surgery for a labrum repair (shoulder injury) reported that only 46.2% of pitchers and 72% of position players successfully returned to play (Castle et al., 2023).

Return to Play Success Rates

In the best-case scenarios, players are reintegrated into their team's rosters and return to their pre-injury levels. However, the reality for many players is different. A 2020 systematic review of published literature outcomes of UCL Reconstruction (UCLR)

surgeries shows that the results are not guaranteed. The review found that "after primary UCLR, Major League Baseball (MLB) pitchers returned to play in 80% to 97% of cases in approximately 12 months; however, return to the same level of play (RTSP) was less frequent and took longer, with 67% to 87% of MLB pitchers returning in about 15 months" (Thomas et al., 2020, p. 4). Furthermore, the authors reported that re-injury surgeries, called revision UCLR, were slightly lower for MLB pitchers "ranging from 77% to 85%, while RTSP rates ranged from 55% to 78%" (Thomas et al., 2020, p. 4). Even in successful return-to-play circumstances, all studies in the review found a decrease in pitching workloads after UCLR and likely decreases in fastball usage, indicating performance detriments.

Khazai and colleagues (2020) note that shoulder surgeries have mixed results, as reported success rates, return to sport (an interchangeable name of return to play), and inconsistent patient outcomes following SLAP repair. They cite a 2010 systematic review which found that reported success rates of SLAP repair range from 40% to 94% and return to sport from 20% to 94% (Gorantla et al., 2010, as cited in Khazai et al., 2020).

All injured players and those supporting them aim for a successful physical rehabilitation process, a rapid return to the game, and the same level of performance as before the injury. Unfortunately, this is not always the outcome, as sometimes injuries are too challenging for some players to overcome. The rate of a successful return to play varies depending on many physiological and individualized factors, including physical aspects of the surgery, healing, and the subsequent physical rehabilitation process (Draovitch et al., 2022). While most research has historically focused on the physical reasons for unsuccessful returns to play, more recent research has focused on the

psychological factors that differentiate an athlete's success or failure to return to play (Ardern et al., 2013, 2014; Chen et al., 2022; Nwachukwu et al., 2019; Podlog et al., 2015, 2022; Ruffault et al., 2024). In a recent systematic review of eight studies that included 378 patients, Chen and colleagues (2022) explored the psychological factors of returning to play for baseball players with elbow UCL reconstruction surgery and found that psychological factors, such as loss of interest, fear of reinjury, individual personality traits, psychological concerns, and personal reasons account for 40% of failures to return to play, highlighting the importance of psychological support for the injured athlete.

Psychological Impact of Long-Term Injuries

Time away from baseball competition due to these significant injuries varies between five and twenty months (Tramer et al., 2023), depending on the type of injury, the rehabilitation process, and the progress made. Bauman (2005) suggested, "The compounding pressure to return to play following an injury is influenced by a potential loss of playing time, money, and even an athlete's contract" (p. 435). Career and income-generating potential is further hindered if players cannot return to play within the expected timelines. Further, Bauman (2005) described psychological factors affecting recovery from injury, including denial, anxiety, depression, loneliness, and overall negativity, which contribute to the increasing pressure athletes feel during rehabilitation.

Long-term injuries across the spectrum of sports lead to a wide array of psychosocial consequences on athletes, such as loss of identity (Brewer et al., 1993; Haugen, 2022; Ohji et al., 2021; Putukian, 2016), fear of the unknown (Brewer et al., 2002; Wiese-Bjornstal et al., 1998), isolation (Ermler & Thomas, 1990), increase in anxiety and depression (Brewer et al., 2002; Gouttebarge et al., 2016), and fear of loss of

income (Bauman, 2005; Webster & Feller, 2019), and posttraumatic stress disorder (PTSD) (Aron et al., 2019). These psychosocial factors, in turn, can affect the athlete's injury, rehabilitation, and return to play experience, although the impact varies depending on individual characteristics (Wiese-Bjornstal et al., 1998).

Research has shown that when an athlete experiences an injury, their isolation is exacerbated by the loss of the team environment as they can no longer practice and play (Gould et al., 1997; Podlog et al., 2011). Instead of practicing and playing with their teammates, most of their time is spent doing physical therapy in the athletic training room. In professional baseball, long-term injured players are removed from their respective team rosters and placed on a rehabilitation assignment, which allows the team to assign another healthy player to the vacant roster spot. The main rehabilitation facilities for long-term injuries are typically located in the organization's respective player development complexes, mainly in Arizona or Florida. While these complexes are equipped with the best and newest physical therapy resources and are well-staffed to help provide an ideal environment for a successful recovery, the injured player finds themselves at an even greater physical distance from their team and teammates and can easily fall into an "out-of-sight, out-of-mind" scenario, exacerbating feelings of disengagement and isolation (Gould et al., 1997). Compounding the sense of isolation is the experience of loss of meaning and identity, which can occur during injury. Former major leaguer Dirk Hayhurst brings light to this experience: "No one cares about you unless you're helping the team win. If I can't play, I have no value" (Hayhurst, 2014, p. 28).

Unsurprisingly, an athlete's level of social support is essential to the recovery process. According to Sullivan and colleagues (2022), "it [social support] can act as a mediating force between stressor (the injury) and the resulting psychological state of stress, mediating this connection through the provision and restoration of sources that athletes may perceive to be lost due to their injury" (p. 7). Unfortunately, the competitive cauldron of professional baseball may not lend itself to a naturally supportive environment. Teammates are viewed as competitors. An injury leads to a higher possibility of continued organizational advancement for the remaining healthy players. This can result in an even higher level of isolation and alienation for the injured player (Hayhurst, 2014). Thus, although social support appears vital for recovering injured athletes, it is also essential to understand what social support entails and how it can impact the recovery and return-to-play process.

To better understand what this experience is like for the injured athlete, I have included a participant's journal entry (See Appendix A), which vividly illustrates the emotional and psychological challenges of the injury process and the battle athletes face to return to play.

Social Support and Injured Athletes

Generally, social support is a multidimensional construct defined as "support accessible to an individual through social ties to other individuals, groups, and the larger community" (Lin et al., 1979 in Ozbay et al., 2007, p. 37). Social support is comprised of types (emotional, instrumental, informational, and motivational) and sources (peers, friends, family, coaches). Social support may also be understood by whether it is perceived, which means it is offered and therefore available to the injured athlete, or

received, which means it is given as it had been offered or as needed by the injured athlete, and its quality or quantity. Numerous studies document its role and importance to the health and well-being of people (de Groot et al., 2018; Freeman, 2020; Rees & Hardy, 2000).

Research about the role and impact of social support for the injured athlete tends explicitly to focus on the types and sources. However, a third dimension of social support that has received less attention is the timing of social support and how it varies across and influences the injury, rehabilitation, and return to play process (Clement & Shannon, 2011). This is perhaps because most studies in this area are retrospective. To this date, a minimal number of studies have investigated this aspect of social support and return to play. For example, Clement and colleagues (2015), in their qualitative study of eight formerly injured athletes, concluded that "injured athletes' cognitive appraisals and emotional behavioral responses varied during the different phases of the injury-rehabilitation process" (p.101), and stated that the "one factor that remained consistent (throughout the entire rehabilitation and return-to-play process) was the athletes' need for social support" (p. 102). However, the researchers did not specify which types, or sources of social support were most effective in each phase of the process. Forsdyke and colleagues (2022) used a mediation analysis of data gathered from 150 previously injured soccer players to conclude that those with higher perceptions of social support experienced less reinjury anxiety during rehabilitation, and therefore, were more psychologically ready to return to sport. Unfortunately, their results did not mention the specific types or sources of social support. In their mixed methods study of 21 NCAA Division I formerly injured athletes, Gray and colleagues (2022) explored the types and

sources of social support during the rehabilitation. However, they did not specifically examine the different stages within the process. Podlog and Eklund (2006), in their longitudinal study of 12 competitive amateur and semi-professional injured athletes, concluded that "athletes regard the provision of social support to be equally beneficial during their re-entry into sport" (p.65) but also noted that the specific types of social support merited further attention. In a recent prospective cohort study, Sullivan and colleagues (2022) examined the influence of the quantity, quality, and timing of social support on injured athletes' psychological health and found that "the overall amount of social support increased from baseline to 1-week post-injury ($p < 0.05$) and then remained unchanged until RTP. The overall satisfaction with the support received increased from baseline to 1-week post-injury ($p < 0.05$) but decreased ($P < 0.05$) from 1 week post-injury to RTP" (p.1). Unfortunately, the types and sources of social support were not discussed in the study.

The experience of the injured athlete and their sense of social support can perhaps be better understood through the stages of the process, from when they first experience the injury to the successful return to play in a competitive game. According to Prentice and Arnheim (2006), recovery occurs in four stages. The first stage occurs when the athlete gets injured, known as the acute stage (Prentice & Arnheim, 2006). The physical pain of the injured limb is immediately accompanied by the psychological strain derived from the injured athlete's response. This stage usually yields the most generalized social support, as the injured athlete presents a clear and visible need. This results in an outpouring of different types of social support from varied sources (Sullivan et al., 2022).

The second is the repair stage (Prentice & Arnheim, 2006). In this stage, the injured area is repaired through medical intervention, and the initial rehabilitation process includes light mobilization exercises to maintain the range of motion of the injured area. Most baseball players undergo surgical intervention with a team doctor, although some may choose their surgeon. In most cases, they are assigned to the organization's complex and begin treatment within days of the surgery. During this stage, generalized social support is still offered because of the proximity of time to the injury incident and as the injured athlete exhibits basic needs visibly. These visual reminders include crutches, braces, slings, and other medical stabilization devices.

The third and longest stage is the reconditioning or remodeling (Clement et al., 2015). In this stage, the bulk of the rehabilitation and strengthening work occurs. This is also the most tedious part of the recovery process, where the athlete often needs help seeing progress, as the most common emotional response is frustration (Clement et al., 2015). A qualitative study with ten professional football and rugby union athletes also reported their feelings of frustration because of their injuries and the "boredom with the repetitive rehabilitation exercises and not being able to do what they wanted" (Arvinen-Barrrow et al., 2014, p. 767). For a baseball player, this stage goes beyond physical therapy and strength training exercises as they begin to incorporate throwing or bat swinging motions with weighted balls and bats, and eventually throwing and or hitting a baseball at gradually increasing intensities to test the injured area for strength and stability. Clement and colleagues (2015) reported that the injured athletes in their study continued seeking social support from their families, significant others, and athletic trainers. However, other research points to decreased perceived support: Social support

tends to decrease in this stage because the injured athlete becomes more self-sufficient and well-adapted to their new reality and because the visual indicators of the injury have been put aside. This decrease in perceived social support leads to feelings of abandonment (Corbillon et al., 2008; Gould et al., 1997). Furthermore, Sullivan and colleagues (2022) suggest that this reduction in social support may be attributed to the injured athlete being less likely to seek out social support in this stage due to stigma, the timing of or type of social support not meeting their needs in this phase of injury, and a lack of awareness or knowledge from the social support network resulting in lower quality support being offered.

Return-to-play is the fourth and final stage (Clement et al., 2015). This usually involves gradually returning to baseball activities, practicing, and eventually competing in baseball if all goes well. For example, a baseball pitcher's progression might begin by throwing to a catcher without batters and gradually ramping up pitch intensity, speed, and types of pitches. If there are no complications, they will be cleared to begin pitching against a teammate, and depending on how the pitcher performs and feels, they can pitch in an actual game but at a lower level (i.e., minor leagues). For example, a Major League pitcher could play in a rookie league game. After a varying number of outings, depending on the individual case, they are moved back to their pre-injury team or, for Major Leaguers, to an AAA affiliate (top minor league level) as one last stage before returning to play in the Majors. This stage focuses on performance, mechanics, and tactics to successfully return to baseball competition. A position player’s return to play progression is similar. However, in addition to throwing exercises, they incorporate hitting, defense, and base running progressions to prepare the player for game

competition gradually. While the physical injury may seem to be in the distant past, as a player progresses through their rehabilitation, the psychological impact of the injury can still be felt.

Social support needs appear more complex at the return to play stage than in the prior three stages. On the one hand, injured athletes are highly motivated to return and once more be "part of a group" and be "connected to the coach and/or teammates" (Podlog & Eklund, 2006, p. 64), which is consistent with previous research documenting this motive (Hughes & Coakley, 1991). However, injured athletes continue to report having "feelings of isolation, a lack of athletic identity, and feeling unsupported" (Podlog et al., 2011, p.36). Research shows that as players get closer to the return to play, they often deal with the fear of re-injury (Clement et al., 2015; Kaçoglu et al., 2018; Reardon et al., 2019; Toale et al., 2021; Tracey, 2003) and performance anxiety (Armstrong & Oomen-Early, 2009; Arvinen-Barrow et al., 2014; Podlog & Eklund, 2006; Reardon et al., 2019). In a recent meta-analysis of qualitative studies, an unsuccessful return to play across long-term baseball injuries was attributed in the psychological domain to a fear of re-injury, lack of social support, and unrealistic expectations (DeMaio et al., 2023).

The Study

Increasingly, researchers have urged additional research into the psychosocial factors at this return-to-play stage. Rees and colleagues (2010) argued that "additional research is required to explore the support needs of athletes when they experience injury-related stressors and the effect of this support on their psychological responses" (p. 511). Sullivan and colleagues (2022) pointed out that "there is some uncertainty regarding the timing and type of social support needed at various stages of the recovery process" (p.2).

More specifically, Gray and colleagues (2022) called for further research in social support with specific considerations on how to utilize specific types and sources of social support most effectively within an injury rehabilitation plan. Based on the literature review, more research is necessary on the types and sources of social support and its importance for the athlete during the crucial return-to-play stage. In addition, except for three studies (Carson & Pollman, 2008; Conti et al., 2019; Podlog & Eklund, 2007), most of the research has been focused on intercollegiate athletics. This researcher has not found any studies researching this critical question in professional baseball. The present study aims to fill these research gaps by exploring the precise types and sources of social support directly from injured baseball players as they go through this final rehabilitation stage. This prospective study aims to deepen our understanding of the lived experience of injured baseball players during the return-to-play phase of their rehabilitation. Through in-depth interviews at different moments in this phase, a phenomenological approach will be used to learn about the specific social support needs of professional baseball players, precisely the types and sources of social support during this phase.

CHAPTER TWO

THE INJURED ATHLETE

The world of competitive athletics can produce mountaintop moments of triumph and exhilaration, but it also takes athletes through valleys riddled with obstacles and challenges. Across sports, among elite athletes, injury presents an emotional crisis in addition to the evident physical injury. The International Olympic Committee (IOC) explicated an injured athlete's extra mental health burden, concluding that the "general emotional responses to injury may include symptoms of sadness, depression, suicidal ideation, anxiety, isolation, lack of motivation, anger, irritation, frustration, changes in appetite and sleep, low vigor, disengagement, and burnout" (Reardon et al., 2019, p.683). The effects of injuries have also resulted in a significant loss of self-confidence and increased self-consciousness compared to non-injured athletes (Abenza et al., 2009). Although athletes' responses to sports injuries are highly individualized (Grindstaff et al., 2010; Wiese-Bjornstal et al., 1998), initial cognitive appraisals of injured athletes are dominantly negative in nature (Clement et al., 2015) and persist from injury onset to full recovery (Quinn & Fallon, 1999; Vergeer, 2006). In an extensive review of the psychological impacts of injury, Haugen (2022) observed that "sport injury and mental health appear to have a bidirectional relationship, and the sport injury and rehabilitation process is associated with a wide variety of psychological and mental health concerns" (p. 1).

A significant, long-term injury is one of the most complex challenges for athletes. Sport-related severe injuries like these strip athletes of much more than their health. A long-term injury can affect an athlete's sense of purpose and social support system. For some, this experience can even impact an athlete at the core of their identity (Putukian, 2014).

> An injured athlete's initial shock and trauma are the beginning of an arduous journey.

The once healthy and thriving athlete must now shift their focus from peak performance to a difficult recovery process that will hopefully and eventually lead them back to a return to play their sport. This rehabilitation process is framed around the medical model of repairing an injury and restoring the injured athlete to full health. While the physical care of injured athletes is a high priority within the sports medicine community, the return to play process is highly skewed to the physiological realm, with insufficient or untimely attention given to the psychological dynamics involved (Mann et al., 2007; Podlog & Eklund, 2007).

General Psychological Response, Consequences, and Pressures of Long-Term Injuries

Across sports, athletes who have long-term injuries experience a more substantial mental health risk than other injured athletes (Putukian, 2014; Walker et al., 2007). For example, Australian Football League players reported that severe or long-term injury was distinctly different and more challenging than a short-term injury because of the potential performance or career threat resulting from a long-term injury as well as the resulting feeling of extended isolation from their team (Ruddock-Hudson et al., 2012). In their

qualitative study of intercollegiate athletes, Leddy and colleagues (1994) found that in addition to depression and anxiety, loss of self-esteem was also a result of long-term injuries, confirming earlier findings regarding the negative impact of long-term injuries on mood and self-esteem (Smith et al., 1993). A case study of a professional rugby player (Carson & Pollman, 2008) further illuminated the psychological response to a long-term injury, as the athlete reported shock, helplessness, depression, frustration, and anger during the initial injury (acute phase). Apprehension, frustration, and depression persisted through rehabilitation and the return-to-play phase, with a fear of failure to return to compete at the level before the injury (Carson & Pollman, 2008). At its most extreme, the risk factor for suicidal ideation and suicidality is elevated (Putukian, 2016; Reardon et al., 2019).

Because long-term injury engenders a profound sense of loss, researchers and practitioners alike have used various grief models to describe and contextualize the sense of loss suffered by an injured athlete (e.g., Averill, 1968; Kubler-Ross, 1969; Pederson, 1986). To date, there are still varying perspectives on the accuracy of applying these models in the context of sports injuries. Yet there is consensus that the deep sense of loss is a prevalent emotional response to injury, as reported by the injured athletes themselves (Carson & Pollman, 2008; Walker et al., 2007). Therefore, it continues to be emphasized as an essential aspect to be considered by researchers and practitioners working with injured athletes (Wiese-Bjornstal et al., 2020).

Another complexity facing injured athletes is the internal and external pressures to return to the field as soon as possible. Internal pressure is self-imposed, which can be a powerful motivator but can also lead the athlete to push too hard and fast. This push often

has a counterproductive result, leading to a slower recovery time than desired and the possibility of reinjuring the ailing area or a new injury altogether (Iñigo et al., 2015; Wiese-Bjornstal et al., 1995). The external pressure includes the possible loss of income (Webster & Feller, 2019), emotional and psychological pressure from coaches and the organization (Bauman, 2005), and even a fear of appearing weak or disappointing their coach and teammates (Barnhouse, 2019; Cotto, 2020).

Psychological Support for the Injured Athlete

While most types of injuries have specific protocols, timelines, and benchmarks for successful physical recovery, the mental health aspect of recovery is traditionally not prioritized with the same level of precision and focus. Grindstaff and colleagues (2010) point out that the meaning of the injury seems to evolve over the rehabilitation process, which suggests that the psychological recovery process should parallel the physical process. Shapiro and Etzel (2018) explicitly proposed a rehabilitation process incorporating physical and psychological interventions. Similarly, Marušič and colleagues (2020) urge the addition of systematic psychological screening and interventions into the already established rehabilitation protocols to optimize the athlete's rehabilitation and return to play decision. These recommendations are consistent with advocacy for earlier engagement of mental health professionals (Putukian, 2014) and inclusion of a sport psychologist on the rehabilitation team "as part of a holistic recovery program that includes physical, social and psychological techniques and interventions" (Fernandes et al., 2014, p. 447). Although many athletes have successfully overcome injuries without psychological support, other injured athletes struggle silently (Putukian, 2014), physically recover but fail to perform at pre-injury levels (Conti et al., 2019), or

end their professional careers (Chen & Bansal, 2022). As concluded in their review article, Haugen (2022) stated, "because psychological readiness for return to sport is crucial for successful sport return, this must be addressed throughout the rehabilitation process, not just as a return to sport approaches. This allows ample time for athletes to build necessary skills to navigate any psychological responses" (p.7).

Psychological Considerations for Returning to Play

The injured athlete must successfully navigate the acute, repair, and recondition phases of their injury. After this lengthy rehabilitation process, the athlete receives various tests and measures. If they pass all these tests, the doctor and medical professionals conclude the athlete has physically recovered and is ready to return to play. However, physical readiness has not necessarily translated into psychological readiness and many athletes return to sport before they are psychologically ready to do so (Ardern et al., 2013). According to Faleide & Inderhaug (2023), "psychological readiness has been found to be an important predictor of patient's ability to resume to sport" (p.2), and according to a recent systematic review of 28 studies comprising 2918 patients conducted by Nwachukwu and colleagues (2019), psychological factors such as fear of reinjury, lack of confidence in the injured area, depression, and lack of motivation play an important role in successful or unsuccessful return-to-play. Furthermore, in a study of 38 severely injured adult athletes, athletes showed less perceived pain and cognitive anxiety and more satisfaction than at the previous stages of their rehabilitation (Ruffault et al., 2024). Podlog and colleagues (2011) encapsulated the general psychological affective state of the injured athlete as they embark upon the return-to-play phase:

> A range of psychological worries among injured athletes on the verge of a return to sport has been documented (Kvist et al., 2005; Podlog & Eklund, 2007a). Athletes approaching a return to sport often experience anxieties associated with re-injury (Kvist et al., 2005; Williams & Roepke, 1993); concerns about an inability to perform to pre-injury standards (Podlog & Eklund, 2006; Taylor & Taylor, 1997); feelings of isolation (Messner, 1990); a lack of athletic identity (Brewer et al., 1993; Curry, 1993) and insufficient social support (Johnston & Carroll, 1998; Udry et al., 1997). Moreover, pressures to return to sport from coaches, teammates, family members or from athletes themselves may be prevalent (Bauman, 2005). (p. 37).

In a subsequent qualitative study of seven participants (n = 3 females, 4 males) representing four different sports, Podlog and colleagues (2015) explored the concept of psychological readiness for return to play and determined that it comprised three components: (1) confidence in returning to the sport, (2) realistic expectations of one's sporting capabilities, and (3) motivation to regain previous performance standards. In a subsequent review, Podlog and colleagues (2022) further refined the construct, offering the following definition for psychological readiness for return to play: "an individual's state of mental preparedness to resume sport-specific activities and likely comprises three dimensions, including cognitive appraisals (confidence, expectations, motivations, risk appraisals, internal or external pressures), affective components (anxiety or fears about re-injury or movement, moods) and behavioral components (approach-avoidance behaviors to demonstrate physical function/neuromuscular control and engage in sport-specific tasks)" (p.759). In that review, the authors also noted that psychological

readiness was impacted by socioenvironmental factors such as interactions with practitioners, social support, and access to rehabilitation facilities (Podlog et al., 2022). More simply stated, "psychological readiness for return to sport is defined as absence or low levels of anxiety and high confidence, self-efficacy, and motivation" (Brewer & Redmond, 2016 in Haugen, 2022, p.6).

Within the psychological readiness construct, the two most mentioned obstacles to successfully returning to play are the affective components of performance anxiety (Reardon et al., 2019) and the fear of re-injury (Houston et al., 2014; Mann et al., 2007; Podlog & Eklund, 2007; Slobounov, 2008; Toale et al., 2021). Performance anxiety refers to various doubts about whether the injured area is completely healed and whether their previous skill level is intact. These concerns were reported in a qualitative study about the role of sports medicine professionals in addressing the psychosocial aspects of sport-injury rehabilitation (Arvinen-Barrow et al., 2014). Furthermore, the same researchers noted that "many injured athletes recognized the increased levels of self-doubt and worry about their career and ability to play again as part of the process of rehabilitation" (p. 767). In the case study of a professional rugby player, the researchers reported that during the return-to-play phase, the participant's main concern was developing the belief that he was ready to return and building the necessary confidence to do so (Carson & Pollman, 2008).

Generally, an athlete's mental obstacles are always more difficult to discern than external physical deficiencies. However, in the repair and recondition stages of recovery, even an untrained eye can see athletes favor a non-injured limb. Later, when the player is physically cleared to train, it is more difficult to observe a psychological barrier, which

might only be noticed by a player's passive or hesitant approach in play. This phenomenon is known as kinesiophobia, "an excessive, irrational, and debilitating fear of physical movement and activity resulting from a feeling of vulnerability to painful injury or (re)injury" (Kori et al., 1990, in Knapik et al., 2011 p. 26). Kinesiophobia is reported equally for contact and non-contact sports (Kaçoglu et al., 2018 & Reardon et al., 2019) and is a significant obstacle in athletes' quest to return to play (Houston et al., 2014; Mann et al., 2007; Podlog & Eklund, 2007; Toale et al., 2021). Kinesiophobia plays a significant role in the injured athlete's self-confidence to return to play. In the book Injuries in Athletics: Causes and Consequences, Slobounov (2008) highlights the magnitude and psychological weight of this fear:

> Returning to sports participation following injury can be a complicated process for some athletes due to physical (i.e., residual structural and functional abnormalities) and psychological (i.e., fear of re-injury, worry and anxiety, and loss of confidence) problems. Fear of injury manifests itself in several ways: being hesitant, holding back, not giving 100% effort, being wary of injury-provoking situations (particularly situations similar to the context of occurrence), and heavily strapping the injured body part. For athletes with a history of injury to a particular body part, the fear of re-injury may intensify because they know they already have a weakness. Both anecdotal reports and empirical investigations indicate that a return to sport is often accompanied by fear of re-injury and fear of not performing up to pre-injury performance levels (p. 289).

Slobounov (2008) posits a complex mental process whereby the fear of re-injury can expand into a more generalized fear of movement and contends that it is unlikely that

re-injury will occur under the exact same circumstances but rather that some movement will cause a secondary injury. In sum, while the clearance to return to play may be appropriately granted from a physiological perspective, it is often premature psychologically or not even considered.

The Coping Resource of Social Support

One possible factor that may reduce or mitigate fear of reinjury is social support, a primary external coping resource available to athletes (Bianco, 2001; Lu & Hsu, 2013; Yang et al., 2014). According to Santi and Pietrantoni (2013), social support interventions are based on the assumption that "increased support reduces the perception of negative psychological or physical symptoms through the enhancement of coping strategies" (p. 1039). In a 2017 quantitative study, social support prevented the formation of fear associations, reducing the number of learned fears people acquire as they navigate the world and reducing threat-related stress (Hornstein & Eisenberger, 2017). Although this study did not specifically study the fear of injury, it points to an essential factor in a successful return to play: reducing and managing fears. Social support theory has a deep and broad foundation that has the potential to play a pivotal role in promoting the psychological readiness of injured athletes.

The Nature of Social Support

Social support for injured athletes is a multidimensional construct comprising four interdependent dimensions. Fernandes and colleagues (2014) proposed the following conceptualization of the first three dimensions:

> The first dimension refers to structural aspects and reflects "who" is able to provide social support. This includes the network of significant others, including

> family, friends, teammates and coaches. The second dimension pertains to functional characteristics of social support, in this case "how" social support is experienced through an exchange of resources and includes emotional, esteem, tangible, network and informational forms of social support. The third dimension represents a perceptual feature and refers to individuals' appraisals of the available amount and quality of social support sources (p.446).

Additionally, within the experience of the long-term injured athlete, a fourth dimension of social support is critical to their rehabilitation: the timing or the "when" of the social support, referring to when it is offered or received within the rehabilitation phase. Before exploring the four dimensions in more depth, it is helpful to understand the theoretical mechanism explaining why social support works across all dimensions.

The Main Effect and Buffering Effect Theories of Social Support

Broadly, two main theories exist regarding the mechanism of how social support promotes well-being (Cohen & Wills, 1985). Each may apply to the injured athlete's experience. The two posited mechanisms for social support are the main effect theory and the buffering effect theory. The main effect theory suggests that individuals with a robust social support system benefit from the generalized positive impact of their social support. In this model, a person's well-being is positively affected regardless of whether they are experiencing a stressful situation, and social support is a protective agent (Cohen & Wills, 1985). This implies that social support benefits the person's well-being under all circumstances (Komproe et al., 1997).

On the other hand, the buffering effect theory looks at social support as a resource during times of threat, stress, and setbacks, suggesting that social support is most impactful to

individuals during periods of high stress (Cohen & Willis, 1985; DeFreese & Smith, 2014). This implies that social support is not necessarily beneficial to the person in the absence of stress (Komproe et al., 1997). Supporting the buffering effect theory, research has shown that injured athletes who are dissatisfied with the social support received during their rehabilitation are more likely to experience psychological distress (Clement & Shannon, 2011; Green & Weinberg, 2001). Furthermore, Clement and Shannon (2011) reported that dissatisfaction with social support may lead the rehabilitating athlete to experience higher levels of depression, which, in turn, has a negative influence on the athlete's experience of injury and rehabilitation. According to Bianco & Eklund (2001), "Although the main-effect theory and the buffering hypothesis offer different causal explanations for the social support/health relationship, the two perspectives need not be viewed as opposing one another. They are quite complementary in the sense that it is through social support activities (received support) that individuals come to develop a sense of the availability of support (perceived support)" (p. 93).

Sources of Social Support

Social support is also affected by the source of support. An injured athlete's primary social support has been described as consisting of four defined groups: medical professionals, coaches and other professionals, teammates, and family (Armstrong & Oomer-Early, 2009). One additional source of Social Support that has not received as much attention in the literature is the psychological service practitioners. This group will be included as a fifth group in the present research study. According to a qualitative study on the psychosocial factors that affect return to play, having a robust support system in and out of rehabilitation was critical in building the injured athlete's confidence and

ability to return to play successfully (Burland et al., 2018). The researchers also pointed to a perceived lack of support as a contributing factor for the athletes who did not return to play (Burland et al., 2018).

Medical Professionals. Sports Medicine Professionals (SMPs) include medical professionals such as doctors, athletic trainers, and physical therapists. Injured athletes often seek answers, help, and support from this group, seeing them as the experts who can help them return to athletic competition. Robbins and Rosenfeld found that athletic trainers provide social support that positively affects sports injury rehabilitation efforts (Robbins & Rosenfeld, 2001). Gray and colleagues (2022) confirmed this finding in a recent pilot study, reporting that injured athletes found athletic trainers to be the most supportive source of social support during their injury experience. This is perhaps not a surprising finding, as athletic trainers spend the most time in face-to-face contact and constant involvement with the injured athlete during rehabilitation (Yang et al., 2010; 2014). In their qualitative study focused on NCAA II athletes during the recondition, remodeling, and return-to-play phases of rehabilitation, Clement and colleagues (2015) findings suggested a heightened need for social support from athletic trainers as they progressed through their rehabilitation and shifting away from their families as the primary providers of social support (Clement et al., 2015). While this study was very limited (n = 8), this shift in the source of social support may also be true for professional athletes.

Arvinen-Barrow and colleagues (2014) found that when working with professional athletes, the expectation of Sports Medicine Professionals in providing social support is narrow in scope, reporting that “In principle, they perceived the role of

the SMPs to be the primary provider: to treat the physical injury and not to dabble with the psychosocial aspects of injury. Thus, although a stigma may still exist as it relates to psychosocial ‘‘help’’ for athletes, our results indicate that the most effective SMPs were able to use subtle interventions to assist athletes in rehabilitation, without making them feel as if they were receiving psychosocial services” (p. 768).

Yang and colleagues (2014) highlight the importance of athletic trainers (ATs) in providing social support. Their study supported the buffering effect of social support from athletic trainers with the resulting implications of its importance for successful physical and psychological recovery for injured athletes. However, the authors also noted a significant limitation of their study in not qualifying “the types of social support injured athletes received from ATs or identify[ing] the timing of the social support received at each point in the injury recovery” (p. 778). They also suggested that future research should “integrate these facets of social support into their study designs to better quantify the role of social support during injury recovery” (Yang et al., 2014, p. 778).

Bricker Bone and Fry's (2006) research reflects another specific benefit of athletic trainers' social support. They suggested that severely injured athletes who perceive their trainers as providing strong social support are likelier to believe in their rehabilitation programs. A higher belief in the rehabilitation program has been found to lead to higher adherence to the rehabilitation program and better rehabilitation outcomes, including a greater likelihood of return to pre-injury levels (Levy et al., 2006; Wiese-Bjornstal et al., 1998).

Coaches. Coaching professionals refers mainly to head coaches and assistant coaches but may also include strength coaches and sports scientists. While coaches do

not control the return to play process and rely on medical experts, they can significantly reassure, support, and care for injured athletes (King et al., 2023). A quantitative study looking at the sources, types, and satisfaction of received social support pre and post-injury of 35 injured NCAA Division I athletes reported no differences between pre-injury and during rehabilitation satisfaction with the social support provided by the coaches, except that the participants would appreciate more task challenge support, a type of informational social support, from their assistant coaches during the rehabilitation process (Robbins & Rosenfeld, 2001). In a subsequent and much more extensive (n = 256) quantitative study of NCAA Division I athletes comparing the social support patterns of student-athletes before and after injury, the participants reported relying more on coaches after their injury (P =.003) (Yang et al., 2010). While these two studies differed in the number of participants and scales, they both point to the need for coaches to provide social support to injured athletes. It is believed that collegiate athletes may depend on coaches for social support because they are away from home (Yang et al., 2010), similar to the rehabilitation process for baseball players, which takes place in the organization's rehabilitation facilities. In the book titled "Psychological Bases of Sport Injuries" Theresa Bianco (2007), a leading researcher in this area, states, "Research shows that injured athletes want support from their coaches and that the support provided is instrumental in relieving distress, encouraging adherence, and easing the transition back to full training and competition" (p. 237). In a previous qualitative research study of elite skiers, Bianco (2001) found that "it was important for coaches to maintain some contact with their injured athletes during recovery and explained that losing touch with the skiers could be detrimental to the coach-athlete relationship" (p. 382). These athletes

indicated that social support from the coach "reassured them they would get better, encouraged them to not give up, helped them put things in perspective and focus on future opportunities, and encouraged them to adhere to treatment" thus playing "a vital role in relieving the pressure on the skiers" (Bianco, 2001, p.382).

Teammates. The third source of social support is the athlete's teammates, especially their inner circle, who can empathize with their injured teammate's raw emotional and psychological pain. Several studies have examined the impact of this form of social support within the college athlete population. In an extensive study of 525 injured athletes in two Big-Ten schools, researchers found these athletes relied on teammate social support during their injury 65% of the time (Covassin et al., 2014). Corbillon and colleagues' (2008) qualitative study on injured athletes' perception of social support found that teammates provided better emotional and reality confirmation support than their coaches. Similarly, in a pilot study with a mixed-method approach aiming to investigate perceived social support and its influence on recovery and return to play preparedness, 21 formerly injured student-athletes reported that teammate social support was identified as a key factor in their recovery and was even rated as more important than the social support from coaches (Gray et al., 2022).

The collegiate environment may facilitate teammate social support because injured athletes are still enrolled in classes and will continue rehabilitation within their athletic department, but professional baseball is vastly different. The standard protocol in professional baseball is to remove the injured player from the active roster and send him to the organization's complex in Arizona or Florida. While the organization intends to provide the best possible resources and environment for rehabilitation, the physical

distancing and isolation can unintentionally diminish this vital source of social support (Putukian, 2014).

A unique source of teammate social support comes from a previously injured teammate or, at the college level, an athlete from another intercollegiate team. As de Groot and colleagues (2018) reported, "For many injured student-athletes, speaking to other student-athletes who had previously been injured proved to be most helpful. A majority of the student-athletes stated that speaking to another previously or simultaneously injured athlete provided them with the greatest amount of social support" (p. 179). In the professional realm, Italian basketball players athletes in the study expressed the importance of receiving emotional and motivational support from teammates, and "especially those who had sustained a similar injury" (Conti et al., 2019, p. 11). In a study of elite skiers who had suffered from season-ending injuries, Gould and colleagues (1997) pointed to the importance of teammates as role models, noting that 23.8% of the skiers mentioned that having other athletes who had previously been injured act as models or references was a facilitating factor in their rehabilitation.

Family, Significant Others, and Friends. Social support from family, friends, and significant others outside the athletic sphere can be the principal source of social support, especially from an athlete's significant other. As noted more than four decades ago, "social support systems, especially the family, also play a significant role in the patient's rehabilitation" (Herman & Baptiste, 1981, p. 85). Within intercollegiate athletics, Covassin and colleagues (2014) conducted a quantitative study investigating postinjury anxiety and social support. They reported that the group that athletes relied on the most for social support for orthopedic and concussion injuries was family (88% of the

time), followed by friends (81% of the time) (Covassin et al., 2014). In a separate qualitative study of collegiate student-athletes by de Groot and colleagues (2018), most participants reported relying on family and/or significant others for social support while injured. Gould and colleagues (1997) reported that 61.9% of the injured athletes in their study mentioned the influence of family and friends but that the specific nature of support provided was quite varied and included instrumental and emotional social support. In a study using NCAA Division II athletes (n = 546), Anderson and colleagues (2022) reported that family and friends were ranked higher than coaches, teammates, and athletic trainers in providing support following injury. They posited that their findings "may indicate that athletes are using forms of social support that they have known for a longer time or with which they have a stronger, more personal connection" (p. 105).

In a quantitative study, Sullivan and colleagues (2022) examined the effects of changes in social support on post-injury depressive and anxiety symptoms in collegiate athletes. In part, they concluded that "injured athletes reported that family/friends were the primary source of social support throughout their recovery, with a higher average number of and a greater degree of satisfaction with the support received from family/friends, as compared to the other sources of support" (p. 5). Importantly, their results showed that greater satisfaction with the social support received from family/friends was associated with decreased post-injury depressive and anxiety symptom scores (Sullivan et al., 2022).

In the professional sports realm, a recent retrospective study by Bon and Doupona (2021) found that 51 handball players reported the highest level of satisfaction with social support from family members. Conti and colleagues' (2019) study of professional

basketball players in Italy highlighted the athletes' recognition of the importance of receiving emotional and motivational support from family and friends. In a 2012 qualitative study exploring the psychological reactions to injury from athletes in the Australian Football League, the researchers found that "support from the family and/or partners was repeatedly mentioned as being significant by players during injury periods. Although players recalled that family members found it difficult to understand exactly what an injured player was going through, their continued support was reported to be a major factor that contributed to a successful rehabilitation" (Ruddock-Hudson et al., 2012, p. 383). Jointly, these studies emphasize the importance of family social support transcending different ages, levels of sport, and cultures.

Psychological service practitioners. This final social support group includes sports psychologists, counselors, mental performance (MP), and mental health (MH) professionals. These practitioners can consist of internal and external professionals. According to Evans and colleagues, (2012) "sport psychologists can play an integral role both educating athletes in the use of intervention strategies (e.g., goal-setting, self-talk, imagery) to deal with specific stressors and more generally in the provision of social support" (p. 926). Rees and colleagues suggested that applied practitioners are uniquely positioned to help "provide a context for empowering individuals to recognize their needs, to understand that specific problems and stressors require specific types of support to help deal with them, and to seek out appropriate supportive exchanges to help deal with those needs" (Richman et al., 1989 in Rees et al., 2003, pp. 154-155). Unfortunately, there remains a sense of stigma for getting mental health help (Haugen, 2022), a sense of impotence and surrender (Arvinen-Barrow et al., 2014), and the grief-like response to a

severe sports injury (Carson & Pollman, 2008; Walker et al., 2007), which are all factors that can keep the athlete from seeking this source of help.

Types of Social Support

While there are several basic types of social support referenced in the literature, over the years, there has been a lack of consensus in the social support literature regarding the types of support, ranging from over eight types (Richman et al., 1993) to six (Hsieh & Kramer, 2021), and as few as three (Cohen, 2004). Following the recommendations of Rees and Hardy (2000), who investigated the social support experiences of high-level sports performers, this study will explore four types of sport-relevant social support: emotional, informational, tangible, and motivational. The typology of social support can be understood as the way in which it is offered and received. Moreover, Robbins and Rosenfeld (2001) stress that "depending on the situation, the type of support needed may vary. Additionally, certain types of support can only be provided by specific individuals, while some types of support can come from anyone" (p. 279).

Emotional Social Support. Emotional social support gives the injured athlete a feeling of being loved and cared for, enhancing their self-worth (Malinauskas, 2008). Cutrona and Russell (1990) defined emotional support as "the ability to turn to others for comfort and security during times of stress, leading the person to feel that he or she is cared for by others" (p. 322). Emotional support is typically expressed in messages of concern, love, and empathy (van Raalte & Posteher, 2019). The injured athlete may also perceive this type of social support simply by feeling heard by someone who can listen to what they are experiencing. Clement and Shannon (2011) reported that injured athletes

are most satisfied with listening support, confirming previous research's assertion that listening support is one of the essential elements of emotional social support for an injured athlete. Katagami and colleagues (2020) asserted that an athlete can feel supported emotionally through verbal and nonverbal communication. In a study looking at the psychosocial factors in rehabilitation and return to play, Podlog and colleagues (2014) reported that "emotional support was particularly important at the beginning of rehabilitation when athletes were trying to adjust to the severity of their injuries," but "at the end of rehabilitation, the need for informational support was most salient in ensuring that athletes did not return to sport prematurely" (p. 918).

Informational Social Support. Informational support is transmitted to the injured athlete via messages that offer facts and advice (Xu & Burleson, 2001). Cutrona and Russell (1990) defined information social support as providing individuals with advice or guidance concerning possible solutions to a problem. Informational social support is essential to injured athletes because it allows for valuable feedback and assistance in problem-solving (Malinauskas, 2008). Being injured, whether for the first time or a recurrence, can represent a big problem or obstacle for the athlete to overcome, and informational social support has been reported as important in the acute, repair, and recondition stages of the injury process. In a 2010 phenomenological investigation of five NCAA Division I collegiate athletes during the first 30 days of their post-injury experience, the authors reported that the injured athletes acquired information from different sources at different times within the acute and repair stages which they used "to achieve a greater understanding of the meaning of their injury and of the challenges they

would be facing during the surgery and rehabilitation process" (Grindstaff et al., 2010, p. 131).

Tangible Social Support. Tangible social support is simply the practical or instrumental support an injured athlete needs as they face their new reality. This support can be given through material resources (van Raalte & Posteher, 2019; Xu & Burleson, 2001) or any other form of direct practical assistance to an injured athlete. An example of tangible social support could be as simple as helping the injured athlete with a ride to a doctor's appointment or a teammate who helps them with their meals at home or the school dining facilities. This type of support tends to be more critical in the early stages of the recovery and seems to lose importance in the latter stages.

Motivational Social Support. This support provides encouragement to overcome or acquiesce to obstacles and barriers (Wiese-Bjornstal & Udry, 2002). Examples of this type of support are encouraging athletes to overcome setbacks and recognizing the missed contributions of the injured athletes (Conti et al., 2019). In their study of professional basketball players, Conti, and colleagues (2019) highlighted the importance of this type of social support for injured athletes in their study who: "Specifically, athletes recognized the importance of emotional and motivational support received from family, friends, and teammates, especially those who had sustained a similar injury" (p. 11).

A similar type of social support often cited is esteem social support. According to Cutrona and Russell (1990), esteem support bolsters a person's sense of competence or self-esteem. It is given via positive reinforcement, such as feedback about their skills or abilities. This support is often communicated in words that express the belief in the

injured athlete's ability to overcome the challenge of being injured and that they have the necessary coping resources to manage the stress (Rees & Hardy, 2000). Due to its similarities to esteem support, this study will be included within the scope of motivational social support.

Perceived vs. Received Social Support

Underlying both the type and source of social support is how such support is understood by the recipient (i.e., injured athlete) and the mechanism for the effects of such social support. This dimension of social support has been described as "perceived" versus "received" social support. As the Handbook of Sport Psychology explains, "perceived support typically refers to an individual's belief that resources and assistance would be available if required from members of their social network such as family, teammates, and coaches. Received support (sometimes known as enacted support) typically refers to the frequency with which an individual has received supportive resources during a specific time frame" (Freeman, 2020, p. 448). Put more simply, perceived social support refers to a perception or belief that social support will be available if and when needed by the injured athlete, whereas received social support refers to actual support exchanges (Saranson et al., 1990).

Perceived and received social support have been identified as a critical factor in the injured athlete's experience and influences an athlete's successful return to play (Bianco & Eklund, 2001; Wiese-Bjornstal, 2018). Studies have demonstrated that the recipient's perception of being supported, whether accurate or inaccurate, rather than actual support behaviors, is more reliably associated with positive health outcomes (Sarason et al., 1990; Schwarzer & Leppin, 1991). These findings indicate that perceived

social support may be more important to the injured athlete than received support. Forsdyke and colleagues (2022) researched this aspect of social support in their quantitative study of soccer players (n = 150). In their results, the authors assert that "perceived social support is important in relation to predicting psychological readiness to return to sport. Moreover, it appears that re-injury anxiety during rehabilitation, at least partly, explains this relationship" (p. 755).

Furthermore, as Wiese-Bjornstal and colleagues (1995) noted, even if social support is perceived as available, the athlete must decide whether to use or receive it. Therefore, since social support appears to be, at least in part, a matter of perception, it may not be perceived or received as helpful by the recipient (injured athletes). Although well intended, when the offered social support misses its intended outcome, it can instead cause distress. This is known as negative social support.

Interestingly, Komproe and colleagues (1997) suggested that both available (i.e. perceived) and received support can create the buffering effects of social support. Therefore, whether attributed to the main effect, buffering effect, or both processes are involved, the injured athlete experiences the benefit of social support through their perception of its availability and the actual social support they receive. Cohen and Wills (1985) posited that social support positively influences health and well-being through both main effect and buffering effect pathways.

Negative Social Support

Regardless of the source's intention, interpersonal interactions may have detrimental effects under certain circumstances (Breuer et al., 2017; Sebri et al., 2021). While social support typically has a positive influence, when it is provided inadequately

and improperly, it can negatively impact the athlete's overall health and well-being. (Arvinen-Barrow & Pack, 2013). Referred to as negative social support, it may involve "actions by a member in one's social network that cause distress (e.g., resentment, sadness, shame)" and "may include discouraging the expression of feelings, making critical remarks, invading another's privacy, interfering in another's affairs, or failing to provide the promised help, among others" (Lincoln, 2000, pp. 232-233). It may occur because of a lack of empathy or understanding, negative comparisons, unrealistic expectations, criticism, or blame. One of the most described occurrences of negative social support reported by athletes is the pressure to return to play prematurely, which may come from the organization or team, coach, teammates, and sometimes the injured players' families (Podlog & Eklund, 2007).

Negative social support can have negative impacts, including increased stress and anxiety, reduced motivation (Putukian, 2016), an increased risk of re-injury (Juggath & Naidoo, 2024), and a delay in the desired return to play (Rogers et al., 2024). According to Yang and colleagues (2010), social support can have a positive or negative effect depending on how the injured athlete perceives said support. Furthermore, this perception is usually the driving force determining the effectiveness and amount of social support provided (Yang et al., 2010). Interestingly, while Yang and colleagues' (2010) findings also confirm that family and friends were the primary sources of social support in their baseline pre-injury survey, in the post-injury survey, they found that male athletes reported a decrease in satisfaction with the support received from their family. A further indication of changes during the injury and rehabilitation experience, they reported that "although family members are a vital part of athletes' social networks and serve as an

important source of support both preinjury and postinjury, we found that an increased number of athletes turn to coaches, athletic trainers, and physicians after they become injured [especially] when family members are not available" (Yang et al., 2010, p. 376).

Timing of Social Support

The last dimension of social support is the one that has the least amount of research devoted to it. Extant research examining the role of coping and social support for injured athletes suggests that for social support to be most effective, it is crucial to have the correct type of support available at the right time (e.g., phase of injury) because how individuals cope with stress can vary over time (Udry, 1997). Yet, as Fernandes and colleagues (2014) concluded in their literature review, "sources of social support tend to be less frequently available to athletes during some stages of rehabilitation and do not necessarily meet the athletes' expectations and needs" (p. 445). Similarly, Johnston and Caroll (1998) reported that the provision of social support typically diminishes over time, and de Groot and colleagues (2018) found that as the injured athlete progresses through the stages of rehabilitation, the social support offered decreases. Furthermore, individual athletes' preferences for support can vary depending on the provider's knowledge and expertise and across different phases of the rehabilitation process (Bianco, 2001).

A matching hypothesis has been proposed that "posits that in order for athletes to perceive the social support processes positively, the correct type, timing, and quantity must be provided by the expected/preferred providers" (Fernandes et al., 2014, p. 447). In a qualitative study addressing this question, Johnston and Carroll (1998) found that for the 12 athletes in their study, the support received was congruent with what they considered ideal. Furthermore, the types of social support varied as the rehabilitation

progressed. In the early stages, these athletes' predominant types of support were listening support and shared social reality. However, informational support became the preferred support in the middle and final stages of rehabilitation. Interestingly, tangible social support was the least important type of support in all the stages of their rehabilitation (Johnston & Carroll, 1998).

In the return to play stage specifically, social support diminishes even though some types and providers of social support are still desired (Johnston & Carroll, 1998). In a longitudinal study, Podlog and Eklund (2006) indicated that athletes regard the provision of social support as equally beneficial during their re-entry into sport, finding that participants who experienced difficulties often turned to teammates, family and friends, or coaches for advice and support. These researchers observed that receiving social support through reassurance and positive feedback was also reported to be beneficial in enabling participants to overcome fears of re-injury. However, Sullivan and colleagues (2022) found that the amount and satisfaction with the social support decreased from one-week post-injury through the return-to-play phase. They suggested that it is possible that "the timing or type of support provided did not meet the needs over time post-injury" (p. 9). One proposed explanation for the decline of social support as the rehabilitation progresses is that athletes become more capable of completing rehabilitation tasks and exercises and seem self-sufficient (Corbillon et al., 2008; Gould et al., 1997). Regardless of the reasons, there appears to be a disconnect between the need and the provision of social support at this critical stage of the rehabilitation process.

The lack of research in the area has led to speculation about which types and sources of social support are most needed during the return-to-play phase. For example,

Podlog and colleagues (2014) posited the benefits of informational social support as a positive aspect for athletes in the return-to-play phase: “Athletes possess a physical intelligence that enables them to be more active agents in the rehabilitation process than general medical patients. As a consequence, they are able to benefit from detailed information about the injury and treatments, and form specific goals and milestones for recovery” (p. 922). In contrast, other types of social support, like tangible support, may no longer be as necessary in this phase. In terms of the sources of social support, while in the best of cases, family support may be a constant source of support, social support from coaches may increase during the return-to-play phase. A combination of source and type may be affected by timing. For example, compared to pre-injury, some athletes in rehabilitation perceived a lack of sport-specific advice, encouragement, and feedback, especially from coaches and athletic trainers (Robbins & Rosenfeld, 2001), potentially pointing to an unmet need during the return-to-play phase. In their recent qualitative study, Sullivan and colleagues (2022) documented decreased satisfaction during this phase and called for future qualitative studies to explore the reasons for the reduced satisfaction.

Several prominent researchers in the area have urged more research into the timing of social support as it relates to the sources and types, specifically in the return-to-play phase. Fernandes and colleagues (2014) emphasized this need: "the return to competition following an athletic injury constitutes a key phase in the athlete’s rehabilitation program and is usually accompanied by the athlete’s recognition of difficulties and uncertainties. However, this phase of the injury process has received limited attention in the literature” (p. 447). Similarly, Robbins and Rosenfeld (2001)

suggested that “future studies could assess coaches' perceptions of the social support they provide athletes during rehabilitation (the type of support, the amount of support, and the perceived relation of the sport to the athletes' wellbeing), as well as whether the support they provide injured athletes matches what the athletes report they receive and need” (p. 291). Podlog and Eklund (2006) recommended that future studies should focus on “the end of rehabilitation, immediately prior to competition, the initial phases following competition” (p. 65). These researchers also noted that learning which types of social support are “most beneficial during this period merits further attention” (p. 65). In a more recent scoping review, the call for continued investigation was echoed by King and colleagues (2023): “more research is needed to reach a consensus on exactly what forms of social support athletes require at various stages of rehabilitation for them to be satisfied with their coaches role during their injury recovery” (p. 931).

Study Objectives, Aims, Goals

While the importance of and need for social support for injured athletes is generally well documented, there is a dearth of research on the impact of social support during the return to play time frame, as most research on social support and the injured athlete focuses on the early phases of injury and rehabilitation. The current investigation aims to address these gaps in social support research to explore the specific needs of the injured athlete in the return to play stage. Additionally, to the knowledge of this researcher, no study has addressed these recommendations within the scope of professional baseball. Therefore, this study aims to explore how injured professional baseball players view and experience social support during their return-to-play phase. Broadly, this study asks which sources and types of social support are most needed in this

phase of their rehabilitation from athletic injury based on the lived experiences of professional baseball players. Since the return-to-play phase includes the period immediately before and after competitive play resumes, this study will examine both of these pivotal moments. There may be significant differences as the player rejoins their assigned team and resumes competitive play, given it will be the athlete's first experience away from the rehabilitation environment and the social support they've become accustomed to. Returning to a competitive game setting may carry greater psychological pressure for the player. Therefore, baseball players will be interviewed at two points: first, before returning to play in the rehabilitation facility (with the rookie league team), and then immediately after being reassigned to their affiliate team (e.g., A, AA, AAA, Major Leagues) while participating in competitive baseball outside the rehabilitation environment. Thus, a secondary question: are there differences in social support needs between the various periods within the return-to-play phase? Results from this study have the potential to advance research into social support during the return-to-play phase, as well as augment the knowledge base for applied sport psychology practitioners and key stakeholders, including injured athletes, teammates, medical professionals, coaches, family and friends, and mental performance and mental health practitioners who support the injured athlete.

CHAPTER THREE

METHODOLOGY

To better understand the experiences and significance of social support for injured athletes during the return-to-play phase of their rehabilitation, rehabilitating baseball players were asked to share their stories. Giving players returning to play a voice to express what exactly works for them, what does not, and what they require more or less of regarding the types and sources of social support during this critical period in their athletic career was examined through a qualitative research design.

Qualitative Research Design

To adequately understand the methodological foundations of this study, it is important to highlight the different epistemological, theoretical, and methodological frameworks of quantitative and qualitative research designs. As articulated by Yilmaz (2013), "There are two major approaches to research that can be used in the study of the social and the individual work … quantitative and qualitative research" (p.311). Quantitative research is a type of empirical inquiry that systematically tests theories by measuring variables with numerical and statistical methods, aiming to predict or clarify the subject matter (Yilmaz 2013). Conversely, from a qualitative perspective, the aim is to understand the subjective experiences and meanings conveyed through the words, descriptions, and the underlying significance expressed by the participants. Qualitative research is an approach in which findings are not derived from quantification or statistical methods (Strauss & Corbin, 1998). The epistemological foundation of qualitative

research, which is the underlying assumptions and beliefs about knowledge and how it is acquired, rests on the belief that the complex nature of psychological and social phenomena cannot be effectively reduced to isolated variables (Yilmaz, 2013). Further, "it explores what it assumes to be a socially constructed dynamic reality through a framework which is value-laden, flexible, descriptive, holistic, and context sensitive" (Yilmaz, 2013, p. 312). Consequently, qualitative research emphasizes depth of understanding rather than statistical power (Grossoehme, 2014), establishing it as an essential tool for exploring social phenomena as experienced by individuals involved in those experiences. Qualitative research seeks to gain deep insights and understanding of complex phenomena (Lim, 2024). "It is constructive or interpretive, aiming to unveil the 'what,' 'why,' 'what,' 'when,' 'who,' 'how' behind social behaviors and interactions, rather than merely quantifying occurrences" (Lim, 2024, p. 2). As noted by Corbin and Strauss, qualitative methods enhance researchers' ability to explore participants' internal experiences and clarify how meaning is constructed within cultural frameworks (Corbin & Strauss, 2008). By recognizing multiple realities instead of a single perspective, qualitative research examines the complex interactions among various elements that contribute to a unified understanding. Defined by its subjective nature, qualitative research uses an inductive, exploratory approach that prioritizes the research process over conclusive results (Merriam, 2002). The primary goal of qualitative methods is to accurately capture and express the attributes of specific phenomena while simultaneously uncovering the meanings and significance that individuals attribute to those phenomena based on their lived experiences (Lim, 2024). Byrne argues that by exploring participants' lived experiences, qualitative researchers can effectively interpret and assign meaning to

those experiences (Byrne, 2001). As a result, qualitative inquiry has the potential to produce richly descriptive results and insights (Charmaz 2006). There are many theoretical paradigms, methodologies, and research methods in qualitative research. One of those methods is called phenomenology.

Phenomenology

Phenomenology is "the study of human experience and of the ways things present themselves to us in and through such experience" (Sokowlski, 2000, as cited in Gallagher, 2012, p. 7). Phenomenology's intellectual origin is rooted in philosophy and was conceived by the German philosopher Husserl (Baker et al., 1992). Within the philosophical framework of phenomenology, the primary goal is to understand participants' lived experiences (Cohen, 1987), allowing the researcher to directly assess the experiences of participants, such as injured athletes. In other words, a phenomenological researcher aims to "describe how other human beings derive meaning from their lived experiences using the participants' own words" (Dogson, 2023, p. 385). "Husserl's descriptive phenomenology emphasizes describing the *essence* of experiences by setting aside preconceptions through bracketing, allowing researchers to focus on the participant's perspective" (Watson, 2024). From a philosophical standpoint, phenomenology involves describing the participants' views by attending to their perceptions arising from their conscious awareness of a specific event (Husserl, 1962).

A variation of the phenomenological approach was proposed by Heidegger, who "rejects the possibility of bracketing and instead emphasizes the role of interpretation in understanding lived experiences" (Watson, 2024). Heidegger argues that researchers cannot set aside their own biases; instead, they must create an environment where

meaning can emerge by acknowledging both their own and the participants' historical and cultural contexts while collaborating to uncover the meaning of the experience (Watson, 2024). Furthermore, Heidegger contended that the researcher and the Participant co-create the meaning of the experience (Watson, 2024). This is known as Interpretive Phenomenology.

In Interpretive Phenomenology, "the researcher acknowledges that their perspective is a part of the research process and that the analysis involves interpreting the meanings behind participants' narratives" (Watson, 2024, p. 3). However, one of the criticisms of this methodology is that without bracketing, the research could lack objectivity as it becomes vulnerable to over-relying on the researcher's perspectives (Hiller, 2016 & Monrouxe et al., 2023, as cited in Watson, 2024). To mitigate this risk, the researcher employed the following mechanisms: use of neutral and open-ended questions during data collection; conducted multiple triangulations; practiced self-reflection through the use of a reflexive journal; conducted a careful analysis of the data with a focus on participants' lived experiences; checked for understanding by using the counseling skills of empathic listening, reflection of meaning, and reflection of feeling; engaged an external auditor; and participants were invited to review the transcript of their interviews to help ensure trustworthiness, a practice known as member checking. These methods were essential for minimizing and neutralizing potential researcher bias. Phenomenology aims to reveal the meaning and essence of the participants' lived experiences to gain insight and understanding regarding the research question. Another key concept in phenomenology is lived experience (Cohen, 1987). Lived experience refers to "a personal knowledge of the world gained through direct participation and involvement in an event

or phenomenon" (Mapp, 2008, p. 309). This study aimed to describe the patterns of each participant's lived experience, as reflected in their responses to questions about social support during the return-to-play phase.

Description of the Research Paradigm and Design

An Interpretive phenomenological approach was employed to gather data from in-depth interviews with injured baseball players undergoing rehabilitation for long-term injuries, during their ramp-up to return to play and once they had returned to competition. Interpretive phenomenology enabled the researcher to gain a deeper understanding of the phenomenon being studied, as it provided greater flexibility in accessing the contextual and intrapersonal meaning being described by the participants (Watson, 2024), specifically, how injured baseball players perceive social support during their return-to-play phase. This methodology was also aligned with some future research recommendations in the literature. As Podlog and colleagues (2022) noted in their recent study, "phenomenological investigations or repeated interviews would all be useful in uncovering athlete experiences of psychological readiness as they unfold in real time" (p. 765). This research project followed that recommendation and was conducted in real time. A prospective study, such as this one, offers several advantages over a retrospective study.

Prospective studies enable researchers to gather real-time data as participants navigate the situation in question (Bernardi & Sanchez-Mira, 2021), in this case, social support during the return-to-play phase of their recovery. In contrast to retrospective studies, prospective studies offer several advantages. Firstly, they minimize recall bias (Haley & Huber, 2023). Although reflections are always subjective because participants

articulate their thoughts and feelings as they happen, there is no risk of inaccurate recall of past events. Additionally, a prospective study enables researchers to gather specific and detailed information on relevant factors as they occur. (Bernardi & Sanchez-Mira, 2020). This flexibility empowers researchers to delve into the nuances, complexities, and subtleties of participants' cognitive and emotional experiences, yielding potentially richer data in detail and depth. Finally, a prospective interpretive phenomenological approach enables researchers to refine the semi-structured interview questions to address unforeseen findings and co-construct meaning through dialogue with participants (Bernardi & Sanchez-Mira, 2020).

To better understand the experiences of injured athletes and the impact of social support during the return-to-play phase, it is essential to study participants in context, allowing their values and authentic experiences to become visible to the researcher (Leonard, 1989). This study used an inductive approach, utilizing Colaizzi's (1978) phenomenological research method to gain a comprehensive understanding of baseball players' experiences and perceptions of social support during the return-to-play phase of rehabilitation. A phenomenological study design was used to describe and clarify the cognitive and emotional processes involved in injured athletes' perceptions of social support in this phase. The research and its findings followed the guidelines for qualitative research established by the Consolidated Criteria for Reporting Qualitative Research (Tong et al., 2007).

Research Design Overview

Data Collection: Sampling and Participants

Purposeful sampling involves identifying and selecting participants for a qualitative study who are especially knowledgeable about or have experience with the phenomenon being researched (Creswell & Plano Clark, 2011). According to Bernard (2002), another important aspect of purposeful sampling is the availability and willingness of participants to participate in the research as well as to share their experiences in an articulate and reflective manner. For this study, the researcher purposively selected participants, including long-term injured baseball players representing five different MLB organizations (encompassing all minor league divisions and the major league team) to which he had access through his professional network of MLB mental performance coaches and physical therapists. The researcher also aimed to select participants purposefully in two significant ways. First, by recruiting athletes currently in the return-to-play phase, the researcher was able to access their lived experiences in real time, thereby minimizing recall bias and addressing challenges commonly found in retrospective studies. Second, the participant group consisted of position players and pitchers, encompassing both starters and relievers. This strategic selection of varied positions and roles within baseball enhanced the relevance of the data and the resulting conclusions to the research question.

Data saturation "refers to the point in data collection when no additional issues or insights are identified, and data begin to repeat so that further data collection is redundant, signifying that an adequate sample size is reached" (Hennink & Kaiser, 2022, p. 2). Other phenomenological studies with injured athletes have had sample sizes

ranging from four to seven participants (for examples of such studies, see Arvinen-Barrow et al., 2010; Grindstaff et al., 2010; & Shelley, 1998). A total of twelve ($N = 12$) participants took part in the interviews between April and October 2025, and the researcher believes data saturation was reached with the 12th participant.

Inclusion vs. Exclusion Criteria

The participants were invited to participate in the study based on the following criteria: (1) must be professional baseball players affiliated with an MLB organization; (2) must have experienced a significant long-term injury, keeping them from training or competition for at least five months; (3) must be 18 years or older; and (4) must be in the return-to-play phase (within two weeks of participating in their first Rehabilitation Assignment Game). For the second interview, participants must have been within the first four to six weeks of competing for their final assigned minor or major league team for the 2025 season.

Procedures

To identify potential participants, the researcher contacted members of the Physical Therapy (Medical/Rehabilitation) and Mental Performance staff from thirteen different MLB organizations, with whom he had previously established professional connections. Six of those organizations did not respond, even after follow-up communication, and were therefore excluded. Two other organizations declined the invitation, citing concerns regarding competitive advantage considerations or a lack of support from their organization's front office as their rationale. Five organizations expressed interest in assisting with identifying potential participants and requested additional information. The researcher provided those organizations with a proposal

packet that included an overview of the study, its rationale, design, and IRB approval. Three of those organizations agreed to give access to their group of rehabilitation athletes through their Physical Therapy (Medical/Rehabilitation) or Mental Performance group. As a result of player trades, three participants began their rehabilitation and return-to-play process with one organization and completed it with a different one; thus, the data reflect the experiences of twelve participants ($N = 12$) across five MLB organizations.

Potential participants were identified and invited to take part in the study by the relevant Physical Therapy (Medical/Rehabilitation) or Mental Performance staff member of each participating MLB organization. Rehabilitating athletes interested in participating received initial information via email or text, along with a link to the Qualtrics site, which hosted the information sheet and disclosure (See Appendix B) outlining the study's nature, purpose, and objectives. The information sheet informed potential participants that the study would involve two sets of interviews. The form also included an acknowledgment of the confidentiality statement, an attestation of having suffered from a long-term injury, and a brief demographic questionnaire (Appendix C). The researcher accessed the completed forms via Qualtrics.

Consenting participants who met the study criteria were contacted by email or phone to schedule an in-person or Zoom interview at a time and place convenient for them. The data included two rounds of interviews. The interview protocol (see Appendix D) was developed as a semi-structured interview with questions focused on the social support aspect of their lived experience during two critical moments of their return-to-play phase. The questions were derived from the literature, consultations with other mental performance and mental health professionals, and the researcher’s professional

experience working with injured athletes. According to Patton, an interview guide serves two primary purposes: first, it allows for a systematic data collection approach, thus increasing its comprehensiveness. Second, it helps keep the interview process focused while allowing the participants to express their perspectives and experiences more freely (Patton, 2014). Another advantage of using the interview protocol is that it improves the dependability of the research and facilitates the comparison of the qualitative data (Bernard, 1988). The researcher used semi-structured interview protocols to facilitate in-depth conversations with the participants.

The first interview took place within two weeks before the athlete's initial rehabilitation assignment game during their return-to-play phase. The injured athlete had spent months training in an environment designed to prepare them for their return, and this was their first experience facing opposition in a live game situation. For some participants, it had been six months since they last played against an opponent, while for most, it had been over a year, and for two participants, even longer. Typically, pitchers began this phase by doing live batting practices (live BPs) against teammates to get ready for their first rehabilitation assignment game, usually throwing about 20 pitches to two or three hitters. Position players had a similar progression, with live BPs also marking the start of their ramp-up to the return-to-play phase.

The second and final interview took place after the athlete left the organization’s rehabilitation facilities and was reactivated to join his designated team. The level of that assignment varied based on individual factors and team considerations. The time between RTP and RTC differed depending on the player’s professional status and contractual situation (i.e., major or minor league). For minor league players, there was one step in the

RTP phase at the rehabilitation complex before being reassigned to an affiliate team and beginning their RTC phase. In contrast, major league players went through two steps in RTP: first, at the rehabilitation complex, which was similar to minor leaguers but much shorter, then quickly moving up to an affiliate team to complete the rest of their RTP progression. If they performed well enough, they were recalled to the major leagues, and their RTC interview was conducted at that time. For those not recalled to their major league team, the RTC interview took place toward the end of September 2025, as the AAA season was nearing completion.

The two-interview design was central to the research question because it compared the initial social support players became used to in the rehabilitation environment and during the initial return-to-play phase with the support experienced in a competitive game setting at an affiliate. This setting potentially has a higher psychological impact on players and may require different types and sources of social support. The researcher aimed to collect data on how the lived experiences of baseball players differ across these varied environments.

The interviews were recorded with the participants' consent and transcribed verbatim into a password-protected document on the researchers' secured computer. All identifying information from the transcripts, such as names of individuals including teammates, medical or mental performance practitioners, doctors, and coaches, as well as references to cities, teams, and organizations mentioned during the interviews, was removed from the transcripts. The transcripts were then uploaded to Quirkos, an encrypted and password-protected software used for qualitative research. Quirkos was used to organize, code, and retrieve the data throughout the study, as well as to generate

reports for the external auditor. To protect participant confidentiality, the researcher is the only one aware of the identities of the twelve participants.

Each participant was assigned a random letter when they completed their consent form and questionnaire. After the study interviews were completed, the researcher reclassified the participants with a random number for each participant to be used in the findings (see Table 1). The only document linking the participants to their respective letter ID is password-protected on the researcher's personal computer, which is also password-protected.

Data Analysis

Data analysis procedure

The data were collected through questions in the semi-structured interview protocol (see Appendix D), and the responses reflect the participants' mindset in real time, as this was a prospective study. Data analysis for this study was based on Colaizzi's (1978) phenomenological analysis method, which involves seven steps to produce rigorous results (Edward & Welch, 2011). First, during data collection, participants were encouraged to describe their experiences in rich detail, which were recorded and transcribed. Second, I read the participants' described experiences to gain a holistic understanding of their return-to-play phenomenon. This process allowed me to identify and extract significant statements that fully captured the essence of their lived experiences. Third, I formulated meanings from significant statements. Fourth, these formulated meanings were organized into related themes representing the core aspects of the participants' experiences. The related themes were grouped based on similar descriptions, shared words, and the interpretation of the common understanding of the

participants' lived experience through shared meaning. Fifth, the themes were integrated into an exhaustive, coherent description that captured the essential phenomenon experienced. Sixth, I identified the fundamental structure of the phenomenon through a rigorous analysis of this exhaustive description of the phenomenon. As suggested by recent phenomenological researchers, I included an additional step between the original sixth and seventh steps. I looked for and incorporated the interpretative analysis of symbolic representations that appeared during the participant interviews. Edward and Welch (2011) suggested this additional step "offers researchers using Colaizzi's method greater access to implicit and explicit meaning embedded in participant descriptions" (Edward & Welch, 2011, p. 163). Therefore, I explored the metaphors and analogies shared by the participants to deepen the understanding of their lived experiences. Finally, I used member checking, inviting participants to evaluate the analysis results and confirm whether they accurately reflected their original experiences to validate the descriptions of the phenomenon (Edward & Welch, 2011).

Constant data comparison is a qualitative technique primarily associated with grounded theory (Lincoln & Guba, 1985). In this study, data coding commenced immediately after the interviews were conducted, adhering to Lincoln and Guba's guidelines to aggregate raw data into coherent units. Coding involved the application of abbreviations, numbers, or symbols to segments of text, facilitating effective data organization (Miles & Huberman, 1984). Phenomenological research is inherently bi-dimensional; it encompasses both linear and non-linear processes. The linear sequential steps provide a structured data collection and interpretation framework while allowing for iterative flexibility. Researchers can revisit and refine previous analytical steps in light of

new insights and discoveries (Englander & Morley, 2023). This was accomplished by reading the interviews, re-reading the interviews, reviewing for similar word meanings, similar themes, and clusters, and revisiting the initial codes to be constantly immersed in the interpretation of the shared lived experiences. The constant comparison method empowers researchers to compare new data dynamically with previously analyzed sets, fostering the fluid development of themes and categories. Consequently, this approach can yield a more nuanced and comprehensive understanding of the phenomenon under investigation.

Trustworthiness

Establishing the validity of research findings is a pivotal concern in reporting qualitative research results. Validity in quantitative research corresponds to trustworthiness in qualitative research (Maggs-Rapport, 2000). Lincoln and Guba established quality standards to assess the trustworthiness of qualitative studies, including credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). Credibility "addresses the 'fit' between respondents' views and the researcher's representation of them." (Tobin & Begley, 2004, as quoted in Nowell et al., 2017 p.3). This research study aimed to ensure credibility through prolonged engagement, data collection triangulation, external research audit, and member audit. Transferability "refers to the generalizability of inquiry … only to case-to-case transfer" (Tobin & Begley, 2004, as quoted in Nowell et al., 2017, p.3). The current study aimed to address transferability by providing thick descriptions to afford those seeking a transfer of findings enough information to make that determination. In order to achieve dependability, "researchers can ensure the process is logical, traceable, and clearly

documented (Tobin & Begley, 2004, as quoted in Nowell et al., 2017, p.3). This study aimed to accomplish this through an external audit of the data and theme development process. The external auditor is a practicing Sport Psychologist who also completed her dissertation using a qualitative approach. The data were audited at three different points in the research process, including after the first five interviews had been coded, once all the initial interviews were coded, and a final audit was conducted once all interviews were coded and the themes had been derived from the data. The auditor's suggestions were fully considered and incorporated into the research where necessary. Related to confirmability, this is attained by "establishing that the researcher's interpretations and findings are clearly derived from the data, requiring the researcher to demonstrate how conclusions and interpretations have been reached" (Tobin & Begley, 2004, as quoted in Nowell et al., 2017, p.3). "According to Guba and Lincoln (1989), confirmability is established when credibility, transferability, and dependability are all achieved" (Nowell et al., 2017, p.3). Including the reasons for theoretical, methodological, and analytical choices made throughout the research study can help those interested in the findings understand the research findings and determine their trustworthiness (Nowell et al., 2017). Furthermore, Williams and Morrow posit that a research project can be deemed to have established scientific rigor or trustworthiness only when these standards have been met effectively (Williams & Morrow, 2009). According to Morse, these qualitative standards correspond to internal validity, external validity, reliability, and objectivity typically assessed in quantitative research (Morse, 2015).

Researcher Description

As the sole researcher for this study, this researcher's experience as an athletics and mental performance coach, including working with several injured athletes throughout his career, made him well-suited to many aspects of the project, with thirty-two years of experience in athletics, including thirty years as a collegiate soccer coach and two years as a mental performance coach with a professional baseball organization. The researcher's counseling and performance psychology expertise also shaped his approach to the research questions and participants. Because the researcher is seen as the research instrument in semi-structured qualitative interviews (Pezalla et al., 2012) and is a co-creator of meaning in interpretive phenomenology (Watson, 2024), this researcher's unique characteristics can enhance the research quality. In interpretive phenomenology, the researcher uses their preunderstandings as a lens through which to interpret the data and can co-create meaning with the participants (Watson, 2024). Furthermore, this allows the researcher to have an active and dynamic role in understanding the participants and helping them understand their own experiences (Gonella et al., 2023).

The inherent challenge of disentangling the dual role of mental performance coach and researcher was addressed through several strategies. First, by informing the participants who are part of the researcher's MLB team of the dual role and by explicitly addressing potential conflicts (Geddis-Regan et al., 2022). Second, the goal of selecting participants outside of the researcher's MLB team was intentional, aiming to reduce bias in the findings by having a wider participant pool (Geddis-Regan et al., 2022). Third, the researcher actively reflected on his biases through a reflexive journal and how this dual role may impact the research process (Geddis-Regan et al., 2022). Finally, seeking

feedback from an external reviewer helped address conflicts arising from the dual roles (Geddis-Regan et al., 2022).

As a bilingual English and Spanish speaker, the researcher was able to conduct the interviews in the participants' native language. Two participants (n = 2) opted to have their interviews conducted in Spanish. The remaining ten participants (n =10) opted for English-language interviews. Conducting the interviews in their preferred language minimized the potential for misunderstanding of concepts and meaning and maximized the trust and rapport that facilitated the interview flow. According to Wright, "cross-cultural studies should not be carried out in a unilingual English language fashion" (Wright, 1996, p.73). Appendices E, F, and G include the Spanish version of the initial information sheet and disclosure, the demographic questionnaire, and the interview protocols.

My interest in this topic stemmed from witnessing the challenges that develop for injured athletes and all those around them. I have seen many athletes suffer during the injury experience and the recovery process. Most of all, I have always wondered why psychological support does not come into play until after the injured athlete has been cleared to play physically, and why many athletes fail to complete a successful return to play even though they are cleared to do so from a medical/physical standpoint. Regarding social support, I am interested in learning about the specific needs of injured athletes during the return-to-play phase.

CHAPTER FOUR

RESULTS

The purpose of this qualitative study was to explore the lived experiences of professional baseball players during the return-to-play (RTP) and return-to-competition (RTC) phase of their injury rehabilitation and their experience with social support during each phase. This chapter will include a description of the participants followed by the themes and subthemes that emerged from the first interview (RTP) phase and then the second interview (RTC) phase. Five major themes emerged from the first set of interviews, and another five appeared in the second set (see Table 3). Although some themes are present in both sets, the data will be presented separately to highlight the participants' voices through individual quotes that illustrate their experiences at these two different stages of their return-to-play journey, revealing the nuances of their lived experiences.

Description of Participants

There was a total of 12 participants representing five different MLB organizations who completed both interviews. Of these, 10 were pitchers and two were position players. Among the pitchers, seven were starters and three were relievers. The types of long-term injuries reported by the 12 participants were: elbow injury (n = 8, 67%), shoulder injury (n = 3, 25%), and knee injury (n = 1, 8%). Additionally, nine (75%) of the participants were experiencing their first long-term injury, two (17%) were dealing with their second long-term injury, while one (8%) had experienced the fourth long-term

injury in his professional baseball career (see Table 1). Regarding cultural demographics, the 12 participants included nine who identified as white and three as Latino. Two participants chose to have their interviews conducted in Spanish, while the other 10 completed their interviews in English. (see Table 1)

Regarding the outcome of their return-to-play process, eight (67%) of the participants were able to return to the same or a higher level than before their injury (e.g., from A+ to AA), while three (25%) were unable to return to the same level as before their injury, remaining at a lower level (e.g., from AAA down to AA). The remaining participant (8%) was unable to successfully return to play during the 2025 season due to a setback during his initial RTP phase, and time ran out before the season ended to reach the return-to-competition (RTC) phase (see Table 2). Because his circumstances differed from those of the other participants, I developed an alternative second interview protocol for him, which was approved by the dissertation committee and the IRB (see Appendix H). For two participants, unexpected setbacks or time constraints led to final placements at a lower level, so their second interview took place once their minor league assignment became permanent for the 2025 season.

Findings from the First Interviews

The themes that emerged from the first interviews (i.e., RTP phase) were: (a) From Rehab to Ball Player: Transition and Adjustment to Return-to-Play, (b) The Circles of Support: Social Support Systems and Relationships, (c) Show Me You Get Me: Receptiveness to Social Support, (d) It is Crucial: Perceived Benefits of Social Support, and (e) Support Gone Wrong: Negative Social Support. Within From Rehab to Ball Player: Transition and Adjustment to Return-to-Play, subthemes include: (a) Emotional

response to RTP, (b) Performance-related anxiety, (c) Kinesiophobia concerns, and (d) Identity transition. Within The Circles of Support: Social Support Systems and Relationships, subthemes include: (a) Types of social support, and (b) Sources of social support. Within Show Me You Get Me: Receptiveness to Social Support, subthemes include: (a) Effective communication, (b) Genuine care, (c) Feeling understood and validated, and (d) Objectivity in the support received. Within It is Crucial: Perceived Benefits of Social Support, subthemes include: (a) Minimizing isolation, (b) Grounding effect, (c) Helpful reframe, (d) Reducing fear, and (e) Overall value of social support. Finally, within Support Gone Wrong: Negative Social Support, subthemes include: (a) Breakdowns in communication, (b) Inconsistencies in support, (c) Overprotective behaviors, and (d) Disingenuous feedback. Below each theme and subtheme are described.

From Rehab to Ball Player: Transition and Adjustment of Return-to-Play

The first theme, From Rehab to Ball Player: Transition and Adjustment of Return-to-Play, relates to the emotional and mental challenges players face when returning to baseball after a long-term injury. The data was based on the initial question, which asked participants about their thoughts and feelings regarding starting their return-to-play process. Participant responses ranged from positive to negative emotions. While responses generally favored the excitement of progressing to the final stage of rehabilitation, they also recognized that the work was not yet finished, as they now faced ongoing and new challenges to return to play successfully. Under this theme, expressions of anxiety related to returning to compete, fear of reinjury, or a lack thereof, and aspects related to identity transition also emerged.

Emotional response to RTP. This subtheme was derived from the positive emotions related to entering the RTP stage after months of work in athletic training and weight rooms. Participant 9 described his mindset as follows: “I think just getting over that learning curve is what I'm feeling right now, a lot of excitement. And I think that adds to the feeling of, like, newness. So yeah, just optimism, excitement.” Participant 6 expresses the sense of anticipation best, stating:

> I'm excited. It's really fun, like I genuinely, really love playing baseball and not doing that for, I guess, since last, the start of last offseason, which was September for us, going that long without playing. Like, I've never, haven't done that, like, a long time. So, I missed playing baseball. It's really fun competing.

For some participants, the excitement was also mixed with other more intense emotions. Participant 12 expressed relief and joy, along with gratitude and the raw emotion and significance of this moment.

> There hasn't been a smile on my face this long in such a long time, or this big in such a long time, like the amount of gratitude I've been feeling the past probably month or so, because I've been starting to feel an actual end to this mess. It's such a fucking amazing thing. Like, I'll just burst like I'm just thinking about the times that I've gone through, and then where I'm at right now, and I'll just burst out tears of joy, and it's just more relief. And keeps on happening. And I just let it happen, because all that shit that I went through.

Participant 12 also used a metaphor to express relief, hope, and excitement about his return to play: “I just like this time around. I truly do believe in it, and I do see that there is a very bright light at the end of this tunnel, and we are right there too.”

Participants 2, 8, and 11 used the same ‘light at the end of the tunnel’ metaphor in their interviews. However, Participant 11 also emphasized the importance of the work ahead when he said, “just because there's a little bit of a light at the end of the tunnel doesn't mean we can kind of let off the gas in terms of my routines and the stuff that has helped get me to this point in rehab.”

The grounding and process orientation described by Participant 11 in the previous quote serve as an important reminder that the return-to-play process is not an easy journey. The excitement that fills the minds and hearts of these athletes as they start this journey can quickly be overshadowed by more negative emotions and thoughts.

Performance-related anxiety. This type of anxiety involves worry and fear about potentially poor performance outcomes, which can also have high-stakes implications for their career. It was sometimes experienced cognitively, and for others, it was more physical. In either form, this anxiety was a recurring concern for most, with ten participants expressing worry about how their return to play would turn out. Participant 10 highlights this when discussing his initial live BP’s and simulation games in the rehabilitation complex:

> Getting back on the mound. Of course there’s been some nerves, you know, getting back into the live setting, and obviously, the game is a different feeling as well. There's been some nerves, but excitement too, and I've really just been trying to relish each moment.”

Participant 12 offered a similar reflection as he considered what it would be like to be in a game situation again, and also highlighted another common source of anxiety for many of the participants: graduating from rehabilitation and reaching an affiliate

team. "I just haven't been over there. So that's the only reason why I'm just kind of excited to see, and also not, what's the word I'm trying to say. Like on the opposite side of that, nervous, I guess." When prompted by the researcher with the word anxious, he clarified, "Anxious, yeah, but nothing negative on it. But I'm just ready to get out of here."

Participant 9, who was in the later stages of the Live BP phase and preparing to pitch in a game after nearly 2 years, shared his state of mind, providing the clearest illustration of his performance anxiety through the use of the "fish out of water" metaphor.

> I'll say my thoughts and feelings, obviously, a lot of excitement. And as I'm getting back into games, there's a sense of, like, fish out of water, where I'm learning to like what it's like to compete, what it's like to be back on the mound and throw, as opposed to, you know, in controlled settings, where I'm on a mound thrown to a catcher only, or where I'm just playing catch, you know.

For some participants, the anxiety also appeared to be intensified by self-reported pressure to perform and perceived pressure from others. Participant 2 discusses his pressure to perform:

> Every time you take the mound, you've got to execute. You have to prepare your arm. It's a constant thing that you have to do when this is your job. And I think, I mean, you might have your routine dialed and not need any changes, but I'm not there yet. I need to figure out what I need to do, what's most important, how to do it in a timely manner, and just get it done.

Other participants, including F and H, discussed feeling pressure to perform, primarily driven by external factors such as contracts and the business side of baseball. Participant 4, a minor leaguer who played at an A+ level affiliate before his injury, says, “This is my last year, and I have to put up good numbers so I can sign a free agent contract. Do you see? This is what is occupying my mind.” He then shared more details about his state of mind.

> Of course, time. I’m playing against time. It’s not in my favor, and I also have to perform; to deal. I have to do the job because I have to put good numbers up, as this is my last year. And yes, I think this is a big factor in what I am feeling.

For Participant 11, a slightly different baseball business-related challenge was occupying his thoughts, with added pressure from being traded during his rehabilitation period and now entering the RTP stage in a new organization: “You know, this is a really big year for me coming up. It's my 40-man year; it's a new organization. I mean, you name it, it's a big year, it's all there for me.”

For participants whose performance anxiety was more linked to their bodies, the challenge was similar. Participant 9, one of several pitchers, was not only focused on rehabilitation and strengthening but also working on specific pitching mechanics, which added another layer of anxiety.

> For example, like, part of what prolonged my rehabilitation was, you know, mechanics. Coming back and throwing a baseball. I really had to relearn how to throw a baseball again, coming back from two surgeries. It didn't come naturally, per se. I had work at it one-on-one, consistently, every day with a coach.

Participant 8 reflected on his experience with elbow tightness after a bullpen, also known as a "side" in baseball terminology, as he was getting ready for a live BP.

> Last week, my elbow got a little tight, so that was obviously concerning going into the first side. But we did what we could do day by day, and then live came around, and it went really well. So yeah, now I feel a lot better. And that was really my only issue.

Kinesiophobia concerns. This subtheme involves worries about potential reinjury, along with data associated with participants' efforts to control thoughts and emotions related to the fear of reinjury through various coping strategies.

Six of the participants shared their thoughts and feelings about their fear of reinjury. For Participant 1, this fear caused a sense of uncertainty, explaining that "for me, the uncertainty comes from two sources, which are with the possibility of getting reinjured. And while I believe that is a very small percentage for that to happen, it still holds a space in my mind." Using the metaphor of "alarms going off," he further describes what happens when he feels discomfort or pain in the injured area and the worry that comes with it.

> Of course, if I feel something, the alarms go off and I am, or used to be, very much focused on trying to solve it immediately, in that moment. Like I wanted to, when I felt something in my shoulder, I wanted to massage the area and make it better, so then I would be like 24 hours aware of it and putting too much focus (on the shoulder area), which made the problem even bigger in my mind, because the mind feeds off of that, and like it says: "Ok, you are paying a lot of attention to that."

This cycle of physical symptoms, fears, concerns, and increased body awareness illustrates the cognitive-behavioral loop that heightens anxiety for this and other participants. In the case of Participant 12, recalling past setbacks appeared to intensify the fear of reinjury, even if he was optimistic about his current condition.

> So the last two times I got injured and then came back to play, at the very last moment, like probably two to three weeks before I was supposed to be sent out to an affiliate, I got reinjured, had to get surgery. So we are right in this moment, right now, but my arm is recovering very well. My body feels amazing.

Unfortunately, this participant experienced a setback during the final stages of his ramp-up and was unable to successfully return to compete in an affiliate, as he had to rest while the medical staff examined his pain. For Participant 4, a position player, the fear of re-injury affected his training and caused him to hold back as a self-protective measure for his injured left knee. He stated, "The only thing is regarding fear, you know, in some aspects. For example, when sliding. I don't want to slide with my left leg. I want to slide on my right. I prefer to slide on my right leg because of fear." Interestingly, Participant 4 also mentioned that an incident where he was hit with a ball in the injured left knee reassured him that he could trust his injured limb:

> In reality, it makes me feel good. That fear that I had is gone now. I feel that now I play, and I am going to get hit on the left one, because it was like a stop sign I had for myself. And I was like waiting on something to see if I could do it, let go of all that fear I had. The goal was, and I sincerely think the reason, when I said to myself, "don't be thinking about what leg you are going to slide on," because if the ball hit me, now I can endure everything.

Not every participant experienced a direct impact on the injured body part, which helped them realize they are okay. Four of the six participants who mentioned a fear of reinjury also discussed having a lack of fear or coping strategies to reduce that fear, highlighting the cognitive and emotional challenges players face during the return-to-play phase. Participant 9 describes an ongoing concern with reinjury but immediately mentions actions within his control to reduce that risk, as well as referencing his faith as a buffering mechanism.

> Always expecting that, like something could go wrong, like it's not out of the realm of possibilities. But you know more so thinking, you know, react instead, or react and prepare by, you know, getting proper rest, nutrients, sleep, etc., then so much like that being the forefront of my mind, just, Oh, what if I get injured? What if this happens? And if you're doing everything you can to prevent any possible injuries and stay healthy, then you know it's up to God at that point if injuries come your way.

Participant 5, who was rehabilitating from his second Tommy John elbow surgery, a reconstruction in the same elbow, expressed similar concerns as he reflected on past setbacks, while pointing to mindfulness-related strategies and focusing on aspects within his locus of control as his coping methods.

> I feel good about where I'm at. I think there's always going to be a little bit of worry in the back of the head about the reinjury part of it, since I have done that before, but I feel like, you know, I approach every day with a pretty clear and clean slate to start the day and just try to check the box, every box I can to be ready.

He also used a metaphor to describe the importance of using his locus of control strategies when dealing with the fear of reinjury: “It probably won't ever go away, but it helps to dilute it a little bit.”

An additional participant expressed an awareness of the possibility of getting reinjured but also stated that they felt prepared for that eventuality. Participant 10, a first-time long-term injured athlete, shared:

> I haven't really had any setbacks physically so far throughout this process, which I'm extremely thankful for. Not to say that there still might not be a setback, which there very well could be, and I feel like I'm prepared to handle that if that were to arise.

While setbacks may or may not occur during the return-to-play phase, another significant sub-theme that emerged was related to a key psychological challenge weighing on the participants’ minds. Specifically, it involved issues concerning their identity and the transition from a rehabilitation mindset to a competitive mindset.

Identity transition. This subtheme describes the process of shifting from seeing oneself as an injured athlete unable to compete to viewing oneself as a healthy athlete capable of competing again, after months or years of dealing with the initial loss of identity caused by the injury. Participant 11, from whose quote the theme was formed, said, “They were motivating me in that sense, and flipping that mindset that we talked about from rehab to ball player. Back to normal.”

The identity transition challenge also involves an internal struggle between holding back and letting go, as the inner competitor begins to emerge from a state of hibernation. Participant 3 said, “I think I got to a point in the bullpens where it finally felt

like baseball again." He wasn't calling it rehabilitation and added, "Felt more like gearing up for, you know, a season, just sort of not just like rehab," and further distinguished the two identities when he explained:

> You just kind of start honing in on your craft, or pick back up where you left off, I guess, and try to improve. But it's not so much like training room exercising. It's more like game improvement all around, I guess, which is more like what I'm used to doing when I show up to the field.

Participant 6 summarized it simply and said, "I think I'm just mostly excited to get out of the rehabilitation complex, start going somewhere, and just competing again." Participant 7's outlook reflected a heightened awareness of the importance and value of being able to make the shift back to the competitor mode.

> As an athlete, I'm extremely excited to get back into game action. Something that I love and I cherish and I value is like that competitive aspect, that competitor inside of me, that I just love to nurture and learn about each and every time I get to go out there.

For this participant, this identity transition was not only something he was aware of, but also something he intentionally targeted as a key part of his return to play from a psychological perspective. His use of the phrase "taking that mental governor off" is a metaphor that other participants also used. He shared that he even recommended this strategy to another teammate who was also going through the RTP phase with him.

> I had a conversation with a guy that was doing the same thing on the same exact timeline. I said, "it is time to wash away all the build up," and I was telling him this, and I was like, "I'm telling myself this too. I'm not telling you how to feel,

but for me, this is how I'm going to attack this. I, we're now leaving the season of recovery and rehabilitation. We're now entering the season of nurturing that competitor and kill or be killed mentality." Because you have to trust that you are fixed and you are recovered, and the work that you've put in has made you better, and there's a reason for that. And so it's almost like taking that mental governor off, of whatever that injury may be. You have to do that at some point, right? And so that mentally is, the cleanest way to do it for me was when I insert myself back into competition. Here we go, and you try and flip that switch. So that's kind of how I've tried to approach it.

For Participant 10, the moment of insight happened more through experience than through thinking, as a realization during a live BP.

Being on the mound again and having somebody like a hitter in the box, I think it kind of reawakens a certain part of you that you just can't replicate. So I guess what I'm trying to say is I don't feel like I've lost that sense of competition.

He then conveyed that it was an effortless transition by using a metaphor: "And you know, it's kind of like riding a bike. It feels like I'm getting the same feelings as I did, you know, pre-injury." Participant 6 also mentioned that his experience was similarly effortless.

This is the first time in my rehab process where it feels like I'm over that injured hurdle, and I feel like I'm finally healthy, and I feel like now it's just getting ready to go play in a game. Doesn't feel like it's a challenge. It feels like I'm just like, going about my business as usual as I normally would.

However, this process was not always easy for the participants. For example, Participant 1 saw it as a deliberate decision he had to make after realizing he needed it to transition and move forward to the next stage of his RTP progression.

> There comes a point in time, even with myself, that I have to say, "until when will I keep thinking like I am injured?", and like "when am I going to turn the page?" to say, you know, "no, enough!" Right now, I am throwing again. I am preparing myself to pitch again. I am preparing myself to play in the highest level of professional baseball in the coming months.

Using the metaphor of an "ocean and a jungle" to describe the rehabilitation and the return-to-play stages, Participant 1 explained what this transition felt like for him:

> Yes, so since those two years since my shoulder injury, I would always suffer setbacks, always, like I always feel something and it feels in a certain way, like when one is in the ocean. You are all alone in the sea, because in the end, this is your career, and you are all alone in the sea, and it's like you are trying to fight off everything. Fighting off sharks and dolphins can become exhausting in a way. It's like you are always trying to do things just to survive, so talking to the mental performance coach, we came up with that metaphor. Which is similar to the time, the seven or eight months, that I couldn't even throw a ball. Now there are new things, because the shoulder has more mobility, so right now I am entering the jungle, a place that I already know, and while there are new challenges here, this is, now it is time to, I have shown myself I have that (overcome the sea), and now it is time for baseball.

These three sub-themes—performance anxiety, fear of reinjury, and the need for identity transition—illustrate the psychological challenges faced by participants as they began their return-to-play phase. The next section will discuss the role of social support during this process.

The Circles of Support: Social Support Systems and Relationships

Several participants described the social support system using the metaphor of an inner circle for the most important support. This theme explains how individuals and networks provide social support to injured athletes. Table 4 categorizes the types and sources of social support reported by participants, and it will be referenced throughout this section.

Types of social support. These are the different ways support was offered and received by the participants. Four types of social support emerged from the initial data set: Emotional, Informational, Motivational, and Tangible.

Emotional social support. This type of support involves providing love, care, and empathy to the rehabilitating athlete. Participants perceived and received emotional support in various ways, yet all twelve highlighted its importance (see Table 4). For Participant 7, the most impactful form was through unconditional love and encouragement: "I think first and foremost, like the emotion or the type of support that has gone the farthest for me is unconditional love and encouragement, appreciation for how difficult this can be on an individual and an athlete." Participant 5 found emotional support through sharing similar experiences and the understanding that comes from going through the RTP process with others.

> There's been a few guys here for a while and kind of going through similar things and re-injuries. And so, you try to connect to those people, like, I said, kind of understand it a little bit more. And so, you kind of have some things to talk about. And you try to, you know, say, “Hey, man, I understand you.”

Participant 7 also felt emotionally supported by his circle, as he felt understood and validated about the difficulty of this experience.

> And so having family, friends, whoever it is to lean on and for them to give you some sort of encouragement and validation can go a long way. I think, instead of just the normal, “oh yeah, it's hard, but you're gonna be good.” Like, Nah, “dude, this is really difficult, and I see you working, and I appreciate the work that you're putting in, not only for yourself, because I love watching you do what you love to do, but for our family and for our friends, for our kids.” And so hearing that from people that you care about, that you value, their opinion, goes a long way.

For Participant 5, empathy and feeling understood were also important aspects of emotional support.

> I think having the small circle has helped, to kind of have people that have known me for a while and understand me, and even athletes, you know, former teammates and that sort of thing, that have kind of, understand my path and understand me and understand, you know, what I've gone through.”

In the case of Participant 10, regularly checking on him to ask how he was doing and progressing provided a simple yet powerful form of ongoing emotional support.

> They're always wanting to know, you know, just daily, like, what was, just something as simple as “how was your day? How are you feeling,” you know,

> "how'd throwing go today? How did you know, delivery prep go?" Like, "how's stuff going in the training room?" You know, it's just stuff like that, that I get a sense that they truly care. And it's just that constant reminder that they're there.

Participant 6 described a similar way of receiving and experiencing emotional social support from his support circle.

> But here I feel like everybody knows my situation and what I'm going through, and they're always asking how I'm doing, how I'm feeling. When do I throw next? I feel like everybody around me is always, it feels like they care about what I'm going through and how fast I'm gonna get out of here."

Like other participants, Participant 5 highlighted the importance of emotional support through being seen by others while in the rehabilitation complex and mentioned that it helped him divert his mind from the daily challenges of the rehabilitation facility.

> I know I've said, you know, checking in to see how I'm feeling, honestly, like, take my mind somewhere else to, "how, how's your day?" Give me something we could talk about back home or whatever, just how important it is to kind of get away from the field, and get away from rehab and ingrain yourself in other people's lives, because it's going to help you, you know, keep your mind a little bit more balanced.

Informational social support. This type of support involves information, advice, expertise, and guidance to the rehabilitating athlete. It helps participants understand their situation, feel reassured, or improve performance-related tasks. Reflecting on its importance, participants highlighted its value not only during the rehab phase but also as they transitioned back to RTP. This was another key type of support in this study, with

eleven (92%) participants (see Table 4) sharing how this support from various sources guided them and offered reassurance amid uncertainty about RTP. For Participant 2, understanding what to expect and being able to ask questions and participate in his own care were especially important aspects of receiving informational social support.

> I feel like everyone that I've been working with has done a really good job of supporting me. I mean, with all my rehab programs and all that. If I have a question, or if I want to change something, they'll tell me why it's there. What's the reasoning if I should or shouldn't change it out. They've been super open and have had good communication with me.

For Participant 9, having knowledgeable people he could turn to for information was a crucial part of how he sought and received social support.

> I think going through the rehab process and having people who I can reach out to, I can talk to, who know my situation, kind of shoot ideas off of them helps. I think just their, lots of experience, lot of knowledge, both of them on pitching side and the anatomical side.

Medical professionals seem to play a particularly important role in providing this type of support. For Participant 3, this support came from the doctor who performed his surgery throughout his rehabilitation process and leading into his RTP as he felt some discomfort.

> Anytime I got in front of the doctor, he just assured that that was like standard, and then he said time will loosen it up. And like, when time actually did loosen it up a little bit. You know you're like, you got to pump the brakes, I guess. And tell yourself, you know he's got to where he's at, for a reason, sure. And you know, he

knows my elbow probably better than I did, right? You know, the surgically repaired elbow obviously better than I did. And there's seems like it was kind of right on. It was slower than most people's timeline, but he's seen it before. So, you know, I felt like that was probably the biggest confidence boost. Is like gaining trust in the, you know the symptoms and, how the elbow progressed through this rehab.

Motivational social support. This type of support involves intentionally encouraging and sometimes challenging the rehabilitating athlete to empower them to reach their goals. Participants frequently identified motivational social support as a vital form of help during RTP. Ten out of twelve participants (84%) emphasized its importance (see Table 4). For Participant 9, who had already begun the sim games stage by the time of the first interview, being allowed to return to pitch without restrictions was a meaningful way to feel supported—by being trusted—as he faced opponents for the first time.

I've appreciated the team just not having too much expectations and just kind of giving me a bit of a leash to just prove myself a bit and you know? Not holding me back. Not telling me too much, just saying, like, "go pitch and like, see what happens." I appreciate that, and I just get to go and give it my best shot. And, you know, let the cards fall where they may. That's been helpful.

For Participant 11, the motivational support took the form of reassurance and encouragement from his support sources, boosting his confidence to return to play.

Encouragement like, "you're ready for this." You know, "you've put in the work, everything that has led up to this. You're ready. And whatever ready looks like,

you're ready today." You know, you're ready today doesn't mean that, you know, you're ready for what comes in 3 weeks or a month, but when I get back to playing, and its kind of, my head kind of jumps to that first game, is like motivation and excitement.

In Participant 6's case, his reflection on meaningful social support highlights the excitement he felt from others about his upcoming return to play, as well as the strong, invested interest shown by his support team in his process.

I think just the excitement that, like the real excitement for my progression, is what is more important to me, right? They genuinely care about my steps forward, rather than feeling sorry for going through this. I think everybody around me has pushed me to be a better version of myself before I got hurt.

For Participants 1 and 12, the motivational support came from their families, who also became the reason for their desire to return to play. Participant 1 said, "That has been my motivation. I did not have my mom near or anyone else to help me. It always has been like with my family far away, so it's like I do this for them." Participant 6's explicit reason was his desire to have his family watch him play again.

It's motivating. It's like you never want to disappoint your parents, not that me being injured is disappointing my parents, but for all that they've given me, like, I love being able to go out there and make them happy watching me play, if that makes sense. Like, it sucks that they can't watch me play like they deserve to be able to watch me play. And it's motivating for them to say, like, we can't wait to watch you play. Motivates me more to be like, yeah, I really want to get out of

here, but there's a lot of other people, like my parents, that want me to get out of here too, right? It's motivating.

Tangible social support. This type of support involves providing physical, practical, or material aid to the athlete in recovery. This was the least mentioned support type by participants, with only one (8%) bringing it up. Participant 4 received positive tangible support from his girlfriend, who helped with practical needs, allowing him to focus on his baseball activities during the ramp-up to RTP. He shared, "She has been a huge source of support as I return to play. She prepares breakfast for us … Other things too, and it all helps keep my mind clear."

The four other types of Social Support identified in previous research, which are important to injured athletes, are closely interconnected with the individuals who offer their words and acts of support. These are called the Sources of Social Support, which will be covered in the next section.

Sources of social support. This theme centers on the individuals and groups that offered or provided help to the participants through the types of support discussed earlier. These included family, friends, spouses or partners, and children; teammates; physical therapists, doctors, and athletic trainers; coaches and staff; and mental performance coaches, counselors, and sport psychologists. Additionally, participants identified three other social support sources that were more unexpected: agents, organizational management members, and fans. As in the previous section, Table 4 will be referenced throughout this section, as it categorizes participants' responses regarding sources and types of social support. See Figure 1 for a visual representation of the circles of support.

Support from family significant others, and friends. This group is a key part of the participants' social network. It included support from parents, siblings, spouses, girlfriends, children, and other extended family, as well as friends who are not classified as teammates. All twelve participants (see Table 4) described support from their families as an essential source of social backing. Eight participants identified their spouse or girlfriend/fiancée as a significant part of their support system. Eight participants also recognized friends as a source of social support. However, six of these eight viewed friends as potentially having a negative impact on their support. While other sources of support were also seen as negative, friends were the most frequently mentioned in this context of negative support.

For Participant 12, support from family was not only important but also essential. He stated, "Family is always a good one. You always have to have family in your corner. They will always be with you every step of the way. But it's very good to hear from family after not seeing them." When speaking about his family support, Participant 6 highlighted that even from a distance, they seemed to have an energizing effect on him.

> My family. They've put a big part in my just helping me go through my stuff. Man, I call my parents every day and talk to them, and they're always really excited to hear about how my progression is going. They just want to see me healthy and back playing.

In the case of Participant 7, family support was essential in helping him maintain a healthy work-life balance during the challenging rehabilitation process.

> If I were to go through this alone and with no nothing to go home to, and honestly, no distractions, if I were to go through this without any distractions, and

> I was just laid up in a hotel every day after my work here and not going back to my home and my family, where I'm able to differentiate my work and my leisure, it would be a completely different experience. And I don't think it would be, you know, not for the better, right?

Similar to Participant 7, Participant 2's response emphasized how his family helped him stay balanced. Additionally, he noted the motivational effect of their interest as he was entering the RTP Phase.

> Right now. I mean, they're just excited helping me. They're being supportive. And I called my dad yesterday, and we're just talking. I told him I was on my first live at bats on Wednesday, and he was excited, told me to send him videos, let him know how it goes …. they're just super excited for me to go out and perform and compete again. It's been a long journey. I mean, this is the most significant injury that I've ever had.

For Participant 10, family support seemed to be all he required, stating, "So having a loving and supporting family is like, I mean, what more do you really need?" He elaborated:

> Whether I had a good day or a not-so-good day. I mean, they've been there for me. And you know, if I ever needed to vent, or anything like that, they've listened and done nothing but encourage and support me.

This reflection of unconditional family support was shared by many other participants, including Participant 5, who highlighted a unique aspect of family support as he was one of two participants with children.

> And having children, it kind of puts a new perspective on it, too. And being able to just go home and play with the kids. My son doesn't care what I've done, and he's like, “dad, yeah, I know you play baseball,” Like, “I know your arm’s been hurt for a while. But other than that, I don't really care. Can you play with my Legos?” And so, that perspective just helps a lot. And it's like, that's what really matters … And he tells me he loves me about 15 times a day, which is, yeah, obviously, great. But he's just, he does a really good job of, yeah, “I love you, Dad,” like, “you're great, Dad.” It's just that those little, you know, words of affirmation from my four-year-old can put things into perspective pretty quickly.

For Participant 9, when asked about his social support, he said, “Family. My parents and my wife were always on my side and want the best for me.” Other participants also mentioned support from spouses or girlfriends. Participant 4, who had just started his relationship with a girlfriend after beginning his rehabilitation, highlighted the value of that support during the RTP phase.

> Now I feel a lot better, since meeting my girlfriend. I have been with her since I came to the rehab complex. She has helped me clear my mind a lot, you know that’s a big deal, because I end up cooped up, as soon as I am done with training, and then think about baseball. She calls me and helps me a lot during this process. To clear my mind, and I feel she is a big help, right now, especially right now that I am playing. She takes care of me by always making me breakfast, and she tells me, let’s go walk the dogs or anything else to clear my mind, and keep my mind busy.

For Participant 3, the girlfriend's support was important both as encouragement and as a source of advice. However, it seemingly fell short in being able to empathize with how difficult this process was for him: "I've used girlfriend encouragement; it's pretty standard. It's hard to get good advice, but she has good value or advice. But she can't feel the things you feel. So that's the hard part. I think that's why teammates are probably best."

Eight participants identified friends as a form of social support, but this was a complicated aspect to navigate since it was viewed as both positive and negative in many cases. On the positive side, friends were an important source of emotional support for six of the participants. For example, Participant 7 included his "close friends" in his "very tight-knit" support circle. Similarly, Participant 11 included his "two best friends" in his support circle. Participant 1 also reported having a very small group of friends as part of his inner circle but also mentioned it was larger before his injury. "I believe my circle of support is more and more closed off, kind of, exclusive, and I don't tend to speak about these things with anyone except for my family, and my closest friends." This need to discern people's intentions was a shared challenge for other participants, and as Participant 12 explained, discerning his choice of friends was important: "You gotta have friends. Got to know the right friends too."

In conclusion, the Family and Friends group was the most frequently mentioned by the participants. While this does not necessarily mean it was the most important, as will be discussed in Chapter 5, another commonly mentioned source of social support was teammates.

Support from teammates. The time spent together and shared lived experiences clearly make this group another essential source of support for the participants. The strong sense of camaraderie and reassurance gained from teammates who are experiencing the same or similar struggles, or, in the case of past rehabilitation graduates, have had experiences with injuries and returning to baseball, was invaluable. Nine participants reported social support from teammates (see Table 4), which came from two different groups. The most frequently mentioned group consisted of rehabilitation athletes, including those currently in the rehabilitation program and those who had already "graduated" and returned to play. The second group included former, but still on the active roster, teammates from their last team or organization (e.g., A, AA, Majors) who had not gone through rehabilitation. For Participant 6, Teammate Social Support was all about the environment and energy provided by his fellow teammates in the complex. He shared, "Everybody around is in good spirits every day. Everybody's the same person every day. We make things enjoyable here. And I think that really helps, it helps me at least." He highlighted how these teammates helped break up the monotony of daily routines.

> It makes it more fun doing the stuff, doing the boring rehab, the lifts, throw on activation every day. I mean, it makes it just way more enjoyable, especially when everybody gets along and they're all friends, they're all making fun of each other. And just, it just makes you like you're still going through your stuff, but you're, you're not thinking about the same: I'm doing the same thing for the 18th time this week, and, it's really helpful.

Participant 5 shared a similar view on the importance and value of going through this shared experience with other rehabbing athletes.

> So it's good to at least be able to show up every day, say hi to everybody. Everybody kind of get comes in, you grab your clipboard, you do the same thing every day. You talk about what you need to talk about and try to figure out different topics to try to keep yourself sane.

Participant 3 also acknowledged the importance of his current teammates, even though he would prefer to be back with his team and his healthy teammates.

> The best thing you can say about social support around here is just keeps it fun. Like, there's some good, you know. Well, you'd much rather be, obviously, with the whole entire squad. Or, you know, there's just some days that you look back and there's just jokes cracked, or, like, things like that that just makes showing up to work fun, right? Like, it is fun, you know, having people around to talk to right? Makes it fun, right? So that, I mean, that has probably been the biggest thing.

Participant 7 recognized the importance of hearing from other teammates about what to expect during the early stages of his return-to-play progression. He shared, "I think the biggest, and this is just coming off, from what I've heard from plenty of people that have had the same injury and surgery that I did, is, it ebbs and flows." He then elaborated on this as helpful in shaping his own outlook, stating, "But from what I have heard from people that have gone through some more experiences, that not every day is perfect, and that first year is a struggle, and it only gets better." Participant 8 mentioned

that his experience with teammate social support was evolving as he transitioned into the return-to-play phase, noting:

> Now, it's more like, we're teammates again, like, treating me like an equal, you know. “How'd you throw? Work on this and that,” like, “I did this during my rehab.” So it's just like, small little things that may obviously be having success. Yeah, and I feel like just that passing of the torch helps a lot.

The metaphor of ‘passing the torch’ signifies mutual or reciprocal social support, or, as Participant 5 described it, “It's trying to pick those guys up that you know are in similar spots as me, and because I understand where those guys are coming from.” For him, since he was traded during the rehabilitation period, this mutual support also included teammates from his previous organization sharing:

> And I have some guys with the [name of previous organization] that, you know, from a team that I, you know, are going through the same thing. And so we keep in touch and say, “Hey, how are you doing here?” And so it's good when other people have gone through the same thing.

For Participant 6, the support from his teammates as he was returning to play, the feeling of being seen during his performance-related activities, and having people excited for him were encouraging.

> Basically, it's all like they're all excited for me, and like, going out and throwing live (live BP) on Saturday and having a ton of people out there watching that I've been going through everything with, it's really cool to see. Like the support of that is really encouraging, and at least in the building, it's awesome.

Participant 12 realized the importance of seeing other athletes in rehabilitation at this stage when he was just starting. Watching those teammates go through the process and receiving their support gave him the motivation to pay it forward, offering himself as a source of support to others, stating, “if you have beacons of hope like myself, humbly enough, or others.” Another interesting finding about teammate social support came from the comparison involving interactions with other rehabbing athletes. It seems to be a double-edged sword, having both positive and negative effects. Participant 3’s thoughts on this provide some insight into this duality.

> Being here at the field with teammates that are going through similar things, whether it's my catch play partner, or just other guys dealing with long-term injuries themselves, that's definitely the biggest social support, because you stack yourself up and you get to bounce things off each other.

For Participant 1, the comparison and ensuing conversations with fellow rehabbing teammates were also helpful in learning from others and serving as a point of comparison.

> I exchange (information) a lot with my teammates, at least for me it is very useful, like seeing them also going through what I went through, even though that is tough because we don’t want anyone else to go through something like that. One feels that, even if my surgery was different from that of others, one feels like, especially during this time (return-to-play), OK, “you felt this way?” Oh, OK, I am not the only one who is feeling this way.

During Participant 3's interview, he described an interesting way of explaining teammate support through his explanation of visual support. When asked to elaborate on this concept and what it meant to him, he provided the following response:

> Watching it, like seeing catch plays of other people. And like, being like, oh, that doesn't look very good. Like, you know that I've seen him throw at his peak, and, like, he has this mountain to climb. And like, we all started at the same mountain, right? And we're at different stages of it, I guess. And then, like, watching the success of, you know, someone else, and like yours, just kind of, like, inching forward, really, but, uh, just seeing it and being around like other guys.

Participant 3 went further by using others as a point of reference, comparing himself not only to current Tommy John surgery recovery athletes in his own organization but also to those in other MLB teams.

> I think comparisons probably, whether it's the same surgery or not, but I think, I mean, this is such a common surgery now. And like, I don't know, I'd probably say at least 30% of the guys that are getting the surgery have used the surgeon I have, right? And like, it's broadcast into the world. I see them, you know, when they go down, you know, which surgeon they used, and then you get to watch them perform on TV again. And you see the ones that come back stronger; you see the ones that are that tick down (in pitch velocity). But, just seeing it is kind of, everyone's a little different, I guess. But you're just figuring out your own, you know, like, where are you placing in that whole mess, right? I think that's the visual support.

The Family and Friends group was the most frequently cited source of support by the participants. Teammates were the second most common source, but with the same frequency as Medical Professionals and Coaches. These two other sources were also regarded as important by the participants and will be discussed in the next two sections.

Support from medical professionals. Expertise, time spent together, and genuine care make social support from this group another key part of the overall social support system for the participants. In this study's case, it was one of the most significant, as all twelve (100%) participants identified one or several members of this group as a source of support during the RTP stage. The Medical Professionals group included doctors, physical therapists, and athletic trainers. It is also important to note that, for some participants, this involved consultations with external providers, meaning medical professionals outside of their organization's structure.

For Participant 2, support from Physical Therapists was very important, especially as a source of positive energy. He said, "The PTs… they've been super supportive of me, always super positive," and explained their significance by sharing that "when you're in rehab, you have good days and bad days, and sometimes your bad days are tough and you're really disappointed at what had happened or what's going on, and that positivity from them could really help you out."

For Participant 3, the importance of consistency in the care provided by the medical staff (and pitching coaches) was crucial, stating, "But I like, know, the support of, like, the trainers and the pitching coaches and everything like that is gonna, I mean, that's all remain the same from whether you're healthy or not." Under the Informational Social Support section, the importance of the doctor's feedback as support for Participant

3 was discussed. In the case of Participant 9, there was a similar reliance on doctors for support as reassurance of what they were experiencing. He shared, “I'll be like, I'm feeling X, Y, and Z, and they're, oh, I've dealt with that, or I've seen patients with that, and so that they can give me a good game plan to move forward.” Participant 3 also highlighted the importance of trusting the support and expertise of the providers, stating, “And then just obviously the PTs that have done 100 of these or whatever kind of seen different things.” In the case of Participant 4, the value of receiving support from his physical therapist was centered around the support he offered by putting things in perspective when the participant was in a negative headspace:

> You know he is an incredible person. I don’t have words to describe how grateful I am to him. Many times, I was in a negative headspace, and he would help to motivate me. He would share small details about the procedure and how complex that process had been. And so that would help me to keep working and to keep improving.

Participant 11 summarized his perception of the support from medical professionals with the word gratitude, saying, “a word that comes to mind is grateful, you know, I'll have a new profound respect for PTs and trainers and surgeons and everything that goes into, you know, this rehab process and helping players get back on the field.”

For many participants, the support from the medical group and coaches seemed to be interwoven, as they would often mention members of both groups together. However, each of these sources of support had its own individual positive impact on the participants.

Support from coaches. With ten out of twelve participants, coach support was the third most frequently mentioned source in the interviews. The importance of the coach group in providing social support was connected to emotional, informational, and motivational support. For Participant 12, his rehabilitation pitching coach was the most influential in offering all three types of support, stating, "I've had one specific staff member. He was our rehab (pitching) coach. He was a big, big, big, big part of this process for me." Participant 2 also highlighted his pitching coach's emotional and motivational support, saying, "From the pitching side. I mean, he's the man. He really cares about the players and wants to see us succeed and grow; do (what) we know we all can do. He wants to bring the best out of us."

For Participant 4, the ongoing emotional and informational support from coaches was important both during his rehabilitation assignment and now that he is in his RTP phase.

> The majority of the team's coaches. They always wrote to me and were checking in on my progress. Currently, the support they are giving me, I feel is very good in the field. I feel like the coaches are focusing on my defense, because that has been my greatest weakness, and they are focusing well on that. Coaches and PTs are focused on giving me excellent care so I can be ready to play.

Participant 11, also a position player, reflected similarly on the value of coaches supporting him as he prepared to return to play. However, he faced an additional challenge of seeking social support from coaches because he was traded to a new organization during his rehabilitation. He explained that he understood the importance of

being intentional in building relationships with coaches in preparation for the return-to-play stage.

> There's been a challenge within that, because I didn't have these relationships with the new organization, so it's trying to, you know, I spent a lot of time to create relationships, create a rapport. So that when we got to a point in time like we are now, and the return to play. Like asking them questions, asking them for help. Asking them for advice, like, that is all easy to do, because I've created those relationships throughout the rehab process, which has been really good for me. I'm starting to kind of reap the benefits of doing that on the front end of rehab, so now we're in the back end, and they can help with, you know, whatever it is on field to be able to help me to be ready to go when I get back in-game."

This need to connect with coaches points to the quality of relationships and the expertise that coaches contribute to help participants enhance their skills and advance their careers. That is every Participant's goal: to return to the game and professional baseball. Three groups are solely dedicated to supporting the players in their areas of expertise to make that happen: Medical Professionals, Coaches, and Psychological Service Practitioners.

Support from psychological service practitioners. This group included both internal and external professionals, but their availability varied between organizations. This, along with participants' general beliefs about the field, influenced their usage and how they perceived its value. Six of the participants reported this source of support as an important one. Participant 5, who was also traded during his rehabilitation transition back to return-to-play, clearly explains this difference.

> So, from a social help perspective. I mean, it didn't really exist in the one (organization) previously. We had a mental skills coach, but it was in the major leagues, and it was only him. He would only be in maybe, like once or twice home stand. And so it wasn't very important, and they didn't really value it. I think here they, I feel like, constantly checking in, seeing how you're feeling, constantly, you know, trying to provide anything that they can to help you in this journey.

For Participant 11, who was already receiving performance-related support from an MP coach outside his organization, it was essential to continue that support to help him during this injury experience.

> I'm very close, and I work with a mental performance coach outside of the organization. He used to be in professional baseball, and so he kind of understands, you know, everything in terms of what I'm going through. I started working with him before the rehab process, so I already had a great relationship with him.

In Participant 4's view, the value of the organization's MP provider remained consistent throughout the process, especially in offering specific skills and strategies. He stated, "She had been writing me, and continues to do so. But also helping me on how to develop plans for my routines in the long term."

Participant 6 expressed his appreciation for the support from his organization's Mental Performance team.

> I think they do a really good job of caring about everybody and asking how things are going, like I said earlier, like I enjoy the genuine excitement for my

progression and having them in the dugout and during our catch play through all the milestones. I mean, they've seen them all. Yeah, I think it's really cool that they've been a part of that, and I don't think there's anything else I wish they would have done. I just appreciate what they've done so far.

Support from others. These three additional sources of support were unexpected and did not align with the other groups. Although they are mentioned with varying frequency, they provide a more comprehensive and engaging view of all the support sources used by these participants.

Support from organizational management members. Half of the participants alluded to having perceived and/or received social support from members of their organization's front office or management. Participant 12 expressed a sense of gratitude for the support he had received from the organization.

> The support that I've gotten from the org in the last three years when, even when people are coming in and out, it's been second to none, honestly, like they've been here through with me, through the whole process, every step of the way.

Participant 1 expressed similar sentiments of gratitude for the support from his organization by stating, "even the organization has been supportive, in that, take your time, no need to rush, do it on your time, which obviously gives some reassurance and peace," yet he also understands the business side of professional baseball and the potential additional pressures this presents.

> On one hand is the aspect that, thank God, you have a job and how to maintain yourself, per se, but at the same time, you feel stuck and a bit exposed as well. Yes, clearly exposed, because you can't, in the end, it is a business and everything

> is tied to the numbers, and when you can't contribute in a certain way, and the years go by, obviously, that can be stressful, and why one feels stuck.

Related to the challenges of professional baseball, for Participant 7, feeling validated about these realities as he projected returning from rehabilitation and rejoining his team was very important for him in feeling supported.

> I think that I think validation, I think affirmation, that, you know, take the return to play and put that to the side, because that is extremely exciting, all positive and go back to what we were talking about, the challenges that that may present for a failing husband with a wife, a kid, uprooting your life as you've known it in your home for the last year and a half, two years, and moving to, you know, a rental home in a place that, yes, you're comfortable with, but it's not home, right?

Support from agents. The agent as social support was a significant source of support for Participant 1, who stated, "Even with my agent, we are very close to him. He is like a father, and he helps me a lot with that side of pressure and other things, so that everything else is more peaceful." Although this is the only mention of Agent Social Support during the first interviews, it was also brought up by some participants in the second interviews. It will be discussed further in that section.

Support from fans. The final unexpected source of social support was fans. Although only one participant mentioned this during their interview, it was worth noting. Participant 12's experience with support from fans included both positive and negative aspects, but he seemed to be able to manage both. From a positive perspective, he shared:

> People that I have no idea about, have no idea about me, but they still want me to succeed. That's impactful, yeah? And they don't know anything about this, the

actual sport of baseball, besides just us going out there and putting a smile product, right? But no, just a little encouragement. That's huge.

Regarding any negative support, he shared “I'll get negative comments on posts from other accounts, but I'll get, like, I'll get fan mail from here, for sure,” and went on to explain:

> There's still fans in the organization that, obviously are gonna Heckle, and obviously, you got to look at the heckling part of it, because it's there. Never dwell on it, obviously. But the ones that do want me to succeed, that's also cool to see, because I've been seeing a struggle. And I don't know, it's not like a huge support. But like, little positives, that's what I'm saying too.

Different types of social support from various sources were meaningful and impactful to these participants, as shown in the last two sections. The next section will discuss the factors that influence openness to receiving social support.

Show Me You Get Me: Receptiveness to Social Support

This theme focuses on the openness and willingness of participants to accept help, care, knowledge, inspiration, and other forms of support offered by their social network during their journey back to baseball. Throughout the interviews, participants talked about the sources and types of social support that mattered most to them. Their lived experiences also demonstrate how the way social support is provided can influence how well it is received and accepted. In this section, the participants' stories will help explain how they best received social support and found it helpful.

Effective communication. This subtheme focuses on the intentional and skilled process of sharing ideas, emotions, and information so that messages are not only

delivered but also received and understood by participants. When discussing the importance of communication, Participant 2 believed that having open and mutual understanding was vital. He said, “If I have a question, or if I want to change something, they'll tell me why it's there. What's the reasoning if I should or shouldn't change it out, they've been super open and have had good communication with me.” A similar point emphasizing the importance of effective communication with the medical team is highlighted by Participant 11 as he shares his interactions with his physical therapist.

> He's been just phenomenal in, you know, not only the whole rehab, but also as we get back to this return to play. It's like, it's getting close, you know. We've talked about “we're getting close, man, but let's stick to what we've been doing, what's working.” You know, good communication … and also the coaches at the complex … asking them questions, asking them for help. You know, asking them for advice, like, that is all easy to do, because I've created those relationships.

Genuine care. This subtheme involves providing care that is empathetic and centered on the participant's needs both as an athlete and as a person. Participant 7 expresses this sentiment by sharing, “I think, more than just being an athlete, just a human being, I think that goes a long, long way,” referring to the impactful social support he received. Several participants shared similar sentiments, highlighting the importance of perceiving the support offered as genuine. For Participant 1, this was especially meaningful when discussing the value of social support. He shared, “I think especially, if it is genuine, and the person brings it, like from a place of offering their time, I think it obviously does help.” Participant 5 shared similar feelings, and the authenticity appeared connected to feeling seen and supported beyond just baseball.

> I mean, asking, you know, just keeping up … like asking, 'hey, bullpen today, how do you feel?' They have a lot like, 'how you feeling today? Feeling all right?' Like, share this recommendation or that recommendation, and just to care and ask the questions about, you know, how's this going, or even, how's the family doing? And just being able to take a little bit farther than just saying hi and bye every day, I think that those little conversations help make the rehab process a little bit easier.

Feeling understood and validated. This subtheme focuses on participants feeling heard with empathy and that their experiences, thoughts, and emotions are seen as legitimate by those they seek support from. For Participant 5, finding social support from people who can understand his experience has been challenging. He shared, "And so it's just, and I have some great people in my life that speak truth into me, but sometimes it's hard to relate and for someone to kind of understand, because it is such a unique job." Still, trusting his small circle of support and receiving support from them seems driven by the need to be understood.

> I think having the small circle has helped to kind of have people that have known me for a while and understand me, and even athletes, you know, former teammates and that sort of thing, that have kind of (an) understanding of my path and understand me and understand, you know, what I've gone through.

As previously mentioned in the emotional social support section, for Participant 7, feeling understood by his support network regarding his challenges and difficulties was a way of feeling validated and supported. Here is a small excerpt from the quote found in that section: "And so having family, friends, whoever it is to lean on and for them to give

you some sort of encouragement and validation can go a long way." Participant 7 also stated, "I think first and foremost, like the emotion or the type of support that has gone the farthest for me is unconditional love and encouragement, appreciation for how difficult this can be on an individual and an athlete."

Objectivity in the support provided. Participants valued receiving support in a neutral, consistent manner, regardless of the type of support. For some, the importance of receiving positive yet honest feedback was not only credible but also highly valued. For Participant 9, objectiveness in the support was what was most helpful to him:

> And, you know, just people not getting too high or too low, despite it being, like, a long journey, and just kind of, like staying objective and being like, "yeah, you're doing well," "just keep doing," "stay on the same path, stay on the same trajectory." And that's been beneficial to me.

He then elaborated on the specific details of what this looked like and why it matters to him when receiving support.

> I would say, pushed, or like, just, just telling it to me straight, just not blowing smoke up my butt, saying, you know, sugar coating things, everything, sunshine and rainbows, just like being objective. Being like you're doing well, you want to be a big leaguer. You're not a big leaguer. You still, there's still a gap between where you are and where you want to be. That's just what it is; that's not pushing me, that's not putting me down, that's just the reality of it.

This sentiment was shared by Participant 2, who emphasized the importance of genuine positive reinforcement and explained why balancing it is necessary.

> So it's great to have like, that positive reinforcement, but I think at the same time, you need to be real. And you know, like, if I throw a bad slider and they're like, "Oh, good job." He threw it through a good slider. I'm like, No, it's not right. It's not gonna play in the big leagues. I need to be better, right?

The need for candid feedback was not the only form of social support he received, as he also expressed a desire to be encouraged and emphasized his wish for balanced feedback.

> I appreciate honesty. I appreciate being real. But there are those moments where you are down and you need to be lifted up. So it's, I mean, it's a balance, you know, yeah, I don't think you should be positive all the time, but in the correct moments, I think it's good.

Participant 8 experienced a similar duality of needs, reflecting on how he best receives social support. In one part of his interview, he expressed the need for encouragement and affirmation, combined with the need to be challenged with honesty about the areas he needed to continue working on.

> Especially for me, I'm, very critical of myself. I expect a lot, so just like, words of affirmation, or, you know, positive critiques, or, you know, things I can work on, but it's told to me in a way, like, you're doing good, but this is where we need to grow. It's just the honesty, you know. I'd rather, instead of encouragement, let's look at what I'm doing, where I'm at. How can I get better? Like, you know, just real.

The desire for honest feedback delivered constructively and in a way that helps these players improve toward their challenging athletic goals in professional baseball

seems to be something they value. This aspect will be discussed in more detail in Chapter 5.

It is Crucial: Perceived Benefits of Social Support

Several participants discussed the value they assigned to social support for enhancing their overall well-being and its role in buffering against the challenges they faced.

Minimizing isolation. Several participants shared that they felt less lonely because of the social support they received. For Participant 9, this impact during his rehabilitation was especially significant:

> I think having teammates who are in rehab with being helped a lot, who you know, I'm not totally isolated or lonely just by myself, that I have other guys who you know just I can relate to, who I can talk to, who I can go do stuff outside of, you know, rehab, work, whatever, and, you know, it's sort of like we all carry each other's burdens when we support each other like that.

In the case of Participant 3, the sense of isolation appeared to decrease through engaging in enjoyable interactions with his rehabilitation teammates, stating, “Sure, it would be pretty lonely doing this alone. But, yeah, just having, just the social support keeps it fun, interactions, right, things like that, right?” When discussing some of the suggestions he had for enhancing the rehabilitation environment and feeling even more supported and less isolated, Participant 5 suggested:

> I guess more for me, probably more like events outside of the field. So like, you know, try to plan something. Like, we all get together for dinner. Like, I think that. I think there probably needs to be more of that going on, just more hanging out instead of just going home and isolating yourself at home. Because, like you said, this is isolating here. Yeah, there's people around you're kind of in your own little world, usually, but yeah, just trying to reach out say, Let's hey, let's do dinner tonight, or let's go to the casino, or whatever, yeah, movies, whatever it may be.

For Participant 6, like many others, emphasizing the benefit of doing this with others and having them observe his progress into the return-to-pay phase.

> I would much rather see 40 different faces of people that are excited to see me progress and get out of here. And it's way more helpful having the people around, root for you and care about you, then going through something like this alone.

Grounding effect. Because the entire experience can be destabilizing, the value of social support for some participants lies in helping them reconnect with their purpose. Although only one participant reflected on the benefit of grounding from his social support, he also had extraordinary circumstances that were potentially more disruptive (e.g. injury, trade, contract), making this a valuable phenomenon to include. Participant 11's additional challenge of being traded during his rehabilitation, along with the performance pressure that accompanied it, emphasizes the full extent of the process and demonstrates how social support helped him overcome them, highlighting the positive impact it has on keeping him grounded and focused on the present.

> You know, this is a really big year for me coming up. It's my 40-man year, it's a new organization. I mean it, you name it, it's a big year. It's all there for me. So, man, it's so crucial, and I think it helps keep you not only grounded, but in the mindset of, like, you know, what… what is today gonna bring?

Helpful reframe. At times, the value of the social support these participants received was connected to their mindset and the need for an outside voice to help them recalibrate and redirect their thinking. Participant 2 shared an anecdote highlighting the importance of a physical therapist in providing perspective.

> An example is through a bad bullpen, like two weeks ago, I was a little upset after I was like, Oh man, that sucked. Like I could be so much better. I don't know why I'm throwing like this, and the PT was watching the bullpen, and he goes, "Yeah, well, two, three weeks ago, you weren't even coming close to this." And I was like, "Yeah, you're right," you know, kind of had a different outlook. And then I go back to being like, alright, yeah, well, I gotta be better. Like, that sucks. That was terrible, you know, like, I'm nowhere near where I need to be. But it is like him saying that, did affect me. And I was like, You know what? I've come a long way.

Reducing f*ear.* Related to kinesiophobia, support that offers reassurance may help lessen this fear. For Participant 1, one major obstacle was his fear of setbacks or reinjury. During his interview, being challenged by his close-knit support circle helped him face this fear, leading to a decrease in his fear.

> I think my circle of support is very close-knit, and I don't really discuss these things with everyone, except my family and closest friends. And I think that

when I talk to them, they can see uncertainty or certain doubts about my own ability. That many times, I act from a place of fear, a fear of getting reinjured, and the majority of their comments are like, “ok, it has been over a year and a half since the surgery, and you have proven to yourself you have overcome that. You have to believe it, you have to make the decision to believe that you’re ok.” This is the real me. You have to decide to believe that this (healthy athlete) is the real me, and you are no longer acting from a place of fear, but instead because it is really you, your real identity. These are very positive comments, and perhaps they are hard to hear because no one likes the truth being thrown in their face, but in a certain way, they are helpful to me.

The overall value of social support. Additionally, several participants discussed their perceptions of the importance of the social support they received. For Participant 7, social support was essential in achieving and maintaining balance.

I think it's imperative. I think I couldn't imagine not having the people around me that I've been so lucky to have, like I said, that's obviously first and foremost, my wife, my family, those that I talk to daily, but also the rehab staff here [name of MP provider], my teammates, if I were to go through this alone and with no nothing to go home to, and honestly, no distractions, if I were to go through this without any distractions, and I was just laid up in a hotel every day after my work here and not going back to my home and my family, where I'm able to differentiate my work and my leisure, it would be a completely different experience. And I don't think it would be, you know, not for the better, right? So I couldn't imagine not having the social support that I've been blessed with throughout this process.

In Participant 11's case, the importance of social support was more specifically linked to certain mental challenges like rumination.

> It's crucial. Absolutely crucial. I mean, I think we have, as a whole, it's very easy to go down these rabbit holes of you know, when will I be back? When I get back, what'll it look like? Will my performance be where it needs to be?"

Participant 4 shared a similar perspective, saying, "In this game, you have to be surrounded by people who care about you, and that's what is going to allow you to clear your mind away from the game, and the next day be able to do things better." Participant 5 had a very similar view.

> I mean how important it is to have that, that network of people that you can kind of, you can go to and, and how, how much they can help you, kind of take the mind off the game, add the perspective to it, and I think that's the most important.

In the case of Participant 6, the conclusion was very straightforward: "It's really important not to go through something like this alone." Participant 12 openly discussed past suicidal ideation and stressed the importance of social support, saying, "Without it? I don't think I'd be here, anywhere, here, in this state, probably in this life. Honestly, if I didn't have baseball and the support, that'd be tough. I'm just gonna be real with you there." Participant 10 summed it up well when he compared it to a "lifeline" or a life-saving device.

> I feel like it's a lifeline, whether that be, whether that comes from your family or significant other, or you know. I feel like that's something that when there's so much other like turbulence, chaos, turmoil going on, that's something you can reach out for, you know, like, a piece of wood (in the ocean).

These positive aspects of social support offer insight into how return-to-play athletes recognize and receive social support as a benefit. However, social support can sometimes have adverse effects instead. The following section will explore this phenomenon.

Support Gone Wrong: Negative Social Support

Efforts to provide support sometimes did not achieve the desired effect, whether well-meaning or not, and ultimately proved unhelpful to the participants. In this study, all twelve participants reported aspects of social support that were unhelpful for them (see Table 4). These will be discussed in the following section.

Negative support from breakdowns in communication. Several communication failures appeared to be the main reason support became negative for the participants. For example, Participant 5 felt unheard by medical professionals when reporting his body sensations, which illustrates a perceived negative support. He stated, "I think in the past, when it was like, you know, not taking my word for it," and further added, "just not, not a whole lot of listening to what I'm actually feeling, kind of saying that what I'm feeling is wrong."

Negative support from inconsistencies. The perception of negative support caused by fluctuating behavior of support providers can turn into perceived negative social support. For Participant 8, this inconsistency in some of his support circle led him to view it as negative support and motivated him to become self-reliant.

> You kind of go through all the stages, you know, people are supportive, and people forget about you. Then people are like, Oh, he's back maybe, and they're

hopeful. And then now you're expected to perform. So there's just stages you have to go through. And I feel like you have to accept it all. And at the end of the day, nobody's got you like you. So you can take it, use it as help, let it bring you down, but like, at the end of the day, they're just people.

For Participant 11, these fluctuations in support were very specific to his physical therapy providers and a perceived lack of work design for him, which affected his trust level in their care as he entered the return-to-play phase.

We're towards the back end of rehab. In terms of people that I'm working with. Um, just a little bit of, like. You know, we're towards this back end of rehab, like, you're close to game, like, we can kind of pull back a little bit. In terms of, like, you know, what we've been really good with. So in terms, you know, maybe certain routines, or certain volume of days that I'm doing stuff, or little things like that, it's like you know, for me, it's very easy, that's the easy thing to do, is like, okay, you're about to be back in game, let's cut some of this, this, and this out. But those things have helped me get to the point where I'm at, so for me, it's like, I don't, I don't want to do that, per se, especially if it's not risking my health, or if it's just stuff that we're kind of, you know, just We're settling on it because we can. That's some of the stuff that gets me a little bit. That's not helpful to me.

Negative support from overprotective behaviors. Support that felt like being cuddled or empty sympathy had an adverse effect on some participants. Participants 1, 2, 6, and 9 all expressed their dislike of this type of negative support. Participant 6 bluntly states, “I don't need anybody to feel bad for me. Injuries are part of sports. I'm very lucky to have very few injuries in my career. I don't want you coming up to me and (feeling)

sorry that I'm injured." Participant 1 had a similar experience, and it was also unhelpful to him: “It was like, sort of sympathy. A lot like, who (said) ‘what a shame that you have to go through this’, but I really don’t see it that way.” Participant 9 shared that the PTs were being overprotective, stating this was unhelpful and led him to seek support elsewhere, using a metaphor of a 16-year-old being allowed to drive his own car to express himself about the need for trust and autonomy.

> I would say in the recent weeks, just a little bit of like coddling, I guess, if that's the right word, you know, I go to whoever and say, hey, you know, I'm feeling a little something in my shoulder, and, you know, them just kind of wanting to put, you know, wrap me up in pillows, and like thinking that I'm made of glass. So instead of just like hearing what I'm saying, as opposed to, you know, listening to me, but being overly emotional about it, with the reaction and decision that they make going forward after I tell them how I feel. And so I think what that caused, was me not going to them and going to other people who don't do that. But the cuddling part, for a competitive athlete such as you, it's like, there's a fine balance there. You can support me, but you got to let me do my thing. And understanding that soreness or a little bit of discomfort is part of being, as part of the normal, as part of the norm. At some point, you’ve got to let your 16-year-old take the car up by himself.

Participant 2 expressed a similar concern more succinctly, stating, “yeah, I don't like that. don't like the cuddly.”

Negative support from disingenuous feedback. Fake or insincere support turns into negative support. For Participant 12, understanding people’s true motivations behind

their support was essential. If that support did not seem genuine, it quickly translated to negative support. He said, “it's kind of hard to see that, because if I don't know, because there are times where I do see people that will say to get better, but sometimes they don't really mean it. I don't know why. You just get that gut feeling.” Participant 8’s comments about poorly received support were similar but more emotionally charged. “You know, you can see, like, somebody in their face, you know, when they're bullshitting, you.” The researcher asked, even if there are good intentions, to which the Participant 9 answered “Both, no matter how they say it, yeah, no matter how it's intended.” Participant 2 mentions that disingenuous praise often results in increased pressure.

> I would just say, like, you're gonna be so good, you know you're gonna shove. Like, we don't know that. Like, I'm just trying to get back, honey, I gotta, I don't need to hear that bullshit. When I shove, you can tell me I shove right. Don't say I'm gonna shove. So that adds, like, weight onto a person like, damn, like, this person expects this. This person expects this, but we're already expected to perform right. You shouldn't be adding that onto yourself.

An additional layer of disingenuous support relates to the participant’s perceptions of the true reasons or intentions behind the support being offered. This connects to the challenge faced by professional athletes, who are famous and either have or have the potential to gain wealth. Participant 12 shared:

> There's also other people out there that weren't in your corner or in my corner. And now that I'm where I'm at right now, I'm starting to get back healthy. ‘Hey, once you're in town, we should get a beer or something.’ ‘Hey, I saw this, you look really good. Balls coming out, really great.’ You know that that stuff doesn't

sting, but it's just really annoying, because why say it? Now, if you didn't say it, then you know? … Oh yeah, heard a lot of once you get big.

Participant 1, said it bluntly, stating "In rehab, many people turn their back on you, like for many people it's like you no longer exist," and went on to say:

Now, too, some people show support with double intentions, in the sense that they take advantage of this moment when you are vulnerable. They take advantage of this moment to get close to you and be someone in your life. But one realizes this because it comes across as forced.

This concludes the data section from the first set of interviews. As the first data set shows, the initial phase of return-to-play is filled with excitement and new opportunities, but also presents some internal and external obstacles that must be overcome in preparation for the next step in their progression, as they graduate from the rehabilitation environment and return to competition. Learning about their return-to-competition experience and the role of social support in that process was precisely the goal of the second set of interviews, and the data that will be discussed in the next section.

Findings from the Second Interviews

The themes identified from the second interviews with the twelve participants are: (a) Unleashing the Beast: Transition and Adjustment to Return-to-Competition, (b) Visible, Available, Reliable: Social Support Systems and Relationships, (c) Be Real: Receptiveness to Social Support, (d) Have my Back: Negative Social Support, and (e) Anchored by Unwavering Support: Gratitude for Social Support. Within Unleashing the Beast: Transition and Adjustment to Return-to-Competition, subthemes include: (a) The

demoralizing effect of setbacks, (b) Performance-related anxiety, (c) Kinesiophobia concerns, (d) Identity transition, and (e) Cumulative stress and fatigue. Within Visible, Available, Reliable: Social Support Systems and Relationships, subthemes include: (a) Types of social support, and (b) Sources of social support. Within Be Real: Receptiveness to Social Support, subthemes include: (a) Effective communication, and (b) Creating the "right" environment. For Have my Back: Negative Social Support, the subthemes include: (a) Breakdowns in communication, (b) Confidentiality concerns, and (c) Disingenuous feedback.

Unleashing the Beast: Transition and Adjustment to Return to Competition

A ticket out of the rehabilitation complexes and a return to the affiliates was a welcome change for the participants, but going back to their respective affiliate or major league teams was not without its challenges and obstacles. The participants anticipated some of these issues, while others were unexpected difficulties. This section discusses this aspect of RTC, beginning with one that many of the participants had to face: a setback.

The demoralizing effect of setbacks. Eight of the twelve participants faced setbacks during their return-to-play process. Some setbacks were minor and only needed rest and additional physical therapy, while others were more serious, requiring longer recovery and multiple doctor visits (see Table 6). These setbacks delayed their RTC timeline. At the most extreme, Participant 12's setback left insufficient time in the season to rejoin the competition, leading to frustration, discouragement, and forcing the participants to confront the fear of the unknown. Although he finished the season pitching in live BP's, Participant 12 was affected by the setback:

> Oh, it was a whirlwind of emotion. And I was, I thought I was about to be out of the complex, and it was a week before July happened, and I was supposed to debut over here at the complex July, the first week of July, had my family here in support for my debut. And man, I was in an MRI machine the day I was supposed to debut. And like any emotion that you could bring up with, confusion, anger, frustration, sadness, like anything, defeat, exhaustion, mentally exhausted as well, like I poured everything out and, for that setback to happen, I was, I've never felt more defeated in my life.

For Participant 1, the setback not only delayed his return-to-competition timeline but also caused additional anxiety. “Once I had the setback, it was really tough because of the time passing without us knowing what was going on, and time without throwing. That made it more difficult, that uncertainty.” Participant 8 expressed initial frustration followed by acceptance of the setback.

> Obviously it's, it was frustrating. I mean, especially when, like, I had seen performance wise, there were no issues it would be like whether my body could hold up. And so, I mean, you'd feel like you do everything right here, off the field some then you just get hurt. You know, stuff happens, so it's frustrating, like there's literally nothing you can do about it besides rehabbing that one.

For Participant 3, the setback was not only pain-related but also performance-related, as Tommy John surgery can sometimes lead to a reduced range of motion in the elbow compared to before the procedure, which limits performance and velocity for pitchers. This caused Participant 3 to feel unable to perform at his desired level, stating, “I don't know. Man, you throw a baseball for your living, and then all of a sudden, for

three years, it basically doesn't feel good. You're like, how the hell is it ever gonna feel good again?"

Performance-related anxiety. Returning to competition also meant facing the reality of meaningful baseball for many participants. Although the chance to play in a competitive setting brought excitement, it also came with anxiety for many of the participants. While most athletes at this level still experience some performance-related anxiety, this was more intense than usual. For the RTC participants, the moment carried a greater sense of importance and emotional impact. Partly because of the RTC component, partly because of an apprehensive excitement for how long it had been since they last competed at that level. Additionally, there seemed to be extra pressure, anxiety, and fear related to uncertainty about whether they were truly ready. Participant 1 shared having anxious thoughts and feelings, saying, "Yes, it was very emotional once they told me I was going to pitch, and wanting it to get here, and with expectations of how I wanted it to go, and a bit of fear about pitching again." In the case of Participant 6, he describes this doubt as the little guy in the back of his head.

> So, just like the, kind of the little guy in the back of your head telling you, like, maybe you're not ready for this, like, you're hurt, like… All these things, but, like, at the end of the day, like. Nobody really cares if you're nervous or not, you still gotta go out there and compete, and as soon as I started warming up and getting ready that wasn't even in my brain. I was just like I'm ready for this. let's go!

For Participant 5, the return to competition was to restore his performance level and overcome the self-doubt that came with it, which he described using the metaphor of rust.

> There's definitely some rust involved as far as being able to lock in and feel that zone that you felt before. And it's a little bit, little bit bumpier than it might have been in the past, as far as, like, preparing to pitch, going out there, and finding, like, the groove. And so it's that part mentally, just being able to lock in is a little bit more difficult. … It's, it's not smooth, but it you feel it coming in kind of waves of like being prepared and being ready to go, and then all of a sudden, mentally, it's like, do I still have it? Do I still, you know, am I able to do this? And so it's this constant kind of sway back and forth.

For other participants, the challenge is that they not only compete against the opposition but also have to reconnect with the competitive pressure of professional baseball itself. In a different way, they are competing with their teammates to keep progressing in their careers. Participant 11 stated:

> It's an opportunity, yeah, it's an opportunity to, you know, it's level playing field with the guys that are also that you're competing with. And it's, trying to, kind of, it's a little bit of a mental unlock it's been since I've come back, is like not putting too much pressure on this. I think it has been a little overwhelming at times because of the short stint it'll be.

For other participants, failing to meet their expected performance levels caused frustration and negative emotions. Participant 3 describes this part of his current experience with evident frustration.

> The most challenging thing of the whole thing is just like not being what you once were, right, I guess, and having to enjoy where your feet are when everything's just regressed, I guess, in a way, right to where, like, you know, career was on a

> high trajectory for four years, and then all of a sudden, it just kind of like, doesn't just taper off. It's literally like a screeching halt … the most frustrating thing is just trying to get it all back.

Many participants reported feeling pressure to perform in different ways, and for Participant 6, it caused performance-related anxiety and stress.

> Once I got there, I was a little nervous, because I have not thrown in a, not saying the [rehabilitation complex] is not meaningful, but, like, an affiliate game, had been 9 months since that happened, so I was a little nervous … I trusted everything in my arm to work properly, and I wasn't afraid that it might go out again. I think just the only nervousness with my injury was just, like, not being fully ready.

Participant 6's concern centered on not feeling ready to compete and was not related to fear of reinjury, which was also the case for most participants during the RTC phase. However, a few still experienced those concerns.

Kinesiophobia concerns. The fear of reinjury is recognized as one of the main psychological barriers that injured athletes must overcome to return to play successfully (Hsu et al., 2016). In the current study, although some participants still had lingering concerns about reinjury, most of the data mainly indicated a lack of fear of reinjury.

Kinesio-courage: A lack of fear of reinjury. For several participants at this stage, like Participant 6, there was no longer a concern about being reinjured. He stated, "I feel like I haven't really worried about my injury at all. It's been just like I'm playing baseball again, which has been the best part, so… It's been going really well." For others,

realizing they were fully healthy again was a key moment in their journey to compete again. Participant 9 was one of those.

> Earlier on in the off-season, prior part of the me getting out here, I'd be throwing bullpens and I'd still feel a little something. So I would have that thought in the back of my head where you know, is it actually healed? Am I actually going to keep progressing? And once that kind of tapered off into the point where I'm at now, where you know, I feel just as good as I did at my peak before surgery, I think that's totally gone.

For Participant 1, the proof he needed as reassurance that he was healthy despite a setback was in the medical test results and the doctor's report, once again highlighting the importance of informational social support.

> Well, the results, the evidence that I had felt like I tore it again, but knowing the doctor had told me it was all good, there was no tear or anything. That gives you a lot of confidence, knowing you felt something horrible, but that nothing had happened.

Participant 4, an outfielder, experienced a unique situation during a game in his RTC that serendipitously occurred after experiencing the same type of play that initially caused his injury and led his transition from fear of reinjury to full confidence in his injured body part.

> You are not going to believe it, but the first two weeks back were fantastic. But besides being fantastic, I had the same situation, the same that got me injured. A hit to the back of the wall, but this time I stole it! I stole the Home Run! Yes, I leaped and I stole their Home Run. Everyone had their mouths agape. … Yes, the

> same situation, like damn. Exactly how I got injured, but I was able to do it, and I didn't get injured (this time) … And that same day, I hit a Home Run and then I stole their Home Run. I was very emotional, screaming with joy … After the game, I saw the video about 1000 times, and I started to think about how proud I was of myself, proud because when I saw the contact, I didn't even think. I didn't think about my knee or the wall. I went straight after the ball to get the out, and it worked. I loved having that mentality and will always take that with me.

While this participant's triumphant moment over the fear of reinjury was almost like a Hollywood movie scene, others still struggled with the lingering worry of experiencing a reinjury at this stage.

Kinesiophobia: The fear of reinjury. For some participants, a lingering shadow of this fear remained a constant challenge even as they returned to competition. This subtle holding back was the result of not fully trusting their recovered limb. Even Participant 4, who previously shared in his first interview about overcoming the fear of sliding with his left leg, acknowledged that this concern still lingered before the highlight play of the stolen home run. He initially explained that he tried to protect his left leg, "At first, when I got here, I was only sliding on my right leg. But it wasn't like I didn't want to slide with my left, it was more like subconscious. Protecting my left leg." In the case of Participant 1, who reported being very aware of his body sensations as feedback throughout his experience, a shift in how he interpreted those messages from his body started to take place as he transitioned back to the affiliate level.

> On that side, it is a positive thing, because I know my body really well… Now I use it (the body awareness) from a more positive perspective, versus a couple of

> months ago, when it was from the side of fear, and I would act from a place of fear if I felt something, as if alarms were sounding off in my mind.

Participant 5 expressed a similar lingering fear of reinjury and described how these concerns negatively impacted his performance, along with the internal struggle of recognizing the importance of overcoming the fear to compete at the highest level.

> I think that it's that trust that, okay, am I going to get hurt again? And, you go out there, and so part of you wants to take it easy just because of that. And then if you struggle because of that, and usually you will, because you know you're not doing what you knew how to do … and so there's this happy medium of having confidence that you're going to go out there and be healthy, but also having confidence of, I got to go out there and get outs and compete and do it at the highest level. And so I think there's that give and take of like, yeah, I need to be healthy, but at the same time, I can't go out there and just go through the motions and try to, you got to kind of, you got to go out there and really compete and let it rip. So, I think it's just that, that constant battle of doing what I know works, but also trying to stay healthy as I can in the background too.

This inner conflict between the injured identity and the healthy competitor, as reflected in the words of Participant 5, was another recurring theme that appeared in the data.

Identity transition. Participant 8 clearly articulates his internal identity struggle, not only of losing his identity when he became injured, but also with the use of a metaphor of pieces, expressing the challenge of reestablishing or reconnecting with his original identity.

I think a lot of us, like, wrap our identity up and into the sport, just because, I mean, it takes so much of your life, you know: off-season, season. So when they take that away from you, you kind of gotta figure out who you are without it. So once you get it back, it's like you're putting pieces together. You know, of a person and a baseball player.

Participant 11 experienced a similar realization and explained how that perspective was essential for him to regain a competitive mindset. This was particularly important considering the nature of professional baseball and the ongoing evaluation of players in its highly competitive environment.

I think the word that comes to mind is perspective of, you know, you're on the field now, we now look at this, not like you're a rehab player anymore. It's more of okay, you're back on the field. We're going to treat this like it's the first month of this season, and you're just getting it a little bit later than other guys. I would say it's definitely motivating, but it's also, they're helping keep the perspective of, I'm not in rehab anymore. So I shouldn't look at these games and the way I prepare and that stuff is, I just treat it like I'm back in season, and this is what I've been waiting for.

So it's when you show up on a team you know you're there to perform. They don't look at you as a rehab guy. They don't look at you as a return to play. You know, you're expected to, you know, be a part of the team, just as the guys that have been here since April have, and I would say that's been a little tough.

But we're at a point in time where nobody cares, like those stats matter, right? You know, whether I have three hits, whether I don't have any hits, nobody really

will take the fact that I missed so much time into conversation. I think it's just when I'm on the field, it's an opportunity to perform. And that's how people evaluate it. They don't evaluate when you're not on the field.

In Participant 3's reflection, being able to leave the rehabilitation complex and join an affiliate team felt like a graduation, stating:

> It felt like I graduated rehab finally, and it just gave me, like, a little weight off my back to where I was, like, all right, thank God. Like, I don't have this, you know, rehab attached to my name, like I ditched that. I don't have to go do this long ass rehab sheet before I throw. I can start prepping my body. How, like, I like to prep my body, you know. And I don't, I'll use the training room for recovery and things like that, but like, I'm no longer under the microscope of the medical team. So that felt nice, you know?

For Participant 7, it felt like reaching an ending, with something behind him, sharing, "I've completely put my injury behind me, and I expect to compete and to compete at the highest level now again." He also expressed his desire for the media not to label him as a rehabilitation athlete.

> It was my first couple starts back, and the media making this big deal. Like, oh, "did you expect to be, you know, this sharp right after your rehab?" You know, you're still figuring it out. And like, okay, yes. And no. Like, I don't want you guys to attach me to that. I'm healthy, and I'm activated. I'm done with my rehab. Yeah, it is new to me. I haven't pitched. The game has changed a lot since I pitched last, and it's only been 16 months, but with this game is constantly changing, and so I'm relearning it. And so that's definitely a thing, but to the

> public eye, like, as a competitor and a professional, like, I do not want that crutch. I don't want it. I don't need it. That's not something I want to associate myself with. So it's been an interesting balance, to be honest, like I'm still figuring it out. I'm not sure I'm going about it in the right way, but I'm doing what I think is best in the moment.

Participant 6 expressed excitement about finally moving past that chapter. He was most eager to say, "just being done with that process and getting back out to competing," and also to experience a new level of competition, saying, "To go there, and in AA for the first time. But as soon as I got out there and did it again, it just felt like I never left. It just really did feel good to be competing again." However, it is not as easy a transition for everyone. Participant 5 alludes to the difficulty of successfully making that switch.

> I mean, it's, you have the one side of like, you've been rehabbing for so long, so it's like this constant buildup of let's keep pushing the baseline, just gradually, but not, you know, go all out. And then eventually you have to get to the point where you have to go all out. And I think that last barrier is hard to get through.

For Participant 10, it was both a moment of realization and an accomplishment to finally make it back after a long and arduous rehabilitation process.

> You know, at first when I first got back out there, I guess it really hadn't kind of set in, and then once I had my first outing, and I was able to, you know, digest and reflect on it. That's kind of when it dawned on me a little bit, those like, wow, you know, I made it back. I can honestly say, I wasn't all that sure that I was going to be able to get back out to an affiliate this year, right.

The need to reconnect with the competitive side of their identity was something some participants were very aware of. For example, Participant 8 said, “I feel like in rehab, you get a little leeway to kind of sit back and watch how things go about, but once you're healthy, I mean, a pro career is only so long, so, yeah, you gotta go get it before it's gone.” Participant 7, who had shared during his first interview about the importance of this transition, was still adjusting to the competitiveness of being back in meaningful games.

> So I've been back for three weeks now. I've made four starts. I believe my first two starts, my last two starts have been a little bit frustrating, but ultimately, I'm grateful to feel that frustration again, because that means that I'm holding myself to a high standard, and then I have since kind of switched into, you know, competitive mode, like, how do I get more from myself?

For Participant 11, the competitive nature stemmed from having complete trust in his shoulder, and he used a metaphor of “disengaging the governor” to describe the psychological task he needed to perform.

> Yeah, I think for me, it was just the part of the being able to play again without, any kind of, you know, physically and mentally. My shoulder being healthy, in terms of feeling better, but also knowing that, you know, I could make plays and I could hit and I could do everything and dive and kind of get back to what I've always done in terms of playing freely. You know, kind of taking that governor off, if that metaphor works there. I think just trying to get back to physically feeling myself again, but also mentally not having to worry about certain plays

that I might have to make, or, you know, I have to dive into this base and that kind of thing.

The transition in identity was part of the challenge in returning to competition; however, during the second set of interviews, another challenge faced by these athletes surfaced in the data: The cumulative stress and fatigue from the entire process.

Cumulative Stress and Fatigue. The vicious cycle of ongoing buildup of multiple and persistent stressors over time, without enough time to recover, affected the participants' physical and emotional wellbeing. For the participants in this study, returning to competition and advancing in their careers is like taking a deep breath after reaching a challenging goal. However, since they had moved past rehabilitation, some now also had to manage the mental and physical strain of the entire process. For Participant 3, the demands of injury, rehabilitation, and returning to play had taken a toll.

> I've played, I don't know this, like, my eighth or ninth pro ball season now. And every season, you feel the wear and tear that a season demands, and I kind of thought rehab would reset that clock where it's like, all right, I don't have to pitch for, you know, a year and a half, I'm gonna come out the other side feeling rejuvenated, fresh and everything. And honestly, I came out the other side feeling like I never even got a break. I don't know if I factored that in, because I was like, you know, I was thinking I'd knock this rehab out, crush it, whatever, and like, not playing for year and a half, like, my body's gonna feel good, like everything else in my body's gonna have right, and just to heal and like, you know, come out fresh and just feeling, you know, ready to go, you know, I mean, and like, to be honest, I feel like I haven't had a break in three years now.

Participant 8, who has less experience in professional baseball, was feeling similar physical and mental exhaustion as the season ended and he faced an off-season where he knew he would need to keep working on his game to prepare for the next season.

> I know personally, like, at least right now I'm exhausted, tired, mentally or physically, all of it, you know. But I just feel like there's no place to turn it off, like there's no place to take a break. I want to break. But like, I've never been able to … Because it just feels like I'm crawling, but you just have to keep going. Like when you stop, there's other people that just keep going. And I feel like I started a race and they got a two-mile head start. And physically, I can stop, but mentally, it irks me. You've been doing something since you're three, yeah? And you want to be like, the very best, and this is your only shot.

To conclude this section, Participant 3's metaphor vividly illustrates the ongoing fatigue and his current mental state, sharing, "So I'm just like, I don't know. I definitely got that cloud over me. And it's wondering if it's ever gonna get back to normal, but at the same time, I'm just begging for a normal off-season."

Visible, Available, Reliable: Social Support Systems and Relationships

Similar to the initial interview dataset, the findings in this section address the study's primary research question about the role of social support during RTP, although this data reflects participants' lived experiences during the return-to-competition phase of their rehabilitation. Three questions in the semi-structured interview protocol focused on their social support at RTC, while three others were more reflective about social support

throughout their RTP journey. Table 5 visually represents the types and sources of emotional support reported in the data and will be referenced in the next two sections.

Types of social support. Similar to the initial interview data set, participants reported perceiving and receiving emotional, motivational, and informational social support. However, there was a sharp decline in informational social support in the second set. Interestingly, tangible social support reemerged as an important type of support for some participants in very specific ways. This section discusses the types of social support participants reported during their return to competition.

Emotional social support. As with the RTP phase, all twelve participants reported perceiving and receiving emotional support during their second interview (see Table 5). For Participant 12, words of affirmation were a key part of the support he received.

> Small words of encouragement. There's only so many things that you can say to someone who has been going through injury after injury after step back after setback, just small words of encouragement from family, from teammates over here, whether that's a high five, it's a tap on the butt, or even say, Hey, good job today. You know, you threw the ball well, keep going. It's, yeah, there's little things like that will keep you going too. And then you see, you just see yourself improve. And that's the beauty of it all.

For Participant 3, the value of emotional social support was having someone available to talk to or simply be present in his life, regardless of his performance level. This kind of unconditional positive regard from a significant other or family has repeatedly emerged in both data sets.

And really just availability, I feel like being able to talk, I guess, in a way, communicate, you know, like this. Obviously, it has been a tough stretch or whatever, but having just someone to, say, like, my girlfriend if she's in town, gets to watch, just support. You know, doesn't matter if we're on a backfield in Arizona or, you know, in front of 40,000 it just, she's gonna be happy and say the right things.

In the case of Participant 11, when asked about the advice he would share regarding what he has learned about social support, he emphasized how crucial he believes the emotional foundation of social support is for players throughout the rehabilitation process, especially during the return to play phase.

And, you know, even if guys seem like they have a grip on it and they seem like they're good, it's not always the case. So I think just being there for guys, and like I said, it's really easy to be absent, in a way, in my in my opinion, of what I've seen, because guys seem like they're doing well in rehab, but it is, it can be really hard and it can be a really tough process and grind you down. So I think just being there for the athletes and letting them know that you care, not only on a professional level, but on a personal level.

(Researcher Asks): Including in the return to play moment?

Yeah, for sure, I would say even you know even more so at that point, because then, there's a lot of stuff that creeps in one part with guys of you know, what does this look like if I go out and, you know, I'm not the same, or what does this look like if I go out to an affiliate and there's no room at the place that I used to be at. And you know, all that stuff can creep in, but having somebody to support you

and somebody that you can trust, like guys trust you with your org. I think that is just crucial.

When asked the same question, Participant 7 found that emotional support came from being able to open up about his true feelings with trusted sources.

> Don't be afraid to lean on them. Don't be afraid to lean on your people, and those people close to you. Don't be afraid to open up about, you know, what's going on, what you're nervous about, what you're excited about, because I think it's good to communicate and express your feelings, whether it's three days post-surgery and you're like, depressed, or whatever emotions you may be feeling, you're really down, or you're three days prior to making your return to play, and you're excited and nervous and anxious, don't hide from those feelings. Embrace them like they're all natural.

A similar suggestion about the importance of relying on the inner circle of support was shared by Participant 11, as he described emotional social support:

> I would say, lean on people as much as you can. Lean on your inner circle. And you know, it's not going to be easily. It's not going to be easy to return the play process, mentally, physically and emotionally, but leaning on the people that have helped you throughout the all of the rehab, don't kind of lose sight of that as you return to play, because you have more going on, and you don't have as much free time. You know, still lean on those people that you have in your close circle, because they'll be really helpful.

Participant 1 summarized the importance of emotional social support well by simply stating, “If you have someone with who you can share this journey with, well, that is a lot better, it makes it much easier.”

Motivational social support. During the return-to-competition phase, motivational support remained a key type of encouragement for most participants, with eleven out of twelve mentioning aspects related to this support in their responses (see Table 5). For Participant 9, motivational support was provided through positive reinforcement, as he stated, “Also, you know, I think just positive reinforcement, especially in the transition period, where it's like you're fixed, your stuff's good, even if it might not be at your peak.” He then pointed out the potential benefits of this positive feedback, which could be seen as a way of instilling hope in the athlete returning to play. He shared, “So I think just positive to the guys: ‘your stuff's good, you're, it's going to keep getting better. It's only going to keep getting better the more you throw. So just trust it. Enjoy it.’” From Participant 12’s perspective, the affirmation and positive feedback during his setback also served as a source of motivation.

> Just keep lifting them up in a positive manner. Anything away from that, I think will be wrong. That doesn't help anyone, even the person who is saying it to the person who is grieving. So yeah, give space and time, and then say, ‘hey, you got this man, nothing's gonna stop you.’

For Participant 4, the most meaningful motivational support interaction happened when a teammate expressed how impressed he was with his performance upon returning to the affiliate level during RTC, saying, “One of my teammates told me, wow, ‘you have been through all of this, but if there is anyone who could have done it, it is you.’” In

Participant 6's experience, the motivational support came more from his manager's actions than his words.

> The manager, he is, he seems to really trust me now, he's putting me in high-leverage situations. I feel like I've earned that trust so far, and, like that's pretty cool to me, that I've been here for a month or so, and he's putting me in tough spots, because he thinks I'm ready, and he believes in me, and the team believes in me to do that stuff, so, I mean, that's pretty cool to me.

In the case of Participant 1, he apparently drew motivation from various sources of support, but he emphasized the impact of his interactions with his physical therapist. He shared, "With my PT, who always told me if there is anyone who can recover from this, it is you. So those people have believed in me, and given me their unconditional support, that obviously gives you a bit of motivation." He also mentioned that his sources of support, especially his family's backing, were not only motivating but had become his primary reason to persevere as he had.

> Because you start to realize that you're not doing this only for yourself, but also for each person who put their faith and hope in what I could achieve. Even though my family never doubted and clearly supported me, it's one thing for someone to say it, but it's much different for them to show it. So, naturally, when I got on the mound, when I knew I was going to pitch in a game again, I was obviously grateful—super grateful—to each of those people who showed they cared and took the time to have, even a one-minute conversation with me, or more. Because many people have shown they care, and I think that is the beauty of people showing you they care.

The motivational support for Participant 8 came partly from his teammates, and was especially important in the difficult days.

> It helps because there's days you wake up, you're just down. I don't feel like doing shit. I don't want to do anything. And then, you'll have a teammate say something like, 'let's work today' or, 'have a good day.' So, I mean, like, little things that pick you up.

Participant summarized the value of motivational support when he shared the advice he would give to another RTP athlete: "You have people behind you who want you to succeed. Do it for your family. Do it for your friends, your support system. Have them be your motivation to get you to where you want to be."

Tangible social support. This refers to specific, practical ways of helping the athlete, usually actions that have a clear, noticeable effect in meeting their needs. Interestingly, although tangible support was not mentioned in the initial interviews, eight of the twelve participants said they needed and valued the tangible support they received during their return to competition (see Table 5). For Participant 9, whose assignment after finishing his rehabilitation was also his first experience in an affiliate, the tangible social support was vital in helping him focus on returning to competition, stating:

> It just takes more off my plate and allows me to focus on my job. It allows me to, you know, not be stressed about, oh, I got to find a place, I gotta figure out car situation, I gotta figure out how to get my wife over here. It was just, you know, give them the car. I hop on the flight, and I do everything else. And pretty much that's about it. Just focus on baseball.

In the case of Participant 7, the tangible support from his parents as he relocated to the new team's city was crucial in helping him stay focused on his baseball activities as he returned to competition.

> Most importantly, taking care of my family, making sure that they got settled, and figuring out all these, you know, ins and outs. Thankfully, my parents, like thankfully they're retired, and they just dropped everything … It was, like, it was amazing. Like, I said, my wife was rock solid throughout I was probably the shakiest of everyone, just because, like, I had to go the next day … and so I had to leave a lot on their plate, in her plate, and that sucked. Yeah. Then I come up here and I continue my rehab. Didn't miss one day, made my next start.

Participant 6 had a broader perspective and valued the overall impact of the tangible social support offered through his organization's infrastructure.

> They do a great job, and they're always there for me, maybe not the person that I talk to about my problems, but the people that cook my food for me, write my programming, help me with my workouts, my day-to-day schedule, like, all that stuff. It all makes a difference. I mean, the club is even doing my laundry every day. I couldn't do all that stuff without any of them. Those guys are all cogs in this big system that make it all work for the (players), and each person does something different, but it all meshes together into one perfect recipe to get guys back in the field, so I would say thank you.

Sources of social support. The same five sources identified in the first data set were also found to be important in the second data set. Specifically, support came from: (a) family and friends, (b) teammates, (c) medical professionals, (d) psychological service

practitioners, and (e) coaches. These five sources of support were found in the current study and will be discussed here. Additionally, participants identified support from the same three additional sources discussed in the first data set, which will be addressed under (f) Others. See Figure 2 for a visual representation of the reconfiguration of the circles of social support.

Support from family, significant others, and friends. Although the number of participants relying on support decreased from twelve to nine between the initial and return-to-competition interviews (see Table 5), they still relied on family support during the return-to-competition phase of their journey. Participant 3 shared about his family's unconditional support, regardless of his competition level, saying, "With the family when they tune into the game, no matter what, it just feels good, even though it's not where you want to be. But they don't really care what it looks like." The kind of unconditional support from family that Participant 3 described was also significant for Participant 11. For him, its value comes from its consistency.

> I have my family who's been there from just the get-go, and really tight with my family. And I think they've helped the whole time throughout the rehab process to return to play, now that I'm back on the field.
>
> I think the social support that's where it really helped for me and my family and, you know, leaning on them and really knowing I really realized in throughout this process that Heck, if I never played another game, my family would still love me, and we would still communicate, and we would still, you know, enjoy experiences together, the same as when I am playing.

For Participant 1, having his family there during his first game back at an affiliate was very important, sharing, “My family was there, and helped distract my mind. Spending time with them to reflect a bit on the significance of the moment, because they were also there for the other moments, you know, the surgeries and everything else.” For Participant 5, support from family and friends now that he is healthy and looking ahead to the off-season and a possible return to the Majors is about perspective.

> Of just what I'm going through, and then from a family perspective of what's helping me with that is, you know, the looking forward to having a normal offseason, and looking at the positives, looking at that even if I'm struggling, coming back and, you know, it might not happen. The positives are that I'm healthy. The positives are that we're going to have a great offseason. We have things to look forward to and I think that helps me from a family and friends perspective of that, maybe taking it away from baseball and just adding the perspective of life events, and in what is something to look forward to in the future.

In the case of Participant 4, family support was not only essential for his return to competition but also for his mental health, stating, “Family is always going to be there. I believe that family is very important for this (return to play). When they call you, when your thoughts are into speaking with them, it’s more about your mental health.” Participant 7’s gratitude for his inner circle of support was emphatic, saying, “without being too dramatic, I'd crumble without them, they've been rock solid from day one, so my return to play isn't just about me, it's about them as well.” He also emphasized the

importance of his wife as both emotional and motivational support, being aware of and responsive to his support needs.

> A lot of that falls on my wife, right? And I can tell she's doing the same thing as me. It's like, does she, you know, we haven't had this direct conversation, but I know she's like, balancing, "do I nurture him like he's still recovering from his injury, or do I push him and hold him accountable, like he kind of wants to do for himself as well?" So she's doing amazing. She's doing a good job of that. And, you know, kind of leaning towards like, no, I'm good, I'm healthy. Let's do what he does, what he needs, to be able to go out there and be his best.

Support from teammates. Similar to the first data set, support from teammates remained a key source of assistance for these players during the second round of interviews, with only one fewer participant citing it as a resource (see Table 5). In the case of Participant 8, encouragement from his teammates was essential in helping him continue to improve as a pitcher, now that he needed to fine-tune his pitching skills.

> I feel like, especially athletes, kind of have a way of encouraging and pushing at the same time. You know what I mean, you just got to take it. You can take it wrong, or you can use it and get better."

This simultaneous emotional and motivational social support is part of the benefit of having teammate support, but he was not the only participant who reported benefiting from this combined challenge and encouragement. For Participant 6, feeling welcomed back was part of the social support from his teammates. He shared, "Teammates have been great. As soon as I got there, I pretty much know everybody in the organization now, and everybody was really excited to see me there, happy I was back healthy, which

was awesome." Participant 5 had a similar experience in his affiliate and discussed the impact of his peers' support, saying, "So there's some different ways from a teammate perspective, of just that acceptance, that you are one of us, no matter what happens. You're part of this journey, like just feeling that acceptance part." For him, it was also about the value of the shared experience and reciprocal support of a fellow rehabilitating player, and he offered a suggestion based on that experience for future rehabilitating players.

> Try to connect with someone similar to your situation, and just kind of ride it along with them and be a support, a supporter of theirs, and then you know someone that can support you as well. I think doing it with other people can really help. I mean, it helped me in [Names Rehabilitation Complex] a lot. I mean, with [Names Teammate], and just being able to, like, go through that situation with him, but I think even now having someone else that is battling with you as always makes it a little bit easier.

In the case of Participant 4, a player whose family and friends live outside the United States, the support from teammates was so important that he described it as family-like.

> Something that I will always be grateful, once I got here (Affiliate), is that the boys received me and have treated me like family. That's what I have felt. A very fast click in my adaptation. I didn't feel uncomfortable, the treatment with the players here, was like I am treated at home. And I will always be grateful to them.

Support from coaches. Although coaches, including strength and conditioning coaches and pitching coaches, were available and important during the early phase of the participants' return-to-play, the newer group of coaches, who focus more on performance and winning, remained a key source of social support during their return to competition. In both data sets, references to this support decreased from nine to six (see Table 5). However, for Participant 2, reconnecting with his old coach was a crucial source of support, with him saying, “My pitching coach has always been really good to me, and always had my back, wanting the best for me, and if I have something that pops up, he's the guy I normally go to.” For Participant 8, the importance of coaching support was more centered on performance and how they helped him be best prepared to pitch.

> I mean, for me, it goes back to results. I mean, because at the end of the day, you work for results. I mean, you don't work to look good, feel good. You work to do good. So when you do good, you get that feedback. Look at what you did well, what you did poorly, and, I mean, that's how you adjust. So it's coaching, like little things.”

In the case of Participant 10, collaborative coaching and seeking the player’s feedback were two main ways he felt valued and supported by his coaches.

> And, you know, my pitching coaches were terrific as well. They were asking what I needed, what I've been working on. You know, how am I feeling, especially leading up to my outings, like this is probably what it's going to look like. Are you good with that? And so I appreciate you know, them really making an effort to reach out and make sure that I'm feeling good, first and foremost, because, you

know, coming off an injury, that's the most important part. So they were very helpful.

For him, it was also meaningful to be received by the affiliate's manager with excitement about having him back. He shared, "Of course, the manager, when I first got there saying, 'it's great to see you, great to have you back. I know you had a long road, and we're proud of you.' Just asking me whatever I need, just let him know." From Participant 9's perspective, having a pitching coach who supports him with objective feedback was what mattered most.

I think it would definitely be my pitching coach. Maybe to touch on it a bit more, he's not an overly emotional guy. Even if you have the best outing, he's just going to shake your hand and say 'good job.' You have a really bad outing, he's just going to say 'hey, just get after it again' but then after it, also being critical. And again, non-emotionally, where it's just if you stunk, like, 'dude, you didn't throw any strikes.' 'You were getting hit. You were walking guys. You were giving away free bases.' You know, he's going to say all this stuff that you did wrong. But knowing that he has kind of the composure and lack of over-emotionalizing things that comes from a good place.

Support from medical professionals. Compared to the first set of interviews, medical support appeared to decrease during this second set, as only three participants mentioned this source in the return-to-competition phase (see Table 5). However, for those participants, it remained an important part of their support network. Participant 10 said that upon returning to the affiliate level, "The training staff was tremendous. You know, they were always asking what I needed, and what I needed to be ready and to recover." For Participant 4, the treatment he received was also very impactful, saying,

“Since I got here (to the affiliate), they have been occupied with me, creating a routine, helping me be motivated, and I really appreciate them. I am very happy, because they have treated me like family since arriving here.”

Support from psychological service practitioners. This support was considered important by some participants but avoided by others, and will be discussed in more detail in the Negative Social Support Theme. In the case of Participant 7, who said that the MP provider with his new team was making an effort to get to know him but faced some challenges, he offered specific advice for MP practitioners: “So don't be afraid, don't be timid. I don't like when, me personally, when people are timid around that space or a conversation, like, I respect a lot more of like, come at me with, with something to say.” He then emphasized the importance of reading the players.

People are interesting, and if you're able to pick up on their cues, you're able to recognize if they want to talk, if they want to dive in, or if they don't. If you're able to recognize that well, but continually tap into that.”

For Participant 11, his external MP provider and his agents were very important in the transition back to competition.

> I would say, you know, my performance bucket in terms of the mental performance coach I work with, and my agent too, my two agents, so I think they've been, you know, both buckets have been unbelievable in terms of helping me, you know, in that return to play process, and also as we get towards the end goal.

The agent support mentioned by Participant 11 will be in the next section, along with other additional sources of social support.

Support from others. Similar to the results from the first interviews, three additional sources of support were mentioned; however, organizational support from the front office or management was reported by ten of the twelve participants during the second set of interviews. Most of this was related to tangible support, but there were other instances of support as well (see Table 5).

Support from front office. As mentioned in the previous section about coach social support, Participant 10 found the support from his manager at his affiliate meaningful, but he also noted that a member of the player development team reached out when he was called back up to an affiliate, sharing, "Even our pitching coordinator contacted me after, after the outing on Sunday, and just told me how proud he was, and just commended me." For Participant 3, who faced some performance setbacks during his assignment in AAA, a call from the front office seemed to take too long, with him saying, "Right before this call, a front office member texted me. It was the first time somebody up there has reached out, really, since all this shit happened." However, in the case of Participant 1, the support appears to have been more consistent throughout his journey.

> And I think that the beautiful part of being a part of this organization is that it is family-like. The simple values that everyone is shoulder-to-shoulder going towards the same goal, is like my family, and that is why I compare it a lot to my family.

Support from agent. Participant 11 emphasized the importance of his external mental performance coach and his agents working together to support him in the identity transition aspect discussed earlier, to prepare for his return to competition. He also described how their support was impactful.

I think just being honest with me, I think just laying out the situation. And you know, when I was getting close to the end of the rehab process. We had a process at the complex, more so my agents, we switched. We kind of laid everything out and switched the mindset. “Okay, this is what the next month is going to look like, and how can we maximize the opportunities that we have over this next month?” And I think I've been able to do a pretty good job at that. And it's just, I think it was kind of laying out, you know, this next month, you're going to be here, here, and here. This is the plan that the organization has. This is the plan that we have, and we're going to. It helped creating that plan, helped me shift out of the mindset of, okay, I have to keep going at this rehab process. I have to stay on my routines. I still have to do that, but we're going to do it somewhere else. We're going to do it at an affiliate, which has been the goal, to get back to the affiliate and get back to the level I was at, right? It's been the goal since surgery last October. So I think them just being honest with me and saying, “listen, you know this is a big year for you, and we know you've been hurt, but once you're healthy, you have to trust it, and you have to trust that at the end of the day, it's how you perform, and that's what you're going to be judged on. You're not going to be judged on the fact that you had surgery and you had this rehab process.” But they were motivating me in that sense, and flipping that mindset that we talked about from rehab to ball player. Back to normal.

Support from fans. Similar to the first set of interviews, the final source of support that emerged from the second set was from Participant 12, who shared about a letter from a fan he had recently received.

> I got one yesterday about a tear in my eye, because this, this fan, had been, he's his longtime college baseball fan, wrote me a very nice message. I'm gonna write him back. And it was, it was something special, because there's people out there that you don't know, that want you to succeed, and that's just the beauty of this sport and other sports too. So yeah, that brought a slight tear to my eye, because it was a bit was heartfelt, and I appreciated that.

Be Real: Receptiveness to Social Support

Similar to the first data set, the second set of interviews highlights some of the same and new factors that participants emphasized as important for perceiving and accepting social support from various sources.

Effective Communication. The data from the second set of interviews highlights several communication factors that were important in establishing the tone and fostering an effective helping relationship for the participants.

Genuineness and honesty. The importance of genuine and honest communication was significant to several participants. In the case of Participant 3, connecting with another athlete who had undergone the same surgery was crucial in experiencing the kind of authenticity he could relate to.

> He went through TJ (Tommy John Surgery). and like, he just keeps telling me, like, real, it's just how it is. It's like, 'that first year back, it's shit. I could barely throw. I was throwing, you know, 87(mph), my life was miserable,' all that stuff. (Researcher Question): So I guess what I'm hearing is that the real him, being real with you about his experience?

> Yeah, exactly. That helps a lot more. I guess hearing it from someone that's been through it that just knows it's fucking shitty, but at the same time it's not always going to be shitty, but then that just kind of, that's like the equation of time, I guess, like that, you know.

In the case of Participant 9, genuine and positive communication was an ideal way to receive social support. He said, "I think just positive to the guys; 'your stuff's good. You're it's going to keep getting better. It's only going to keep getting better the more you throw. So just trust it. Enjoy it.'" For Participant 10, authenticity was also a crucial aspect of what he valued in the social support he received.

> I felt like everything was helpful. Everything was genuine. You know, I felt like everyone I talked to was just genuinely happy to see me back out there and see me competing. And I think that just all kind of helped me to feel at home and feel like I had, you know, had a successful recovery. I also think being genuine, to just like, because people can tell. And really, the whole mental performance department has always been genuine. I felt like, but I think that's a huge piece of it too, because you might not think it, but anybody can tell you, you know, when you are being genuine 100%.

In the case of Participant 11, the perception of authenticity comes from those supporting him being present, as well as from feeling that they care about him personally and not just professionally.

> And, you know, even if guys seem like they have a grip on it and they seem like they're good, it's not always the case. So I think just being there for guys, and like I said, it's really easy to be absent, in a way, in my in my opinion, of what I've

seen, because guys seem like they're doing well in rehab, but it is, it can be really hard and it can be a really tough process and grind you down. So I think just being there for the athletes and letting them know that you care, not only on a professional level, but on a personal level.

(Researcher Question): Including in the return to play moment?

Yeah, for sure, I would say even you know even more so at that point, because then there's a lot of stuff that creeps in one part with guys of you know what? What does this look like if I go out and, you know, I'm not the same, or what does this look like if I go out to an affiliate and there's no room at the place that I used to be at and you know, all that stuff can creep in, but having somebody to support you and somebody that you can trust, like guys trust you with your org. I think that is just crucial.

Feeling affirmed and validated. Participant 5, who had a small window to return to competition, faced some really difficult conversations with the managers. For him, the honesty in these interactions, along with genuine care, empathy, and validation of his situation and efforts, made the difficult conversations easier to accept.

'We know this is a hard situation. We're sorry it happened this way, but you've been a great teammate. You've been a great in how you've handled these situations great' and just showing the appreciation for, you know, what I've done. I don't notice it, like, when I'm going through it, … like, I'm not expecting them to like to say you're a great person, but it's more so, like, they understand how hard the situation, they understand me, and where I'm at and the journey that it's been, and they get it. I feel that they understand me in that situation, when they're sitting

there and saying, ‘look, we know you're a big league pitcher. We know you're this or that, and we're sorry that this has worked out this way, but at the same time, we appreciate what you've done,’ and so that has helped kind of make these transitions into this next stage of just being ready and not playing in the big leagues a lot easier. The way they've gone about those meetings is really cool.

In the case of Participant 4, it was his teammate who shared his excitement about the participant’s performance upon his return to the minor leagues.

> There is a teammate, a friend, who told me how proud he was of me. That he didn’t know how I was able to come back after the surgery. And he told me I was a completely different player, that I am not like I was before. That I am running the bases better, that I am fielding better, and batting, well I always have batted well, thank God. But he says that how he sees me running the bases, that is almost like good enough to win a World Series, that I am running hard and playing well. So that comment, really, it almost made me cry, because I felt extremely happy. I felt like, all the work I did truly was worth it.

Creating the right environment. Several environmental factors seem to influence participants’ willingness to seek out and accept or reject social support offerings. This is important because, even if well-intentioned, when the social support does not reach the return-to-play player, it will not have its desired effect.

Perceived as consistently available. The first factor mentioned by participants is that social support must seem readily available to them. For Participant 10, this was a consistent reality:

> I would say just exactly like my MP coach, who has been the entire time, you know? I think it's just always being there for us, like always asking us, you know, "how you doing today?" Even if it's something small, like that, I think that goes a long way. And, you know, every now and then, just saying, hey, like, "if you ever want to talk or just hang out, you know, bounce some ideas off of me, get something off your chest." Like, I think constantly giving that invitation is big, you know, you say it one time, a lot of people are like, you know, thank you. Then kind of forget about it. But I think you keep asking them, and then you keep showing your like daily support. I think people in my position start to see, well maybe, like, maybe they actually do care, you know? So I think just that constant feeling of support and care, I'd say, is the biggest thing.

The consistency in availability also fostered a positive perception of the social support provided to Participant 5.

> I think just being consistent is so much of that role of being just there and being in contact. So, just being consistent, just being like, just reminders, hey, 'how you doing, you know, just checking in hope you're great' or like, you know, like certain things like that. I think that both MP coaches that I have worked with have done a great job. And so I think that just being a consistent, just an outlet for if or when they ever need it.

In the case of Participant 8, even though he admitted he did not actively seek it out, he knew support was available to him. He shared, "I'd say the support was there if, I mean, I wanted it. I'm not a very social person." He elaborated on the availability, but also emphasized that it needed to be a safe space to talk.

> I'd say just always having that resource available. You know, door always open there, like there's a place to talk if you want to. I think it's got to be a safe area. You know, guys aren't worried about what's getting said to who. But yeah, maybe just to check up, you know, how you doing? I think it's kind of on the player to go seek that. If they want that.

Other participants also brought up this aspect of confidentiality. Here are some data regarding this crucial environmental factor.

Providing a "safe" space. Similar to Participant 8, Participant 11 emphasized that confidentiality was crucial, and this was what led him to seek an external MP provider.

> I think there's, I find a lot of value in the sense that I never have to worry about people that are making decisions on my career, and never have to worry about them knowing what I'm going through. And that's, I would say that's the biggest advantage for me going externally. So, yeah, I think it's the main proponent for me, and the driver why originally did it and still continue to do it, is just that I would, for lack of a better term, confidentiality.

This important finding will be addressed in the next section on negative social support, as perceived breaches of confidentiality have led to a negative view of social support from both psychological and medical professionals.

Have My Back: Negative Social Support

Compared to the first data set, some factors were similar while others were new in the second set of interviews. Although these support offerings are usually not malicious in intent, negative judgments often arise from how and when they are delivered and how participants perceive these support efforts. In terms of instances, the recurrence was

similar in both data sets, although in the second set of interviews, the negative support tallies were concentrated around the Medical Professionals and Psychological Practitioners sources (see Table 5)

Negative support from breakdowns in communication. These types of issues are often innocent misunderstandings, but for Participant 9, the communication failure with the athletic trainers at his affiliate caused frustration and eroded trust.

> You know you're told we're wanting you to come to us. And then when you do that it's met with you know not the same energy that you were expecting where you know they're just looking to like get it done as fast as possible. And not wanting to like, per se, just take like five minutes to actually understand what's going wrong.

Although these two participants were not on the same team, Participant 2 had a similar experience to Participant 9.

> I think it's pretty common. I've seen several cases of this, and some people don't mind, but, I mean, I don't know, sometimes it's the other way around, too, where you'll go in and say it hurts, and they don't do anything about it, and then you go out and really hurt yourself. So, I mean, it could go both ways.

For Participant 3, the communication breakdown was a significant issue, and from his perspective, it resulted from a lack of empathetic listening and validation. This led to his frustration and was recorded as a negative support instance.

> You try to work with the medical staff, and they've been very helpful. But like, they can't, put themselves inside your body, you know. You try to communicate, what I'm feeling, and I feel like I was trying to do that pretty early on the rehab.

> And I feel like early on in my career, I used to be very closed off to medical because, you know, what they know is, like, don't give them anything to use against you, right? So, I was off that, and then I felt like I kind of got to a point my career where I'm set in a way, where I'm here for the next, you know, X amount of years, things like that. I kind of just dropped all that guard, I guess. So, I feel like I've been very open with how I felt, and it's almost too open, but in the same way, they can't just put themselves inside my body and feel what I've been feeling. So I think everything I was kind of told along the rehab side was that's normal, that's normal, and that's normal, but then it kind of just was like, dead end, in a way … If I was told it just takes time, right? Like, that was probably one of the most frustrating things I ever was told. I'm like, Dude, this isn't time, this is like, you know, this isn't time. Like, this is something different than just time, but, I mean, some time helps, but I wish they could just feel what I like feel some days when I'm throwing a baseball and it's like, dude, like, how am I supposed to go get you three outs, no matter what level we're at when, like, I can't even really use my elbow.

Negative support from confidentiality concerns. For several of the participants, a perceived breach in confidentiality from mental performance and medical professionals, namely, the sharing of sensitive information with the front office, was a clear obstacle in seeking social support, and thus negative social support. Participant 2, shared the following anecdote of this kind of interaction to bring to light this concern:

> So one day, my arm wasn't feeling as good as it had before. I was just feeling a little bit slow that day, so I went in the training room. Asked them for some extra

modality, just to, I don't know, help me out a little bit. Yeah, the next day, my bullpen coach and another guy came up to me, and they're like, I heard about your arm, like, what's going on?

This type of situation led him to a lack of trust and holding back on the communication and information with the medical group. He went on to share:

If you're injured coming back from injury, whatever the case may be. I think, I don't know, you kind of always gotta watch what you say, and make everything sound like it's, like, not a big deal, you know. I generally try and keep everything to myself, and I feel like I'm pretty self-sufficient, so I try and do a lot of things on my own.

For Participant 11, when discussing seeking support from MP coaches, stories he had heard about players being put at risk during contract negotiations were enough to lead him to consult an external mental performance provider. He stated:

Was the stigma around it, yeah? And which I hate, hate that so much. But you know, some of the stories that you hear, you know, whether it be just some stories of guys you don't even know, but you know, say an arbitration case and all that stuff coming out that strengthens that stigma, which, yeah, you know, between me and you, I hate, I hate that so much.

Participant 3 was very candid with his answer to the question about mental performance coaches being more helpful in the return to competition stage:

I don't know, man, I feel like I put y'all, I'm sorry, but I put MP Coaches, like, the same umbrella as, you know, the suits in the front office. It's like, I feel like everything that you can tell a mental performance coach, or you have to get a

player that's like, willing to be vulnerable and open. Because, like, they always say this, and I feel like, they always give a speech in spring training, and it's like, whatever you say with us stays with us, but nobody can be sure, you know, like, I've seen it where it hasn't stayed with the medical, you know, or with the mental performance or whatever, like that. So I feel like just trust, honestly, like finding, like being able to build a connection with a player that and I feel like that's unique to pro ball, like nobody really has a connection with their mental performance coach on a team that has enough, you know, off-field relationships to trust inside the workforce. I feel like that's a problem across all mental performance coaches in baseball.

Negative support from disingenuous feedback. For Participant 8, insincere support was linked to receiving what he considered fake praise, which he described using the metaphor of "eye wash" to indicate it was not truthful.

> But just like the eye wash motivation, you know, it's just clearly not real. Idolizing things that don't matter. You know what I mean? Like, at the end of the day, it's about what you do on the field. I think that's the best place to set your focus. Yeah, you're always focused on doing well. I mean, you'll probably do well majority of the time.

In the case of Participant 1, it was about the motives of people who were initially supportive, but then turned their backs on him after his injury.

> Well for me it's like everything in life. The thing is that you can take it depending on the source, and who it is, and in the end try to find the positive side of everything. Because I am sure that many people at a certain moment thought, 'ok

> this guy is never going to pitch again,' and also use that as motivation. Perhaps many people also turned their back when I got hurt, and maybe use that also for motivation, like, maybe you are not supporting me now in this moment, but I remember the messages you sent me, or the attitudes you had towards me, it is also up to me not to allow those messages to make me feel lesser than, or doubt what I can do.

In the case of Participant 11, he had a similar concern with motives, so he had to learn how to distinguish between genuine and disingenuous support. He shared, "I think I've done a good job of that too, of just trusting the people that I know I can trust, and, you know, not taking advice from people that I wouldn't ask for their opinion." He then used the metaphor of "passengers on a bus" to explain himself further.

> I like to use the analogy of driving the bus, and I drive the bus of my career. And you know, some people in the front, some people in the middle, in the back, and some people aren't on it, right? That's kind of how I look at it. And I'm very selective of you know, who I bring on that bus, you know.

Anchored by Unwavering Backing: Gratitude for Social Support

Gratitude for the support received was a common theme in how participants experienced social support. All 12 participants expressed appreciation for the support they received from various sources. Participant 2 exemplifies this sense of gratitude to everyone who offered support.

> So many people have supported me through this journey. It was a long time in rehab, and some things that people said worked, some things that they said didn't, but I'm just super grateful to everyone for trying to help me, whether it helped or

not, just the fact that they tried and attempted to, I'm super grateful for everyone and everything that they did. So, many people helped me out I mean, countless people. So, yeah, I'm extremely grateful for everyone that was a part of my rehab return-to-play journey. From the mental health, to the pitching, to the rehab, to the strength, everyone has helped me out a lot and I'm extremely grateful.

For Participant 4, the gratitude he felt was not only about his experience, but he also seemed to realize that social support is reciprocal and a gift he could give back someday, stating, “I am forever grateful to them, and I would tell them I wouldn’t hesitate to help them as well.”

Participant 9’s reflection also covered the various sources and how their support affected him.

Very appreciative of everyone who was either in it with me or was there supporting me medically, mentally, physically, you know, trainers in the gym, in the training room, the mental performance, like everybody, you know. Even if it wasn't your job to do that as a teammate, you still, everybody who I was surrounded by, did an amazing job. Nothing but appreciation. Very blessed to have everyone that I had around me for those two and a half years.

For Participant 10, social support was extremely important, and the traits he valued most were consistency and genuineness.

I would just want them to know that there's no way I could done it or gotten through without them, I think that's the main thing I'd want to know, is that I'm just I just have extreme sense of gratitude for their love and support, because I know it was all genuine. And, you know, it was unwavering at all times, at least

the way I took it, and I just want them to know that without their support and encouragement, that I wouldn't be able to, I wouldn't have been able to successfully, you know, make my return to play.

A similar sentiment about the importance of the support received and how crucial it was for him in overcoming the challenges involved with rehabilitating the injury.

I would tell them that they're the reason that I got through this, this rehab process. You know, it has been very hard. It's hard for everybody who has to rehab an injury or surgery, anything, no matter what sport you play, or even if you just, you know, have a nine-to-five job, and you got hurt, you have to rehab. It's really hard. And, you know, having people in your corner, for social support is really important. And you know, I would just thank them for sticking with me, because I know I was probably tough to deal with at times, so they stuck with me.

Conclusion

This qualitative study aimed to explore the lived experiences of professional baseball players during their rehabilitation from injury as they returned to play, focusing on their experiences with social support. In this chapter, the results from 12 participants are presented as two separate data sets, each corresponding to a different phase in their return-to-play journey. Five themes emerged within each data set. For the return-to-play phase, the themes were Transition and Adjustment to Return to Play, Social Support Systems and Relationships, Receptiveness to Social Support, Perceived Benefits of Social Support, and Negative Social Support. For the return-to-competition phase, the themes included Transition and Adjustment to Return to Competition, Social Support Systems

and Relationships, Receptiveness to Social Support, Negative Social Support, and Gratitude for Social Support.

During the transitional phases, participants experienced mixed emotional responses, ranging from excitement and anticipation to fear and anxiety. In the first data set, fear focused on the risk of setbacks or reinjuries, along with performance-related anxiety caused by doubts about their bodies and their ability to perform at the desired level. In the second set of interviews, for many who had faced setbacks, this anxiety grew stronger, and they struggled to cope with the realities of competing and playing meaningful baseball after long absences. Although the fear of reinjury was present in both data sets, there was a shift between the first and second interviews, with participants showing reluctance to trust themselves, their bodies, and their work fully. This varied among participants, with some still dealing with lingering effects of that fear, while others had been able to move past it, either intentionally or spontaneously. Regarding identity transition, what seemingly began during the return-to-play ramp-up was an ongoing process that continued into the return-to-competition phase. An additional subtheme that emerged in the second set of interviews was the cumulative stress and fatigue expressed by several participants.

Regarding social support and systems, the sources and types of support generally remained stable, with a few notable exceptions. Between the first and second interviews, the use of informational social support dropped from 11 participants referring to using it to only five. This represents a drop of 50 percentage points (92% to 42%). However this was seemingly replaced by the reintroduction of tangible social support, which is typically linked to the early stages of injury, surgery, and rehabilitation. As for the

sources of support, these stayed relatively the same in both data sets with three exceptions. First, reliance on family and friends decreased; second, the shift from the rehabilitation environment to the competitive setting may have affected the perceived quality of medical care, making that source of support seem increasingly negative; and third, there was a significant increase in the use of front office and management support. This likely tied to the increased need for tangible social support.

The theme of receptiveness to social support was important in both data sets and focused on effective, genuine, and validating support. Consistency and calmness in how support was provided was another key factor for the participants. A common theme across both sets of interviews was negative support. Seemingly inconsistent, insincere, or intrusive behaviors were viewed as negative and not helpful to the participants. Intentions don't seem to matter here; it's more about relatability and impact. One concerning aspect raised during the second set of interviews was the perceived lack of confidentiality.

One last area that varied, but is connected across both sets of interviews, is receptiveness and gratitude for social support. Clearly, many aspects of negative support contrast with the qualities that make support well received. These include effective communication, genuine care, feeling understood and validated, and receiving honest feedback that contributes to the participants' goals. When these elements are present, participants did express a strong sense of gratitude for the support they received from their most influential sources, including family, spouses, medical professionals, coaches, and others.

This chapter described the participants and results, and highlighted quotes that summarize themes and subthemes based on their lived experiences. The next chapter

covers the results, limitations, and implications for social support providers and future rehabilitation athletes entering the return-to-play phase of their recovery from long-term injury. It concludes with recommendations for future research.

CHAPTER 5

DISCUSSION

This qualitative study explored the lived experiences of professional baseball players during two pivotal junctures in their efforts to resume competitive baseball following long-term injury: the return-to-play (RTP) and return-to-competition (RTC) phases. Data was collected using semi-structured interviews at two separate times to reflect the RTP and RTC phases. This chapter summarizes the findings and situates them within current research. It also offers recommendations for those who support injured athletes, including family, significant others, and friends, teammates, coaches, medical professionals, psychological service practitioners, organizational staff members, and agents. Additionally, it offers insights from the injured athletes themselves, which could benefit all social support providers and future injured athletes during their return to sport. The chapter also discusses the study's limitations and suggests directions for future research.

Overview

Several findings from this study support existing research about the importance of athletes perceiving and receiving social support from family and friends, teammates, coaches, medical professionals, and psychological service practitioners such as mental performance coaches and counselors. Although the impact of social support during RTP phase in professional sports has been examined (Arvinen-Barrow et al., 2014; Carson & Pollman, 2008; Conti et al., 2019; Francis et al., 2000), to this researcher’s knowledge, the present study is the first to investigate this question within professional baseball. This

study also contributes to the literature by including a broader range of social support providers, such as agents, organizational management members, and fans, and especially by examining how players experienced that support in the RTP and RTC phases of rehabilitation (i.e., Timing of Social Support). Notably, although earlier studies suggested that motivational and emotional support were crucial during the RTP phase (Gray et al., 2022; Yang et al., 2014), data from the current study provide more specificity to the value of such support. Specifically, compared to the RTP phase, participants in the RTC phase expressed a decreased need for informational support but an increased need for tangible support. Another aspect of the study results relates to how social support is both provided to and received by the injured athlete. Existing research extensively covers perceived and received social support, and this study may offer new insights into the factors that influence how receptive injured athletes are to social support. Positive outcomes resulting from the intersection of the varied sources and types of support are discussed. Negative perceptions of social support will also be addressed. Finally, practical implications, limitations, and suggestions for future research will be covered. This discussion will begin with the major themes identified in this study.

Discussion of Themes

Becoming a Baseball Player Again

Concerns related to internal and external transitions and adjustments were a constant challenge for injured athletes, aligning with findings from other studies. These concerns included a loss of identity and feelings of isolation (Covassin et al., 2014; Ford & Gordon, 1999; Lockhart, 2010; Williams & Appaneal, 2010), which were worsened by relocating to their organization's rehabilitation facilities, fear of reinjury (Ardern, 2013;

Hsu et al., 2017), fear of not returning to their previous level of performance (Clement et al., 2015; Covassin et al., 2014; de la Vega et al., 2017), and managing setbacks. Additionally, while much research focuses on overtraining and fatigue as precursors to injury and illness (Jones et al., 2017), participants emphasized the overall cumulative stress and fatigue involved in the rehabilitation process as significant issues. Results from this dissertation indicated that this challenge is even more evident in the RTC phase, as several participants described a compounded effect from everything they experienced during their injury, rehabilitation, and return to baseball.

Players who have gone through a long rehabilitation process are not only physically and emotionally exhausted but, more importantly, eager to get back to playing. For many, the excitement is mixed with relief. A metaphor shared by the players highlights these key feelings. “light at the end of the tunnel” describes their anticipation of completing rehabilitation and leaving a very isolating environment after a dark chapter in their careers behind.

This aligns with earlier research showing emotional responses of nervousness and excitement at this stage (Clement et al., 2015). For these participants, that excitement is often dampened by the additional challenges of professional baseball, as both the game and the business side await them: roster decisions, contract negotiations, and most importantly, chasing their dream of playing in the Majors. The sense of urgency was evident and may explain why some described entering the RTP phase as "Chomping at the bit,” reflecting their anticipation of returning to baseball, something they love and have missed, with hope for better days and excitement for what lies ahead.

Expressions of anxious thoughts about players having their best "stuff" (velocity and command for pitchers; power and speed for position players), combined with fear, self-doubt, and nervousness about returning to play, all relate to self-doubt about their confidence in their ability to perform at the same level as before the injury. While players may be cleared physically to return to play, and even if they feel physically able, many times they do not feel comfortable on the mound or the plate, like a "fish out of water," especially in a competitive setting.

Performance-related anxiety increases during the return-to-competition phase, with anxious feelings now focused on performing well and the potential consequences of doing or not doing so. Participants expressed a need to clear their minds to cope with failure and setbacks, as well as frustration over poor performances. This aligns with existing research, which shows that athletes often experience lowered self-esteem and frustration when they cannot reach their potential or contribute to their team's success (Andersen, 2001; Taylor et al., 2003; Wiese-Bjornstal et al., 1998). One of the main tasks during the RTC phase is to "shake the rust off," which requires not only time but also battling mental demons like the fear of reinjury.

Participants reported ongoing cognitive appraisals and related psychological distress about the risk of reinjury at varying levels of intensity. For some, it is an ever-present and debilitating concern, while for others, it is like a shadow that lingers in the background. The fear of reinjury can interfere with feeling confident and performing at the desired level. These findings align with other research in the literature (Ardern, 2013; Hsu et al., 2017).

As participants progressed through the ramp-up process to return to baseball, they experienced an internal tug of war between conflicting thoughts and feelings between wanting to feel normal or like their 'old selves' again, and the fear of getting injured again. For some, this fear began to diminish, and in some cases, it disappeared entirely. Interestingly, for some, this shift resulted from an active choice. Conversely, for others, it came more naturally through sport-related actions, such as focusing on playing and noticing their bodies responding well to the game's demands. The absence of fear of reinjury allowed the athletes to play more freely and direct their mental and emotional energy toward their performance goals. In the literature, no term is directly opposite to kinesiophobia; it is only referred to as the lack of fear of reinjury. Furthermore, while avoiding the fear of reinjury is a desired outcome, the literature mainly examines the presence of fear and ways to reduce or eliminate it as part of successful recovery in rehabilitation. Having a term to describe the opposite of kinesiophobia could be helpful for researchers, practitioners, and athletes themselves. It could be argued that 'kinesiophilia' could serve as an antonym, as it would describe a love for sports or physical activity, motivating athletes to overcome their fears. However, the participants in this study referred to a more action-oriented approach, a decision to move forward with courage despite their fear. Therefore, I have introduced the term 'kinesio-courage' to describe the unwavering confidence, bold optimism, and assertive strength that propel athletes beyond fear and despair, embodying the competitive spirit necessary for a successful return to sport.

Relatedly, one of the most crucial tasks for the participants was reconnecting to their healthy athletic identity after months or years of having adopted an injured

rehabilitation identity. In this study, many participants were aware of this need and intentionally tried to reconnect and reawaken their inner competitive edge. Metaphors like “taking the governor off” and “switching on” the competitor’s mindset captured this identity shift. Extant research has documented the problem of a loss of identity from long-term injury (Haugen, 2022; Ohji et al., 2021; Putukian, 2016), but few studies have examined this identity shift during the later stages of rehabilitation. One study that examined identity at the RTC phase was a recent quantitative study by Liu and Noh (2024) that explored the concept of identity reconnection for injured athletes. The authors found a link between social support and athletic identity as well as readiness to RTC (i.e., “psychological readiness). However, athletic identity did not predict readiness to RTC. In contrast, in the present study, participants expressed a strong need to regain their old self (i.e., competitive identity). The term 'identity reconstitution' could be used because it clearly illustrates this concept, and future research can help clarify this unique finding.

The Devastating Effect of Setbacks

Eight out of 12 participants experienced setbacks during their return to sport process. For seven of these, the setback happened during the RTP stage, delaying their progression to RTC. These setbacks were described as feelings of defeat, anger, and sadness, among others. These findings align with existing research that has shown setbacks cause negative reactions such as frustration, disappointment, and a sense of loss (Evans et al., 2012). Unfortunately for the participants in this study, setbacks were common during both the RTP and RTC phases (see Table 6). To cope with setbacks, participants described receiving medical care and social support (e.g., emotional, informational, and motivational). As found by Podlog and colleagues (2015), “support in

the form of positive feedback from significant others (i.e., emotional support) as well as reassurance and informational support following injury-related setbacks were seen as integral in the development of confidence to return" (p.9). Data from their study and the present results suggest that social support plays an important role when athletes face setbacks.

Social Support Systems and Relationships

Study participants relied on several types of social support (i.e., emotional, informational, tangible, motivational) that were delivered from a wide variety of sources, which included family, friends, teammates, medical professionals, coaches, psychological service practitioners, and others. Each will be discussed in turn.

Types of Social Support. For participants in this study, emotional social support was the foundation of how they perceived and received support. All 12 participants in both the RTP and RTC phases identified emotional social support as influential. Such emotional support included expressions of care, empathy, affection, love, and validation, which helped ground athletes during their reentry to competitive professional baseball. This emotional support was received by every support source (e.g., coaches, teammates; see Table 4 and Table 5). This finding adds to the growing evidence suggesting that emotional social support may be the most critical type of social support, not only immediately after injury (Johnston & Carroll, 1998; Yang et al., 2010) but also during the return to play (Yang et al., 2014).

The participants also described the benefits of receiving informational support in the form of expert advice from medical professionals, coaches, and psychological service practitioners (see Table 4), especially during the RTP phase. This finding aligns with

other research emphasizing the increased need for informational social support during the rehabilitation phase (Johnston & Carroll, 1998). The demand for informational support at the RTP phase may be, in part, because many (nine of the twelve) participants were experiencing their first long-term injury in their careers, and the process of RTP was new to them. Receiving informational support may have helped relieve anxieties, fears, and doubts about the process.

Importantly, despite the high demand for informational support in the RTP phase, the high demand was not salient in the RTC phase. The number of participants describing this benefit declined from 92% at the RTP phase to only 42% at the RTC phase (see Table 5). A simple explanation for the change could be that once athletes reach the RTC phase, they no longer need information about the injury because they have been cleared to compete.

Participants also identified motivational social support as a key factor, both during the RTP and RTC phases. (see Table 4 and Table 5). Whether through words of encouragement that inspire hope, coaching that offers feedback to help athletes improve and reach their goals, family serving as motivation for the comeback, or vicariously through seeing teammates return to baseball, motivational social support was a crucial element for these participants. This aligns with current research on motivational support for injured athletes, which mainly focuses on early rehabilitation stages and specifically on adherence to the rehabilitation process (Bejar et al., 2019; Conti et al., 2019).

This study offers a new perspective on the importance of tangible social support during the later stages of rehabilitation, especially in the RTC phase. Results from the RTP phase indicated that only one participant identified an act of tangible support.

However, the findings from the second interview reveal a significant shift in its importance during the RTC phase, as eight of the 12 participants mentioned needs related to tangible support (see Table 5). Previous research has shown that tangible social support is important during the early stages of rehabilitation (Lu & Hsu, 2013). However, to my knowledge, no other studies have indicated that this type of support is used or needed during the return-to-play phase. Perhaps this variable has been neglected because most research has focused on collegiate athletes, where this need might not be as critical at the RTC stage. It is also possible that the need for tangible support is unique to the baseball context due to the location of rehabilitation facilities and the broad geographical reach of the minor league system. Regardless of the reasons, this study clearly demonstrates that the need for tangible support among these professional baseball players is both evident and significant.

Sources of Social Support. At both the RTP and RTC phases, participants recognized sources of support within the five groups discussed in Chapter 2 (i.e., family, friends, teammates, medical professionals, coaches, psychological service practitioners). Moreover, participants identified organizational management members (e.g., front office staff, player development personnel, and other support staff) and their agents as providers of social support.

Many participants referred to family, significant others, and friends as their "inner circle" of support, although their reliance on this group slightly decreased during RTC. Most participants, when asked about their anticipation of returning to baseball, emphasized the significance of having family or their significant other present to witness the comeback moment. For a few participants, family became the primary motivating

force behind their desire to recover from the injury. Within family support, participants depended on and valued the three types of social support (i.e., emotional, motivational, and in some cases, tangible social support). The findings from this study add to existing research emphasizing the importance of family support for injured athletes (see Anderson et al., 2022; Bon & Dupona, 2021; Conti et al., 2019; Covassin et al., 2014; de Groot et al., 2018; Gould et al., 1997; Ruddock-Hudson et al., 2012; Sullivan et al., 2022).

Two aspects of social support related to family and friends were nuanced. One, family support generally remained consistent from the RTC to the RTP phases. In contrast, the number of participants citing support from a spouse or girlfriend declined from nine to four during the RTC phase, possibly because of reduced time available at home due to increasing travel demands in the RTC phase. Two, friend support was complex. Although previous studies have shown the friend group as an important source of social support for injured athletes (Covassin et al., 2014), participants in this study valued friend support less than other sources of support. In the current study, friends were mentioned as sources of emotional support by only six of the 12 participants (50%) in the first data set and by two of the 12 (16%) in the second set. This contrasts with the findings of Covassin and colleagues, who found that injured athletes relied on friends as a social support source 84% of the time (2014). Although these two studies differ significantly in design and sample size (Covassin and colleagues conducted a cross-sectional study of 126 male and female athletes from two Big Ten universities), the discrepancy raises questions about the role of friend social support. One possible explanation for this large difference could be related to variations in research methodology (phenomenological versus cross-sectional) and sample sizes (12 versus

525). It could also relate to differences in athlete levels (professional versus amateur) or specific aspects of baseball. In contrast, Covassin and colleagues examined data from athletes across nine different sports, yet only two participants were baseball players. Not only was support from friends less prominent in the current study, but it was also often viewed negatively. The negative aspects of social support from friends will be discussed in that section.

Participants frequently described informational support through interactions with rehabilitating teammates. This support was gained through the mutual sharing of thoughts and experiences about their physical sensations related to injuries and recovery. This helped normalize the participants' experiences and provided them with greater peace of mind. Additionally, the mutual support helped uplift one another, emphasizing an emotional bond and camaraderie that formed among athletes in rehabilitation. Consistent with previous findings in sports injury rehabilitation literature, social support from teammates was a vital source of informational, motivational, and emotional encouragement (Conti et al., 2019; Corbillon et al., 2008; Covassin et al., 2014; Gould et al., 1997; Gray et al., 2022). The current findings also support prior research suggesting that the benefits of teammate relationships extend beyond practical help and may play a deeper role in the athletes' healing process. As Van der Kolk, psychiatrist and author, describes it:

> Social support is not merely the same as being in the presence of others. The critical issue is reciprocity: Being truly heard and seen by the people around us, feeling that we are held in someone else's mind and heart. For our physiology to calm down, heal, and grow, we need a visceral feeling of safety (2014, p.127).

The role of doctors in providing informational support through their expertise and credibility was essential in offering reassurance during moments of doubt in the RTP (but not the RTC phase). This aligns with the research found in the literature (Arvinen-Barrow et al., 2014; Clement et al., 2015; Gray et al., 2022; Levy et al., 2006; Robbins & Rosenfeld, 2001; Wiese-Bjornstal et al., 1998; Yang et al., 2010, 2014). Additionally, the time commitment and genuine care demonstrated by PTs provided emotional and motivational social support. Despite these benefits, six participants also reported experiences of negative social support during the RTC interviews, which will be further discussed in the section on negative support. It is also worth noting that the reported informational social support from medical professionals decreased from eight in the RTP interview to three in the RTC interview. The reasons for this decline may relate to changes in personnel styles, priorities, and a shift from a supportive to a competitive environment. Another possible explanation for this decline is that athletes are fully recovered in RTC and require less medical assistance. As discussed earlier, this may also be connected to the sharp decline in the availability of informational sources from the rehabilitation to the minor league setting.

Coaches also played a crucial role in providing social support, especially during the RTP phase. Participants emphasized the importance of objective feedback that was both honest and challenging, but also supportive. The positive impact of coaches in offering social support to injured athletes is well documented in the literature (Bianco, 2001, 2007; King et al., 2023; Robbins & Rosenfeld, 2001; Yang et al., 2010). However, for both coaches and medical professionals, the need for informational support decreased during the RTC stage.

Psychological service practitioners also emerged as a potentially important source of emotional, informational, and motivational support. Participants highlighted the importance of these practitioners being present and consistently available, the opportunity to connect with practitioners about issues beyond baseball, and having practitioners with "feel." "Feel" is a baseball cultural term that describes a perceptive sense of timing and tact by the provider in deciding whether to intervene. These findings support existing literature that shows members of this support system serve as vital providers of social support (Arvinen-Barrow et al., 2014; Carson & Pollman, 2008; Evans et al., 2012; Haugen, 2022; Richman et al., 1993; Walker et al., 2007). Despite reported positive support, some participants avoided these providers or withheld information due to confidentiality concerns. Instead, they sought to satisfy this need by turning to external sources, such as referrals to private practice practitioners or those arranged through the players' union (MLBPA), to meet their needs. This confidentiality concern will be addressed further under the topic of negative social support.

Unexpected sources of social support, potentially, included agents and members in organizational management (front office staff, player development, and other organizational support personnel). Although only two of the twelve participants mentioned agents, their testimonials were compelling and included reports of receiving emotional and motivational support. Potential support from management was more widespread. Ten participants reported receiving tangible assistance, which included practical needs like moving, housing, and helping them and their family members settle in their new cities. For some participants, emotional and motivational support was also mentioned, where they felt validated through acknowledgment of their efforts and

expressions of patience regarding their return to baseball. However, interactions with management were sometimes viewed negatively. This was especially true during high-stakes topics such as business decisions, promotions to higher levels of competition, looming contractual issues, and the release of teammates. If players perceived insincerity from management about difficult news, the interactions were viewed as highly negative.

Receptiveness to Social Support

Besides identifying who provided social support (sources) and what the type of support was (e.g., emotional), this section explains how participants received such support. Generally, participants felt that communication was effective when it felt genuine, validating, affirming, objective, consistent, and confidential. Participants perceived genuineness when the support offered was not self-serving, was selflessly aimed at helping participants achieve their goal of returning to baseball and advancing their careers. Additionally, participants could be their authentic selves when they perceived a "safe" environment where participants could trust that their disclosures were confidential.

Participants at both the RTP and RTC phases experienced emotional and motivational support when they felt, not only listened to, but also truly understood, encouraged, affirmed, or validated. Feeling seen and heard was very important for the participants, especially when it related to their bodies and what they were experiencing as they resumed play. This supports previous research indicating that validating and monitoring the emotions of injured athletes is always crucial and a vital part of caregiving (Forsdyke et al., 2017).

Objective feedback was experienced positively because it included a mix of encouraging and challenging feedback. Participants wanted the support to be honest, constructive, and challenging when necessary. Related to objective feedback was the sources' consistency over time and conveying unwavering support regardless of performance, rather than feeling the support was offered conditionally based on being healthy or performing well. Conditional support was viewed as negative by participants. For those who mentioned this factor, it seemed more related to the sources than the types of support, as some participants experienced variations in support from the first to the second interview. Still, as long as the sources remained consistent in their support, the effect appeared to have a positive anchoring influence.

Positive Outcomes of Social Support

Three overarching positive outcomes arose from the intersection of the varied sources and types of support: minimizing isolation, reducing fear of reinjury, and fostering feelings of gratitude.

Isolation was especially difficult for several participants. They not only had to be apart from the field of competition and their teammates but also be physically separated from their team's natural ecosystem, and in most cases, from their friends and family, as they were reassigned to rehabilitation facilities in Florida or Arizona. This aligns with previous research findings indicating that isolation is a major psychosocial symptom experienced by long-term injured athletes (Ermler & Thomas, 1990; Putukian, 2014). While some participants suggested ways to make living arrangements less isolating, reducing isolation through emotional social support was crucial in helping them cope. Family members, significant others, and close friends provided some of this support by

maintaining frequent communication and visiting when possible. However, the most important source they identified as a key to reducing their loneliness and isolation was their teammates.

The fear of reinjury was a constant challenge for most participants, especially during the RTP phase of interviews. Constantly expecting something to go wrong, the uncertainty of what the future holds feels like a cloud that surrounds and follows them. While players try to combat this with internal and external resources, it remains an ever-present and lingering concern. This aligns with previous research that identifies this as one of the main challenges for players returning to play (Ambegaonkar et al., 2024). By the RTC stage, some participants had made significant progress in overcoming this fear, with one using a "diluted" expression to indicate the reduced intensity of the concern. Others were fortunate to experience a natural disappearance of their fear, while for some, the absence of fear came in a specific game situation. The positive impact of emotional, motivational, and informational social support from family may also have contributed to these positive changes. Doctors and PTs played a key role in helping reduce the players' fears and concerns through their interactions. Lastly, participants mentioned the benefit of seeing fellow rehabilitating athletes progress and succeed in their goal to return to baseball.

A final benefit of social support was the genuine gratitude all participants expressed for receiving various types of support from different sources. In the literature, the benefits of gratitude for athletes are positively linked to reducing athlete burnout (Dong et al., 2024), fostering positive emotions, and decreasing overall psychological distress (Gabana, 2019), among other benefits. Specifically relevant are the findings that

gratitude practices may encourage sport injury-related growth (Salim & Wadey, 2021). Powerful testimonials about the impact of social support highlight its importance and value to the athletes in this study.

Negative Social Support

The findings from this research confirm the general idea that when social support is given inadequately or inappropriately, it can become negative support (Arvinen-Barrow & Pack, 2013; Lincoln, 2000). In the present study, participants identified negative support from coaches, medical professionals, and psychological service practitioners. This aligns partly with existing literature, as negative support has been linked to coaches (Fernandes et al., 2014; Newman & Weiss, 2017) and athletic trainers (Fernandez et al., 2014; Rees et al., 2003), but there are no references to psychological service practitioners. This study enhances existing research in this area, and the data also uncovered some potential additional factors.

Types of negative social support included breakdowns in communication, inconsistent support, excessively overprotective, invalidation, and factors related to confidentiality. Because professional baseball is a business, there is a lot at stake for players who are recovering from long-term injuries. These risks involve playing opportunities and may affect current and future contracts. In this study, two athletes reported communication breakdowns, feeling unheard when sharing their concerns or trying to communicate their experiences during the return-to-competition phase. These breakdowns were seen as threats, and as the literature suggests, efforts should be made to improve communication to reduce these conflict points (Tranaeus et al., 2024).

Inconsistent social support led participants to perceive the supporter as self-interested or as having insincere motives. This was especially evident when the would-be supporter approached or distanced themselves during critical moments, when the support was most needed. Such behaviors served as warning signs about trusting these individuals and were viewed negatively. Six of the 12 participants (50%) during RTP and three of the 12 participants (25%) during RTC described experiencing this type of inconsistency in the availability of "so-called" friends. Players were more guarded in these instances because they perceived ulterior motives and the risk of being taken advantage of.

Support that seemed excessively positive or "cuddly" invoked a false sense of security or hope and was disliked. Participants saw any action that limited or hindered their progress as overprotective. The metaphor of a teenager being allowed to drive alone at some point illustrates why some participants viewed this behavior not as the providers intended, but as harmful or not in their best interest.

When athletes felt unheard or misunderstood, they also felt invalidated. This led them to reject help and miss out on a potentially valuable resource. The findings are consistent with Tamminen and colleagues (2013), who warned about the risks of invalidating attitudes and actions toward the injured athlete's experience, stating "practitioners should be cautious not to invalidate athletes' perceptions of adversity, as this may contribute to athletes' perceptions of high expectations and the desire to withdraw or isolate oneself from others" (p.35).

Concerns about confidentiality arose for some participants when interacting with medical professionals and mental performance coaches or counselors who work for the

same baseball organization that employs them as players. This is a complicated reality in professional baseball because the organization employs both internal healthcare and psychological service practitioners. This is indispensable for players because they fear that sensitive health information could be used against them from a business perspective. Nonetheless, it is an important finding that warrants inclusion in this study. While this issue is intricate and beyond the scope of this research, it also calls for further investigation. Based on the participants' responses, a perceived lack of confidentiality in medical and psychological settings harms the relationship and creates a barrier to help-seeking behaviors. It may also increase the stigma associated with mental health and mental performance. It could also lead players to seek external support or, at the very least, refrain from utilizing the positive aspects of the internal provider.

Other Factors

Participants raised two additional sub-themes that did not fit cleanly into the social support themes but were related and deemed worthy of discussion: Faith as a protective factor and the double-edged sword of comparisons.

Five of the twelve participants highlighted the importance of their faith, religious beliefs, or spirituality as a key anchor during very difficult moments in the rehabilitation process and as they moved into their current stage of RTP. For several participants, their connection to faith and religious beliefs was not only a source of comfort and hope but also offered renewed confidence and purpose. This relates to research on the perception of Clinical Athletic Trainers and the value of addressing the spiritual concerns of injured athletes. 82.4% of respondents agreed that addressing these concerns could lead to more positive therapeutic outcomes for the injured athlete (McKnight & Juillerat, 2011). The

idea of including spiritual support as part of a broader social support network aligns with the holistic care approach for athletes proposed by Dawson and colleagues (2014) and could be explored as a future research topic.

The double-edged sword of comparison affected several participants in the current study. On one hand, close contact with teammates served as a positive support system, allowing them to share thoughts and feelings and gather valuable information. On the other hand, this close contact with teammates sometimes had a negative effect by prompting social comparisons to teammates who were advancing in their rehabilitation. For participants who felt they were not making as much progress, such comparisons lowered their self-efficacy, confidence, and motivation. This is especially challenging in a professional sports environment, where everything is measured, counted, and evaluated by both the organization and the athletes themselves. This phenomenon is likely an unavoidable side effect of working closely with fellow rehabilitating teammates on a daily basis where players constantly observe each other's progress. Therefore, participant proximity had a dual effect: teammates provided helpful encouragement, but could also unintentionally become a source of negative comparisons. These comparisons sometimes led to feelings of inadequacy and negative outcomes such as frustration, increased self-doubt, and loss of confidence.

Practical Implications

Since social support involves human interaction, the section on practical implications is organized around the different groups of social support discussed throughout this study. Recognizing that these players are now approaching what can be called the “light at the end of the tunnel,” this phase not only calls for acknowledgment

and celebration of their hard work and progress but also requires vigilance about lingering concerns such as fear of reinjury, performance anxiety, self-doubt, and psychological readiness.

Practical Implications for Family, Significant Others, and Friends

The significance and positive influence of the inner support circle cannot be overstated, as emphasized by the participants in this study. However, specific nuances should be considered to offer the most effective social support. In this study, the inner circle consistently demonstrated their presence and willingness to support the rehabilitating athletes throughout their recovery journey. This has enabled them to now assist injured individuals in reaching the final stages of their rehabilitation.

Emotional support was the primary form of assistance provided by this group leading up to the RTP phase, and its importance continues as the inner circle members remain present and validate their experiences. At this point, it might be tempting for family, significant others, and friends to shift toward more motivational support focused on baseball and performance goals. However, such an approach could unintentionally become counterproductive if not tailored properly. If the player benefits from a strong social support network, as seen among the study participants, other types of support, including motivational support, are likely already being adequately addressed by other key sources. It is recommended to ask whether they feel supported regarding performance and baseball-related issues by their club and staff. If the answer is yes, the inner circle should trust that support and focus on their most effective contribution (i.e., emotional support). Staying present, remaining available to listen, showing unconditional care and love, and continual celebrations of both small and big achievements are all

impactful ways t do so. For many, family is a primary motivator that has helped them through this difficult journey, and it is now appropriate to be proud of the outcomes and enjoy the moment together.

Practical Implications for Teammates

In addition to the inner circle of support, teammate support forms the foundation of the entire support network for injured athletes, and mutual aid among fellow rehabilitating athletes was highlighted throughout the data. Among all sources of support, teammates are uniquely capable of providing all four main types of support in ways that are well received. Often, they offer tangible support early in rehabilitation, but this support can also occur during the return-to-play phase. Teammates consistently provide emotional support, mainly because of their shared lived experiences.

Motivational support from teammates includes encouragement and the constant comparisons common in professional baseball. While this could lead to negative comparisons, when athletes recognize the balance between using the competitive mode to motivate themselves and the collaborative mode to offer mutual support, it creates an ideally balanced approach that benefits everyone. The informational support they provide can also help reassure each other when facing physical or baseball-specific challenges. At the same time, this could potentially have an adverse effect (i.e., a player relying solely on a teammate for information); however, this was not the case in this study, as several other sources of informational support were available. As one participant shared, although the medical team provided the same type of informational support, it was better received and more impactful when given by a peer.

Seeing fellow athletes face similar challenges and succeed in their return to sport serves as inspiration and motivation. Athletes should harness that motivation to their advantage while aiming to inspire others. In short, follow the golden rule: be the kind of support to others that you want from them. Or better yet, elevate that support to the platinum level: be the kind of support to others that they wish to receive. They or another teammate may do the same for you. The impact of a teammate may be less about baseball and more about life, as they support each other through this and other challenges and triumphs. That is the true power of a teammate.

Practical Implications for Medical Professionals

Medical professionals play a vital role in supporting athletes throughout their journey. Although the time dedicated by physical therapists and athletic trainers might seem sufficient as support, this study shows their role actually covers much more. When functioning at their best, support from this group combines all three types (e.g. emotional, informational, and motivational), with different aspects becoming more crucial at various times, depending on the athlete and their specific situation. The informational, emotional, and motivational support they offer is all crucial. Additionally, members of the medical team also provide tangible support early in rehabilitation, demonstrating they truly do it all for the athlete.

Doctors provided highly impactful informational support, which had a reassuring and confidence-boosting positive effect on injured athletes. This is especially important as players enter the RTP stage, particularly those who may be dealing with fear of reinjury. Support from doctors should continue to be prioritized and readily available throughout the entire process. Doctors themselves might benefit from being present

during the moment of return to competition. While that may not be as impactful as having their inner circle there, it could still be a meaningful act of support for the athletes. Therefore, the potential impact of this recommendation is greater for the doctors than for the players, as it would come from witnessing the results of their efforts firsthand and could strengthen their resolve and motivation to continue providing this valuable service.

A final consideration for this group relates to the transitional nature of baseball, where health care responsibilities shift to athletic trainers and PTs who work with players after they have completed their rehabilitation and returned to their affiliate team. Remembering that, while the injury and rehabilitation process was challenging, returning to competition brings its own set of challenges, and these professionals are well-placed to provide essential support. The negative interactions with support that participants mentioned were linked to breakdowns and inconsistencies in communication. Therefore, it would be wise for providers to make time for communication and especially focus on empathetic listening. While athletes need to adapt during the transition between two very different environments, this process could be made easier and quicker with a transitional plan to reduce miscommunications and other issues. The data show a decline in the use of this resource from the RTP to the RTC stage of this study, which may be related to a drop in informational support.

Practical Implications for Coaches

Similar to medical professionals, coaches are key providers of emotional, motivational, and informational support, although the latter was only noted during the RTP stage. This group's impact on the return-to-play process is significant, and there are important suggestions for its members to consider in order to maximize their influence on

athletes returning to baseball. During the ramp-up to RTP and throughout the RTP phase, participants appreciated a specific coaching approach. Honest, performance-oriented feedback and coaching that provide the right level of encouragement. This helps athletes feel reassured and confident that coaches support their progress toward professional goals while also caring about them as individuals. In other words, players are very perceptive in noticing when support is self-serving for the provider rather than genuinely focused on what is best for them as they return to play. This includes pitching mechanics or other technical aspects of baseball for position players (e.g., hitting, defensive fielding), as well as tactical coaching that prepares them for upcoming competitions. The most important recommendation for implementing motivational social support during the return to play stage is to foster a training environment where athletes can more easily reconnect with their competitive mindset; this may lead to a more successful and enjoyable return to play experience.

One final suggestion for coaches is to be attentive to the players' emotional and physical energy levels as they return to play. Excitement and celebration about having the players back with the team are important parts of the return-to- play process. However, that excitement felt by everyone involved can fade quickly when the competitive realities of professional baseball come into focus. Therefore, helping the RTC athlete manage the burnout effects of this entire experience by encouraging them to use internal and external mechanisms to recharge could positively influence their mental well-being and performance, ultimately benefiting the team. Psychological service practitioners also have an important role to play in this effort.

Practical Implications for Psychological Service Practitioners

The role of mental performance coaches, mental health counselors, and other psychological service practitioners is to provide a reliable outlet for players to share their feelings and concerns, while being a steady source of support. Given the high number of injuries in baseball, especially among pitchers, this support is crucial throughout the entire recovery process. It can play an important role in the RTP phase by helping players manage their fears and anxieties, and may be particularly impactful as they create a plan for transitioning and reconnecting with their competitive identity.

A crucial aspect here is the importance of creating and maintaining a safe space for participants throughout collaboration. This is especially vital for internal service providers because, without the reassurance of confidentiality, these players are unlikely to fully utilize resources or open up about their true struggles. Mental health and mental performance coaches can be very helpful, and internal service providers are uniquely positioned to make a significant positive impact. However, this only happens if athletes see them as primarily interested in their needs rather than organizational priorities. In short, considerable effort is needed to change players' perceptions of internal service providers, and management may need to support these efforts. It is also essential to understand each organization’s context and recognize that the role of an internal mental performance coach differs from that of an external licensed professional counselor, and these differences should be clearly and transparently explained to the athletes.

Given the importance of family support shown throughout this and other studies, a key practical implication for those working with this group of athletes is to identify

players who may lack adequate family support and assist them in finding and utilizing other sources of support.

Practical Implications for Others

Organizational support staff, especially from management, player development, and player support structures within MLB teams, can potentially have a positive impact on this group. MLB organizations already allocate substantial resources to infrastructure (such as team facilities and technology) and human capital (including medical, psychological, nutritional, and strength and conditioning services) to help these players return to the baseball field. A concern raised by participants in this study was the isolating effect of their living arrangements. While athletes need to actively seek to connect with others during this period, creating more opportunities for connection beyond baseball activities, as several participants suggested, could be an important way to reduce feelings of isolation and offer support.

Participants expressed appreciation for the support provided during their transition from rehabilitation facilities to their affiliate team assignments. Since this transition period is already a high-stress time for players, as shown in this study, there is a clear need for ongoing tangible social support to help meet their complex transition needs. Material and logistical assistance with living arrangements, car transfers, and other family-related needs greatly helps players concentrate on their number one priority: performing at a high level.

One final recommendation for how MLB organizations can support these athletes is by helping create a safe and confidential space for their psychological service practitioners to assist these players. While the latest collective bargaining agreement

between MLB and the players' union requires teams to provide a private place for this purpose, the perception of service providers as part of management needs to be addressed so players feel comfortable opening up and making the most of this essential resource.

The positive impact of agents' support on some players was an unexpected finding of this research, and it could serve as a vital resource for many other athletes. Ideally, agents do this because they genuinely care about the players, which naturally arises from a human connection. However, if more motivation is needed, agents should remember they also have a business interest in the player's successful return to play. But be cautious, as these athletes are very perceptive of people's motives, and they likely prefer working with agents who truly care about them as individuals, not just as baseball players.

While it is uncertain how many baseball fans will read this dissertation, if they do, here's a simple reminder: Remember, professional athletes are regular people with extraordinary athletic skill and ability that they have tirelessly developed and continue to refine. If you choose to send words of encouragement, they will be appreciated and can make a difference for fellow human beings going through tough times.

Practical Implications for Athletes Returning to Play

These recommendations are intended for the athletes themselves but can also be utilized by any support provider to guide efforts in supporting the return-to-play athlete. They are based on the data and reflect the suggestions or needs of the participants.

Re-engage with the competitive beast. RTP athletes should be encouraged to actively seek ways to reconnect with their inner competitor during this stage. Recognizing that they have been in hibernation mode for a purpose is an important

acknowledgment. Return to play, however, is the time to increase intensity and trust that their bodies are ready for this moment. For some, it will come naturally; others will make an intentional decision when they feel the time is right, and some may find it a struggle. Regardless of the timing, players will benefit from being encouraged to have high expectations, while also needing to be patient with themselves at this stage.

Nerves are normal. RTP athletes may feel nervous and unsettled at first, but they need to be reminded that this is only temporary, and they will feel normal again soon. Encourage them to trust the work they have done, their talent, their coaches, their doctors, and most importantly, themselves. Trusting in all of these will help them perform more confidently.

Keep relying on your inner circle. Athletes returning to play should also be encouraged to continue leaning on their support system. Urge them to stay connected with others, especially their inner circle. Sharing their true feelings and challenges with these trusted individuals can be very beneficial. This trusted support circle is likely to respond with the unconditional love they need in that moment.

Thoughts and emotions fluctuate. Athletes at this stage, and any other, benefit from remembering that their emotions and thoughts are normal parts of the experience, but they are also temporary. Accepting rather than fighting their thoughts and feelings, and leaning on their support system, is the best way for them to work through this.

Accept the offer of support. Encourage the RTP athlete to accept offers of support. As Participant 10 explained, using the parable of the man drowning, any offer of support is valuable and worth considering.

> Just try to have an open mind and you know, if someone's offering support, especially during a tough time, you know, just take it, you know, and see where it goes. It can't hurt. So I'd say, just have an open mind and, you know, just be willing to let people who want to help you help you, and I think that that'll go a long way.
>
> And not only, you know, your rehab process, but life in general, you know, there was a parable that I really always enjoyed listening to. You know, there's a man who was drowning, and there was a boat that came by and offered him help and offered him, you know, to save him. And he was like, "well, don't worry, you know, God will save me." And so that boat went away, and then another one came by and offered him the same thing. He said, "don't worry, God will save me." And the boat went away, and then man ended up drowning, and when he got to heaven, he asked God, "why didn't you save me?" And God was like, "Well, I sent you two boats, you know." So I think the takeaway from that is like, take help when it's offered, as long as it feels genuine.

State your support needs. When support does not meet expectations, athletes should honestly communicate that. Encourage them to be open about any unhelpful support they receive and to communicate what they need clearly and precisely. Their support network may not be able or willing to fulfill that request. In such cases, they might seek another source or method to help the athlete. Alternatively, they could learn the best ways to support the athlete they care about. In the worst-case scenario, they may admit that they do not truly care, which could be a positive realization for the athlete's long-term well-being.

Filter fan noise. Regarding fans, athletes should either ignore the messages completely or have a system in place to help them filter these messages. This can prevent potential negative impacts from harmful voices and allow athletes to benefit from this unique source of support if they choose to use it.

Tread lightly with comparisons to others. One of the challenges faced by RTP athletes in this study was the negative impact of comparing themselves to teammates. Like any comparison, it can become a double-edged sword. On the positive side, asking teammates questions provides valuable positive informational social support. Seeing teammates reach milestones offers mutual support and can be motivating in witnessing others' progress through injury and return-to-play stages. On the negative side, it can cause players to feel discouraged and demotivated. Therefore, athletes would benefit from using support from key sources like coaches and psychological service practitioners to develop a mental approach to this challenge. Here are three strategies they could use: encouraging them to celebrate others' progress and performance; reframing the comparison to instill hope that they can do it too; or using that emotional energy as motivation to focus on their own progress.

Positivity and optimism. The importance of staying positive and relying on social support to overcome setbacks and delays cannot be overstated. As Participant 4 suggested, athletes throughout this process should "aim to get 1% better each day." Maintaining a positive attitude during setbacks, although challenging, can make the difference between a complete derailment or an unwanted detour from their original timeline.

Gratitude. Encouraging players to reflect on their entire experience and what they are grateful for, including all the support they received and their ability to play again, will create both short-term and long-term positive effects. Players who enjoy the process will celebrate the moment and feel more thankful for being back.

Strategic rest and recovery. Encouraging players to find effective ways to rest and recover whenever possible is a key recommendation. The journey back to play is long and arduous, and the demands of professional baseball remain intense year-round. They have endured a lot mentally and physically, and as the initial excitement of returning begins to fade, managing their energy becomes vital. When opportunities to rest and recover present themselves, players should be encouraged to take full advantage of them, especially during extended off-season breaks. Rewarding themselves for their hard work and efforts to return to play will provide essential relief from what they have gone through and what lies ahead. During the off-season, it would also be wise to take some time to reflect on the entire experience and what they have learned about themselves along the way. Asking how they are a better player and person from this experience is an excellent starting point. The insights gained can serve as motivation and reinforcement for when they step into their next baseball season.

Future Research Recommendations

Beyond the findings of the current study, it will be helpful to explore several aspects raised in more detail. First, although this study is the first I know of that investigates this topic in professional baseball, there is a need to examine this important issue not only in baseball but also across other professional sports and college athletics. Second, concerns about identity transition and specifically how social support

can assist in the RTC phase when players need to disconnect from their injured athletic identity and reconnect with their former competitive self (i.e. 'identity reconstitution'). Third, involving a larger and more diverse group of participants would help broaden the knowledge base and verify the reliability and applicability of this study's findings. This could help address questions such as whether cultural barriers exist to seeking social support, and if different cultural groups (e.g., Black/African American, Latino, White) within baseball have varying support needs. Four, further explore the impact and value of the three additional sources of social support (management members, agents, and fans) on the RTP and RTC phase. Five, the issue of internal versus external providers of psychological support in professional baseball, along with the benefits and limitations of each. Six, the effects of cumulative fatigue on athletes at the RTC phase could be impactful. Seven, future research could examine the impact of social support on athletes who successfully return and those who do not. Eight, another interesting area for future researchers to explore is how social support affects athletes' internal resources and coping mechanisms (e.g., locus of control, self-compassion, radical acceptance, self-efficacy, mindfulness, values-oriented committed action, and faith as a protective factor). Last, another avenue of future research relates to better understanding the reasons for the decline in informational support and the reduced use of medical professionals as support sources during the RTC phase. Such research could determine whether one factor mediates the other or if there is a bidirectional relationship. This has significant implications because athletes' lower need for informational support might explain the fewer interactions with medical sources. However, if the decrease in informational support stems from issues within the support itself (such as communication breakdowns,

lack of trust) or other factors, as some participants suggested, it could indicate unmet support needs during critical moments like returning to competition, which must be addressed. Additionally, there might be other confounding variables, but answering these questions is crucial for athletes and their support providers.

Limitations

Because this study was phenomenological qualitative research, transferability must be judged by the reader, particularly regarding whether these results will transfer to their specific context of interest. Additional qualitative or quantitative studies could help confirm or modify these results. Another limitation of phenomenological research is the potential bias introduced by the researcher during data coding and interpretation. Recognizing this challenge, and because of my professional role as a mental performance coach, I chose to use an interpretive phenomenological approach, as it offered greater flexibility while allowing me to incorporate my own in vivo interpretations of the interview data through counseling skills (e.g., open-ended questions, checking for understanding, reflection of meaning and feeling). This approach produced more in-depth and reflective data from participants. Three other key measures were used to address this potential limitation: employing an external auditor, the practice of journaling by the researcher, and providing participants with coded transcripts to verify accuracy. However, none of these completely guarantees an unbiased analysis.

A specific challenge during the interviews was that participants sometimes discussed their social support experiences more generally throughout their injury journey rather than at a specific phase of their recovery (i.e., RTP, RTC). When this happened, I guided them to their current phase of recovery. Because this was a prospective study, I

aimed to keep their answers centered on the present moment. However, it was sometimes difficult for participants to distinguish their current feelings from their overall experience. I believe this relates to the identity challenges that the participants faced. I also made a deliberate effort to report data mainly relevant to the RTP or RTC phases.

Finally, although participants were selected purposefully, the selection occurred within the context of the availability of participants (i.e., convenience). Relatedly, this study had limited racial and ethnic diversity (two Latin American players, no African American players, no Asian players), which may limit the transferability of the study findings. A more diverse group of participants would be more reflective of the multicultural landscape in baseball.

Conclusion

This study aimed to explore the lived experiences of professional baseball players coping with long-term injuries as they entered the RTP and RTC phase of their rehabilitation and returned to baseball competition at various levels within MLB and MiLB organizations. Data were collected through interviews with 12 professional players from five different MLB organizations, representing levels of professional baseball from the Rookie League to the Major Leagues.

The study expands on existing literature by highlighting challenges related to the RTP and RTC phases, such as kinesiophobia and performance-related anxiety. It also points to another major challenge involving identity reconstitution, specifically the transition from the injured athlete identity back to the healthy athlete identity and the competitor mindset, which data suggests may be essential for a successful return to the sport.

The study's findings emphasize the evolving nature of social support types and their sources for the athlete during their return to sport. Specifically, from the RTP initial interviews to the RTC interviews, there was a notable increase in tangible social support, primarily from family members, but also from an unexpected source: the organization. Additionally, the data reveal a significant decline in informational social support and a sharp decrease in the use of the medical group as a support source.

The results of this study confirm all the support sources mentioned in the literature, as well as new support sources identified here, to better assist injured athletes in their return to competition. Specific recommendations based on the data are included to help support providers and athletes in maximizing this critical resource during an exciting but challenging time in their careers.

Appendix A

Participant 1 Reflective Journal Entry – English Translation

Hello loneliness,

It is 4:00 am, and apparently, sleep has escaped me.

Moments in which overwhelming thoughts are more awake than your own mind, to be honest, I enjoy what I do and don't see it as a sacrifice. But three years in rehab can be a bit complicated, loneliness takes hold of your life, and the support is not enough, especially if it is only in words. One doesn't know what to do, what is the right thing? I have tried everything, yet here I am with my eyes more wide open than an owl's.

A couple of years ago, I understood that I am not Superman, and that yes, God is in control of it all. Of that I am certain. There have been too many days and nights of being all alone with my anxious thoughts. P.S. These don't care about your body or how they leave the bags under your eyes so obviously marked. Companionship is necessary, be it family, a friend, or something from beyond.

You realize that everyone has an answer, and in the end, you are left without unanswered questions, but with other voids needing to be filled. Everyone seems to understand you, but do they really understand? Or is it like telling a child to prepare you a ratatouille for dinner … (I turned on the TV and they were showing that film).

It may be the reason why when I see a familiar face, I get so excited, but in the end, it is loneliness again. I invest a lot in other people. I want to be emotionally and physically supportive to my loved ones—a difficult task to accomplish under my circumstances.

I have tried it all. I have filled my schedule, and I have left it blank. I have traveled and not traveled. Received external and internal support. Truthfully, I can't say which of the two I prefer best. But I know in what direction my heart is moved. In the end, it is loneliness that takes over.

It's so difficult to be surrounded by people and still feel alone.

Maybe I'll have to harden myself, obviate my own feelings, let loneliness take hold of me, and let it be my true companion.

In the words of Rolando Laserie:
"I am but a wounded bird
Who cries alone in its nest
Because it cannot fly

And that is why I am with you, loneliness.
I am your friend
Come, let's talk a while."

In the end, it knows my pain well. It's doesn't sound like a bad plan.

Reflective Journal Entry Shared by Participant 1 – Original Spanish Version

Hola Soledad,

Son las 4:00am al parecer el sueño se me ha escapado.

Momentos en los que pensamientos abrumadores están mas despierto que tu mente, la verdad disfruto lo que hago no lo veo como un sacrificio. Mas estar 3 años en rehab puede ser un poco complicado, la soledad se apodera de tu vida y el apoyo no es suficiente, mas cuando solo es de boca. No sabes que hacer, que es correcto, haz intentado todo pero aquí estoy con los ojos mas abiertos que un buo.

Hace par de años comprendí que no soy superman que si, Dios esta en control de todo y de eso no tengo duda. Han sido muchos días, noches en la que solamente eres tu y tu pensamiento. Pd… a ese no le interesa tu cuerpo o que tan marcadas puede dejar tus ojeras. La compañía es necesaria así sea familiar de un amigo o algo mas allá.

Te das cuenta que todos tienen una respuesta, al final no tienes preguntas sin responder simplemente espacios por llenar. Todos suelen comprenderte pero de verdad lo hacen? o es como decirle a un niño que te cocine un ratatouille. (Prendí la tv y la estaban dando)

Quizás por esa razón cuando veo una cara conocida me emociona tanto, pero al final la soledad. Invierto mucho en personas. Me interesa ser apoyo emocional y físico a mis seres mas cercanos.
La cual es difícil dada mi circunstancia.

Lo he intentado todo he tenido mi agenda llena y también vacía. He viajado y no viajado. Recibido ayuda externa e interna. La verdad no pudiera decir cual de las dos prefiero. Pero se hacia donde mi corazón se inclina. Al final la soledad se apodera.

Difícil es estar rodeado de personas y aun así sentirte solo.

Quizás tendré que ser de hierro, obviar mis sentimiento dejar que la soledad se apodere de mi y sea ella mi real compañera.

Como diría Rolando Laserie:
"Yo soy un pájaro herido
que llora solo en su nido
Porque no puede volar

Y por eso estoy contigo
Soledad, yo soy tu amigo
Ven vamos a charlar."

Al final ella conoce mi verdadero dolor,
no suena como mal plan.

Appendix B

Information Sheet and Consent

Introduction

You are invited to participate in a research study led by Juan Pablo Favero, a Ph.D. candidate. He is conducting this study to fulfill the dissertation requirements for completing a Doctoral degree in the Counseling Department at Oakland University in Rochester, Michigan. Juan Pablo is also a mental performance coach with an MLB organization.

Your participation in this study is voluntary, and you may choose not to participate or end your participation at any time or skip any part of the study if you are not comfortable. Your decision will not affect your present or future relationship with the researcher or your MLB organization.

Purpose of the Study

This study seeks to understand the experience of baseball players who have sustained long-term injuries while in the return-to-play phase of their rehabilitation. For this study, a long-term injury is defined as one that keeps players out of competition or training for twenty weeks or longer.

Who can participate in this study?

You are invited to participate in the study because you are a professional baseball player who has suffered a long-term injury and is entering your rehabilitation's return-to-play phase.

What will I have to do?

If you decide to participate, you will be asked to engage in two separate interviews with the researcher. The first interview will occur during the initial phase of your return to play while you are still in the organization’s rehabilitation complex (rehabilitation assignment). The second interview will occur once you are back playing with your assigned team (i.e., A, AA, AAA, Majors).

The questions will focus on your experiences as an injured athlete and relate to the social support you receive during the return-to-play phase. Social support is defined as assistance accessible to an individual through social connections with other people, groups, and the broader community. It consists of different types (emotional, instrumental, informational, and motivational) and sources (peers, friends, family, coaches, and medical staff).

The interviews will last 30 to 50 minutes and will be recorded for transcription purposes only. This will allow the researcher to accurately capture the essence of your experience during your return-to-play phase.

Where will this study take place?
The interviews will take place via Zoom or, when possible, in person at a time and place you choose.

Are there any risks to me?
The potential risks for this study are minimal, and the probability and magnitude of harm or discomfort anticipated in the research are not greater than those ordinarily encountered in daily life or during routine interactions with mental performance staff.

There may be a risk that someone who is not part of this research may accidentally see your personal information. We will try to ensure this does not happen by keeping your research records as confidential as possible.

The data collected in this study will remain private. No personally identifiable information will be shared or published, and the information you choose to provide in this study will not be linked to you. Data will be de-identified to protect the participants' privacy (i.e., names and organizations will be replaced with Participant A, B, etc., and Organization 1, 2, etc.). Without identifiable information, this study's results and findings may be published as a dissertation or research article or presented at research conferences.

The audio and video recordings of the interview will be kept in a secure computer and will be destroyed upon completion of the research (Tentatively, December 2025).

Are there any benefits to me?
While you may not directly benefit from participating, the results of this study may benefit future injured athletes and those who support them.

What if I want to stop participating in this study?
You should contact the researcher if you want to stop participating in this study.

Who do I contact if I have questions about this study?
If you have any questions or comments about this study, you may contact the researcher, Juan Pablo Favero, (619)203-8562, favero@oakland.edu; or the researcher's committee chair, Dr. Todd Leibert, Associate Professor of Counseling, (248) 370-2626, leibert@oakland.edu

For questions regarding your rights as a participant in human subject research, you may contact the Oakland University Institutional Review Board, 248-370-4898.

Consent
I have read and understand the above consent form. I certify that I am 18 years old or older.

By signing this consent, I indicate my willingness to participate in this study voluntarily.

_____	_____
Print name of participant	**Signature of participant**

Date: _____

Appendix C

Demographic Questionnaire

This information is for statistical and context-generating purposes only; your identifiable information will not be shared or published.

Phone Number:

Email:

Country of origin:

Preferred language for interviews:

MLB Organization Affiliation:

Assigned Team/Level before injury:

Your Position/Role:

Date of Injury (Month and Year):

Long-Term Injury Sustained (Currently Rehabilitating For):

1st Long-Term Injury or Re-Injury:

How Many Injuries Have You Successfully Rehabilitated (not counting this one):

Appendix D

Interview Protocols

1st Interview Protocol: RTP during Rehabilitation Assignment

First, thank you again for agreeing to participate in this research study. As you know, I am eager to learn about your experience. There are no right or wrong answers; I want to understand what you are experiencing while navigating the return-to-play phase of your rehabilitation.

As you recall, your personal information will be kept private, and I will de-identify all participant responses as I publish and share the results. I will be the only one who knows the true identity of each participant and will do everything in my power to keep it that way. What you share with me will not be attributed to you individually, but instead the information will be used collectively to draw some insights and conclusions about what is most important for us to support best you and players like you in this time of your rehabilitation. This is important to you and me, as it will hopefully create a safe space where you can feel comfortable enough to be candid about what you are experiencing. Are you comfortable with me recording the conversation so I can accurately capture all the details you share? Any questions? Ready to start?

Now, I want us to zoom in on your current situation. I will ask you specific questions about your experiences and needs regarding social support as you prepare to play baseball again.

1 – I want to hear your thoughts and emotions regarding your upcoming return to play.

2 – Are there any specific challenges you are facing right now?

3 – Describe the kind of feedback and/or encouragement (Social Support), if any, you are receiving as you ramp up to the return to play phase. (Prompts: Who and How?).

4 – Are there other types of feedback/encouragement that you would find more helpful or that you would rather have in this phase? (Prompts: From whom? How?) (If needed: Do you need more or less of it? Prompt: How often and when?)

5 – Are there any types of feedback/interactions you find not helpful in this phase? (Prompts: From whom? Why were they not helpful?

6 - What have you learned about the importance of social support during this injury process?

7 - What kind of feedback and/or encouragement (Social Support) will be the most important for you once you are back competing with your team?

Wrap-up question: Is there anything important related to social support that we have not discussed?

2nd Interview: RTP once in their affiliate assignment

First, thank you again for your willingness to participate in this study. I cannot wait to hear about your experience since moving back up to (NAME OF TEAM/AFFILIATE).

Please remember that there are no right or wrong answers—just your perceptions, thoughts, and feelings about how you are navigating the return-to-play phase of your rehabilitation since rejoining your team.

One last reminder that whatever you share with me here will be used as a composite, and I will de-identify you from any subsequent report once I draw conclusions based on what all participants tell me.

A brief check-in conversation to break the ice, catching up to learn how their experience has been back on their teams. Good to go?

1 - Describe what returning to competition has been like mentally.

2 - Describe the most challenging aspects of your return so far mentally.

3 - Describe the kind of feedback and/or encouragement (Social Support), if any, you are receiving now that you are competing with your team.

4 - What kind of feedback and/or encouragement (Support) is most helpful for you right now? (Prompts: From whom? How?) (if needed: Do you need more or less of it? Prompt: How often and when?)

5 – Are there any types of feedback/interactions that you have not found helpful? (Prompts: From whom? Why were they not helpful?

6 - What advice would you give an injured teammate about social support?

7 – What would you want your support circle to know about how they have supported you through the return-to-play part of your journey?

8 – How can mental performance coaches/counselors and other mental health professionals best support you during the return to play phase of your rehabilitation?

Wrap-up question: Is there anything else that is important to your return to play and social support that we have not discussed?

Alternative 2nd Interview: For Players who suffer a setback during their RTP build-up but won't successfully RTP in a competitive, non-rehabilitation assignment

First off, I wanted to thank you again for your willingness to participate in this study, and I am looking forward to continuing to learn from you about your experience during this rehabilitation process.

Please remember there are no right or wrong answers—just your perceptions, thoughts, and feelings regarding how you are navigating the return to play phase of your rehabilitation since rejoining your team.

One last reminder that whatever you share with me here will be used as a composite, and I will de-identify you from any subsequent report once I draw conclusions based on what all participants tell me.

In light of the setback you have experienced as you were ramping up your return-to-play progression, I want to hear from you and will focus on the role of social support during this time. Ready to go?

1 - Describe what this has been like for you

2 - Describe the most challenging aspects of your return so far, mentally.

3 - Describe the kind of feedback and/or encouragement (Social Support), if any, you are receiving as your return to play has been delayed.

4 - What kind of feedback and/or encouragement (Support) is most helpful for you right now? (Prompts: From whom? How?) (if needed: Do you need more or less of it? Prompt: How often and when?)

5 – Are there any types of feedback/interactions that you have not found helpful? (Prompts: From whom? Why were they not helpful?

6 - What advice would you give an injured teammate about social support?

7 – What would you want your support circle to know about how they have supported you through the return-to-play part of your journey? And specifically, as you experience the setback?

8 – How can mental performance coaches/counselors and other mental health professionals best support you during the return to play phase of your rehabilitation? And specifically, as you experience the setback?

Wrap-up question: Is there anything important to your return to play and social support that we have not discussed?

Appendix E

Spanish Version of the Information Sheet and Consent

Introducción
Se le invita a participar en un estudio de investigación que está siendo liderado por Juan Pablo Favero, candidato a doctorado en letras (PhD.). Juan Pablo está conduciendo este estudio para satisfacer el requisito de la disertación necesario para completar el título de Doctor en letras en el Departamento de Counseling de Oakland University en Rochester, Michigan. Juan Pablo también es un Coach de Rendimiento Mental (Mental Performance Coach) con una organización de MLB.

Su participación en este estudio es voluntaria, y por ende, puede elegir no participar o terminar su participación en cualquier momento, u omitir cualquier parte del estudio de no encontrarse cómodo. Su decisión no afectará su presente o futura relación con el investigador o su organización de baseball profesional (MLB).

Propósito del estudio
El objetivo de la investigación es entender la experiencia de los jugadores de baseball que han sufrido una lesión de largo plazo durante la fase de retorno a competir durante su proceso de rehabilitación. Para el propósito de esta investigación, una lesión de largo plazo es definida en que deja al jugador afuera de la competencia y los entrenamientos por 20 semanas o más.

¿Quién puede participar en este estudio?
Se le está invitando a participar en la investigación porque es un jugador de baseball profesional que ha sufrido una lesión a largo plazo y está entrando la fase de retornar a la competencia durante su proceso de rehabilitación.

¿Que tendré que hacer?
Si decide participar en el estudio, se le pedirá participar en dos entrevistas con el investigador. La primera entrevista tomará lugar durante la parte inicial de su retorno a la competencia mientras usted siga estando en el complejo de rehabilitación de su organización (rehabilitation assignment). La segunda entrevista tomará lugar una vez ya haya retornado a competir con su equipo (e.g. Media, Alta, AA, AAA, Ligas Mayores).

Las preguntas durante la entrevista se enfocarán en sus experiencias como un deportista lesionado y se relacionan con el apoyo social que recibe durante la fase de retornar a la competencia. El apoyo social se define como la asistencia accesible al individuo por medio de las conexiones sociales con otras personas, grupos, y la comunidad. Consiste en varios tipos (emocional, práctico, informacional, y motivacional), y diferentes fuentes (compañeros de equipo, amigos, familiares, entrenadores, y el staff medico).

Las entrevistas durarán entre 30 y 50 minutos, y serán grabadas con el propósito de ser transcriptas para que el investigador pueda capturar la esencia de tu experiencia durante la fase de retorno a la competencia con precisión y fidelidad.

¿Dónde se harán las entrevistas?
Las entrevistas se harán por medio de Zoom, o de ser posible, de cara a cara, en un horario y lugar que usted elija.

¿Hay algún riesgo para mí?
Para esta investigación, los riesgos son mínimos, y la probabilidad y magnitud de daño o malestar que puede anticipar no es mayor por sí mismo que lo que puede enfrentar en su rutina diaria o sus interacciones con un miembro del equipo de mental performance de su organización.

Hay una posibilidad de riesgo de que alguien que no es parte de este estudio pueda accidentalmente ver su información personal. Intentaremos de tomar los recaudos necesarios para que eso no ocurra al mantener la información del estudio confidencial y lo más segura posible.

Los datos coleccionados durante el estudio se mantendrán privados. Ninguna información que identifique a los participantes será divulgada o publicada, y la información que usted elija compartir durante este estudio se mantendrá privada. La datos se de-identificaran para proteger la privacidad de los participantes (e.g., los nombres de los participantes y sus organizaciones serán reemplazadas con Participante A, B, etc. Y Organización 1, 2, etc.). Sin incluir ninguna información que identifique a los participantes, los resultados de esta investigación podrían ser publicados en una disertación, un artículo académico, o presentados en una conferencia académica.

Las grabaciones de audio y video de las entrevistas se mantendrán seguras en una computadora y serán borradas en cuanto termine el estudio (Tentativamente, Diciembre del 2025).

¿Hay algún beneficio para mí?
Aunque no puede haber ningún beneficio directamente para usted como participante, los resultados de la investigación pueden beneficiar a deportistas lesionados en el futuro al igual que aquellos que los apoyan.

¿Qué pasa si decido terminar mi participación en este estudio?
Si usted decide terminar su participación en este estudio, por favor contactar a el investigador.

¿A quien contacto si tengo preguntas acerca de este estudio?
Si usted tiene cualquier pregunta o comentario acerca de esta investigación, puede contactar al investigador, Juan Pablo Favero, (619)203-8562, favero@oakland.edu; o

al supervisor de la investigación, Dr. Todd Leibert, Profesor de Counseling, (248) 370-2626,

Por cualquier pregunta acerca de sus derechos como participante de un estudio de seres humanos, puede contactar a la junta de investigación y supervisión (IRB) de Oakland University, 248-370-4898.

Consentimiento
He leído y entiendo este formulario de consentimiento. Certifico tener 18 años o más.

Al firmar este consentimiento, indico mi acuerdo de participar en este estudio voluntariamente.

_____ _____

Nombre escrito del participante **Firma del participante**

Fecha: _____

Appendix F

Spanish Version of the Demographic Questionnaire

Cuestionario demográfico

Esta información es con el propósito de establecer contexto y estadísticas; cualquier información que te puede identificar no se compartirá o publicará..

Número de teléfono:

Email:

País de origen:

Idioma preferido para las entrevistas:

Organización/equipo de MLB:

Equipo/Nivel de asignación antes de sufrir la lesión:

Su posición/Rol en el equipo:

Fecha de la lesión (mes y año):

Tipo de lesión de largo plazo sufrida (Por la cual está haciendo la rehabilitación en el presente):

1era lesión a largo plazo, o misma lesión repetida:

Cuantas lesiones has podido rehabilitar exitosamente (no contando esta):

Appendix G

Spanish Version of the Interview Protocols

Protocolo de la primera entrevista: RAC durante la asignatura de rehabilitación:

Antes de comenzar, quería agradecerte una vez más por tu participación en este estudio. Como ya sabes, me interesa saber acerca de tu experiencia. Por ende, no hay respuestas correctas o incorrectas – solamente tus percepciones, pensamientos, y sentimientos acerca de cómo estás llevando a cabo la fase de retornar al deporte (volver a jugar pelota) lo que marca la fase final de tu rehabilitación.

Si te recuerdas, toda tu información personal se mantendrá privada, y de-identificaré todos los datos y las respuestas de los participantes cuando publique y comparta los resultados de la investigación. Yo seré el único que conocerá la verdadera identidad de cada participante, y hare todo lo posible para mantener tu privacidad. Quiero que sepas que lo que compartas en esta entrevista no será atribuido a ti individualmente, pero en vez la información se usará colectivamente para poder llegar a algunas conclusiones y conocimiento para poder averiguar qué es lo más importante para poder apoyarte durante esta etapa de tu rehabilitación). Esto es sumamente importante para ti y para mí, ya que espero ayude a crear un espacio seguro para que la conversación sincera y te sientas cómodo en compartir lo que piensas y sientes. ¿Algúna pregunta? ¿Estás listo para comenzar?

Ahora, quiero que nos enfoquemos en lo que estás viviendo ahora mismo. Te voy a preguntar aspectos específicos acerca de tus experiencias, y necesidades relacionadas al apoyo social en esta etapa de preparación para volver a jugar pelota otra vez.

1 - Describe tus pensamientos y emociones acerca de tus expectativas al estar cerca del retorno a competir (Volver a jugar)?

2 -¿Hay algún obstáculo específico al cual te estés enfrentando ahora?

3 – Describe la clases de comentarios, ánimo, o actos de servicio (apoyo social), si hay alguno, y de quién, que estas recibiendo ahora que estás acercándote al retorno a la competición. (Sugerencia: ¿de quién, y de qué forma o manera?)

4 – ¿Qué otros tipos de comentarios, ánimo, o actos de servicio te hubiese parecido mejores? (Sugerencia: ¿de quién, y de qué forma o manera?) (de ser necesario: ¿Necesitas mas o menos de eso? / sugerencia: ¿Cuánto y cuándo?)

5 – ¿Hay algún tipo de comentarios, ánimo, o actos de servicio que no te ayudaron? (Sugerencia: ¿De quién? ¿Por qué no te sirvieron?)

6 - ¿Qué tipos de comentarios, ánimo, o actos de servicio (apoyo social) piensas que será más importante una vez estés compitiendo otra vez con tu equipo?

7 - ¿Qué has podido aprender acera de la importancia del apoyo social durante el proceso de rehabilitación?
Cerrando: ¿Hay algo acerca del apoyo social que no hemos hablado que te gustaría compartir?

Protocolo de la segunda entrevista: RAC con su equipo

Antes que nada, quería agradecerte una vez más por participar en este estudio, y tengo muchas ganas de escuchar acerca de tu experiencia volviendo al baseball ahora que has jugado partidos con tu equipo en (NOMBRE DEL EQUIPO/AFFILIATE).

Quería recordarte que no hay respuestas correctas o incorrectas – solamente tus percepciones, pensamientos, y sentimientos acerca de cómo estás llevando a cabo la fase de retornar al deporte (volver a jugar pelota) ahora que has vuelto con tu equipo.

Un último recordatorio. Acuérdate que lo que compartas conmigo se usara como parte de un sumario de información y de-identificaré tu información personal de la disertación una vez tenga todos los datos y llegue a las conclusiones del estudio basadas en lo que los participantes me digan. ¿Listo para comenzar?

Una breve conversación para chequear como van las cosas y la experiencia ahora que estás de Vuelta en tu filial. ¿Te parece bien?

1 - Describe como te has sentido mentalmente al retornar a la competición.

2 - Describe los momentos o cosas más complicadas de tu retorno a la competición del lado mental.

3 - Describe el tipo de comentarios, ánimo, o ayuda (apoyo social), de haber alguno, y de quién que estas recibiendo ahora que has vuelto a la competición con tu equipo.

4 - ¿Qué tipos de comentarios, ánimo, o ayuda (apoyo social) te está sirviendo más ahora? (Sugerencia: ¿de quién, y de qué forma o manera?) (de ser necesario: ¿Necesitas más o menos de eso? / sugerencia: ¿Cuánto y cuándo?)

5 – ¿Hay algún tipo de comentarios, ánimo, o actos de servicio que no te ayudaron? (Sugerencia: ¿De quién? ¿Por qué no te sirvieron?)

6 – ¿Qué consejo le darías a un compañero de equipo acerca del apoyo social?

7 – ¿Que te gustaría que supiese tu circulo de apoyo acerca de cómo te han apoyado durante tu retorno a la competición?

8 – ¿Como pueden apoyarte de la mejor manera los mental performance coaches, psicólogos deportivos, y otros psicoterapeutas durante tu fase de retorno a la competición?

Cerrando: ¿Hay algo acerca de tu retorno a la competencia y el apoyo social que no hemos hablado que te gustaría compartir?

Protocolo ALTERNATIVO de la segunda entrevista: Para aquellos jugadores que sufrieron un contratiempos durante su RAC y no han podido retornar a la competición oficial (no en asignatura de rehabilitation).

Antes que nada, quería agradecerte una vez más por participar en este estudio, y tengo muchas ganas de seguir aprendiendo de ti acerca de tu experiencia en este proceso de recuperación.

Quería recordarte que no hay respuestas correctas o incorrectas – solamente tus percepciones, pensamientos, y sentimientos acerca de cómo sigues llevando a cabo tu recuperación, y especialmente desde que sufriste el contratiempos que frenó tu retorno a la pelota.

Un último recordatorio. Acuérdate que lo que compartas conmigo se usará como parte de un sumario de información y de-identificaré tu información personal de la disertación una vez tenga todos los datos y llegue a las conclusiones del estudio basadas en lo que los participantes me digan.

En el contexto de tu contratiempos que sufriste en medio de tu proceso de retorno a la competición, quiero aprender de ti y especialmente saber acerca del aspecto del apoyo social durante este tiempo. ¿Listo para comenzar?

1 - Describe como ha sido esta experiencia para ti.

2 - Describe los momentos o cosas más complicadas para ti del lado mental.

3 - Describe el tipo de comentarios, ánimo, o actos de servicio (apoyo social), de haber alguno, y de quién que estas recibiendo durante esta etapa que ha frenado tu retorno al juego.

4 - ¿Qué tipos de comentarios, ánimo, o actos de servicio te está sirviendo más ahora? (Sugerencia: ¿de quién, y de qué forma o manera?) (de ser necesario: ¿Necesitas más o menos de eso? / sugerencia: ¿Cuánto y cuándo?)

5 – ¿Hay algún tipo de comentarios, ánimo, o actos de servicio que no te ayudaron? (Sugerencia: ¿De quién? ¿Por qué no te sirvieron?)

6 – ¿Que consejo le darías a un compañero de equipo acerca del apoyo social?

7 – ¿Que te gustaría que supiese tu circulo de apoyo acerca de como te han apoyado durante tu retorno a la competición? Y específicamente durante esta etapa que frenó tu retorno.

8 – ¿Como pueden apoyarte de la mejor manera los mental performance coaches, psicólogos deportivos, y otros psicoterapeutas durante tu fase retorno a la competición? Y específicamente durante esta etapa que frenó tu retorno.

Cerrando: ¿Hay algo acerca de tu retorno a la competencia y el apoyo social que no hemos hablado que te gustaría compartir?

Appendix H

Institutional Review Board (IRB) Approval Letter

From: do-not-reply@cayuse.com
Subject: IRB-FY2025-338 - Initial: Exempt Decision
Date: April 10, 2025 at 9:58 AM
To: favero@oakland.edu, leibert@oakland.edu

D

OAKLAND UNIVERSITY

Institutional Review Board

Date: April 10, 2025

Study #: IRB-FY2025-338

Study Tile: A Phenomenological Examination of the Effects of Social Support on the Return-to-Play Journey of Professional Baseball Players

Submission Type: Initial

IRB Decision: Exempt

Research Team:
Juan Pablo Favero
Todd Leibert

Based on applicable federal regulations, the above referenced study has been determined to be Exempt, with the following categories:
Category 2.(ii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or

Notes for Researcher(s):
This submission includes the following approved documents:

- Interview protocol
- Date Stamp Approved Research Information Sheet_v04.10.25
- Recruitment email/ script

Letter and Consent Document:
This letter along with the IRB approved (date-stamped) consent document can be found in Cayuse in the Submission Details page under Letters and Attachments, respectively. Please make sure to use the most recent IRB approved version of the consent form in consenting participants.

Permission from Research Site(s):
Please note the following:

- This IRB exemption determination letter means that this research has met one or more of the federal criteria for exemption per 45 CFR 46.104- Exempt Research.
- Before the research is initiated, permission to conduct research at a given site must be obtained from all research locations listed in the IRB submission. You must keep copies of all such permission letters for your files.
- It is the responsibility of each researcher to follow all applicable policies and procedures of any outside institution where the research will be conducted.

Modifications:
Any changes to this exempt project must be reviewed by the IRB prior to initiation by submitting a MODIFICATION request. Do not collect data while the changes are being reviewed. Data collected during this time cannot be used in research.

Record Retention:
Exempt projects will be retained by the IRB office for three years after the last action on the project.

You are approved to start the research. Please retain a copy of this notification for your records.

If you have any questions, please contact the IRB office.

Thank you.

The Oakland University IRB

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Table 1

Participant Demographics

PARTICIPANT	POSITION	INJURED AREA	# OF INJURY	CULTURAL IDENTITY
1	**Starting Pitcher**	**Shoulder**	**2nd LT**	**Latin American**
2	**Relief Pitcher**	**Shoulder**	**1st LT**	**North American**
3	**Relief Pitcher**	**Elbow/UCL**	**1st LT**	**North American**
4	**Outfielder**	**Knee/ACL**	**1st LT**	**Latin American**
5	**Starting Pitcher**	**Elbow/UCL Revision**	**2nd LT**	**North American**
6	**Relief Pitcher**	**Elbow/UCL**	**1st LT**	**North American**
7	**Starting Pitcher**	**Elbow/UCL**	**1st LT**	**North American**
8	**Starting Pitcher**	**Elbow/UCL**	**1st LT**	**Latin American**
9	**Starting Pitcher**	**Elbow/UCL**	**1st LT**	**North American**
10	**Starting Pitcher**	**Elbow/UCL**	**1st LT**	**North American**
11	**Infielder**	**Shoulder**	**1st LT**	**North American**
12	**Starting Pitcher**	**Elbow/Stress Fracture**	**4th LT**	**North American**

Table 2

Participant Rehabilitation Outcomes

PARTICIPANT	REHAB OUTCOME	LEVEL PRIOR TO INJURY	LEVEL AT RETURN
1	**Return to Performance**	**AA**	**AAA**
2	**Return to Performance**	**AA**	**AA**
3	**Return to Sport**	**Majors**	**AAA**
4	**Return to Performance**	**A+**	**AA**
5	**Return to Sport**	**Majors**	**AAA**
6	**Return to Performance**	**A+**	**AA**
7	**Return to Performance**	**Majors**	**Majors**
8	**Return to Performance**	**Draft**	**Rookie**
9	**Return to Performance**	**Rookie League**	**A**
10	**Return to Sport**	**AAA**	**AA**
11	**Return to Performance**	**AA**	**AA**
12	**Return to Participation**	**Draft**	**Re-Injury/Not Reassigned**

"Return to participation" refers to the injured athlete's reintegration into rehabilitation training.
"Return to Sport" indicates the athlete's engagement in training and competition at a level lower than their pre-injury performance.
"Return to performance" describes the athlete's recovery to a level of training and competition that is close to or exceeds their pre-injury performance.

(Liu & Noh, 2024)

Table 3

Major Themes and Subthemes

1st Data Set: Return-to-Play Interviews

Themes	Sub-Themes
From Rehab to Ball Player: Transition and Adjustment of RTP	a) Emotional Responses to RTP b) Performance-Related Anxiety c) Kinesiophobia Concerns d) Identity transition
Circles of Support: Social Support Systems and Relationships	a) Types of Social Support b) Sources of Social Support
Show Me You Get Me: Receptiveness to Social Support	a) Effective Communication b) Genuine Care c) Feeling Understood and Validated d) Equanimity in Support Provided
It is Crucial: Perceived Benefits of Social Support	a) Minimizing Isolation b) Grounding Effect c) Helping to Reframe d) Reducing Fear e) The Overall Value of Social Support
Support Gone Wrong: Negative Social Support	a) Comparisons b) Breakdowns in Communication c) Inconsistent Support d) Overprotective Behaviors e) Disingenuous Feedback

2nd Data Set: Return-to-Play Interviews

Themes	Sub-Themes
Unleashing the Beast: Transition and Adjustment of RTC	a) The Challenge of Setbacks b) Performance-Related Anxiety c) Kinesiophobia Concerns d) Identity transition e) Cumulative Stress and Fatigue
Visible, Available, Reliable: Social Support Systems and Relationships	a) Types of Social Support b) Sources of Social Support
Be Real: Receptiveness to Social Support	a) Effective Communication b) Creating the Right Environment
Have my Back: Negative Social Support	a) Breakdown in Communication b) Confidentiality Concerns c) Disingenuous Feedback
Gratitude for Social Support	

Table 4

Types and Sources of Social Support – 1st Data Set

FIRST DATA SET: RTP INTERVIEWS					Family and Friends							Other Sources		
Participant	Emotional SS	Tangible SS	Informational SS	Motivational SS	Family SS	Spouse /GF SS	Friends SS	Teammate SS	Medical Provider SS	Coach SS	MP Provider SS	Front Office/M GT SS	Agent SS	Fan SS
1	X		X	X	E, M		E, N	E, I	E, I, M	I, M		E, N	E	
2	X		X	X	E	E, M			E, I, M, N	E, I	E, I, N			
3	X		X	X		E, N		E, I, M, N	I	I, N				
4	X	X	X	X	E	E		T	E, I, M	E, I	E, M	N		
5	X		X		E, N	E	E, N	E, I, N	E, I, N		E, N			
6	X		X	X	E, M	E	N	E, M	E, I		E, M	E, M		
7	X		X		E, N	E	E, N	E, I	I	I		E		
8	X		X	X	E		N	E, I	E, M	E, I, M				
9	X		X	X	E	E			E, I, N	I, M				
10	X			X	E, M, N	E	E	E	M	M				
11	X		X	X	E, M		E		E, M, N	I	E, I, M			
12	X		X	X	E	E	E, N	E, I	M	M	M	N		M, N
Percentage	100%	8%	92%	84%	92%/25%	75%/8%	50%/50%	75%/17%	100%/33%	83%/8%	50%/17%	25%/25%	8%	8%/8%

Table 5

Types and Sources of Social Support – 1st Data Set

SECOND DATA SET: RTC INTERVIEWS					Family and Friends							Other Sources		
Participant	Emotional SS	Tangible SS	Informational SS	Motivational SS	Family SS	Spouse /GF SS	Friends SS	Teammate SS	Medical Provider SS	Coach SS	MP Provider SS	Front Office/M GT SS	Agent SS	Fan SS
1	X	X	X	X	E, M	E	E, N	E	E, I, M		E	E, T		
2	X			X					N	E, M	N			
3	X				E	E		E	N		N	N		
4	X	X	X	X	E			E, M	E, I, M		E	T(N)		
5	X			X	E, N	E	N	E		E, M	E	E, M		
6	X	X	X	X	E			E, M		E, M	E, I, M	T		
7	X	X		X	E, M, T	E, M, T					E, I, M	T		
8	X	X		X	E			E, M		M	E, N	T(N)		
9	X	X		X				M	N	E	E	T		
10	X	X	X	X	E				I	E, M	I, M	T(N)		
11	X	X	X	X	E, M		E, N				E, I, M. N	T(N)	M	
12	X			X	E			E, M		M	E, M			E, N
Percentage	100%	67%	42%	92%	83%/8%	33%	16%/25%	67%	25%/25%	58%	83%/33%	42%/42%	8%	8%/8%

Table 6

Participant Setbacks During Return to Play Stage of Rehabilitation

PARTICIPANT	SETBACK IN RTP	SETBACK IN RTC	RESULT OF SETBACK
1	**X**		**Delay in RTC**
2	**X**		**Delay in RTC**
3	**X**		**Delay in RTC**
5	**X**		**Delay in RTC**
6	**X**		**Delay in RTC**
7	**X**		**Delay in RTC**
8	**X**		**Delay in RTC**
9		**X**	**Short-Term Rest**
12	**X**		**No RTC**

***** Participants 4, 10, and 11 did not experience setbacks during RTP or RTC.

Figure 1

Circles of Support during RTP Phase

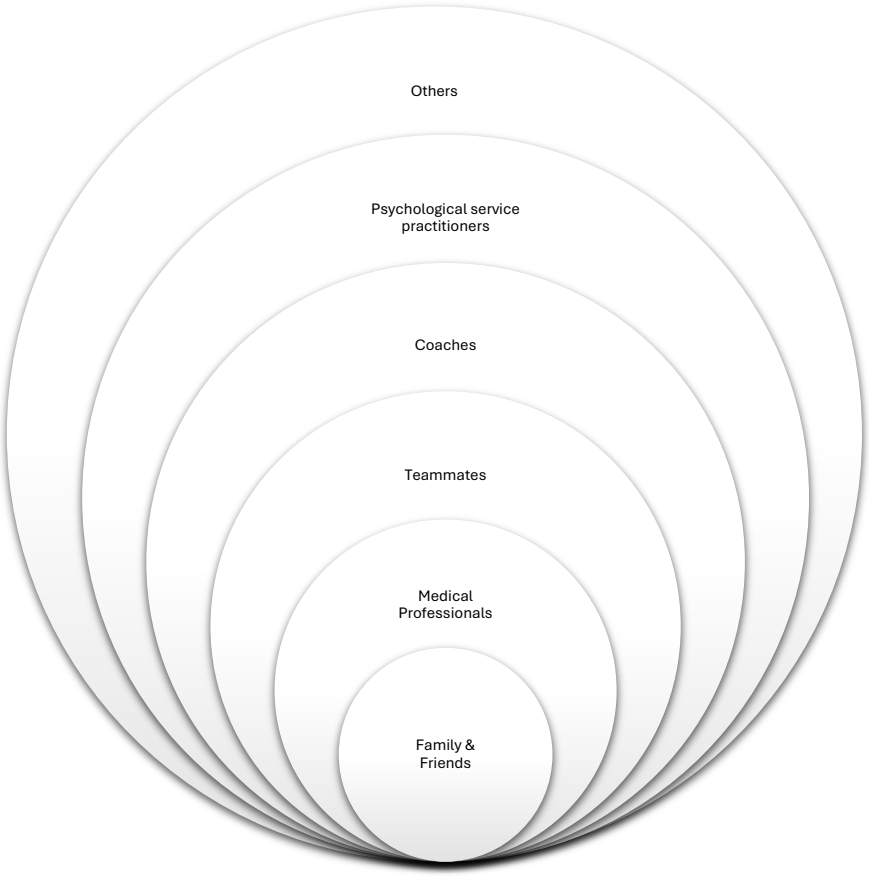

Figure 2

Circles of support during RTC Phase