The effects of yoga-psychological skills training on mental health coping in injured young athletes. A Case Study

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Sports injuries among young athletes are associated with increased mental health risks. This case study explored the effects of a 10-week yoga program combined with psychological skills training (PST) on mental health coping in injured young athletes. Ten male soccer players (Mage = 16.2 ± 0.92) who had sustained sports injuries in the past year participated in the yoga-PST program. Pre- and post-intervention questionnaires assessed coping skills tailored to athletes' mental health (e.g., learned resourcefulness, psychological skills in sports, and post-sport injury stress). The intervention led to significant improvements in mental health coping skills, including problem-focused coping (+14%), goal setting (+19%), hyperarousal reduction (-40%), and re-experience reduction (-35%). Cohen's d results indicated positive impacts on the sub-domains of coping skills. The study suggests that yoga-PST intervention can enhance mental health coping in injured young athletes, fostering positive coping responses and potentially preventing long-term mental health issues.

KEY WORDS: Yoga interventions, psychological skills training, Mental health coping strategies, injured young athletes, sports injury stress.

1. Introduction

Engagement in sports from an early age furnishes individuals with a multitude of opportunities to acquire physical, cognitive, and psychosocial

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health benefits (Brown et al., 2017; Collins et al., 2018; Doherty et al., 2019). However, the growing concerns regarding adverse mental health outcomes stemming from sports injuries should not be overlooked, especially given the reported prevalence of sport-related injuries (approximately 28%–69.1% in overuse injury) among young athletes (i.e., youth athletes) across various sports (Fabricant et al., 2016; Hess et al., 2019; Myer et al., 2015). For instance, a longitudinal study spanning over nine years among youth soccer teams revealed that more than 3% of injuries transpired per 1,000 participations in both practices and competitions (Khodaee et al., 2017). During the period of injury, athletes often grapple with negative emotional responses such as anxiety, burnout, depression, isolation, severe stress, and lack of motivation (Aron et al., 2019; Arvinen-Barrow & Walker, 2013; Putukian, 2014). These emotional states not only impede the rehabilitation process and delay recovery (Myer et al., 2015; Rice et al., 2016), but can also catalyze decisions to withdraw from sports altogether (Maffulli et al., 2010).

While athletes commonly exhibit patterns of adaptation following injuries, a subset may undergo maladaptation, escalating the risk of serious mental health conditions such as major depression and post-traumatic stress disorder (PTSD: Aron et al., 2019; Maffulli et al., 2010; Padaki et al., 2018). These severe stress disorders can hinder both rehabilitation efforts and athletic performance, often manifesting as extreme fatigue, exhaustion, aggression, and maladjustment within the team environment (Baron et al., 2013). The ramifications of these mental health issues, stemming from sports injuries, are particularly alarming, especially considering their adverse effects on the mental well-being of young athletes (Houston et al., 2016; Padaki et al., 2018). Given the high incidence of sport-related injuries among youth athletes – largely due to year-round intensive training and overuse of muscles in a single sport from an early age (Fabricant et al., 2016; Khodaee et al., 2017) - there is a corresponding risk of escalating mental health disorders within this group (Mver et al., 2015; Rice et al., 2016). Therefore, it is imperative for injured young athletes to address and mitigate negative thoughts and moods to prevent the onset of prolonged, severe mental illness.

Yoga plays a vital role in enhancing awareness of physical and mental conditions (Kusuma & Bin, 2017; Polsgrove et al., 2016), a factor that may be key in improving athletes' mental health and recovery from sports injuries (Sharma, 2015). Systematic reviews and meta-analyses have highlighted the significant benefits of yoga in fostering positive emotional responses (e.g., enhancing positive emotions and reducing anxiety and depression) compared to aerobic exercise (Cramer et al., 2013; Ross & Thomas, 2010). An increasing body of empirical evidence supports the positive effects of yoga

in alleviating negative emotional reactions (e.g., anxiety, stress, depression) and aiding recovery in injured athletes (Arbo et al., 2020; Mohammed et al., 2018). This growing evidence underscores that interventions in mental health, including yoga practices, may assist athletes in their recovery process by mitigating negative emotional responses.

Concurrently, psychological skills training (PST), utilizing techniques like relaxation, imagery, positive self-talk, and concentration, has been recognized for bolstering mental resilience and coping abilities among athletes (Foster et al., 2016; Golby & Wood, 2016; Mattie & Munroe-Chandler, 2012; Sheard & Golby, 2006). These skills are fundamental in providing athletes with robust mental health coping mechanisms (Arvinen-Barrow & Walker, 2013). The innovative combination of yoga practices with PST techniques may present a holistic and comprehensive approach. However, despite this potential, a notable gap exists in research regarding the effectiveness of combined voga and PST interventions for young athletes, especially considering the high risk of adverse mental health outcomes due to sports injuries within this group. This gap represents a marked scarcity of research specifically exploring the efficacy of yoga-based mental health interventions. This uncharted area emphasizes the need for additional studies to validate and build upon the promising initial findings, leading to more efficacious mental health interventions for injured athletes.

As of now, there are minimal or possibly no comprehensive studies published that explore the specific effects of yoga interventions on young athletes who have sustained injuries. Only one study has been published that explores the impact of yoga intervention on adolescents with persistent concussions in a clinical setting (Paniccia et al., 2019). The research gap identified in previous literature underscores a limited investigation into the effectiveness of combining yoga with PST interventions, specifically targeting young athletes. While considerable empirical evidence supports the positive effects of yoga on adult athletes' mental health and recovery from injuries (Mistretta et al., 2017; Mohammed et al., 2018), there is a conspicuous absence of research focusing on the youth cohort. Consequently, there is an urgent need for further studies to investigate how yoga practices, when paired with PST techniques, can be adapted to aid mental health and injury rehabilitation specifically in young athletes.

The present study seeks to address this gap by centering on injured young athletes, aiming to determine the impact of an integrated yoga intervention with PST techniques on enhancing their mental health coping abilities. The objective of this case study is to scrutinize the effects of a 10-week yoga intervention on the mental health coping strategies of these injured vouth athletes. The hypothesis guiding this research posits that these athletes will experience an enhancement in their mental health coping abilities following their participation in the 10-week voga intervention.

Method

PARTICIPANTS AND PROCEDURE

This study employed a 10-week voga intervention and consisted of ten individual case studies, using a one-group pre-and-post-test design. Participants were recruited through purposive sampling (Johnson & Christensen, 2019), a process facilitated by the South Korean Sports & Olympic Committee. After a one-month recruitment process, a youth soccer team in an urban area was selected, and consent was obtained. Ten male youth athletes (Mage = 16.2 ± 0.92) participated, including five midfielders, two defenders, two forwards, and one goalkeeper. Their sports injuries, mainly related to soccer, involved the legs (n = 8), lower back (n = 1), or both (n = 1), with none requiring surgery; all recovered within a month (Table I).

All procedures complied with ethical guidelines, and parental consent and assent forms were obtained. We visited the secondary school soccer team, explained the purpose and procedure to the coaches and staff, and recruited participants who had experienced sports injuries within the past year. Participants and staff were informed of their right to withdraw without penalty. The yoga interventions, combined with PST techniques, were conducted before practice or training sessions in a private indoor space near the soccer field. The participants committed to a 10-week voga program, with a 98% attendance rate.

Two qualified voga instructors supervised the voga sessions. The primary author holds a first-class qualification as a sports psychologist from the Korean Society of Sport Psychology

			Participant Demographics.	
#	Participant	Age	Position in the soccer	Part(s) of previous body injury
1	А	17	Defender	Legs
2	В	17	Defender	Legs
3	С	16	Middle fielder	Legs
4	D	15	Middle fielder	Legs
5	Е	16	Forward	Legs
6	F	15	Forward	Lower back
7	G	15	Middle fielder	Legs and lower back
8	Н	17	Goalkeeper	Legs
9	Ι	17	Middle fielder	Legs
10	J	17	Middle fielder	Legs

and has earned a doctoral degree in sports psychology. With more than 15 years of yoga practice experience, the author brings substantial expertise to the intervention. The yoga instructor is certified and possesses a second-level qualification as a sports psychologist, along with should be lower-case master's degree in sports psychology.

YOGA-PST INTERVENTION

The yoga program was devised based on Moon and Lee's yoga training program (Moon & Lee, 2017), previously applied to high school soccer teams, which demonstrated the effect of reducing stress among youth athletes. Participants took part in the program once a week, and it comprised a total of 10 sessions, each lasting 40 minutes. The sessions were structured as follows: (a) 5 minutes of breathing and meditation, (b) 30 minutes of yoga (Yoga Asana, encompassing various body postures such as standing, sitting, rolling, twisting, and balancing poses), and (c) 5 minutes of concluding activities (e.g., breathing, relaxation, and imagery). Specifically, the program's introduction began with breathing and centering through meditation. The participants were guided to breathe mainly through the nose, with an emphasis on abdominal breathing. To aid in stimulating participants' breathing and focus during meditation, aromatherapy scents (e.g., lemon) were employed, and the accompanying meditation music featured nature sounds and new-age compositions. Table II presents a detailed overview of the 10-week yoga-PST intervention implemented in the study.

The yoga poses were executed in various positions – standing, sitting, and lying down – taking into account the participants' injured body parts. In sessions 1, 4, and 8, partner yoga was incorporated to foster teamwork, deepen stretches, and enhance trust and communication among teammates. Below are the definitions and descriptions of the specific yoga poses used:

Sun Salutations (Surya Namaskar): Sun Salutations are an effective warm-up involving dynamic, fluid movements that energize various muscle groups. The sequence elevates heart rate and blood flow, preparing the body for subsequent poses. Concurrently, rhythmic breathing enhances mental focus and cultivates grounding awareness.

Sitting Forward Bend Pose (Paschimottanasana): This pose elongates the spine and stretches the hamstrings, aiding in posture improvement and lower-back tension relief. Psychologically, it fosters relaxation, introspection, and mental clarity, contributing to overall well-being.

Partner Yoga: Designed for pairs, partner yoga poses integrate stretching, balance, and coordination. They allow deeper stretches than solo yoga and facilitate trust and communication through synchronized breathing and movement.

Corpse Pose (Savasana): Corpse Pose concludes yoga sessions by encouraging deep relaxation and reflection. It aims to integrate the physical, emotional, and psychological benefits accrued during the practice. By focusing on breath and releasing tension, it prepares practitioners for reentry into daily activities with enhanced mental clarity and physical vitality.

During each session, a combination of PST techniques was implemented, including breathing exercises, relaxation, imagery, concentration, and team building. These techniques have been popularly utilized to enhance athletes' mental health coping abilities (Golby & Wood, 2016; Mattie & Munroe-Chandler, 2012; Takeuchi et al., 2023). For instance, participants were guided through visualization exercises, mentally rehearsing the successful execution of specific plays or maneuvers that aligned with their individual or team objectives. These exercises were meticulously designed in collaboration with researchers and coaches to corre-

Session	Preparation (5 minutes)	Yoga-Asana (30 minutes)	Closing (5 minutes)
1	Breathing and meditation	Surya Namaskar- Paschimottanasana- Savasana	Breathing-Relaxation Imagery
2	Breathing and meditation	Surya Namaskar-spinal rolling-sitting and turning ankle-sitting and twisting- Savasana	Breathing - Relaxation Imagery
3	Breathing and meditation	Surya Namaskar-spinal rolling-pelvic rotation- Savasana	Breathing-Relaxation- Imagery
4	Breathing and meditation	Surya Namaskar-leg open and forward bend pose- ankle rotation-sitting and twisting-partner yoga- Savasana	Breathing-Relaxation Imagery
5	Breathing and meditation	Surya Namaskar-sitting leg opening-prayer pose- Paschimottanasana-partner yoga-Savasana	Breathing-Relaxation Imagery
6	Breathing and meditation	Surya Namaskar-cat stretch pose-ankle rotation-sitting and twisting-Savasana	Breathing-Relaxation Imagery
7	Breathing and meditation	Surya Namaskar-cat stretch pose-boat pose- ankle rotation-sitting and twisting-Savasana	Breathing-Relaxation Imagery
8	Breathing and meditation	Surya Namaskar-cat stretch pose-cobra pose-plank pose-grasshoppers pose deformation-pelvic release- partner yoga-Savasana	Breathing-Relaxation Imagery
9	Breathing and meditation	Surya Namaskar-cat stretch pose-cobra pose-plank pose- lying wiper pose-Savasana	Breathing-Relaxation Imagery
10	Breathing and meditation	Surya Namaskar-warrior pose-extended side angle pose-wide legged forward bend-lying wiper pose-Sav- asana	Breathing-Relaxation Imagery

TABLE II The 10-weeks Yoga-PST Intervention

(Continued)

(Continued) - TABLE II

Sample Descript	ions of the PST Activities
Breathing and Meditation	Close your eyes and focus intently on the sensation of your breath as it flows in and out. Temporarily put aside any distracting thoughts in your mind, and direct your attention solely to the pattern of your breathing. Inhale deeply and then exhale in a controlled and deliberate manner, fully immersing yourself in this process. Allow the rhythm of your breath to guide you, creating a calming and centered experience.
Relaxation and Imagery	(a) Please, envision tomorrow's game within your mind. Visualize the stadium, considering it as your personal domain. Imagine the sequence of play and creatively construct a scene in which you and your teammates triumph, sustaining success until the game's conclusion.
	(b) Focus on your own energy pervading the space around you. Consider this space as your very own, with you as its central figure. Picture yourself as the most formidable and resilient entity present, reassuring yourself with the affirming words: "I am getting better every day in every way."

Note. PST = psychological skills training; Each session includes 40 minutes, including preparation, yoga-asana, and closing activities.

spond with the athletes' specific positions and roles within the team. Relaxation techniques, such as progressive muscle relaxation or deep breathing, were also introduced to facilitate recovery and enhance mental resilience. The integration of PST within the yoga program aimed to provide a holistic approach to physical well-being, mental resilience, and team cohesion.

MEASURES

Participants' self-control in mental health behavior was assessed using the Korean version of the Learned Resourcefulness Scale (Lee & Hwang, 2015), originally developed by Rosenbaum (1990). Learned resourcefulness is recognized as a vital indicator, reflecting how individuals can positively and effectively manage anxiety and stress (Cowden et al., 2014; Moring et al., 2011). While the Rosenbaum's original scale comprises six domains, with a total of 36 items, and utilizes a 3-point Likert scale for responses (Rosenbaum, 1990), the Korean version extracted and validated 25 items among Korean athletes across the same six domains: (a) emotional control, (b) thought control, (c) impulse control, (d) problem-focused coping, (e) problem-solving ability, and (f) self-direction (Lee & Hwang, 2015). The Korean version expanded the scoring to a 6-point Likert scale to facilitate interpretation, particularly when predictive model testing is undertaken. Additionally, eight items required reverse scoring. The youth athletes' responses varied on a scale from 6 (Very characteristic of me) to 1 (Very uncharacteristic of me). Sample questions from the thought control domain include "When I feel physical pain, I try not to think of it," and from the problem-focused coping domain, "Even when I am terribly angry at someone, I consider my actions very carefully." The scale demonstrated sufficient reliability among the study sample across the six domains (α ranged from 0.65 to 0.76).

Psychological Skills in Sports

The Psychological Skills in Sport Questionnaire was utilized to assess participants' mental health as related to their sports environments (Yoo & Huh, 2002). This scale is composed of 28 items and encompasses seven domains: (a) will, (b) team unity, (c) goal-setting, (d) confidence, (e) concentration, (f) anxiety control, and (g) imagery ability. Each item is scored on a 5-point Likert scale, ranging from 5 (*Very much*) to 1 (*Not at all*). Examples of the questions include statements such as "*I enjoy being with my teammates*" (pertaining to team unity) and "*I usually set goals when I train*" (related to goal setting). This measurement has been shown to possess both reliability and validity for Korean youth athletes (Lee & Chang, 2015). Furthermore, it exhibited adequate reliability across the seven domains for the participants in this study (α ranged from 0.72 to 0.89).

Post-Sport Injury Stress

A 12-item Post-Sport Injury Stress Scale was utilized to investigate the injured youth athletes' stress after injury. The scale encompasses three domains: (a) social isolation, (b) hyperarousal, and (c) re-experience (Lee & Moon, 2020). Participants' responses were recorded on a 6-point Likert scale, with scoring ranging from 6 (Strongly agree) to 1 (Not at all). A representative question relating to hyperarousal, for example, inquired, "Even if I tried not to think about it, I was reminded of the injury situation." Lower scores serve as an indication of reduced post-sport injury stress. The questionnaire has demonstrated both reliability and validity in assessing injured athletes (Lee & Moon, 2020) and also demonstrated high reliability among the samples within this study for the three specified domains. The alpha coefficients ranged from 0.86 to 0.96, underscoring its consistency as a measure.

DATA ANALYSIS

A descriptive statistical analysis was undertaken to screen the data using SPSS 28.0 (IBM Corp., Armonk, NY, USA), and it revealed no missing values or outliers. Normal distributions were observed across all the study variables, with skewness and kurtosis values greater than -2 and less than 2 (Chou & Bentler, 1995). To calculate the percentage of change between the pre- and post-test results, the following formula was employed:

$$\frac{M_{post} - M_{Pre}}{M_{pre}} \times 100$$

Paired sample *t*-tests were conducted to compare the pre- and post-changes within specific subdomains of the study variables, namely the subdomains of learned resourcefulness, psychological skills in sports, and post-sport injury stress. Effect sizes for differences in preand post-tests were examined using Cohen's *d* values, with scores of ≥ 0.20 , ≥ 0.50 , and ≥ 0.80 signifying small, medium, and large effect sizes, respectively (Lakens, 2013). A statistically significant alpha level was set at *p* < 0.05.

Results

Table III summarizes the pre- and post-test scores and the percentage changes within the study variables, specifically learned resourcefulness, psychological skills in sports, and post-sport injury stress. For all 10 participants, improvements were observed in the subdomains of learned resourcefulness (ranging from 4% to 14%) and psychological skills (from 2% to 19%), alongside decreases in post-sport injury stress (from -27% to -40%). The mean comparison between pre- and post-tests demonstrated notable increases, particularly in problem-focused coping within the learned resourcefulness domain ($Mpre = 3.93 \pm 1.00$ vs. $Mpost = 4.47 \pm 0.96$; t(9) = -0.58, p < 0.01, d = 0.55). However, no statistically significant changes were detected in participants' emotional control, thought control, impulse control, problem-solving ability, and self-direction (p > 0.05). Nonetheless, considering that effect size is an indicator of differences (Sullivan & Feinn, 2012), small and medium effects in the time differences between pre- and post-tests were found in thought control ($Mpre = 4.05 \pm 0.65$ vs. $Mpost = 3.70 \pm 0.79$; d = 0.48) and self-direction ($Mpre = 4.57 \pm 1.04$ vs. $Mpost = 5.10 \pm 0.67$; d = 0.61).

In terms of psychology skills in sports, significant enhancements in goal-setting ($Mpre = 3.73 \pm 0.67$ vs. $Mpost = 4.43 \pm 0.79$; t(9) = 2.81, p < 0.05) were recorded after the intervention (d = 0.96). No significant disparities were noted between pre- and post-tests in other sport psychological skills (p > 0.05), yet the effect sizes indicated small to large time differences in participants' will ($Mpre = 4.35 \pm 0.50$ vs. $Mpost = 4.45 \pm 0.48$; d = 0.20), team unity ($Mpre = 4.48 \pm 0.49$ vs. $Mpost = 4.85 \pm 0.32$; d = 0.89), confidence ($Mpre = 4.35 \pm 0.53$ vs. $Mpost = 4.60 \pm 0.57$; d = 0.45), and imagery ability ($Mpre = 4.50 \pm 0.49$ vs. $Mpost = 4.78 \pm 0.32$; d = 0.68).

Finally, a marked reduction in participants' hyperarousal (*Mpre* = 2.95 ± 0.75 vs. *Mpost* = 1.78 ± 1.22; t(9) = 3.12, p < 0.01) and re-experience (*Mpre* = 2.60 ± 1.04 vs. *Mpost* = 1.68 ± 0.76; t(9) = 2.45, p < 0.05) was detected after the intervention, with large effect sizes of d = 1.16 and d = 1.01, respectively. While no significant change in social isolation in post-sport injury stress was observed between the pre- and post-tests (p > 0.05), there was a notable time difference in social isolation (*Mpre* = 1.55 ± 0.63 vs. *Mpost* = 1.13 ± 0.32), reflected in a large effect size of d = 0.84.

Discussion

During the recovery phase from an injury, athletes may find their performance hindered by memories of the injury or negative emotional reac-

Post-Sport Injury Stress (%)	I +25 A 0	E +25				I +50	A -13.33	Е -13.33					I +25	A -73.33	Е -60					(Continued)
Post	SI HA	RE				SI	ΗA	RE					SI	ΗA	RE					
ant. Psychological Skills in Sports (%)	+25	+25	+17.65	-33.33	+11.11	-5.56	0	0	ŗ,	0	-16.67	0	+5.26	+42.86	+17.65	+25	-20	0	+11.11	
<i>pant.</i> Psych Skills	M DT	GS	CF CF	AC	IA	M	TU	GS	CF	S	AC	IA	M	ΤU	GS	CF	20	AC	IA	
bles for Each Partici Learned Resourcefulness (%)	-13.79 +11.11	+10	0 4	+60		+4.17	-25	+4.17	+20	-30	+16.67		-14.81	-11.11	-4.17	0	+4.55	0		
<i>iables for</i> Lea Resourc	EC	IC	PFC ps∆	SD		EC	TC	IC	PFC	PSA	SD		EC	TC	IC	PFC	PSA	SD		
TABLE III Pre-and Post-Scores and Percentage Changes in the Study Variables for Each Participant. Participant Pre and Post Scores Resourcefulness Ski (%)	Participant A EC 5 4 6 SI				PFC	Participant B EC W	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					PFC	Participant C 6 K S	IA 4 TU 5	3		PE PE PE	CC CF	PPC	

Yoga-pst program on athletes' mental health

99

Participant		Pre and Post Scores			Lea Resourc (⁹	Learned Resourcefulness (%)	Psych Skills i (5	Psychological Skills in Sports (%)	Post-Spo Stres	Post-Sport Injury Stress (%)
Participant D	e Kc	w,			EC	+26.92	M	0	SI	-63.64
	44	A P	s S		TC	+13.33	ΤU	+5.56	HA	-75
	2 3	E C	4.00	-Pre	IC	-10.53	GS	+35.71	RE	-27.27
	P	AC (1)) CS	1 de la compañía de	Post	PFC	+30.77	CF	+42.86		
	PSA	3	RE		PSA	+33.33	CC	0		
		cc Cr			SD	+20	AC	-20		
	Ě						IA	+25		
Participant E	EC	M	5		EC	+7.14	M	0	SI	0
	12	A A	9 2 2		TC	-20	ΤU	+11.11	HA	-60
	and the second s	8	8	—Pre	IC	+4.76	GS	+26.67	RE	-25
				Post	PFC	+7.14	CF	+11.11		
	PSA	AC G RE	R HA		PSA	-9.52	CC	0		
					SD	+16.67	AC	-38.46		
	PFC						IA	0		
Participant F					EC	0	M	-10	SI	-50
	e EC	M 10	6 <		TC	-17.65	TU	-15.79	HA	-50
	SD 4	LA a	20 4 4		IC	-22.73	GS	0	RE	-50
	T T				PFC	+22.22	CF	-12.50		
	PSA	VC 00	RE		PSA	+27.27	CC	-22.22		
		cc			SD	0	AC	+6.67		
	PFC						IA	+5.88		

100

H. Lee, E. S. Kim, J. H. Hub, J. Lee

Participant		Pre and Post Scores		Les Resour (Learned Resourcefulness (%)	Psycho Skills in (9	Psychological Skills in Sports (%)	Post-Sport Inj Stress (%)	Post-Sport Injury Stress (%)
Participant G				EC	+4.55	M	0	SI	-42.86
	EC	M .	5	TC	-8.33	ΠŪ	+17.65	HA	-50
	sp 4 TC	NI P		IC	+5.56	GS	+63.64	RE	-42.86
	m ~ -		a	PFC	+7.14	CF	0		
-	bey Contraction	AC		PSA	0	CC	+50		
			RE	SD	-5.88	AC	-6.67		
	PFC					IA	+5.56		
Participant H				EC	+10.71	M	-10	SI	0
	EC	M (ł	TC	+20	ΠŪ	17.65	HA	-66.67
	SD 4	IA BARNER IN	200	IC	+90.91	GS	-14.29	RE	-80
			-Pre	PFC	+33.33	CF	-15		
·		AC		PSA	-29.17	CC	0		
	PSA	cc Cr	RE	SD	-6.67	AC	+75		
	PFC					IA	-15		
Participant I				EC	-3.45	M	-5.88	SI	-50
	5 EC	M 5	2	TC	+15.38	TU	-5	HA	-20
	sp 3 TC	IA 3		IC	0	GS	0	RE	+25
	2		a	PFC	+15.38	CF	0		
4	PSA	AC C		PSA	5	CC	-20		
		cc		SD	+55.56	AC	20		
	E					IA	-10.53		

Yoga-pst program on athletes' mental health

101

Participant	Pre and Post Scores		Lea Resourc (9	Learned Resourcefulness (%)	Psycho Skills ii (9	Psychological Skills in Sports (%)	Post-Sport Injury Stress (%)	rt Injury s (%)
Participant J			EC	-4.55	M	+33.33	SI	0
	e EC		TC	-47.37	TU	+25	HA	+28.57
			IC	0	GS	+53.85	RE	-14.29
		Post	PFC	+14.29	CF	+5.26		
	PSA IC AC DE		PSA	0	CC	-60		
	Prec cc cr	I	SD	0	AC	-20		
					IA	+42.68		
Note. EC = emotio rection. W = will. TT	Note. EC = emotional control, TC = thought control, IC = impulse control, PFC = problem-solving coping, PSA = problem-solving ability, SD = self-di- rection. W = will. TU = team unity, GS = goal settinge. CF = confidence. CC = concentration. AC = anxiety control. IA = imagery ability. SI = social isolation.	ol, PFC = problem = concentration. A	AC = anxio	coping, PSA etv control.	t = proble IA = ima	em-solving gerv ability.	ability, SL SI = socia) = self-di- l isolation.

Note. EC = emotional control, TC = thought control, IC = impulse control, PFC = problem-solving coping, PSA = problem-solving ability, SD = rection, W = will, TU = team unity, GS = goal settingg, CF = confidence, CC = concentration, AC = anxiety control, IA = imagery ability, SI = social isc HA = hyperarousal, RE = re-experience
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(Continued) - TABLE III

tions (Aron et al., 2019; Putukian, 2014). Such injuries can lead to passivity and loss of confidence, with withdrawal persisting even after returning to the sport. These negative psychological responses can compound the challenge of reintegration into competitive activities (Aron et al., 2019; Putukian, 2014). Therefore, mental health interventions may assist in successful rehabilitation and reduce the risk of mental health disorders. This study explored the effects of a 10-week yoga-PST program, focusing on enhancing injured young athletes' coping abilities. The investigation specifically assessed factors relevant to sports contexts, such as learned resourcefulness, psychological skills in sports, and stress related to post-sport injuries.

The results of this study yield substantial insights into the multifaceted impact of yoga interventions on injured youth athletes. Significant enhancements were observed in specific areas such as learned resourcefulness (14% improvement in problem-focused coping), psychological skills in sports (19% increase in goal-setting), and reductions in post-sport injury stress (40% decrease in hyperarousal and 35% reduction in re-experience). These findings align with prior research that emphasized the role of yoga in enhancing problem-related coping skills (Richter et al., 2016), boosting confidence (Kusuma & Bin, 2017), sharpening concentration (Serwacki & Cook-Cottone, 2012), and facilitating goal-setting (Goodman et al., 2014).

While not all sub-domains within the study variables demonstrated statistically significant changes, the analysis identified small to large effect sizes (ranging from 0.20 to 0.89) in most areas. The incremental increases in learned resourcefulness (9% increase in thought control, 12% in self-direction) and psychological skills in sports (2% in will, 8% in team unity, 6% in confidence, 10% in concentration, 6% in imagery ability) suggest the potential of a more nuanced impact. Furthermore, the 27% reduction in social isolation as a facet of post-sport injury stress highlights the holistic benefits of the yoga-PST intervention. The increase in the sense of team unity and reductions in stress align with previous literature, indicating that group voga may be an effective method for fostering cohesiveness within team sports (Goodman et al., 2014; Harper, 2010). This evidence also supports the potential of voga interventions combined with PST techniques to alleviate stress resulting from sports-related injuries (Arbo et al., 2020; Goodman et al., 2014; Mohammed et al., 2018). Noteworthy are the areas where no significant effects were found, such as emotional control, impulse control, problem-solving ability, or anxiety control. The lack of significant findings in these areas may present a rich avenue for further exploration, seeking to understand the limitations or contextual factors that might influence these outcomes.

This study adds to existing literature by examining the effects of yoga-PST

intervention on injured youth soccer players. However, certain limitations inherent in the research design necessitate acknowledgment and consideration for future studies. The absence of random assignment to groups may impede the ability of this preliminary case study to establish causality, thus underscoring the need for subsequent research to engage larger samples. Future endeavors should carefully examine the differential impacts of yoga between distinct groups of youth athletes, such as comparing a treatment group with a control group. Furthermore, the exclusive focus on Korean male soccer players in this study introduces potential limitations. Factors such as gender (including consideration of female participants), ethnicity, and engagement in various sport types may serve as extraneous variables, constraining the generalizability of the findings. Future investigations should strive to control these variables, including a balance of gender, the inclusion of diverse ethnic backgrounds, and consideration of different sports, to enhance the scope and applicability of the research.

Conclusions

The existing literature presents a noticeable scarcity of studies that investigate the impact of yoga intervention integrated with PST on the development of coping skills among young athletes, particularly in the context of mental health improvement following injury. Alleviating negative emotional responses is vital for overall well-being and long-term health. This case study highlights the potential of yoga-PST programs to enhance mental resilience and team cohesion among injured youth athletes. These findings bolster the understanding that a meticulously designed and skillfully implemented yoga program may serve as a promising intervention for injured young athletes.

However, further research is essential to elucidate the full spectrum of benefits and ascertain its applicability across diverse contexts and demographics. While the study's sample consisted of injured athletes, the severity of the injuries among the participants was not substantial, as they had physically recovered enough to engage in yoga practices. Therefore, caution must be exercised when implementing yoga poses, taking into consideration the specific severity of each client's injury. In cases where athletes may have difficulty holding yoga poses due to the pain from previous injuries, participants may engage in modified versions of yoga practices that require fewer poses, with an emphasis on PST techniques (e.g., breathing, meditation, relaxation, and imagery). Additionally, we recommend that the implementation of yoga practices should be guided or supervised by experienced yoga practitioners to ensure safety and effectiveness. Given the documented mental health challenges faced by injured athletes (Aron et al., 2019; Fabricant et al., 2016; Hess et al., 2019), enhancing coping skills is imperative, especially for younger athletes, to mitigate the risk of chronic mental health issues (Myer et al., 2015; Rice et al., 2016). This preliminary research suggests that yoga-PST interventions could be integrated into current rehabilitation protocols to achieve this aim.

For young athletes in educational and athletic settings, a well-structured, multi-disciplinary approach is crucial. It should amalgamate not just educational, medical, and community resources but also incorporate empirically-supported interventions like yoga-PST, which has shown effectiveness in improving mental resilience. The adoption of such evidence-based practices would facilitate comprehensive recovery, addressing both the physical and psychological dimensions.

In practical terms, implementing this within the school ecosystem necessitates a robust framework that integrates varied domains (Lee et al., 2021, 2022). This framework should include educational policies, medical advice, and community resources. The demonstrated impact of yoga-PST in fortifying mental resilience and coping abilities provides a rationale for its inclusion in a multidimensional recovery protocol. Collaborations with local wellness centers and healthcare services could further augment the specialized support available to schools.

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