

Providing Psychological Support for the Junior to Senior Transition in Professional Female Football: An Individual Case Study

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Background

Context

In the United Kingdom (UK), female football is now the fourth most popular team sport in terms of participation (Football Association, 2012). A 2016/17 report generated by UEFA identified there to be 215 professional players within England alone. Likewise, the Football Associations (FA) gameplan for growth strategy 2017-2020 also achieved its three main goals of 1) doubling participation, 2) doubling fans and 3) consistent success on the world stage. This provides evidence for the clear growth of female football. With that presents further challenges to the professional female footballer. For example, many female footballers combine their now full-time football careers with full-time further/higher education. A recent report by FIFPro highlighted that 46% of current female players worldwide combine their football career with study. Similarly, McGreary et al. (2020) conducted a study exploring the junior-to-senior transition experiences of professional female footballers. Their study highlighted being a dual-career athlete, anxiety towards the transition, and a lack of social life as pertinent challenges when transitioning into a senior environment. Therefore, when supporting a female footballer through the junior-to-senior transition, consideration should be given to holistic issues (e.g., managing dual-careers, social challenges) rather than simply performance-based issues due to the potential for wider issues impacting on their transitional experience.

The Practitioner

At the time of consultancy, I (first author) was enrolled on a professional doctorate, which combined British Psychological Society (BPS) Stage Two training with a level 8 doctoral qualification. I was employed as an intern Sport Psychologist at a professional women's football club competing in the Women's Super League 1 (WSL1). This role primarily involved working with the coaching staff, with support to players provided on an ad hoc basis. During the early stages of my training, my philosophy of practice was primarily underpinned

26 by mental skills training (MST), based upon the cognitive behavioural model, as is often the
27 case for early career practitioners (Tod & Bond, 2010). Through reflecting on my philosophy
28 of practice (throughout my training) and a process of self-examination and self-discovery, I
29 was able to better match my practice to my core values and beliefs. Therefore, my philosophy
30 of practice now focuses on holistic support and development of the client with the
31 understanding that performance and wellbeing are linked (Brady & Maynard, 2010). My
32 approach to consultancy with this client focused on humanistic psychology, delivering client-
33 centered sessions based on counselling techniques.

34 **The Client**

35 At the time of the consultancy, the client was an 18-year-old female footballer, who was
36 making her debut season as a full-time professional footballer. She had been with this current
37 club since being a junior (under 10 to under 16 age groups) and had progressed through and
38 recently transitioned from the clubs' development programme into the first team. Traditionally,
39 athletes will transition into the first team between the ages of 16 and 21 or will leave the
40 development squad and transition into another clubs first team, typically of lower standing. The
41 age of transition is typically determined by the athlete's ability levels and wider opportunities
42 within the first team (e.g., current playing squad availability). The client had recently enrolled
43 onto a full-time degree at a local university studying for a BSc (Hons) Sport and Exercise
44 Science degree. Finally, the client had moved out of her family home and moved into student
45 accommodation, living with other female footballers who were in a similar position to herself
46 (e.g., dual-career athletes). Written informed consent for publication of their details was
47 obtained from the client.

48 **Consultancy Process**

49 **Intake Process**

50 A primary aim of an intake process is to establish a relationship, clarify objectives,
51 expectations, and boundaries associated with the helping process (Keegan, 2015). Initially, the
52 athlete had approached me following a training session for a brief informal chat where she
53 discussed “struggling mentally with training with the first team” and mentioned “a lot was
54 going on in her life at the moment”. Given I had been in this role for several weeks, I had
55 already developed a professional relationship with this athlete. Therefore, the focus was on
56 establishing aims, expectations, setting boundaries and the development of a working alliance
57 - this was achieved using a semi-structured interview and informal discussion with the client.
58 By viewing the professional relationship in terms of task (what the issue is), goal (what is the
59 desired outcome), bond (quality of the professional relationship) and views (the perception of
60 the professional relationship), the working alliance helps to organize and structure the
61 consultancy and develop the relationship (Katz & Hemmings, 2009). Consistent with my
62 philosophy of practice, I explained how during subsequent sessions we would aim to explore
63 both the athlete and the person with a focus on holistic development.

64 **Needs Analysis**

65 The second session involved conducting a needs analysis with the primary aim to
66 understand the athlete’s psychological needs and how best to support them (Keegan, 2015). An
67 unstructured interview was the primarily technique adopted by the practitioner to understand
68 the clients’ experiences. The interview was underpinned by the topic of ‘transitioning into the
69 first team’ and involved the use of open-ended questions to understand the clients’ experiences.
70 Throughout the interview, the athlete revealed that during pre-season she felt she was managing
71 playing senior football well. Nevertheless, in the first few weeks of the season, she had thought
72 she was struggling to keep up physically and mentally. McGreary et al. (2020) reported
73 increased physical demands and managing competing demands such as education as salient
74 challenges for transitional female footballers. I began to explore what had changed from pre-

75 season to now and why she thought she was struggling. She explained that the senior
76 international players had returned, so the standard of football in training had increased - she
77 had also started a full-time degree at a university which she was falling behind on due to the
78 demands of football. Following this response, I began to ask questions exploring broader issues
79 away from football. She discussed how both sport and education were important in her life, her
80 passion was football, but recognized that football is a short career. Within the UK, women's
81 football does not carry the same financial rewards as men's football - therefore, many
82 footballers are required to consider life after football, such as gaining employment. Education
83 can play a key role in facilitating this process.

84 **Case Formulation**

85 Reflecting on the needs analysis, it was apparent the athlete was experiencing demands
86 (e.g., time constraints, increased physical demands, maintaining a social life) from both within
87 and outside of football. With the client agreeing she was experiencing competing demands and
88 stating she would like to be able to “switch off away from football” the focus of the intervention
89 was on facilitating ways to manage competing demands.

90 The intervention was underpinned by career frameworks such as the Holistic Athletic
91 Career Model (HACM; Wylleman, 2004) and the Athletic Career Transition Model (ACTM;
92 Stambulova, 2003). The HACM suggests that transitions outside of sport, such as academic
93 transitions, can influence an athletes' development within their sport. The client was
94 experiencing many overlapping transitions such as, starting university, living away from home,
95 and junior into senior, full-time football. The ACTM argues that during transitions an athlete
96 will experience several transition demands (e.g., increased task demands). An athletes'
97 resources (e.g., social support, skillset) facilitate the coping with transition demands. Transition
98 barriers (e.g., lack of funding) are factors that interfere or inhibit the coping process. The
99 balance between resources, demands and barriers determines a successful (e.g., effective

125 sessions offered opportunities for wellbeing ‘check ins’ and to offer any brief support to the
126 athlete. They also acted as ideal opportunities to subjectively monitor progress (e.g., asking
127 ‘how are you getting on’ etc.). Following the completion of these session, we agreed to review
128 progress and collaboratively determine the next steps. In line with the practitioner’s approach,
129 the aim of the sessions would be to encourage and increase the client’s self-awareness of their
130 thoughts and feelings towards the numerous transitional demands. As a result of this process
131 of self-discovery, the athlete will be better able to understand her demands and thus manage
132 them more effectively. The desired outcome of the intervention was to move the athlete from
133 the position of crisis transition to successful transition, which would thus reduce some of the
134 negative experiences the client had cited (e.g., anxiety).

135 **Session One**

136 During this session, through the use of Socratic questioning, we explored balance
137 between football and wider life. The aim of this was to encourage self-exploration and enhance
138 self-knowledge. The client spoke at length about her love and passion for football but felt it
139 had completely taken over her life since turning a professional.

140 *Me:* “So, tell me about what has been going on since we last spoke?”

141 *Athlete:* “It has just been about football really, I have trained 6 out of 7 days this week, and on
142 my day off I went to the gym to do some more fitness work. I managed to get some University
143 work done and catch up on missed lectures. But my friends went to the cinema one night, and
144 I couldn’t go because I was just exhausted from training.”

145 When exploring this experience more, she had described a desire to switch off from
146 football when she was at home. She had explained how, since turning professional, it was all
147 she could think about, and it was draining her, but felt there was no time to focus on anything
148 else; otherwise, she would not be successful. It was clear that the athlete had a firm ‘athletic

149 identity', which is the degree to which an individual resonated with their role as an athlete
150 (Brewer et al., 1993).

151 Exploring her life away from football, the client expressed that she no longer does
152 much, other than catch up with university work. What was salient was her use of past tense,
153 she described how she used to enjoy other hobbies and interests but has not been able to
154 dedicate much time to them since turning professional and was always thinking about football
155 or university work, even when not doing either. To conclude the session, we discussed ways to
156 focus on the present moment when away from football and avoid potential emotional
157 exhaustion. Chang et al. (2018) purported that athletic identity was negatively associated with
158 emotional exhaustion in individuals with high psychological flexibility (the ability to contact
159 the present moment more fully as a conscious human being and to change or persist in behavior
160 when doing so serves valued ends; Hayes et al., 2006, p. 8). The promotion of psychological
161 flexibility would aim to reduce the athlete in feeling anxious or worried about football (or even
162 education) and thus reduce the transitional demands she was currently experiencing.

163 **Session Two**

164 Session two again adopted the Socratic questioning style and aimed to further expand
165 and explore the key areas of focus from session one (such as promotion of psychological
166 flexibility). To start session two, the client reported she had stopped doing extra fitness sessions
167 during her free time and used this time to get up to date with university work. She had described
168 the last week as feeling better, less drained, and more relaxed when at home. The client
169 proceeded to share how she has been struggling with the training session in terms of performing
170 to level she expects of herself, at which point, the client became visibly upset and broke down
171 into tears. My initial reaction was panic, I had never had an athlete cry during a session before.
172 I just wanted to press pause, ring my supervisor and ask for help. Tod and Bond (2010)
173 highlighted how neophyte practitioners often are dependent on guidance from their supervisors.

174 I attempted to manage my own emotions, and conscious that crying is often therapeutic, I
175 resisted trying to stop her, despite my discomfort. At this time, I also felt an overwhelming
176 emotional experience, an almost innate response to comfort. The emotional outpour appeared
177 to have a cathartic effect; the athlete joked feeling like a weight had been lifted off her
178 shoulders. Under the right circumstances, receiving social support or arriving at a resolution to
179 the event that cause the crying episode, crying can indeed be a cathartic experience. When she
180 had regained her composure, we explored why she had been feeling this way.

181 *Me:* “why do you think training has been so difficult recently?”

182 *Athlete:* “I just want it so badly, I have come from training in the development squad, where I
183 was quite far ahead of everybody. Now, I feel so far behind people, but I know I can get to their
184 level, and I just want to be there.”

185 To conclude the session, we began reflecting on what had been discussed across both
186 sessions. What was clear was the athlete was motivated to succeed, which is a crucial resource
187 to navigate through a transition. Nevertheless, the pressure she was putting herself under to
188 succeed was maladaptive and appeared to be negatively influencing her performance and
189 wellbeing, evidenced by her descriptions of how she was feeling and her perception of
190 performances during training. In this respect, there was evidence of the client demonstrating
191 low self-concept. Shavelson et al. (1976) described self-concept as the way a person perceives
192 themselves based on their experience and interpretation of their environment. High self-
193 concept has been strongly associated with positive cognitions, accomplishment, and feeling
194 good about oneself. In relation to the Big Fish Little Pond Effect the athlete experienced higher
195 self-concept when in a less comparable group (e.g., best player amongst her age group). The
196 client was recognizing that she was transitioning from a group where she was one of the best
197 into an environment where the group is more comparable (e.g., high achievers). She reflected

198 how this experience had resulted in lowered self-concept and was potentially a contributing
199 factor to her overall negative experience of the transition so far.

200 **Session Three**

201 For the final session, a role-play technique was adopted to further encourage self-
202 exploration and delve into deeper levels of self-understanding. The role-play technique offers
203 a naturalistic form of psychotherapy and helps clients see how they behave and assimilate this
204 behaviour (Corsini, 2017). Role-playing has been suggested to be an effective strategy for
205 receiving feedback on maladaptive responses. I played the role of the athlete, reporting a strong
206 desire to be successful while trying to balance a demanding lifestyle. The athlete played the
207 role of a practitioner, who was required to provide support to me (the athlete). For example,
208 the following extract offers an insight into how the technique was applied.

209 **Me:** “I just feel under so much pressure. Pressure to succeed and to try and manage everything
210 going on in my life, I don’t know what to do.”

211 **Athlete:** “I would say recognise how far you have come, that the step up is a big one and will
212 naturally take a few weeks to adjust, just try and enjoy the process and keep working hard.
213 Work on scheduling time for other things, try and be really organized to keep on top of
214 everything.”

215 By presenting many of the issues the athlete had described and requiring her to seek solutions
216 for these issues, she was inadvertently providing solutions to many of her own challenges.
217 Following this exercise and to conclude the session the client reflected on the activity and,
218 more broadly, the previous three sessions. The athlete discussed having a greater understanding
219 of the pressure she places on herself to be successful. She also understood that football was
220 dominating her life, which left very little time for academia and a social life, meaning
221 ‘switching off’ from football was difficult and she was becoming emotionally exhausted. She
222 understood that this was impacting both her ability to perform and general wellbeing.

223 **Summary of Intervention**

224 This intervention moved away from a traditional MST approach often seen within
225 applied sport psychology and adopted a humanistic, counselling-based approach, focused on
226 holistic support of the athlete. The intervention utilized a client-led, Socratic questioning
227 technique and role-play exercise to promote positive change, through encouraging self-
228 exploration and improved knowledge of self. Consistent with my philosophy, monitoring and
229 evaluating the athletes' progress throughout and following the completion of the intervention
230 took place using subjective measures such as reflections, informal conversations, coach
231 feedback, and observations. As the intervention targeted holistic improvement, monitoring and
232 evaluating both performance and wellbeing improvements was fundamental. Performance data
233 was evaluated via feedback from coaches and informal conversations with the athlete. For
234 example, the client's perception that there was an improvement in performance during both the
235 intervention and subsequent weeks demonstrated by her expressing she was able to better
236 handle the performance demands (e.g., increased physicality). Monitoring improvements in
237 wellbeing was primarily informed by discussions during the sessions, informal conversations,
238 and observations. She had described feeling 'in a better headspace' due to feeling like she was
239 better able to manage some of her competing demands and switch off from football. Her
240 behavior also appeared more positive (e.g., positive body language, interacting with
241 teammates). Based on these methods of monitoring and evaluation, I determined the
242 intervention was successful in facilitating the athlete from a crisis transition to a successful
243 transitional outcome (i.e., regular member of the 1st team squad).

244 **Reflections and Applied Implications**

245 Reflecting on practice is an imperative part of development for a neophyte sport and
246 exercise psychologist, as it can contribute to broadening theoretical orientation and the process
247 of individuation which is when a practitioner demonstrates an increasing level of coherence

248 between their values and beliefs and methods of delivery (Tod & Bond, 2010). In the context
249 of this case study, sharing reflections may also facilitate practitioners, coaches, and support
250 staff in supporting professional female footballers through career transitions.

251 In line with the approach taken, reflections related to service delivery are associated
252 with the core conditions for effective counselling delivering (e.g., working alliance, empathy).
253 Overall, the working alliance that had developed between the client and I was strong (stating
254 she felt she could open-up) – given a strong relationship is a key predictor of successful
255 interventions, this was a positive facilitator. As a result of our strong working alliance, I felt
256 the client could openly express her true feelings and emotions and I was able to support her in
257 a non-judgmental and empathetic way. Following the intervention, the client expressed that she
258 felt comfortable during the sessions and although was anxious to start with, felt she could
259 discuss her issues without judgement. The athlete also reported she enjoyed being encouraged
260 to find her own solutions rather than being directed. This feedback from the client was
261 reassuring as, throughout this intervention, I felt I could work and remain congruent with my
262 philosophy of practice unlike in earlier consultancy sessions as a trainee. Previously, in
263 consultancy sessions, I had often found myself reverting to delivering MST, aimed at solely
264 performance enhancement, or taking a more eclectic approach, primarily due to a lack of
265 confidence in my ability to be effective at delivering a holistic, counselling-based approach.
266 This experience is in line with contemporary practitioner development literature (e.g., Tod &
267 Bond, 2010) that suggests as neophyte practitioners gain experience, service delivery becomes
268 more client led.

269 While the development of the working relationship was a positive experience, there was
270 one instance during the intervention that I feel needs to be drawn attention to, both for my own
271 personal development and for the reader to consider in relation to their own practice. This
272 incident relates to the second session when the athlete was emotional and cried while sharing

273 her experience. This was my first experience of a client crying and dealing with a particularly
274 emotional topic. My initial reaction was that of panic, what do I do now? I hope nobody walks
275 past and sees this! Trainee sport and exercise psychologists are seldom exposed to such
276 situations within the classroom and my lack of experience in dealing with such situations offers
277 explanation as to why panic was my initial reaction. During this situation I also noticed a further
278 emotional reaction within myself in response to the client's distress. Countertransference
279 occurs when a practitioner transfers emotion towards a client during a session and is often in
280 response to transference which is when a client may apply certain feelings or emotions towards
281 the practitioner (Stevens & Andersen, 2007). Countertransference can occur when a
282 practitioner may experience intense emotions towards a client, which may evoke from a
283 previous relationship (e.g., parents, siblings). A key part of my identity is that of an older
284 brother to two sisters, one of my sisters is the same age as the client. Therefore, upon seeing
285 the athlete (a younger female) cry, I adopted my role of the 'protective' older brother (e.g.,
286 comforting the client), blurring the lines between my personal and practitioner identity. Upon
287 further reflection, I felt she also 'transferred' emotions and cast me as an 'older brother'.
288 Stevens and Andersen (2007) assert the need for sport psychologists to recognize their own
289 transference and countertransference and suggest practitioners share their own experiences of
290 incidences of transference and countertransference to facilitate understanding. In relation to
291 this experience, practitioners should be conscious of potential incidents of transference and
292 countertransference within applied settings, ensuring they are familiar of the signs of
293 transference and countertransference to safeguard the safety of both the client and practitioner.
294 For example, practitioners may wish to reflect continuously throughout a session (in-action) to
295 identify any of the signs. Likewise, they may wish to consider whether there are similar
296 relationships within their personal lives that may result in transference or countertransference,

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