

Maintaining Morale During Recovery: The Role of Motivation, Emotional Resilience, and Positive Thinking in Physical Injury Recovery

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ABSTRACT

A physical injury that results in permanent mobility limitations, disability, amputation, or the need for prosthetics is not only a medical problem. In most cases, a person's understanding of their new condition is accompanied by significant psychological and moral changes, as serious injury also leads to social limitations and the inability to maintain a normal pace of life.

The recovery process in such cases can last months or years and includes the need to adapt to body changes, review life goals, professional suitability, the significance and further maintenance of social relationships and one's own identity. It is during this period that motivation, self-efficacy, emotional resilience, and a person's ability to form positive expectations based on real possibilities become particularly important.

The article aims to summarize current scientific data on the role of psychological resources in the physical and psychosocial rehabilitation of people after severe injuries, as well as to determine the potential place of coaching support in a comprehensive recovery system. A detailed review of the scientific literature on psychological adaptation after injuries, amputations, spinal cord injuries and sports injuries, as well as research on motivation, psychological resilience, self-efficacy, positive psychology and health coaching, was conducted.

The analysis of the literature shows that psychological recovery is an important aspect in the process of physical rehabilitation. The emotional state, a person's belief in their own ability to influence the results of recovery, the quality of social support and the formation of their own goals can significantly affect the patient's involvement in the rehabilitation process and its subjective results. At the same time, positive thinking should be considered not as a denial of pain, loss or fear, but as the ability to find an incentive for action in the conditions of existing limitations. In this case, coaching can effectively complement medical, psychological and physical rehabilitation by supporting the client in the process of defining their own goals, self-regulation, autonomy and the formation of practical steps.

Keywords: physical injury, rehabilitation, psychological recovery, self-efficacy, positive thinking, coaching.

INTRODUCTION

The concept of post-traumatic rehabilitation, in its modern understanding, is increasingly moving beyond the idea of purely physical recovery. The World Health Organization defines rehabilitation as a set of psychological and physiological interventions aimed not only at optimizing physical functioning and reducing the impact of disability on a person's life, but also at restoring psychological well-being. The ultimate goal of rehabilitation is to enable individuals to remain independent and participate in family, professional, educational, and social life [1].

Recovery is particularly challenging after injuries that result in irreversible or long-term changes in functioning. Limb amputation, severe spinal or spinal cord injury, traumatic brain injury, multiple fractures, or a sports injury that prevents a person from returning to their previous level of activity can affect everyday life much more profoundly than can be assessed through physiological indicators alone.

In such situations, individuals face not only pain and physical, often irreversible, limitations. They may lose their accustomed independence, professional abilities, athletic careers, some social connections, or their previous perception of the future. Following amputation, an additional traumatic factor is the need to adapt to changes in body image and to the use of a prosthesis. Most studies, as well as the author's professional experience, indicate that psychological adjustment after amputation is a multifactorial process in which social support, self-motivation, acceptance of change, psychological well-being, and coping strategies play an important role [2, 3].

Similar patterns can be observed following spinal cord injury and other severe forms of trauma. Psychological resilience may facilitate adaptation to uncertainty, restoration of a sense of independence, and appropriate engagement in rehabilitation [4]. A recent review published in 2026 focusing on athletes also showed that the most consistent associations between psychological resilience and favorable outcomes were observed during post-injury recovery, when higher resilience was associated with lower levels of stress and better adaptation to rehabilitation [5].

Thus, the issue of "moral spirit" during recovery should not be viewed as an abstract personality trait, but rather as a combination of psychological resources that help a person maintain an active position when facing a loss of control over certain aspects of their life.

MATERIALS AND METHODS

This study employed an analysis of the author's professional experience combined with a review and synthesis of scientific literature addressing the psychological recovery of individuals following physical injuries resulting in disability, amputation, prosthetic rehabilitation, or significant limitations in mobility.

The article draws on scientific publications, systematic reviews, and meta-analyses examining motivation, psychological resilience, self-efficacy, positive thinking, adaptation to change, and quality of life following injury. Particular attention was given to studies addressing psychological support for athletes after injury, as well as the potential application of coaching in the recovery process.

RESULTS

Psychological Recovery As A Component Of The Rehabilitation Process

Physical trauma affects not only a person's functional abilities but also their way of interacting with society. An individual who was able to move independently, work, participate in sports, or perform everyday activities without assistance before an injury may subsequently find themselves in a situation of dependence on others.

This change may be accompanied by feelings of loss, fear of the future, frustration, anger, anxiety, reduced self-esteem, and uncertainty about one's own abilities. Following amputation, changes in appearance and the perception of one's own body may become an additional source of psychological distress. A review by Ostler et al. focusing on meaningful outcomes following lower-limb amputation demonstrated that recovery involves not only physical functioning but also adaptation to an altered body image, acceptance of new limitations, social interaction, and long-term well-being [6].

Therefore, psychological recovery should not be viewed as a stage that begins only after the completion of physical rehabilitation. Rather, psychological and physical processes occur in parallel and influence each other.

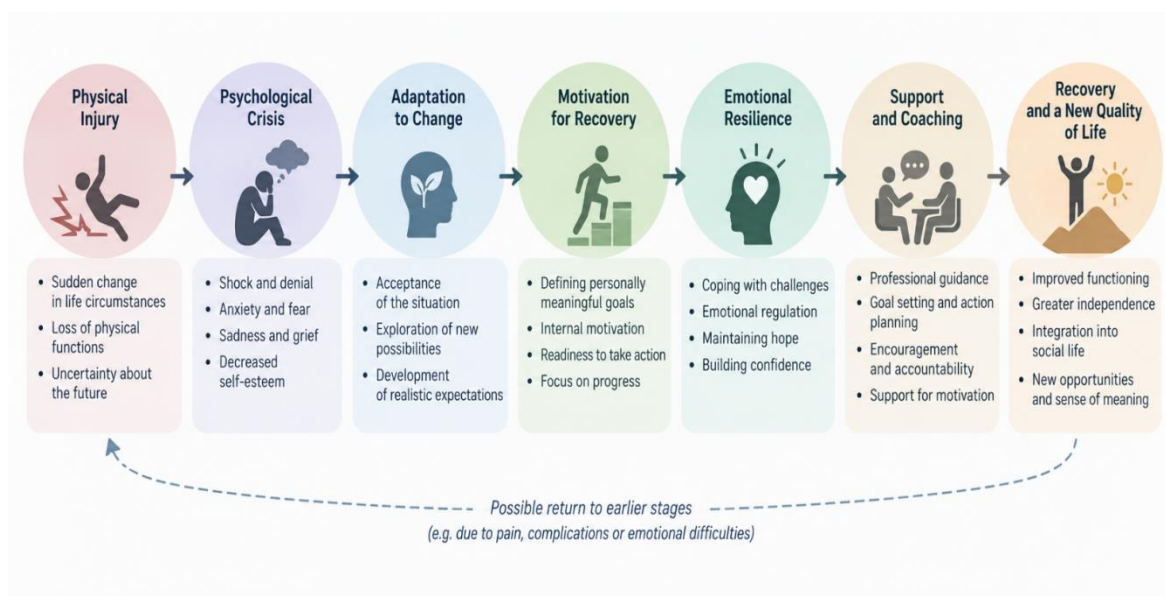
Motivation As A Resource For Long-Term Recovery

Rehabilitation after severe injury consists of a sequence of small steps: repeating exercises, developing new motor skills, learning to use a prosthesis, adapting to pain or fatigue, and gradually returning to everyday activities. This process may take weeks, months, or even years. Therefore, motivation should not be regarded as a one-time phenomenon. Individuals need to maintain their willingness to engage in prolonged rehabilitation, as well as their readiness to adapt to changes and symptoms that may arise during physical recovery.

The Self-Determination Theory developed by R. Ryan and E. Deci identifies autonomy, competence, and relatedness as basic psychological needs whose fulfillment supports self-regulation and intrinsic motivation during post-traumatic recovery [7]. This has important practical implications for rehabilitation: people are more likely to remain engaged in a prolonged recovery process when they understand the meaning of their actions, have an opportunity to influence their own goals, and can recognize gradual improvements in their performance.

It should be emphasized that motivational support should not be reduced to repeated encouragement to “never give up.” A more productive approach is to create conditions in which individuals can recognize their own progress.

Figure 1. Psychological Path From Physical Trauma To Adaptation And Recovery



Self-Efficacy And A Sense Of Control

One of the central psychological mechanisms of recovery is self-efficacy - a person's belief in his own ability to organize and perform the actions necessary to achieve a certain result. In the concept of A. Bandura, self-efficacy is associated with how a person assesses his own capabilities, how persistently he acts and how he reacts to difficulties [9]. In rehabilitation after a severe injury, this mechanism acquires special importance.

For example, a patient may perceive an unsuccessful attempt as evidence that he "will never be able" to perform a certain action. Another patient may perceive the same situation as information about the need to change the technique, reduce the load or try again later. The difference between these reactions lies not in the physical situation itself, but in its psychological interpretation. Therefore, one of the tasks of the rehabilitation team or rehabilitation coach is to create conditions for the accumulation of experience of successful actions. Even small progress — independent movement over a short distance, performing an exercise, the first independent household action, mastering a new element of using a prosthesis — can

become not only a source of experience, but also a factor in the recognition of the patient's increase in his own competence.

Emotional Resilience: Not The Absence Of Negative Emotions

The concept of psychological resilience is often mistakenly associated with the need to remain strong regardless of circumstances. For a person after a severe injury, such an attitude can even be harmful, as it forces them to hide fear, anger, sadness or despair. The modern understanding of resilience as a mental state implies not the absence of negative experiences, but the ability to adapt to difficult circumstances, restore functioning and use available support resources.

In studies of people after spinal cord injury, psychological resilience has been associated with the restoration of independence, acceptance of a new situation, adaptive thinking and the use of social support [4]. Studies that have studied the features of recovery after traumatic brain injury also emphasize the role of social support, coping strategies and psychosocial factors in the formation of resilience [10]. Thus, the concept of “emotional resilience” is more appropriate to consider as a person’s ability to remain included in their own life even when it has changed significantly.

Positive Thinking Without Denying Trauma

Positive thinking in the context of severe trauma requires particularly careful interpretation. Phrases like “you need to think positively” can be perceived as a devaluation and bring significant moral discomfort to a person. A positive psychological approach does not mean denying negative emotions. Its practical value lies in the ability to help a person notice resources, choices, social support, their own strengths and potential directions for future development.

Modern studies of positive psychological influences on patients undergoing rehabilitation after spinal cord injury are quite promising. In 2026, rehabilitation activities involving 445 people with spinal cord injury were analyzed. The analysis revealed high effectiveness of positive settings on individual psychological and psychosocial indicators. Positive coaching allowed patients to become more actively involved in rebuilding their self-identity and social connections. At the same time, the authors emphasize the limited number of studies and the lack of data on long-term effects [11]. In this case, we can conclude that positive thinking should be interpreted not from the position of “constant optimism in any situation”, but as the ability to see opportunities for action along with the recognition of real difficulties.



Figure 2. Key Psychological Resources For Recovery After Severe Physical Injury

Return Of Identity And Meaning In Life

A particularly difficult psychological problem after trauma is the change in a person's identity.

For an athlete, trauma can mean the loss of a familiar role not only in one's own vision of oneself, but also in social and team relations. For a military serviceman or a physical laborer, it can mean the inability to perform previous professional activities. For parents of a small child, it can mean sudden dependence on the help of others. For any person, it can mean the need to rethink one's own body and further opportunities.

A study of the mental health of athletes after severe musculoskeletal injuries has shown that injuries can be accompanied by increased psychological distress, anxiety, and depressive symptoms, and a high sports identity can complicate the transition to a new lifestyle [12].

In this context, recovery does not necessarily mean a return to life "before the injury." Sometimes a more realistic goal is to create a new version of everyday life in which the person retains meaningful roles but performs them in a different way.

The concept of post-traumatic growth by R. Tedeschi and L. Calhoun describes the possibility of positive psychological changes as a result of coping with a severe life crisis, including reassessment of life priorities, deepening relationships, increasing the sense of personal power, and finding a new meaning [13].

The Role Of Coaching In The Process Of Post-Traumatic Rehabilitation

Recovery after severe physical trauma requires not only physical effort, but also adaptation to new living conditions and a gradual return of a sense of control over one's own life. In this context, coaching can support a person in finding available resources and ways to actively participate in their own recovery.

One of the key advantages of the coaching approach is its focus on the person's potential. A coach helps to define personally meaningful goals, form an action plan, and divide the complex recovery process into specific, achievable steps. This approach helps maintain motivation and a sense of control over one's own life. Coaching can also help rethink life plans. After amputation, disability, or significant mobility limitations, the usual lifestyle may require significant restructuring. In the process of coaching, a person learns to find new ways of professional or sports fulfillment, adapt daily activities, develop new roles, restore social ties and full-fledged interaction with the family.

Client-centricity is an important characteristic of this approach. The coach helps the person independently determine priorities and ways to implement them, taking into account their values, needs, resources, and real life circumstances. As a result, recovery acquires not only a physical, but also a personal and social dimension. Scientific data confirm the promising nature of coaching approaches in supporting behavioral changes and psychological well-being. A 2023 research demonstrated positive changes in individual measures of quality of life, self-efficacy, and psychological well-being [14]. A 2024 systematic review of 26 randomized trials involving 4,403 adults with chronic non-cancer pain also found positive effects of health coaching on physical activity, disability, and pain [15].

Figure 3. The Place Of Coaching In The Multidisciplinary Rehabilitation System

DISCUSSION

The analysis of modern sources, and the author's own many years of experience, allows us to consider psychological and moral recovery as a multidimensional process in which physical changes are only one of the components. The success of rehabilitation should not be determined solely by the return of a certain range of movements or the ability to use a prosthesis. No less important are the restoration of autonomy, subjective control, social participation, self-esteem and the ability of a person to see the prospect of his own life in new realities.

This position corresponds to the modern approach of the WHO, according to which rehabilitation should be focused on the maximum possible comprehensive recovery of a person (physical and psychological) and his return to participation in significant life situations, and not only the achievement of individual medical indicators [1].

It is also important to avoid a simplified opposition of "strong" and "weak" patients. A person can be highly motivated at one stage and exhausted at another. Emotional resilience is not a fixed trait, but depends on pain, fatigue, social environment, financial difficulties, quality of medical care and previous experience. Research on sports injuries demonstrates that psychological readiness is a separate component of returning to physical activity.

This is an important argument in favor of the fact that physical recovery and psychological readiness do not always occur synchronously. A person may be physically able to perform a certain action, but not yet psychologically ready for it.

Social support becomes of particular importance. After a severe injury, a person often needs not only professional help, but also a sense of belonging, acceptance and the opportunity to remain a full member of society. For people after an amputation, relationships with family, experience of interaction with other people with similar experiences, the quality of contact with medical professionals and perception of their own body can be important [2, 6]. In this context, the coach performs a kind of "transitional" function between rehabilitation goals and everyday life. A medical professional determines what needs to be done physically to recover; a psychologist helps work with the emotional and mental consequences of the injury; a coach can help a person translate the opportunities they have into specific life goals and actions.

CONCLUSION

A serious physical injury that has led to disability, loss of a limb, or significant limitation of movement is always accompanied by a complex of physical, psycho-emotional, and social consequences. Therefore, an important factor in rehabilitation is not only the return to mobility or the full restoration of physiological indicators, but also work with the psycho-emotional state. These two areas should go in parallel and determine the further development of each other. Motivation, self-efficacy, and psychological resilience are important resources that can support a person's involvement in a long-term rehabilitation process.

An important factor is that positive thinking in the recovery process should not mean the denial of pain, losses, or negative emotions. It should be understood as the ability to see opportunities for action, maintain perspective, and form realistic goals. The patient must understand and accept the fact that the most realistic result of rehabilitation will be the development of a new approach to life, social relationships, and professional qualities.

In this case, coaching becomes a valuable addition to the medical and psychotherapeutic work of specialists. A coach can offer the patient effective tools to support goal setting, autonomy, self-efficacy, self-regulation, and the transition from rehabilitation to life goals. Such work is multidisciplinary and aimed at the long-term perspective of working with post-traumatic recovery.

Ethical Approval

Ethical approval was not required for this study, as it did not involve experimental research with human participants or animals. The study was based on an analysis of the author's professional experience and a review and synthesis of previously published scientific literature.

Conflict Of Interest

The author declares no conflict of interest.

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