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Original Citation

Warwick, Ian (2015) An Exploratory Study of Mental Wellbeing and Factors Associated with Resillience Among Girls Engaged in Competitive Football. Doctoral thesis, University of Huddersfield.

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AN EXPLORATORY STUDY OF MENTAL WELLBEING AND FACTORS ASSOCIATED WITH RESILIENCE AMONG GIRLS ENGAGED IN COMPETITIVE FOOTBALL

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A thesis submitted to the University of Huddersfield in partial fulfilment of the requirements for the degree of Doctor of Philosophy

The University of Huddersfield

JUNE 2015

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ABSTRACT

AN EXPLORATORY STUDY OF MENTAL WELLBEING AND FACTORS ASSOCIATED WITH RESILIENCE AMONG GIRLS ENGAGED IN COMPETITIVE FOOTBALL

This study investigated the social and psychological impact on girls of playing competitive football and explored whether football is associated with their mental wellbeing. Football was identified as an appropriate focus for exploring the link between sport and wellbeing because of its status as the UK's national sport and its role in gender socialisation processes. The study also explored the barriers to girls' participation in football and discusses these findings in relation to gender/structural inequalities. The study contributes new knowledge about girls' agency, desires, resilience and strategies for overcoming adversity and ways in which girls challenge the universality of assumptions about feminine body image.

METHOD

Girls aged 10-16 from a Centre of Excellence and a local community football club (n=68) and their parents (n=66) completed the Strengths and Difficulties Questionnaire. The questionnaires were analysed using SPSS. Smaller groups of girls were selected for focus group interviews, which were analysed using template analysis. Focus group questions were derived from three sources: consultations with parents, coaches and the representatives of the Football Association, the literature review and the SDQ results.

FINDINGS

This study was set within an interpretative paradigm with three theoretical strands being used to interpret results: gender, sport and agency; social context and structural inequalities; resilience, overcoming adversity and positive psychology. The study found a number of social barriers to girls playing football and demonstrated that they play football because they have agency and are self-motivated to do so. Although it is difficult to determine a causal relationship, girls

who play football were found to have good self-efficacy and positive indicators for good mental health. The study sample seemed able to resist external social pressures to conform to gendered body image stereotypes that limit girls' involvement in sport and which can contribute to low self-esteem.

The primary incentive for girls who maintain their involvement in football centres on making and keeping friends. Girls who play football have in general positive explanatory styles and an optimistic nature.

CONCLUSION

There are benefits for girls who play football. Girls are motivated to play football but need the opportunities to participate. Access to physical activity such as football should therefore be promoted for girls. There is a pressing need to address the under-representation of women's sport in the media and to challenge the status quo in school sport. A commitment to equal resources, equal time and space in the playground, and equal treatment by teachers and coaches is overdue. Furthermore, the study raises questions for social workers. An appreciation of the importance of resilience is embedded in Social Work professional competence requirements and the study suggests that supporting the development of resilience in girls, through access to physical activities that challenge gendered prescriptions and promote agency, can improve protection from adversity.

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ACKNOWLEDGEMENTS

There are a number of people I wish to thank for their role in helping me complete this thesis.

Firstly, I would like to thank the girls and parents who took part in this study. I am extremely grateful to them for their support and contributions to this study. I am also grateful to the FA Centre of Excellence, the local football club and the coaches that were very facilitative. I hope that the results will help to inform the development of girls' football in the future.

Secondly, I would like to thank my research supervisors, Professor Adele Jones and Professor Michael Lucock for support, guidance and encouragement. They have been very patient as my work responsibilities constantly impinged on my ability to work consistently on this project.

Finally, I would like to thank my family and friends who have reinvigorated my enthusiasm in those necessary moments.

ABBREVIATIONS

ASD	Autistic Spectrum Disorder
APS	Active People Survey
BME	Black and Minority Ethnic
CE1	Centre of Excellence Group 1
CE2	Centre of Excellence Group 2
DCMS	Department for Culture Media and Sport
DFEE	Department for Education and Employment
DSM-V	Diagnostic and Statistical Manual of Mental Disorders (fifth edition)
FA	Football Association
ICD-10	International Classification of Diseases (tenth revision)
LT1	Local Team Group 1
LT2	Local Team Group 2
LTPD	Long-Term Player Development
NHS	National Health Service
ONS	Office for National Statistics
PE	Physical Education
SAS	Social Aptitudes Scale
SD	Standard Deviation
SDA	Sexual Discrimination Act 1975
SDQ	Strengths and Difficulties Questionnaire
SEAL	Social and Emotional Aspects of Learning
SPSS	Statistical Package for Social Science
TDS	Total Difficulties Score
WHO	World Health Organisation
WSFF	Women's Sport and Fitness Foundation

Chapter One

1.1 Introduction

The idea for this study started one winter's morning on a hillside just outside the town of Barnsley in South Yorkshire. The weather was atrocious; bitter cold, with the wind almost knocking people off their feet and the rain passing horizontally across the field. A match between two teams of girls aged ten to eleven was scheduled to take place on this hillside and everyone had turned up hoping for a postponement. Unfortunately for everyone, because the pitch was not frozen, the match had to go ahead. Those are the rules.

For the next hour the girls battled against the wind, the rain, the cold and the mud. Some of them wore gloves, two or three kept on their tracksuit bottoms, although none of them gave up fighting the elements, trying to play the 'beautiful game'. Parents and coaches were huddled on the sidelines; inside-out umbrellas littered the area and a man hoping to walk his dog had to walk alone as his dog refused to get out of the car. He watched for a while but soon joined his dog back in the car.

The game finished a stalemate. No-one scored and as soon as they had shaken hands and I had thanked my players for their efforts everyone rushed off to the car park to get out of the cold.

Whilst I was standing on the touchline I found myself wondering 'Why are they doing this?' or rather, 'Why, when it can be really so unpleasant, will they do this again next week?' Moreover, they have other options: ballet, gymnastics, badminton, swimming. They could have been somewhere dry and warm but they had chosen to play football instead.

It is easier to understand why boys would put themselves through this experience. They may one day go on to play as professional footballers. They can pretend to be one of their favourite players whilst they are playing. They can join in with other boys at school, in the playground or in the local park. Football is very central to boys' culture.

From this initial question I reflected that this activity must be having some long-term psychological benefit for the girls and that this psychological benefit was over-riding any temporary discomfort. This study attempted to discover a little more than we already have available in the existing research about girls' experiences of competitive football and the benefits of participation.

1.2 Rationale

The study of mental health has for many years been dominated by a focus on mental illness, the labelling of mental disorder and the search for (often chemical) cures (Rogers & Pilgrim, 2010). This disease model of mental health has for many centuries prejudiced the activity of researchers, to the detriment of the prevention of mental ill health or the promotion of good mental health (Rogers & Pilgrim, 2010). In the past twenty years there has been a growing influence of 'positive psychology' and evidence of the advantages of adopting a positive psychology approach to the education and care of children and, especially, an encouragement to develop resilience in children (Seligman, 2003).

Child and adolescent mental health services are dominated by the treatment of conduct disorders, principally amongst boys (National Institute for Health and Care Excellence, 2013). Fewer resources are directed towards developing emotional resilience in non-deviant children (Knapp, McDaid, & Parsonage (eds.), 2011). Adult mental health services, on the other hand, seem to reflect the damage inflicted by the various oppressions of racism, homophobia and misogyny, with hospital wards and out-patient departments oversubscribed with victims suffering from depression and anxiety (Rogers & Pilgrim, 2010). I feel it is therefore incumbent on researchers in the mental health field to concentrate their efforts on reducing the potential harm of these oppressions and on discovering ways to improve the lives of the victims and potential victims.

The development of resilience in girls is one form of mental health promotion that could go some way to providing a shield against oppression and misfortune. Research into resilience has its origins in the work of Anthony (1974) and Garmezy (1974). Anthony (1974) identified 'invulnerable' children who were able to succeed despite being confronted by significant adversity. Garmezy (1974) also extolled the importance of developing 'competence' within children. Werner and Smith (1982) are attributed with first using the term 'resilience' to describe the quality of recovering quickly from adverse events. There have been a number of methods promoted as enhancing resilience.

Maslow (1943) and then Rogers (1951) stated that self-esteem is essential to human self-actualisation and that if children achieve a level of congruity then they will be able to deal with serious challenges in their lives. Bandura (1994) suggests that developing self-efficacy in children would help them recover more quickly from setbacks. Seligman (2003) feels that we must give children the experience of both success and failure, with a focus on developing a sense of mastery in order that children may develop an optimistic explanatory style. This will then, according to Seligman (2003), create resilience to setbacks and a confidence when confronted by challenges.

Amongst the methods for mental health promotion, physical activity is increasingly evidenced as producing psychological benefits as well as the expected physiological benefits (Biddle, 1995; Scully, Kremer, Meade, Graham, & Dudgeon, 1998). Engaging girls in football as an activity could produce both positive psychological impacts and positive social benefits. It is therefore important to identify how girls can overcome the barriers to playing football and to explore what social and psychological benefits they can derive from engaging in the sport.

I wanted to construct a research study that would explore girls' involvement in football and to try to identify what they may be gaining from playing football and how this may enhance their mental wellbeing. As a result of my engagement with girls' football over several years I had observed them training and playing and felt I had an ideal opportunity to compare girls playing at different levels of the sport, both at local club level and at elite level.

1.3 Problem Statement

There have been several books written about women in football, often focusing on the development of women's football (Hong & Mangan, 2004; Lopez, 1997; Newsham, 1994; Williams, 2003) and there have been research projects looking at women's football, girls and sport, children and resilience and girls in football (Anshel, Sutarso & Jubenville, 2009; Evans, 2006; Gorley et al., 2011; Kane, 1998). The existing knowledge base is helpful but incomplete and this will be demonstrated in Chapters 2 and 3. There are retrospective studies of women's motivations to play football (Macbeth, 2004) but little research has focused on girls who have recently started playing. This study was an opportunity to hear from girls who are still relatively new to the game.

There has been a significant growth in girls' football in the UK in recent years so opportunities to play have increased, but it is important to know what barriers are still there for girls. A number of barriers have been identified: lack of transport; inadequate facilities; cost; attitudes of parents, teachers, coaches, boys, other girls; cultural attitudes about appropriate boys' and girls' sports; media image of women's sport; self-confidence; body image; and prejudices about sexuality.

The Women's Sport and Fitness Foundation (2011) found that access to sport in general is limited by whether families can afford the fees and the transport costs. For girls wishing to play football, travel to training may be a short local journey but getting to away games across regional league structures could prevent or reduce participation. Families also have to fund the registration fees and costs of boots. For many girls this is the first hurdle preventing participation. Girls in more affluent areas are more likely to benefit from modern facilities that take into consideration the expectations of modern girls. Rees et al. (2001) found that a lack of adequate facilities such as changing rooms and showers is an immediate barrier for girls who are under pressure to maintain their femininity whilst trying to enjoy sport. If they cannot shower and dry their hair after a match some girls said they would be reluctant to participate (Rees et al., 2001)

Girls wishing to play football need the support of the significant adults in their lives if they are to participate and progress through the sport. Macbeth (2008) found a range of issues that prevented girls participating in football, including the attitude of Physical Education teachers, the concerns of mothers over the risk of injury and the attitude of boys or their parents when girls played in mixed gender teams. Bartholomaeus (2011), in her study of primary school children, their parents and their teachers, concluded that primary school boys and girls are heavily influenced by their teachers' and parents' opinions about what constitutes appropriate boys' and girls' sporting activity.

Women and girls wishing to play football have had to endure the prejudices about what is considered appropriate activity for females. Although football is the most popular team sport for women and girls, women are ten times more likely to go swimming (Sport England, 2012). Gorley et al. (2011) not only found that girls were reluctant to engage in ostensibly male sports such as football and rugby but that they considered sport in general to be a masculine pursuit. This attitude was found by Clark and Paechter (2007) to permeate the primary school playground and even to appear in pre-school attitudes amongst young boys and teachers. Whether as a result of the prejudicial atmosphere or as a reflection of girls' preferences, girls are less attracted to being involved in ostensibly masculine sports or in playing competitive sports (Gorley et al., 2011). Gorley et al. (2011) found that girls were more attracted to playing sports where they could focus on fun rather than competition.

Other barriers are intertwined with wider sociological issues linked to the treatment of women and girls in society. Girls describe being affected by boys watching them play sport (Evans, 2006) and it has been reported that girls are affected by the 'male gaze' when participating in some sports, which can prevent their participation or enjoyment (Evans, 2006). Gorley et al. (2011) found that girls preferred to engage in activities where they would not be on show. Girls' lack of willingness to demonstrate their athletic skills and sporting talents publicly is a reflection of how they experience the treatment of women's sport in the media.

The poor coverage of women's sport in the media received significant attention in 2008 from the Women's Sport and Fitness Foundation (WSFF, 2008)[1,] with criticism of

the invisibility of women in sports print media. WSFF found that only 4% of UK newspapers and journals were devoted to women's achievements in sport (2008)[1]. This shows little difference from the situation investigated by Duncan and Hasbrook (1988), by Duncan et al. (1994) and by Duncan and Messner (2002) in the United States. As well as the limited space in the televised or printed media, Duncan et al. (1994) and Duncan and Messner (2002) also found that the quality and content of the coverage differed, with infantilisation of women through the language used in the commentary and objectification of women through the descriptions of their bodies and attire. The overall effect of these attitudes and actions is to diminish the participation of girls in sport.

It is not surprising that, within this male-dominated sports culture, the existing literature shows that not all sporting activity is beneficial to girls (Braisted, Mellin, Gong, & Irwin, 1985; Montgomery, 1991). In some sports where body shape and weight are perceived to be central to potential success, girls can develop eating disorders (Rosen & Hough, 1988).

The world of football is dominated by men and the majority of coaches for girls' football teams are male. It was therefore important to explore whether the benefits of football are outweighed by the negative impacts. If the research were to show that important benefits could be gained from football then it would be important to know how girls overcame the barriers and how the barriers could be reduced or removed.

The literature on girls in football focuses largely on sociological issues. My research evaluated the wider environment for girls engaging in sport within and outside school as well as the economic and cultural factors that may affect opportunities to participate in football. In addition, I wished to find out more about the benefits they may be deriving from participation so this research explored both sociological and psychological issues for girls engaging in sport. There was an emphasis on investigating the development of emotional resilience in children, with a focus on how football may contribute to enhancing resilience in girls. The aims of the research were twofold:

1. To explore the differential experience of girls in a traditionally male sport and their motivations to participate, sometimes over many years.

2. To explore whether engagement in football corresponds to positive mental health in girls.

Specific research questions emerged out of the review of the literature (chapters two and three) and in accordance with the structure of the thesis are presented at the end of chapter three.

1.4 Challenges and Opportunities for the Researcher

This particular thesis had its challenges as I arrived at the subject to be investigated as someone who had prior involvement in girls' football. I am a qualified FA coach of many years and have coached girls from the ages of four to sixteen. I am father to three footballing daughters, all of whom had very different reasons for becoming footballers and different experiences of football.

There are other aspects of girls' football that I have explored over the past twenty years. As a coach I have had to learn how to teach girls the necessary skills of a football player, as well as instilling in them the essential behaviours for successful teamwork. I have become embroiled in resolving arguments with parents or between parents and have learnt a lot more about how mothers and fathers feel about their daughters playing football than I have learnt about the girls' feelings for the game.

I knew something of my daughters' feelings about football, which included a recognition that sometimes they had preferred to stay at home and watch television rather than go to train on a wet or frosty night, although those occasions were rare. More importantly, I had learnt that, despite their love for playing the game, they did not engage with the sport as a whole in the same way as most boys. For my daughters, watching football on television, for example, was not remotely interesting. My observations were that girls experience football in a different way to my own experience of the game, as a player, a coach, a parent and a spectator.

It was essential, therefore, that I prepared the research with as little influence as possible from the bias my prior knowledge and experience might bring and that I focused on finding answers to my core questions. In order to achieve this it was important that I remained open to alternative interpretations as well as ensuring I accurately reported what the girls said.

My personal and professional life has been heavily influenced by a commitment to challenge oppression and discrimination and to create opportunities for individuals and communities to achieve their potential. In my professional life I have largely worked with service users troubled with complex mental health problems, rather than

with healthy young athletes. I have however, always had an interest in understanding mental health promotion and the prevention of mental ill health. This has motivated me to learn more about resilience, as I would hope to see fewer people in mental distress in the future.

Working within the mental health system one is inevitably struck by the disproportionate damage gender oppression inflicts on girls and women. Being the parent of three girls, I am concerned that they benefit from the best preparation to survive our discriminatory society. I have been very pleased to see the growth of girls' football, especially as it has created opportunities for my daughters to play a sport they have thoroughly enjoyed. The project has therefore offered me an opportunity to investigate more precisely what long-term benefits girls may be deriving from playing football.

1.5 A Brief History of Women's Football

Women's football has suffered a turbulent history and, in many ways, has paralleled other developments in women's rights. In the 1900 Olympic Games the first female sport to be permitted was croquet, then later ballooning, golf and tennis were added to the modern Olympic programme for women. It was not until 1996 that women's football was introduced to the programme (Olympic Women, 2010). Whilst women's football was taking almost a hundred years to enter the Olympic stage, the huge social changes that took place during the First World War created an environment where women's football rivalled the men's game in popularity.

As women took over many of the jobs traditionally done by men in the factories of Britain, they also took on some of the traditional male activities from the factory yard. One particular munitions factory in Preston, Dick, Kerr & Co. Ltd., produced a team that, on Boxing Day 1920, attracted a crowd of 53,000 at Goodison Park (home of Everton FC) with a further 20,000 locked out. In comparison, the biggest crowd at a men's match that season was 37,545 at 1st Division Chelsea (Newsham, 1998). Very soon afterwards the Football Association (FA) made the following resolution:

> Complaints having been made as to football being played by women, the council feel impelled to express their strong opinion that the game of football is quite unsuitable for females and ought not to be encouraged. (Minutes of The Football Association meeting, 5th December, 1921).

The result was a ban on women playing on football league grounds. This ban was to last a further fifty years. Incidentally, unlike the male footballers, the women were only playing to raise money for charity, in particular the wounded servicemen (Football Unites, Racism Divides, 2010). It is important to note that, at that time, the women footballers were an even match for their male counterparts. The women from the Preston, Dick, Kerr & Co factor travelled to the United States in 1922 to play in internationals. Unfortunately there were no women's teams to play

so they played nine games against men's teams, winning three, drawing three and losing three (Newsham, 1998). Sadly, their huge success was to be their downfall and, after the Football Association ruling of December 1921, women's football went into a steep decline.

The situation has changed dramatically for girls in recent years, with growth from 10,400 registered female players in 1993 to 156,000 registered players today (FA, 2010). Unfortunately for girls, not only do they have to overcome physical changes in adolescence that can reduce their performance (Rowland, 1989), they also have to contend with social barriers to engaging in physical activity. Echoing the FA statement in 1921, it seems that both girls and boys believe that "girls are not supposed to be big, strong, powerful or physical; such attributes are [seen as] shameful and a source of offense to others, particularly boys" (Hasbrook, 1995 p. 17). The pressure on girls may cause some of them to avoid sport because of the risk of compromising their femininity (Evans, 2006). Alternatively, they may opt for sports like gymnastics, tennis, swimming or diving that seem more gender appropriate (Duncan & Hasbrook, 1988; Kane & Snyder, 1989; Metheny, 1965; Young, 1990).

Some interesting alliances have been formed. For instance, MacDonald's sponsored 8000 new coaches, including female only courses, from 2003-2007 (Brook, 2004). The encouragement of new coaches is one factor that will have had an impact on girls' involvement in football but girls still have to overcome views that sport is an area where 'the traditional, communally scripted female path does not include athleticism as one of the gender-normative options' (Richman & Shaffer, 2000, p.189). This research provides some insight into how and why the girls overcame barriers to participation and what the psychological benefits might be.

1.6 Social Context of the Research

This was not a national study that included girls from the full breadth of social groups across the United Kingdom (UK). The study group is limited to two areas in the centre of England. The girls playing football in the teams that I studied came predominantly from families in receipt of a good income and while they were representative of the ethnic diversity of the areas, they were not representative of the UK as a whole.

Geographically, the study was concentrated in one area of the North Midlands and one area of Yorkshire. The two areas border each other and have a number of similarities and differences. The region where the study was located is composed of several towns and one large city with a significant expanse of rural communities. Both areas have communities with high levels of social housing mixed with communities where families have good levels of disposable income.

There was huge socio-economic variation across the region where the girls lived. Both areas had suffered from the decline in the coal and steel industries in the 1980s and 1990s, with some neighbourhoods experiencing continuing high levels of unemployment. Although the Football Association Centre of Excellence, which had been established to develop players for the England Women's international teams, drew its players from the whole of this region, the majority of the girls came from families with sufficient disposable income to support their daughters' footballing pursuits. The financial implications of engaging in football are explored.

The areas the participants were drawn from are representative of central England. The areas could not be described as socially progressive, where gender equality is actively encouraged more so than anywhere else in the UK. There may be some significance in the fact that South Yorkshire has the highest level of amateur participation in football by men, and, coincidentally, the highest level of participation in football by girls.

The areas are not as ethnically diverse as England and Wales as a whole. Whereas the whole of the UK has a White British community of around 83%, for South Yorkshire this is 90% and for North East Derbyshire this is 95%. Ethnically, with the exception of

two girls, the study group were White British. This was in direct proportion to the region as a whole but not to the whole country.

1.7 Children's Agency – Conducting Research with Girls

There were a number of things to take into consideration before embarking on this research project. Of primary concern were two most important elements: that the research should be meaningful and that participants should be protected from harm or exploitation. I address the issues of safeguarding in more detail in Chapter 4. I followed all the necessary research ethical principles but, as Skånfors (2009) suggests, these may not be sufficient.

Research should have as its principal aim to increase or improve the available knowledge. I wished to expand the available knowledge about children. Pole, Mizen and Bolton (1999) identify that the sociology of childhood has been slow to progress and is some way behind the sociology of women, which grew significantly in the 1970s and 1980s. Pole, Mizen and Bolton (1999) recognise that within the development of the sociology of childhood there has been a growing desire to include children as active participants in the research process, not just as the objects.

The sociology of childhood has developed considerably over the past twenty-five years (Mayall, 2000). Skånfors (2009) puts forward the opinion that, as the sociology of childhood has developed, adult perception of childhood has changed and that this can be seen to vary throughout different cultures and in different eras. Mayall (2000) believes that, as research continues and our understanding develops, adults are becoming more aware of the harm done to children, are gaining more respect for children and are valuing the experiences of children.

Mayall (2000) feels that, as adults start to listen to children more, then adult thinking is being changed by that process. This empowerment of children, Mayall (2000) contends, brings children into the adult social sphere where they can act as competent agents within that world. Adults must therefore anticipate that children can play an important role in reshaping that world and can have a significant influence their own childhood (Mayall, 2000). As a consequence, it is essential that adults pay heed to the needs and wishes of children, as they should for other minority groups, and allow children the authority to determine the route to addressing these needs (Mayall,

2000). The role of adults, Mayall (2000) suggests, is to ensure a safe and secure environment in which children can participate and experience their rights.

The issue of children's rights is taken up by Balen et al. (2006) as they consider how to achieve the balance of affording children respect for their independence of thought whilst at the same time ensuring that they are adequately protected. Balen et al. (2006) take their lead from legislation and, in particular, the United Nations Convention on the Rights of the Child (United Nations, 1989). Balen et al. (2006) note that Article 12(1) of the UN Convention on the Rights of the Child requires states who are parties to the Convention to: 'assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child.' This, Balen et al. (2006) contend, is consistent with principles that should be applied to research with children.

A central premise of facilitating the expression of agency within child participants is to ensure the children retain as much power as possible in the process. Cree, Kay and Tisdall (2002) recommend that interviews should be child led as far as possible. One way in which I attempted to facilitate this was in my choice of research method. The girls were all in teams that trained and played together and which, by definition, needed to support each other in the field of play. By interviewing them in a group, be it only a selected number of the players, they retained some of the strength of being in a team. Location was also an important consideration. Football matches are traditionally played 'home' and 'away'. Playing at home is generally an advantage because the home team is more familiar with their environment. By interviewing the girls at their home ground I was replicating for them some of that psychological advantage. Nevertheless, I was still fully aware that I embodied power and authority as an adult, as a male interviewing girls and as an academic.

In terms of child protection, my intention was to attempt to discover more about girls' social and emotional engagement with football and to explore whether their engagement in football contributed to developing resilience. I did not anticipate disclosures of traumatic experiences but I was creating an opportunity for girls to talk about their feelings and I needed to be mindful of the potential for them to use the

opportunity to reveal concerns that had not previously been made known. Celia Brackenridge has published extensively on the issue of sexual exploitation in sport. I was not directly exploring the issues of sexual harassment and sexual abuse, but Brackenridge (1997) identifies the often hidden nature of abuse in sport and I prepared for abuse being disclosed by ensuring the girls had access to a child safeguarding officer. The NSPCC (2013) publish a helpful guide for researchers studying children in which they outline a range of concerns for children involved in research and guidelines for researchers, which I observed.

1.8 The Structure of the Thesis

Chapter Two reviews the literature on gender role socialisation and evaluates general developments in women's sport with reference to media representation of women, on women in the Olympics, the role of the FA and other bodies such as Sport England. It looks at girls' involvement in sport and in football in particular and locates some of the social issues that have influenced girls' ability and motivation to play football. It then looks at barriers to girls engaging in football and analyses their motivations to overcome these barriers. The second section evaluates the impact of gender. It looks at the link between self-esteem and body image and then at the link between feminism and the importance of developing resilience. The third section critically inspects studies on the physical, psychological and social benefits that could be gained for girls from engagement in sport and in football in particular.

Chapter Three reviews and analyses the literature with specific reference to issues of mental health, resilience, self-efficacy, and self-esteem and highlights the psychological impact of girls' engagement in competitive sport. The review explores the importance of developing resilience in girls, with an emphasis on self-efficacy, its role in resilience and the possible connection between psychological benefits and the experiences of those girls engaging in competitive football.

The first section of Chapter Three provides a summary of the theory relating to resilience, self-efficacy and self-esteem in girls. This theory underpins the analysis of the data and can be summarised as follows: Resilience is the ability to bounce back from failure to achieve goals or to overcome challenges. It is now widely recognised as an essential element to maintaining good mental wellbeing and as vitally important for young people. Self-efficacy is a measure of the level to which an individual has confidence in their personal capability. A high sense of self-efficacy can enable a child to believe in their abilities and to achieve their goals. Self-esteem is a reflection of a person's feelings of self-worth and can have a direct influence on a person's motivation. Positive self-esteem can be the root from which a child confronts fresh

challenges. Chapters two and three give rise to the specific research questions explored in the study and these are stated at this point.

In Chapter Four I provide a description of the methodological framework and approach used in the research. An explanation is provided for the use of a mixed methods approach which offered a means to investigate my research questions and created an opportunity to gather a range of data from a variety of sources. I reflect on the methodology and show that a mixed methods approach allowed me to generate richer data from which to address my research questions than may have been possible using a single method. I provide rationale for my choice of questionnaire for the quantitative aspect of the study and explain that the results of the questionnaire were used to generate questions for in-depth exploration through focus groups. I defend my choice of focus group as the main method of data collection and locate my argument in the child-centred approach which is the ethos of the study. By drawing on the research literature I defend my decisions in respect of the number and size of focus groups. Within this chapter I also discuss the process of data analysis and justify my selection of the template approach for the qualitative element of the study (this is also discussed in Chapter Seven). Chapter Four also explains the steps taken to ensure adherence to ethical standards.

Chapter Five presents the findings from the demographics questionnaire and includes data on issues that affect girls' opportunities to play football such as ethnicity, household income and transport.

Chapter Six brings together the quantitative data gathered from the Strengths and Difficulties Questionnaire (SDQ, Goodman, 1997). Further information on the SDQ and the rationale for its use in the this study are provided on In Chapter 4.4, pages 127-138, I provide descriptive statistics for the two groups from each setting and for the parent reports for each of the two groups, means, standard deviations, inter-item correlations and Cronbach's alpha for the SDS and subscales. I compare the Total Difficulties Scores and the subscale scores to UK norms (Meltzer, Gatward, Goodman, & Ford 2000).

In Chapters Seven to Nine I present the findings from the focus groups. The themes that arise from the data were analysed using a template which also provides the structure for the chapters, providing a connectedness that allows the reader to follow the threads of the discussion. Chapter Seven covers the issues that relate to the social environment in which the girls participate in football. Chapter Eight looks at how Bem's theory of androgyny helps provide insights into the benefits the girls seem to be deriving from football. Chapter Nine explores the various aspects of psychological resilience and positive psychology that may contribute to good mental wellbeing in girl footballers.

In the concluding chapter, I draw together the key findings of the research and outline the implications for policy and practice within schools, sport and within football. The thesis concludes with recommendations for future research into girls' involvement in sport and its relationship with emotional wellbeing.

Chapter Two

2.1 Introduction

This chapter reviews and analyses the literature relevant to girls' engagement in competitive sport, with specific reference to issues of health and wellbeing, gender and wider social pressures on girls, in particular within the context of football. The review considers the literature relating to girls' involvement in general in sport and highlights the impact of the social environment on girls' motivations to participate in football. There is a dedicated chapter which explores mental wellbeing in relation to girls and sport (Chapter 3) and therefore the discussion of mental wellbeing in Chapter 2 simply provides the broader context.

The search for relevant literature involved the use of the following key words drawn from the issues identified in Chapter One: Gender Roles, Girls' football/soccer, Women's football/soccer, Barriers, Motivation, Adolescence, Gender and Sport, Body image, Prosocial benefits, Physical benefits. There are considerations that affected this literature review. The first concerns the scarcity of research on the involvement of girls (as opposed to women) in football and I have had to rely at times on 'grey' literature from sports bodies and government departments that do not always provide the original sources of evidence. The second is that, as it is impossible to explore the current situation for girl footballers without setting their experience within the historical context of social change for women and women's football, the literature covers a broad period, with some sources stretching back over the past three decades. While the issues discussed are still relevant, this same period has seen the onset of major public health problems concerning the rise of child obesity and the decline of children's participation in sport; developments which are located within a specific historical period linked to lifestyle changes and economic and political factors. The extent to which these issues influence the self-esteem of girls or contribute to their involvement in football is little reported and I have therefore made links with other areas of research, such as feminist studies. The third consideration is that some of the

research studies I explored fail to provide adequate details about methods and sample sizes and in these cases their conclusions must be treated with some caution.

The first section of this chapter discusses gender role socialisation and evaluates general developments in women's sport with reference to media representation of women, women in the Olympics and the role of the Football Association and other bodies such as Sport England. I explore girls' involvement in sport and in football in particular and locate some of the social issues that have influenced girls' ability and motivation to play football. I then discuss barriers to girls engaging in football and I assess their motivations to overcome these barriers.

The second section explores the impact of gender and especially the role of sport in maintaining male power and the role of male power in constraining the participation of females in sport. I examine the link between self-esteem and body image and then the link between feminism and the importance of developing resilience.

The third section provides an outline of resilience issues critically reviews studies on the physical, psychological and social benefits that could be gained for girls from engagement in sport and in football in particular.

2.2 Gender Socialisation and Sport

2.2.1. How gender roles are socialised (*including the role of popular culture/media*)

This section focuses on the work of Sandra Bem on gender role socialisation which offered the concept of androgyny as an alternative to the masculine-feminine dichotomy.

Girl's participation in sport takes place within a context of culturally defined gender roles. These gender roles have traditionally limited women and girls' opportunities to fully express their physicality and have served to limit their opportunities in many areas of life, including sport. There has been significant change in gender roles in the last one hundred years resulting from the growth of feminism, starting with the Suffragette movement at the start of the twentieth century, and reinvigorated in the 1960's and 1970's by many influential writers and activists such as Friedan (1963), Millett (1969) and Dworkin (1971). Within this growth of feminist writing and political action emerged writers such as Sandra Bem, who developed ideas that provided a challenge to established views on the appropriateness of male and female differentiated roles.

Bem (1974) argued that the traditional sex roles of a masculinised male and a feminised female were less healthy for both men and women and that an increase in psychological health could be achieved by increasing the 'androgyny' of individuals. Bem's (1974) contention was that there are identifiable attributes of masculinity and femininity that are socially and psychologically desirable, and that where men and women had internalised a combination of these traits, they had discernible advantages over others who were less 'androgynous'. Bem challenged the idea that masculinity and femininity could or should exist in polarities and argued that both men and women could have traits of femininity and masculinity respectively. These traits then offered the individual a greater variety of skills, knowledge and attributes with which to manage different situations (1974). Bem's work led to the development of the Bem Sex Role Inventory (BSRI, 1974) with which to measure an individual's masculinity and femininity. With the BSRI, each participant is required to rate themselves against 60 personality characteristics.

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The BSRI has subsequently been widely used in research, despite some reservations about its validity (e.g. Locksley and Colten, 1979) which are discussed later.

Bem (1975) supported her views with empirical research. For example, she conducted experiments on independence and nurturance with sixty-six college-age participants by observing their behaviour when introduced to a kitten. The two key traits that were assessed: nurturance and independence, were deemed by Bem to be feminine and masculine traits respectively. Bem observed that both masculine males and feminine females lacked nurturance, whereas as only feminine females lacked independence. Androgynous participants lacked neither. The conclusion she drew was that whilst there were clear advantages to being androgynous over being masculine or feminine, there were also distinct advantages to being masculine over being feminine (1975). Writing a year later, Bem raised concerns that in her 1975 study, feminine females had not found kittens attractive and therefore, by using a kitten as the object for participant attention, she had been unable to identify whether feminine females were simply non-nurturant because they were not attracted to the kitten. She therefore followed up the 1975 study by observing the behaviour of undergraduate college students with a baby and then in a third study, with a lonely student (Bem, 1976). She concluded that masculine participants, both male and female, did not display the same level of independence and nurturance as androgynous participants (1976). Unfortunately, although Bem provided a critique of her previous research with college students and kittens, she did not at this stage consider the fact that undergraduate young men would have limited experience of interaction with babies. Nevertheless, Bem argued later in 'The Lenses of Gender' (1993) that girls are more motivated to look after babies because of the sexual division of labour and that boys are conditioned towards non-nurturant activities (p.134).

There have been a number of criticisms of Bem's theory of androgyny, not least that the research on which it is based does not seem strong enough to produce such definitive results and is influenced by class and culture bias. Problems identified with the BSRI reflect these concerns. Locksley and Colten (1979) found that the adjectives used to identify feminine traits were consistent with the role of a 1970's middle class North American housewife, but did not correlate with other possible female roles, such as a career woman or a female athlete. Locksley and Colten (1979) also raised concerns that the participants

for the studies were drawn from college students and were not therefore a representative sample of the population.

Jones, Chernovetz and Hansson (1978) investigated Bem's claim that psychologically androgynous people experience more benefits in their mental wellbeing over gender polarised individuals. They discovered that for either sex, masculinity rather than androgyny generally predicted greater ability to cope with adversity (Jones et al. 1978).

In a further development of her ideas, Bem (1981) proposed that males and females develop according to an established gender schema. In her gender schema theory, Bem proposed that children learn from a young age which behaviours are consistent with their schema and are limited by which behaviours fit their gender schema:

> sex-typing is derived, in part, from a readiness on the part of the individual to encode and organize information - including information about the self - in terms of the cultural definitions of maleness and femaleness that constitute the society's gender schema. (Bem, 1981, p.369)

Building on these ideas, Bem (1993) argued that boys and girls receive different treatment from their carers that is rooted in gender-stereotyped preconceptions. This is then interpreted by the children as defining the behaviour expected from them. Referring to the work of Fagot, Hagen, Leinbach and Kronsberg (1985), Bem (1993) provided an example of how teachers communicate differently to boys and girls, reinforcing the message to girls that they should be gentle and boys assertive. Drawing on the work of Kanter (1977) Bem showed how this message is internalised to limit women's expectations in the workplace (1993). She also asserted that the inequalities experienced by women have their origins in beliefs about biological essentialism (that men are born stronger, smarter, more rational and more trustworthy) and androcentrism (male experience is the norm and female experience is deviant) and that 'what needs to change is the androcentric social structure that operates systematically and in the here and now to preserve male power' (1993, p.135). Gender polarisation, Bem contended, restricts the potential of girls, as well as that of boys, allowing each only fifty per cent of the personality potential available and she argued for a dismantling of a society limited by gender polarisation and an opening of opportunity for girls and women to engage fully in the

world such that the divide between males and females would be reduced to the small amount of time devoted to the biology of reproduction (Bem, 1993).

Bem's work can now appear dated, and even at the time of publication there were several critiques of her 'Lenses of Gender' (1993), largely for the absence of community context. Ridgeway (1994) criticised Bem for lacking an analysis of the social environment that facilitates men's institutionalised dominance. Similarly, Williams (1994) questioned how an androgynous person can be unaffected by the gender polarised culture within which he or she lives. Deaux (1994) felt that Bem's advocacy for androgyny stood against feminist celebrations of women and women's qualities and that Bem offered nothing new by her approach. Bem defended herself against her various critics by asserting that in her promotion of androgyny, she was not ignoring the important issues that affect women's lives, such as childcare, employment and health, she was focusing her challenge on biological essentialism and the 'othering' of women. Bem herself accepted that her earlier proposal for an androgynous world was in her own words 'an unreachable utopian fantasy' (1995, p.330). She instead proposed that gender should become totally depolarised such that 'the very concepts of masculinity, femininity, and androgyny, heterosexuality, homosexuality, and bisexuality would be … absent from the cultural consciousness' (1995, p.329).

The contribution of Bem's work to social psychological theory was in challenging and redefining an accepted 'truth' around gender – that it was preferable for individuals to be sex-typed – and replacing this assumption with an assertion that a more androgynous personality was psychologically healthier. Gender roles have been addressed by various researchers since Bem, including Paechter (2007), who has looked at how gender roles influence children's behaviour in the classroom and in the playground. Paechter defined the arenas in which masculinities and femininities are performed as 'communities of practice' (2007, p. 14) and that individuals moderate their behaviour in order to remain accepted within the norms of a particular community. Paechter (2007) explained how a panoptic gaze creates a level of discipline over the communities of practice that maintains the established construction of masculinity and femininity.

2.2.2 Gender Issues and Sport

I will now look at how gender issues influence girls' engagement with sport.

Consistent with Bem's (1981) theory, as girls progress into adolescence, the gender schema proscribed by their cultural environment influences their social behaviour. Paechter (2007) supports this and observed that as girls start to prepare for the transition to secondary education, they apply limitations to their clothing and their behaviour and start to spend less time in physical activities and more time talking in groups. Forming and breaking friendships takes on much greater significance (Kehily, Mac an Ghaill, Epstein, & Redman, 2002). At the same time (that is, during adolescence), team games take on a growing significance for boys and have an increasing presence in the playground (Thorne, 1993). Thorne (1993) found that boys controlled approximately ten times as much space as girls in the school playground and Paechter (2007) found that football controlled two-thirds of the available space in the playground. Paechter advocated for a change in the way that playgrounds are controlled so that girls have the opportunities to reconstruct their activities and so that boys' dominance of space is restricted (2007). Paechter also advocates for the provision of girls-only coaching of sports traditionally labelled as 'masculine', such as football. Other factors to facilitate girls becoming more active include: staff who understand that girls want to be active as well as to sit and talk; the provision of trained staff who will foster active play amongst all the children; suitable equipment for a variety of activities and, encouraging girls to wear clothing appropriate to outdoor play (Paechter, 2007).

The choice of subjects that boys and girls are encouraged to follow is also found to be subject to constructions of masculinity and femininity. Chapman (2001) argued that the language of mathematics is imbued with a very masculine style of communication and asserts its ability to provide the world with certainty and truth. Conversely, Martino and Meyenn (2002) in a study using semi-structured interviews with seven English teachers, found evidence of schools that were dissuading boys from studying romantic literature in English lessons, whilst at the same time encouraging girls to do the opposite. This gendered division of subjects is common in many places. In Nordic countries Mjelde (2004) found boys directed towards vocational courses such as electronics and

construction that led to better-paid jobs whereas girls were more likely to be encouraged to study social care, handicrafts etc. with lower paid opportunities. In Germany, Kraus and Carter (2004) and Kraus (2006) using a multi-layered approach examined the outcomes for girls in vocational and education training. They found that working class boys and girls were directed towards distinctly class and gender stereotyped education and employment, that middle class adolescent students followed courses that were less divided on gender grounds, but that in middle class occupations senior posts were largely filled by men.

Shilling (1992) discussed the relationship of gender and class with the role PE plays in developing 'physical capital' and described the different relationship to sport that existed for boys and girls and for working class and middle class children. Shilling contended that sport may be a route for working class boys to achieve a good income if they succeed in a particular highly paid sport, but these opportunities are unlikely to be available to working class girls. For middle class boys and girls, Shilling argued, PE and sport are methods to enhance their social and cultural capital, which then provides them with privileged entry to higher economic capital (1992).

Williams and Bedward (2001) reporting on a study of the physical education experiences of girls in Key Stages 3 and 4 in three contrasting secondary comprehensive schools in England, found that school PE lessons were androcentric and provided limited opportunities for girls from all ethnicities. Their research highlighted the ways that exclusion from team sports such as football, within the school environment had resulted from teacher prejudices rather than girls' choice, regardless of whether the girls were white, Moslem or African–Caribbean (Williams & Bedward, 2001).

Behaviours and attitudes that constrain girls' involvement in sport are also reflected in debates about women's involvement in sport. One of the most important discourses pertinent to this discussion is that involvement in competitive sport is considered central to the construction of masculinity, but not of femininity (Connell, 1995). De Varona (2004) summarises the myths surrounding women in sport as including the notions that:

…sport will make girls and women unfeminine; participating in sport could have a serious impact on their ability to bear children; girls and women are too frail to play sports;

women's sport is not attractive and therefore not commercially profitable for media distribution; resources are wasted on girls and women because they do not need to learn the important sporting lessons that boys and men need to. (p.8)

Connell (1995) argues that sporting achievement is a method for boys to move into and become successful in other areas of social life. Women wishing to enter this arena and, in particular, have involvement in sports that have been identified as male preserves, such as football, have found themselves labelled as mannish and engaging in unsuitable activity (Cahn, 2004; Lopez, 1997).

The early social history of women's involvement in football has been summarised in the introduction but the history of women's involvement in football cannot be isolated from other developments in women's political history and the place of women's sport within that history. Girls' and women's desire to play football coincides with women's demands to receive equal treatment in other social spheres and confronts the hegemonic masculinity that Connell (1995) writes about.

The defence of male dominance is embedded within our institutions and Clark and Paechter (2007) showed how the threat to male power from girls' football is experienced by primary school boys and how teachers and coaches collude to minimise its impact. Evans (2006) reported that girls in secondary schools struggle with the pressures to conform to a feminine ideal and the negative reaction of their peers (both boys and girls) to participating in sport. Linked to this, are the myths (mentioned previously) outlined by De Varona which perpetuate perceptions of women's physical and emotional frailty and the risks of girls and women becoming too unfeminine (2004). De Varona (2004) suggested that if women and girls can adapt the gendered socialisation messages created and perpetuated through sport then the skills acquired may enable women to challenge men in the corridors of power and in the boardroom.

2.2.3 Arenas of Visibility and Invisibility: Women's Sport and the Media

As a result of London hosting the Olympic Games, 2012 was a significant year for the visibility of women in sport. Jessica Ennis, the Great Britain and Northern Ireland heptathlete, was at the forefront of the media as the publicity image of the Olympic Games. There were 262 female competitors in the British squad and they represented 48% of the national Olympic team. Two countries, the USA and Canada, sent teams in which female competitors outnumbered the men. Every country was represented by women for the first time since the Olympic Games recommenced in the modern era (in 1896) and, of particular significance, two female athletes from Saudi Arabia participated.

There were also some noteworthy successes for women at the Games. For the three countries that topped the medals table, China, USA and Russia, women won more medals than their male teammates. Women were the first to win gold for Team GB when Heather Stanning and Helen Glover succeeded in rowing to victory. Nicola Adams became the first British woman to win a boxing gold medal and, when it came to the women's football, Wembley Stadium was packed with more than 70,000 fans as Team GB's women's team defeated Brazil. Three point nine million people in the UK watched this game on television whilst, outside of the Olympics, women's England football matches have been attracting reasonably good television audiences (The FA, 2012(1)).

Prior to the Olympic Games, the Women's Sport and Fitness Foundation (WSFF) launched the 'Go Girl' campaign. With more female competitors, more events and more medals up for grabs than ever before, the London 2012 Olympics would, according to the WSFF , be "the best ever games for women" (WSFF, 2012).

It seemed as though the Olympic Games would be an opportunity to celebrate the achievements of women in sport. This positive message is nevertheless challenged by Mangan (2004) who argued that the Olympic Games are the exception rather than the rule in terms of the volume of media representation of women's sport. Mangan suggested that the apparent egalitarian approach to televised coverage during

Olympic Games was merely a commercial decision to attract more female viewers and therefore more potential sponsors; a strategy that dated back to the 1996 Atlanta Olympics (2004).

The role of the media in marginalising women's contribution to sport had been outlined in detail, prior to the Atlanta Olympic Games, by Theberge and Cronk (1994) and Duncan et al. (1994). Indeed, poor coverage of women's sport had been highlighted over a number of years, as in Duncan and Hasbrook (1988), Duncan et al. (1994) and Duncan and Messner (2002), and continues to receive significant attention (Fordyce, 2013; WSFF, 2008). Fordyce (2013) found that only 11.5% of current elite female athletes in the UK felt media coverage to be adequate, a situation little improved from the observations of Duncan et al. almost 20 years earlier who found that the total hours of coverage were far fewer than for men's sport (1994). Though this issue has been reported in more recent times (WSFF, 2008) Duncan et al. (1994) found that the quality and content of media coverage also differed significantly and they identified a number of problems to account for this. Duncan et al. (1994) found that television companies employed inferior equipment and inferior editing of women's sports, thus delivering a poorer quality product to audiences. Audiences therefore perceived women's sports as less entertaining (Duncan et al. 1994). This difference in production quality was not apparent when both genders are participating in the same event, such as the Wimbledon tennis championships or the Olympic Games where, in both cases, television audiences were equally as large for men's and women's events. In addition to production quality, Duncan et al. found that the language applied to female athletes during sports commentary was more likely to reinforce stereotypical messages, firstly by infantilisation and then by a focus on weakness and emotional instability. Women were frequently called 'girls' or 'young ladies' whereas men were never called 'boys'. Women were often referred to by their first names whereas men were invariably referred to by their surnames (1994).

Duncan and Messner (2002) found that there were other ways in which the language of the commentators was used to belittle the accomplishments of women. The description of performance had a gender bias and men's errors were minimised. For example, men's failure to score in a football match was forgiven because they

'misfired'. Women were not afforded the same excuse; they simply 'missed' (Duncan & Messner, 2002, p.179). In a similar vein, when it came to describing their achievements, men's success would be explained as having been achieved as a result of their talents whereas women's success would be explained as result of their opponents being too emotional or weak. Unlike male athletes, Duncan and Messner (2002) found that sportswomen were frequently described according to their physical attractiveness rather than their athletic ability. Witnessing this treatment of female athletes only increases the pressure on girls to move towards sports that emphasise femininity, such as ice skating, gymnastics and ballet (Duncan and Messner, 2002). The sexism in the visual media is not limited to the performance of sports participants, as Duncan et al. (1994) found that women were frequently used as sexualised light relief by the visual media with a focus on their bodies and their attire. Camera shots and commentary on large breasted or scantily clad women in the crowd were frequently used during pauses in televised men's sports (Duncan et al., 1994)

These gender inequalities function at different levels and become embedded through institutional practices. For example, Duncan and Messner (2002) discovered that TV companies would build up the expectation towards the airing of men's sporting events with frequent advertising; something which was not replicated for women's sporting events.

Sue Tibballs, Chief Executive of WSFF in 2012, is concerned that the media plays a huge role in disenfranchising women's sport, with men's sport dominating television airtime and print media images (WSFF, 2012). Tibballs feels this is a real barrier to girls' participation in sport but, reporting the findings of the WSFF, says that 61% of girls find seeing women winning medals as an encouragement to engage more with sport (WSFF, 2012).

Outside the Olympic Games, the current coverage of sport is still very biased towards men. Female sports stars are still largely invisible in the media. Less than 5% of all sports media coverage is dedicated to women's sport (WSFF, 2008). In 2012, the WSFF launched an All Party Parliamentary Group (APPG) on Women's Sport and Fitness with two key aims: to increase female participation in sport and to increase the media

profile of women's sport, as a commitment to ensuring a lasting legacy from the 2012 London Olympics.

The Olympic Games appear to be one of the few opportunities to challenge the notion of women's sport as inferior, even if the level of coverage stems from a commercial decision to increase the television audience. Unfortunately, the Olympic Games occur only every four years and there are few other events where media coverage of female sportspeople equals that of their male counterparts.

In summarising this section, it seems that there has been a concerted effort over a number of years to raise the profile of women's sport and to increase participation from a young age, yet the visibility of women's sport in the media has not increased significantly (WSFF, 2012). Duncan and Hasbrook (1988), Duncan et al. (1994) and Duncan and Messner (2002) highlighted the issue of poor coverage of women's sport and demonstrate that media representations of women's sport also suffer from poor quality delivery and sexist commentary. Gender inequalities and gender stereotyping in sports promotion has a long history and occurs at multiple levels. Where there have been apparent attempts to equalise televised coverage of women's sport, such as at the Olympic Games, Mangan (2004) showed that this change came about as a commercial decision to increase the audience for sponsors and not from any commitment to anti-discriminatory practice. The invisibility of women athletes on mainstream television and in the sports pages of daily newspapers may have the effect of demotivating girls who are attracted to sport, as Tibballs (WSFF, 2012) says and this provides important rationale for a study that aims to investigate girls' motivation for playing football, a sport linked to masculinity.

2.3 Gender, femininity and masculinity in sporting environments

2.3.1 Body Image

One significant difference between male and female sport participation is the level of pressure on body image. In this section I explore the issue of body image in relation to women and girls' sport.

Concerns about social pressures on women to maintain a stereotypically thin shape have been raised by feminists over several decades, most notably in Orbach's 'Fat is a Feminist Issue' (1978). Chernin (1981), in a similar study of men's unhealthy influence over women's bodies, also looked at these pressures from a feminist perspective. Of interest to this study, Chernin found evidence of the benefits to girls and women of engaging in sport beyond self-esteem, drawing the conclusion that they are less prone to abusing their own bodies where they perceive their body to be useful and powerful (1981).

There is evidence that body image plays a much more significant role for girls than boys who are engaged in sport. Research suggests that female athletes have a more negative image of their bodies than males and that they experience pressure to conform to a thin shape, whereas males are more focused on developing size, strength and power (Gill, 1995). Women and girls who do not meet this ideal are subject to negativity and discrimination (Gill, 1993).

Crissey and Honea (2006) found that many girls had body image problems when engaged in sports that emphasised the aesthetic female body image. Female athletes who are participating in leanness sports where aesthetic appearance, anti-gravitation or endurance, are considered essential are particularly vulnerable to this problem. (Byrne & McLean, 2002; Torstveit, Rosenvinge & Sundgot-Borgen, 2008). In a study of 263 elite athletes and 263 non-athletes, Byrne and McLean found fifteen per cent of the female athletes in leanness sports had indications for anorexia nervosa or bulimia nervosa compared with one per cent of the non-athletes (2002). Ravaldi et al. (2003)

in a study of 113 female ballet dancers and 103 controls discovered that the prevalence of eating disorders among the ballet dancers (26.6%) was significantly higher than the control group (14.7%). Similar observations have been reported in ballet dancers by Braisted et al. (1985) who surveyed 45 female ballet dancers aged 12–21 years and 44 nonathletic young women aged 14–16 years and found that the ballet dancers were more likely to present with symptoms of eating disorders such as fasting, bingeing, poor fluid intake, distorted body image, low weight and amenorrhea.

As a result of this negative pressure on body image in some sports, many girls develop eating disorders as shown by Byrne and McLean (2002). In a study of 140 Dutch adolescent girls De Bruin et al. (2009) found that, amongst girls participating in sport and exercise, there was a split between those who were participating for overall enjoyment and achievement and those who were utilising sport and exercise as a weight control method. There was a significant number of girls within the study for whom exercise was motivated by poor body image and these girls had lower levels of self-esteem. Sport participation was not therefore necessarily accompanied by higher levels of self-esteem.

There are assertions that exercise and engagement in sport have a beneficial impact on anxiety and depression, as found by researchers such as Biddle (1995) and extolled by the Royal College of Psychiatry (2012). Biddle (1995), in a review of the literature, found that various modes of exercise have been shown to have a moderate to large effect in reducing depression and that exercise is associated with small to moderate reductions in anxiety. Biddle (1995) also found improvements in cognitive functioning, self-esteem, psychological wellbeing and prosocial behaviours.

Within the list of positive effects, Biddle (1995) found two areas of concern: sport addiction and eating disorders. It is important to recognise that there is a complex relationship between body image, eating disorders and self-esteem. The link between some sports and eating disorders in girls and women (Biddle, 1995) brings into question assertions that exercise and engagement in sport have an automatic beneficial impact on psychological wellbeing. For some elite athletes, as Biddle (1995) highlights, engaging in sport can be accompanied by problems with self-esteem and

body image. According to Hart, Leary and Rejeski (1989), who conducted a questionnaire survey of fifty-six undergraduate women, such dissatisfaction with body image can be associated with both low self-esteem and depression and this negative effect is increased when others observe and assess women's physique. Eating disorders raise significant concerns because of the high mortality amongst people with eating disorders. Herzog et al. (2000), in a study of 246 women with eating disorders, reported a mortality rate of 5.1%.

Girls' engagement in sport is associated with a number of physical benefits (Danaei et al., 2009; Rowland, 1989; Sewall & Micheli, 1986; Wilmore, 1974) but involvement in sport is also associated with a number of eating disorders (Braisted, 1985; Brooks-Gunn, Burrow & Warren, 1988; Plaisted, 1995). Many of the eating disorders are associated with sports where a stereotypically feminine body shape is emphasised, such as gymnastics. The pressure for all girls and women to conform to a male-defined slender body shape has been explored by feminist writers for some time (Chernin, 1981; Orbach, 1979). However no evidence has been reported associating football with eating disorders in girls and women. Ciervo (1998), in a study of seventy-nine athletes from thirteen different sports, located football in the `non at-risk` category alongside other team sports such as basketball, lacrosse and hockey, whereas swimming, diving and gymnastics were found to be in the `at-risk` category. Crissey and Honea (2006) from a sample of 7,214 girls, ages 12–18 years, found that girls who engaged in 'feminine' sports were more at risk of perceiving themselves as overweight and trying to lose weight than girls who participated in sports perceived as more masculine. Girls who chose feminine sports were at increased risk over non-sport girls of developing negative body image (Crissey & Honea, 2006).

Differences between the experiences of females in aesthetic and non-aesthetic sports have been found (Sundgot-Borgen, Torstveit & Klungland, 2005; Abbott & Barber, 2011). Abbott and Barber (2011) in a study of 1002 girls aged 13-18 found that girls who were engaged in sports specifically, rather than just physical activity or non-physically active girls, had a higher functional body image. In addition, girls who participated in sports where the body aesthetic was not emphasised (e.g. football) rather than sports where the body aesthetic was seen as integral (e.g. gymnastics) had

a higher functional body image (Abbott & Barber, 2011). Sundgot-Borgen, et al. (2004) studied 1620 elite athletes and found a higher prevalence of eating disorders among female athletes who were competing in aesthetic sports as opposed to non-aesthetic sports. Eating disorders were found in 42% of female athletes in aesthetic sports compared to 16% involved in ball games.

Schwarz, Gairrett, Aruguete, and Gold (2005) in a survey of 103 college athletes found that those students who were involved in refereed sports as opposed to judged sports had lower pathological eating attitudes and lower risk of eating disorders. When compared to students not engaged in any sport, athletes of any sport had lower risks of body dissatisfaction (Schwarz, Gairrett, Aruguete, & Gold, 2005). Johnson, Crosby, Engel, Mitchell, Powers, Wittrock and Wonderlich (2004) highlighted that body dissatisfaction and eating disorders varies across ethnic groups. They found that Black female athletes were very similar in their response to Black and White male athletes, but that White female athletes had a higher drive for thinness, greater risk of eating disorders and poorer body satisfaction.

2.4 Women's Participation in Sport (including women and football, girls & football, barriers)

2.4.1 Girls, Sport and Masculinity

In this section I analyse the data available on sport participation which highlights the differences between men and women and between different socio-economic, regional and ethnic groups.

The data available from the Active People Survey (Sport England, 2012), conducted every year since 2005 by Sport England, provides a helpful insight into the overall picture of sport participation in England. Active People Survey 1 (Sport England, 2005) included interviews with 364,000 people. The most recent survey, APS6, included responses from 163,000 adults over 16. The survey covers data across age, ethnicity, disability, region, frequency and socio-economic group (Sport England, 2012). The APS

has three main foci: the benefits of sport; trends in participation; and what influences sporting habits. The results are made available to inform policy makers and sport providers. Sport England uses the results of the APS to provide guidance on sporting provision.

The APS6 showed that 41.3% of men participate in significant sport activity every week compared with 30.3% of women. These numbers drop to 20.3% for men and 12.8% for women when we consider people who participate in sport the recommended three times a week. Sport England found that having children is a major factor influencing women's participation in sport, with 11.7% of women with children compared to 22.8% of women without children able to take part in regular sport (Sport England, 2012).

Household income was another significant factor in determining participation. Women who have a household income of over £52,000 are more than three times as likely to be active as women with a household income less than £15,600. Only 7.3% of women in low-income households (below £15,600) participate regularly in sport. Within football, however, there are interesting differences between men and women. There are proportionately more women on lower incomes playing football than women on higher incomes and yet, for men, participation in the sport is greater amongst men on higher incomes (WSFF, 2011).

There was not a huge difference in participation in all sports between the regions of England but participation was highest in the South East and lowest in the West Midlands (Sport England, 2012).The opposite is true for women's football, as nearly twice as many women were found to play football in Yorkshire than women in the South-East (WSFF, 2011).

Although 54% of young people between the ages of 16 and 25 were said to participate in sport each week, this number had decreased whereas the number of people over 26 engaging in weekly activity had increased. The difference between males and females was found to be most acute at the age of 19 where there were twice as many male sport participants as female. This differential continued at university where twice as many male students as female students engaged in the sports on offer. The gap

between men and women decreases throughout the years, largely because more men stop playing sport than women for each age group (Sport England, 2012).

The ethnicity of women who engage in regular sport shows a number of variations. Whilst 13% of white women were found to be participating in sport three times a week only 9.5% of Asian women and 10% of Black women were involved to the same level (Sport England, 2012). The most significant reason why Black and Minority Ethnic (BME) women found participation in sport difficult was due to domestic commitments (Sport England, 2000). There is, however, a marked difference when it comes to football, where BME women were reported to be twice as likely as White women to play (WSFF, 2012). This may be a reflection of the fact that BME women are less likely to participate in other activities. In the National Survey of participation amongst the BME communities (Sport England, 2000) Black Caribbean and Black African women were much less likely to participate in swimming and walking, the two most popular activities for women in England, and more likely to participate in less popular activities such as gymnastics, running and football. Sport England (2000) do not provide a rationale for these differences and in fact speculate that the figures they had available for the population as whole may not have taken account of the significant growth in women's football generally in the period immediately before their survey of BME women. Notwithstanding, the 2000 Sport England Survey shows that, at that time, Black African women were four times and Black Caribbean women three times more likely to play football than the general female population. There appear to be no published studies, however, as to whether these differences are also reflected amongst girls from BME communities. This was not something that I was able to explore in my study because of geographical constraints and methodological limitations (as discussed in Chapter Seven).

The largest gaps between men's and women's sport participation were seen in organised competitive sport (Sport England, 2012). Even in youth and student environments, far fewer women than men took part and, overall, men were two and a half times more likely to be involved in organised competitive sport. Where there were children in the household the difference was 4:1 (Sport England, 2012). Children of both genders may therefore be observing that playing competitive sport is

something that fathers do far more than mothers and girls may be assimilating a belief that they should limit themselves to non-competitive activities, which would preclude football.

Although football is the most popular team sport for women, women are much more likely to engage in individual sports. Ten times more women go swimming than play football and slightly lower numbers go to the gym. Football is currently the tenth most popular activity for women, after dance and equestrianism, but is three times more popular than hockey (Sport England, 2012).

In partnership with nine sport's governing bodies, WSFF commissioned a study into why girls aged 16-19 ceased participating in various sports (Tinsley, 2010). There were a range of reasons from competing time commitments to competing social interests but, for football, the two main reasons were firstly, a lack of support from school and, secondly, poor coaches, the latter uniquely highlighted amongst girl footballers. Poor coaching was defined by 'unenthusiastic' coaches, 'overly aggressive, critical or serious' coaches or coaches who had 'favourites' (Tinsley, 2010, p.26).

It is recognised that there are substantial physical and psychological benefits to be gained from regular exercise (Mountjoy et al., 2011; Valois et al., 2009). The WSFF survey shows, however, that less than a third of women engage in regular sporting activity and that only one in eight exercises three times a week, which is considered the optimum. There appear to be a number of factors for this. The decline for girls starts with the transfer from primary to secondary school and by school leaving age twice as many young men as young women are engaged in regular sport. Becoming a mother halves the opportunity to participate, with household income also being a key determining factor in whether women can afford to utilise the available resources. Minority ethnic women participate significantly less than White women, although this trend is overturned in football for Black women. In summary, women are far less likely than men to participate in organised competitive sport with this decline starting in adolescence.

The FA hopes to change this situation and in recent years they have been trying to develop women's football. The FA has taken advantage of sponsorship from a major

retailer and has developed a programme that works within primary schools as well as running school holiday football coaching schemes. The FA Tesco Skills programme has been designed to give 5-11 year old children an experience of learning and playing football and 42% of the children who have taken part in the programme are girls (The FA, 2012(2)). In October 2012 the FA announced a plan, 'Game Changer', to develop girls' and women's football further into the UK's second highest participation sport by 2018 (The FA, 2012(1)).

2.4.2 Sociological, Psychological and Structural Barriers to Participation

Connell (1995) outlines how sport is not merely a game for children to enjoy but is inherently linked with male socialisation and that boys engaging in sport receive an initiation into the 'institution' of masculinity. The structures of sport are hierarchical and competitive and, Connell (1995) contends, induct boys into the mores of the workplace. Clark and Paechter (2007) argue that girls are confronted with the message that sport is fundamentally a masculine activity as soon as they start primary school, if not before. Clark and Paechter (2007) suggest that it is therefore not surprising that girls are reluctant to involve themselves in a competitive game like football when they could be playing other more cooperative games.

An extensive study to explore the factors that contribute to girls dropping out of sporting activity was undertaken by Gorely et al. (2011) who surveyed over 1500 young people and held focus groups with 169 of them. The results showed that family involvement, or lack of it, was central to the continued involvement of girls in the sport. Girls were very influenced by their friends' interests and attitudes and preferred to participate in activities with their friends. Girls also preferred to engage in activities where they did not perceive themselves to be on show (Gorley et al., 2011). In a study of adolescent girls, Evans (2006) found that girls did not like being observed and would rather have girls-only PE sessions. The girls in Evans' study were also very conscious of the surveillance of other girls and of coaches and teachers. The power of masculine socialisation is such that, Evans suggests, even where schools provided single-sex PE,

girls still felt inhibited. She postulates that the 'male gaze' is internalised and may function as a measure against which girls evaluate themselves (Evans, 2006). Connell (1995) sees sport as an arena where boys and men can reassert their domination over women. The demonstration of superior male physical prowess, he contends, serves as a 'backlash against feminism' (p.54) as sport embodies the central tenets of masculinity, competition and hierarchy amongst men. In this context, where this message is emphasised by the biased media representations of male and female sport (Duncan & Messner, 2002), it is not surprising that girls often struggle to enjoy competitive sport and, in particular, team sports.

It is in this environment, where the gender hierarchy is confirmed by athletic prowess, that girls need to find their own way to enjoy and benefit from sport. Two very important messages in Gorley et al. (2011) were that girls enjoyed the challenge of sport but were sometimes put off if they felt the activity was too competitive and that boys could reduce girls' enjoyment of sport if they were 'over-competitive, inconsiderate and arrogant' (p.8).

Gorley et al. (2011) identified a number of suggestions for encouraging girls to be more active in school. One approach could be to offer opportunities for girls to have more control over their PE lessons and to be able to construct for themselves exercise that does not have the same male competitive intensity (Gorley et al., 2011). Girls, in this study, suggested that school-based physical education should have a wider choice of activities that were not so masculine dominated and, though they were not averse to being challenged, they would avoid activities if they were too focused on competition and would rather participate in sport activities where the focus was on having fun (Gorley et al., 2011). It was also found that some girls retained stereotypical perspectives on activities appropriate to women and girls (Gorley et al., 2011). It was not just the more physical sports, such as rugby and football, but girls felt that being sporty was something that they associated more readily with boys. The girls who were interviewed made some concessions to girls taking part in sports and said that, in general, it was acceptable for girls but they felt it clashed with their idea of what was normal or ideal to be feminine (Gorley et al., 2011). The notion that femininity equates to fragility and passivity and forms one of the barriers to girls' participation in sport

was taken up by Theberge and Cronk (1994) in their analysis of the exclusion of women's sport in the print media. Theberge and Cronk argue that the myth of female frailty leads to sporting women's and girls' exclusion from the media because women and girls' sporting exploits are trivialised (1994).

There is clearly considerable evidence of negative experiences and attitudes that have an impact on the ability of girls to perform and succeed in competitive sports. The issue of appropriate coaching, as previously mentioned, is one of them. Officer and Rosenfeld (1985) found, nearly thirty years ago, that female athletes were more likely to find their coaches threatening and that female athletes were more negatively affected by coach-related stressful events such as, negative comments. Bartholomaeus (2011) raises the concern that the attitude of coaches and teachers is still imbued with negative gender stereotypes and the dismissive attitudes of boys towards girls in sport go unchallenged. The WSFF study of coaches (WSFF, 2012) identified that girls needed teachers to be encouraging and positive and not to be negatively critical.

In the studies reviewed up to this point there is evidence of the variable experiences of girls when participating in sport. Sometimes the research highlights differences in approaches between males and females in their attempts to improve performance. For instance, Anshel, Kubarso and Jubenville (2009), in a study of 332 male and female university students, using an inventory method of data collection, conducted a literature review and found examples of these differences: girls are more likely than boys to use social support and display help-seeking behaviour and are more dependent on a positive relationship with their coach. A negative relationship with their coach was found to be a source of significant stress (Anshel, Kubarso & Jubenville, 2009). Similarly, Hammersteimer & Burton (2004) found that girl endurance athletes are more likely to use social support. The positive role of social support and the powerful impact of negative comments from coaches are therefore recurrent messages.

It is clear from the research that girls experience sport differently to boys and that their motivations to participate or disengage are strongly rooted in social issues such

as the attitudes of families, coaches, boys and other girls. The nature of the sporting activity also influences girls because they are more likely to avoid competitive activities and activities that could be described as 'masculine', such as football and rugby.

2.4.3 Barriers to Girls Engaging in Football

Macbeth (2004), in her study of attitudes to women's football, surveyed adult women aged 16-40 playing in competitive football for 41 Scottish football league clubs; 144 women returned the questionnaires and Macbeth conducted 13 individual interviews. She found that brothers had been the most important supportive influence on girls getting involved in football in the first place, with the influence of fathers and brothers accounting for over fifty per cent of girls who took up football. As they progress, teachers, coaches and other women footballers have greater influence but the greatest negative influences are PE teachers and mothers, with mothers more concerned about the risk of injury from the sport (Macbeth, 2008). We must bear in mind that this sample only included women who continued to play despite any negative influences and did not include women who dropped out of football. Frequent mention is made of the need to be transported to training and to matches and that both mothers and fathers have a crucial role in ferrying the girls to football (Macbeth, 2004).

Some girls in Macbeth's study experienced negativity from boys and from their parents when they had been selected ahead of the boys in mixed school football teams. In one case, a girl had to withdraw from the school team because the team was threatened with being banned unless she withdrew. On a positive note, Macbeth's survey of 144 women playing football in Scotland did show a steady decrease throughout the year groups in the negativity expressed towards girl footballers (Macbeth, 2004).

In a systematic review of research into barriers to physical activity, Rees et al. (2001) noted that many of the problems girls faced were of a practical nature, such as the lack of adequate showering and changing facilities or insufficient time to change. One factor that affected girls and did not seem to affect boys was that parents often

prevented girls from travelling far to sports facilities from a concern about safety (Rees et al., 2001). For many sports, girls complained about the requirement to wear short skirts, which they considered outdated or embarrassing and, for some cultures, was unacceptable. One example is cited by Carroll (1998) who discovered a range of difficulties for Moslem girls in joining in Physical Education (PE), largely because of the compulsory sporting attire for each sport. Physical Education teachers were also identified by Carroll (1998) to be a barrier to participation because of their negative or even insensitive attitudes to girls in general.

2.4.4 Girls and Football

I will now look at girls' particular experience of football.

There are a number of examples of girls playing football in mixed teams or, more commonly, girls playing for boys' teams, especially when they are of primary school age. Stiebling (1999) recorded the behaviour of twenty-six six and seven year-old boys and girls in these mixed situations during a football training programme. She found that boys and girls interacted well when adult coaches were directing exercises but consistently separated into their gender groupings during self-directed training and that lone girls in otherwise all-boy teams were largely ignored when it came to verbal interaction. For example, on one occasion when a team with a lone girl player scored a goal, the boys celebrated together even though the girl had participated in scoring the goal. On another occasion Stiebling (1999) observed some horseplay whilst team members were waiting in line during a training session but when the lone girl team-mate tried to join in she was ignored. Stiebling (1999) makes the observation that an essential element of football is that cohesion is essential for the success of the team and that, in these circumstances, the girls had effectively become 'non-members'. Not surprisingly, Stiebling (1999) found that, as soon as girls were allowed to form girl-only teams, they quickly left the co-ed environment.

Chalabaev, Sarrazin and Fontayne (2008) conducted interviews on the subject of football with a group of boys and girls (M=13.5 years) from a French secondary school.

They investigated the endorsement of the stereotype that girls do not perform well at football. What they found was that the more the girls had internalised the stereotype, the worse they performed. Chalabaev et al. (2008) indicated that, in order to fulfil their potential at football, girls would benefit from training and playing in single sex environments and, in addition, that girls need assistance to change their perception of their own abilities.

In their study, female footballers were asked to complete a task of dribbling a football between a series of cones, Chalabaev et al. (2008); they then separated the footballers into three groups. One group was told they were being assessed on their athletic ability, one on their technical ability and the third group was a control group and were simply asked to complete the task. They found that the girls performed worst in the first group, much better in the second and slightly better in the third. They postulated that when the task is construed as a test of athletic ability, women footballers experience this as an assessment of masculine skills, whereas females are more likely to excel at technical skills and they therefore performed better at what was an identical task, but which had been identified as a technical one.

2.5 Resilience and Sport

(The issue of Resilience is expanded upon in Chapter 3)

I have already discussed the complex relationship between girls, self-esteem, body image and participation in sport. I will now address how these issues impact on the physical and mental wellbeing of girls.

2.5.1 Social Status, Self-Esteem and Sport

There exists some evidence that being involved in sports and developing athletic competence can have a bearing on the popularity of individual boys and, although this can be mirrored in girls, it is their success in academic subjects that holds greater importance (Evans & Roberts, 1987). Nevertheless, Chase and Dummer (1992) found

that the importance of academic achievement is closely followed by participation in athletic activity. Kane (1998) identified a hierarchy in what were considered for girls 'gender-appropriate' sports, such as tennis and volleyball, which were perceived as having higher status than male-dominated or 'gender inappropriate' activities such as basketball or softball.

The link between self-esteem in children and sport has been in evidence for some time (Gruber, 1986). In a meta-analysis of the subject, he discovered that whilst enhanced self-esteem is achieved through challenge, achievement, risk-taking and skill development for younger girls, older girls also gained esteem through peer approval. Daniels and Leaper (2006) in a longitudinal study over two years that included 4689 girls, found that where girls engaged in sports experienced acceptance from their peers, they were more likely to have increased self-esteem. They also concluded that peer acceptance had greater significance for girls than boys because of the continued resistance to sports participation for girls. The link between challenge, achievement and improved self-efficacy is further developed in Chapter 3.

In a study of 60 girls and 40 boys, Bowker, Gadbois and Cornock (2003) looked at gender role orientation rather than simple gender definition. They found that boys' and girls' self-definition varied considerably and that, therefore, individual decisions should be made before directing boys and girls towards specific sporting activities. Bowker, Gadbois and Cornock (2003) concluded that competitive, physical contact sports (such as football) were appropriate for some girls and would be helpful in improving their self-esteem. They also concluded that these sports would not suit every boy and that for some boys and many girls, sporting activities that focused on recreation and fun would be more likely to enhance their self-esteem. The deciding factor, according to Bowker et al., should be the child's gender role orientation, not their gender, so a child with a feminised gender role orientation is unlikely to benefit from competitive team sports unless they include activities that focus on collaboration and cooperation and that are fun (2003).

Pedersen and Seidman (2004), in their study of 247 ethnically diverse adolescent girls, found that there were improvements in self-esteem for girls engaging in sport and that the benefits to their self-esteem were reflected equally across the different ethnic groups. They concluded that the uniformity of positive response was perhaps linked to the homogeneity of the socio-economic circumstances of the sample but that the significance lay in the fact that more BME girls drop out of sport during adolescence than do white girls. Bowker et al. (2003) found that although sport was shown to improve self-esteem, being a boy or a girl was not the determining factor but the individual's gender role orientation. They also showed that girls could benefit from playing team sports such as football so long as this did not conflict with a feminine orientation. Pedersen and Seidman (2004), in their study of ethnically diverse adolescent girls, found that the benefits of sport to self-esteem were reflected across the different ethnic groups. Although the girls in Pedersen and Seidman's (2004) study came from one poor urban area and the results may have reflected the homogeneity of the sample, the findings nevertheless suggest there may be benefits in targeting team sport resources at BME girls.

Biddle (1999) provides some balance to the generally positive message about sport engagement and counsels that although sport generally helps improve self-esteem, where girls are involved in sports that expect them to maintain a stereotypically feminine body shape, they can develop poor body image and elite athletes may be prone to eating disorders.

2.5.2 The Power of Teamwork

A very important feature of football is that it is a team sport. In their qualitative study of 34 girls from two football teams Holt, Mandigo, Holas, Tamminen and Fox (2008) concluded that there is an inherent motivation for players in a competitive sport to cooperate. Holt et al. (2008) further developed this theme of the desire to work collaboratively towards victory. They found that team members realized that in order to achieve success they had to integrate new players. Girls in the study described how

they became skilled at integrating with other girls who did not necessarily share the same interests. The result was that the girls developed a wider social network at the same time as improving their social skills (Holt et al., 2008). Within the team setting the study found that girls would resolve personal conflicts because they recognised that this would benefit the team as a whole and they suggest that this may be a unique feature of team sports, where it is essential for individuals that the team succeeds if they want to achieve their individual goals. By extension, Holt et al. (2008) suggest that girls developed teamwork skills that improved their academic performance in exercises where collaboration and cooperation were required, such as dividing up tasks. Pedersen and Seidman (2004), in a study of 247 adolescent girls, found a correlation between girls' team sports achievement experiences in early adolescence and improved self-esteem in middle adolescence. They tested whether the benefit for girls was just an effect of participating in physical exercise and sport in general but concluded that there were added benefits to be gained from team sports as opposed to individual sports or physical activity. Among the important features identified was that self-esteem was enhanced by achieving mastery of a skill within a team context rather than as an individual. The researchers did find some variation in the overall benefit to girls but concluded that the variations were a reflection of the different team environments, in particular the quality of coach interaction (Pedersen & Seidman, 2004).

The teamwork ethic is an important element of male socialisation and surfaces in other areas outside of sport. Teamwork has echoes of 'the old boys' network' that excludes women from opportunities in the workplace and elsewhere in society. Learning how to integrate into a team and how to integrate new team members may be an important skill that girls can learn through playing football. A survey of 401 businesswomen, concluded that having engaged in team sports gave women an advantage in the world of commerce (Capozza, 2004). The research showed that engagement in organised athletic activity had been an important element for boys and men in developing a successful business career and it appeared that the same was proving true for women. Donna Lopiano, Executive Director of the Women's Sports Foundation, cited by Capozza (2004), believes that girls who are involved in sport learn

the 'unwritten rules' of the boardroom because corporations are modelled on the same structure as sports teams.

The report 'From the Locker Room to the Boardroom' states very clearly that of the top female executives, 82% of participants had played organised team sports at school and 81% continued to be physically active. The conclusions seem to be that women who play competitive team sports may have the opportunity to develop leadership skills and may have more of a competitive edge over others that can enable them to better cope with setbacks. A key issue for the women in the survey was that they could participate in sports talk at the office and thus join in the important office social banter. The parallels between the competences required in football and business acumen is outlined by Theobald and Cooper (2005). They postulate that there are six critical skills of business: control, touch, vision, awareness, resilience and fitness (pp.13-17) and that these core skills can be developed on the football field. Theobald and Cooper (2005) show how the world of commerce can be broken down using the terms common to the football training ground and that success in the workplace can flow from adopting the conventions common to football such as picking the right team and the right captain, maintaining the team spirit and ensuring the loyalty of one's supporters (p.131).

In terms of teamwork therefore, Holt et al. (2008) showed that there are a number of benefits to be derived from engaging in team sports. Girls learn the importance of good team harmony and the value of cooperation, integrating new members to the team and resolving personal conflicts. The outcome for girls is that they have wider social networks and greater success in academic tasks that involve group collaboration (Holt et al., 2008). Pedersen and Seidman (2004) found that participation in team sports could have a beneficial impact on self-esteem amongst girls and that participation in early adolescence has a positive impact through into later adolescence. Capozza (2004) demonstrated that the skills gained on the sports field replicate many of the tools needed in the boardroom that can accelerate a woman's career.

2.5.3 Psychosocial Benefits

In Sun and Stewart's (2007) study of 1109 and 1163 final year primary school aged children in Australia they found that as girls progress towards early adolescence they benefit from a number of protective factors, such as adult support, school support, prosocial peers and peer support. They identified that girls were more likely to express themselves through empathy, communication with peers and co-operation when they needed help with solving problems. They also found that as boys were entering adolescence their self-esteem was increasing and the self-esteem of girls at this same stage was decreasing. Sun and Stewart (2007) conclude that sport and academic studies can play an important role in the development of resilience for both genders but that the difference for girls is that inter-relational and prosocial patterns emerge as significant compared with the behaviour of boys, who are more likely to depend on individually oriented and problem–solving approaches. Sun and Stewart (2007) suggest that approaches to developing resilience through sports and leisure activities must be gender-sensitive.

There is evidence that girl athletes achieve some gains through participation in sport. For example, females who engage in athletics perceive themselves as more popular than do their nonathletic counterparts (Sabo et al., 1989). The issue of social status being derived from sporting success is more complicated for girls than for boys. Physical appearance and success with boys are more important determinants of social status than sporting prowess. (Adler, Kless & Adler, 1992; Thorne, 1993).

Maintaining girls' engagement with sport through adolescence is a challenge if they are to experience the psychosocial benefits that can be gained from sport. Bailey, Wellard and Dismore (2005), in a World Health Organisation report summarising research on the benefits of physical activity for girls, found that girls' mental health could be improved by involvement with sport and the sense of belonging and community capital that can come from joining a sports club. Bailey et al. (2005) highlight that an approach to attract girls to take part in sport needs to emphasise the social aspect of physical activity. Practices should be established which recognise the

importance of fun, health and social interaction in sports participation (Bailey, Wellard & Dismore, 2005).

There are studies that highlight the importance of peer group influences on sport participation. Coleman, Cox and Roker (2008), in a study of 75 young women who either, always played sport, or never played sport, explored the psychosocial factors that influence sporting activity. They found a number of factors that affect young women's choices including parental role models, perception of sporting ability, body image and self-consciousness. Transitions from secondary school to college and interruptions due to increased pressure of exams played a role in some physically active girls ceasing sport activity (Coleman, Cox & Roker, 2008). The strongest influence found by Coleman et al. (2008) was the young women's immediate social group. The researchers found that the young women who were most likely to maintain participation were those whose social groups also engaged in sport. Conversely, young women who never participated in sport explained that it was something their group of friends never did. Strongest amongst the impacts on engagement or non-engagement was the need or desire to replicate the choices of their social group (Coleman et al. 2008).

Eime et al. (2013) conducted a systematic review on 14 electronic databases of original research into the psychological and social benefits of participation in sport for children and adolescents. Inclusion for the study involved research published since 1990 that looked at participation in sport and the social or health benefits of sport. The most common psychosocial health benefits reported by this review were improvements in self-esteem and social interaction and a decrease in depressive symptoms. Each of these cannot be taken in isolation as they interact on each other. Eime et al. (2013) also concluded that team sport was particularly associated with improved health outcomes. It is important to note that because the majority of the studies were cross sectional, it was not possible to determine a direct causal link between participation and health benefits (Eime at al., 2013).

Nieman (2002), in a commentary on existing research looking at psychosocial aspects of physical activity, also noted that the current data on the impact of physical activity

on children's psychosocial health could only confirm an associative rather than a causal link. Nieman (2002) found, nevertheless, that there was evidence of a correlation between physical activity and reductions in anxiety, depression, attention-deficit-hyperactivity-disorder and juvenile delinquency. There are other social, psychological and academic benefits for girls engaged in sport: higher grades and lower school drop-out rates; better body image and self-esteem; lower risk of developing depression and anxiety; reduced risk of exercise addiction (President's Council on Physical Fitness and Sport, 1997). Holloway et al. (1988), in a study of fifty-nine adolescents from Los Angeles, found that free-weight training significantly increased girls' self-efficacy and confidence. The President's Council on Physical Fitness and Sport (1997) highlights that self-esteem can also be enhanced during the aerobics class, fitness run or basketball court. They suggest that these environments provide a supportive location for girls to explore their competitive and athletic selves whilst developing physical fitness and having fun. Exercise and sport participation can enhance mental health by offering adolescent girls positive feelings about body image, improved self-esteem, tangible experiences of competency and success and increased self-confidence (President's Council on Physical Fitness and Sport, 1997).

When we consider gender differences, there is evidence that one of the ways boys deal with adversity is to engage in physical activity (Frydenberg & Lewis, 1993). Girls, on the other hand, are more likely to seek social support and use their social resources to deal with stresses in their lives (Frydenberg & Lewis, 1993). Football may offer the opportunity to do both. Seeking support when confronted by high risk factors is associated with increased resilience (Sun & Stewart, 2007). Hampel and Petermann (2005) found that girls have been shown to utilise this strategy when confronted by adversity, more so than do boys. King and Kirshenbaum (1992), Elias et al (1991) and Rotheram-Borus (1998) explored sports programmes focusing on social problem solving and training in assertion and prosocial behaviours and they found that there was an increase in problem solving ability and prosocial behaviour and a decrease in antisocial behaviour. King and Kirschenbaum developed a primary prevention programme for young children in the USA titled 'Helping Young Children Develop Social Skills: The Social Growth Programme' (1992). Albee has demonstrated that this

programme produced long-term benefits for mental health through reducing emotional and behavioural problems (Albee & Gullota, 1997; Albee & Ryan, 1998). Edwards (2003) suggests that schools may be able to bolster young people's resilience with appropriate interventions but in cooperation with the family and the wider community. The same principles could possibly be applied to sports training where the 'family' is the team and the 'wider community' could be the football club or centre of excellence.

There is, therefore, clear evidence to support the promotion of team sports for girls and that the biggest positive influences can be their social group and the desire for community capital. Girls need support to cross the threshold from non-engagement to participation and support to maintain participation. A challenge already identified is the lack of support from coaches and PE staff. Some studies suggest that one way to counter negative messages from coaches might be to reinforce the role of parents. The importance of supportive comments from parents was highlighted by Omli and Wiese-Bjornstal (2011). In a study of 57 boys' and girls' responses to parental involvement at sports events, they found that parents could reduce feelings of autonomy, competence, and relatedness, in Deci and Ryan's (1985) terms, by their behaviour. The result could then be that the children would be less likely to enjoy or wish to engage with the sport. Deci and Ryan's theory of motivation is discussed further in Chapter Three.

Sun and Stewart (2007) showed that sport can have a beneficial impact on developing resilience in adolescent children but countenance that the activities must take account of the different needs of girls. Bailey, Wellard and Dismore (2005) found that, through a sense of belonging, joining a sports club can build emotional resilience and, as do Sun and Stewart (2007), they advise that sport for girls must include a greater emphasis on fun and social interaction. Frydenberg and Lewis (1993) and King and Kirshenbaum (1992) showed that girls are more likely to rely on social support to deal with stresses. This links with Coleman, Cox and Roker (2008) who found that the biggest influence on girls' engagement in sport was their social group. Nieman (2002) and The President's Council on Physical Fitness and Sport (1997) showed that girls can

derive a number of psychosocial benefits from sports participation, with social interaction influencing self-esteem and countering depression.

2.5.4 Feminism and the Importance of Resilience

Basow and Rubin (1999), in their study of gender influences on adolescent development, provide an excellent summary of the way sociocultural pressures on adolescent girls direct them towards increasing conformity to female gender roles. They show how this pressure begins in early adolescence and builds up as girls progress through secondary education. The gendered sociocultural environment has a direct impact on the formation of self-esteem, self-competency and perceptions of the physical, sexual and social self. Girls are subject to expectations that may increase the risk of stress and, as a consequence, reduce self-regard. These expectations can lead girls to feel that they must change and reformulate themselves in order to meet the perception of the ideal reconstructed female. Basow and Rubin (1999) suggest that there are several important sources of strength that girls can draw on to challenge the restrictive cultural messages. Amongst the assets available to girls to resist conformity to restrictive gender roles are: a strong ethnic identity, verbal assertiveness, athletics, strong female role models, feminist beliefs and non-traditional attitudes. Basow and Rubin (1999) highlight the need to explore the experiences of resilient girls and how they are able to resist negative cultural messages about women. Self-esteem, resilience and agency seem to be important concepts in considering the involvements of girls in football and I discuss these in more depth in Chapter Three.

2.5.5 Physical Benefits

When considering the physical benefits of engagement in sport it is essential to recognise the impact of the developmental variation between boys and girls. There are some key messages about the differences, particularly when boys and girls enter adolescence. Aerobic power of boys and girls at age 8 is very similar and boys' aerobic

power to body mass remains the same to age 15 (Manna, 2014). Girls experience a significant change as their aerobic power to body mass decreases by 20% (mean) by age 15. Rowland has shown that it is possible to reverse this loss of aerobic power with targeted training, and improvements can be made in athletic ability and achievement despite a decline in aerobic power (1989). It appears that for girls to maintain a high level of physical prowess they must work harder than boys. There is some clear benefit, however, from maintaining involvement in sport and this has been known for some time.

There are a number of examples of physical benefits. Danaei et al. (2009) in a study of preventable causes of death, found that regular exercise could contribute to reducing diabetes mellitus. MacKelvie, Khan, Petit, Janssen and McKay (2003) in a Randomised Control Trial found that the introduction of three brief sessions of high-impact exercise per week in a school resulted in significant bone density increases girl participants. There are also benefits from exercise in terms of reducing breast cancer. This is a result of the later onset of menarche and/or irregular cycles which are typical of girls who participate in high levels of training (Hsieh, Trichopoulos, Katsouyanni & Yuasa, 1990). Hsieh et al. (1990), in their study of 3,993 breast cancer cases and 11,783 controls, found that for every year that menarche is delayed, breast cancer is reduced five to fifteen per cent. In a study of 1488 cases and controls, it was found that girls who continue regular exercise through adulthood can reduce their risk of breast cancer by up to fifty per cent (Bernstein, Henderson, Hanisch, Sullivan-Halley, Ross, 1994). Stager, Wigglesworth, and Hatler (1990) using 30,000 computer generated cases discussed the possibility that, later menarche can assist sports achievement and may therefore be influencing sustained engagement in competitive sport.

2.6 Chapter Summary

The literature on gender, sport and socialisation is extensive, although it predominantly focuses on the role of sport in male socialisation. I have demonstrated the connections between male socialisation through sport and its potentially negative

impact on girls' participation in sport. Connell (1995) outlined how sport is central to the development of hegemonic masculinity and for women to enter this world is to challenge the power invested in sport. Girls who play football may inadvertently be striking at the heart of one of the popular pillars of male power by learning the skills necessary to survive and thrive in the workplace.

Bem (1974) suggested that developing an androgynous personality could be an alternative strategy to reducing male power, although Clark and Paechter (2007), Evans (2006) and De Varona (2004) showed how male dominance continues to pervade our institutions and the myths surrounding women and sport.

The lack of representation of women's sport in the media is likely to have an effect on girls' sports participation. Recent positive changes in coverage of the Olympic Games have been shown to have been made on commercial grounds rather than a desire to present a balanced view of women's athletic achievements.

Sports participation among women is more likely to be centred on individual and non-competitive sports and activities such as swimming. There are a number of financial, socio-cultural and environmental factors that affect women's and girls' participation in sport. Adolescence and the social pressures that are implicated in the transfer to secondary school in girls and motherhood in adult women are the two most significant.

Self-esteem can be enhanced through sport participation however sports that require girls to attain a stereotypically feminine body shape can diminish girls' self-esteem. For girls to obtain the greatest benefit from sport participation the activities need to be tailored to the specific needs of girls and that requires a greater focus on fun and social interaction. Maintenance of activity is often linked to the engagement of girls' social groups, but that if participation is maintained then there can be benefits to girls' mental wellbeing. Developing teamwork skills such as cooperation and conflict resolution was shown to be an important skill for girls to develop because of its application to the workplace and career success.

When girls engage in competitive team sports this challenges the dominance of masculinity. For girls to play football they need to overcome the barriers presented by boys, coaches and teachers. They also need to overcome internalised messages about the potential of girls in sport, especially messages about femininity. Rather than confront male power many girls prefer activities where they have fun instead of engaging in competitive team sports. For many girls and women in sport, the pressure to conform to the feminine stereotype leads to low self-esteem, poor body image and eating disorders. The next chapter looks at the literature on self-esteem, self-efficacy and resilience and focuses on the potential benefits for girls of playing football.

Literature Review – Part Two

A Review of the Impact of Girls' Engagement with Sport with Specific Reference to the Issues of Self-esteem, Self-efficacy, Motivation and Resilience.

3.1 Introduction

In order to set the context for the study, in Chapter Two I explored the literature on gender role socialisation, girls' and women's football/soccer, gender and sport, body image, barriers to participation, prosocial and physical benefits. The key issues that arose from this wider examination of the literature and which were useful to my study were that a variety of social pressures limit the sporting opportunities available to girls, but that sport participation can have a beneficial impact on the mental wellbeing of girls. Internalised messages about appropriate feminine behaviour can affect girls' motivations to engage in athletic activity, and can have a negative impact on girls' self-esteem. The experience of sport participation can be improved by attention to the specific needs of girls such as a greater focus on cooperation, social interaction and fun. These ideas helped to inform my broad research aims and in this chapter I explore the importance of improving mental wellbeing in girls, with an emphasis on motivation, self-efficacy, self-esteem and resilience. In particular, I explore the possible connections between any psychological benefits and the experiences of those girls who engage in competitive football.

The first section of this chapter discusses how mental health and mental wellbeing are defined and how this then relates to concepts of resilience. Resilience is the ability to bounce back from failure to achieve goals or to overcome challenges (Rutter, 1987; Werner & Smith, 1982). It is now widely recognised as an essential element to maintaining good mental wellbeing and as vitally important for young people (Rutter, 1987; Werner & Smith, 1992). This is followed by an analysis of the literature on

resilience from the work of Anthony (1974) on 'invulnerable' children, Garmezy's work on 'competence under stress', Werner and Smith's work on protective factors, Rutter's work on 'psychological inoculation', through to more recent work by Richardson (2002) on 'assets' and 'reintegration' and Sarkar and Fletcher's (2013, 2014) work on high achievers and Olympic athletes.

The second section analyses Social Learning Theory, Social Cognitive Theory and the literature relating to the importance of developing self-efficacy. Self-efficacy is a measure of the level to which an individual has confidence in their personal capability (Bandura, 1994). A high sense of self-efficacy can enable a child to believe in their abilities and to achieve their goals.

The third section discusses motivation theories, the link with self-esteem and self-esteem's relation to sport. Self-esteem is a reflection of a person's feelings of self-worth and perceived competence and can have a direct influence on a person's motivation (Deci, Sheinman, Wheeler & Hart, 1980; Fox &Corbin, 1989). Positive self-esteem can be the root from which a child confronts fresh challenges.

The fourth section looks at Positive Youth Development and asset-based frameworks. This looks at Benson's review of social and developmental assets and then explores the work of Johnston, Harwood and Minniti (2013), who sought greater clarity from the various asset-based frameworks.

I then look at positive psychology, in particular the work of Seligman, in respect of his work on enhancing wellbeing in children. I explore Seligman's (2007) critique of those who promote self-esteem as a means to achieving mental wellbeing in children.

Following the section on positive psychology I review the literature on hardiness. This includes the work of Kobasa, who emphasised the three key elements of 'commitment, control and challenge'. The work of Kobasa (1979) also informed Bonanno (2004) who explored the role of hardiness when applied to recovery from trauma.

The final section of this chapter evaluates the overall implications of the available literature and then looks at deficiencies and omissions in the literature and delineates the research aims and questions.

3.2 Defining Mental Wellbeing

In order to explore the potential psychological benefits of girls engaging in football it is essential to define what we mean by 'mental health' when we are talking about children and adolescents. The World Health Organisation (WHO, 2014) stated their principle that mental health was more than the mere lack of mental disorder and more about achieving a state of wellbeing. The concepts of mental health they included were: subjective wellbeing, perceived self-efficacy, autonomy, competence, intergenerational dependence and recognition of the ability to realize one's intellectual and emotional potential.

The WHO definition of mental health focuses largely on the positive aspects of mental wellbeing and the potential for achievement. In reality, life usually brings a number of challenges and an ability to deal with these challenges will enable a young person to maintain their mental health. Goldman and Grob (2006), in a review of mental health policy over a fifty year period, and quoting the U.S. Surgeon General in his report on mental health (1999), maintain that mental health is 'a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and an ability to adapt to change and to cope with adversity' (pp.4-5). The element in this definition that is most relevant to this study is the assertion that, as well as achieving a successful subjective sense of wellbeing, good mental health includes the ability to adapt to change and to cope with adversity – this is close to the concept of resilience which I discuss in the next section of this chapter.

3.3 Resilience

There is a recognition that resilience is an important element in maintaining good mental health. Werner (2000) defines resilience as having two elements; firstly, the absence of those things that could inhibit a child's progress: 'significant developmental delays or serious learning and behaviour problems' (p.116); secondly, the presence of those things that could promote a child's progress: 'mastery of developmental tasks', having regard for that child's age and culture (p.116). Werner (2000) affirms that these two elements should be present in spite of the exposure to adversity. A resilient response to adversity would involve: the ability to successfully bounce back from stress; the ability to overcome an adverse situation in order to establish competent functioning; or the ability to learn and grow from adversity and to reintegrate with assets. (Rutter, 1987; Masten, Best & Garmezy, 1990; Richardson, 2002).

Anthony (1974) described children who succeeded despite being exposed to a variety of risks as being 'invulnerable'. His rationale for this was that there is a continuum of invulnerability along which we can identify several sub-types. Some children, Anthony (1987) contended, are sociopathically invulnerable or 'non-vulnerable', in that they appear to develop psychological immunity at a very young age, which allows them to deflect traumatic experiences without any lasting effects. Anthony (1987) postulated that the emotional distancing displayed by this group may originate in early traumatic experiences. A second group are defined as 'pseudo-invulnerable' because they are fortunate enough to have gone through childhood without experiencing any major trauma. This group appear resilient but their defences could be prone to break down as they have never been properly tested. Anthony (1987) identified two groups of what he defined as truly invulnerable children. The first group have progressively developed a robustness and a set of coping skills that provide them with the ability to bounce back from adversity as well as with the confidence to thrive in the world. The other group of invulnerable children, according to Anthony (1987), are those who have been subjected to dreadful treatment or have experienced serious illness or a threatening environment during their upbringing and yet seem to progress to adulthood as psychologically rounded individuals. Anthony defined these children as

the 'survivors'. Anthony (1987) returned to the theme of invulnerability and started to explore the issue of resilience. He reflected on the invulnerable children and identified an 'immunisation' model of resilience (similar to Rutter's 'inoculation' model, discussed below). The difficulty with the term 'invulnerable' is that it is finite and implies that some children are immune to any adverse experience. The term 'invulnerable' was taken up by Garmezy (1974) and was inferred in Werner and Smith's use of the term 'invincible' (1982), prior to adoption of the term 'resilient' (Werner & Smith, 1982)

In 1974 Garmezy was focusing his attention on the children of people with a diagnosis of schizophrenia, as were several others in both North America and Europe. This attention was summarised in his monograph on empirical studies, which reviewed a number of investigations being undertaken at the time into children vulnerable to parents with psychosis. Garmezy's original intention was to look at the children at risk of developing psychopathology but, as a consequence of this work, he became as interested in the children who, despite negative social and emotional circumstances, developed quite normally and seemed to be 'competent under stress' (Garmezy, 1974. p.109). From his own observations, and also by looking in depth at contemporaneous studies, he began to develop a theory about the group of children that he, and others, noted were either unaffected by major stressors or even, in some cases, seemed to benefit from them - 'the 'invulnerables' of our society' (Garmezy, 1974. p.64)

At the early stage of his research career Garmezy did not use the term 'resilience', referring rather to 'competence' (1974, p.55). He extolled the virtues of the work being conducted at the time by Anthony (1974) who was developing pre-crisis interventions designed to prepare children for times when their parent was unwell. One such strategy was to locate an empathic adult in which the child could confide; another intervention strategy was to provide constructive recreational activities (pp.110-111).

The term 'resilience' is generally attributed to Werner (1982). In 1955, Werner commenced a longitudinal study, over a period of forty years, with individuals who had been exposed to various stressors, which included chronic poverty, family

disharmony and parental mental ill health. In their book 'Vulnerable but Invincible' Werner and Smith (1982) first used the term 'resilient' to describe children who grow up to be well adjusted adults despite problematic childhoods. They found that about one third of children subjected to stress progress without developing problem behaviours and tried to identify protective factors that enabled those children to develop into normally-functioning adults.

One observation was that there were gender differences in behavioural and emotional problems. Boys seemed to struggle more than girls in early childhood but when they entered adolescence, girls struggled with the different social pressures and sex-role expectations and this produced difficulties with their mental health in particular. Nevertheless, more girls than boys grew up to be 'resilient' young adults (pp.153-154). Amongst the protective factors for girls of significance for this study were: engagement in both masculine and feminine interests and skills, being active and being socially responsible. Werner and Smith found that engagement in interests and hobbies outside of the home correlated with greater resilience and that, in particular, participating in 'cooperative' enterprise (such as a team sport) strengthened an individual's ability to bounce back from adversity (1993, p.9). These findings have an important resonance with the exploration I have undertaken with girls who are active and engaging in a masculine team sport outside of the home. By playing competitive football, the girls were confronting various adversities: negative attitudes from boys, over-critical coaches, pressure to conform to 'femininity' and British weather.

Research into resilience has expanded considerably since Anthony's early work on 'invulnerable' children (1974) and definitions of resilience have become more complex and varied. Garmezy continued to develop his theory and later adopted the term 'resilience'. He pointed out that developing resilience does not mean that children will become immune to stress but that they will be more likely to recover from negative events (1991). Rutter (1985) explained resilience as a 'dynamic process' that brings into effect a range of factors that moderate the impact of adverse life events. This process, Rutter contended, is influenced by the level and nature of the risk and predisposing protective factors and by whether the risk and protective factors are internal or external to the child (1985).

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Resilience can be defined as an outcome characterised by particular patterns of functional behaviour despite adversity. Successful coping can be demonstrated even in the presence of distressing emotions. (Garmezy, 1991; Luthar, Cicchetti & Baker, 2000; Olsson, Bond, Burns, Vella-Brodrick, & Sawer, 2003).

There is a lack of a unified theory of resilience and, therefore, there are limitations in conducting empirical research that make use of the concept (Luthar, Cicchetti & Baker, 2000). Olsson et al. (2003) argued for the development of standardised measures of resilience to enable better exploration of the nature of resilience and the interventions designed to develop resilience. They felt that further studies into resilience amongst young people would be likely to produce further valuable insights. Luthar et al. (2000) attempted to bring some clarity to the definition of resilience by taking stock of existing research. They contended that various definitions have developed and that there is little consensus (Luthar et al., 2000). They accepted that there are recurring themes which are clearly important, such as 'close relations with supportive adults, effective schools and connections with competent, prosocial adults in the wider community' (p. 545). Where they found difficulty with researchers was in their use of terms like 'risk', 'adversity' 'positive adaptation' and 'competence'. Their argument was that adversity for one child may only be an inconvenience for another, or that success over adversity may be culture or location specific. For example, a child growing up in a stressful social environment may be deemed to have overcome adversity by becoming a stable adult seemingly unaffected by the stressors around them, but would that adult be judged a 'success'? Luthar et al. (2000) question how we measure 'success'.

The issue of attempting to define resilience was taken up by Richardson (2002). Richardson (2002) highlighted how within the health and caring professions there was a move away from focusing on diagnosis and treatment towards an emphasis on promoting an individual's assets. Resiliency, Richardson (2002) contended, can play a significant role in responding to adversity, as he felt people could draw on personal and interpersonal attributes that aid recovery.

Richardson reviewed the groundwork undertaken by Werner and Smith (1982, 1992), Rutter (1979, 1985), Garmezy (1991) and Garmezy, Masten and Tellegen (1984) in identifying the factors that assist in the development of resilience. These authors had focused their attention on groups of children suffering from the experience of poverty, abuse and parental mental illness. Each of these authors had discovered that despite significant adversity, the majority of children are able to adapt and to grow and develop into competent adults (Richardson, 2002). A summary of these qualities is provided in Table 3.1. Richardson identified three waves of inquiry into resilience: the first wave was the search to identify the resilient characteristics that enable individuals to recover from adversity; the second wave sought to identify how people acquire resilient assets and the third wave of research investigated the motivations within individuals towards self-actualisation and the personal strengths that support the drive to take on challenges. In terms of resilient assets, Richardson considers Benson's (2007) developmental and societal assets that I discuss later in this chapter but acknowledges the work of a range of authors, including Seligman and Csikszentmihalyi (2000) on identifying the various traits, characteristics and virtues that contribute to an overall theory of resiliency. Richardson summarises the contribution as having promoted a paradigm shift in the approach to mental wellbeing, where the attention concentrated on strengths in the individual and their environment rather than the treatment of illness. Richardson (2002), like Seligman (2002), is nevertheless critical of the drive by some teachers to enhance resilience in children, without taking account of the wider context in which self-esteem and self-efficacy can be improved.

Richardson's 'Resiliency Model' demonstrates how an individual may respond to disruptions throughout their life, with each disruption providing an opportunity to reintegrate with assets or deficits. According to the model, individuals build up their ability to resiliently reintegrate through repeatedly responding to disruptions and developing and practising skills and strategies that return them to 'biopsychospiritual homeostasis'.

Table 3.1. Resilience Qualities and Developmental Assets

Werner and Smith (1982, 1992)	Rutter (1979, 1985)	Garmezy (1991) Garmezy, Masten, and Tellegen (1984)	Benson (2007)	Galli and Vealey (2006)	Sarkar and Fletcher (2013)
female, robust, socially responsible, adaptable, tolerant, achievement oriented, a good communicator, having good self-esteem, a caregiving environment both inside and outside the family.	easy temperament, being female, a positive school climate, self-mastery, self-efficacy, planning skills, a warm, close, personal relationship with an adult.	effectiveness (work, play, and love), high expectancies, positive outlook, self-esteem, internal locus of control, self-discipline, good problem-solving skills, critical thinking skills, humour. Garmezy's triad of resiliency included the personality disposition, a supportive family environment, and an external support system.	support, empowerment, boundaries and expectations, constructive use of time, commitment to learning, positive values, social competencies, positive identity.	being positive, determination, competitiveness, commitment, maturity, persistence. love and passion for their sport. supportive others. cultural/structural factors. positive outcomes: learning, gaining perspective, gaining motivation to help others, gaining a realisation of their social support.	Overcoming adversity, Positive adaptation adaptive perfectionism, optimism, competiveness, hope, proactivity. Five 'families of psychological resilience: positive personality, motivation, confidence, focus perceived social support.

Lepore and Revenson (2006), in their work on responses to crises, outlined a model of resilience following trauma that resonates with Richardson's resiliency model, with three dimensions: resistance, recovery, and reconfiguration. Resistance reflects the qualities that allow an individual to be unaffected by adverse events such as having an easy temperament. Recovery is an indication of skills such as planning or problem solving. Through resistance, adversity is deflected, without making any impact. In recovery, adversity is overcome by the resilient individual to return to their former state. Reconfiguration however, implies that individuals can gain new strengths from challenges and crises, rendering them more resilient in the future (Lepore & Revenson, 2006).

Some researchers have applied resiliency theory to the experiences of athletes. In a study of ten adult college and professional athletes using one to one interviews, Galli and Vealey (2006) explored the participants experience of adversity as athletes. The participants identified a number of setbacks such as a knee injury, concussion, transition to college and bouts of illness. In responding to adversity, social support and coping played a vital role in helping the athletes reintegrate positively. The athletes also benefited from the use of 'positive reinterpretation, problem solving, and acceptance' (Galli & Vealey, 2006, p.329). Galli and Vealey found that athletes who had experienced serious setbacks were able to gain additional strength from the insights gained from adverse situations, thus producing gains in their resiliency. The athletes in this study described recovery from adversity as a gradual process with several changes over time. The authors accept that the study was limited by only including athletes who had overcome adversity and may only represent mentally tough athletes who had already demonstrated an ability to handle failure.

Sarkar and Fletcher (2013a) in their 'Review and Critique of Definitions, Concepts, and Theory' of resilience highlight that the majority of research has resulted in confirming two core concepts for resilience, 'overcoming adversity' and 'positive adaptation' (p.12). Sarkar and Fletcher (2013a) summarise the early research into resilience (Garmezy, 1991, Rutter, 1990, Werner & Smith, 1992) which identified the various protective factors that may render a child 'resilient'. Sarkar and Fletcher explain that after the 1990s, the study of resilience has become more concentrated on clarifying

the dynamic process by which individuals overcome adversity rather than identifying and listing the various protective factors. Summarising Luthar et al. (2000) Sarkar and Fletcher (2013a) point out that the evidence for resilience may vary according to context, such that for a child in a high stress environment to demonstrate resilience they may only need to show average levels of competence rather than excelling. Ungar (2008), similarly, advises researchers to guard against applying resilience from a western perspective without considering the cultural context within which the adverse event is experienced and processed. Luthar et al. (2000) also show that protective factors may develop or diminish over time and resilience is therefore liable to change.

Sarkar and Fletcher (2013a) discuss the differences between recovery and resilience and explain that recovery from adversity indicates that the individual has suffered negative consequences of an adverse event, but later rebuilt their self-esteem or emotional wellbeing back to its original position, whereas a resilient individual is only affected in the very short-term or not at all. Similarly, Sarkar and Fletcher (2013a) consider the issue of 'coping' and whether this is a trait of resilience. They provide a helpful discussion of the differences between coping and resilience, and conclude that Richardson's (2002) inclusion of coping within the resiliency model is erroneous because individuals may develop negative coping strategies such as substance misuse. Resilience on the other hand is a reflection of positive adaptations alone (Sarkar & Fletcher, 2013a).

Sarkar and Fletcher sought to find a measure of resilience in sports people rather than in clinical populations and conducted research with Olympic champions as well as research with high achievers from wider contexts. The principal traits they found amongst Olympic champions were: 'adaptive perfectionism, optimism, competiveness, hope and proactivity' (Sarkar & Fletcher, 2014b p7).

Sarkar and Fletcher (2013b), when considering how to measure psychological resilience in sportspeople, identified that such a measure had not previously been created and that researchers should make use of the existing knowledge on resilience for assessment. They propose a sport-specific theory of resilience which involves

'families of psychological resilience factors: positive personality, motivation, confidence, focus and perceived social support' and summarise the stressors confronting athletes under the three categories of: competitive, organisational and personal (Fletcher & Sarkar, 2013 p.3).

Sarkar and Fletcher (2013) discussed the variation in adversity and suggest that low impact adversity that continues over a period of time may have the same effect as a high impact adversity that only occurs once. They advise that researchers should take account of the frequency of an adverse event as well as its intensity. Sarkar and Fletcher (2013) listed the types of adversity frequently associated with resilience research such as 'war, serious illness, child abuse, and parental divorce' and compare these with stressful events in athletics such as 'career transitions, performance slumps, choking under pressure, serious injuries, eating disorders and emotional abuse' (p.268).

Sarkar and Fletcher (2014) review the term 'adversity' and consider that 'stressor' would be a more helpful term to define the challenges faced by athletes, feeling that adversity is negatively weighted whereas resilient outcomes may reflect a neutral or even a positive rebalancing. Sarkar and Fletcher (2013b), when judging how to assess resilience in athletes, assert that 'sport performers are unlikely to encounter many incidents associated with a high probability of mental distress' (p.270). This statement runs counter to what is known about abuse in sport and in particular sexual abuse as identified by Brackenridge (1997) and Leah, Pretty and Tenenbaum (2002). Leah et al. (2002) found that 31% of girls involved in sport had been sexually abused and that 41% had been abused within the sports environment with 46.4% of elite athletes who disclosed abuse stating that they had been sexually abused by coaching staff.

In Sarkar and Fletcher's (2014b) exploration of high achievers, they identify six key themes that emerge from the interviews with thirteen participants: 'a positive and proactive personality, experience and learning, sense of control, flexibility and adaptability, balance and perspective, and perceived social support' (p.55). *(Unfortunately, Sarkar and Fletcher do not provide any social or educational or socio-economic background for the participants, so it is possible some or all of the*

participants were from socially and economically privileged backgrounds where attainment of high status and thriving was the norm, thus tempering the label of 'high achievers'.)

The importance of identifying the factors that can contribute towards developing or enhancing resilience in children has been established over a considerable period. The promotion of mental wellbeing and the prevention of mental ill health has been a motivating factor in exploring resilience for practitioner-researchers such as Rutter. Since Anthony (1974) a considerable body of knowledge has been produced that has contributed to building theories of resilience. Having analysed the various theories of resilience Sarkar and Fletcher (2013a) conclude that further research is necessary and that there should be government-funded programmes designed to build resilience within individuals and communities.

3.4 Models of Resilience

I now look at some of the different ways resilience theory has developed and explore how mental wellbeing can be enhanced through school programmes.

Schoon (2006) formed the view that the various aspects of resilience could be encapsulated within three models:

1. The 'challenge model' of resilience, (Schoon, 2006, p.75), drawing on Garmezy et al. (1984), Masten (1999) and Rutter (1987) is based on the idea that if children regularly experience low levels of exposure to risk, this will have the effect of building their resilience. By confronting children with challenges, they develop skills in problem solving and develop a knowledge of internal and external resources that they can draw upon, such as assertion skills or supportive peers. Rutter (1987) likens this psychological process to the physiological prevention method of 'inoculation' whereby children become resistant to disease by exposure to low levels of infection. Rutter had earlier (1985) referred to this model as 'paced mastery ', drawing on the work of Keister and Updegraff (1937) which investigated children's reactions to failure and

attempts to modify their responses. Rutter (1985) also refers to the work of Ayalon (1983) into the coping behaviours of children subject to terrorist attacks. Ayalon (1983) postulated that adaptive peer group interaction could provide a level of stress-inoculation. The 'challenge' model and the 'inoculation' model are largely interchangeable and are reflected by Seligman (2007) who asserts that self-esteem is derived from children overcoming adversity rather than the reverse. (This is discussed later under 'Positive Psychology')

2. The 'cumulative effect model' or 'main effects model' draws on several authors (Luthar et al., 2000; Masten, 1999; Masten, 2001). Simply summarised, there are a number of protective factors that improve children's resilience and if a child is able to accumulate several of these, or even be provided with several, they will be much more able to deal with challenging events in their lives. In principle, according to Schoon (2006), if all children have these protective factors then they will be resilient whether they are exposed to adversity or not. These resources can protect the child equally from low-intensity and high-intensity negative events. These resources may be internal, such as high self-esteem, or external, such as a supportive family environment.

3. The 'interactive effect model' considers the variables within 'protective factors' and 'vulnerability factors'. Some protective factors, such as having parents who support their child's academic development, have a negative effect when absent rather than a neutral effect and, therefore, become vulnerability factors. Rutter (1985) argues that for a factor to be truly 'protective' it must interact with a risk factor, as opposed to a 'promotive factor', 'compensatory factor' or 'resource factor' that may act independently of the exposure to risk.

Schoon (2006) argues that each of these mechanisms may lead to positive adaptation.

Prilleltensky, Nelson and Peirson (2001) take the view that power is central to understanding children's lives (particularly in relation to understanding ideas of resilience) and they extol the need for responses to be located within community empowerment rather than within the individual. They highlight that restricted

opportunities to experience power and control have a negative effect on a child's ability to develop fully.

Elsewhere the research on resilience shows that compensatory factors can buffer the presence of negative factors (Rolf et al., 1990; Rutter, 1998). Risk and protective factors have been further explored in research such as Bright Futures (The Mental Health Foundation Report, 1999) and the DFEE Social Inclusion Document (1999). These focus on interpersonal and intra-personal protective factors such as self-esteem, sociability, autonomy, positive coping strategies, a positive attitude, a problem solving approach, good communication skills and a capacity to reflect, all of which are related to psychological resilience.

Some more recent studies challenge the notion that certain positive environmental factors can ensure that children are likely to become resilient. Vanderbilt-Adriance and Shaw (2006), in a study of 310 low-income boys, found that even when there were strong counteracting measures such as a supportive parent-child relationship which would be defined as a protective factor, the neighbourhood in which the child is reared could have a damaging effect on their resilience.

The majority of studies into resilience are based on a very western model of mental wellbeing. Ungar (2005) has researched resilience extensively and has made great efforts to find a universality of understanding. He has expanded his research across the globe, through the International Resilience Project, to look at how resilience is understood and interpreted in other cultures. This project has included over 1500 participants and utilised both quantitative and qualitative methodologies. Initially the project needed to establish a common understanding of the word itself but found that amongst the fourteen communities included in the research, there were several that did not have an equivalent term for resilience. Amongst the Innu, for example, the closest word in their language was 'hopefulness' (Ungar et al., 2005, p.11). The project summarised resilience as reflecting three core issues: 'better than expected developmental outcomes… competence when under stress…positive functioning indicating recovery from trauma' (Ungar, 2008, p.220). One proposition from the work of the International Resilience Project is that a child's ability to bounce back from

adversity is not just based on a child's intrinsic qualities but that overcoming adversity can also be a reflection of the cultural and physical context. For instance, if a child needed educational facilities in order to achieve in an adverse educational environment and those facilities were absent, then that child could not effectively overcome that challenge and could not therefore demonstrate resilience. This, and other examples, demonstrated the variability of opportunity for children in non-western contexts (Ungar, 2008). Nevertheless, Ungar asserts that 'resilience has global as well as culturally and contextually specific aspects' (Ungar, 2008, p.226).

The literature indicates the importance of developing ways to enhance the resilience of children, especially vulnerable groups. There are significant differences in mental wellbeing for girls and boys, particularly in the areas of depression, eating disorders and self-harm. Girls have twice the likelihood of developing depression than boys, are far more likely to develop eating disorders and are more likely to self-harm (Dept. of Health, 2003).

There are a number of preventative factors to developing mental health problems highlighted in the literature, such as having a secure base, good self-esteem and a sense of self-efficacy. It is possible that girls are turning to football because it offers them a very positive experience and, as a corollary of this experience, they are also building their resilience. This study hoped to ascertain any protective factors and to identify strategies that could be adopted to consolidate or enhance these protective factors.

Harden et al. (2001) in their systematic review of research literature linked to the promotion of mental health in young people, concluded that school-based programmes should, in general, focus on helping young people to deal with stress and anxiety, which would improve resilience. Despite their concern over the increase in suicide amongst young people, they showed that school-based suicide prevention programmes are not underpinned by existing research. They also recommended that interventions designed to improve self-esteem should focus on that very issue and not be distracted into dealing with mental health issues (Harden et al. 2001). Their report indicated that children are unlikely to relate to medical concepts such as 'depression

or 'positive mental health' and that we should instead target our efforts at activities within their everyday lives. These needs were recognised and resulted in various school-based programmes, such as SEAL (Social and Emotional Aspects of Learning), in the UK, which commenced in 2006. Since Harden et al.'s (2001) report several programmes have been evaluated.

The FRIENDS programme, evaluated by Stallard et al. (2005) involving 197 9-10 year-old school children, showed decreases in anxiety and improvements in self-esteem and demonstrated that the programme was 'efficacious and acceptable way to promote emotional resilience' (p.1016). The evaluation of the SEAL programme (Wigelsworth, Humphrey & Lendrum, 2013) concluded that outcomes had been variable, but that the variability had been a reflection of inconsistent delivery rather than an intrinsic fault of the programme. The evaluation showed that activities specifically designed to develop improved mental wellbeing in children can produce improvements but that these improvements could be quite small (Wigelsworth et al., 2013). Using the Strengths and Difficulties Questionnaire* (Goodman, 1997) to assess the children, an improvement of 0.298 (out of 40) was found amongst the better performing schools. Wigelsworth et al. (2013) conclude nevertheless that there is good evidence from other studies that social and emotional learning (SEL) can produce important and significant benefits for child and adolescent wellbeing.

There are therefore ways in which theories about resilience and mental wellbeing can be transferred into practical methods for school-based programmes with the aim of reducing problems for children in school, but with the added benefit that any learning on emotional resilience would benefit the children beyond their school years. Programmes have been developed and delivered and the evaluations of these programmes concur with Sarkar and Fletcher (2013a) of the need to promote resilience.

*The Strengths and Difficulties Questionnaire is described and evaluated comprehensively in the next chapter on methodology.

3.5 Social Learning Theory

In order to understand the concepts of self-efficacy, self-esteem and resilience and how they interact, it important to consider established theories. The most recognised of Bandura's theories is Social Learning Theory (Bandura, 1977). This theory was developed over a period of time through the observations during experiments conducted with 36 boys and 36 girls, known as the 'Bobo doll' experiments. Bandura (1977) outlined three core concepts of learning: that people can learn through observation; that internal mental states are an essential part of this learning process; that a change in behaviour will not necessarily occur even if something has been learned. Bandura's Social Learning Theory (1977) showed how children's behaviour is learnt mainly through observation of the people within their environment and he defined these people as 'models'. The models provide examples of behaviours that a child may choose to imitate, particularly if the child sees the person as similar to themselves (Bandura, 1977). Even if it is observed, not all modelled behaviour will result in learning. There is a need for other conditions to be in place – attention, retention, reproduction and motivation. The model needs to be sufficiently interesting and distractions need to be at a minimum. The child needs to practise the observed behaviour and the child needs to be motivated to copy the behaviour. If the child does copy the observed behaviour and is rewarded, either verbally or materially, then that behaviour becomes positively reinforced (Bandura, 1977). Bandura (1977) also found that vicarious reinforcement can occur when a child observes other people's successes or failures.

3.6 Social Cognitive Theory

Over the years from 1977 Bandura developed his ideas on social learning and in 'Social Foundations of Thought and Action' (1986) revised his theory to include self-efficacy and renamed his theory 'Social Cognitive Theory'. Bandura (1994) provides a summary of the main benefits of developing self-efficacy in children. He asserts that people who

develop a sense of accomplishment are much more likely to take on fresh challenges with confidence. He found that there is a strong correlation between self-efficacy and resilience; people with strong self-efficacy 'quickly recover their sense of efficacy after failures or setbacks' (p.1). Conversely, people who have a negative view of their capabilities avoid difficult tasks. They set themselves easier targets and have less commitment to their goals. In contrast with people with good self-efficacy, they give up more readily when faced with difficulties. They also take much longer to regain their sense of efficacy following failure or setbacks. Bandura also found that they are much more prone to suffering from stress and developing depression (Bandura, 1994). These points relate to the theories of motivation which I discuss later in this chapter.

One of Bandura's observations is that where people have experiences of succeeding after sustained effort, they develop a conviction in their own abilities. People are then more likely to take on greater challenges or, in Bandura's words, 'By sticking it out through tough times, they emerge stronger from adversity' (1994. p.2). Bandura also found that if someone has developed 'a resilient sense of efficacy' they are able to experience challenges and setbacks without suffering any negative effects (1994). This may go some way to explain why the girls playing football in freezing conditions did not refuse to play. It was possible that they had had sufficient prior positive experience of recovery from adversity that they could foresee the benefits of persisting when the situation was clearly, to anyone observing, quite unpleasant.

In terms of addressing the link between poor self-efficacy and mental health problems, Bandura (1994) outlined the link between a low sense of efficacy and the development of depression. He said that people who impose on themselves targets or standards that they are unlikely to achieve are more prone to experience a negative effect on their sense of self-worth. If this is a repeated or constant experience of failure then a consequence could be depression. The need to emphasise the development of good self-efficacy was extended by Landon, Ehrenreich and Pincus (2007) whose work with young people stresses the importance of developing in childhood a sense of self-efficacy, as a preventive measure against adult depression. Landon et al.'s (2007) study of 100 children, using questionnaires, explored the link between self-efficacy and the children's ability to control their emotions. They found that there was a

correlation between low self-efficacy and a higher risk of depression and anxiety symptoms.

One of the elements of Bandura's work of relevance to this thesis was to show the benefit of a group, or perhaps a team, having a sense of collective efficacy (Bandura, 1997). Where a group has a belief that, through unified action, it can overcome challenges, then the individuals within that group experience increased endurance and sense of achievement. Feltz, Short and Sullivan (2008), in their meta-analysis of self-efficacy research, covering 206 empirical studies over a thirty-year period, evaluated the application of the theory to sporting environments. They based their proposals on Bandura's (1997) principles of collective efficacy and defined a number of techniques that could enhance efficacy in a team.

Magyar, Feltz and Simpson (2004) identified that, like individuals, if teams can experience success then they are more likely to develop a sense of mastery. They recognise that success for an individual is not necessarily synonymous with the team winning but may be a reflection of having achieved mastery of targets set by the coach or the team or by the individual for themselves. Feltz et al. (2008) showed that a coach can have a big influence on how performance is interpreted and, where the focus is on mastery rather than success and failure, an individual is more likely to experience improvements in self-efficacy. They stated that coaches could improve team confidence by attention to effort and improvements.

Feltz, et al. (2008) identified that goal setting is an excellent way to achieve improvements in team confidence, as long as the goals are achievable and meaningful. This issue of appropriate challenge was taken up by Seligman (2007). He argued that a child needs to be confronted with a sufficient level of challenge to show that they can be 'masterful' (2007, p.12). Furthermore, children need to experience the disappointment of failure and to repeat their attempts to succeed if they are to develop persistence (Seligman (2007). Bandura (1997) described how collective efficacy could be improved by taking advantage of individual and collective strengths.

Tenenbaum, Levy-Kolker, Sade, Lebermann and Lidor (1996) in a study of expert, intermediate and novice tennis players found that by exposing the players to mock

experiences of competition there can be a measurable improvement in the player's confidence and abilities. Starek and McCullagh (1999) in a study of 10 beginning swimmers created opportunities for peer modelling and self-modelling. The swimmers who were able to observe themselves showed greater self-efficacy beliefs that improved their performance. Feltz et al. (2008) described how simulation experiences of success, such as in training or practice matches, can enhance collective efficacy. Similarly, they described how a programme of contrived success, such as playing against weaker opponents prior to important challenges, can build a team's efficacy. Feltz et al. (2008), echoing Seligman (2007), cautioned that these strategies might backfire if the team were not significantly challenged.

Feltz et al. (2008) found that role clarity and role acceptance for the individuals within the team can enhance confidence, through players understanding each other's responsibilities. They discussed how attributions could have a positive or negative effect on teams depending on whether successes and defeats are explained according to internal or external factors. They argued that coaches have a difficult job when allocating attributions because defining a success as the result of excellent play by the team can have an undermining effect on team efficacy if the success were then immediately followed by a defeat. In this circumstance, Feltz et al. (2008) pointed out, the team may attribute the loss to internal factors, thus negating the value attributed to the previous success.

Sullivan and Kent (2003), in a study of 224 coaches, identified other ways that coaches can influence team efficacy through their verbal and non-verbal communication with the team. Coaches who demonstrate confidence in their demeanour and in their verbal support of the team can improve the confidence individuals have in the likely success of the team. In particular, Vargas-Tonsing (2004), in study of 151 football athletes and 10 coaches, found that uplifting team talks could have a significant influence on the team's likelihood of success. Bandura (1997) discovered that verbal persuasion has a substantial impact on efficacy.

There are, therefore, a number of techniques for enhancing collective efficacy, as discussed above. Feltz et al. (2008) summarise these as a sense of mastery, goal

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setting, a focus on collective strengths, simulation, team attributions and verbal persuasion.

A number of researchers have taken Bandura's application of Social Cognitive Theory to self-efficacy and applied it to areas of people's lives. In particular, there has been a focus on applying the theory to school education. Schunk and Pajares (2009) discussed how high self-efficacy improves a child's ability to persist with learning tasks, to work harder and to achieve higher grades. Amongst the areas they discuss is the impact of vicarious experience. According to Bandura's social cognitive theory, children who observe other children achieving success may be more likely to attempt the challenge themselves. Schunk and Pajares (2009) pointed out that children may attempt to mirror the achievements of others and then fail, which may have the effect of reducing their sense of self-efficacy. Similarly, they showed that children may also witness others failing in their attempts, which could reduce their sense of self-efficacy and render them less likely to attempt the challenge.

In another area, Schunk and Pajares (2009) discussed how encouragement from being in a supportive group could increase a child's enthusiasm to take on fresh challenges. This 'social persuasion' can have significant effects if the goals are meaningful and achievable, as long as they are followed by success. Some of these ideas could be applied to involvement in team sports. Being part of a supportive team that encourages girls to stretch themselves beyond their prior achievements could, if they are successful, result in a greater sense of self-efficacy. They apply Bandura's self-efficacy theory to sport and, in one chapter, to teams. They outline how individuals within a team can have confidence in other individual members of the team but that, additionally, they may have confidence in the team as a collective whole. They also discuss the role of coaches in influencing a team's performance, depending on their confidence in themselves and in the team. Feltz et al. (2008) showed how Bandura's social cognitive theory (1994) explained how a coach's response to a team's or individual's performance can affect the level of motivation.   The dynamics of a team with a coach are therefore more complicated than the relationship between a coach and the athlete taking part in individual sports. An individual's sense of self-efficacy

can be strengthened or weakened depending on how the group performs together and on the role and behaviour of the coach.

Bandura (1997) theorized that 'performance accomplishments' have the greatest impact on self-efficacy. Repeated successes generate a confidence to undertake more and tougher challenges, but success is not always about winning. An individual may play well in their role within a team and may receive praise from other team members or the coach yet the team may lose. Similarly, the team may perform well as a team yet be beaten by a superior team. Bandura (1997) argued that provided children are not subjected to repeated failures or humiliating defeat, then defeats can also be experienced as positive learning experiences and can improve self-efficacy.

Feltz et al. (2008) stressed the importance of verbal persuasion in building a sense of self-efficacy. Largely this is in the form of feedback from others, where coaches in particular can encourage athletes to make greater efforts in training and in performance. They provided a word of caution, from Bandura (1997) that negative beliefs can be more fixed and can be harder to change. Where the coach is highly regarded by the athlete then a negative comment may in fact undo any positive influences and diminish self-efficacy.

Feltz et al. (2008) also considered the importance of self-talk and its ability to help athletes to deliver their best performances. Self-talk can be used in situ to control emotions, effort and 'unwanted thoughts'. As with verbal persuasion from coaches, self-talk can undermine self-efficacy and consequently reduce the quality of performance (Feltz et al., 2008). Self-talk is something that girls use more than boys (Feltz et al., 2008) and I will explore this later in my consideration of gender issues.

Self-efficacy is therefore an element of Bandura's Social Cognitive Theory that influences an individual's motivation to attempt or persist with challenges. When applied to sport settings self-efficacy can affect the way an individual or a team respond to defeats. Low self-efficacy is linked with greater likelihood of low self-worth and depression, whereas a child with high self-efficacy is likely to have greater confidence in their mastery of appropriate skills to confront adversity.

3.7 Motivation

Central to Social Cognitive Theory are the setting of goals and the evaluation of progress. If people perceive that they are achieving progress towards their goals then this can affect their self-efficacy and can have an important influence on their motivation. In this section I explore some of the theories that relate to motivation and identify their links with self-efficacy. I describe and review three areas that relate to the motivation, self-esteem and positive development of girls engaged in youth sport. Firstly, self-determination theory (Deci & Ryan, 1985), and competence motivation theory Harter (1978, 1981). Secondly, self-esteem in physical activity contexts such as Fox and Corbin's Physical multi-dimensional self-perception profile. Finally, positive youth development's influence resilience and other positive assets (Johnston, Harwood & Minniti, 2013). These three areas relate significantly to the discussion of adolescent girls' involvement in football.

3.7.1 Contemporary Motivational Theories

It is important to understand what may motivate girls to engage in sport. Participation in physical exercise has a number of benefits for both physical and mental health, but there are increasing challenges to encouraging people to take up or maintain the necessary level of activity as other leisure activities. Deci and Ryan (1985) conducted research into how people respond to the need to change their behaviours in order to improve their health. The need could be weight loss, increased exercise, or the reduction of harmful behaviours such as smoking. Deci and Ryan (1985) studied individual responses to health needs and found that when provided with autonomy in the choice of their actions, rather than being directed externally, people are more likely to sustain that activity. In addition, when individuals develop a sense of competence in the activity, this creates a cumulative effect and strengthens the likelihood of them repeating the behaviour (Deci & Ryan, 1985). Further to this, if a person experiences some sense of connection with the person promoting the changed

behaviour, and feels respected and understood, then this relatedness increases the likelihood of continued adherence to the change. These three elements: autonomy, competence and relatedness, form the basis of Self Determination Theory (SDT) (Deci & Ryan, 1985). When these three elements are absent, Deci & Ryan contend that motivation and wellbeing are diminished.

Deci and Ryan (1985) separate motivations into intrinsic and extrinsic factors and developed the Cognitive Evaluation Theory (CET; Deci, 1975), which summarised the issues central to maintaining intrinsic motivations in sport and physical activity. CET differs from Bandura's (1987) self-efficacy theory in that both autonomy and competence are considered necessary to promote intrinsic motivation (Deci & Ryan, 1985).

In terms of extrinsic motivations, Deci and Ryan (1985) state that individuals who wish to maintain their body shape and their fitness are supported in their motivation because they stand to gain from the physical exercise. There are several principles that Deci and Ryan (1985) established from their research. First amongst these is that individuals are more likely to maintain an activity over time if the motivation is intrinsic. This motivation can be undermined by overbearing coaches or parents, who would be more successful if they provided support rather than directive instruction. Extrinsic motivations can become successful if they become internalised and autonomous, but it is essential that support be provided for relatedness, competence and autonomy if the motivation for the physical exercise is to become internalised and integrated.

Coaches do need to be aware that not all athletes are identical and that some will respond more strongly to intrinsic motivations, such as health, and others more to extrinsic motivations, such as appearance. Deci and Ryan (1985) showed that for some people, even if they succeed in their extrinsic targets, they might not experience any improvement in their sense of wellbeing. This is generally the opposite for intrinsic targets. Deci and Ryan (1985) explained that there would be greater chance of success for health professionals, coaches or parents if targets were presented as self-determined. Ryan, Williams, Patrick and Deci (2009) recommend that activities should

be 'fun and enjoyable' (p.109) if they are to be intrinsically motivated. Dropout from activities is likely to be linked with a lack of autonomy and competence, but expressed as a lack of fun and enjoyment (Ryan, Williams, Patrick & Deci, 2009) A further finding of Deci and Ryan (1985) is that where the physical activity is associated with nature and the outdoors, the sense of greater vitality has associations with increased motivation.

Harter's Competence Motivation Theory (1979) states that a person's motivation is linked to their sense of achievement in mastering tasks. If the person feels they are competent in a task then they will be motivated to address the task and if they successfully complete the task they will then be more willing to repeat the task and to take on further tasks. Conversely, if a person experiences a negative sense of competence then they will become less motivated to repeat the task or similar tasks. Harter (1979) stressed the importance of the level of challenge presented by the task in developing a sense of competence. A task that lacked sufficient challenge would be less likely to enhance a person's sense of mastery (Harter, 1979). In terms of intrinsic motivation, the role of parents and peers is emphasised by Harter (1979). Even if the child's attempt at a task is unsuccessful, encouragement and positive feedback for effort can reinforce intrinsic motivation. Harter (1979) also found that perceived competence could have a significant effect on a child's self-esteem and enjoyment of the activity. Enjoyment or lack of it can influence whether a child is motivated to participate or withdraw from sport (Harter, 1981).

Harter (1981) developed the Perceived Competence Scale for Children which can be used to assess a child's sense of competence within four different domains with separate subscales. There are three skill domains: cognitive, social, and physical, and a general self-worth domain.

3.8 Self-esteem in physical activity contexts

Prior to Bandura's work on self-efficacy a lot of effort was centred on the promotion of self-esteem as the solution to children's poor mental wellbeing. Seligman (2007) provides a strong critique of the futility of promoting self-esteem's ability to instigate success and wellbeing. Self-esteem is a child's sense of self-worth and originates from a child achieving goals (Seligman, 2007). Self-efficacy, as a child's perception of its own ability to reach a goal, is according to Seligman, more worthy pursuit (2007).

One of the earliest theorists to put self-esteem at the core of human achievement was Maslow, with his definition of 'a hierarchy of needs' (1943). Of the five strata on the hierarchy of basic human needs, Maslow located self-esteem just below full self-actualisation, which is at the top of the pyramid. Maslow felt that a person needed respect and recognition from others and, more importantly, respect and recognition for themselves, if they were to progress to full self-actualisation. According to Maslow, both aspects are essential to progress to full self-actualisation. Carl Rogers (1951) developed Maslow's theory further but thought that everyone has the potential to achieve self-actualisation, whereas Maslow felt that self-actualisation is limited to certain people with the essential traits.

Rogers was a therapist and his theories largely developed from working with clients in need of his services. Rogers (1951) agreed with most of Maslow's theory and believed that children could grow into fully self-actualised adults if they received positive regard from others and developed a sense of self-worth or positive self-regard. In many ways, this was very similar to Maslow. One extension within Rogers' theory was that he felt that children were more likely to develop into full self-actualisation if they received unconditional positive regard from their parents. He believed that if children were able to make mistakes without disapproval, they would achieve a level of 'congruence' where their self-image and their ideal-self overlapped. This congruence would then give them the confidence to take on any challenge and to achieve their potential. Rogers' theories of the need to develop a sense of self-worth or self-esteem could be applied to the development of good mental health in girls.

In their meta-analysis of gender and self-esteem Kling, Hyde, Shower, and Buswell (1999) showed that there is good evidence that, as they are going through early adolescence, girls and young women often report low levels of self-esteem. It is widely established that in order to improve mental health outcomes for children, we should be proactive in developing resilience and self-esteem rather than relying on reactive processes of medical intervention and treatment (Royal College of Psychiatry, no date).

Recognising the importance of self-esteem, Fox and Corbin (1989) explored ways in which theories of self-esteem could be applied to the sport context. Following the self-concept model of Shavelson, Hubner and Stanton (1976), Fox and Corbin (1989) in a study of college students identified four subdomains that contribute to global perception of physical self-esteem: body attractiveness adequacy; sport competence; physical strength competence; physical condition adequacy. Physical self-esteem is superordinate to the subdomains. Global self-esteem sits above physical self-esteem in a hierarchical framework.

From this work, Fox and Corbin developed a multidimensional and hierarchical model of physical self-esteem, the Physical Self Perception Profile (PSPP, 1989). Recognising its limitations for school-age children Whitehead (1995) then produced the Children and Youth Physical Self Perception Profile (CY-PSPP). This multidimensional model is more versatile when it comes to researching self-esteem in sport because it allows for variations in the processes when applied to assessment.

3.9 Positive Youth Development

Werner and Smith (1982) identified that there are personal, interpersonal and social protective factors that enhanced resilience in children. Many of the social factors identified by Werner and Smith (1982) that support the wellbeing of children can also be defined as 'assets'. Asset-based frameworks have been applied to community development approaches. Benson (1997, 2007) looked at child and adolescent development within a community context and identified forty developmental and

societal assets (summarised under eight categories in Table 3.1) that can contribute to positive wellbeing for individuals and communities. Benson's (2007) contention is that the accumulation of assets directly predicts a more positive outcome. Benson correlated the assets list with a list of high-risk behaviours and found adolescents with few assets at greater risk for high-risk behaviours. When looking at thriving indicators, Benson also found that adolescents with fewer assets also had lower resilience and less prosocial behaviour. Benson argued that if we are to build healthy communities and healthy children and adolescents, then we must focus as much if not more attention on enhancing the developmental and societal assets and address fewer resources to challenging dysfunctional behaviour and combating risks (2007).

Johnston, Harwood and Minniti (2013) reviewed the various asset-based frameworks for youth development: Lerner, Alberts, Jelicic and Smith (2000) '5Cs' (competence, confidence, connection, character, and caring); Weissberg and O'Brien (2004) '5 core competencies'; Catalano, Berglund, Ryan, Lonczak, and Hawkins (2004) '15 constructs'; and concluded that although there have been some very significant developments from research that have contributed to greater understanding of youth development, the various ways in which this new knowledge has been presented and interpreted has not necessarily led to greater clarity.

Johnston et al., (2013) attempted to bring some focus to the diversity that complicated our understanding of existing asset-based theories. They conducted a comprehensive review of the literature and carried out in-depth interviews with ten experts in youth sport. This resulted in identifying seventeen defined assets each with a number of properties. The ten experts were then asked to critically review the table of assets (Johnston et al., 2013) and they were then interviewed. After further analysis a final table with five groupings of three key assets each was constructed. One significant outcome from the work of Johnstone et al. (2013) was the conclusion that 'mental toughness', a concept that has had significant coverage in the literature would be redundant if all other assets were included. They reasserted the importance of the complementarity of internal and external assets, the significance of balancing both physical and psychosocial coaching and their role in sustaining the wellbeing in young sportspeople. Whilst defending the robustness of their approach, Johnston et al.

(2013) accept that one limitation of their study was the absence of opinion from the young people themselves, they conclude however that coaches should pay greater heed to the psychosocial needs of young athletes.

The issue of individual, interpersonal and social assets parallels the identification of protective factors in theories of resilience and links very closely with the wider benefits to be had from the development and expansion of girls' football, as described in Chapter One. A similar point is made by Harwood (2008), who having developed a programme to strengthen the psychological wellbeing of young footballers, asserted that the assets gained from this are transferable to other areas of the young person's life. These assets include leadership skills, optimism, an ability to react positively to adversity (Harwood, 2008). Holt and Dunn (2004) identify the important role external support from coaches and parents can play in a young sportsperson's development. Harwood (2011) recommends that coaches engage positively with parents of young athletes in a partnership that can facilitate the adolescent's progress and help them to develop essential life and lifestyle skills which will assist them in adulthood

3.10 Positive Psychology

In Chapter One I outlined how my experiences of working for many years in acute mental health settings has motivated me to research ways that serious mental health problems can be prevented and good mental health can be promoted. Positive psychology is an approach rather than a theory and focuses on developing mental wellbeing, engagement in fulfilling activities and the fostering of positive relationships and social environments rather than a focus on dealing with problems (Carr, 2011). Positive psychology is concerned with facilitating the development of positive traits such as persistence, kindness, honesty and bravery (Carr, 2011; Compton, 2005).

There are a number of regular themes in the various writings on positive psychology, such as the value placed on a child having relationships outside of the family, developing positive relations with other children, acting on altruistic intentions, the ability to play and be creative, having a sense of individuality and having integrity and

self-control (Compton, 2005). Positive psychology challenges the individualistic interpretations of the Darwinian "survival of the fittest" mentality and offers a more optimistic explanation of evolutionary theory where people who cooperate in groups develop an advantage over those who do not (Compton, 2005).

Recently positive psychology has become a more prevalent concept with huge coverage across the academic and public media, as evidenced by Azar (2011). Azar (2011) described the growth of positive psychology as a 'sensation', with 1000 peer-reviewed journal articles between 2000 and 2010 and with applications extending from schools to the U.S. army. Proponents of positive psychology, Gable and Haidt, believed that the origins of positive psychology date back to William James' writings in 1902 on 'healthy mindedness' (Gable & Haidt, 2005). They outline how Maslow then encouraged the focus of research on self-actualization (Maslow, 1958) and how, more recently, the study of positive psychology has been taken up by Cowan's research on resilience in children (Cowan, 2000) and, in particular, by Seligman and Csikszentmihalyi (2000). Gable and Haidt (2005) summarised Seligman and Csikszentmihayi's definition of positive psychology as 'the study of the conditions and processes that contribute to the flourishing or optimal functioning of people, groups, and institutions' (Gable and Haidt, 2005, p.104). The original "three pillars" of positive psychology are 'positive emotions… positive traits…positive institutions' (Seligman, 2002, p.xiii).

Seligman acknowledged the seminal role played by William James in highlighting the importance of self-esteem but took to task those who promote enhancing self-esteem as the primary assignment. He maintained that good self-esteem is a consequence of positive achievements and that low self-esteem is the consequence of failure and not the precursor (Seligman, 2007). Seligman asserted that we cannot teach self-esteem to children and that we should focus on helping children to do well rather than to feel good. Doing well will, according to Seligman, cause the child to feel good, but feeling good will not necessarily cause the child to do well. Seligman contended that the promotion of good self-esteem has been a focus for many years yet the population of children has experienced a significant increase in poor mental health and, in particular, depression (Seligman, 2007).

Seligman considered that we do children a disservice when we protect them from the distress of failure under the misapprehension, in his view, that we must prevent children from feeling bad. Central to his argument is that in order to experience 'mastery', children need to go through failing, feeling bad and trying repeatedly until they succeed. According to Seligman, through encounters with failure and the negative feelings associated with failure, children are able to experience achievement, success and feeling good (Seligman, 2007, p. 44). He suggested that it is essential for children to feel sad, anxious and angry as a result of failures, so that they can gain from the experience of mastering a significant challenge. Without significant challenge, mastering low-level skills and achievements do not, Seligman (2007) asserted, increase self-esteem. They have the opposite effect and increase the likelihood of the child developing depression (Seligman, 2007). This is very similar to Schoon's (2006) 'challenge' model of resilience outlined previously.

Although attributional theories could warrant a separate discussion, I explore these ideas within the overall concept of positive psychology because of the close relationship in the developmental history of these approaches. Heider (1958) initially developed a theory of attribution from the idea that there are either personal or impersonal causes of behaviour which could also be interpreted as internal or external causes of behaviour. Beck (1967) applied this theory to the treatment of depression and developed a model of treatment that sought to address the negative attributes people assign to their unpleasant experiences. Seligman (1975), in his research into learned helplessness (which is also an attributional theory), found that people attribute their negative experiences to internal factors that they cannot change, resulting in negativity and depression. Taking a lead from Beck's (1976) cognitive therapy models, Seligman (2003) developed programmes designed to help people reframe their explanatory styles from pessimistic to optimistic.

Seligman separated people into optimists and pessimists. In 'Authentic Happiness' (2003) he described some of the features of each. Pessimists are trapped in an explanatory style with permanence as a centrality. Optimists benefit from an explanatory style where temporariness is the centrality. People, according to Seligman, are more likely to recover from defeats if they perceive the setback as

temporary and not part of a series or lifetime of defeats. Conversely, people are likely to bounce back from defeats if they explain successes as part of a series or lifetime of successes and, by extraction, people are unlikely to benefit from successes if they explain them as temporary. The two explanations can equally be described as 'hopeful' and 'hopeless' (Seligman, 2003).

In 'Learned Optimism' Seligman (1990) devoted a chapter to the research his team undertook with baseball players. They found that teams with an optimistic explanatory style performed better under pressure. A hopeless football team might describe their win as lucky; a hopeful team might describe their win as resulting from their talent. Hopeful people 'decatastrophise'; they break down the negative experience into small, temporary setbacks and develop alternative solutions (Seligman, 2003).

The importance of allowing children to gain the full experience of defeat en route to experiencing achievement, success and mastery is, according to proponents of positive psychology, more likely to enhance a child's self-efficacy. Positive psychology offers therefore a framework that can be applied to the appraisal of girl footballers.

3.11 Hardiness

Linked to these views about personality style, is the concept of 'hardiness' which resulted from research conducted by Kobasa (1979) into resistance to illness. In her study of 161 middle and upper-level 40–49 year old executives, Kobasa described the key features of stress resistance as 'hardiness' (2007, p.1). She determined that greater hardiness depended upon how someone interpreted life events. If someone perceived themselves to have a sense of control over their lives then they felt better able to cope. Secondly, they accepted change and saw stresses as a challenge and not as a crisis. Finally, they had a sense of commitment to involvement with others, a sense of purpose and a strong sense of self (Kobasa, 1979). In contrast, people with low levels of hardiness were pessimistic in their outlook, felt powerless when threatened by stressful life events and were reluctant to engage in challenging activities through a conviction that they could not bring about positive change. The result of this sense

of helplessness was that people with low hardiness were more likely to succumb to the negative impact of stressful life events, with the outcome that difficulties in life resulted in poorer health (Kobasa, Maddi & Courington, 1981). Kobasa et al. (1981, p.369) summarised hardiness as comprising three key elements: commitment, control and challenge. These three elements work together and influence each other to produce a personality that invites new opportunities, has a belief in one's own talents and possesses an openness to new experiences.

Bonanno (2004) takes up the theme of hardiness when looking at recovery from trauma. Reviewing studies on the level of Post-Traumatic Stress Disorder (PTSD) following major trauma such as hospitalisation following road accidents, riots or terrorist attacks, Bonanno (2004) points out that most people exposed to these situations seem not to suffer any major long-term ill effects. Bonanno (2004) contends that resilience is therefore a common feature in people and that negative psychological outcomes following trauma are relatively rare. The personality trait Bonanno (2004) found to be consistent in people suffering bereavement is hardiness. According to Bonanno (2004) there are three dimensions of hardiness:

> Being committed to finding meaningful purpose in life, the belief that one can influence one's surroundings and the outcome of events, and the belief that one can learn and grow from both positive and negative life experiences (p.25).

Bonano states that as a consequence of these beliefs, hardy individuals are less threatened by stressful situations and therefore experience less distress. The same hardy individuals have greater confidence and take good advantage of the available social support (2004).

3.12 Development of Resilience

Smokowski, Reynolds and Bezruczko (1999) have shown that there are a range of factors that have been recognised as contributing to resilience in children. Werner (1989) assembled these protective factors into three major categories: personal

attributes of the individual; emotional ties within the family; and the existence of external support systems. The personal attributes that have been shown to enhance a child's resilience are: being female (before adolescence) and male (after adolescence) (Rutter, 1989); the absence of organic deficits (Werner, 1989); easy temperament (Werner & Smith, 1982), increased responsiveness, flexibility, and adaptability (relative to peers) (Werner & Smith, 1982); having a sense of humour (Werner and Smith, 1982); good intellectual skills (Masten, 1986). In addition, resilient children and adolescents frequently exhibit social competence, problem solving skills, an optimistic explanatory style, commitment and perseverance (Rutter, 1989; Seligman, 1990).

Support, in the context of a normal, secure life and a responsive educational system, has an important preventative element (Hughes, 2000). There is good evidence that school attachment/connectedness is a protective factor for mental health in children and young people (DoH, 2001; Mortimore, 1995). Pfefferbaum (1997) suggested that school-based prevention and treatment efforts are effective for traumatised children or children at risk of trauma.

In Henderson and Dweck's (1990) study of school students, they found a difference between those students who focused on the problem and those who focused on their performance. They found that if a group of students were presented with a difficult academic task, particularly in maths or science, some would take on the challenge and derive a sense of achievement from solving the problem. On the other hand, where students concentrated on how they were going to be judged, they experienced the task as threatening and evaded the challenge. Girls are more at risk of responding as the latter group and therefore risk underperforming as students (Henderson & Dweck, 1990).

One particular study, conducted in Norway, was developed from the principle that the development of resilience should be incorporated into clinical practice. Waaktaar, Christie, Borge, and Torgersen (2004) undertook a study, over a period of a year, with fifty-eight young people with stressful background experiences. 36.2 % of them were girls and the mean age was 12.3 years. They specifically explored the application of

resilience factors to extra-curricular activities for the young people. The researchers used the four resilience factors of positive peer relations, self-efficacy, creativity and coherence to influence the design of the activities. They then evaluated the therapeutic outcomes of the project. The young people were engaged in activities including music, film-making, drama, dance, arts and crafts, computing and communication. Positive peer relations were measured in terms of helping, supporting and conflict-resolving behaviours. Self-efficacy was measured in terms of decision-making, planning and goal attainment. Creativity was measured in terms of exploration, inventiveness and playfulness. Coherence was measured in terms of group rituals, long-term interventions and future planning. Waaktaar et al. (2004) found that by developing activities from the four resilience factors there were significant therapeutic gains with a population of young people from stressful backgrounds.

The Evidence for Policy and Practice Information Coordinating Centre (Harden et al., 2001) review found that interventions to promote positive self-esteem in schools had limited effectiveness, with those interventions focusing specifically on self-esteem leading to better outcomes (Hanley & Durlak, 1998; Tilford et al., 1997). The Centre did find that person-centred strategies, those studies examining affective education, increasing children's awareness and expression of feelings and interpersonal problem solving, were more effective with younger children aged 2 to 7 years than with older children aged 7 to 11 years. They also found that interventions using behavioural techniques were more effective than those using non-behavioural techniques such as counselling and discussion (Berg-Kelly et al., 1997; Caplan et al., 1992; Hawkins et al., 1992; Lamb et al., 1998).

Most of the research on mental health promotion and prevention interventions has been undertaken in the USA (Tilford et al., 1997). Edwards (2003) suggested that this brings into question the transferability of such interventions into other contexts. Both Edwards (2003) and Harden et al. (2001) pointed to the lack of comparison of schools as intervention settings and the effectiveness of interventions in other settings.

3.13 Football and Resilience

There is very little literature that specifically addresses girl footballers and resilience and this section therefore explores the wider literature on resilience, sports and physical activity.

Pedersen and Seidman (2004) found that there were benefits to self-esteem associated with team sports in general. Similarly, Holt et al. (2008) showed that participating in team sports enhanced girls' prosocial skills, such as integrating new members. Nathan et al., (2013) found that there were benefits for refugee boys and girls who participated in a football programme, with girls gaining in particular from the social interaction and from developing friendships. Richman and Shaffer (2000) discovered that sports participation of itself does not guarantee improvements of self-esteem. Notwithstanding the risks some sports pose to girls developing eating disorders and, therefore, the need for sport to embrace positive body image, Richman and Shaffer (2000) pointed out that sports participation must include the development of physical competencies and flexibility over gender role orientation.

Martin-Krumm, Sarrazin, Peterson, and Famose (2002) undertook an empirical study with boy and girl athletes to specifically assess their response to failure. The participants were separated into three groups depending on their explanatory style, optimistic, pessimistic or neutral (Martin-Krumm et al., 2002). Selection was also supported by assessing heart rate acceleration as a measure of anxiety. Individuals were then required to undertake a basketball dribbling trial. Having been told that they had failed the first trial participants were then asked to repeat the trial. The findings were that those with an optimistic explanatory style performed better than those with a neutral explanatory style, who in turn performed better than those with a pessimistic explanatory style. Martin-Krumm et al. (2002) concluded that those participants with a positive explanatory style had greater likelihood of coping with adversity, in other words, were more resilient.

In a study of 220 adolescent girls, Brown and Lawton (1986) investigated the relationship between physical activity and physical and emotional distress

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accompanying periods of high stress. They found that girls who were engaging in exercise experienced a reduced impact from stressful life events than those engaging in minimal physical activity. Similarly, Norris et al. (1992) conducted a study that explored the impact of exercise on the link between stress and depression. They observed 147 adolescents through a training programme and found that participating in high intensity aerobic exercise for 25-30 minutes per week had a significant effect in reducing stress and depression.

Football is mostly a group activity and groups can provide certain direct personal experiences unavailable through other methods and be very valuable in personal education development or personal support. People in isolation can become trapped in their own negative views and beliefs. Sharing common experiences can often be a very empowering process (Nichols & Jenkinson, 2006). Harden et al., (2001) found that the evidence for mental health promotion was mixed. Tilford, Delaney, and Vogels (1997), Durlak and Wells (1997) and Hodgson and Abassi (1995) found that mental health promotion and primary prevention interventions were effective and benefited young people. Nicholas and Broadstock (1999), however, felt that mental health interventions were limited in their effectiveness, particularly in promoting behaviour change.

Despite the lack of empirical evidence to date on the benefits of football for girls, many of the factors said to promote resilience and positive mental health identified in this extensive review of the literature, can be found through engagement in the sport. Newman (2004) identified a range of influences on resilience, such as having a supportive adult from outside the family. This could be provided by the relationship with the team coach or club representatives such as the welfare officer. Newman (2004) also found that strong social support networks aided the development of resilience and these could come from the wider aspects of playing, training and travelling with a team. A further aspect located by Newman (2004) was being involved in activities outside of school, especially where the child has to develop sporting skills and coping strategies. This latter issue is provided by engagement in non-school sporting pursuits.

3.14 Summary of the Chapter

The combination of resilience, self-efficacy and self-esteem are brought together within Daniel, Wassell and Gilligan's (1999) definition of resilience:

> A secure base, whereby the young person feels a sense of belonging and security; good self-esteem, that is, an internal sense of worth and competence and a sense of self-efficacy, that is, a sense of mastery and control, along with an accurate understanding of personal strengths and limitations (p.13).

The following gaps in knowledge were revealed:

There is no published research into resilience in girls and engagement in competitive football. Firstly, 'with respect to sport and physical activity, girls have been neglected by researchers in the biomedical sciences, education, physical education and the social sciences' (Centre for Research on Girls and Women in Sport, 1997, p.14). Secondly, although girls and boys share common experiences, girls also exhibit unique physiological, emotional and social outcomes that merit special investigation. Thirdly, scholars need to keep pace with the aforementioned expansion and diversification of girls' involvement with sport and physical activity (Sport England, 2008).

From this literature review, research questions were identified that the study needed to address. Central amongst the issues was the potential link between playing football and developing resilience. The aims of the research were twofold:

1. To explore the differential experience of girls in a traditionally male sport and their motivations to participate, sometimes over many years.

2. To explore whether engagement in football corresponds to positive mental health in girls.

The research questions to be explored were identified as:

1. What factors facilitate or hinder girls' engagement in football?

2. What sustains girls' engagement in football?

3. Does engagement in competitive football enhance mental wellbeing in girls?

4. Have girls who have engaged in football achieved greater mental wellbeing than average for girls of their age?

5. What factors are identified that contribute to increasing or decreasing their mental wellbeing?

The study was conceptualised as falling within an interpretative paradigm. From the literature review (Chapters Two and Three) three major strands of theory were identified as forming the interpretive framework through which to analyse the data arising from the exploration of these questions: Gender, Sport and Agency; Social Context and Structural Inequalities and, Resilience, Overcoming Adversity and Positive Psychology.

The next chapter describes the epistemological and methodological approach adopted, explains the methods applied and provides justification for the research decisions made.

Methodology

4.1 Introduction

The purpose of this chapter is to discuss and explain the methodological approach taken and the methods employed to address the research aims and questions. I consider the epistemological challenges involved in exploring individual and collective psychological impact and motivations. I reflect on the dynamics of the researcher-participant relationship and its influence on research methodology, in respect of research into the experience of girls. I also reflect on the important issues that arise when interviewing children. Both the gender and the age of the participants influenced my choice of methodology. From this, I discuss how I arrived at the particular approaches to gather the data needed to address the research aims.

The literature review highlighted several gaps in the knowledge relating to girls engaged in football, in particular the limited information on the psychological benefits. The literature review also highlighted a gap in knowledge relating to the social and psychological motivations of girls to start and to continue playing football. These led to the research aims and research questions outlined in chapter three.

4.2 Epistemological position

I hoped to address the first four of the research questions by obtaining phenomenological insights, to reveal new understandings of girls' motivations to play football and the psychological impact of playing football. This was the main type of knowledge I was seeking and required a qualitative approach. Although the research takes a mainly qualitative approach, I also employed a quantitative method in order to compare the mental health status of the girls with a wider population. I felt it was important to do this to test my assumption that these girls would tend to have lower levels of mental health problems than other girls of their age and to inform the exploration and interpretation of the qualitative elements of the study. I therefore employed mixed methods to address the research questions.

I wished to discover more about the girls' world of involvement in football. My initial question revolved around the motivations to start playing and to continue playing for several years. My assumption was that they were deriving some psychological benefit from engagement in football. There was therefore a need to explore with the girls their perceptions of their experiences of football. A standardised quantitative measure can provide a description of the mental health status of the girls. This would provide evidence on whether this particular group of girl footballers had higher or lower levels of mental health difficulties. This would however not help explain their motivations, nor would we discover very much about the social world of girl footballers. An entirely quantitative approach was therefore not considered appropriate to address the research questions. As Robson (2002) highlights, there are concerns that quantitative approaches fail to capture understandings of social phenomena such as the topic of this research. The nature of girls' involvement in football is such that social phenomena can play a huge role in dissuading them from taking up the sport and in initiating and maintaining involvement. A positivistic method, such as a widely distributed questionnaire, could provide valuable contextual data but would not address my research questions.

Consideration of the methodological approach was also influenced by reference to feminist research theory. The study looked at girls' experience, and the impact on them, of engagement in a male-dominated sport. It was essential to ensure a gender-sensitive approach was taken that was mindful of the significant power relationships between researcher and participants. It was also important to recognise the various power relationships that affect girls wishing to engage in football. These include: their relationship with the predominantly male coaches and officials; media coverage of football which predominantly represents boys and men; and opportunities for huge wealth and fame for professional male footballers which do not exist for women. A mixed-methods approach was identified as the most appropriate way of obtaining base-line data on the psychological status of girls involved in football, compared to norms, as well as exploring the impact of gender from the perspectives of girls themselves.

The research aims fell into two areas. The first related to the experiences of the girls and their motivations to play football. The second required an understanding of the impact of engagement in football. I also thought it was important to provide a more objective description of the status of the girls in my study in terms of their mental health and other factors. This forced me to consider both qualitative and quantitative methodological traditions and how they relate together in my thesis. I will now discuss this further and the particular approach to mixed methods research that I have taken in this study.

Quantitative methodology is largely concerned with establishing 'truth' and stems from the notion that there is a 'single, objective reality' (Harnett & Dawe, 2008). This is a positivistic epistemological position which claims that there is a clear relationship between what we find in the world and our understanding of it. This position suggests that, through our research, we should arrive at some 'objective knowledge' (Bryman & Cramer, 1999). There are some claims that positivists dismiss qualitative research as 'fiction' and that qualitative methodology is not science because the statements cannot be truly verified (Denzin & Lincoln, 2003).

Whereas the focus in positivistic methodology is on knowledge and what can be derived from an analysis of this data, qualitative researchers have a greater focus on meaning (Bryman & Cramer, 1999). In fact, the debate centres on what constitutes truth for the researcher and there is, therefore, a difference of opinion about what constitutes 'reality'. For qualitative researchers 'reality' can be found in 'people's understandings and interactions' (Maughan, Collishaw, Metzer, & Goodman, 2008). The challenge for the qualitative researcher, therefore, is to discover how meaning is made from experience, since it is accepted that no single truth of an experiential phenomenon exists and that different readings of data will lead to different interpretations (truths) that exist within human emotions and interactions. The methods that must be applied in qualitative research need to address the belief that reality can only be explained subjectively and not objectively (Greig, Taylor, & Mackay, 2007).

Bryman (2012) argues that, although quantitative and qualitative research reflect distinct research strategies, epistemological concerns and ontological issues, the divide between the two is traversable. Features of one are often found within the other and the two can be successfully combined (Bryman, 2012). An example of this, as Bryman (2012) shows, is the ability of quantitative methods to investigate meaning through the inclusion of questions on attitudes in social surveys. Tashakkori and Teddlie (2010) argue that the centrality in mixed methods research is the research question. It is essential to recognise that either quantitative, qualitative or mixed methods can be the best method to address a question in the human sciences (Tashakkori & Teddlie, 2010). Bryman (2012) uses the example of Brown and Harris' (1978) social survey research that investigated the impact and also the meaning of significant life events. Quantitative research, Bryman contends, does not simply concern itself with testing hypotheses, it is frequently exploratory in its application and can be innovative in its analysis. Conversely, he argues that qualitative research that uses semi-structured interviews or focus groups, as opposed to ethnographic studies, cannot lay claim to being completely 'natural' because of the need to arrange the groups or interviews outside of the normal activities of the participants. Bryman further points out that in an attempt to avoid accusations of anecdotalism, qualitative

research may quantify the frequency of items in order to identify themes, and may risk making assertions based on imprecise data (2012).

Tashakkori and Teddlie (2010) identify various ways in which quantitative and qualitative methods can be combined, depending on the level of priority and the sequence of methods. This ranges from studies where quantitative data collection is subsidiary to qualitative data collection and precedes it to where both have equal weight and where data is collected concurrently for both. Tashakkori and Teddlie (2010) also 'endorse methodological eclecticism' (p.9).

Bryman (2006) identifies sixteen ways in which quantitative and qualitative research are combined: triangulation; offsetting; completeness; process; different research questions; explanation; unexpected results; instrument development; sampling; credibility; context; illustration; utility; confirmation and discovery; diversity of views; enhancement. These are all different approaches to mixed methods research which offer a variety of ways to conduct an investigation, although of particular relevance to this study are triangulation, completeness and different research questions. In my study, both quantitative and qualitative methods were combined in order to generate corroborated and more comprehensive data. Several of the above ways identified by Bryman (2006) applied to the methodology of this research. Bryman (2012) countenances nevertheless that introducing additional methods does not guarantee better results unless the research is well constructed and conducted.

4.3 Methodology

I formed the view that my research could benefit from both traditions. There are clearly benefits from combining methods and Maughan, Collishaw et al., (2008) comment that knowledge is more likely to be advanced when a mixed approach is adopted. I concluded that a mixed methods approach could help me achieve my aims.

Creswell (2010) identifies that during the 1990s mixed methods grew as an alternative to, and became a third strand alongside, quantitative and qualitative methodologies. Creswell (2010) shows that several different approaches have been taken in the development of mixed methods with some adopting mixed methods through pragmatism (Tashakkori & Teddlie, 2003), through finding a transformative worldview (Mertens, 2008), or as a contribution to new understandings (Greene & Caracelli, 1997). Numerous innovative research designs have evolved through the expansion of mixed methods approaches and Creswell (2010) outlines how the definition moved on from a focus on multiple "methods" (Greene, Caracelli, & Graham, 1989) to a "methodology" (Tashakkori & Teddlie, 1998). Johnson, Onwuegbuzie and Turner (2007) argue that this third paradigm takes from both quantitative and qualitative methodologies and provides greater 'breadth and depth of understanding and corroboration' (p.123).

There are some criticisms that mixed methods can be too heavily influenced by the positivist element of quantitative methodology and by becoming less interpretive and not fully addressing social justice and the importance of the voice of participants (Howe, 2004). Creswell (2010) advocates for mixed methods researchers to respond to these criticisms by including a more 'advocacy/emancipatory theoretical lens' (p.56), so as to ensure the full representation of feminist, racial, disability, sexual orientation theories.

I did not expect to arrive at some concrete theory from a set of hard data or to test a hypothesis. Moreover, I intended to arrive at a level of understanding of girls' experience of football and to develop some insight into their motivations to engage in and persist with the sport. My methodology needed to be robust and scientific enough to achieve these objectives. I did not see positivistic approaches being able to provide the opportunity for the girls to share the key moments and the key relationships that made it possible for them to become successful footballers. I did, however, see how a questionnaire could assist in providing a wider spread of data from which deeper questions could be asked of participants and thus increasing understanding. I chose to

utilise a questionnaire that has become widely employed in several countries to assess the mental wellbeing of children – the Strengths and Difficulties Questionnaire (Goodman, 1997) (this is discussed later within this chapter).

The research questions delivered an interesting methodological dilemma. Although my research questions led towards a qualitative methodology, I wanted to try to achieve a reliable measure of the girls' level of mental wellbeing as well as to uncover the answers to a range of questions surrounding their abilities and motivations to overcome the barriers to playing football. Obtaining a measure of psychological wellbeing would provide some indication of their status compared to other girls of similar age and there were a number of established questionnaires that could meet my needs. This would provide important comparative information about the girls which would help my interpretation of the main thrust of the thesis, which was to achieve an understanding of the role of participation in football in developing resilience and mental well-being.

As explained, my research questions led me to a qualitative methodology, as this would provide greater opportunity for the exploration of girls' experiences within football. Interviews facilitate the interviewer's ability to react to answers and to follow new or unanticipated threads in the conversation. They enable a researcher to investigate areas not easily examined by questionnaires (Morgan & Krueger, 1993). The decision whether to interview the girls alone or in groups was influenced by the fact that the girls were already in groups. They were playing in teams and there was an incentive to utilise the dynamics of the team to enhance the process of group interviews.

Johnson, Onwuegbuzie and Turner (2007) would define the methodology I have utilised as 'qualitative dominant mixed methods research' (p.124). In other words, this was a qualitative study that was enriched by the inclusion of a quantitative method to address some aspects of the research. Johnson et al. (2007) argue that there are significant gains from including quantitative data and methods within a 'qualitative, constructivist-poststructuralist-critical' approach to research undertakings. Johnson et al.'s (2007) position is supported by others such as Wolff, Knodel and Sittitrai (1993) who contend that, despite qualitative and quantitative techniques originating from

apparently conflicting sociological traditions, they can be combined to form one methodological union. Wolff et al. (1993) go on to say that, because both methods have strengths and limitations, their combination can produce a very satisfactory result. Brannen (2005) sees the choice of mixed methods as addressing the pragmatic concerns of those researchers who wish to produce research results that can be applied to practice. As a social worker my starting point was to conduct research that could have some benefit in broadening the existing knowledge on the role of sport in enhancing girls' wellbeing and, as such, I wanted a method that facilitated social enquiry. Brannen (2005) supports the idea of adopting a pragmatic approach if that then leads to research that assists the development of policy and practice.

Johnson et al. (2007) discuss the origins of the triangulation of data within research with particular reference to the role Denzin (1978) has played in defining the various forms of triangulated research. Denzin (1978) argues that triangulation should generally provide greater strength to the research. I used questionnaires to do two things: Firstly to deliver useful data in their own right and secondly to develop the questions for the focus groups. Morse (1991) defines the technique of utilising one method to inform the application of the second method as 'sequential triangulation'. Brannen (2005) challenges the notion that triangulating two or more methods provides corroboration of the findings from each data collection method. In studies such as mine, Brannen (2005) would instead consider using the label 'Complementarity' (p.12). This approach is where, according to Brannen (2005), the results from the two methods are analysed separately at first and then the researcher juxtaposes the data to identify where additional or further understanding can be gleaned from the complementarity of the information. Hammersley (2005) countenances that even when greater depth is achieved via triangulation, this does not necessarily mean that we have captured the complete picture. The benefits, according to Hammersley (2005), are that we can formulate improvements to our judgements by including complementary data.

When I considered the appropriate methods for investigating resilience, I found support for adopting a mixed methods approach from Ungar, Liebenberg and Brown (2005). They had conducted a large study into resilience across several countries. In their preparation, Ungar et al. (2005) looked specifically at research methodology

when applied to researching resilience and outlined the importance of including a full range of variables. They argue that, because resilience is influenced by personal, familial and social factors, it is essential to include the cultural and contextual data alongside the personality data on individual children.

Taking the guidance from Ungar et al. (2005), I felt that this study would be enhanced by a mixed methods approach. To investigate girls involved in team sports I adopted a questionnaire that had already been used across large school-age populations in Great Britain and combined it with focus groups. Ungar et al. (2005) advocate adapting research methods to the setting. Pre-existing teams were well placed to form focus groups and the use of a questionnaire (Strengths and Difficulties Questionnaire, Goodman, 1997) enabled me to survey both parents and girls and compare the results with national norms.

Ungar et al. (2005) demonstrate that without this triangulation it is possible to form false hypotheses. Ungar et al. (2005) contend that methodological diversity is essential because of the need to evaluate all the different variables in a child's life that are involved in the development of resilience and that this methodological diversity is necessary in order to research the different pathways a child's life may take rather than focusing solely on outcomes.

Ungar et al. (2005), in their discussion of resilience research across several countries worldwide, argue that methods need to vary according to the social context as, for instance, some questions in existing questionnaires do not take account of the sensitivities in some countries to issues such as sexuality, and that engaging the wider community can prove invaluable in other contexts. They argue for the development of location specific questionnaires combined with location specific qualitative methods. Ungar et al. reason that, rather than weakening the transferability of findings, as a result of addressing cultural context, by abiding to common principles and especially by adopting a mixed methods approach, resilience data from different studies in different contexts can be compared usefully (2005). Guided by these considerations, my study was based on the principles of qualitative methodology but contained data which included personal, social, family and economic context for the girls, which helped me interpret my focus group findings.

4.4 Rationale for the Choice of Methods

4.4.1 Questionnaire survey

Having established the importance of providing some evidence for the mental health status of the girls in this study, I will now outline the rationale for choosing the Strengths and Difficulties Questionnaire (SDQ, Goodman, 1997, (Appendix 5) and the questionnaire covering demographic and background information (Appendix 4).

Questionnaire surveys can have a number of advantages. They provide opportunities to process large amounts of data very efficiently; the data can be standardised; there is a greater chance that the results can be generalised; participants can be kept anonymous; and a range of potentially sensitive or challenging topics can be explored in a simple and straightforward way (Robson, 2002). Other important considerations were that the measures to be considered had good evidence of reliability and validity, were appropriate for my participants and associated with robust norms.

4.4.2 The Strengths and Difficulties Questionnaire

In reviewing available questionnaires, the Strengths and Difficulties Questionnaire (SDQ; Goodman 1997; 1999) was chosen as the best available for the purpose of this research. Hastings (2003) and Lindsay and Dockrell (2000) identify that the SDQ was developed from the Rutter questionnaires (1967) and was designed to be shorter and to be more positively framed. Muris, Meesters and van den Berg (2003) found the Rutter questionnaires did not sufficiently address some aspects of child psychopathology that have established greater significance since Rutter's original conception of resilience such as concentration, impulsivity, victimisation, and prosocial behaviour. Positive psychology also influenced my choice of the Strengths

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and Difficulties Questionnaire as a tool for evaluating the wellbeing of the girls in my study, because it includes measurement of positive attributes as well as emotional deficits.

The SDQ was designed as a screening measure for community samples of the mental health of children and adolescents and good UK norms are available (sdqinfo, 2014). It was therefore not necessary to include a control group as a comparison because there are published UK 'norms' for comparison. The SDQ has some advantages over other screening instruments, the majority of which concentrate on diagnosing disorders amongst children, because of its balanced focus on both the positive and negative aspects of a child's emotional wellbeing. The SDQ is much shorter than the Child Behaviour Checklist (CBCL, Achenbach, 1991) for instance, and has a version for completion by child participants as well as by parents and teachers. The Child and Youth Resilience Measure (CYRM, Ungar & Liebenberg, 2009) has been reduced to twenty-eight questions, so is very similar in length to the SDQ, but focuses largely on resilience, whereas the SDQ has the added advantage of also producing a measure of pro-social behaviour, emotional symptoms, peer problems, conduct problems and hyperactivity, each of which could shed some light on the wellbeing of girls who play football. In addition, the SDQ has been used extensively in several countries, translated into 60 languages and with large groups of children of all ages. There was a degree of confidence that the SDQ would help provide some useful measures of the psychological health of girls who are engaged in football.

The SDQ was designed for community samples and it is considered to be a well-established and acceptable measure for a wide range of children, not just vulnerable groups and those likely to have high levels of emotional or psychological problems. The SDQ has been described variously as measuring 'emotional, social and behavioural problems' (Harnett & Dawe, 2008), 'psychological distress' (Klineberg et al., 2006) and 'psychological disorder' (Leavey et al., 2004). The SDQ is also very valuable in assessing positive mental attributes (Goodman and Scott, 1999). There are a number of ways to encourage completion of questionnaires and the use of the SDQ addressed some of these. The SDQ is brief, so the sense of

burden is reduced significantly (Palmieri & Smith, 2007). Previous studies have identified that parents of low-risk children are receptive to the SDQ and, in particular, have recognised that the positively slanted approach of the questionnaire increases participation (Goodman and Scott, 1999).

The SDQ has a second part, the impact supplement, which was introduced by Goodman in 1999 and concentrates on the impact of any psychological difficulties a child may have. The full SDQ can be used as a screening tool to investigate the likelihood of psychiatric disorders (Cury & Golfeto, 2003). This study did not utilise the impact supplement as it was not concerned with ascertaining the effects and consequences of serious disorders for children and young people already identified as being at risk of developing pathology. The impact supplement was designed to evaluate perceived difficulty, chronicity, distress, social impairment and burden and is much more suited to a clinical setting where assessment for abnormality is being undertaken. This part is only really relevant for those children referred to specialist child mental health services having already been identified as suffering from some form of psychiatric disorder. I chose not to use this second part as my focus was on addressing my research question around resilience. To this end the SDQ has a subscale that measures pro-social skills in children. Whyte and Campbell (2008) in their study of seventy-six looked after children considered prosocial skills to support resilience. Whyte and Campbell (2008) found the SDQ very useful in informing decisions about children's care plans because it helped to identify children's emotional assets as well as their weaknesses.

Amongst the benefits of the SDQ is the fact that comparisons can be made between the answers provided by the children, their parents and even their teachers. The benefits of such a multi-informant questionnaire format is extoled by Stone, Otten, Engels, Vermulst and Janssens (2010). Goodman et al., (2000) found the parent and teacher SDQs are generally better predictors of psychiatric disorders in a clinical setting. It is difficult to see whether this difference can be transferred to a community sample where the impact supplement is not being used. Nevertheless, it is helpful to obtain a comparative set of SDQs that allows greater understanding from different perspectives.

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The SDQ has twenty-five items. Twenty of these items contribute to calculating the total difficulties score (TDS). Five contribute to the Prosocial Scale. The items are either positive and highlight strengths, or negative and highlight difficulties, hence the title of the questionnaire. In terms of measuring resilience, Dunstan and Todd (2012) conclude that the key indicators of resilience can be measured using the SDQ. A similar conclusion was drawn by Whyte and Campbell (2008) who felt that the Prosocial subscale indicates resilience factors in children.

The SDQ is available in three different versions; parent, teacher and child/young person (self-completion). The opportunity to gather data from teachers was not there in this study, so only the parent and self-completion versions were used. Consideration was given to asking coaches to complete the teacher version but, on reflection, coaches were deemed unlikely to have sufficient knowledge of the children's emotional and social wellbeing. The girls and their parents therefore completed the single page, 25 item, symptoms, and section. They were asked to complete these separately so that there would be no collusion over answers.

Parent Participants

At the Centre of Excellence parents completed the SDQ at the training venue. The parents at the local community club took the questionnaires home to complete. It was possible to identify that the majority of parents at the Centre of Excellence who completed the questionnaires were mothers (N=24) rather than fathers (N=13). It was not possible to identify the gender of the parents from the local community club.

The statements are rated as *Not true, Somewhat true* or *Certainly true.* The ratings are scored as 0, 1 or 2, some respectively, some reverse scored. The version for completion by parents is found in Appendix 5. The scoring for the items, including reverse-scored items, is listed in Appendix 6.

4.4.3 Psychometric properties of the SDQ

A comprehensive analysis of the psychometric properties of the SDQ was first reported Goodman (2001). This study involved a representative sample of 10,438 British 5-15 year olds, all of whom had psychiatric assessments which enabled an assessment of validity. Since then the psychometric properties of the SDQ have been tested in various settings and with different populations. For example: Germany, Cyprus, England, Italy and Sweden (Essau et al., 2012); China (Liu, Chien, Shang, Lin, Liu, & Gaub, 2013) Japan (Shibata, Okada, Fukumoto & Nomura, 2014); USA (Palmieri & Smith, 2007); Sweden (Smedje, Broman, Hetta, & von Knorring, 1999); Holland (Muris, Meesters & van den Berg, 2003); Norway (Van Roy, Veenstra & Clench-Aas, 2008); Germany (Klasen, Woerner, Wolke, Meyer, Overmeyer & Kaschnitz, 2000).

Acknowledging the need for early and prompt diagnosis of disorders in children, Stone, Otten, Engels, Vermulst and Janssens (2010) recognised the importance of an alternative to the Child-Behaviour Checklist (CBCL, Achenbach, 1991) and provided a review of the validity and reliability of the SDQ. The review included 48 studies of children (N = 131,223) involving the reliability and validity of the parent and teacher rated versions of the SDQ and found that 'internal consistency (Cronbach's alpha for Total Difficulties Score [TDS]: Parent, 0.80, Teacher 0.82), test–retest reliability (TDS: Parent, 0.76, Teacher 0.84), and inter-rater agreement (TDS: 0.44) are satisfactory' (p. 254). Stone et al. (2010) found positives in the multi-informant approach of the SDQ and recommend its continued use as well as recommending that researchers explore its use with wider informants than parents or teachers. One such study that involved custodial grandparents was conducted by Palmieri and Smith (2007) and reported very good success. Although the Stone et al review provides a recent summary of the psychometric properties of the SDQ I will also describe other studies relating to the psychometric properties.

4.4.3.1 Internal Consistency

Using Cronbach's alpha (Cronbach, 1951), Goodman (2001) found internal consistency above 0.8 for the Total Difficulties Score and a mean of 0.73 for the subscale coefficients across parent, teacher and the self-report ratings. The range was between 0.88 with the lowest being the self-report alpha for the Peer Problems (0.41). Stone et al. (2010) found differences between the parent-rated and teacher-rated results. For parent ratings the hyperactivity-inattention scale had adequate internal consistency (above 0.7), whereas the other four scales (prosocial, emotional, conduct, and peer problems) scales showed moderate internal consistencies (above 0.6). For the teacher-rated questionnaire, only the peer problems scale showed a moderate alpha (above 0.6), while the other four scales showed adequate internal consistency (above 0.7). Palmieri and Smith (2007) found problems concerning the internal consistency of the SDQ peer problems subscale. Palmieri and Smith (2007) felt the low internal consistency for peer problems may be caused by two reverse-scored items, resulting in errors in measurement. Palmieri and Smith (200) found however that the internal consistency of the subscale was diminished by the removal of the two reverse-scored items.

Essau et al. (2012) conducted an examination of the psychometric properties of the SDQ across five European countries and found Cronbach's alpha values for total difficulties ranging from 0.51 to 0.74. Essau et al. (2012) found Cronbach's alpha values for the five subscales to be significantly lower, but found that internal consistency values improved when reverse scored items were removed, except in the case of the peer problems scale where internal consistency was weak. Across all five countries, Essau et al. (2012) concluded that the internal consistency for total difficulties ranged from satisfactory to good, but that where the subscales included reverse scored items the internal consistency was poor.

4.4.3.2 Test-Retest reliability

Stone et al. (2010) found test-retest stability at 0.76 for the parent Total Difficulties Scale, but below that (0.65-0.71) for the other subscales. Goodman (2001) retested after 4-6 months, which he considered too great a period because changes would be expected in the child's actual psychological state, yet found retest stability of 0.72 for the parent questionnaire, 0.8 for the teacher rating and 0.62 for the self-report rating. Liu et al. (2013) found that despite the difficulties of rating emotional symptoms by questionnaire where participants have to express their own opinions of someone else's emotional state, the Chinese SDQ is able to differentiate well between emotional symptoms and symptoms from other subscales. Liu et al. (2013) also found high test–retest stability for the SDQ (0.71-0.90)

4.4.3.3 Inter-rater agreement

Inter-rater agreement is the third element of reliability being considered. Goodman (2001) presented inter-rater correlations for the TDS and subscales, which ranged from 0.23 to 0.48.   They concluded they were higher than the mean from a meta-analysis of other measures using multiple informant versions.

4.4.3.4. Validity – agreement with independent psychiatric diagnosis.

One of the strengths of the SDQ is that it was validated against psychiatric assessment by Goodman (2001). Goodman concluded that the highest 10% of scorers on the SDQ had a significant increase in the risk of a psychiatric diagnosis. The odds ratios were about 15 for parent and teacher SDQ scales and 6 for self-report SDQ scales (which was therefore a poorer predictor). The proportion of true negatives was about 95% with the proportion of true positives being substantially lower at about 35%. They point out that for a community based screening instrument it is better to reduce false negatives at the expense of more false positives that can then be further assessed.

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4.4.3.5 Convergent Validity

Convergent validity is an aspect of construct validity. In brief, it reflects the degree to which two measures of theoretically similar constructs are related. Essau et al. (2012) examined the convergent validity of the SDQ and found positive correlations between the inattention/hyperactivity and conduct problems subscales. Essau et al. (2012) also examined the SDQ by correlating it with the Spence Children's Anxiety Scale (SACS, Spence, 1997), and found the hyperactivity-inattention and conduct problems subscales correlated with the anxiety scores measured on the SCAS.

4.4.3.6 Discriminative Validity

Discriminative validity is another aspect of construct validity. The SDQ is able to identify children more likely to have significant psychopathological symptoms (Goodman, 1999; 2001). The SDQ was shown by Stone et al. (2010) to be a useful screening tool because of its capacity to discriminate: an ability to identify children more likely to have disorders, whilst at the same time identifying with reasonable accuracy those without disorders.

This validity transfers to other cultures. Liu et al. (2014) in testing the Chinese SDQ parent, teacher and self-report versions, with 3524 school students aged 6-15, concluded that the Chinese SDQ is 'a convenient, reliable and valid instrument for research and clinical use' (p.728) on the basis that it has 'similar factor structures, high internal consistency, satisfactory test–retest reliability and good convergent validity' (p.728). Shih-Kai et al. (2014) drew particular attention to the discriminative validity of the Chinese SDQ which make it ideal in screening for Attention Deficit Hyperactivity Disorder (ADHD). Klasen et al. (2000) report similarly that the SDQ is better able than the CBCL to predict the clinical diagnosis of attention deficit/hyperactivity disorder.

4.4.3.7 Concurrent Validity

Stone et al. (2010) and Muris, Meesters and van den Berg (2003) assessed whether concurrent validity had been established against the CBCL or other similar measures of psychopathology. Stone et al. (2010) found that for most of the studies in their review, where similar concepts were considered, then SDQ problem scales correlated with CBCL (externalizing, attention problems, internalizing, social problems). For the total scales, Stone et al. (2010) found weighted correlations of 0.76 for both parent and teacher ratings. There were correlations above 0.70 for the conduct problems, externalizing and hyperactivity, and attention problems subscales, whereas there were correlations below 0.70 for emotional symptoms, internalizing and peer problems, and social problem subscales. Muris et al. (2003) found that the SDQ scores correlated meaningfully with other similar measures of psychopathology.

4.4.3.8 Structure of the SDQ

The Goodman (2001) study included a factor analysis and concluded that there was support for the five factors: emotional symptoms, conduct problems, hyperactivity-inattention, peer problems, and prosocial behaviour. This structure fitted best for the parent rated SDQ and for the self and teacher rated SDQs, the main divergence was for any positively worded item to be loaded on to the prosocial factor.

Essau et al. (2012) conducted Confirmatory Factor Analysis (CFA) for the five factor model and found inter-correlation values between 0.69 (prosocial behaviour - emotional symptoms) and 1.00 (inattention-hyperactivity – peer problems). Palmieri and Smith (200) applied a rigorous CFA to the SDQ and also found support for the five-factor model, as well as supporting the use of the subscales and the total difficulties score.

4.4.3.9 Community Samples

The ability of the SDQ to differentiate between those children with and without psychopathological symptoms means that it can be usefully applied to screen for disorders in community samples (Goodman, 2001). Stone et al. (2010) appraised the use of the SDQ across younger and older children and found that amongst children in upper primary school and secondary school the psychometric properties of the SDQ have been found sufficient in community (e.g., Koskelainen et al. 2001) and clinical samples (e.g., Becker et al. 2004). These age groups reflect the age group of the participants in this study.

4.4.3.10 Overall Assessment of Psychometric Properties

Stone et al. (2010) conclude that the total scale is more reliable and valid than the subscales and that researchers should be cautious when considering the results of the subscales. Alternatively, Palmieri and Smith (2007) highlight the value of the subscales over the total scale in identifying specific issues that may warrant further investigation. Stone et al. (2010) conclude that the psychometric properties of the attention/hyperactivity, conduct and emotional problems subscales are adequate, whilst the prosocial and peer problems scales are weak. Similarly, Stone et al. (2010), caution that single rater studies are weaker whilst extolling the virtues of the multi-rater opportunities available through the SDQ, provided that informants have access to the necessary psychosocial information.

4.4.3 Interpretation of the SDQ

The SDQ is interpreted in three categories – 'average', 'raised' and 'high'. The scores for each category are listed here:

Table 4.1 Parent Rated Broad Classification [based on information from AMHOC SDQ Training manual (2005)]

	Close to average. Unlikely to be significant	Slightly raised may reflect clinically significant problems	High substantial risk of clinically significant problems
Total Difficulties Score (TDS)	0-13	14-16	17-40
Emotional Symptoms Scale	0-3	4	5-10
Conduct Problem Scale	0-2	3	4-10
Hyperactivity Scale	0-5	6	7-10
Peer Problems Scale	0-2	3	4-10
	Close to average, not clinically significant	Slightly low, may not be clinically significant	Low, substantial risk of clinically significant problems
Prosocial Scale	6-10	5	0-4

Table 4.2 Self-Rated Broad Classification [based on information from AMHOC SDQ Training manual (2005)]

	Close to average. Unlikely to be significant	Slightly raised may reflect clinically significant problems	High substantial risk of clinically significant problems
Total Difficulties Score (TDS)	0-15	16-19	20-40
Emotional Symptoms Scale	0-5	6	7-10
Conduct Problem Scale	0-3	4	5-10
Hyperactivity Scale	0-5	6	7-10
Peer Problems Scale	0-3	4-5	6-10
	Close to average, not clinically significant	Slightly low, may not be clinically significant	Low, substantial risk of clinically significant problems
Prosocial Scale	6-10	5	0-4

These tables were created to assist assessment of individuals by the Australian Mental Health Outcomes and Classification Network (2005) and were used to provide some of the analysis of the data created by the SDQs in this study.

4.4.4 Demographics Questionnaire

The demographics questionnaire **(Appendix 4)** contained questions on the girl's month and year of birth, years playing football, whether they had played other sports, their postcode, mode of travel to training, number of people in work in the household and their ethnic background. As we cannot measure all the other influences that may have contributed to the girl's mental wellbeing, each of these factors cannot be said to have necessarily had a direct influence on their self-esteem, self-efficacy or resilience. The data can nevertheless describe this group of girls and add to our understanding of the range of factors that may have affected the girls' engagement with football and its possible impact on them.

4.4.5 Focus groups

Given the potential sensitivity of issues raised by the quantitative data, it was essential to find a method of data collection that addressed the need for the girls to feel safe and supported whilst discussing issues that may affect their emotional wellbeing. Focus groups were identified as the appropriate method of data collection as this created the opportunity for the girls to be interviewed with their teammates in an environment that was natural to them and engendered group support.

Bryman (2008) and Wilkinson (1999) emphasise the use of focus groups by feminist researchers as a method that is very compatible with the principles of feminism. Firstly, Bryman (2008) identifies that focus group research overcomes a lot of the artificiality inherent in many other methods. Focus group research is often conducted with 'naturally occurring groups' (Bryman, 2008, p. 487), which can improve the chances of obtaining information that accurately represents the experiences of women. Whilst accepting this premise, Bryman (2008) also points out that inviting people to discuss directed topics in groups is probably no more naturalistic than one-to-one interviews or questionnaires.

As a second issue, Wilkinson (1999) discusses that feminist researchers prefer to conduct research in context. Focus groups can sometimes offer the opportunity to gather data from within the participant's social context. In this study, focus groups took place at the training centres where the girl footballers attended at the time when they were usually with their coaches, in their teams and in their tracksuits. An additional dynamic in relation to team sports is the nature of 'home' territory. In the circumstances of this study, the researcher had less power as an incomer to the girl footballer's home territory.

Thirdly, focus groups offer an opportunity to redress some of the imbalance between researcher and participant, particularly when the participants are female (Wilkinson, 1999). A cohesive group can have greater power and control over the direction of an interview and this is a particularly important consideration in research concerning children. While individual interviews potentially provide greater privacy for the sharing of personal information, this is not necessarily the case with children who can be intimidated by the researched: researcher dynamic. As this study was not concerned with individual psychopathology, it was considered more important to enable girls to freely share their views within a 'natural' environment in which they could be bolstered by the support of their teammates.

Having completed the distribution and completion of the questionnaires I went on to develop the focus groups. This was essentially a qualitative research study, utilising a questionnaire to inform the focus group questions, although the questionnaires produced some very helpful data in themselves. The questionnaires were also helpful in revealing issues that could be explored in the focus groups.

There are sometimes concerns that focus groups in themselves can be seen to need validation by other methods (Morgan and Krueger, 1993). An initial observation of the methods used in this thesis might persuade the reader that the combination of two methods, one essentially qualitative and the other quantitative, arose from the need to produce results with greater validity than would be provided by focus groups alone. Puchta and Potter (2004) stress that the crucial difference between focus groups and questionnaires is in the additional depth available from the description and evaluation

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delivered by the participants of focus groups. This contrasts with the statistical data available from questionnaires.

A challenge to focus group research is sometimes that, as a method, it may lack the rigour of quantitative approaches, but Fern (2001) provides a defence of focus groups and argues that focus groups may even produce knowledge that is more 'scientific' than quantitative methods, in circumstances when testing beliefs, for example. Balanced with concerns about rigour was the need to explore feelings, motivations, disappointments, achievements, frustrations and triumphs. My challenge was to create an environment where all these things could be expressed so that I could record them, analyse them, discover their meaning and report them. Quantitative methodology has limitations in this area as it is not able to measure the meanings underlying these emotions. Largely it was necessary to find a methodology that could be more descriptive of human experience, that could elicit responses out of the reach of 'hard' methodologies and that was appropriate for the participants in my study.

Morgan and Krueger (1993) see focus groups as the appropriate method when the overall aim is to generate theories or explanations. The aim of the study was not to generate theory but to understand girls' motivations for playing football and the benefits of participation. Questionnaires can measure some aspects of these but a methodology was required that would create an opportunity to explore motivations and impact in greater depth. In particular, these motivations and the impact have not previously been fully explored so the methodology had to foster this exploration. As the girls were already in groups, trained and played in groups, there was some logic to interviewing them together. They had an established rapport, although I was mindful of the danger of assuming a sense of safety to discuss sensitive issues. As I had access to support from the Football Association, I utilised a member of their coaching team to increase the level of child safeguarding and to add an extra quality to the moderation of the focus groups. A woman co-facilitated the groups with me and her involvement evened out the gendered nature of the research environment. The main motivation for choosing this method was, however, that I anticipated that the dynamics of interaction between the girls in response to my questions would generate richer data (Morgan & Krueger, 1993).

Focus groups provided an opportunity to check any assumptions that arose from the literature search or the questionnaire. This reduced the risk of developing subjective opinions from the questionnaires and recordings. They also provided an opportunity to clarify any statements made during the recording of the group interaction.

Focus groups create an opportunity for people who are normally in a position without power to express their wishes and feelings Fern (2001). There are therefore some responsibilities that accompany the role of the moderator/researcher if participants are empowered and their views are then ignored. There is a need, for the moderator to ensure the experience is respectful and not condescending. Fern (2001) emphasises the importance of creating a friendly atmosphere and creating a level of social integration such that every participant is able to contribute to the group.

Focus groups were chosen as a method because this was an investigation into an area where there is a scarcity of data and because with a group the researcher enjoys the benefit of both individual feedback and feedback generated by the 'synergy' of the group (Krueger & Casey, 2000). The subject under investigation was complex and the explanations for the participation of girls in football were likely to be multifold. In this circumstance, focus groups could explore the girls' experiences with a level of complexity that is usually not possible when adopting other methods (Krueger & Morgan, 1993). Focus groups had the potential to go further than surveys, for example, because participants feed off each other and the 'cuing phenomenon' can develop the discussion beyond the original question (Krueger & Morgan, 1993).

4.4.6 Challenges of Methods/Limitations

There were some potential drawbacks to using focus groups. It was possible that some participants would be familiar with the moderator so actions had to be taken to ensure that participants were confident of the protocols around confidentiality and anonymity. Sensitive topics may have arisen so it was essential that procedures were in place to direct participants towards appropriate support if needed and that all group

participants were aware of their responsibility regarding confidentiality. Herzberger (1993) raises the concerns that a balance needs to be struck between achieving research aims and attention to sensitivity that may 'inhibit adequate measurement'. Morgan and Krueger (1993) advise that, when investigating sensitive topics, researchers using focus groups must strike a balance between urging participants to disclose appropriately and discouraging inappropriate revelations that are outside the remit of the research. There was the possibility that individuals within the group would conform to the majority view. Morgan and Krueger (1993) also highlight the need for the moderator to develop an open and permissive environment where every member of the focus group feels safe and confident to share their feelings and experiences.

Morgan and Krueger (1993) advocate the use of two types of moderator. One who has a direct involvement with the research project and can therefore react to opportunities to pursue the research aims and questions. One who has some familiarity with the group or the type of group who is likely to be more in touch with the feelings of the individuals or the group as whole and can respond more sensitively. They recommend that sufficient consideration is given to this before organising the focus groups. In this piece of research, the opportunity was there to provide both types of facilitator so both were employed.

A range of groups were approached, to include younger ('under 12s', i.e. 11-12 age group) players, older teenage ('under 16s', i.e. 15-16 age group) players, at Centre of Excellence level and at local league level. Focus groups have a number of advantages including participants being stimulated by others in the group, that data can be collected from several people at the same time and that contributions can be encouraged from people reluctant to be interviewed alone. Focus groups have some disadvantages including that confidentiality can be a problem, that the number of questions is limited and that conflicts can arise between personalities (Robinson, 1999).

Fern (2001) looked at the work of various researchers (Krueger, 1988; Stewart & Shamdasani, 1990; Wells, 1979) and concluded that Churchill (1992) was correct in assessing that 'At the point of diminishing returns, the cost of an additional group will

not be covered by its incremental benefit' (p.162). Fern (2001) goes on to conclude himself that 'by the end of the fourth group most shared or common attributes (70 to 80%) should be captured' (p.163). As the results of focus group research is not going to be generalisable, Fern (2001) asserts that 'most authors on the topic argue that most focus group research requires somewhere between four to six groups' (p.123). Four focus groups were therefore conducted, two at the centre of excellence and two at the local community football club. This provided a contrast across age groups (10-12 and 15-16) such that comparisons could be made between girls who had been involved for several years and others who had recently become involved in football. The selection of the four groups also provided a contrast between the different skill and achievement level of the girls in the two settings.

Bryman (2008) recommends that if sufficient diversity has been reached then further groups are unnecessary. The four groups provided sufficient diversity with the ability to make comparisons across age groups, across the two different settings and the different skill/achievement levels of the girls. Consideration was given to the size of the groups and to the character of each team. Discussions took place with each team coach regarding the appropriate number of girls to put forward for their focus group. The number of players in each squad varied. So, for instance, the younger local team only had a small squad because they played in a seven-a-side league and only needed a small squad. Conversely, the younger Centre of Excellence squad was quite large because they represented a development group from which the coaches then selected players for progression to the older age groups. Numbers for the focus groups were therefore not identical but were a representative selection of their squad. The size of the groups (4-7) is within the range (3-10) of focus group studies analysed by Bryman (Table 19.1, p.478, 2008) and the details of each group are summarised below.

Local Community Club Team 1

This was the younger of the two local community club groups. They were drawn from a small cohort as the teams in this age group at local level play seven-a-side football.

Local Community Club Team 2

These girls had played together in the same team for several years. They came from a small geographical area, had attended four different primary schools, and had progressed to different secondary schools.

Centre of Excellence Team 1

This group consisted of seven girls from a large geographical area who had been selected for the youngest age group at the Centre of Excellence. The group from which the girls were selected was quite large because the Centre of Excellence coaches start with a development squad that they then reduce. These girls had effectively been on trial for the season with a possibility that they would be deselected and returned to their local community club team.

Centre of Excellence Team 2

This group had played together for several years and were in their last spell at this elite junior level. Some of them had experience of training and playing at national level and hoped to join a professional club.

Table 4.3 Focus Group Participant Table

FOCUS GROUP PARTICIPANT TABLE				
	GROUP 1	GROUP 2	GROUP3	GROUP4
GROUP TITLE	LOCAL COMMUNITY CLUB 1	LOCAL COMMUNITY CLUB 2	CENTRE OF EXCELLENCE 1	CENTRE OF EXCELLENCE 2
AGE GROUP	10-12	15-16	10-12	15-16
NUMBER OF PARTICIPANTS	4	4	7	5
IDENTIFYING TRANSCRIPT NUMBER OF EACH PARTICIPANT	1,2,3,4	5,6,7,8,	9,10,11,12,13,14,15	16,17,18,19,20

Following the principle of engaging the Centre of Excellence and Local Community Club directors and coaches, the composition of the groups was decided by the coach of each team. Discussions took place with the coaches a several weeks before each focus group as part of the preparation. These discussions included practical preparations in terms of time and location, availability of players, player and parent consents, but also included discussions about the balance between homogeneity and heterogeneity of each focus group. Acocella (2012) stresses the importance within focus group research of the need to achieve a level of safety so that all members feel confident enough to participate and a level of dynamism that would stimulate the discussion.

As recommended by Krueger and Casey (2009) each focus group started with establishing the ground rules around confidentiality. This was addressed firstly amongst the girls in the group and included consideration of their other teammates who were not selected to participate in the group. Secondly, it was explained that the moderator would only know the participants by their research project number and that their names would not appear on any transcript, report or in the thesis.

Krueger and Casey (2009) recommend that the moderator should start with an introductory and unchallenging question, preferably something factual, and by allowing each member of the group to share an experience. The questions were ordered in a way that followed a chronological sequence from the start of the girls' involvement in football through to their latest experience. The first question invited the girls to talk about their entry into football. The questions were ordered in a way to allow the girls to start by telling the story of their involvement in football followed by more open and in-depth questions about their experiences of football and its impact on them.

The later questions were designed to generate more discussion amongst the girls and provided an opportunity for them to share and compare their feelings and experiences. As a focus group interview progresses, participants are more likely to relax and talk more openly about personal experiences.

Krueger and Casey (2009) warn against jargon and professional language and that questions should be clear, short and one-dimensional. The groups consisted of girls between ten and sixteen years of age. It was important to ensure that the questions were easy to comprehend. The questions were therefore broken down with short additional prompts to be included when necessary.

Krueger and Casey (2009) outline that there are two distinct strategies available to moderators: 'topic guide and questioning route' (p.38). Krueger and Casey (2009) discuss the merits of both but express a preference for the questioning route because it offers greater consistency between the focus groups and aids analysis. The questioning route requires researchers to be better prepared beforehand (Krueger and Casey, 2009) so a sheet of questions was prepared that addressed each of the research questions (see Appendix). Krueger and Casey (2009) recommend that if the questioning route is selected, then appropriate preparation should take place before the commencement of the focus groups. This should involve appropriate testing of the questions. In this study, the questions were discussed with leaders from the FA centre of excellence.

There was sufficient discussion during the focus groups of the girls' reactions to setbacks and the strategies they employ to tackle adversity to address the research questions.

4.5 Sampling

Bloor, Frankland, Thomas, and Robson (2001) argue that, for focus groups, random sampling is less important. The selection of the sample of girls for this study was what Krueger and Casey (2000) call 'purposeful' and to target information-rich cases (Patton, 1990). Patton (1990) goes on to say that:

The validity, meaningfulness, and insights generated from qualitative inquiry have more to do with the information-richness of the cases selected and the observational/analytical capabilities of the researcher than the sample size. (p.185)

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For this study, I took my lead from Patton (1990). The sample of footballers studied was not a wholly representative sample of all female footballers but they were very representative of girls who had been involved in football for several years and had shown greater motivation for the sport. The sample included sixty-eight girls with substantial experience of football between them. These girls represented the range of girls who had played in boys' teams or only with girls; girls who had played at school and others who had not; and girls who had played since they were very young and others who had started playing football later. There were girls who played several other sports, some who only played team sports and some who only played football. The common feature was that they had not just played occasionally but had committed themselves to joining a club and, in the case of the Centre of Excellence girls, had gone on to be selected at county level. They were therefore more likely to provide detailed answers to the questions posed in the study.

The sample included girls from a variety of age groups and with a range of experience and their parents, and included girls from a wide geographical area across two counties of the UK, from both urban and rural communities. It did not include girls who had never played competitive football or those who had ceased playing. The use of questionnaires with established norms therefore assisted in providing comparisons with the wider population of girls.

The researcher had direct access through the Football Association (FA) to a significant number of potential participants. Discussions took place with the FA about the potential study with a very receptive response. The researcher also had access to a range of potential participants through engagement in the FA coaching scheme, involvement in club football and through contact with the regional Centres of Excellence. The intention was to survey players across the age range, with girls from 10-12 years old, girls from 13-14 years old and girls from 15-16 years old. The sample included a range of players in terms of sporting achievement and included players who had achieved a lot in football at both club and centre of excellence level.

The inclusion criteria were:

1. Female

2. Aged between ten and sixteen

3. Engaged in competitive football

4. Must be from a 'Charter Standard' club or FA Centre of Excellence where there is a child protection officer

The focus groups were organised by selecting from each team group girls with a range of Total Difficulties Scores. Each girl was allocated a number prior to completion of the SDQ. The numbering of the participants made it possible to select the focus group samples without girls' identities becoming known to the focus group moderator.

4.6 Negotiating Access: Establishing links with the FA

Work was undertaken to facilitate access to appropriate participants. This involved engaging with a Football Association Girls' Centre of Excellence where girls selected as having the potential to progress to international level undergo a special programme of training and education. In addition, a local football club that had several girls' teams was approached. The latter group play weekly in a competitive league and are trained by FA qualified coaches but are principally playing for their own enjoyment rather than having any higher aspirations.

As a means to encourage the active support of the centre managers I developed a Powerpoint presentation of existing research on the physical and psychological impact of girls' involvement in sport and, in particular, football. The presentation included information on the physical benefits of girls' involvement in sport: reduction in girls' risk of obesity; reduction in the risk of type 2 diabetes; reduction in the risk of breast cancer; lowering of adult onset of coronary heart disease; lowering of the risk of certain cancers; helping girls build greater peak bone mass, thereby reducing adult risk for osteoporosis. It also included information on the overall psychological benefits of engagement in sport, such as reduction in anxiety and depression, improved body image and improved cognitive functioning.

The presentation had the desired effect. The managers of the Centre of Excellence and the regional coordinator from the FA were engaged with the topic and offered their full support for the proposed research. They arranged that, on a given night when the girls were attending for a normal training session, they and their parents would be invited to participate in the study and to complete a questionnaire. Following this, they also provided a co-facilitator for the focus groups. A female co-facilitator was deemed desirable as there was a greater likelihood of the girls engaging with a familiar face of the same gender.

A similar approach was made to the local football club and, with the agreement of the club secretary, presentations were made to each team, their parents and their manager. They arranged for the questionnaires to be distributed to players and parents and posted back to the university. They also arranged for groups of players from each team to be available for the focus groups on a given night when the girls would be attending for a training session.

The study engaged the participation of a total of 170 persons in the following ways:

1. Pre-study stakeholder consultation – meetings, presentations and discussions with coaches, managers, players and parents (approximately 36 FA representatives, Centre of Excellence coaches, local community club representatives, local community club coaches, player and parent representatives participated in these sessions). The information derived from these meetings was not part of formal data collection but provided important contextual and background information and enabled agreement to be obtained for the study

2. Quantitative methods - 68 girls completed the child's version of the SDQ

3. Quantitative methods - 66 parents completed the parent's version of the SDQ

4. Qualitative methods -   19 girls participated in focus group interviews

4.7 Generalisability/Transferability

The study focused on two relatively small groups of people, the girls and their parents. The groups were specifically chosen as groups of girls who had been involved with playing football to a high standard and who had either been selected to represent their local Football Association Centre of Excellence or were representing their local football club in a regional league. The girls from the Centre of Excellence had been more successful than most in football but the involvement of a local football club provided an alternative perspective. Although generalisability is not possible in small qualitative studies, Lincoln and Guba (1989) argue that transferability is parallel to generalisability and, following this lead, Krueger and Casey (2000) suggest that the aim should be to seek some transferability of the findings. They clarify this by suggesting that the target should be to be able to transfer the larger concepts derived from research as opposed to generalising from specific findings (Krueger & Casey, 2000).

It is hoped that transferability of the findings could be applied to other players at the other Football Association Centres of Excellence and to other girls who have played competitive football at local level. It is expected that the findings will have resonance with most girls playing football and with many girls engaged in sport of all kinds. Although the findings will be of interest to girl footballers and their parents, the importance of the study is that it is likely to benefit coaches, at all levels, so that they can better understand the girls they are training and managing. Beyond that, the findings will be of interest in relation to wider social concerns about the mental health and wellbeing of children.

4.8 Researcher Neutrality

Having chosen focus groups as the core method, a number of risks associated with qualitative research had to be addressed. I was always conscious of the risk to researcher neutrality. Krueger and Casey (2000) suggest that the best way to avoid

compromising objectivity is to follow systematic procedures. Each point in the analysis should have a verifiable audit trail of evidence (Krueger & Casey, 2000). This particular study had its challenges as I did not arrive at the subject to be investigated as someone who had no prior involvement in girls' football. I am a qualified FA coach of many years and have coached girls from the ages of four to sixteen. I am father to three footballing daughters, each of whom had very different reasons for becoming a footballer. It was essential that I remained open to alternative interpretations as well as ensuring that I accurately reported what the girls said.

There were two primary research methods. Method 1 utilised questionnaires. Method 2 utilised focus groups. An initial questionnaire survey was undertaken with the girls and their parents. Subsequently, focus groups were held to pursue questions that arose from the initial survey. The questionnaire survey was circulated to a wider group than those invited to participate in the focus groups.

4.9 Gaining Ethical Approval

All the necessary paperwork was completed to the satisfaction of the University of Huddersfield School Research Ethics Panel and approval was granted to commence the collecting of data. Core issues addressed were the risk of a breach of confidentiality and the potential for participants to become distressed. Bulmer (2001) lists a number of ethical issues that should concern social researchers: 'Informed consent; Respect for privacy; Safeguarding the confidentiality of data; Harm to subjects and researchers; Deceit and lying in the course of the research; Attending to the consequences of publication.'(pp. 49-52). Each of these issues was addressed.

First and foremost, no player or parent was forced or induced to take part. Robson (2002, quoting Kimmel, 1988), lists ten questionable practices in social research. Mindful of these concerns, participants were clearly informed of the nature and purpose of the research, provided with consent forms and given every opportunity to withdraw from the study. Parents were also required to give permission for their

children to take part for young people under the age of 16 years (Greig, Taylor, & Mackay, 2007).

All participants were assured of confidentiality and that anything they said in their focus group would not be made available by the researcher to anyone outside the focus group unless they explicitly requested it. All participants were assured that anything they reported in their questionnaire would not be made available to anyone other than the researcher unless they explicitly requested it. All participants were advised, prior to the focus group taking place, that should they raise any public or child protection issues or information regarding an offence, the researcher was under a moral, professional and legal obligation to disclose the information to the relevant authorities and, therefore, confidentiality could not be assured in this instance.

Anonymity was paramount. Questionnaires were numbered and distributed randomly amongst the girls at the Centre of Excellence. An additional protocol was introduced so that neither the researcher nor the Centre of Excellence staff could link questionnaires to specific individuals. By introducing an additional tier of control it was possible to select participants for the focus groups without the researcher or the Centre of Excellence staff being able to know which selected individual was linked to which specific questionnaire results. It was necessary, for purposive sampling of focus group participants, to be able to select specific individuals. By maintaining their anonymity this improved confidentiality and was more likely to increase their confidence in speaking out in the group. After the focus groups were completed, the linking information was destroyed. All data were anonymised prior to publication. The participants were made aware of the intention for publication and dissemination of the findings to a wider audience but that their responses would not be individually identifiable. Focus groups were recorded then transcribed and recordings destroyed. Transcriptions will be kept under secure conditions for the length of time recommended in the University's guidelines (five years). Any references to specific individuals were removed and anonymity of participants was maintained.

An additional concern was that confidential information disclosed during focus groups might be disclosed outside the group. Participants signed confidentiality agreements to try and prevent this.

In order to improve access and to increase the likelihood of full participation, the completing of questionnaires and the focus groups were held within the FA Centre of Excellence. In accordance with the need for child safeguarding, the focus groups were held at a time when centre staff, coaches and parents were available. There was a welfare officer on site at all times with specific responsibility for the participants. Participants were reminded of this facility. Parents were expected to remain on site whilst players were attending the Centre. A similar approach was taken with the local club. The club had its own clubhouse with a lounge with private areas where the interviews took place.

Another important measure was that there was a female co-facilitator in the focus groups. One of the advantages of having a co-facilitator was that if anyone had become upset, one facilitator could deal with the distressed individual whilst the other facilitator dealt with the group. Additionally, the researcher himself, the co-facilitator and the Centre of Excellence staff had undertaken Criminal Records Bureau checks and accredited child safeguarding training.

It was essential that consideration was given to the possibility of girls having memories of traumatic experiences stimulated by the questions in the questionnaire. Child participants were asked to complete the questionnaire in a designated room where parents/carers were available. The adult participants completed their questionnaires simultaneously, in the same room but separately. Parents were therefore aware of the nature and content of the questions completed by the girls.

It was possible that participants might recall unpleasant memories of bullying, harassment, pressure from parents/coaches/other players and even abuse. Should psychological support have been required, the participants would have been directed to speak to their parent or guardian in the first instance. Each participant was attached to either a Centre of Excellence or a Football Association Charter Standard Club (Football Association, 2012(4)) that has to have child protection officers. Any

participant disclosing bullying, harassment or pressure from parents/coaches/other players was to be directed to the child protection officer. If the participant had disclosed abuse of a child, the interviewer would have followed the Local Area Child Protection procedures.

It was possible, and even expected, that some participants would disclose one or more of the issues being investigated: anxiety, depression, an eating disorder, self-harm, low self-esteem. Child participants were encouraged to discuss these issues with a parent or carer or the child protection officer responsible for their team.

I employed various measures to protect the girls in the study from possible harm. The parents of all the girl participants were asked to become co-participants in the completion of the Strengths and Difficulties Questionnaires. The SDQ is an established tool that has been used and evaluated widely. Both parents and children were provided with information sheets and consent forms which outlined the nature of the research and the opportunity for them to withdraw. Parents were made aware of the SDQ items that the girls were going to be asked to complete so they could withdraw their child at that stage. Parents were asked if they would give permission for their daughter to participate in the focus groups and, when the focus groups took place, a female coach was in attendance. Participants in the focus groups were reminded of the importance of maintaining the confidentiality of the discussion and recordings and transcripts were kept in secure conditions.

Cree, Kay and Tisdall (2002) identify a number of issues when engaging children in research. One issue that confronted Cree, Kay and Tisdall (2002) was the reluctance of the children to become involved. Cree, Kay and Tisdall (2002) also identify the central role of 'gatekeepers' or people whose role it is to ensure the interests of the children are safeguarded. I benefited from the support of the centre of excellence and local football club firstly endorsing my research. This resulted in almost 100% participation at the centre of excellence and 60% participation at the local club. The children were more enthusiastic because official endorsement had served to allay the concerns of the parents and the girls. I was also assisted by asking the girls to talk about something they were doing because they enjoyed it. I was also asking them to talk about their

experiences of football. Inevitably, the experiences of this particular study group were largely positive, otherwise they would be unlikely to be still playing.

Cree, Kay and Tisdall (2002) found challenges to maintaining engagement with participant children and their parents, partly because of the invasive nature of the research which was exploring children's worries, but partly because the research method involved repeated contact. The children in Cree, Kay and Tisdall's (2002) study expressed frustration at the persistent questioning when they just wanted to relax and enjoy themselves. I addressed this issue in my research by facilitating the involvement of the girls and their parents through ensuring that their engagement was brief and not disruptive. The focus groups took place during the allotted time for training and completion of the questionnaires either took place at the same time or they were taken home for completion at leisure.

4.10 Questionnaire Distribution and Retrieval

The survey was self-administered, which allowed participants the time to reflect on their responses but did create the problem of potential non-completion (Weisberg, Krosnick & Bowen, 1996). In the event, the study was greatly assisted by the cooperation of the Football Association's Centre of Excellence and the managers of the local club who arranged for their players and parents to be available at a set time on a set day.

The ethos for the construction of the demographic questionnaires was in line with that for the SDQs, that is, that in order to boost response rates consideration was given to Dillman's 'total design method' (1978). This included making the completion look easy (using SDQ for example), having questions where limited personal detail was requested, giving social rewards (thanks) and establishing trust by official sponsorship (the FA in this case). Instead of asking actual family income, postcodes were requested so that indicative income could be estimated from data available from the Office for National Statistics. Similarly, the number of people in work in the household was

requested, rather than asking if parents were employed or unemployed. Date of birth was not requested, only the month and year, thus avoiding compromising personal identity. Although it was made clear in the information provided at the outset that completing any question was optional, the question regarding ethnic identity had a reminder that this question was optional.

The return rate for the questionnaires was very high for the girls at the Centre of Excellence, with all the girl footballer questionnaires being returned and only one parent questionnaire not being returned. Of the questionnaires returned there were only two missing answers overall, which could possibly be just because of completion errors rather than deliberate exclusions. This high return rate reflected a number of factors. Firstly, the facilities at the Centre of Excellence were those used by the academy of a professional football team and included excellent meeting rooms where the girls and their parents completed the questionnaires. Secondly, the girls were asked by the coaching staff to pause from training and to complete the questionnaires, thus allowing me to collect several questionnaires at the same time during three separate visits to the Centre. Thirdly, the Centre of Excellence is located some distance from each of the girl's homes so they all needed to be transported there by their parents and, because of the distance, the same parents stayed at the venue during the training sessions. The parents also came from a variety of different locations so car-sharing opportunities were limited. The parents were therefore all available, with only one exception.

The return rate from the local football club was not as high. Of fifty questionnaires distributed, thirty were returned - a response rate of sixty per cent. This reflected the fact that the club did not have the same meeting room facilities as the Centre of Excellence so girls preferred to take the questionnaires home rather than stay behind after training and complete the questionnaires in the club changing rooms. In addition, the coaches from the local club were supportive of the research project but only had the girls for one hour per week for training, compared to the two, two-hour sessions at the Centre of Excellence. The coaches were therefore less keen to lose valuable training time whilst girls filled out questionnaires. Furthermore, several of girls at the local club walked to training without their parents or came together with others in car

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share arrangements. All the girls from the local club group took the questionnaire packs home and were provided with prepaid envelopes with which to return questionnaires and participant consent forms. All these factors contributed to a reduction in the number of completed questionnaires returned.

4.11 Recording and Transcribing

It was essential to digitally record the focus groups in order to capture as much detail as possible and for the group moderators to participate fully in the exercise. Fielding and Thomas (2001) emphasise the need for researchers to take care when interviewing members of vulnerable groups. They recommend that, before recording takes place, both researcher and participant should allocate time to discuss the various issues of confidentiality and anonymity before commencing the interview. They point out that most people now carry their own recording device and this would include children, most of whom would never be far from their mobile phone.

Fielding and Thomas also highlight the benefits of researchers transcribing the recordings themselves, as the process may generate ideas and increases familiarity with the data (2001). Completing the transcription oneself allows the possibility of beginning to identify connections and establishing the themes that require further analysis (Fielding & Thomas, 2001). Woffitt (2001) recommends that the transcription be produced with as much detail as possible because this facilitates the subsequent analysis of the data.

4.12 Analysis

4.12.1 Questionnaire Analysis

The questionnaires were analysed using Statistical Package for the Social Sciences (SPSS) version 19. Altogether 134 questionnaires were returned, 68 child questionnaires and 66 parent questionnaires, each with 25 items, as well as demographics questionnaires for all the girl participants. SPSS facilitates analysis of all these items and the ability to produce tables and graphs to aid understanding. These tables were then analysed alongside the data from the focus groups.

The analysis of the data was both exploratory and confirmatory. The research had started with a supposition that the girls could be deriving some psychological benefit from playing football. The SDQ data was largely descriptive, outlining SDQ total and subscale scores, comparing these with UK norms and informing the interpretation of the focus group data.

From the analysis of the questionnaire results, questions were formulated for the focus groups. The analysis of the questionnaires provided indications for a number of topics that the focus groups could illuminate further. I took my original research questions and looked at how well the data from the questionnaires addressed those research questions. I was able to see the areas that I needed to explore in greater depth and from this initial analysis I then developed the principal questions for the focus groups.

For instance, there was data from the questionnaires on the age at which the girls had started football but I needed to explore, in the focus groups, what had led to their introduction to football. In a similar vein, I was able to identify from the questionnaires how long the girls had been playing football but I needed to ask the girls about what had sustained their engagement in football.

Psychological wellbeing was another area that I was exploring. The SDQ provided a range of measures of mental wellbeing and some indication of the level of resilience possessed by the girls and, therefore, offered an evaluation of the likelihood of the girls' ability to bounce back from adversity. The SDQ results could not, however, tell me whether the girls had any strategies for addressing setbacks nor what those strategies might be. I prepared some questions for the focus groups that investigated those subjects.

One of the strong points of the SDQ is its coverage of peer problems and prosocial behaviours. These, in particular the questionnaire data, furnished information about the mental wellbeing of the girls and, by extrapolation, some evidence of their levels of resilience. By extending the examination of the girls' ability to respond to setbacks, I was able to generate a fuller assessment of their level of resilience.

4.12.2 Analysis of the focus groups

The data from the focus groups was analysed using template analysis (Crabtree and Miller, 1999, King, 1998). Template analysis involves the researcher creating a 'template' within which themes are organised into data sets in order to facilitate analysis. King (1998) suggests that template analysis is particularly helpful in qualitative research where there is a need to apply some structure. This was a pertinent issue as I had used mixed methods to gather my data. I had a set of data from a quantitative approach and a set of transcripts from four focus groups. Template analysis can be used to analyse various forms of textual data from different methodological and epistemological bases and therefore offered an opportunity to codify both sets of data under unified headings.

Braun and Clark (2006) contest that the analysis of data using a thematic approach allows for the interpretation of the data and is not merely a description of emerging themes. The researcher in this context is pro-active in interpreting and presenting understanding from the data (Braun & Clark, 2006). The judgement of the researcher

is therefore central to the identification of themes and refinement of any lists of themes.

A feature of template analysis is the development of a priori themes. King (1998) suggests starting with some predefined codes and then introducing further codes as the data are analysed. The principle promoted by King (1998) is that the whole process should be dynamic, with the opportunity to add, amalgamate, subsume and withdraw codes as the data are scrutinised. Initially King (1998) proposes the use of a smaller, select number of codes whilst remaining aware that a fixed template could become a block to exploring important issues. King (2004) advises that commencing with too many predefined codes can hinder analysis and cause important issues to be missed. Alternatively, he countenances that having too few codes can result in the data remaining unrefined and complex. King (1998) recommends keeping an open mind throughout the analytical process, thus allowing fresh interpretations to emerge.

Template analysis involves organising the codes in a hierarchical manner (King, 2012) and offers the opportunity to arrange the codes according to themes and sub-themes. This enables the researcher to analyse the data at different levels, although King (2012) advises that too many levels can work against the aim of achieving clarity from the process. The hierarchy needs to be dynamic, with the possibility for codes to be reorganised and to move between the levels as the analysis progresses (Crabtree & Miller, 1999). Similarly, codes can be deleted or new codes inserted as further data is gathered, eventually arriving at a 'final' template (King, 2012). King (1998) explains that template analysis is different to discourse analysis and conversation analysis in that the main focus is on the words of the participants and less on their expression. Transcription of the focus groups included everything verbalised but did not include intonation and timed pauses, for example, but where there were important interjections, such as giggles between or after responses, these were included.

Analysing focus group data must be 'systematic and rigorous' (Maughan, Collishaw, Meltzer & Goodman, 2008). Bloor, Frankland et al. (2001) go on to explain how the data should be 'indexed' to facilitate interpretation of the transcribed interviews. This accords with Robson's outline of approaches to qualitative analysis (2002) (including

template approaches) and which may include codes that have been determined on an a priori basis. Template analysis has been further developed by King (1998) from Crabtree and Miller (1992) and was an appropriate method for the evaluation of the focus group data. Waring and Wainwright (2008) highlight how template analysis offers the opportunity for immersion in the data as a fundamental aspect of the interpretive process.

The study needed to be appropriately designed and executed but there needed to be systematic procedures for the analysis. At the heart of the study was the need, as Krueger and Casey (2002) assert, to be able to comprehend and articulate the participants' points of view. This was the essential task of the research; trying to find out what lay at the root of the girls' choice of sport and what motivated them to continue with the sport.

Following King's (1998) guidance, which involves developing a priori themes, carrying out an initial coding and producing an initial template, the template used in this study was developed by drawing on three sources of information:

1. themes that emerged from the literature review (chapter two and three)
2. issues identified through consultation with stakeholders (the FA, coaches and parents) in the preparatory stages of the study
3. from the SDQ results (particularly in relation to resilience and positive psychology)

Focus group analysis was in three stages: i) a descriptive grid was devised based on the three sources of information above and used as a template for a first reading of the focus group transcripts. This enabled the identification of further sub and sub-sub themes for each focus group. ii) These were then collated - overlapping themes were merged and new themes introduced; these were then streamed together within coherent theoretical 'strands'. This resulted in a further template that included all of the themes (those from the sources above *and* those from the first level analysis of the focus groups). The themes were coded and applied to the full data set and only finalised when, through a process of constant comparison, no new themes emerged.

These steps address concerns that template analysis can be prescriptive and pre-emptive and ensured that the analytic process remained true to the voices of the girls (rather than to the template) while being theoretically grounded within the literature. The three overarching theoretical strands derived from the literature and which were used for data analysis and interpretation are as follows:

1. Gender, Sport and Agency (discussed in Chapter Seven). Within this strand two main themes were explored: Gender and Sport (divided into seven sub-themes and 15 sub-sub-themes) and, Girls' Agency and Motivation'(divided into three sub-themes and six sub-sub-themes)

2. Impact of Social Context and Structural Inequalities (discussed in Chapter Eight). The main themes explored within this strand of enquiry was Social Environment (divided into four sub-themes and 14 sub-sub-themes)

3. Resilience, Overcoming Adversity and Positive Psychology (discussed in Chapter Nine). Within this strand, three main themes were explored: Psychological Resilience (divided into six sub-themes and 12 sub-sub-themes; Overcoming Adversity (divided into eight sub-themes and 13 sub-sub-themes) and, Positive Psychology (divided into five sub-themes and five sub-sub-themes)

All themes, sub-themes and sub-sub-themes used for the analysis are described in the template below which is also used as the structure for the presentation of the findings (Chapters 7-9). Each of the themes is numbered – linked together, these were the codes that were used in analysis so for example, number 1.1.4.6 refers to the extent to which responses from coaches (sub-sub-theme 6) were experienced as a barrier (sub-theme 4) within the girls' social environment (main theme 1) and is explored in relation to the literature on the impact of social context and structural inequalities (theoretical strand 1).

FINAL TEMPLATE			
An Exploratory Study of the Mental Wellbeing of Girls Engaged in Competitive Football			
Theoretical Strands	**Main theme**	**Sub-theme**	**Sub-sub theme**
1 **THE IMPACT OF SOCIAL CONTEXT AND STRUCTURAL INEQUALITIES** (Reported in Chapter 7)	1.Social Environment (e.g. Benson, 1997)	1. Playground	1. Dominated by boys
		2. School	1. Promoting girls' football
			2. Not promoting girls' football
		3. Opportunity	1. School teams
			2. Boys' teams
			3. Girls' teams
		4. Barriers	1. Parental responses
			2. Responses of other adults e.g. teachers
			3. Responses from boys
			4. Responses from girls
			5. Feelings of isolation/difference
			6. Responses from coaches
			7. Social factors (e.g. male dominance, financial constraints, race/ethnicity)
			8. Environmental factors
2 **GENDER AND SPORT AND GIRLS' AGENCY** (Chapter 8)	1.Gender and Sport (e.g. Bem, 1974, 1995)	1. Androgyny	1. Playing with boys
			2. Playing football
			3. Physicality
			4. Physical strength
			5. Physical prowess
			6. Fitness
			7. Competence
			8. Engagement in both masculine and feminine interests and skills
		2. Dominant views on feminine identities	1. Body image
		3. Cooperation	1. Welcoming/accepting newcomers
		4. Competition	1. Enjoying winning, scoring
		5. Teamwork	1. Integrating others 2. Sense of belonging
		6. Team sports	1. Other sports – hockey etc.
		7. Individual sports	1. Other sports – feminine
		1. Autonomy	1. Pioneering
			2. Choosing to play football with boys

	2. Girls' Agency and Motivation		3. Choosing to play football with girls
		2. Competence	1. Skill base
		3. Relatedness	1. Coach support
			2. Teammate support
3. **RESILIENCE, OVERCOMING ADVERSITY AND POSITIVE PSYCHOLOGY** (Chapter 9)	1. Psychological resilience (e.g. Sarkar and Fletcher, 2013)	1.Self-efficacy	1.Mastery
		2.Confidence	1.Security – managing bullying
		3.Positive personality/ Optimism	1. Positive personality/ Optimism
		4.Psychosocial skills	1.Meeting new people
		5.Focus	1.Concentration
		6.Perceived social support	1.Fathers positive
			2.Mothers positive
			3.Sibling support -.Sisters positive
			4.Sibling support - Brothers positive
			5.Peer support - Team members
			6.Teachers Supportive
			7.Positive peer relations – teammates
	2.Overcoming adversity (e.g. Sarkar and Fletcher, 2013)	1.Positive adaptation	1.Problem solving/Solution focus
			2.Sportsmanship
		2.Protective factors	1.Social interaction
			2.Humour
			3.External activities
			4.Engagement in team sport
		3.Reconfiguration/Positive reinterpretation	1.Need to score if other team scores
		4.Problem solving/Proactivity	1.Planning to defeat other team
		5.Acceptance	1.Defeat can be explained
		6.Positive Coping Strategies	1.Humour
		7.Recovery	1.Injuries
			2.Coach criticism
		8.Competence under stress	1.Controlled emotions
	3.Positive psychology (e.g. Seligman, 1990)	1.Optimistic explanatory style	1.Decatastrophising
		2.Solution focus/Problem solving	1.Desire to win
		3.Bounce back	1.Step it up
		4. Persistence/ Determination	1.Commitment (Hardiness) to training
		5. Positive self-concept	1. Positive self-concept

4.13 Reflections on the Methodology

The initial observation that led to this research project was that girls must be deriving some psychological benefit from playing football and whilst this benefit might not be known to the girls, something was providing the motivation to sustain their enthusiasm, even in adverse conditions. For this reason, I decided to include a questionnaire that would measure the girls' mental wellbeing in a way that I could compare their results with established norms. This proved to be very helpful, as the Total Difficulties Scores and the scores for the five subscales gave some insights into whether this group of girls differed significantly from the average for girls of similar age in Great Britain. The knowledge gained from the SDQs was valuable because it gave insights into the girls' level of emotional problems, conduct problems, peer problems, hyperactivity and prosocial behaviours. When compared with the findings from the focus groups I had much richer information on which to reflect on my research questions. Taking the SDQ data alone, the findings would have been less complete.

The focus group questions were developed after the analysis of the SDQs and greater depth was achieved by the inclusion of the focus groups. I was able to follow threads in the conversation and allow the girls to spend time discussing the topics of most interest to them. The construction of the focus groups with my presence and the presence of a female coach could not be considered completely 'natural' but they took place in a safe and supportive environment. I am aware that the subject could have been explored differently through individual interviews but I calculated that, in this situation, focus groups lent themselves very well to the energy and dynamism of teams.

4.14 Summary of the Chapter

In this chapter, I have defined the research questions and how these then influenced the methodological approaches. I have explained how I came to use a

qualitative dominant mixed methods approach and, from there, how I selected the particular questionnaire and the form of qualitative interviewing. I have demonstrated how I designed the research project, engaging firstly the Football Association and then a local football team, before entering into the research with the players and parents. I have clarified the ethical issues, particularly as the participants were both children and female. I have reflected on the dynamics for them when being interviewed by an older male researcher and have demonstrated how I addressed this by involving a female coach as co-facilitator. I have shown how I was mindful of addressing potential researcher biases, in the light of my extensive involvement in girl's football, and how I constructed my approach for analysis. Finally, I have reflected on the methodology and have shown that a mixed methods approach allowed me to generate richer data from which to address my research questions.

Chapter Five

Findings and Discussion from the Demographics Questionnaire

5.1 Introduction

The Demographics Questionnaire provides information on the background of the girls in the study. This is important to consider along with the SDQ data because child and adolescent mental wellbeing can be influenced by a range of social, familial and personal factors. Data was gathered on household income, parental employment, family car ownership and ethnicity. In addition, data was gathered on the age group of the girls, the length of time they had been playing football and other sports they were playing. The significance of the findings of the demographic data is discussed in relation to other studies on the topics raised.

5.2 Demographics Results- Journeys into Football

5.2.1 Month of Birth

During discussions with the Football Association Centre of Excellence in the planning of the study they requested I look at the month of birth for their players. They had an impression that the majority of their players were born in the first three or four months of the academic year and that girls born later in the academic year were possibly disadvantaged since selection was made from within each academic year group. I gathered this information which is represented in Figure 5.1.

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Fig. 5.1 Month of Birth
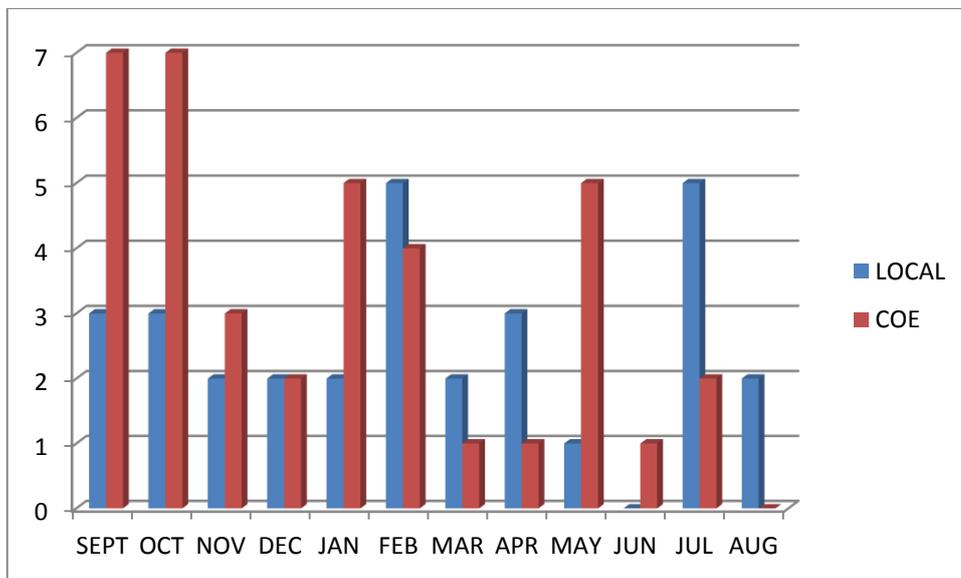
The results show that the coaches at the Centre of Excellence were correct in their assumption (Fig.1). Fifty per cent of the girls were born in the first term or the first four months of the academic year and 73.7% were born in the first six months of the academic year. Only 7.9% of the girls were born in the last three months of the school year, with no players born in August. For the girls from the local community club, 33.3% of the girls were born in the first term or the first four months of the academic year and 56.7% were born in the first six months of the academic year. There were 23.3% of the local club girls born in the last three months of the school year, with two players born in August. In summary, the girls from the local club show an even distribution across the year group whereas the girls at the Centre of Excellence come predominantly from the older girls in the year group.

The finding that the Centre of Excellence girls came predominantly from the earlier months of their year group reflects the findings of Simmons and Paull (2001) and Deaner, Lowen, and Cobley (2013). Simmons and Paull's five-year longitudinal study looked at young footballers in the UK and found that children born September to December were selected significantly more often than were children born May to August. In addition, they found that even when the young players had reached the same physical size as the older

players, the selection bias towards the older players remained. Deaner et al. (2013) looked at the selection of ice hockey players in the North American National Hockey League (NHL). The year group for NHL players starts in January and Deaner et al. (2013) discovered that those born in the first three months of the calendar year were twice as likely to reach career benchmarks and that the bias continued throughout the careers of hockey players. Helsen, Van Winckel, and Williams (2005) summarised the impact of the relative age effect for young people playing football and concluded that children with a greater relative age effect are more likely to be identified as 'talented'. They suggested that the best solution would be for coaches to develop a more rounded understanding of talent within football that does not focus so highly on physical strength and on winning.

Physicality is the first area where girls find themselves at a disadvantage. Clark and Paechter (2007) found girls wishing to join in playground football at primary school needed to be able to compete physically with boys. Younger girls from the year group would be more likely to be smaller, particularly in the early year groups, and would therefore be at a disadvantage when competing for opportunities to join in with the boys. This could also explain why the girls with a greater relative age were more successful in gaining places at the Centre of Excellence. Not only were they likely to be stronger than the other girls in their year group and therefore more likely to be seen as talented by the coaches (Helsen et al., 2005), they would also stand more chance of being allowed to join the boys' game in the playground because they could compete physically with the boys. (This issue is further discussed in the focus groups reported in Chapter Seven).

5.2.2 Year of Birth/Years Playing Football

I was able to find the age at which each girl had started playing football. I then assessed whether the girls from the Centre of Excellence had started playing at an earlier age than had the girls from the local club.

The range of competitive participation for the girls at the Centre of Excellence was from 1 to 9 years playing football. The mean was 6.1 years. The range for the girls at the local

club was from 1 to 10 years playing football. The mean was 5.66 years. The similarity in the means is perhaps explained by the variation in the response rate per age group (See Fig. 4) where the spread amongst the Centre of Excellence participants is even across the age groups and the older girls dominate the spread amongst the local club players.

Fig. 5.2 Age Group of Participants
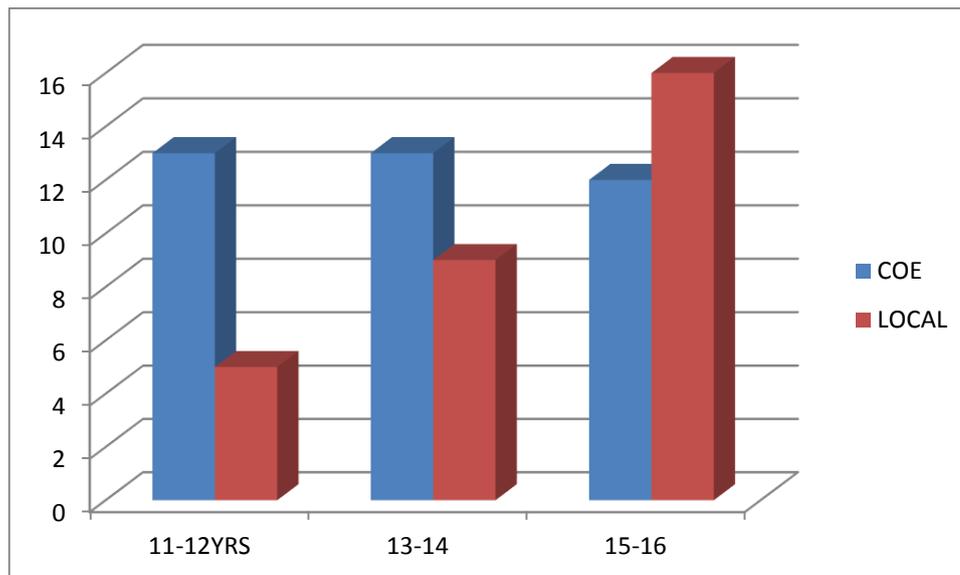
| Centre of Excellence | Mean 13.5 (SD 1.64) |
| Local Community Club | Mean 14.3 (SD 1.45) |

This measure of engagement in football gives some indication of the length of time football may have had an impact upon the girls. There are of course many other potential influences on the girls' emotional and psychological wellbeing. In particular, most of the girls were playing other team and individual sports so, as identified by Brown and Lawton (1986), the impact of sporting activity overall could be the major influence, rather than the specific influence of football.

The mean age at which girls from the Centre of Excellence started playing football was 6.37. The range was from 3 to 11 years of age. The mean age at which girls from the local club started playing football was 8.73. The range was from 5 to 15 years of age. The girls from the Centre of Excellence had therefore on average started playing over two years

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younger than had the girls from the local club. Several of the girls from the Centre of Excellence describe starting playing in a boys' football team, whereas fewer of the local club girls had had this early introduction. For girls in the UK wishing to play competitive football at a young age they are restricted to playing in a boys' team because competitive leagues for girls do not start until the under-nine age group. Boys' leagues start typically at under-seven age group. This would explain why more girls from the Centre of Excellence talked about starting their playing careers in a boys' team. If they were typically starting football at a younger age then they would inevitably be directed towards a boys' team, as the option to play for a girls' team was not available. The local club girls typically started football at the age when girls' teams start.

The picture in the UK differs from other countries such as Norway where girls can start playing in teams at age seven (Longmore, 1995). In the USA, girls' soccer mirrors boys' soccer with both leagues starting at under six, i.e. girls in the USA can start competitive football at age 5 (USA Youth Soccer, 2008). Girls can also play in boys' teams at any age group. Both these things are significant. The USA national women's soccer team has been the leading team in the world for many years and are the top of the current FIFA rankings (FIFA, 2013) and despite its small population size, Norway has also had a very successful national women's football team. Girls in the UK are at a disadvantage against their international counterparts because they generally start playing much later, unless they play with boys. In addition, in the UK we still have a legacy of the 1921 FA decision to ban women's football from FA facilities and there seems to be a prevailing ethos in some sections of the sport which suggests that the 'right' of boys to play football is established whereas the argument has to be made in respect of girls.

Legal challenges to FA rules denying girls the right to play in boys' teams goes back to Theresa Bennett who was banned from playing in her local boys' league at the age of twelve. In *Theresa Bennett v. The FA* (1978), Theresa won her appeal, but this was subsequently overturned on the basis that girls do not have the 'strength and stamina' to compete in the physical side of football. [There are reflections here of the FA ban in 1921 where football was described as 'quite unsuitable for females' (FA minutes, Dec. 1921)] The issue of girls' inability to compete physically recurs in both the institutional sexism of the FA and in the attitudes portrayed by boys in the school playground (Evans, 2007). The

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ban was partially lifted in 1991 and English Schools were required to develop girls' as well as boys' football (Lopez, 1997), although girls were still only allowed to play with boys' teams up to the age of 12 until very recently.

As reported by the Guardian (Culf, 2006), in March 2006 a 10-year-old girl, Minnie Cruttwell, approached the then Sports Minister, Tessa Jowell, about her wish to be allowed to play football in mixed teams after she had reached the age of 12. The issue was debated in parliament and the FA were forced to give way. The age bar was lifted to U13s for the 2011/12 season, to U14s for the 2012/13 and most recently to U15s for the 2013/14.

5.3 Constraints, Barriers and Enablers

5.3.1 Postcode

For the girls playing for a local club team it was assumed that they would mostly, if not exclusively, live in the immediate vicinity of the club's facilities and were therefore more likely to start from a base of commonalities in family income, ethnic origin, and school and sports opportunities. Postcodes also gave an indication of how far the girls were travelling to play.

For the girls playing for the Centre of Excellence (elite players), which drew its players from across the county, it was assumed that the girls would come from a variety of locations and that their profile would be much more diverse.

I felt it was important to see whether the elite players were representative of the whole community of the county and of the various economic groups. Postcodes also gave an indication of how far the girls were travelling to play at the elite level.

The girls from the Centre of Excellence (N=38) had been selected from the whole region of South Yorkshire (N=33) and North East Derbyshire (N=4) with one unknown. The range they had to travel was from 2 to 40 miles, although only one person was travelling over 22 miles. The mean was 12.78 miles and the mode 6 miles. The girls from the local club

(N= 30) were from areas of North East Derbyshire and the South West area of Sheffield. The range of distance they travelled was from one mile to twenty miles. The mean was 3.7 miles, the mode 1 mile.

The expense of transport for girls at the Centre of Excellence was therefore considerably greater than for girls at the local club. Another difference between the girls at the Centre of Excellence and the local club was that the former trained twice a week and the latter once a week. In addition, the girls at the Centre of Excellence travelled to play their matches across a region of England that included Yorkshire and Northumbria with potential trips of 130 miles each way, whereas the girls from the local club travelled across South Yorkshire and North East Derbyshire with a maximum journey of 40 miles each way. Nevertheless, both groups of girls were incurring substantial travel costs in order to play competitive football. This factor alone would make it difficult for girls from low-income families to play competitive football.

5.3.2 Mode of Travel

It was important to ascertain whether participating in training was limited by the availability of transport. Car ownership for the region was established from the Office for National Statistics census figures for 2011 (ONS, 2011). From a population of 565,442 households in South Yorkshire 29.5 % of households had no car and from a population of 43,070 households in North East Derbyshire 18.7% of households had no car. The mean for the area for the whole sample is 28.7%. All the girls from both the Centre of Excellence and the local club travelled to training by car. This could mean that a large number of girls from households without cars are excluded from playing football. The distances girls were travelling to train at a local level would indicate that coming from a household with a car would not always be essential, but travel to away matches may require household ownership of a car. The distances girls were travelling to train at Centre of Excellence level would indicate that coming from a household with a car would probably be essential. Travel to away matches was provided by the Centre of Excellence, although parents wishing to attend away matches would almost certainly require ownership of a car.

5.3.3 Numbers of People in Work in the Household

Income for households in the region was calculated using the ONS 2007/8 figures (ONS, 2008a) which were the best statistics available. I decided to ask the girls for their postcode as a strategy to find indicative household income. Based on the net weekly income after payment of housing costs, the range for the girls at the Centre of Excellence was from £260 to £590. The mean was £447.57 and the mode £435. The mean for the girls from the local club was £523 and the mode £530. The range for the girls from the local club was much narrower, from £430 to £530. The national median household income for 2008 was £20,801 (ONS, 2008b). This equates to about £320 per week before housing costs. Indications are therefore that the majority of the girls at the Centre of Excellence came from families whose household income is above the national average and all the girls from the local club were likely to have come from families whose household income is above the national average. For 2007/08 the Households Below Average Income (HBAI, Department for Work and Pensions, 2009) report specified the income threshold for a household defined as living in poverty was below £199 per week after housing costs for a couple with no children (Fry, 2011). None of the girls in either sample came from areas identified as containing high levels of families living in poverty.

5.3.4 Summary of Issues Arising from Evaluation of Household Income, Car Ownership and Travel Arrangements

The Women's Sport and Fitness Foundation (2011) found that household income was a very important influence on women's participation in sport, although there were proportionately more women on lower incomes playing football than women on higher incomes. In terms of the girls, a more important aspect was the need to be transported to training and to matches, as well as the money for subscription fees. Girls who do not have access to the transport necessary to attend training and to get to matches would not be able to play football.

The girls at both the Centre of Excellence and the local club came from households with good incomes and where in general there were at least two people in employment in the

household. There was only one girl from a household with unemployed parents, but she had access to a car to travel to training and to play. Two of the girls at the local club lived close enough to be able to walk to training, but these two girls came from households with two and three people in work respectively.

The girls at the local club were a representative sample of girls from their local area, but the girls at the Centre of Excellence came predominantly from areas of higher income in the region. It is possible that girls from lower income families are less likely to play football, or that they do not develop the necessary skills to be selected by the Centre of Excellence. A more probable explanation is that there are indications that girls from lower income families lack the same access to club football because of the expense of registration fees and transport costs.

5.4 Social Inequality and Involvement in Sport

In a study of 121 boys and 93 girls, Voss, Hosking, Metcalf, Jeffrey, and Wilkin (2008) found that social inequality appeared to have little impact on activity levels in children, but the difference lay in the nature of that activity. Children from low-income families were found to have less access to the facilities more commonly used by wealthier children and therefore were less likely to engage in structured out-of-school sports. This is reflected in the findings for both groups of girl footballers in that the income categories of both groups were above average. The impact of household income on women's involvement in sport has been previously highlighted (WSFF, 2011).

Using *social causation* theory as a model, Schoon (2006) demonstrates that poor social position and deficits in finances can create adjustment problems. *Selection hypothesis* would suggest that earlier adjustment problems would generate poor social and financial outcomes in adulthood (Schoon, 2006). The *pathways model* argues that disadvantage at any time, whether that be ill health or poor social or economic position would predict the likelihood of that disadvantage being replicated throughout that person's life (Schoon, 2006). Higher socioeconomic status is identified as a protective factor for a range of

childhood mental health issues (Goldstein & Brooks, 2013); a point which I pick up for further discussion in Chapter Seven.

The group of girls investigated in this study come in the main from families in average to high socio-economic areas. Using any of the above models the girls would be more likely to have fewer adjustment problems. *Social causation* theory would suggest that as they come from financially stable families, they would be more likely to have good mental health. *Selection hypothesis* would suggest that as their families have good mental health they are more likely to be living in or to have moved to good neighbourhoods. The *pathways model* would suggest that the girls are likely to have benefited from the stable trajectory of previous generations of their family whereby good social position and good mental health have been consistent over a significant period.

5.4.1 Ethnic Origin

In the 2011 census, 88.1% of people in South Yorkshire and 96.9% of people in North East Derbyshire, 88.7% of the combined population totals, identified as White British. Of the 38 girls at the Centre of Excellence 94.7% (N=36) identified as White British. One identified as Caribbean and one as 'Other Mixed Background'. Of the girls at the local club 96.7% identified as White British. One player identified as white and Black Caribbean. The figures from North East Derbyshire are therefore representative, although with numbers this low no conclusions can be drawn from the single participant. The figures from the Centre of Excellence indicate that girls for Black and Minority ethnic backgrounds (BME girls) are under-represented.

There is an uneven balance of representation across the country. Football is twice as popular amongst women in Yorkshire, where the Centre of Excellence in the study is located, as in the South East (WSFF, 2010). Football is also twice as popular in this country with BME women as white women with one in five women in football coming from a BME community (WSFF, 2012).

Pedersen and Seidman's (2004) study into team sports investigated girls from an ethnically diverse population and found there was little difference between the different

groups in terms of the impact on self-esteem. They did conclude that this was more likely to be a reflection of the uniform level of poverty within the sample of girls and the impact socio-economic factors can have on participation in sport.

5.5 Summary of Structural Barriers to Girls Playing Football

Postcode
The girls in the study were not representative of the region as a whole. With very few exceptions, they came from areas with higher disposable family income. This could indicate that girls from lower income backgrounds do not have the same access to playing competitive football.

Mode of Travel
All the girls in the study had access to a car that enabled them to get to training and to football matches. This could indicate that girls without access to a car are unable to play competitive football and were therefore not present at either the Centre of Excellence or the local club.

Household Income
None of the girls in either sample came from areas identified as containing high levels of families living in poverty.

Social Inequality and Engagement in Sport
The girls came from areas where families benefited from good household income. This is equated with higher sports participation and support from parents.

Ethnic Origin
There were insufficient numbers in this study to draw any firm conclusions. The number of BME girls was representative of the population, but not of the registered football population.

5.6 Other Sports the Girls Play or Have Played

Through this questionnaire I obtained a rudimentary understanding of whether the girls were playing other sports, how many other sports they were playing and the nature of those sports (for instance, team, individual or contact sports). I was then able to reflect on the potential impact of the various sports and the impact of the overall athletic activity.

Amongst the factors influencing this line of enquiry were the findings of Newman (2004), that participation in a range of extra-curricular activities assisted the development of resilience. Of some significance here, is research that has raised concerns of higher negative body image when girls participate in sports and activities where body weight and appearance are considered important or even essential to achieve the best performance: diving; figure skating; gymnastics; distance running; dance; ballet. Crissey and Honea (2006) from a sample of 7,214 girls, ages 12–18 years, found that girls who participated in stereotypically masculine sports that did not emphasise femininity appeared to have developed some protection against eating disorders and 'did not appear to adhere more tightly to norms about beauty and thinness' (p.266). Conversely, Crissey and Honea found that girls who were engaged in stereotypically feminine sports were at increased risk for developing a negative body image and 'thinking one is overweight' (2006, p.266). Motivations for sport participation are also very important in relation to mental wellbeing. De Bruin, Woertman, Bakker and Oudejans (2009) in a study of 140 Dutch adolescents, highlight that where adolescent girls take up sport and exercise in order to lose weight, then they are more likely to suffer from poor self-esteem despite any physical benefits they may derive from the athletic activity.

National figures from the Health Survey for England of 7521 young people (Health and Social Care Information Centre, HSCIC, 2008) show that only a quarter of girls meet the recommended levels of physical activity. For girls, this figure starts to decrease from age nine and by age fifteen 34% are not taking part in any physical activity (HSCIC, 2008). In terms of activities undertaken at least once a week, 16% of girls report playing football, including 5-a-side football either at school or elsewhere, compared with 23% playing netball (Department for Culture, Media and Sport, DCMS, 2010).

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The girls in my study paint a very different picture of sporting activity. Overall the girls engaged in 26 different sporting activities: football; rounders; hockey; netball; athletics; running; swimming; basketball; tennis; badminton; gymnastics; rugby; dance; martial arts; ice skating; cycling; sailing; trampolining; horse riding; ballet; cricket; squash; handball; climbing; boxing and skiing. There was no single pattern to the activities they chose, although there were a few interesting observations. Whereas 10% of the girls from the local club played no other sports, 15.8% of the girls from the Centre of Excellence played no other sports. This may be a reflection of the extra time commitment involved in travelling to and playing for the Centre of Excellence.

Thirty-two of the 38 girls from the Centre of Excellence played other sports. Rounders was the most common sport girls from the Centre of Excellence played (N=13) and is probably explained by the fact that this sport is traditionally arranged through school physical education lessons and after-school sports. Twenty-one of the 38 Centre of Excellence girls played other team sports (netball N=7, hockey N=5, basketball N=5, cricket N=1, rugby N=1). Eleven of the Centre of Excellence girls played individual sports only (swimming, tennis, badminton, gymnastics, athletics, running, martial arts, ice skating, skiing, sailing, trampolining, dance, ballet, horse riding, cycling) when not playing football. Twenty-nine of the girls played both other team sports and individual sports and only two girls played team sports exclusively. The mode was for girls from the Centre of Excellence to have two other activities outside of football although 14 (37%) girls played three or more other sports.

Twenty-seven of the 30 girls from the local club played other sports. Netball was the most common sport played by the girls from the local club (N=12) and, like rounders, is probably organised by school physical education departments. Nineteen of the 30 local club girls played other team sports (netball N=12, hockey N=5, rounders N=4, handball N=2, cricket N=3, rugby N=1). Eight of the local club girls played individual sports only (swimming, tennis, badminton, gymnastics, athletics, running, martial arts, ice skating, skiing, sailing, trampolining, dance, ballet, horse riding, boxing, climbing, squash and cycling) when not playing football. Twenty-one of the girls played both other team sports and individual sports, and only six girls played team sports exclusively. The mode was for girls from the

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local club to have two other activities outside of football although seven (23%) girls played three or more other sports.

Thirty seven per cent of the Centre of Excellence girls played three or more sports other than football, whereas only 23% of the local club girls were so engaged in sport.

In common with many other girls, 50 of the 68 girls played individual sports, but the girls playing football also had a great affinity with other team sports - 40 of the 68 girls played other team sports. Sport England (2012) found that women were ten times more likely to engage in individual sports and that football was the tenth most popular activity. The girls who play football, and a variety of other team sports do not therefore reflect adult women's engagement with team sports in the UK. Kelly Simmons, the FA women's football co-ordinator speaking in the Independent newspaper expressed a wish for participation in England to equal the half a million women playing football in Germany (Davies, 1998).

It was very common for girls to be involved in other sports (32 of the 38 Centre of Excellence girls and 27 of the 30 local club girls), which possibly contributes to the higher mental wellbeing found in the sample. Newman (2004) identifies participation in a range of extra-curricular activities as a protective factor for children's mental wellbeing. Newman was not just referring to sport, but the range of extra-curricular sport activity enjoyed by the girls in my study is likely to have contributed to their mental wellbeing.

There are a number of other factors that can enhance resilience which are identified by Newman (2004) and can be found in the girls' reports of the attractions of football: Firstly, 'strong social support networks' (Newman, 2004), the importance of which is also highlighted in Voice of the Young Survey (Lepper, 2007). In their study of 1,122 young people aged from under 11 to 18, 524 boys and 598 girls, 79% of the girls said they enjoyed sport because it helped them make friends and 94% enjoyed sports because it helped them work as part of a team. The girls in my study were very similar to the girls in the Voice of the Young Survey (Lepper, 2007) in that they were attracted to the benefits of working as a team and making friends.

Secondly, Newman (2004) identifies the importance of children being able to help others. Lepper (2007) found that 70% of girls enjoyed sport because it helped them be more considerate, 57% because it helped them to think about the feelings of others and 58%

because it made them want to help others. Football for the girls in my study seemed to be providing many of the experiences that can contribute positively to developing resilience. This compares with Pedersen and Seidman (2004) who investigated a very different group of adolescent girls who were from a poor urban ethnically diverse area where higher self-reported global self-esteem was correlated with higher attainment in team sports. My findings also mirrored the group of girls in Evans (2006) who were already engaged in extra-curricular team sports, although Evans (2006) did find that for girls already alienated from team sports any engagement with team sports later in adolescence increased their concerns of the public 'gaze', largely from boys, but also from the other girls.

Thirdly, Newman (2004) found that 'a sense of mastery' in one's own talents could be a contributor to enhanced resilience. The girls in this study talk about how they enjoy having developed the skills necessary to be a competent footballer and how these skills provide them with greater confidence in school PE lessons. Alongside the self-assurance that comes from having skills that put the girls in control and that others may admire Newman (2004) found that if a child felt they could apply their talents to making a positive impact and changing a situation to theirs and others' benefit this too would enhance their resilience. The girls in all the groups in my study discuss how they respond to setbacks and talk with a confidence about how they can individually and collectively achieve redress.

Newman (2004) identifies that children need to be allowed to experience challenging situations so that they can test out and develop their coping skills. The girls in this study seem to have picked out a number of sports and activities other than football that offer opportunities that test them. This then provides them with chances to experience adversity in a safe controlled environment such that they become practised at reframing defeats as well as successes.

 Overall, very few girls were engaged in sports or activities considered a risk for negative body image (Crissey & Honea, 2006; Montgomery, 1991; Rosen & Hough, 1988; Braisted, Mellin, Gong, & Irwin, 1985). One girl was involved in skating, one ballet, two dancing and several were involved in athletics (although it was not specified whether this was field or track athletics), or running.

The data available from the demographics questionnaire provides indications of a number of possible biases that may influence a girl's opportunities to play and to progress within football. The month in which a girl is born can have a major influence on whether a girl will progress to a Centre of Excellence. A girl born in August is the least likely to be selected for the Centre of Excellence whereas a girl born in September or October is the most likely. This has been reported as a problem elsewhere in football and in other sports (Deaner et al., 2013; Helsen et al., 2005; Simmons & Paul, 2001) with Helsen et al. (2005) suggesting a range of solutions largely focusing on raising the awareness of coaches and changing their attitudes and behaviours, especially where they are confusing physique with talent.

Socio-economic factors play a significant role in girls' opportunities to play football. Access to a car seems to be essential, to be able to get to training and to play matches, considering the distances the girls had to travel to play. For girls in a family without a car, they would have to rely on someone else to provide the necessary transport if they wished to play football.

Chapter Six

Findings from the Strengths and Difficulties Questionnaire

6.1 Introduction

This chapter reports findings from the Strengths and Difficulties Questionnaire (SDQ). The SDQ was administered in order to provide an indication of the mental health status of the girls in the study, which would then inform the questions explored in focus groups and the interpretation of the focus group data. The rationale for choosing the SDQ, and the psychometric properties of the SDQ are described in Chapter 4.

I report inter-item correlations for the SDQ items and Cronbach's alpha as a measure of internal consistency for the SDQ total scores and subscales. I then provide descriptive statistics of both the self-report and parent-rated questionnaires for the two groups and the sample as a whole. I then calculate comparisons of the SDQ scores with established norms (Meltzer et al., 2000) using the Statistical Package for Social Science (SPSS, version 19).

6.2 Response rates

Thirty-eight questionnaires were distributed to girls from Centre of Excellence (CoE) teams with a return rate of 100%. Thirty-eight questionnaires were distributed to the parents of girls at the Centre of Excellence with a return rate of 97%. Fifty questionnaires were distributed to girls at a local community club (LCC) with a return rate of 60%. Fifty questionnaires were distributed to the parents of the girls at a local community club with a return rate of 58%. In total, one hundred and thirty eight questionnaires were returned.

6.3 Inter-item Correlations

Inter-item correlations, for both groups of girls combined, were calculated with the Pearson product-moment correlation coefficient. The correlation matrices for the self-report and parent versions are shown in tables 6.1 and 6.2. The significant correlations are highlighted. To assist analysis the statistically significant correlations are presented in tables 6.3 and 6.4.

Self-report SDQ:

Within the Emotional Symptoms Scale, there are positive correlations with items within the same scale. Items within the Conduct Problems Scale, Hyperactivity Scale and Peer Problems Scale correlate with items across all three scales. Items within the Prosocial Behaviour Scale have positive correlations with other items within the same scale and negative correlations with some items from the Conduct Problems Scale

Parent-rated SDQ:

The correlations within the Parent-rated SDQ are similar to the Self-report SDQ. Within the Emotional Symptoms Scale, there are positive correlations with items within the same scale. Items within the Conduct Problems Scale, Hyperactivity Scale and Peer Problems Scale correlate with items across all three scales. Items within the Prosocial Behaviour Scale have positive correlations with other items within the same scale and have a number of negative correlations with items from the other four subscales.

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Table 6.1 Inter-item Correlations – Self-Report

Correlations

		I TRY TO BE NICE TO OTHER PEOPLE	I AM RESTLESS	I GET A LOT OF HEADACHES	I USUALLY SHARE WITH OTHERS	I GET VERY ANGRY OFTEN	I AM USUALLY ON MY OWN	I USUALLY DO AS I AM TOLD	I WORRY A LOT	I AM HELPFUL IF SOMEONE IS	I AM CONSTANTLY	I HAVE ONE GOOD FRIEND OR	I FIGHT A LOT	I AM OFTEN UNHAPPY	OTHER PEOPLE MY AGE	I AM EASILY DISTRACTED	I AM NERVOUS IN NEW SITUATIONS	I AM KIND TO YOUNGER	I AM OFTEN ACCUSED OF	OTHER CHILDREN BULLY ME	I OFTEN VOLUNTEER TO	I THINK BEFORE I DO THINGS	I TAKE THINGS THAT ARE NOT	I GET ON BETTER WITH ADULTS	I HAVE MANY FEARS
I AM RESTLESS	Pearson	-0.208																							
	Sig. (2-t)	0.089																							
	N	68																							
I GET A LOT OF HEADAC	Pearson	0.172	-0.013																						
	Sig. (2-t)	0.16	0.916																						
	N	68	68																						
I USUALLY SHARE	Pearson	0.126	0.097	.268*																					
	Sig. (2-t)	0.307	0.429	0.027																					
	N	68	68	68																					
I GET VERY ANGRY	Pearson	-.387**	.363**	-0.031	-0.09																				
	Sig. (2-t)	0.001	0.002	0.8	0.466																				
	N	68	68	68	68																				
I AM USUALLY ON MY	Pearson	0.016	0.06	-0.032	-0.102	-0.093																			
	Sig. (2-t)	0.894	0.629	0.798	0.406	0.451																			
	N	68	68	68	68	68																			
I USUALLY DO AS I	Pearson	-0.225	0.214	-.280*	-.414**	.248*	-0.132																		
	Sig. (2-t)	0.065	0.08	0.021	0	0.041	0.283																		
	N	68	68	68	68	68	68																		
I WORRY A LOT	Pearson	0.132	-0.105	.310*	-0.044	-0.042	0.015	-0.205																	
	Sig. (2-t)	0.283	0.396	0.01	0.719	0.731	0.901	0.094																	
	N	68	68	68	68	68	68	68																	
I AM HELPFUL IF	Pearson	0.189	-0.026	0.071	.248*	0.003	-0.158	-.287*	-0.035																
	Sig. (2-t)	0.123	0.835	0.563	0.042	0.979	0.198	0.018	0.778																
	N	68	68	68	68	68	68	68	68																
I AM CONSTANTLY	Pearson	-0.153	.443**	-0.07	-0.065	.261*	0.079	-.245*	-0.095	0.102															
	Sig. (2-t)	0.213	0	0.569	0.598	0.031	0.522	0.044	0.44	0.407															
	N	68	68	68	68	68	68	68	68	68															
I HAVE ONE GOOD	Pearson	0.076	-0.094	0.08	-0.035	0.127	0.063	-0.03	0.108	0.104	0														
	Sig. (2-t)	0.535	0.445	0.517	0.78	0.301	0.611	0.808	0.38	0.397	1														
	N	68	68	68	68	68	68	68	68	68	68														
I FIGHT A LOT	Pearson	-0.197	.326**	-0.099	-0.084	.367**	-0.033	.398**	-.273*	-0.225	.323**	-0.073													
	Sig. (2-t)	0.108	0.007	0.421	0.497	0.002	0.791	0.001	0.024	0.065	0.007	0.551													
	N	68	68	68	68	68	68	68	68	68	68	68													
I AM OFTEN UNHAPPY	Pearson	-0.022	0.046	0.221	-0.044	0.231	0.049	0.083	.370**	-0.089	0.194	0.145	0.005												
	Sig. (2-t)	0.861	0.709	0.071	0.721	0.058	0.694	0.502	0.002	0.469	0.113	0.238	0.967												
	N	68	68	68	68	68	68	68	68	68	68	68	68												
OTHER PEOPLE MY AGE	Pearson	-0.155	-0.052	0.028	-0.066	0.098	0.176	0.105	0.074	0.022	0.099	.270*	-0.041	.299*											
	Sig. (2-t)	0.208	0.672	0.823	0.593	0.429	0.15	0.395	0.55	0.862	0.423	0.026	0.741	0.013											
	N	68	68	68	68	68	68	68	68	68	68	68	68	68											
I AM EASILY DISTRACT	Pearson	-0.179	.387**	-0.061	0.034	.397**	.254*	.350**	-0.208	-0.166	.309*	0.048	.422**	0.058	0.225										
	Sig. (2-t)	0.144	0.001	0.624	0.781	0.001	0.036	0.003	0.089	0.176	0.01	0.697	0	0.64	0.065										
	N	68	68	68	68	68	68	68	68	68	68	68	68	68	68										
I AM NERVOUS IN NEW	Pearson	-0.146	0.098	0.193	0.106	0.17	-0.011	0.022	.424**	-0.152	-0.032	0.18	0.041	0.132	0.214	0.178									
	Sig. (2-t)	0.236	0.428	0.115	0.39	0.167	0.931	0.856	0	0.216	0.797	0.141	0.741	0.283	0.08	0.146									
	N	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68									
I AM KIND TO YOUNGE	Pearson	.279*	-0.062	-0.148	.259*	-0.183	0.055	-.251*	-0.173	.394**	-0.218	-0.093	-0.227	-.330**	-0.139	-0.148	-0.223								
	Sig. (2-t)	0.021	0.615	0.229	0.033	0.135	0.654	0.039	0.157	0.001	0.075	0.449	0.063	0.006	0.26	0.227	0.068								
	N	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68								
I AM OFTEN ACCUSED	Pearson	-0.029	0.033	0.071	-0.002	0.113	0.052	0.187	0.08	-0.086	0.151	0.129	.304*	-0.049	0.159	0.159	0.03	0.03							
	Sig. (2-t)	0.813	0.792	0.567	0.99	0.361	0.672	0.126	0.518	0.484	0.293	0.691	0.22	0.012	0.637	0.194	0.91	0.807							
	N	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68							
OTHER CHILDREN BULLY	Pearson	-0.214	-0.076	0.004	-0.099	0.076	0.143	0.055	0.112	0.081	0.032	0.198	-0.024	0.194	0.18	0.082	-0.021	-0.023	.240*						
	Sig. (2-t)	0.08	0.535	0.975	0.421	0.538	0.243	0.656	0.363	0.509	0.794	0.105	0.848	0.113	0.143	0.508	0.865	0.855	0.049						
	N	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68						
I OFTEN VOLUNTEER TO	Pearson	-0.033	-0.085	0.116	0.154	-0.155	-0.19	-0.081	0.099	.256*	-0.039	-0.125	-0.119	-0.033	-0.238	-.246*	0.021	0.22	0.19	0.229					
	Sig. (2-t)	0.791	0.491	0.347	0.21	0.208	0.121	0.514	0.421	0.035	0.751	0.311	0.335	0.787	0.051	0.043	0.864	0.072	0.12	0.061					
	N	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68					
I THINK BEFORE I DO	Pearson	-0.178	0.094	-0.129	-0.053	0.114	-0.137	.318**	-0.141	-0.114	.277*	0.097	0.234	0.043	0.094	.300*	0.088	-0.039	.341**	0.164	-0.064				
	Sig. (2-t)	0.146	0.445	0.293	0.669	0.354	0.265	0.008	0.251	0.353	0.022	0.433	0.054	0.729	0.448	0.013	0.475	0.753	0.004	0.182	0.603				
	N	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68				
I TAKE THINGS THAT ARE	Pearson	-0.16	0.134	-0.101	-0.202	0.127	0.116	0.108		-.290*	.267*	-0.03	0.135	0.145	-0.112	0.174	0.058	-.280*	.284*	0.198	0.027	.240*			
	Sig. (2-t)	0.193	0.275	0.411	0.098	0.301	0.078	0.348	0.38	0.016	0.028	0.806	0.273	0.238	0.362	0.156	0.64	0.021	0.019	0.105	0.829	0.049			
	N	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68			
I GET ON BETTER WITH	Pearson	0.05	0.16	0.05	-.282*	-.345**	-0.025	.246*	0.165	-0.02	.307*	0.181	.248*	0.152	0.203	0.137	0.181	-0.215	-0.014	0.154	-0.044	-0.052	0.023		
	Sig. (2-t)	0.685	0.193	0.686	0.02	0.004	0.841	0.043	0.178	0.874	0.011	0.139	0.041	0.217	0.096	0.266	0.139	0.078	0.913	0.209	0.723	0.672	0.851		
	N	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68		
I HAVE MANY FEARS	Pearson	0.003	0.109	0.163	-0.004	0.13	0.121	0.04	0.228	-0.023	.258*	.348**	0.037	.253*	-.265*	0.217	.435**	-0.209	0.116	0.106	-0.013	0.147	0.194	0.11	
	Sig. (2-t)	0.98	0.375	0.184	0.976	0.289	0.328	0.744	0.062	0.855	0.033	0.004	0.767	0.037	0.029	0.075	0	0.087	0.348	0.389	0.914	0.23	0.112	0.371	
	N	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
MY ATTENTION IS	Pearson	0.009	0.195	-0.225	0.004	0.146	0.095	0.2	-0.041	-0.103	-0.108	-0.016	0.016	-0.066	-0.009	-.348**	0.064	-0.075	0.108	0.073	-0.108	0.11	0.122	-0.051	-0.082
	Sig. (2-t)	0.94	0.11	0.065	0.974	0.234	0.544	0.103	0.741	0.403	0.382	0.895	0.894	0.592	0.941	0.004	0.603	0.541	0.379	0.554	0.381	0.373	0.32	0.678	0.508
	N	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68

** Correlation is significant at the 0.01 level (2-tailed).   Positive (green)   Negative (orange)

* Correlation is significant at the 0.05 level (2-tailed).   Positive (blue)   Negative (yellow)

Table 6.2 Inter-item correlations – Parent

Correlations

Column key (item numbers used in table):

1 = CONSIDERATE OF OTHERS · 2 = RESTLESS, OVERACTIVE · 3 = OFTEN COMPLAINS OF HEADACHES OR · 4 = SHARES READILY WITH OTHER · 5 = OFTEN HAS TEMPER · 6 = SOLITARY, PLAYS ALONE · 7 = GENERALLY OBEDIENT · 8 = MANY WORRIES, OFTEN SEEMS · 9 = HELPFUL IF SOMEONE IS HURT · 10 = CONSTANTLY FIDGETING · 11 = HAS AT LEAST ONE GOOD FRIEND · 12 = OFTEN FIGHTS WITH AND BULLIES · 13 = OFTEN UNHAPPY · 14 = GENERALLY LIKED BY OTHER · 15 = EASILY DISTRACTED · 16 = NERVOUS IN NEW SITUATIONS · 17 = KIND TO YOUNGER CHILDREN · 18 = OFTEN LIES OR CHEATS · 19 = PICKED ON OR BULLIED · 20 = OFTEN VOLUNTEERS TO · 21 = THINKS THINGS OUT BEFORE · 22 = STEALS FROM HOME OR · 23 = GETS ON BETTER WITH ADULTS · 24 = MANY FEARS, EASILY SCARED

Each cell shows Pearson Correlation (row 1) and Sig. (2-tailed) (row 2). N = 66 for all cells.

Item	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
RESTLESS, OVERACTIVE (r)	-.114																						
(Sig.)	.362																						
OFTEN COMPLAINS OF (r)	-.123	.153																					
(Sig.)	.324	.220																					
SHARES READILY WITH (r)	.513**	-.025	-.054																				
(Sig.)	.000	.844	.667																				
OFTEN HAS TEMPER (r)	-.205	.177	.109	-.114																			
(Sig.)	.099	.154	.383	.360																			
SOLITARY, PLAYS ALONE (r)	-.329**	-.021	-.132	-.175	.068																		
(Sig.)	.007	.865	.291	.159	.585																		
GENERALLY OBEDIENT (r)	-.440**	.122	-.060	-.478**	.115	.148																	
(Sig.)	.000	.327	.635	.000	.359	.237																	
MANY WORRIES, OFTEN (r)	-.024	-.007	.226	-.008	.074	.153	.134																
(Sig.)	.847	.958	.068	.946	.556	.220	.284																
HELPFUL IF (r)	.392**	.101	-.206	.426**	-.179	-.167	-.184	-.106															
(Sig.)	.001	.417	.096	.000	.150	.180	.140	.398															
CONSTANTLY FIDGETING (r)	-.021	.523**	.367**	-.057	.170	-.023	.042	.009	.099														
(Sig.)	.868	.000	.002	.648	.171	.851	.740	.944	.429														
HAS AT LEAST ONE (r)	-.245*	.007	-.094	.009	.323**	.467**	.184	.180	-.421**	-.107													
(Sig.)	.047	.957	.455	.946	.008	.000	.139	.148	.000	.391													
OFTEN FIGHTS WITH (r)	.121	.086	.073	.108	-.107	.093	.194	.029	.070	.198	-.030												
(Sig.)	.334	.495	.562	.387	.394	.456	.118	.816	.575	.111	.813												
OFTEN UNHAPPY (r)	-.082	.036	-.001	-.121	.352**	.325**	.191	.370**	-.150	.486**	-.061												
(Sig.)	.515	.776	.991	.335	.004	.008	.125	.002	.230	.753	.000	.627											
GENERALLY LIKED BY (r)	-.187	-.095	-.285*	-.203	.072	.134	.191	.012	-.437**	.039	.305*	.041											
(Sig.)	.132	.447	.020	.101	.565	.282	.125	.923	.000	.753	.013	.627	.743										
EASILY DISTRACTED (r)	.084	.276*	.176	.044	.172	.025	.198	.165	.189	.320**	.048	.151	.042	.042									
(Sig.)	.505	.025	.157	.728	.166	.841	.111	.185	.128	.009	.703	.225	.737	.737									
NERVOUS IN NEW SITUATION (r)	.075	-.093	.123	.206	.025	.363**	.079	.404**	-.006	.165	.297*	.127	.248*	.092	.164								
(Sig.)	.550	.459	.327	.098	.843	.003	.528	.001	.960	.185	.015	.309	.045	.462	.188								
KIND TO YOUNGER (r)	.252*	.011	-.074	.218	-.223	-.297*	-.260*	-.258*	.462**	.039	-.493**	.070	-.357**	-.357**	.182	-.140							
(Sig.)	.041	.930	.554	.078	.072	.016	.035	.036	.000	.757	.000	.578	.003	.003	.144	.263							
OFTEN LIES OR CHEATS (r)	-.187	.167	.190	-.203	-.021	.134	.191	.191	-.293*	.299*	.305*	.226	.041	.201	.126	.092	-.258*						
(Sig.)	.132	.181	.128	.101	.866	.282	.125	.124	.017	.015	.013	.068	.743	.106	.312	.462	.036						
PICKED ON OR BULLIED (r)	-.106	.011	.111	-.214	-.163	.492**	.125	.209	.107	.303*	-.045	.215	.200	.053	.000	.266*	-.074	.053					
(Sig.)	.399	.931	.373	.085	.190	.000	.317	.093	.390	.013	.718	.083	.108	.671	1.000	.031	.555	.671					
OFTEN VOLUNTEERS TO (r)	.267*	.085	-.337**	.196	-.335**	-.172	-.184	-.149	.536**	.025	-.450**	-.018	-.333**	-.333**	-.067	-.214	-.078	-.028					
(Sig.)	.030	.496	.006	.115	.006	.167	.139	.233	.000	.842	.000	.883	.006	.006	.593	.085	.168	.532	.822				
THINKS THINGS OUT (r)	-.222	.211	.164	.022	.151	.137	.325**	-.016	-.109	.062	.284*	.111	-.019	.138	.415**	-.108	.043	.138	-.046	-.268			
(Sig.)	.073	.089	.188	.859	.227	.274	.008	.898	.383	.620	.021	.373	.879	.268	.001	.387	.734	.268	.714	.029			
STEALS FROM HOME (r)	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·	·		
GETS ON BETTER WITH (r)	-.230	-.039	-.010	-.049	.002	.171	.273*	.086	.032	-.004	.280*	.038	.030	.116	-.204	.015	-.217	.116	.057	-.046	.291*	·	
(Sig.)	.063	.759	.936	.698	.985	.171	.027	.495	.801	.973	.023	.765	.811	.353	.100	.903	.081	.353	.647	.712	.018		
MANY FEARS, EASILY (r)	.006	.156	-.142	-.009	-.063	-.038	.188	.416**	.016	.172	.144	.092	.130	.229	.158	.304*	-.175	.229	.050	.002	-.132	·	-.057
(Sig.)	.962	.212	.254	.940	.613	.763	.131	.001	.897	.168	.250	.462	.299	.064	.207	.013	.160	.064	.692	.990	.289		.650
GOOD ATTENTION SPAN (r)	-.306*	.173	.176	-.044	.271*	.075	.248*	.165	-.189	.091	.335**	.000	.042	.042	.422**	.082	.026	.211	-.077	-.514**	.706**	·	-.204
(Sig.)	.012	.166	.157	.728	.028	.547	.045	.185	.128	.465	.006	1.000	.737	.737	.000	.512	.836	.089	.538	.000	.000		.100

(GOOD ATTENTION SPAN, col 24: r = 0.000, Sig. = 1.000, N = 66)

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).
c. Cannot be computed because at least one of the variables is constant.

Positive		Negative	
Positive		Negative	

Table 6.3 SELF-REPORT INTER-ITEM CORRELATIONS (Intra-scale correlations in bold)

SUBSCALE	ITEM	Highly significant Correlations (0.01 level)	Significant Correlations (0.05 level)	Highly significant Negative correlations	Significant Negative correlations
EMOTIONAL SYMPTOMS	I get a lot of headaches		**I worry a lot** **I usually share with others**		I usually do as I am told
	I worry a lot	**I am often unhappy** **I am nervous in new situations**	**I get a lot of headaches**		I fight a lot
	I am often unhappy		**I have many fears** **Other people my age generally like me** **I am often accused of lying**	I am kind to younger children	
	I am nervous in new situations	**I worry a lot** **I have many fears**			
	I have many fears	**I am nervous in new situations** **I have one good friend or more**	**I am often unhappy** **I am constantly fidgeting** Other people my age generally like me		
CONDUCT PROBLEMS	I get very angry often	**I fight a lot** **I am restless** **I am easily distracted** **I get on better with adults**	**I usually do as I am told** **I am constantly fidgeting**	I try to be nice to other people	
	I usually do as I am told	**I fight a lot** **I am easily distracted** **I think before I do things**	**I get angry very often** **I am constantly fidgeting** I get on better with adults	I usually share with others	I get a lot of headaches I am helpful if someone is hurt I am kind to younger children
	I fight a lot	**I get angry very often** **I usually do as I am told** **I am restless** **I am constantly fidgeting I am easily distracted**	I get on better with adults		I worry a lot
	I am often accused of lying	I am often unhappy I think before I do things	**I take things that aren't mine** **Other children bully me**		
	I take things that aren't mine		**I am often accused of lying** **I am constantly fidgeting** I think before I do things		I am helpful if someone is hurt I am kind to younger children
HYPERACTIVITY	I am restless	**I am constantly fidgeting** **I am easily distracted** **I fight a lot** **I get angry very often**			
	I am constantly fidgeting	**I am restless** **I fight a lot**	**I am easily distracted** **My attention is good** I get angry very often I usually do as I am told I take things that aren't		

			mine I get on better with adults I have many fears		
	I am easily distracted	I am restless My attention is good I get angry very often I fight a lot I usually do as I am told	**I am constantly fidgeting** **I think before I do things**		
	I think before I do things	**I usually do as I am told** **I am often accused of lying**	**I am constantly fidgeting** **I am easily distracted** **I take things that aren't mine**		
	My attention is good	**I am easily distracted**			
PEER PROBLEMS	I am usually on my own		I am easily distracted I get very angry often	I usually share with others	I get a lot of headaches
	I have at least one good friend	I have many fears	Other people my age like me		
	Other people my age generally like me		**I have at least one good friend** **I am often accused of lying** **I am often unhappy**		
	Other children bully me		I am often accused of lying		
	I get on better with adults	I get angry very often	I am constantly fidgeting I usually do as I am told I fight a lot		
PROSOCIAL BEHAVIOUR	I try to be nice to other people		**I am kind to younger children**	I get angry often	
	I usually share with others		**I am kind to younger children** **I am helpful if someone is hurt**	I usually do as I am told	I get on better with adults
	I am helpful if someone is hurt	**I am kind to younger children**	**I often volunteer to help**		I take things that aren't mine
	I am kind to younger children	**I am helpful if someone is hurt**	**I try to be nice to other people** **I usually share with others**		I usually do as I am told
	I often volunteer to help others		**I am helpful if someone is hurt**		I am easily distracted

Table 6.4 PARENT INTER-ITEM CORRELATIONS (Intra-scale correlations in bold)

SUBSCALE	ITEM	Highly significant Correlations (0.01 level)	Significant Correlations (0.05 level)	Highly significant Negative correlations	Significant Negative correlations
EMOTIONAL SYMPTOMS	Often complains of headaches	Constantly fidgeting or squirming	Generally liked by other children	Often volunteers to help others	
	Many worries, often seems worried	**Often unhappy, downhearted or tearful** **Nervous in new situations** **Many fears, easily scared**			Kind to younger children
	Often unhappy, downhearted or tearful	**Many worries, often seems worried** **Often has temper tantrums** Solitary, plays alone Has at least one good friend	**Nervous or clingy in new situations**	Often volunteers to help others Kind to younger children	
	Nervous or clingy in new situations	**Many worries, often seems worried** Solitary, plays alone	**Often unhappy, downhearted or tearful Many fears, easily scared** Has at least one good friend Picked on or bullied by other children		
	Many fears, easily scared	**Many worries, often seems worried**	**Nervous in new situations**		
CONDUCT PROBLEMS	Often has temper tantrums or hot tempers	Often unhappy, Has at least one good friend		Has at least one good friend	
	Generally obedient, usually does as they are told	Thinks things out before acting.	Gets on better with adults	Considerate of other people's feelings Shares readily with other children	Kind to younger children
	Often fights with other children or bullies them				
	Often lies or cheats		Constantly fidgeting Has at least one good friend		Helpful if someone is hurt, upset or feeling ill Kind to younger children
	Steals from home school or elsewhere				
HYPERACTIVITY	Restless, overactive, cannot stay still for long	**Constantly fidgeting or squirming**	**Easily distracted, concentration wanders**		
	Constantly fidgeting or squirming	**Restless, overactive, cannot stay still for long** **Easily distracted, concentration wanders** Often complains of headaches	Often lies or cheats Picked on or bullied by other children		
	Easily distracted,	**Constantly fidgeting or squirming**	**Restless, overactive, cannot stay still for long**		

	concentration wanders	**Thinks things out before acting.** **Sees tasks through to the end, good attention span.**			
	Thinks things out before acting.	**Easily distracted, concentration wanders**	**Easily distracted, concentration wanders**		
	Sees tasks through to the end, good attention span.	**Easily distracted, concentration wanders** Has at least one good friend	Generally obedient Often has temper tantrums		Considerate of other people's feelings
PEER PROBLEMS	Rather solitary, plays alone	**Has at least one good friend** **Picked on or bullied by other children** Nervous in new situations		Considerate of other people's feelings	Kind to younger children
	Has at least one good friend	**Rather solitary, plays alone** Thinks things through before acting Good attention span Often unhappy, downhearted or tearful	**Generally liked by other children** **Get on better with adults than other children** Often lies or cheats	Helpful if someone is hurt, upset or feeling ill Kind to younger children Often volunteers to help others	Considerate of other people's feelings
	Generally liked by other children		**Has at least one good friend** Often complains of headaches	Helpful if someone is hurt, upset or feeling ill Kind to younger children Often volunteers to help others	
	Picked on or bullied by other children	**Rather solitary, plays alone**	Nervous in new situations Constantly fidgeting or squirming		
	Get on better with adults than other children		Thinks things out before acting Generally obedient, usually does as they are told Has at least one good friend		
PROSOCIAL BEHAVIOUR	Considerate of other people's feelings	**Shares readily with other children** **Helpful if someone is hurt, upset or feeling ill**	**Kind to younger children** **Often volunteers to help others**		Has at least one good friend Sees tasks through to the end, good attention span.
	Shares readily with other children	**Considerate of other people's feelings** **Helpful if someone is hurt, upset or feeling ill**		Generally obedient, usually does as they are told	
	Helpful if someone is hurt, upset or feeling ill	**Considerate of other people's feelings** **Shares readily with other children** **Kind to younger children** **Often volunteers to help others**		Has at least one good friend Generally liked by other children Often lies or cheats	
	Kind to younger children	**Helpful if someone is hurt, upset or feeling ill**	**Considerate of other people's feelings**	Has at least one good friend Generally liked by other children	Solitary, plays alone Generally obedient

			191	Often unhappy	Many worries, often seems worried Often lies or cheats
	Often volunteers to help others	**Helpful if someone is hurt, upset or feeling ill**	**Considerate of other people's feelings**	Good attention span Has at least one good friend Often complains of headaches Often has temper tantrums or hot tempers Often unhappy, downhearted or tearful Generally liked by other children	'I am easily distracted'

6.4 Inter-scale correlations

The inter-scale correlations for both the self-report and parent SDQs are presented in tables 6.5 and 6.6. On the self-report SDQ there are statistically significant correlations (at the 0.01 level) between 'Emotional symptoms and 'Peer problems', between 'Conduct problems and 'Hyperactivity' and negative correlations between 'Conduct problems and 'Prosocial behaviours'.

Table 6.5 Correlations between subscales for self-report SDQ

		Emotional symptoms	Conduct problems	Hyperactivity	Peer problems	Prosocial behaviours
Emotional symptoms	Pearson Correlation	1	.067	.038	.324**	-.092
	Sig. (2-tailed)		.587	.758	.007	.456
	N	68	68	68	68	68
Conduct problems	Pearson Correlation	.067	1	.589**	.160	-.416**
	Sig. (2-tailed)	.587		.000	.193	.000
	N	68	68	68	68	68
Hyperactivity	Pearson Correlation	.038	.589**	1	.187	-.209
	Sig. (2-tailed)	.758	.000		.127	.087
	N	68	68	68	68	68
Peer problems	Pearson Correlation	.324**	.160	.187	1	-.209
	Sig. (2-tailed)	.007	.193	.127		.087
	N	68	68	68	68	68
Prosocial behaviours	Pearson Correlation	-.092	-.416**	-.209	-.209	1
	Sig. (2-tailed)	.456	.000	.087	.087	
	N	68	68	68	68	68

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

On the parent SDQ there are statistically significant correlations (at the 0.05 level) between 'Emotional symptoms' and both 'Conduct problems' and 'Peer problems'; between 'Conduct problems' and all the other subscales (at the 0.01 level); and significant negative correlations (at the 0.01 level) between 'Prosocial behaviours' and 'Peer problems' and 'Conduct problems'.

Table 6.6 Correlations between subscales for Parent rated SDQ

		Emotional symptoms	Conduct problems	Hyperactivity	Peer problems	Prosocial behaviours
Emotional symptoms	Pearson Correlation	1	.257*	.182	.284*	-.215
	Sig. (2-tailed)		.037	.144	.021	.083
	N	66	66	66	66	66
Conduct problems	Pearson Correlation	.257*	1	.366**	.320**	-.527**
	Sig. (2-tailed)	.037		.003	.009	.000
	N	66	66	66	66	66
Hyperactivity	Pearson Correlation	.182	.366**	1	.058	.039
	Sig. (2-tailed)	.144	.003		.645	.757
	N	66	66	66	66	66
Peer problems	Pearson Correlation	.284*	.320**	.058	1	-.433**
	Sig. (2-tailed)	.021	.009	.645		.000
	N	66	66	66	66	66
Prosocial behaviours	Pearson Correlation	-.215	-.527**	.039	-.433**	1
	Sig. (2-tailed)	.083	.000	.757	.000	
	N	66	66	66	66	66

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

6.5 Internal consistency

Before reporting the internal consistency of the SDQ in this study, I set out the rationale for carrying out this analysis and factors to consider in interpreting the alpha levels. Internal consistency is an important aspect of the reliability of a measure (Cronbach, 1951; Streiner, 2003). It is important to consider the internal consistency of a test each time the questionnaire is administered, because the reliability of a particular measure can alter with a change of context (Streiner, 2003; de Vaus, 2002). It was therefore important to

assess the reliability of the SDQ in this study, despite satisfactory levels in other studies (Goodman, 2001; Stone et al., 2010; Essau et al. 2012).

Cronbach's alpha is the most widely used measure of internal consistency (Cronbach, 1951). Alpha values above 0.70 are generally regarded as indicating good reliability (Nunnaly, 1978; Coolican, 2004) with values above 0.6 being adequate. Cronbach's alpha reflects the degree of interrelatedness between the items. In this study, the SDQ comprises of a number of subscales so it was acknowledged that this may limit the alpha level. Another consideration in relation to the alpha level for the subscales is highlighted by Streiner (2003) who points out that where a scale consists of few items the alpha can be much lower.

The Cronbach's alpha for the TDS and subscale scores for parent ratings and self-report versions of the SDQ are shown in table 6.7 for the Local Community Club and Centre of Excellence girls and for both groups combined. There is some variation across the subscales. It is generally acknowledged that an alpha below 0.5 is unacceptable. For this study an alpha below 0.6 was considered unacceptable; above 0.6 was considered moderate and above 0.7 adequate.

For the TDS, Cronbach's alpha was adequate for CoE girls (Parent=0.72), for LCC girls (Parent=0.75, Self-report=0.76) and for All combined (Parent=0.74, Self-report=0.71) and moderate for CoE Self-report (0.65).

In this study the alpha for Conduct Problems and Peer Problems is generally below 0.6 with Conduct Problems for the Centre of Excellence girls (0.31) and Peer Problems for the Local Community Club girls (0.30) showing low reliability. The alpha for Peer Problems is consistent with the findings of Palmieri and Smith (2007) and Essau et al. (2012). Both these studies assessed the impact of the reverse-scored items, the former finding no impact and the latter concluding that the inclusion of the reverse-scored items resulted in poor internal consistency. The Emotional Symptoms scale shows moderate consistency for the LCC girls self-report (0.68) and for All girls (Parent=0.64, Self-report=0.65) and adequate consistency for the LCC parent scores (0.71). The Hyperactivity-Inattention scale shows adequate consistency for the LCC girls (Parent=0.70, Self-report=0.73) and All

parent (0.70) and moderate consistency for the CoE parent (0.60) and All Self-report (0.64). The Prosocial Behaviour scale shows adequate internal consistency for both parent (0.71) and moderate consistency for LCC girls' self-report (0.60). The lower reliability coefficients for Peer Problems and Conduct Problems are consistent with Goodman (2001), Palmieri and Smith (2007) and Essau et al. (2012). Essau et al. (2012) found that internal consistency was improved by the removal of reverse-scored items. This was not shown to be the case in this study. Exclusion of the reverse-scored items in this study resulted in poor internal consistency (see appendix 5.5).

Table 6.7 Reliability Coefficients (Cronbach's alpha) for SDQ Scores in a sample of girl footballers aged 10-16

	COE Parent rating N=37	COE Self-report N=38	LCC Parent rating N=29	LCC Self-report N=30	ALL Parent Rating N=66	ALL Self-report N=68
Total Difficulties	0.72	0.65	0.75	0.76	0.74	0.71
Emotional Symptoms	0.59	0.57	0.68	0.71	0.64	0.65
Conduct Problems	0.20	0.31	0.46	0.69	0.35	0.56
Hyperactivity-Inattention	0.60	0.46	0.75	0.73	0.70	0.64
Peer Problems	0.62	0.50	0.43	0.30	0.56	0.43
Prosocial Behaviour	0.71	0.54	0.71	0.60	0.69	0.57

6.6 Comparisons with UK norms

Comparisons with the UK norms were made in two ways:

a) Comparing the numbers of girls whose scores put them in the average, raised and high categories.

b) T-tests comparing mean scores

Table 4.1 and Table 4.2 show the distribution of TDS parent rated and self-report scores for girls in the large UK study by Meltzer et al. (2000, pp. 14-141). Figure 6.1 shows a box plot of the distribution of self-report TDS scores for all the girls in the current study. It shows only one girl above the 'severe' category cut off with the vast majority being within the 'average' category.

On the self-report questionnaire none of the girls from the Centre of Excellence fell into the 'High substantial risk of clinically significant problems' category (Table 4.2). One girl scored 16 in the self-report scale, which would take her inside the 'Slightly raised, may reflect clinically significant problems' category, although her parent score was 12 which would take her into the 'unlikely to be significant' category.

One girl returned a self-report scale score of twenty-four and, using the SDQ frequency distribution for the UK, this would put her within the highest one per cent of British girls. When taken as a whole group, however, all the girls fell in the bottom 75% for parent scores and, apart from the two outliers, the girls' self-report scores all fell within the bottom 80% for British girls.

On the parent report one girl scored 18, which would take her into the 'high substantial risk of clinically significant problems' category, although her self-report score fell in the 'unlikely to be significant' category. Another girl scored 14 on the parent scale, which would take her inside the 'slightly raised, may reflect clinically significant problems' category, although her self-report score was 14 which would take her into the 'unlikely to be significant' category. Apart from those two parent scores, the other 36 fell in the 'unlikely to be significant' category.

Within this group there were two outliers (see Fig 6.1). One girl had a score that would register in the 'high, substantial risk of clinically significant problems'. Her scores for peer problems and emotional symptoms were within the normal range but her score for hyperactivity was one of two that reached nine out of a maximum of ten. Her score for conduct problems was also very high. Her parent score also fell into the high-risk category. There was one other girl who fell into the borderline 'slightly raised, may reflect clinically significant problems' category.

A score of 17-40 on the parent scale and 20-40 on the self-report scale would put a girl in the category of 'High substantial risk of clinically significant problems'. Two of the sixty-eight girls (2.9%) returned this parent score compared with 12.4% of all British girls from the UK norms (Meltzer et al., 2000).

Table 6.8 shows the means and standard deviations for the Total Difficulties Score and the five subscales for both groups, based on self-report and parent-rated scores. Welch's unpaired t-test was used to compare both parent and self-report scores for the girls at the Centre of Excellence and the Local Community Club with UK norms (Meltzer et al., 2000). The table shows statistically significant differences for TDS self-report and parent rated scores (to 0.01 level). There were also statistically significant differences for the self-report scores for emotional problems (to 0.01 level), for both parent groups and CoE self-report for conduct problems (to 0.01 level), and parent CoE peer problems (to 0.01 level) and parent LCC hyperactivity (to 0.05 level). Statistically significant differences were not shown for Prosocial Behaviour.

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Figure 6.1 Box plot of TDS Distribution: All girls (COE and Local) Self-Report

20= High, substantial risk of clinically significant problems

16= Slightly raised, may reflect clinically significant problems

TDS Distribution: All girls (COE and Local) Self-Report
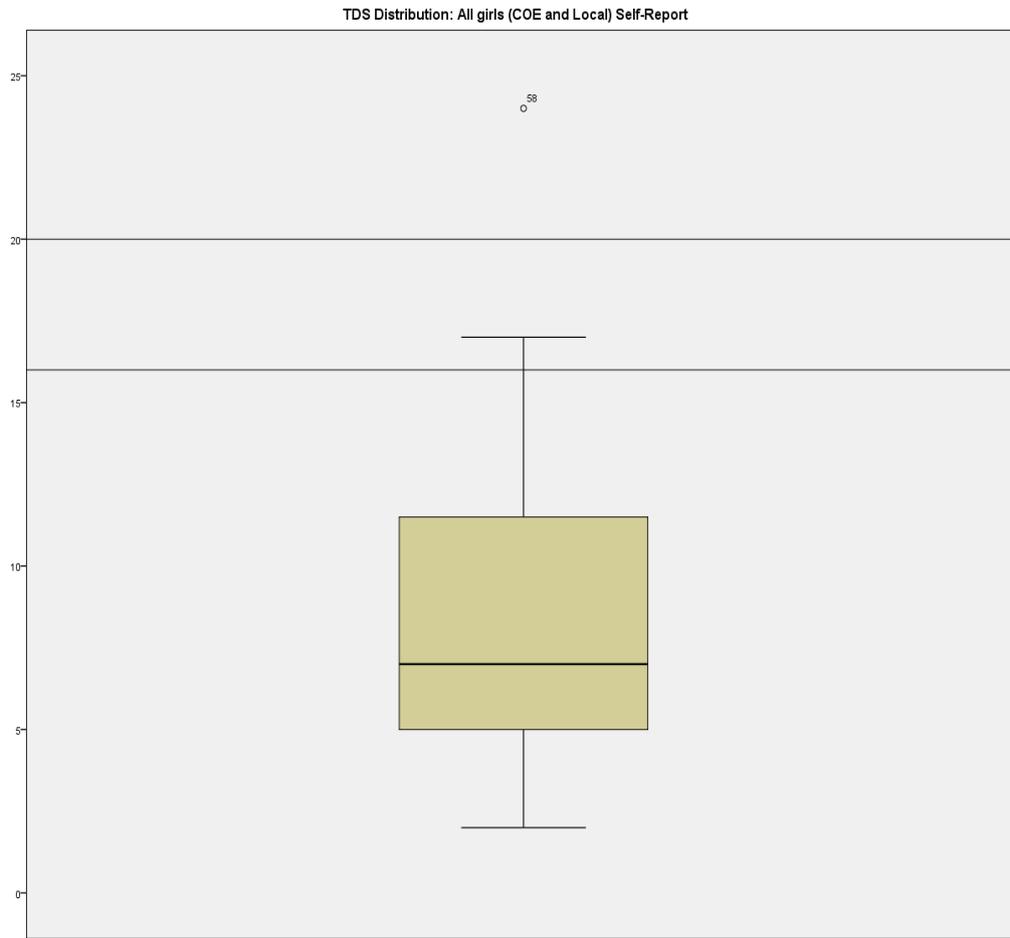
Figure 6.2 Box plot of TDS Distribution: All girls (COE and Local) Parent

17= High, substantial risk of clinically significant problems

14= Slightly raised, may reflect clinically significant problems

TDS Distribution: All girls (COE and Local) Parent
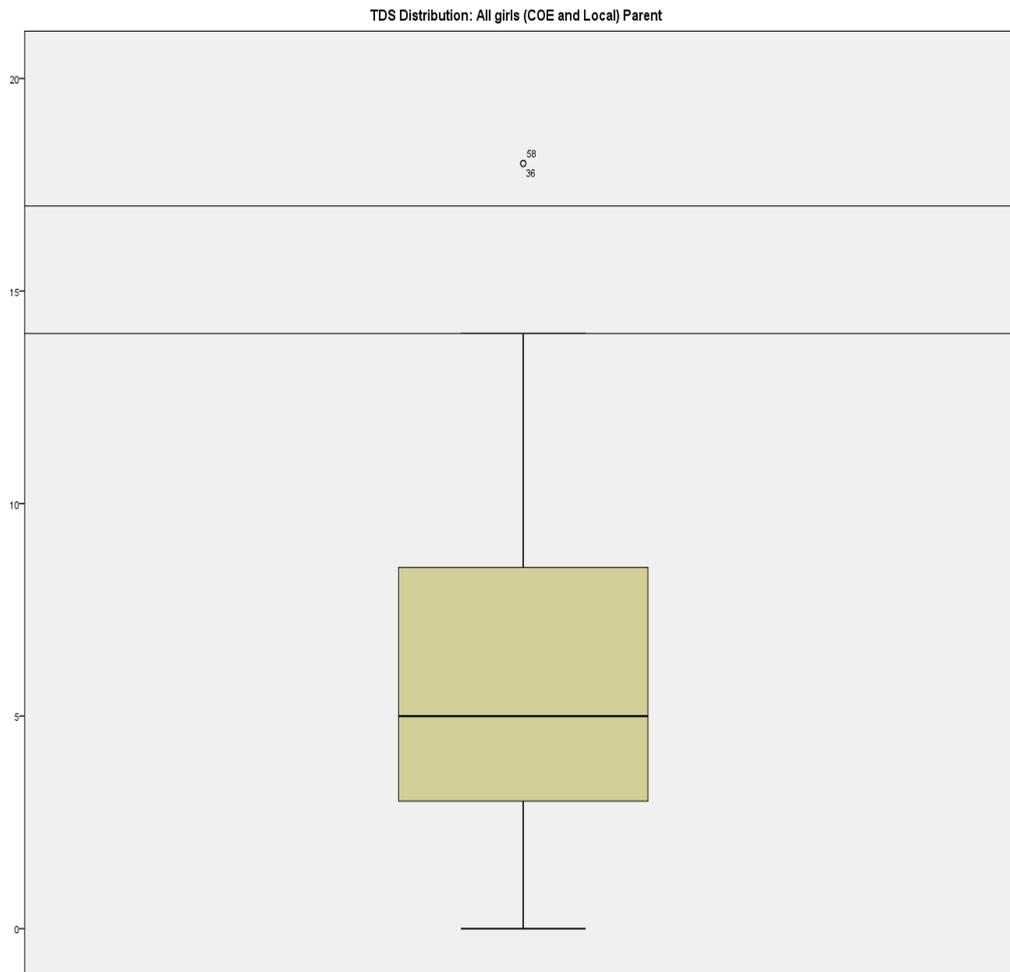
Table 6.8 Self-Report and Parent Scale Means, Standard Deviation and unpaired t-tests comparing study findings with UK norms

(SD) = STANDARD DEVIATION		SELF REPORT CoE Mean (SD) (N=38)	PARENT CoE Mean (SD) (N=36)	SELF REPORT Local Club Mean (SD) N=30	PARENT Local Club Mean (SD) N=30	UK NORMS Girls aged 11-15 self-report Mean(SD) (N=2093)	UK NORMS PARENT Mean (SD) (N=2093)	SELF REPORT CoE vs norms Welch's unpaired t-test	PARENT CoE vs norms Welch's unpaired t-test	SELF REPORT Local Club vs norms Welch's unpaired t-test	PARENT Local Club vs norms Welch's unpaired t-test
TOTAL DIFFICULTIES (TDS)	MEAN	7.76(3.7)	5.6(3.3)	8.1(3.7)	5.4(3.2)	10.00(5.3)	7.8(5.5)				
	T							3.66	3.9	2.77	4.02
	P							0.001**	0.0004**	0.0095**	0.0003**
EMOTIONAL PROBLEMS	MEAN	2(1.7)	1.58(1.6)	2.5(2.0)	1.7(1.7)	3(2.1)	2(2.0)				
	T							3.58	1.55	1.36	0.96
	P							0.004**	0.13	0.0095**	0.34
CONDUCT PROBLEMS	MEAN	1.36(1.0)	1(1.0)	1.53(1.6)	0.76(0.87)	2(1.6)	1.5(1.6)				
	T							3.86	2.93	1.6	4.55
	P							0.0004**	0.0056**	0.0898	0.0001**
HYPER ACTIVITY	MEAN	3.4(2.0)	2.5(1.8)	3.5(2.3)	2.2(1.7)	3.6(2.2)	2.9(2.4)				
	T							0.61	1.31	0.24	2.2
	P							0.55	0.2	0.82	0.03*
PEER PROBLEMS	MEAN	1.1(1.2)	0.8(1.3)	1.3(1.2)	1.0(1.2)	1.4(1.4)	1.4(1.6)				
	T							1.53	2.74	.0.45	0.80
	P							0.14	0.0095**	0.66	0.08
PRO SOCIAL	MEAN	8.5(1.2)	8.7(1.6)	8.03(1.5	8.4(1.8)	8.5(1.4)	8.9(1.4)				
	T							0.00	0.75	1.82	1.52
	P							1.000	0.46	0.08	0.14

* significant at 0.05 level, ** significant at 0.01 level

6.6 Summary of Results from the Strengths and Difficulties Questionnaire

The TDS scores for the group of girls as a whole were shown to be largely within the average range, which indicates that clinically significant problems are unlikely. This applied to both the self-report and parent ratings. Only one girl scored above the cut off for high scores indicating a substantial risk of clinically significant problems on the self-report and two girls were rated at this level by their parent. T-tests comparing the TDS scores with UK norms suggested the girls as a whole were significantly less likely to have clinically significant problems than the general population of girls in the UK. This was the case with both self-report and parent rated scores.

The Total Difficulties Score provides indications of the likelihood of mental health problems in children. It is important to note that the SDQ is a screening tool. It does not by itself provide a diagnosis but has been shown across many studies to be very effective in identifying children who warrant further investigation and at providing data across community samples (Goodman, 1997; Meltzer et al., 2000). In this study, the SDQ provided an indication of the mental health of the participants and this helped in formulating the focus group questions and the interpretation of the focus group data.

The subscale comparisons should be treated with more caution, particularly the conduct and peer problems subscales where the internal consistency was unacceptable. Comparisons with the norms on the emotional symptoms subscale for both self-report and parent ratings were however statistically significant.

It is important to recognise that there are factors other than playing football that could be contributing to the good mental wellbeing of the girls in this study, such as being involved in other sports. There were also factors that could be contributing to their participation in sport, such as higher disposable family income and family car ownership, both of which are equated with greater support from parents and higher sports participation.

6.7 Discussion

In this discussion I consider the findings from the TDS scores and then consider each of the subscales in turn, acknowledging limitations in the conclusions that can be drawn. The results indicate reduced likelihood of clinically significant problems for most of the girls in both the CoE and those playing football locally. In interpreting this finding, it is important to consider differences between the study sample and the normative sample. The SDQ UK means were derived from a large cohort study of 10,348 children and young people across the whole of the UK, of which 2093 were girls aged between eleven and fifteen (Meltzer et al., 2000). The girls in my study came from a specific region of the UK. They came almost exclusively from families where at least two people were in work. In addition, the study cohort was predominantly white. All these factors could have had an influence on the mental wellbeing of the girls and this highlights the importance of social context. While I was unable to examine these factors in relation to the mental health of girls in my study, they have been explored in other studies such as Green et al. (2005), as I discuss below. There is clearly a need to understand that the girls' lived experiences and external environment that provides the backcloth against which psychological difficulties impact upon girls' internal sense of wellbeing.

The relevance of this can be seen when a comparison is made with profiles provided by the ONS survey of child mental health in Great Britain (Green et al., 2005). Green et al. (2005) break down their results in various ways including region, ethnicity, employment and income. The SDQ in Green et al. (2005) was used with parents and children who had difficulties with the English language (the SDQ is available in 60 languages). Green et al. (2005) separated participants geographically into 'London Inner', 'London Outer', 'Other Metropolitan England' and 'Non-Metropolitan England'. The girls from my study came from a combination of both 'Other Metropolitan England' and 'Non-Metropolitan England'. From Green et al. (2005) we can see that 12.1% of 11-16 year old girls from Metropolitan England and 10.2% of girls aged 11-16 from Non-Metropolitan England have some form of mental disorder. This would provide an aggregated figure of approximately 11.15% of girls aged 11-16.

6.7.1 Total Difficulties Score

In my study of sixty-eight girls, only one girl who was from the local club had a score that would register in the 'high, substantial risk of clinically significant problems' category, because of high scores on hyperactivity and conduct problems. It is possible that if this girl and her parents had been subject to the same interview process as the ONS study (Green et al., 2005), she may have been diagnosed as suffering from a recognised mental disorder.

This provides some 'cautionary' evidence that the girls in my study may be less likely to have mental health problems than the wider equivalent population in the UK. It is possible that this is connected to the girls' participation in football but it does not, of course, demonstrate a causal relationship. The qualitative phase of my thesis provides more direct evidence of the relationship between participation and emotional resilience which can have an impact on a child's mental health.

The ONS figures were dissected by ethnicity (Green et al., 2005). The girls in my study were nearly all white British, apart from two, and were not ethnically representative of the whole of the United Kingdom. The ONS figures show that White girls have average scores overall for emotional, conduct and hyperkinetic disorders. Black girls in the UK (including girls of mixed origin) are diagnosed slightly more often with emotional disorder, twice as often with conduct disorder and three times as often with hyperkinetic disorder. Pakistani and Bangladeshi girls are as likely as other girls to be diagnosed with emotional disorder but far less likely to be diagnosed with conduct disorder compared to White and Black girls. Indian girls are much less likely still, to be diagnosed with any disorder. The figures for White girls (Green at al., 2005) are very similar to the regional figures so the observations are very similar. The two BME girls in my study had scores well below the national prevalence for Black girls.

Green et al. (2005) collected the data relating to household income by numbers of people working in a household. Based on the postcode for each girl, I used the most recent Office for National Statistics figures, for 2008 (ONS, 2008a), to estimate their household income. The findings were that the net weekly income after payment of housing costs for the girls at the Centre of Excellence was from £260 to £590. The mean was £447.57 and the mode

£435. The mean for the girls from the local club was £523 and the mode £530. The range for the girls from the local community club was much narrower, from £430 to £530. The average family income was higher than the national average (ONS, 2008b). The incidence of disorders decreases progressively as family income increases (Green et al., 2005). The incidence nationally of emotional and conduct disorders for girls aged 11-16 in this income range is about average (Green et al., 2005). Therefore, in comparison with girls in their equivalent family income group and age group in Great Britain, the group of girls in my study have a lower than average incidence of mental disorders for girls.

Unemployed parents and low household income are indicators for a doubling of mental disorders in children (Green et al., 2005). Having both parents working leads to a halving of the incidence of conduct and hyperkinetic disorders and a slight lessening of emotional disorders. Of the girls in my study, only one girl came from a family with no-one in work, nine (13%) came from a family with only one person in work, the majority, 48 (85%) had two parents in work, with 10 girls (15%) having three people in their household in work.

6.7.2 Emotional Symptoms

The study indicated that the emotional wellbeing of girls in my study group were largely in the average range, very few recording a self-report score that might warrant some attention. Several parents recorded a score that might necessitate further investigation but in general, the overall scores for both self-report and parent-report were low. Within the group of girls whose parent scores were in the high-risk category, there was only one whose self-report score correlated with that given by her parent. This girl returned high scores across most categories and was not representative of the whole group.

The national norms for emotional symptoms on the SDQ show a distinct difference between the self-report scale and the parent scale, with girls scoring themselves higher than their parents (Meltzer et al., 2000). This study group reflects that difference. There is limited research into the different perspectives of mental wellbeing between parents and children but it may be, as Loh and Wragg (2004) found, that parents are not always aware of their children's depressive symptoms. Loh and Wragg (2004), in summarising

research into developmental issues that may influence emotional wellbeing, recommended further research into this area.

The importance of assessing emotional disorder is presented by Harrington (2004). Harrington (2004) summarised the main presentations of emotional disorders: anxiety (Obsessive Compulsive Disorder, Panic Disorder, Post-Traumatic Stress, Phobias and Anxiety) and depression. Eating disorders are also grouped under emotional disorders. Whilst Harrington (2004) described ways in which the majority of anxiety disorders can be treated successfully, he has more serious concerns about depression because depression often starts in adolescence and frequently continues into adulthood. Harrington (2004) stated that adolescent depression is generally precipitated by adversity. Girls who can bounce back from adversity are therefore in a stronger position to prevent the onset of depression.

It is established that, in the UK, girls are twice as likely as boys to suffer from depression and twice as likely as boys to suffer from anxiety (Cotgrove & McDougall, 2008). In their study of 7977 children, Green et al. (2005) found that 6.1% of girls aged 11-16 have an emotional disorder. This includes all the various presentations of anxiety and depression.

There were a number of key findings from the Office for National Statistics study (Green et al., 2005). Children with an emotional disorder were twice as likely to be behind in their educational ability, much more likely to have a conduct disorder, especially oppositional defiant disorder, more likely to have truanted from school, found it harder to make and keep friends, were much less likely to get involved in sports groups and were three times more likely to smoke, take drugs and drink alcohol.

The girls in my study do not seem to reflect the wider findings of Green at al. (2005) for girls with emotional disorders in that they are able to integrate in teams and they are engaged in sports groups. I did not ask the girls whether they smoked, took drugs or drank alcohol, but it is probable, as indicated by Horn et al. (2011) that these activities would be less likely amongst physically active girls.

If girls with an emotional disorder are much less likely to engage in sports, then the consequence could be that a sample of girls in sport, such as my study group, would

inevitably contain fewer girls who would be suffering from an emotional disorder. It could of course be cause and effect; that girls who engage in sport are much less likely to suffer from emotional disorders and so the ratio is greater for those who do not play sports.

6.7.3 Conduct problems

The poor internal consistency found on the conduct problems subscale limits the conclusions that can be drawn from findings on that scale. The subscale scores indicated that the majority of girls in this study were unlikely to have conduct problems. Green et al. (2005) show that girls with emotional disorders are more likely to have a concomitant conduct disorder. Dwivedi and Harper (2004) highlight the importance of preventing conduct disorders, as they frequently lead to problems forming and maintaining friendships. The SDQ is proven to identify conduct problems in children, but Van Roy et al. (2007), in their study of 29269 children, tested whether the SDQ is sufficiently well constructed to be utilised across all age groups.

Van Roy et al. (2007) have some concerns over the SDQ's validity with older adolescents. They feel that consideration needs to be made for the variation in children's behaviour as they enter older adolescence and that, as a measure of conduct problems, item 7 (Generally obedient, usually does what adults request) may give an inaccurate insight into older adolescence, as obedience might be a less expected behaviour. In my study, this variation did not occur in any great numbers. One of the girls with a 'high risk' score was in the 13-14 age group (and was not by definition an 'older adolescent') and one was in the 15-16 age group.

Green et al. (2005) found that, whilst conduct disorder is uncommon amongst primary school age girls, 5.1% of girls aged 11-16 have conduct disorders. Within Green et al.'s (2005) definition, they include Oppositional Defiant Disorder, Unsocialised and Socialised Conduct Disorder. The National Institute for Health and Clinical Excellence (NIHCE, 2006) raises the concern that as many as fifty per cent of children diagnosed with conduct disorder will go on to develop serious mental health problems as adults, including antisocial personality disorder, schizophrenia, major depressive disorder, mania and panic

disorder. The diagnosis is not evenly distributed amongst ethnic groups. According to Green et al. (2005) 5.3% of white girls, 9.9% of Black girls (including girls of mixed origin) and 1.7% of Pakistani and Bangladeshi girls will be diagnosed with a conduct disorder.

6.7.4 Hyperactivity

It is relatively rare for girls to be diagnosed with hyperkinetic disorder compared to boys (Green at al., 2005). In my study of the girls who completed the self-rated SDQ, 91.1% of the Centre of Excellence girls scored in the borderline or normal categories compared with 89.75% of all UK girls. 97 per cent of the girls were scored by their parents in the borderline or normal category compared with 92.2% of all UK girls. 85.3% of the local club girls were in the normal category for self-report compared with 81% of all UK girls. 91.2% of parents scored their children as normal for hyperactivity compared with 87.4% of all UK girls. This would indicate that, although overall the girls in my study had slightly lower rates than average for hyperactivity, they were nevertheless closer to the norms.

Gender, ethnicity and socio-economic status are known to play a significant role in increasing the likelihood of hyperactivity. Hyperactivity in children is more frequently associated with boys, with 2.4% of boys expected to be diagnosed with hyperkinetic disorder compared with 0.4 % girls (Green et al., 2005). This low figure for girls is not representative of the whole population because Black girls are nearly four times as likely (1.5%) as White girls to be diagnosed with hyperkinetic disorder (Green et al., 2005). This is in direct contrast to boys, where White boys are twice as likely as Black boys to be diagnosed with hyperkinetic disorder and, in fact, White boys represent 97% of all children diagnosed with hyperkinetic disorder in the UK. My study contained very few BME girls, despite the fact that Black women are twice as likely as White women to play football (WSFF, 2010). A more ethnically representative sample of female footballers could possibly have raised the average hyperactivity score.

Socio-economic status also influences the diagnosis of hyperkinetic disorder. Woerner et al. (2004) found strong effects of social class on the hyperactivity scale. The girls in my study were not categorised individually according to class or socio-economic status but

were identified according to postcodes, which gave indications of the average income of their neighbourhood. A more economically representative sample of girl footballers could also have raised the average hyperactivity score.

It is important to distinguish between hyperactivity and the childhood disorder known as Attention Deficit Hyperactivity Disorder (ADHD) (as it is called by the American Psychiatric Association in the Diagnostic and Statistical Manual [DSM-V]), or Hyperkinetic Disorder (as it is called in the International Classification of Diseases, WHO). In the ONS study (Green et al., 2005), 10% of parents reported their children as hyperactive but only 4% were diagnosed as having a diagnosable disorder.

For a child to be diagnosed with a disorder the behaviours must have a significant impact on the child's life. Factors that could lead to a diagnosis of hyperkinetic disorder include being inattentive, impulsive and hyperactive. The impact of hyperkinetic disorder is recognised more frequently in a child's poor progress in their education (Green et al., 2005). In relation to this study, a frequent impact of hyperkinesis is demonstrated by a child's inability to make and keep friends and to maintain participation in school-based clubs and groups (Green et al., 2005).

There are few examples in my study of girls who would match this overall characterisation of a child with hyperkinetic disorder, because those girls with high hyperactivity scores had good conduct scores, good peer problems scores and good prosocial scores.

One girl from the local club who had scored herself high for hyperactivity had a low parent TDS of 1. Another girl with a high self-report score had a parent TDS of six. One girl from the Centre of Excellence who had scored herself highly for hyperactivity had a parent hyperactivity score of zero. The girl with the highest hyperactivity score, 9/10 for self-rated and 10/10 for parent-rated, had prosocial scores of 9/10 and 8/10 respectively and peer problems of 2/10 and 1/10 respectively. Even the girl who had relatively poor scores across TDS, hyperactivity and conduct scales had prosocial scores of 6/10 (self) and 9/10 (parent) and peer problem scores of 3/10 (self) and 2/10 (parent). This indicates that even the girls with high hyperactivity scores do not fit the wider criteria for hyperkinetic disorder in that their social interaction and functioning do not seem to be significantly impaired.

There is more than one possible explanation for the high hyperactivity scores when surveying a group of girls such as in this study. It is possible that, whilst these girls are still within the 'normal' category for hyperactivity score, the level of activity these girls engage in could be interpreted as outside the norm. Tinsley (2010) found that the majority of girls in the UK are not involved in sport, so for these girls to be involved in up to five sports is unusual. The SDQ items for hyperactivity include terms such as 'restless', 'fidgety', 'overactive'. These are words that might be applied to very active girls. It could therefore, be the interpretation the girls and their parents are putting on their desire to engage in football and other sports. Alternatively, the girls in the study may be responding to their hyperactivity and seeking sporting pursuits in order to manage the feelings generated by their hyperactivity.

6.7.5 Peer problems

Newman (2004) identified strong social networks as a protective factor for child wellbeing and being able to maintain good peer relations plays an important role in this. Werner and Smith (1982), in their early work on resilience, identified several protective factors for children. These included engaging in cooperative activities such as team sports. Weiss (2007) feels that sport offers the opportunity to gain a range of skills that enhance development of child wellbeing. As well as cooperation, Weiss (2007) found that sport helps children to develop a level of emotional self-discipline, which is important in maintaining peer relations. Weiss (2007) found that sport develops skills that are important within teams, such as tenacity and determination, which will be greatly appreciated by other team members. Additionally, the ability to treat others with respect and to show sportsmanship will also increase positive peer relations (Weiss, 2007).

Within the items in the SDQ was one question on the experience of bullying. There is extensive research highlighting the negative impact of bullying on child and adolescent mental health. Amongst the most concerning are those studies that identify the role bullying can play in childhood depression and suicide, particularly for girls. In their study of 2342 adolescents, Klomek et al. (2007) found that bullying can have a very damaging

effect on children and can seriously affect their self-esteem, to the extent that they develop depressive symptoms and suicidality. Another serious concern is the increased risk a bullied girl has of being subject to other forms of victimisation, especially sexual abuse. Meltzer et al. (2011), in a retrospective study involving 7461 respondents, found that women who had been bullied as children were three times more likely to be sexually assaulted and four times more likely to be raped. It is therefore very important to find ways to reduce the incidence and impact of bullying.

The interaction of emotional problems, conduct problems and hyperactivity is demonstrated to have significant impact on the mental health of young people. The link between these problems and difficulties in social relations is highlighted by Green et al. (2005). Children with emotional problems, conduct problems and hyperactivity have greater difficulty making and keeping friends and, as having good peer relations is a protective factor for mental wellbeing, there is a negative doubling of the effect.

In this study, the one girl with a high score for peer problems who also had a high score for emotional problems had not recorded that she was a victim of bullying, nor did her parent record any score for her for bullying. Her high score came from spending a lot of her time alone. None of the Centre of Excellence girls recorded any score for bullying. One of the local club girls recorded a score for bullying but she did not score highly in any other area. Overall, this was an area which did not raise any concerns for the girls in the study group.

6.7.6 Prosocial Behaviour

One of the main reasons for selecting the SDQ was that it contained a Prosocial Behaviours subscale and therefore provided a measure that has been associated with resilience. There are indications that children who display prosocial behaviours are likely to have greater resilience (Sun & Stewart, 2007). Nathan et al. (2013) used the SDQ to measure refugee girls and boys engaged in a football programme and found that girls benefited significantly from the social aspects of playing a team sport. Nathan et al.'s (2013) study found that the girls formed new friendships and then progressed to assisting new arrivals

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to join the group. The importance of prosocial behaviour in enhancing self-esteem is highlighted by Holt et al. (2008) in their study of girl footballers. Holt et al. (2008) discovered that by learning to integrate new team members, resolving disagreements and maintaining harmony, girls experienced that positive outcomes for the team brought benefits for them as individuals. Similarly, Weiss (2007) states that sport helps children to learn empathy. Weiss (2007) underlines that team sports, of necessity, require participants to develop cooperation and collaboration. All these prosocial behaviours are known to enhance psychological resilience (Sun & Stewart, 2007) and are therefore of great significance to this study.

Whyte and Campbell (2008) found that the Prosocial Behaviours sub-scale of the SDQ does, in some way, provide a measure of resilience in children because of its inclusion of strengths. The items in the Prosocial Behaviours subscale reflect the issues raised above around cooperation, empathy and collaboration. As such, the subscale does therefore indicate levels of resilience.

The SDQ scores provide an opportunity to explore a range of child mental health issues, provided the SDQ functions well as an assessment tool. The SDQ has been variously evaluated in several countries (Muris et al., 2004; Smedje et al., 1999; Van Roy et al., 2008) and, in general, has been proven to hold up well under scrutiny. It could therefore have been anticipated that, as the Peer Problems and Conduct Problems scores were substantially below the norms, the Prosocial Behaviour scores would follow the same pattern and be higher than the norms for girls in this age group.

Table 6.7 shows that the Prosocial scores for the girls from the Centre of Excellence mirror the norms but that the scores for the girls from the local club are slightly below the norms. There are some possible explanations for this. One very obvious explanation is that the relatively low numbers in the sample could lead to the mean score becoming over-influenced by one or two outliers.

I explored other possible explanations, including considering the fact that there could be a problem with the Prosocial Behaviours Scale of the SDQ. There is some debate within the literature about the Prosocial Scale (Palmieri and Smith, 2007; Van Roy et al., 2007). For instance, in a study of 26,269 Norwegian children and adolescents, Van Roy et al.

(2007) assessed the construct validity of the SDQ. They tested their concerns that, as all the items in the Prosocial construct are positively phrased, this could lead to positive construal in the responses of participants. Van Roy et al. (2007) found, however, that the results were not significantly affected by the Positive Construal Factor. Palmieri and Smith (2007) also confirm that Positive Construal does not affect the SDQ as a whole. They do, however, have some concerns about the Prosocial scale results that they obtained in their study, although Palmieri and Smith (2007) recognise that their results may have been affected by the participant cohort as their data are based solely on the reports from grandparents.

There are other concerns with the Prosocial Behaviours subscale. Van Roy et al. (2007) did find that there were significant differences between the responses of the children and the responses of the parents to the Prosocial Behaviour items and, overall, Van Roy et al. (2007) were not satisfied with interpreting the meaning of the Prosocial Behaviour items. One of the benefits of the SDQ, outlined in Chapter 4, is that children's questionnaires can be triangulated against parent and teacher questionnaires. Parent SDQs were completed for this study. Consideration was given to requesting that coaches complete the teacher SDQ but coaches do not normally have the same level of personal knowledge as teachers of the children they are training. It was therefore deemed inappropriate to ask coaches to complete the SDQ.

Despite the concerns raised by Van Roy et al. (2007), there is support to retain the Prosocial Behaviour items. Dickey and Blumberg (2004) warn that without the Prosocial Behaviour items the instrument may be less user-friendly and this could result in fewer completions and, therefore, fewer problems being reported. Palmieri and Smith (2007) warn that their views on the SDQ are constructed from incomplete data as their study did not include any comparative measures, nor did they administer any SDQs without the Prosocial Behaviour items. Palmieri and Smith (2007) identify the benefits of having an assessment tool that separates healthy children from children with poor psychopathology, whilst at the same time agreeing with Dickey and Blumberg's (2004) concerns about the helpfulness of the results produced by the Prosocial Behaviour items.

One of the difficulties with assessing the Prosocial Behaviour Scale is that it is heavily skewed towards the upper end of the scale, such that it would be very difficult to arrive at a mean score for a sample above the norms unless the majority of participants scored the maximum points. This could be defined as a 'ceiling effect'. Cramer and Howitt (2004) describe how a ceiling effect can affect the validity of a study if the responses to an outcome measure are concentrated at the upper end of the scale. In the case of the SDQ, scores from other studies elsewhere in the world are grouped towards the maximum (Table 6.9). British means are 8.5 for self-reports and 8.9 for parent reports. Table 6.9 shows that these means are very similar to other countries, which could indicate that the scale is consistent across different cultures in the developed world.

Table 6.9 Prosocial Means Compared Across Different Countries

	SELF	PARENT	SAMPLE	AGE RANGE	
GREAT BRITAIN	8.5(1.4)	8.8(1.5)	2191	11-15	
AUSTRALIA	8.6(1.4)	8.7(1.5)	146	11-13	
AUSTRALIA	8.4(1.6)	8.5(1.7)	146	14-17	
DENMARK	8.1(2.1)	8.8(1.4)	2805	10-12	
AMERICAN	8.9	8.9(1.5)	1095	11-17	
ITALY		7.3(2.5) (Teachers)	233	11-14	
MEAN OF THE ABOVE	8.5	8.7			
CoE GIRLS	8.5(1.4)	8.7(1.7)	38		
Local Club	8.0(1.5)	8.4(1.8)	30		

6.8 Chapter Summary

The SDQ proved to be a useful measure to apply to this study group because of its ability to identify a range of positive and negative attributes of girls' mental wellbeing. The girls in this study were shown on the whole to have a low likelihood of having significant mental health problems. In terms of comparison with the UK norms, the SDQ has been used for

a large survey of school-aged children (Meltzer et al., 2000) and in my study the girls were shown to have overall lower Total Difficulties Scores than the norms for the UK. Whilst no inferences can be made from these findings about the role of participation in football on the mental health of the girls, it does provide information that is helpful in complementing the focus group data.

Internal consistency was shown to be adequate for the Total Difficulties Score and moderate to adequate for emotional symptoms, hyperactivity and prosocial behaviour. The poor internal consistency for conduct problems and peer problems limit the conclusions that can be drawn from the subscale scores.

There are questions in the SDQ that reflect on peer relationships and prosocial behaviour. These issues were highlighted in the focus groups as the most important attraction to engaging in football. The results influenced the questions for the focus groups. The findings from the SDQ helped generate questions for exploration within the focus groups. Areas for further exploration in the focus groups included the impact of defeat on their mental wellbeing and the impact of football on their confidence and self-esteem. Some of the questions for the focus groups were used to elicit the girls' views on the potential link between participating in football and their experiences in school and in the community. The following are examples:

"Has being in a football team helped you get through problems at school better? Bullying for example?"

"Has being in a football team helped your confidence?"

"Has playing football helped you get through problems outside school better?"

Focus Group Findings and Discussion One - The Impact of Social Context and Structural Inequalities on Girls' Participation in Football.

7.1 Introduction

This is the third of the Findings and Discussion chapters. Chapter Five discussed the demographic data and Chapter Six focused on the analysis of the Strengths and Difficulties Questionnaires. Chapters Seven to Nine discuss the issues arising from the focus groups.

The structure of Chapters Seven to Nine is linked to the template used to analyse the focus group data (as described in Chapter Four). The chapter headings are the same as those given to the theoretical strands within which themes and sub-themes are located: The Impact of Social Context and Structural Inequalities on Girls' Participation in Football (this chapter); Gender, Sport and, Girls' Agency (Chapter Eight) and Resilience, Overcoming Adversity and Positive Psychology (Chapter Nine). Within the template, each sub-sub-theme is identified by a number which is linked to a sub-theme also identified by a number, which in turn is linked to a main theme, also numbered. The theoretical thread between themes is therefore easily traced: so for example, within the overall theoretical context 'Gender, Sport and Girls' Agency' we find main theme 1. 'Gender and Sport' which gave rise to sub-theme 1.1 'Androgyny' which gave rise to sub-sub-theme 1.1.8 'Engagement in both masculine and feminine interests and skills' (one of several sub-sub-themes linked to androgyny). The number 1.1.8 therefore symbolises a theoretical relationship between major and minor themes that is explored in relation to the literature on gender, sport and agency. This numbering system is common in template analysis and was considered a useful way of tying the presentation of findings to the analytic process. Any numbers in brackets within the sub-titles in Chapters Seven – Nine therefore refer to the numbered theme within the template. Decisions about where to locate each section of the findings were

complicated by the fact that some themes could easily have been discussed within a different theoretical strand. For example, girls' agency could easily have been discussed in the chapter on resilience. I have attempted to avoid repetition but this was not always possible.

This chapter reports on the findings of the focus groups in respect of the social environment of girls' participation in football. In Chapter Two I described social environmental factors that impact the participation of women and girls in sport. These include, the invisibility of women's sport in the media (with the exception of high profile events such as the Olympic Games and the Wimbledon Championships), the social barriers for girls who wish to play football and the impact on girls' self-perception, particularly their body image. Chapter Seven builds on the body of work on social environment from the perspective of girls and in this regard, makes an important contribution to knowledge.

The first subsection evaluates the opportunities that presented themselves to the girls and how they responded. The second subsection explores the school environment and how that can vary within a small geographical area. The third subsection looks at the response of important people in the girls' lives, including parents and the boys and girls at school.

7.2 Opportunity – School Teams/Boys' Teams/Girls' Teams (Template
1.1.1/2/3)

Clark and Paechter (2007) argue that the lack of understanding, and even disregard, for girls' needs starts as soon as they enter primary school, because either the coaches or the primary school teachers themselves, directly and indirectly, favour boys' football at the expense of girl footballers. Clark and Paechter (2007) point out that girls should have the equivalent space and opportunity to play football as boys and that policies need to be introduced to achieve this.

In the USA, inequality of access to sporting opportunities has been addressed through legislation. Title IX (1972) was a law brought in to forbid discrimination on the basis of gender in the provision of education or facilities funded by the state authorities. After its introduction participation in sport by high school girls rose from seven to seventeen per cent in the first year. This legislation has been used to good effect by women's groups to ensure equal funds and opportunities are made available to promote girls' and women's sport. It is perhaps no coincidence that the USA has over three million women and girls playing football and are the current Olympic and world champions. The interpretation of Title IX is not without controversy, as reported in the New York Times (Thomas, 2011), several universities have simply cut men's sport funding down to balance with women's rather than increase funding for women's sport.

The Sex Discrimination Act (The Stationery Office, 1975) in the UK made it unlawful for educational establishments to directly or indirectly discriminate on the grounds of sex in providing services or facilities. Nevertheless, in the UK, the powers in this Act have not been overtly employed to address the problems girls face in the playground and on sports fields in the same way as Title IX has in the United States. The Equality Act (The Stationery Office, 2010) upheld the principle of equal provision of resources but also upheld the exemption for single-sex sports where the physical strength, stamina or physique of the average woman (or girl) would put her at a disadvantage' (The Stationery Office, Section 3.20, p.20). Renold (1997) and Bartholomaeus (2011) provide very illustrative evaluations of the dynamics within school playgrounds and

sports fields that directly prevent girls from participating in football. The attitude amongst coaches and teachers that space should be created for boys' football and that girls should play elsewhere is reported in Renold (1997) and Bartholomaeus (2011).

Evans (2006), drawing on data from interviews with 19, 13-16 year-old girls in Liverpool, felt that physical education (PE) teachers in secondary schools could improve girls' experience of school-based activities. Evans reported that girls were often dissuaded from engaging in sports like football because of the excessive focus on the competitive element, to the detriment of having fun. Amongst the central issues affecting girls was the perpetual assessment and panoptic surveillance by PE teachers, combined with the visible arena in which PE is held for girls, often with boys watching from the sidelines. Evans concluded that it was PE itself, and by association the way PE is constructed for girls by their PE teachers, that were the cause of low participation in sport (2006).

There is sometimes a counter-balance to this institutional sexism. Macbeth (2008), in her study of 144 female footballers, found that in the early stages of their football development, girls often benefited from the support from their family and, in particular, from their brothers and fathers. Female and male friends were also found to be sources of support (Macbeth, 2008).

The questionnaire data showed that the girls who joined football clubs had to wait until they were old enough to play in the girls' league, unless they were prepared to play in a boys' team. The focus groups provided an opportunity to explore what other factors facilitated or hindered girls' engagement in football.

Each focus group started by asking the girls how they had come to play football in the first place and when they had started. Most of the girls could not really remember when they first kicked a ball or with whom they had started playing football, but they had a good recollection of the first time they started playing more formally. The initial answers they gave to the question "*Can you tell me a little bit about when you started playing football?*" focused mainly on the first time they played for a team. I had to follow up their answers with more probing questions about what had been the initial

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inspiration, for instance whether they had started playing with their brothers, fathers, sisters, mothers or friends.

Stirling and Schultz (2011) found that each of the female footballers in their study of adult women footballers had been introduced to the sport by a male relative or other male figure and the findings of my study were similar for some of the girls who played for the Centre of Excellence. The presence of a brother who played football was sometimes a factor in the girls becoming engaged with football, but some girls had started playing with their fathers in the garden or on holiday.

A difference between my study and that of Stirling and Schultz (2011) is that their study included nine women aged from eighteen to fifty-five whereas I gathered data from sixty-eight girls aged from ten to sixteen. In my study, the majority of the girls could not remember with whom they had started playing football or even skipped over the question as seemingly not significant.

There was a distinct difference between the Centre of Excellence girls and the girls from the local club in that the former had generally started football much younger than the latter. The girls from the Centre of Excellence had clearer memories than the local club girls of playing with a brother, sister or father before joining a team and they had often joined a boys' team prior to joining a girls' team. Although some of the girls from the second Centre of Excellence group had played for boys' teams, one of these could not remember playing with her father or brother prior to this and one was unsure.

The significant factor about the age at which the girls from the Centre of Excellence started playing football was that some of them even recalled starting well before school age. This is very important because, as Clark and Paechter (2007) show, the primary school playground is the main arena where opportunities for girls to play football can be created or denied. Clark and Paechter (2007) show that school is a very difficult environment for girls to engage with football, so opportunities to be introduced to football outside of the school environment can play a role in developing girl footballers at a young age. There are examples of girls making their first strides in football in arenas other than the school playground or within school PE:

Extract 7.1 – (Centre of Excellence Group 2, Lines 6-22)

Girl 16: "I think I were about five. I played for my local sports centre."

Researcher: "Why did you start playing football? Who were you playing with?"

Girl 16: "My dad."

Girl 17: "I used to train at a sports centre…then I played for my local team."

Researcher: "Was that with your dad or brother or…?"

Girl 17: "Dad. I were four when I started and I were playing with my dad in the garden."

Considering the intimidation girls find in the playground, (Evans, 2006) these girls benefited enormously from being able to take up football at their local sports centre, in what would be a more controlled environment. Nevertheless, as there are no competitive leagues for girls in the younger age groups, these girls found they had to join a boys' team in order to play competitive football.

Other girls experienced a different introduction to boys' football, through wanting to play with their brothers. For these girls the lack of other girl players in the boys' team was not an obstacle:

Extract 7.2 – (Centre of Excellence Group 2, Lines 24-32)

Girl 18: "I were almost four and my brother played for this team so I started training with him."
Researcher: Were there other girls there then?"

Girl 18: "No."

The older sibling who introduced the girls to football was not always a brother but the influence of a role model is evident:

Extract 7.3 – (Centre of Excellence Group 2, Lines 34-36)

Girl 19: "I were four, playing in the garden with my sister."

Researcher: "Oh, alright. Older sister?"

Girl 19: "Yeah."

For some girls the availability of a school team that did not exclude girls became a conduit to organised football outside of school, but for those wanting to play at a young age the only route was into a boys' team. There were examples of girls who were immersed in boys' football, playing with boys at school, in a boys' football team and at home with male siblings:

Extract 7.4 – (Centre of Excellence Group 1, Lines 5-12)

*Girl 9: "I was seven, I think, for ********* boys team."*

Researcher: "Before you started playing with the boys, who were you playing with?"

Girl 9: "School football team."

R: "And did you play at home with your…?"

G 9: "Yeah, messing about yeah…brother. Older brother."

Most of the girls from the Centre of Excellence had clear memories of their journey into football. The girls could remember the route they had taken into football, possibly starting with a family member, father, brother or sister, then progressing to a school or sports centre activity and into a boys' team. There were a few girls from the Centre of Excellence who had little recollection of how they had become interested in playing football:

Extract 7.5 – (Centre of Excellence Group 1, Lines 16-21)

G10: "I was about six or seven…I played for a boys' team."

Researcher: "Before you played for a boys' team what got you into football?"

Girl 10: "Don't know."

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Extract 7.6 – (Centre of Excellence Group 1, Lines 30-33)

*Girl 11: "I played for *********."(boys' team)*

Researcher: "What started you playing football before you got into a football team? Was it your dad, your brother…?"

Girl 11: "Errr…probably"

The situation was very different for the girls who were playing for the local team. These girls had started playing football over two years later, on average, than the girls from the Centre of Excellence. More commonly, they could not remember whether they had played with their brother or father at all before getting involved with a team. The role of fathers in introducing them to football was rare or reduced to playing on the beach during the summer holiday:

Extract 7.7 – (Local Community Club 2, Lines 7-14, 75-97)

Researcher: "Can you tell me a little bit about when you started playing football, how old you were and who you played football with?"

Girl 5: "What do you mean by who with?"

Researcher: "Well, did you play with your brothers or your dad?"

Girl 5: "I don't know."

Researcher: "You three said you started when you were ten. Did you not play at all on the back garden with your dad, brother?

Girl 6: "Yeah…probably."

Researcher: "Probably?"

Girl 6: "Can't really remember though."

Girl 7: "I played with my brothers a bit…the older one doesn't really like it, but he did play. So, a bit."

Researcher: "What about playing with your dad?"

Girl 8: "Yeah. Probably played on the beach a bit you know, like on holiday and just kicking it about…nothing really serious."

This compares quite distinctly with studies where women recall their introduction to football being heavily influenced by male relatives (Stirling and Schultz, 2011; Williams, 2003).

The routes into football for the girls from the Local Community Club were more varied with far fewer playing for boys' teams. In a couple of cases it was because they went to watch their brother play that they became involved. To be selected the girls must have already developed the necessary skills.

Extract 7.8 – (Centre of Excellence Group 1, Lines 35, 42-3)

G 13: "*I went to watch my brother and then I started playing*" (age 6)

G 15: "*…probably about (*age) *7 and then I started playing for ******* Boys just because my brother did and I wanted to play in his team."* (twin brother)

7.3.1 School – Promoting Girls' Football (1.2.1)

Benson (1997) argues that for our young adolescents to thrive it is essential that we provide them with the opportunities to develop their internal assets such as achievement motivation, interpersonal competence and a sense of purpose. In order to provide these opportunities for adolescents, the community has a responsibility to create external assets in the form of a supportive, encouraging school environment and sports clubs available to all (Benson, 1997). The girls in my study seem to have benefited from the growth in girls' and women's football over the past ten to fifteen years in that they describe substantial self-motivation to becoming involved in

structured football. The influence of fathers and brothers seems much less important than the girls' own attraction to the sport. Their self-motivation to play football is highlighted in their reflections on how they came to start playing football:

Extract 7.9 - Local Community Club 1, Lines 8-9, 16-20)

Girl 1: "*There was this poster up at school and I always liked playing football and it was asking for people to be joining the team so I just went and they let me play…*"

Researcher: "*Were you playing before you saw the poster? Or was it something completely new?*"

Girl 1: "*I was playing with my cousin a bit as he always liked football but…*"

Researcher: "*If there was only you wanting to go would you have gone on your own?*"

Girl 1: "*Yeah!*"

From a Self Determination Theory perspective, individuals are driven forward by a tendency to develop and practise skills that enhance their ability to contend with the physical world. This intrinsic motivation is reinforced by the enjoyment derived from an activity (Deci & Ryan, 1985; Ryan, Williams, Patrick & Deci, 2009). In this case, although Girl 1 had been introduced to playing football by a male cousin, what she describes is her own motivation to go to trials with a club team. She also later dismissed the need for her friends to have the same interests for her to take up football. The trigger was a poster at school. All she was waiting for, it seems, was an invitation.

There were examples in the study where girls had become involved in football in the junior school playground and in junior school teams. The school playground is a very difficult arena for girls to join in the game of football, as reported by Clark and Paechter (2007). Some girls seem to have negotiated this very well. Similarly, the role of school coaches is not always favourably reported (Evans, 2006) but, in some cases, their role was to facilitate girls' access to competitive football:

Extract 7.10 – (Local Community Club 1, Lines 26-40)

Girl 2: *"I was playing at school and the coach at school recommended that I start playing for a team and my dad helped me out to find somewhere and I went to my first training session."*

Researcher: *"Were you playing with anyone else before then?"*

Girl 2: *"Just the school football team."*

Researcher: *"Has that got girls and boys in it?"*

Girl 2: *"Well there was a boys' team and a girls' team. We could play in the breaks and that."*

Researcher: *"In the playground?"*

Girl 2: *"Yeah."*

These responses reflect the range of entry routes to football described by participants in Williams' (2003) study. The examples in Williams' study include: a girl who played with her father on a local football field; a girl who played with her best friend (female); a girl who played with the other boys in the playground; girls who played with fathers, brothers and cousins; and a girl who just joined in all the boys' games, whether it was football or British Bulldog. The difference between the studies of Williams (2003) and Stirling and Schultz (2011) and the presented study is the distance between the age of the participants and the age when they started playing football. The routes into football are very similar but, whereas the women in Williams' (2003) and Stirling and Schultz's (2011) studies recall playing with their fathers and said that this was a significant factor in them playing football, the girls in this research recalled playing football with their fathers but had a stronger sense of the motivation to play having come from within themselves.

Because the girls in this study were at a younger age than participants in these other studies, and were closer to the age when they had started playing, they may not have had time to reconstruct their memories and thus may have recall their experiences more accurately. There is evidence (Bridge & Paller, 2012), in a study of nine women and three men, that the further we are from the event and the more times we recall an event, the more the event will become distorted in our memories. It may be that

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girls' routes into football are changing or it is possible that older women footballers have developed a distorted, even idealised, memory of their fathers' influence and that they have lost touch with that moment or period when they had their own motivations to play football. The response of the girls in my study is closer to that of the women munitions factory workers of the First World War who, once the menfolk were away in Northern France, were very soon playing football themselves in the factory yard (Lopez, 1995). It does not appear that the young women footballers of Dick Kerr Ladies and other teams of their era needed the encouragement of their fathers or brothers. In the same way that the girls in this study seemed to dismiss the suggestion of the potential influence of significant other male role models. As Skånfors (2009) suggests, it is important to recognise that in many situations children are capable of identifying their own needs and allowed agency, will develop their own interests.

The girls from North East Derbyshire went to schools within a small geographical area yet there was considerable variation in opportunity. Having a girls' football team at the school certainly helped some girls get involved and could have been a conduit to joining a club team outside of school:

Extract 7.11 – (Local Community Club 1, Lines 59-61)

*Girl 3: "In my school *** (friend) was in the school football team so I went along to the school girls' football team and most of the girls in the school football team played for ********* (local team) so they said, 'Come along', and I did."*

7.3.2 School – Girls' Football not Promoted (1.2.2)

There certainly did seem to be quite a variety of ways by which girls had become involved because some of the other girls were in a very different environment where there was little or no encouragement to play football for the boys or girls:

Extract 7.12 – (Local Community Club 1, Lines 62-66)

Researcher: "Is there a separate girls' football team in your school too?"

Girl 4: "Nope."

Researcher: "So you have to play in a boys' team, with boys, is it mixed?"

Girl 4: "Nope. We don't play football at school."

There were a few significant differences between the girls from the Centre of Excellence and the girls from the local club. For instance, some of the Centre of Excellence girls had started playing football with a boys' team before they joined a girls' team. There were also a number of key similarities. One particularly important feature was that the almost all girls from both the Centre of Excellence and the local club side had started playing in football teams whilst at primary school. This may be a reflection of how much more difficult it could be for girls to enter a male-dominated sport once they entered secondary education. In addition, as identified by Sun and Stewart (2007), as girls enter secondary education their self-esteem and self-confidence decline and the likelihood of them feeling confident to take up football is reduced. Sun and Stewart (2007) found that girls drop out of sport in significant numbers from early adolescence.

There is evidence from this study that by starting to play football before secondary school and, in some cases, before primary school, the girls were probably more able to maintain their engagement with the sport. The significance of girls' continued participation in sport is most starkly reflected when we look at the impact this has on employment and careers. The evidence from Capozza (2004) and the Women's Sports Foundation (2013) would indicate that the longer girls can play team sports the greater their advantage when they have to compete in the male work environment.

Capozza (2004) and the Women's Sports Foundation (2013) found that business models are based on the socio-cultural models of sport and that the lack of access to knowledge and experience of team organisation and structure have a profound effect on women's ability to progress in the workplace. Capozza (2004) and the Women's Sports Foundation (2013) contend that through sport boys learn the unwritten rules

of the work environment such as loyalty to your team-mates; not to dwell on errors; demonstrating outward confidence in your ability; learning to be good in your position in the team; pressures and deadlines (competition) can be fun; stamina and strength can bring success; studying your opponents can result in triumphs.

In order to change the situation where men start with an advantage Capozza (2004) and the Women's Sports Foundation (2013) argue that girls should be introduced to sport as early as boys and that they should be supported to maintain their participation into adulthood. Capozza (2004) and the Women's Sports Foundation (2013) signify increased media representation of women's sport as central to achieving this. Unfortunately, Tiballs (WSFF, 2012) identifies this as a huge stumbling block despite evidence being available for some time of the poor media coverage of women's sport (Duncan & Hasbrook, 1988; Duncan et al., 1994; Duncan & Messner 2002).

7.3.3 School - Boys Acceptance (1.2.3)

"Because they have got more confidence I suppose, because the boy stereotypically does football." (Local Community Club 1, Lines 199-200)

Messner (2000) holds the view that sport is experienced as a place where masculine styles of aggression and physicality are celebrated and enforced by mainly male coaches. In the environment described by Messner (2000), there are significant challenges that a girl needs to overcome in order to play football.

Bartholomaeus (2011) explored what primary school boys and girls thought it meant to be a boy or a girl. In her study of four classes in South Australia, both girls and boys thought that boys' identity was inextricably tied up with sporting activity. Sport was considered to be the highest expression of normative masculinity. Sport was for boys and sport was definitely not for girls. Male athletes were seen by the children as the

most 'manly' but female athletes were not seen as the most 'womanly'. Even though both boys and girls were playing football in one of the schools, football was still only regarded as just for boys. It was almost as if the girl footballers were invisible. Bartholomaeus (2011) found that the most common definition of being a boy was being good at soccer, whereas being a girl was defined as being bad at soccer. In one exchange between a boy, a girl and a teacher, even though the boy concedes that girls from his class join in the football practice he states that as he has never seen women playing football on television, then only men can play football (Bartholomaeus, 2011). The lack of media coverage is one element in persuading boys and girls that women's sports, and therefore girls' and women's sporting endeavours, are insignificant. This invisibility is internalised by the girls too. In Bartholomaeus' study, despite all the girls playing football in one of the schools and two of the girls playing for a mixed team, none of the girls mentioned that they played football.

This internalised view of the position of boys and girls described by Bartholomaeus (2011) has resonance with the views of the girls in the presented study. The boys were seen by the girls to have been encouraged from an early age and were therefore more skilful. The girls also felt that boys were more confident when playing football because, in their minds, that is what boys are expected to do. This issue is taken up by the Women's Sports Foundation (2013) who found that boys take the confidence they gain on the sports field into the workplace when they reach adulthood.

In this research, the girls talked about their lack of confidence and yet they reported that boys were not overtly critical of the girls' football skills. Nevertheless, they acknowledged that boys would not pick girls for their team unless instructed to do so by a teacher and that they might pass the ball to other boys on the pitch, but not to girls.

Extract 7.13 – (Local Community Club 2, Lines 177-189)

Girl 6: "Yeah. I remember like the boys were always a lot better because I think they were encouraged to start a lot younger."

Girl 5: "When we did training and stuff like that we were always a lot worse than they were at like dribbling and stuff."

Girl 6: "A bit embarrassing!"

(Both giggling)

Researcher: "So how did they treat you?"

Girl 8: "Erm, at my school they didn't do any different. I don't think they noticed. I think it is just something you notice yourself."

Girl 5: "Yeah."

One of the principal challenges is for girl footballers to be accepted as legitimate participants. Demonstration of competence engenders legitimacy for girls to contest in the male arena of football (Paechter, 2007). Paechter (2007) highlights nevertheless that even if girls become legitimate participants, they may not be afforded the full privileges of membership of the community of masculinity.

Extract 7.14 – (Local Community Club 2, Lines 196-220)

Girl 6: "They were alright. They just preferred to play with boys, like if they had a choice to pass to a boy or a girl they would pass to the boy."

Girl 7: "Because they have got more confidence I suppose, because the boy stereotypically does football."

Girl 8: "Yeah and like in our school, when we played in the playground and stuff like that, it was literally three or four girls and the rest was boys. So it was a lot of just boys and then the girls would not go in and tackle as much because they were not as confident. And they were a bit rougher because, I don't know what it is. Just like they are assumed they will play it from when they are younger so they just play it all the time."

Researcher: "And when you were playing, you were saying it was compulsory that they had a couple of girls so did they resent you being in the side instead of two boys?"

Girl 6: "Yeah, kinda, probably."

Girl 7: "Probably when they are picking teams they would pick a boy over a girl but the teachers would probably notice and say you have to pick at least two girls so that it would encourage the girls a bit."

Girl 8: "I can't remember it being like that. Like it wasn't like it was compulsory to have girls. It was just if girls wanted to play then they could play. They would like be automatically on the team so it was a mixed team and only like I said like a few girls

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and then the rest were boys, so it was, erm, use the girls that are there 'cos they want to play."

Most of the girls from the Centre of Excellence Group 1 had played in boys' football teams before playing just with girls. Some boys' teams had more than one girl player, some girls were the only females in the team. Some girls only played for one season, some for two, but one girl played for five years, from the under seven year group to the under twelve year group. All the girls played at school in the playground and, similarly, some were the only girls playing with the boys; in some schools there were several girls playing with the boys.

The girls described the response from boys where girls had joined their team, or even where they were there from the start, was generally neutral. Bearing in mind that the girls would have been joining the boys' football teams when they were all still at primary school, and for the under seven age group, by definition, six or younger, then prejudices about girls' ability to play football were possibly still under-developed. On the other hand, Messner (2000) demonstrated how gender prejudices could be present in both structural and cultural ways from a very young age. Messner (2000) showed how negativity towards girl footballers can be structural, cultural and situational and expressed quite openly by young boys. Nevertheless, in my study, where girls were playing in boys' football teams, the girls said there was no significant negativity:

Extract 7.15 – (Centre of Excellence Group 1, 76-77, 134-136)

Researcher: "How did the boys respond to you, treat you as a girl playing football?"

Girl 15: "No different."

Researcher: "For those of you where there was just you, how did the boys treat you if you were playing football with them?"

Girl 9: "Fine."

7.3.4 School - Other girls' acceptance (1.2.4)

It seems that both the groups from the Centre of Excellence had achieved a level of confidence in their ability such that the girls from the first Centre of Excellence group seemed oblivious to the opinions of the other girls at school:

Extract 7.16 – (Centre of excellence Group 1, 139-150)

Researcher: "What about the girls who didn't play football? How did they treat you?"

Girl 10: "Fine."

Researcher: "What did the other girls think of you playing with the boys?"

Girl 14: "I don't know."

Girl 13: "I don't think they thought anything."

7.3.5 School – Feelings of Isolation and Difference (1.2.5)

The common experience described by the girls was that they felt they were the 'odd one out' but, interestingly, they did not describe any comments, negative or positive, from the boys. It is possible that the boys did not perceive the girls as a threat because they were in a minority. Messner's (2000) description of the 'Barbie Girls versus Sea Monsters', where a team of young boys become very agitated by the presence of a girls' football team, gives some indication of a different response when the numbers are equal and the threat more obvious.

Extract 7.17 – (Centre of Excellence Group 2, Lines 117-133)

Researcher: "When you were at school and you were playing football, what did the boys say about it?"

Girl 20: "Erm. Nowt."

Researcher: "Nowt? You didn't get teased at all about being girls that played football?"

Girl 19: "No."

Girl 18: "Just the odd one out."

Researcher: "Just the odd one out."

Girls 18 and 19: "Yeah."

Researcher: "Were you the only girl that was playing football in your class?"

Girl 19: "Think I was. Yeah."

Girl 18: "Yeah."

Girl 17: "No. There was only one other girl though."

Girl 16: "I was the only one."

7.4 Parental Attitudes – Football/Other sports (1.3.1/2)

"My mum wanted me to do ballet, but my dad wanted me to play football." (Centre of Excellence Group 2, Line 62)

Bartholomaeus (2011), in her study of four primary school classes, found that parents often held very stereotypical views about girls' involvement in sport, seeing it as very important for boys but not something that girls necessarily needed to do. Bartholomaeus also found that the attitudes of parents and teachers were not necessarily replicated by the children. This fact was even admitted by one of the teachers in her study, who seemed to be unaware of the implications of her own observation that the students did not see football as a 'boy thing'. Some parents in Bartholomaeus' study described pushing their sons towards sport yet not making the same effort with their daughters. The findings suggest that mothers and fathers can be complicit in the creation of normative femininity for girls. Bartholomaeus (2011) concludes that the attitude of teachers and parents could be influencing the subsequent discussions with the children and their opinions about what constitutes appropriate boys' and girls' sporting activity. Bartholomaeus concluded her study by asking the boys and girls to draw pictures of boys and girls playing together. The drawings were indicative of her observations of the disparity between parents' and

children's attitudes. Many of the children drew pictures of boys and girls playing football together.

Bartholomaeus (2011) describes a complex web where girls wish to play football and are accepted on some levels by boys at school yet this is undermined by the attitudes of teachers and coaches and by mixed messages from parents. Connell (1987) highlights that societal norms seem to offer a range of idealised female roles and that these may be incompatible at the ideological level with girls' involvement in certain sports. What Bartholomaeus seems to have uncovered are the confusing messages that girls and boys receive about appropriate physical activity for girls. The children did not see football as a 'boy thing' yet the adults very clearly did.

Basow and Rubin (1999) discuss the impact of sociocultural attitudes to idealised female roles. They identify a number of potential strengths that can provide girls with the ability to resist the pressure to conform to a gendered stereotype. Amongst the strengths they list is engagement in some form of athleticism, provided that the activity does not include pressure to conform to stereotypical messages about having a slim body shape, such as ballet and gymnastics. These activities increase the risk of girls developing eating disorders (Basow & Rubin, 1999).

Although some of the girls in the presented study had been involved in more traditionally feminine activities like ballet and gymnastics, they had received support from both mothers and fathers in their desire to play football. For some of the girls there was a definite reason for choosing football over ballet and gymnastics - because they considered football suited their level of physical agility. There was plentiful amusement and laughter from those who had tried ballet and gymnastics but found they were not very 'flexible' or were unable to master the necessary skills.

The first Centre of Excellence group were typical of the responses, in that the mention of dance initiated some embarrassment:

Extract 7.18 – (Centre of Excellence Group 1, Lines 151-181)

Researcher: "Did any of your parents want you to do something else? Did you do other things like dance and…"

Girl 9: (giggles) "I did dance."

Girl 10: "I used to dance."

Girl 11: "I did gymnastics and dance and football."

Girl 12: "Cheerleaders."

Girl 13: "Oh, I did taekwondo."

Girl 14: "I did gymnastics."

Girl 15: "I did dance…and a bit of swimming at school."

Researcher: "Have any of you found your mums would rather you'd done dance instead of football, or are they happy?"

Girl 15: "No."

Girl 11: "No."

Girl 14: "They don't mind."

Girl 13: "No."

One thing that is really intriguing about the girls from the Centre of Excellence is that the Centre had been participating in a scheme to enhance girl footballers called 'Long-Term Player Development' (LTPD). Through the Centre a group of girls from across the county were selected by the FA at age ten for additional input designed to give them a boost in their development as footballers. Within LTPD these girls were given extra input around: athletics, to improve their speed; small ball games, to improve their reactions; some gymnastics, to improve their balance. The activity the LTPD players participated in most was dance. Dance was demonstrated to improve flexibility, agility and overall fitness. The girls were even used by the FA to demonstrate to coaches of girls' football how valuable dance can be to improving their footballing ability. This was never mentioned by the girls although it is almost certain that they will have been exposed to this programme.

For the first local team group, the topic of gymnastics and ballet was a source of great amusement. The girls had seemingly struggled with the specific demands of

gymnastics and ballet but were able to laugh about their attempts to succeed in these activities:

Extract 7.19 – (Local Community Club 2, Lines 116-139)
Girl 6: "Well I did gymnastics for a bit and it didn't go very well because I am not very flexible." (giggling – all)
Girl 7: "I did ballet for a bit but yeah same reason, my mum likes sports so she was happy when I said I wanted to do it."
Girl 8: "I used to do gymnastics." (giggling – all)
Girl 8: "I weren't amazing at it so I quit." (giggling – all)
Girl 5: "I did dancing and gymnastics."
Researcher: "Did you carry on any of these things, gymnastics so forth?"
Girls 5 and 8: "No!"

In terms of parents' attitudes, there does not seem to have been very much resistance. The second Centre of Excellence group showed some consistency in parents wanting their daughters to be active and being keen to encourage their involvement, although one mother had wanted her daughter to do ballet rather than football and it seems the girl did both for a while but dropped ballet in favour of football. (It is possible, even likely, that that there are other girls who did both and who perhaps dropped football in favour of ballet but they are not the subject of this study).

Extract 7.20 – (Centre of Excellence Group 2, Lines 45-77)

Researcher: "Were your mum and dad supportive of you playing football?"

All: "Yeah."

Girl 16: "My dad were happy with me playing football."

Researcher: "And what about your mum?"

Girl 16: "My mum were. Everybody were."

Researcher: (to other girls) "Do you do any other sports?"

Girl 18: "No. Just football."

Girl 17: "My mum wanted me to do ballet, but my dad wanted me to play football."

Researcher: "Have you done any ballet?"

Girl 17: "I used to when I were little."

Girl 19: "My mum and dad were happy with me playing football, then I started playing cricket."

Girl 20: "My mum and dad were happy about me playing football. I used to do trampolining and cricket but I don't know."

One girl (No.6) from the local club group seemed very clear that the role of her parents was to transport her to the activity she chose and that she had the freedom to choose for herself which activity she wanted to do:

Extract 7.21 – (Local Community Club 2, Lines 108-112)

Researcher: "When you decided to play football were your family supportive?"

Girl 6: "I don't think there is anything particularly to be unsupportive about. It was just bringing me on a Saturday and to training, but I didn't start and think, 'Ooh I want to be a footballer.' It was more like me and my friend wanted to do something out of school a bit and like we just found out about football so we thought we would go for it and see how it goes but I don't remember any unsupportiveness".

Another girl from the same group, could only identify a 'distant' family member who, she could recall, had not been fully supportive:

Extract 7.22 – (Local Community Club 2, Lines 143-149)
Girl 8: "I did gymnastics till I was about twelve and dance until I was like twelve."

Researcher: "And you have never had sort of comments from your family about how they would rather you were doing something more girly like gymnastics?"

Girl 8: "Just erm like a more distant family member said 'do you do anything out of school?' and I said 'football' and he acted a bit surprised, that is about it."

The first Centre of Excellence group derived some amusement from the lack of football knowledge from some of their mothers:

Extract 7.23 – (Centre of Excellence Group 1, Lines 182-193)

Researcher: "They're all happy with you playing football?"

Girl 11: "Yeah…but she doesn't know what's happening."

Researcher: "She doesn't know what is happening?"

Girl 11: "She doesn't know what a throw-in is." (laughing).

Researcher: "Does she come and support you though?"

Girl 11: "She just says she watches me."

Researcher: "And she doesn't know what is happening?"

Girl 11: "Yeah." (laughing).

7.5 Chapter Summary - Social Environment

7.5.1 Opportunities

It is apparent that there is variability in the availability of opportunities to play girls' football. Girls who wish to play football often have to play with boys if they start playing at a young age. The girls in this study started at different stages. Some started in preschool, some when they started primary school and some started later in primary school. The girls from the Centre of Excellence had started earlier than the girls at the local community club, but had generally had to start by playing in a boys' team.

7.5.2 Schools

There was variability in the availability of football for girls in the school environment. Some girls had the experience of schools trying to integrate girls into football teams and training. Some schools ran joint training, some had separate boys' and girls' teams, some had teams of both genders and some seemed to leave it to the boys and girls to sort it out amongst themselves.

In terms of boys' and other girls' reactions, there was wide variation between the girls in the study depending on their early experiences. Some had played in boys' league

teams whilst, at the other end of the scale, some had been to schools where girls' football had not been supported. Generally, girls had started playing later than boys and therefore had not developed the same level of skills. Some girls had therefore felt excluded within mixed teams. The key to acceptance seems to have been where girls played the game like boys. If they were rough and physical then the boys accepted them.

7.5.3 Parental Attitudes to Girls Playing Football

In general, parents were supportive although several girls reported that their mothers would have preferred them to engage in a more feminine sport. Once girls had chosen to focus on football, parents had become supportive.

It seems that in order for girls' football to develop there needs to be clearer guidance to primary school teachers. Nevertheless, despite there being no consistency in the organisation of girls' football in schools, these girls had succeeded in finding a route into competitive football.

The girls were of the opinion that they were not as good as the boys in general and they felt that this could be explained by the fact the boys had started playing football at a much younger age than they had. The different level of acceptance is reflected between the two groups of girls. The girls at the Centre of Excellence had generally started playing two years younger than the girls at the local club and had therefore developed their skills at the same age as the boys. Having started to play football later than the boys, the girls at the local club had not therefore had the same length of time to practise.

Focus Group Findings and Discussion Two – Gender and Sport and Girls' Agency

8.1 Introduction

This chapter reflects on the focus group data and considers gender issues within the experiences of the girl footballers. The data were analysed within the context of Bem's theory of androgyny (1974), subsequent work on gender role socialisation and dominant views on feminine identities. Bem (1974, 1975) argued that improvements in mental wellbeing could be achieved by increasing the androgyny of individuals. In principle, this would require men and boys to adopt certain feminine personality traits and women and girls to adopt certain masculine traits that are socially and psychologically desirable. Bem (1974) reasoned that women and girls could have masculine traits that would provide them with skills that would give them advantages over those who are less androgynous. These traits could be in the form of skills, knowledge or attributes.

The girls in this study adopted several behaviours and attributes that according to theories of gender socialisation, are likely to be particularly associated with masculinity: having agency and competence, playing with boys, playing football, enjoying physicality and celebrating their physical strength, physical prowess and fitness. At the same time, the girls enjoy both 'masculine' and 'feminine' associated interests such as specific team and individual sports and have developed both masculine and feminine skills such as competitiveness and cooperation.

The first section of this chapter explores the links between the girls' engagement with football and the concept of the 'masculine female' (Bem, 1974). The second section looks at the importance of retaining those valuable traits associated with femininity, such as cooperation, within the context of competitive sport. The third section then looks at the various sports the girls engage in alongside football and how this reflects on the girls' gender traits and androgyny.

8.2 Androgyny

8.2.1 Playing football (2.1.3)

Gender Role Orientation and Football.

"I prefer kicking a ball than doing a roly poly." (Local Community Club Group 1, Lines 328-329)

Chapter Seven outlined the social environment in which the girls in this study became footballers. Generally, the girls had to be accepted by boys at school, at home and in boys' teams in order to be allowed the space to participate. The girls recognise that by starting to play football earlier, boys steal a march on girls. Girls then have to demonstrate legitimacy to earn the right to enter the boys' territory and join in the boys' games. Paechter (2007) identifies the playground as the arena where boys and girls are socialised into accepting the predominance of heterosexual male power. In addition, the playground is where boys play sport. As Connell (1995) outlines, masculine power is developed through sport, so for girls to play football, and moreover, for girls to display their competence in footballing skills, challenges traditional concepts of femininity and masculinity and threatens the power inherent in male sport.

It appeared that the girls in this study have not been dissuaded from playing football by the challenging and often unwelcoming environment they faced. They used their agency to follow their enthusiasm for football and for making use of everything it offered them, even when there were several alternatives. When the girls described their satisfaction at demonstrating their skills it was as if they were also experiencing a redefining of their status and of girls' status within their school.

When I asked the Centre of Excellence girls about their dislikes in football, they focused on the frustrations with injuries. This prompted me to pose the following question:

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Extract 8.1

Researcher: "Wouldn't you rather do something more graceful, like ballet?"

Despite the frustrations experienced due to footballing injuries, this suggestion received a resounding "No!" from the girls. When the Local Community Club girls complained about the weather, I posed the same question, which received a similar response.

None of the girls said that they would rather be doing a different sport, although one girl said that she would rather be indoors watching television. The other girls disagreed. Girl 7 (LCC1) led a critique of gymnastics for not providing the same level of challenge as football did. This reflects the gender role orientation described in Basow and Rubin (1999), with the girls in this study preferring a masculine sport. What Girl 7 (LCC1) appears to be saying, though, is that the weather is only a temporary inconvenience until you warm up and then you can get on with playing a 'proper' sport with real challenge that involves kicking a ball and not just 'doing a roly poly'. Girl 5 (LCC1) explained that football offers her the opportunity to excel at something, when other more feminine sports like gymnastics require a certain 'flexible' physique. Both girls were describing how a more masculine sport like football meets their needs better than a more feminine sport like gymnastics.

Extract 8.2 – Local Community Club 1, Lines 123-129

Researcher: "And you don't think 'I wish I was doing gymnastics' or…?"

Girls x3: "No, no!"

Researcher: "…or 'I wish I was doing ballet' instead?"

Girls all four: "No, no, no, no!"

Researcher: "So even if it is pouring with rain and freezing cold you would still pick football over doing something in the warmth indoors?"

Girls x3: "Yeah."

Extract 8.3 – (Local Community Club Group 1, Lines 325-329)

Girl 7: "If I was indoors doing gymnastics I just think it would be boring and I think the way that we are together it makes it quite fun to be outside because you do get warm as soon as you are out there and start doing things and you feel yourself doing more exercise than you would if you were doing gymnastics or whatever, and I think… I don't know about you guys, but I prefer it a bit more when it feels like you are doing more things like you are kicking a ball rather than doing a roly poly."

8.2.2 Physicality (2.1.4)

"It is quite fun when it gets a bit rough."(Local Community Club Group 1, Line354).

Physicality is commonly associated with masculine sports – rugby, American football, ice hockey, football/soccer, boxing and wrestling, in particular. The girls from Local Community Club 1 discussed how they relished the physicality of football, which they did not feel they would experience in ballet or gymnastics. There are links here with Capozza's (2008) study discussed in Chapter Two, from which she derives the view that learning how to contend with the rough world of boys' sports benefits girls when they reach the adult workplace.

Confidence in their ability to cope with boys' physicality appeared to increase the girls' belief in their ability to handle other tests of their hardiness. One of Bandura's observations is that where people have experiences of succeeding after sustained effort, they develop a conviction in their own abilities. People are then more likely to take on greater challenges or, in Bandura's words, 'By sticking it out through tough times, they emerge stronger from adversity' (1995, p.3). Feltz et al. (2008) also found that if someone has developed 'a resilient sense of efficacy' they are able to experience challenges and setbacks without suffering any negative effects (2008, p.199). This may go some way towards explaining why playing in bad weather did not influence the girls' decisions to play. It is possible that prior positive experiences of recovery from adversity meant they were able to foresee the benefits of persisting

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with a game even though, to the external observer, the conditions were clearly quite unpleasant.

There are indications here that the girls were gaining self-efficacy in several ways. Firstly, they were learning that if they were able to deal with the challenges on a football pitch this could improve their chances of success in other spheres of social life. They appeared to gain the confidence to take on other challenges and overcome adversity. They recognised that the confidence they gained from football was transferable to other situations where they might need to stand up for themselves. The girls also made reference to the challenge of confronting injustice when match officials failed to penalise excessive physicality from opponents. This unfairness seemed to spur the girls on even more. The girls' descriptions of how they respond to the challenge of physicality and injustice reflect the suggestion of Kobasa (1979) and Bonanno (2004, p.1) that there are people who possess 'hardiness' and who have a sense of control and a conviction that they can overcome challenges.

Extract 8.4 – (Local Community Club Group 2, Lines 344-376)

Researcher: "What about the physicality of it? Because sometime it can get a bit rough can't it?"

Girl 7: "I think it is quite fun when it gets a bit rough."

Girls 5 & 6: "It is quite funny…how angry people get over not much."

Girl 5: "And I think it affects people more than others sometimes, but I think it also makes you kind of a bit tougher."

Girl 7: "Makes you want to win more if there is someone on the other team keeps pushing you."

Girl 8: "And annoying you."

Girl 6: "Who you think keeps fouling you, but you aren't getting any free kicks from it then it like motivates you to do better because you want to get something over on them a bit."

Girl 7: "I think it makes you more confident like out of football as well though because you know that you can beat somebody to the ball or you know that you can stick up for yourself and not be pushed about or elbowed about or whatever."

8.2.3 Strength

Evans (2006) describes how less confident girls become disheartened with PE in secondary school through a variety of mechanisms. The 'fear of masculinisation', with the emphasis on image rather than athleticism, which in the case of football, requires some physical strength, means that a lot of girls choose not to join in (Evans, 2006). Evans (2006) also found that girls are very concerned about losing face in front of boys or that they may appear inadequate. Girls are additionally challenged by the pressure to maintain a heterosexual femininity and, at the same time, to demonstrate sporting ability that requires muscular strength (Evans, 2006).

Four out of the five girls in the Centre of Excellence Group 2 had played with boys' teams when they were very young, one from the age of five. They had played with the boys for two to three years. The girls offered an interesting positive impact of playing with boys. The girls also felt playing football with boys had toughened them up:

Extract 8.5 – (Centre of Excellence Group 2, Lines 110-116)

Girl 17: "It got me stronger."

Researcher: "It got you stronger?"

Girl 17: "Yeah. Just like boys are stronger, like shoving people everywhere. Just got me stronger."

Researcher: "Do you think when you played with girls it gave you an advantage?"

Girl 17: "Yeah."

8.2.4 Keeping Fit

One explanation some of the girls put forward for their enjoyment of the game was that it keeps them fit. There are a number of physical benefits derived from playing sport, as described in Chapter Two. For females, these include a reduced likelihood of developing a range of diseases in later life such as: diabetes (Danaei et al., 2009;

Manson et al., 1991); breast cancer (Hsieh, Trichopoulos, Katsouyanni & Yuasa, 1990) and osteoporosis (Jacobson et al., 1984). Nieman et al. (2002) found a correlation between physical activity and reductions in anxiety, depression and attention deficit hyperactivity disorder among children. Eime et al. (2013), also exploring children's health, found improvements in self-esteem, and social interaction and a decrease in depressive symptoms. There is now very good evidence, over a number of years, of the connection between a good level of physical exercise and the reduction in mental health problems (Royal College of Psychiatry, undated). One concern, however, is that girls drop out of sport as they enter adolescence (Tinsley, 2010). Rowland (1989) found that although in general, girls' aerobic power reduces significantly in adolescence, this can be reversed by regular exercise. The girls in this study are likely to have been exposed to public health messages about diet and fitness but may not have been aware of the connection between physical fitness and good mental health. Nevertheless, keeping physically fit was a point they raised as a reason they enjoy playing football. The girls from the local team identified additional motivations, such as success on the field of play, that are likely increase their persistence.

Extract 8.6 – (Local Community Club Group 2, Lines 286-294)

Researcher: "So what else would you say is good about playing football?"

Girl 5: "It keeps you fit and it is something to do out of school so you don't just do nothing."

Girl 8: "It gives you more energy. It is nice when you win as well."

All girls: "Yeah!"

Girl 5: "And when someone scores."

8.2.5 Dominant views on feminine identities: Body Image

Flintoff and Scraton (2005) identified that there are four strands of feminism that relate to physical education: liberal, radical, socialist and poststructural. According to Flintoff and Scraton (2005), liberal feminism has concentrated its challenge on the unequal and stereotyped provision of

opportunities and facilities for boys and girls. Liberal feminism has argued for fairer access and at times for equal and separate facilities. Hargreaves (1990) provided a critique of the successes of liberal feminism, highlighting that the gains in equal opportunities have largely been for white, middle-class women. Radical feminism, on the other hand, has been more concerned with the impact of patriarchy, and the imposition of male-defined femininity with a focus on a prescribed body image (Flintoff and Scraton, 2005). Radical feminism celebrates those female qualities normally associated with women: 'co-operativeness, relative weakness, grace and tenderness' (Hargreaves, 1990, p.292). These lie in contrast to a strong, competitive and confident construction of masculinity. Socialist feminism emphasises the impact of gender, ethnicity, sexuality and class, highlighting in particular the role that historical economic structures play in the maintenance of gender oppression (Scraton, 1992). Poststructural feminism has focused on the diversity of ways girls can develop and express themselves through sport (Flintoff & Scraton, 2005). Poststructural feminists argue that girls have agency and can construct their own identity.

All four sets of feminist ideas are important for this study. As has been discussed (Chapter Seven), addressing structural inequalities and lack of access to opportunities within the sports arena and within schools (a liberal feminist approach) would contribute to improving the social environment that can constrain the participation of girls in football. Crissey and Hornea (2006) highlighted the difficulties girls face if they participate in sports where a 'feminine' body image is expected, such as in gymnastics. For Malcom (2003), participation in any sport previously forced girls to choose between being an athlete and being feminine, as the two were incompatible. More recently, female athleticism has become more acceptable, but attitudes to femininity have hardly changed (Malcom, 2003). As a result, girls and women who do engage in physical activity frequently adopt the 'apologetic defense' (p.1388), exaggerating their femininity and adopting a stereotypical heterosexual facade outside of playing sport (Malcolm, 2003). Flintoff and Scraton (2005) linked the expectations to maintain a feminised physique to the tensions girls face as engagement in sport exposes them to unwanted attention and the 'male gaze' (p.166). These constructs are challenged by radical feminists but are also challenged by the girls in this research who do not see any contradiction between being feminine and the physicality demanded of them as footballers. The girls in this study outlined how they enjoy the physicality of football, how having a strong body increases their confidence, and how being fit gives them more energy. They dismissed the options of ballet and gymnastics because they don't have the physical flexibility to perform well (*Extract 7.19*). Discussion of feminine sports that require a slender physique elicited embarrassed giggling. Conversely, the girls describe having confidence in demonstrating their skills in school PE lessons

and asserted that football 'looks right'. Rather than feeling uncomfortable with a masculinised body image, the girls in this study highlight their desire to play a 'boys' sport'.

Extract 8.7 – (Centre of Excellence Group 2, Lines 200-209, 158-9)

Researcher: "Your mum wanted you to do ballet? Wouldn't you rather be doing ballet than football?"

ALL: "No."

(Giggling)

Researcher: "No?"

GIRL 19: "It just wouldn't look right."

Researcher: "It doesn't look right? Yeah ok, but football does?"

GIRL 19: "Yeah."

Researcher: "And what do you like about playing football?"

GIRL 17: "Just like it's a boys sport."

In Chapter Five, I explored the social demographic information arising out the research and in line with socialist feminism, raise questions about the role of race, ethnicity and class in the participation of women and girls in sport. The fourth area of feminist scholarship identified by Flintoff and Scraton (2005) - Poststructural feminism, aligns with the findings of this research that show that the girls have agency which they exercise independently of adults and that they are able to construct identities that challenge hegemonic expectations.

8.2.6 Competence and Skill Development

As reported in Chapter Seven, despite the fact that competence in sport is seen as a masculine trait (Paechter, 2007), the girls described the confidence they derived from developing sports skills that helped them enjoy PE at school. The confidence came from the awareness of their own competence at football. There is evidence that by

presenting football training as skill development rather than fitness training, girls are more likely to perceive the activity as meaningful and more likely to experience benefits to their self-esteem (Chalabaev, Sarrazin and Fontayne, 2008).

The pressured environment over gender roles has a detrimental effect on girls' self-esteem, self-competency and perceptions of the physical, sexual and social self (Basow and Rubin, 1999). When this is applied to practising the skills necessary to be successful at football, Chalabaev et al. (2008) found that women footballers performed better when an identical exercise was defined as a test of their technical skills rather than of their athletic ability. Chalabaev et al. (2008) postulated that the women construed the technical test as something closer to a feminine identity, whereas athletic ability would be seen as a more masculine trait. Further to this, Eccles and Harold (1991) found that even when girls performed as well as boys in a technical test, they rated their own performance as much weaker. There is therefore, significant pressure on girls who engage in what is defined in many arenas as a masculine sport.

Extract 8.8 - Local Community Club Group 2, Line 331)

Girl 6: "It is a skill and you can say you are a girl and you can play football, you can actually do it."

8.3 Cooperation/Teamwork (2.2.1/2; 2.2.1)

As well as developing technical skills, playing football involves developing teamwork skills. The girls reported that playing football has helped them improve communication and make new friends. The Centre of Excellence teams were drawn from a wide geographical area with very few girls knowing each other outside of the Centre. The girls from the Local Community Club largely came from one geographical area but attended a variety of different schools. It is interesting to note that despite the fact that new players would be introduced to the team by the coach the girls did not

mention his or her role in the integration of new players. The assimilation of new girls is something for which the girls themselves seemed to take responsibility.

In her description of communities of practice, Paechter (2007) demonstrates how boys create and maintain boundaries around their activities and control entry and inclusion in their groups. They achieve this through developing a sense of comradeship and allegiance to their 'tribe' (Paechter, 2007). Although this comradeship requires a collaborative approach it is not the same as the cooperative and welcoming behaviours of girls. Comradeship necessitates compliance with standardised behaviours and intolerance to non-conformity with the norm. Cooperation, on the other hand, allows for difference and encourages acceptance of difference in the interests of the common good. Boys' expressions of team bonding are therefore different to girls' formation of supportive friendships.

Werner (1995) found that participating in 'cooperative' enterprise strengthened an individual's ability to bounce back from adversity (p.9). The girls gave great emphasis to the importance of being together as a group and as a team. This aspect of team cohesiveness was very much emphasised by the older girls from the Local Community Club, which reflects the inoculation model of resilience outlined by Rutter (1989). The girls in the older age groups had had several years' experience of playing football. It is probable that during this time they had internalised the knowledge that the strengths of playing as a team increase the chances of overcoming adversity.

One observation from this study is that the girls laid much greater store by the satisfaction they gained from being part of a team than from the football matches themselves. For them the best part was the cooperation and not the competition. They talked a lot about spending time with their friends, making new friends and being open and inviting to new girls into the team.

8.4 Cooperation /Teamwork – Welcoming and accepting newcomers (2.2.1)

When the girls were asked what they thought were the good things about playing football all four groups focused their initial responses on the social aspects of playing football; the importance of meeting new people, making new friends, supporting each other and having fun together. One of the teams provided an expansive list of why they liked to be together. They described their team as an environment where they could make mistakes and laugh about it, where new members were made welcome and where girls from several different schools could come together to enjoy each other's company. At the end of the focus group interview, one team did add that they enjoyed scoring goals and winning but this was the last thing they mentioned. The other three groups did not mention winning and scoring goals as reasons for playing football.

Extract 8.9 – (Centre of Excellence Group 1, Lines 197-202)

Researcher: "What's good about playing football?"

Girl 11: "Everything."

Researcher: "Everything? What do you get out of playing football?"

Girl 12: "Er, like communicating and stuff."

Researcher: "Communication?"

Girl 11: "You make new friends."

Extract 8.8(2) – (Centre of Excellence Group 2, Lines 172-175)

Girl 19: "You just, like, enjoy it. You meet new people. You learn different things about people that you wouldn't normally think of them."

Girl 20: "You meet new friends, it keeps you entertained and it keeps you fit."

The importance of football being a conduit to girls developing new friendships was also found by Nathan et al. (2013). The girls in Nathan et al.'s (2013) study of 142 refugee children said that joining in the football development programme had been fun and had enabled them to learn about each other's cultures. The girls in Nathan et al. (2013) had also developed proficiency in integrating newcomers, an important skill identified by Holt et al. (2008) as central to enhancing team cohesion.

These views were shared by the girls from the Local Community Club (LCC1 and LCC2) who discussed how, by joining a football team, they had formed strong relationships despite the fact that they originally came from different schools. Werner and Smith (1992) and Daniel et al. (2010) identified acceptance within a peer group as one of the key features that can protect children from the effects of adversity. The girls from the local team described a high level of peer relations.

Extract 8.10 – (Local Community Club Group 2, Lines 224-265)

Girl 6: "I just really like it because of our team."

Girl 5: "Yeah. We're all quite close aren't we?"

Girl 7: "We are all good friends."

Girl 6: "We have made friends from different places. A lot of these people do not go to our school."

Researcher: "So from about four different schools, and yet you all get on?"

Girl 8: "We are all, like, quite good friends."

Girl 7: "And even if like new people come and they have only been for a few weeks or something they get on with us."

8.5 Competition

Collaborative and cooperative ways of behaving are notable strengths within girls' social world. Bem (1975) contends that it is important to retain those feminine traits that are socially desirable. Greater wellbeing can be attained by integrating other, masculine, traits that are psychologically desirable. 'Competitive' is one of the items in the 'Masculinity'

column of the social desirability scale of the Bem Sex Role Inventory, 'Sensitive to the needs of others' is in the 'Femininity' column (Bem, 1974). Androgynous individuals are able to be both competitive and sensitive, 'assertive and yielding' (Bem, 1974, p.155), whereas strongly sex-typed individuals do not have other options available to them.

Some of the girls who were playing football derived pleasure from the competitive element of the sport. Whilst they highlighted the cooperative elements of integrating new team members, successful teamwork in competitive football increases the chances of sporting success. The importance of playing well held the greatest significance for the girls, but they also enjoyed winning and recognise the impact this can have on their mood.

Extract 8.11 – (Centre of Excellence Group 1, Lines 383-389)

Researcher: "And what's fun about playing football?"

GIRL 11: "Winning."

(Laughing)

Researcher: "Winning?"

GIRL 9: "Scoring."

Researcher: "Scoring?"

GIRL 12: "You're in a good mood if you win."

8.6 Multiple Sport Activity – Team sports/Individual sports (1.4.1/1.5.1)
Engagement in both masculine and feminine interests and skills (2.1.9)

Werner and Smith (1982) and Richman (2002) identify being physically active as a protective factor in children's mental health. The survey findings in this study showed that the girls were engaged in several sports and activities, with only nine of the sixty-eight girls playing football exclusively. The study did not look in any depth at the other sports the girls were playing, although it was identified that forty of the sixty-eight girls were playing other team sports and fifty were playing other individual sports. These girls were therefore very active.

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It is more common for women and girls to participate in individual sports, with ten times as many enjoying swimming as are playing football (Sport England, 2012). The girls in this study were engaged in a wide range of sports with most of them playing both individual and team sports and most of them playing both masculine and feminine sports. This seems to reflect their positive androgyny with interests in both collective and individualistic sports and with physical, masculine sports and non-contact, feminine sports.

8.7 Chapter summary

In this chapter, I have evaluated the girls' participation in football in respect of their sex role. The girls seem to present balanced, androgynous personality traits. They have aspects of masculinity: strength, physicality, competence, fitness, competitiveness. They also have aspects of femininity: a focus on skills, cooperation, and inclusivity. This 'masculine female', balanced approach to their physical activity, is likely to have psychological and psychosocial benefits that can enhance their mental wellbeing. The girls in the study appear to learn at a young age that in order to be accepted into boys' games of football they need to demonstrate legitimacy. They describe how, to enter the boys' community of practice, they need to show that they possess the essential masculine traits. Having adopted those traits the girls then move on and construct a different feminine community of practice that is more inclusive and supportive. They do not restrict themselves to football either. They take advantage of a wide range of athletic activities that reflect the spectrum of masculine and feminine sports.

Focus Group Findings and Discussion Three –Resilience, Overcoming Adversity and Positive Psychology

9.1 Introduction

In this chapter, I explore the links between the girls' experience of participating in football and the research on psychological wellbeing. From the focus group interviews, I have identified the themes that relate to theory on mental wellbeing and I use the girls' statements to illustrate each of these themes.

The first section reflects on those areas of psychological resilience that the girls describe. This includes the development of skills, their sense of mastery, self-efficacy and collective mastery through team achievements. This section discusses the psychosocial benefits of participating in a team sport, which incorporate the perceived social support from teammates. I explore how psychological resilience is enhanced within a supportive environment where girls can make mistakes and have fun.

The second section considers the areas where the girls demonstrate their abilities to overcome adversity. I explore how the girls' responses to victories and defeats reflect theories of positive adaptation and positive reinterpretation. The issue of acceptance is examined alongside the girls' expression of their 'sportsmanship'. Competence under stress is considered alongside the issue of controlled emotion. Finally, in this section I discuss the range of protective factors that could enrich the girls' ability to contend with adversity.

9.2 Psychological Resilience

Fletcher and Sarkar (2012) contend that a number of psychological factors interact to influence the experience and performance of athletes. These factors include: positive personality, motivation, confidence, focus, and perceived social support.

9.2.1 Self-efficacy – Mastery/Acquiring Skills (4.1.1)

As a measure of the level to which an individual has confidence in their personal capability, self-efficacy is not only important in childhood and adolescence, but can influence whether an individual achieves their goals in life (Bandura, 1994). Children and adolescents with a robust sense of self-efficacy are not overwhelmed by difficult challenges, but see them as something to be mastered. They are more engaged with developing the skills they need to achieve mastery. They have greater commitment to activities they participate in and are quick to recover from setbacks.

Deci and Ryan (1985) in their Self-Determination Theory, contend that autonomy and competence are essential in order to promote intrinsic motivation. For athletes such as girl footballers, their sense of competence is linked to skill development and performance outcomes. Within his Social Cognitive Theory, Bandura contended that through mastery experiences, individuals develop their sense of self-efficacy. Performance outcomes are the greatest influence on self-efficacy and where individuals gain a sense of accomplishment, they develop greater confidence to embark on fresh challenges (Bandura, 1986).

One of Bandura's observations was that where people have experiences of succeeding after sustained effort, they develop a conviction in their own abilities. People are then more likely to take on greater challenges or, in Bandura's words, 'By sticking it out through tough times, they emerge stronger from adversity' (1995, p.3). Feltz, Short and Sullivan (2008) also found that if someone has developed 'a resilient sense of efficacy' they are able to experience challenges and setbacks without suffering any negative effects (2008, p.199). This may go some way towards explaining why bad weather did not influence the girls' decisions to play football. It is possible that prior positive experiences of recovery from adversity meant they were able to foresee the benefits of persisting with a game even though, to the external observer, the conditions are clearly quite unpleasant.

Competence and skill development were discussed in Chapter 8.2.5 and are further explored here. The girls in this study stated that one of the incentives to play football,

and even one of the motivations to play football rather than gymnastics for example, is that they gain satisfaction from acquiring a skill and that the skills involved in football are somewhat more complex than the skills required to do gymnastics. The girls accepted that they acquire additional skills by training hard but balanced that by acknowledging that they also have a lot of fun in training and have opportunities to socialise.

This study indicates that skill acquisition is a source of pride and satisfaction, partly because it made the girls stand out in PE lessons and partly because of the self-fulfilment they gained from the achievement. This issue is important since, as Adler et al. (1992) and Thorne (1993) show, for girls, physical attractiveness and success with boys are generally considered more important than sporting accomplishments. According to Evans (2006), pressures to conform to popular perceptions of physical attractiveness may be a barrier to involvement in sport for some girls. Evans (2006) found that many girls avoid participating in sports if it means being on show when they have become sweaty and dishevelled. Contrary to this, the girls in the presented study described enjoying being on show in front of their classmates because they had a skill they could celebrate. Gruber (1986), from a study of younger girls, found the effect of developing skills and being able to demonstrate sporting skills in front of others and gaining their approval had enhanced girls' self-esteem. These comments from girls from the local team support Gruber's findings:

Extract 9.1 – (Local Community Club Group 2, Lines 378-9, 328-331)

Girl 8: "It is nice in PE. It helps a lot if you have a sport you specialise in because you can say that you know what you are doing."

Girl 7: "I don't know about you guys, but I prefer it a bit more when it feels like you are doing more things like you are kicking a ball rather than doing a roly poly."

Girl 6: "It is a skill and you can say you are a girl and you can play football, you can actually do it."

9.2.2 Team efficacy – Collective mastery (4.6.5)

Holt et al. (2008) found that girls recognised the benefits of cooperating with other team members and of quickly integrating new players as this would increase the likelihood of leading to successful team outcomes. Once inducted into the team, cohesion is central to the success of the team and leads to greater collective efficacy (Magyar, Feltz and Simpson, 2008).

The experience of learning how to incorporate new recruits can have long-term effects and assist girls in their careers. The benefits to girls of developing teamwork skills before they move into the workplace is highlighted by Capozza (2004) and Connell (1995), because those same skills are reflected in men's factory, office and boardroom behaviour. A further benefit identified by Pedersen and Seidman (2004) is that young adolescent girls who develop athletic skills within a team environment have higher self-esteem in later adolescence.

The girls within this study described a sense of inclusivity, belonging and cohesion within the team. These descriptions were notable by their absence of adult involvement. There are a number of situations where the coaches would have inevitably played an important role. For example, when new players were introduced to the team. A central role for the coach would be to deal with team morale, strategy and tactics before, during and after a game. If the team had suffered a defeat, the coaches would inevitably have talked to the girls at halftime and full time and before the following game to suggest ways to respond.

The girls described their response to conceding a goal or a defeat and they talked about how they plotted their response. The girls discussed getting a goal back and preparing better for the return match and the girls in this study talked about how they, as a team, respond and devise a strategy for success. What is significant is that there was no mention of the coach's role in this. It was as if the girls were a cohesive unit with the coach very much outside their collective group. Listening to the recorded focus groups and reading the transcripts, I am struck by how the 'we' that the girls

referred to, which denoted their team, did not appear to include their coach. The strategy and the achievements, as far as the girls were concerned, quite clearly belonged to them. The role of the coach is significant by its absence throughout the girls' discussions in all four focus groups of their response to setbacks. The following extract is an example of this.

Extract 9.2 (Local Community Club Group 2, Lines 135-144)

Researcher: "What about if the other team scores? How do you feel if they score first? How do you react to that?"

Girl 3: "It's not bad. You just get more fixed on the game. You battle harder."

Girl 1: "You start to think 'Right we're going to get another one back'."

Researcher: "What do you talk about at the end of a game? If you have lost what do you talk about as a team?"

Girl 1: "What can you make better."

Girl 3: "We also talk about what were the good points in what we played as well."

9.2.3 Confidence and Security - Managing bullying (4.2.1)

There are indications that the girls were gaining self-efficacy in several ways. Firstly, they were learning that if they were able to deal with the challenges on a football pitch this could affect their success in other spheres of social life. They appeared to be gaining the confidence to take on other challenges and to overcome adversity. They recognised that the confidence they gained from football was transferable to other situations where they might need to stand up for themselves. The girls also made reference to the challenge of confronting injustice when match officials failed to penalise excessive physicality from opponents. This unfairness seemed to spur the girls on even more. The girls' descriptions of how they respond to the challenge of physicality and injustice reflect the suggestion of Kobasa (1979) that there are people who possess 'hardiness' (p.1). Kobasa (1979) considers that there are people who have

a sense of control and a conviction that they can overcome challenges. In this study, the girls refer to the confidence they gain from being within a supportive team community that transfers to the school environment and having teammates they can return to for support outside of school. For one girl this network was very important for her mental wellbeing.

Extract 9.3 – (Local Community Club Group 1 , Lines 532-537)

Researcher: What about other things such as social things at school? Has football helped you get through problems at school at all?

GIRL 7: Yeah. If you are worried about something it does make you forget because you are with people instead of being stuck at home worrying about it on your own, cos I worry a lot.

9.2.4 Positive personality/Optimism - Making Mistakes and Developing Mastery (4.3.1)

Seligman (2007) posited that children and adolescents need to encounter a necessary level of challenge to demonstrate their ability to be 'masterful' (2007, p.12). Seligman suggested additionally that children need to experience setbacks and disappointment and to undergo repeated attempts to succeed if they are to develop persistence (2007). This is one of the principal traits of a positive personality. There are various ways in which individuals can benefit from having an optimistic, positive personality. Amongst the other traits of positive psychology, is an optimistic explanatory style.

Galli and Vealey (2008) identified that athletes relied on several personal resources to help them contend with setbacks such as defeats or injury. Amongst those personal resources were optimism, determination, competitiveness, commitment, maturity, and persistence. Fletcher and Sarkar (2013) further include focus, motivation, proactivity and confidence.

Evans (2006), in her exploration of attitudes to sport amongst adolescent girls, described how self-consciousness prevents many girls from taking part in physical

activity. In contrast, the findings of this study showed that the girls had created an environment in which they felt safe to make mistakes and which supported the use of humour in their attempts to become proficient at football.

Extract 9.4 – (Local Community Club 2, Lines 278-284)

Girl 6: "Yeah, because even though it is like hard training and stuff like that and we have to do, it is fun because you can have a chat with people and like if you do something wrong it is more of a joke or it is like you just get more made fun of a bit but in like a good way."

Girl 5: "Like in a funny way."

Girl 7: "Rather than like, oh my god I can't believe you did that wrong!"

There are important features of positive psychology described here. The girls demonstrate that making mistakes does not have a damaging effect on self-esteem. In contrast to research by Evans (2006), whose participants were very concerned about being in the public gaze, the girls in my study seem to have developed what Rutter (1987) describes as the inoculation model of resilience. Schoon (2006) discusses how, in an environment with supportive peers, low level exposure to risk can help children enhance their resilience. Seligman (1995) identifies how children need to experience failure and the emotions that accompany failure such as sadness, anger and anxiety, before they can fully experience mastery. This study is in line with Seligman's comments, since the girls were not embarrassed by making errors and derived a lot of fun from testing themselves, having some failures, but eventually succeeding. They were then able to assert their satisfaction in having enhanced their footballing skills.

9.2.5 Prosocial skills – Welcoming and accepting newcomers (4.4.1)

The development of the important prosocial skills involved in receiving and inducting new players was highlighted by the girls in all four groups as the most important reason for their continued participation in football. Benson (1997) identified prosocial skills as an important 'thriving indicator' (p. 43) for positive development in children. The issue of welcoming and accepting newcomers has already been explored in Chapter 8.3.

9.2.6 Psychological Resilience – Perceived Social Support – Peers/Teammates (4.6.5)

Benson (1997) identified that in order to promote positive development, we need to develop children and adolescents who have intrinsic strengths such as being active, engaged, and competent, balanced with skills of receptiveness, supportiveness and nurturing. The girls in this study mirror many of these qualities. They blend commitment to their own enjoyment of sport with making and keeping friends as the element they enjoy most about engaging in football. This was discussed previously in Chapter 8.3.

 Waaktaar et al. (2004) stressed the importance of developing a range of behaviours that facilitate 'positive peer relations' (p.170) in order to enhance mental wellbeing in children. Amongst those behaviours Waaktaar et al. (2004) include 'prosocial interaction, peer acceptance and peer support' (p.170) as protective features of resilience. The girls from the Local Community Club started by highlighting the importance of the skills of communication and developing friendships through football.

The girls describe the sense of community they gain from being in a supportive team that allows them the freedom to socialise without the pressures to dress up and wear make-up.

Extract 9.5 – (Local Community Club 2, Lines 556-576)

GIRL 8: "I think it is good because we seem to spend a lot of time together even though we aren't doing activities, like cinema and stuff."

GIRL 5: "We do go for meals sometimes, but it is a bit different because I don't want to say family, but you are a bit closer, so it doesn't matter what you say or…"

GIRL 6: "Or what you look like it doesn't really matter."

GIRL 5: "Oh yeah. You don't have to put on make-up at all."

Researcher: "Do you think it has helped your confidence?"

GIRL 7: "Yeah. Probably. Yeah."

GIRL 5: "Yeah."

GIRL 6: "Yeah. Probably. I don't know. I haven't felt a difference but…"

GIRL 8: "We haven't experienced not having football."

9.2.6 Perceived Social Support – Peer Support/Teammates (4.6.5)

Girls' Perceptions of the Things they Dislike about Football

"What's not so good about playing football?" "Nowt!" (Centre of Excellence Group 2, Lines 176-178).

Social support and environmental factors are essential to the process of resilient reintegration (Richardson, Neiger, Jensen, and Kumpfer, 1990). There are extensions to the psychosocial benefits to be gained from playing football. Positive psychology contests the individualistic application of Darwinian 'survival of the fittest' theory and shows that groups of children who cooperate profit more than those who do not (Compton, 2005). Learning about teamwork can empower girls as they enter the workplace because team sports have traditionally prepared boys for the culture of the office (Connell, 1995).

As well as being asked about the things they enjoyed about football, the girls were asked about the things they disliked about playing. The four groups of girls differed, in that the Centre of Excellence girls started by focusing on their own performance and then discussed at length the frustrations when not being able to play because of the

injuries they had sustained. The initial response from the girls at the local club focused on the unpleasantness of playing outdoors in bad weather, but they refocused the discussion to emphasise the reasons why they enjoyed football regardless of the weather.

What arose was that even when things were not going well for them personally, such as when they were playing poorly, the team provided uncritical support. Werner and Smith (1982) and Garmezy (1991) found that having a range of support within and outside the family provides children with a buffer against adversity. What the girls at the Centre of Excellence described was that despite their own dissatisfactions with their performance, they were not subject to criticism from their teammates or their coach and that, rather than negativity from the coach, they received encouragement. (I come back to coach attitudes later in this chapter).

9.3 Overcoming Adversity

Within the field of mental health promotion, an important target is to help people maintain their wellbeing in the face of adversity. The understanding of the impact of adversity includes both positive and negative outcomes. Rutter (1987) outlined a process of 'inoculation' whereby individuals become psychologically immune to the harmful effects of adverse events. Richardson (2002) proposed that individuals confronted with adversity might respond in a variety of ways: resilient reintegration, homeostatic reintegration, reintegration with loss or dysfunctional reintegration, where homeostatic reintegration leads an individual to return to their previous state and where resilient reintegration leads an individual to develop new skills and resources. Schoon (2006) defined a 'challenge' model of resilience that embraces the concept of providing children with testing encounters from which they develop skills and knowledge of resources at their disposal. These qualities were summarised by Fletcher and Sarkar (2013) as 'exposure to adversity in moderation can mobilize previously untapped resources, help engage social support networks, and create a

sense of mastery for future adversities' (p.20). There were a number of ways in which this study explored these issues.

9.3.1 Positive Adaptation – Reconfiguration/Positive reinterpretation – Problem solving/Solution focus (5.1.1)

"You battle harder" (Local Community Club Group 2, Line 135)

"Step it up a bit" (Centre of Excellence Group 1, Line 276)

"We are going to score now we need to get a goal" (Local Community Club Group 1, Lines 389-390)

Following a setback, individuals with a positive explanatory style (Seligman, 1995) will take a solution-focused approach and look to their strengths in order to address the problem. In sport, this can present itself as a desire to win or to improve one's skills. A resilient individual, like a resilient physical material, bounces back. The difference for a human being is that they can increase their psychological strength after experiencing an adverse event through resilient reintegration (Richardson, 2002) or resilient reconfiguration (Lepore & Revenson, 2007).

Richardson (2002) and Lepore and Revenson (2006) suggested that individuals can respond to disruptions with new insights and a richer knowledge base from which they can achieve growth and increase their resilience. Richardson (2002) terms this process reintegration. Lepore and Revenson (2006) call this process 'reconfiguration'. Reconfiguration includes the possibility that individuals can develop new strengths after an adverse event, but that there may be some deficits as well. A team may therefore lose a game and feel downhearted about their defeat. After the defeat, they may devise superior tactics and enhance their skills in training to improve their performance and self-efficacy yet still have to accept that the other team is better than they are and may quite possibly win the next time they play each other.

The older of the Centre of Excellence groups initially expressed strong emotions when they lost a game. These strong feelings of disappointment were quickly followed by moving into an optimistic thinking pattern and reframing the defeat. They focused on external factors outside of their control, such as having to play without a goalkeeper or the ball ricocheting into the net. As with the two younger groups, they described their response was to "step it up a bit" during the game and then to prepare better for the return match. One point they made was that after a defeat they immediately discuss how they are going to put things right so they had no time to ruminate on things that had gone wrong. The general response was not to capitulate to negative thinking but to increase the effort to succeed. *"You step it up a bit." (Girl 13, CE2)*

9.3.2 Positive Psychology – optimistic explanatory style – decatastrophising (6.1.1)

Seligman (2007) stated that individuals with an optimistic explanatory style will 'decatastrophise' i.e. they will minimise the impact of any misfortune and revise the meaning of the event, often as a positive learning experience.

The focus groups provided some rich feedback about how the girls dealt with conceding goals, how they dealt with defeats and what strategies they employed to overcome the feelings induced by setbacks. The girls' responses contained many of the features of an optimistic explanatory style described by Seligman (2003). They 'decatastrophised' by breaking down defeats into small temporary setbacks and immediately began developing solutions. They defined the successes of their opponents as fortuitous and based the explanation of their own success on their planning and preparation.

"It doesn't matter if you win or lose as long as you've played a good game." (local Community Club Group 2, Line 140)

If one were to construct a perfect answer based on positive psychology principles to the question of how the girls contend with defeat, it would be very close to the answer received from the younger of the two local team focus groups reported here. The girls

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said they were not emotionally upset by the opposition scoring or by losing a match and did not dwell on the defeat. They focused on their performance and identified what they did well and what they could do to improve their next performance. The girls analysed the game from an optimistic explanatory standpoint, as defined by Seligman (1995). This, Seligman (1995) explains, develops a sense of self-efficacy and confidence such that teams with an optimistic explanatory style are more likely to perform well and therefore more likely to be successful. As well as improving performance, Bandura (1997) discusses how, without a sense of self-efficacy and optimism about future prospects, athletes are more likely to become stressed, perform badly and burn out. If we are to increase the number of adolescent girls continuing in sport, it is important to reinforce the optimistic explanatory style and their self-efficacy and this group highlighted how this would benefit girls in other adverse or competitive situations.

Extract 9.6 – (Local Community Club 1, Lines 140-146)

Girl 2: "It doesn't matter if you win or lose as long as you've played a good game."

Girl 3: "I think we have usually done our best and that's all that matters."

Researcher: "What do you talk about at the end of a game? If you have lost, what do you talk about as a team?"

Girl 1: "What can you make better."

Girl 3: "We also talk about what were the good points in what we played as well."

9.3.3 Proactivity – Planning to defeat other team (5.4.1/5.5.1)

Acceptance – Defeat can be explained - *"Keep your head up." (Centre of Excellence Group 2, Line 214).*

The younger of the Centre of Excellence groups (CE1) described the same optimistic explanatory style as defined by Seligman (2003). Setbacks, such as the other team scoring were met with determination to stay positive and to find solutions to score

themselves. Even when they lost a match they looked for positives and left open the opportunity to redefine the experience based on their performance. They also considered the need to address any negatives in their play, as illustrated by the comments from the local teams.

This strength of purpose was supported by the girls' belief in their own abilities and even their own superiority. The girls redefined defeat, describing the outcome in terms of which one was the better team, regardless of the number of goals each team scored. The better team, in their judgement, was not necessarily the team that scored the most goals.

Seligman (1995) highlights the importance of children experiencing the negative emotions associated with defeat in order for them to feel good when they master a skill or succeed in their endeavours. The benefits to self-esteem, Seligman (1995) argues, can only come from this sense of mastery. The findings demonstrate the 'persistence' Seligman (1995) celebrates as an essential quality of an optimistic child, since after a setback the girls worked hard to ensure they were in a stronger position when they encountered the same opposition a second time. A sign of resilience is that the girls did not dwell very long on a defeat and "forgot about it".

This is the response from the second Centre of Excellence focus group:

Extract 9.7 – (Centre of Excellence 2, Lines 214-252)

Girl 17 and Girl 19: "You keep your head up."

Girl 20: "It makes you like more determined too.

Girl 16: "You're willing to get that extra goal than them, you wanna win 'em."

Girl 17: "I just feel like I just want to beat them."

Girl 20: "Wanna win 'em next time and show 'em that they're not t' better team. Show 'em you're the better team."

Researcher: "How do you feel when you lose?"

Girl 16: "Well, sometimes we like lose but like we're like stronger but like they've got an extra goal and stuff."

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Girl 16: "Try and take positives out of t' game but like try and work on your negatives."

Researcher: "How long do you feel if you lose really badly? How long does it affect you?"

Girl 18: "Not long."

Girl 16 and Girl 20: "You forget about it."

9.3.4 Acceptance – Playing outside/Weather variable (5.5)

British Weather

There was a different response from the girls from the local teams regarding external factors such as the weather. Injuries did not arise as an issue but the cold weather did, however doing something else that was likely to cause less discomfort was quickly dismissed as an alternative. This was the response from all the focus groups. Local Community Club group 1 (LCC1) provided a range of answers to the question about what they disliked about football, the majority of which were in fact reasons why they liked football and explanations for why they tolerated the unpleasant aspects, such as playing outside in cold weather. These responses provided helpful insights into why the cold and wet British winter climate was not sufficient deterrent to girls playing football.

Extract 9.8 – (Local Community Club 1, Lines 118-122)

Researcher: You know when it's cold and it's wet and you get soaked. How do you feel about turning up when it's like that?

GIRL 3: Depends how I wake up.

Researcher: Depends how you wake up?

GIRL 1: I don't really mind.

Extract 9. : What don't you like about playing football?

GIRL 5: When it is cold and it is raining.

GIRL 6: Yeah. Like when it is cold like now, I hate training when it is like this.

GIRL 7: Yeah. I don't like training when it is like this. You have to wear lots of layers and you feel all restricted.

INTERVIEWER: Anything else you don't like about playing football?

GIRL 5: Erm, no, not really. There is but I just can't think of it.

GIRL 8: Sometimes if you are tired and you can't really be bothered to do it and you dread it but when you get there it is alright.

Researcher: What about this time when it is cold. Wouldn't you rather be indoors back doing your gymnastics?

GIRL 5, 6, 7: No!

The original spark that had prompted me to investigate girls who play football had come from watching ten and eleven-year-old girls struggling to play football in very unpleasant conditions. As an observer, the cold and wet weather that accompanies our British winter and our football season would seem to be a very good reason not to do something you do not have to. The Centre of Excellence girls did not mention the weather as a negative aspect of playing football whereas both the local club teams did. This could possibly be a reflection of the different quality of training and playing facilities.

9.3.5 Sportsmanship (5.1.2)

"We always win that sportsmanship award don't we?" (Local community Club Group 1, line 436)

The (LCC1) group moved on from talking about how they coped with defeat to discussing how they responded when they won. They recognised that they did not celebrate very energetically when they won, concluding that it is not essential for them to celebrate because they are close as a team. Seligman (2002) argues that in a situation where one team or person wins then there is inevitably a loser and in win-

loss or zero-sum games negative emotions dominate. These negative emotions, Seligman (2002) contends, have been essential to our evolution as we have needed to avoid threats and negative emotions, such as fear, to protect us from danger.

The fact that this team did not celebrate effusively when they scored or won is an indication of well-developed prosocial skills. In the same way that Carr (2011) states that humour is an excellent way to enhance social relationships, and as a corollary resilience, having muted celebrations, could possibly increase social acceptance. As an extension of their feelings about subdued celebrations, this team empathised with another team that they had overcome in a narrow victory. Empathy is associated with prosocial skills that enhance resilience and is a trait associated with increased happiness in individuals (Seligman, 2002).

What these girls did celebrate is that, unlike some other teams who taunt teams they have defeated, they just enjoyed the success of their achievements. They were rewarded in additional ways because their exemplary behaviour means they win the sportsmanship award every year.

Extract 9.9 – (Local Community Club, Lines 412-441)

Girl 6: "We don't really celebrate that much, do we?"

Girl 7: "No. It's just 'Well done', but when it cuts it close you start to celebrate more."

Girl 5: "I don't think we need to that much."

Girl 6: "It is just a high five, 'Well done', pat on the back."

Girl 8: "I think we are close enough not to need to."

Girl 6: "We don't like that. We are modest. Yeah. Modest about it."

Girl 7: "What is that word? We always win that sportsmanship award don't we?"

Girl 5: "And if the other team is nice, we are nice to them"

9.3.6 Competence under stress – Controlled emotions (5.8.1)

"We don't really celebrate that much, do we?" (Local Community Club, Group 1, Line 412)

The focus group with the older Local Community Club team produced a different response to the previous three groups. They started with a positive response that provoked a lot of laughter, which would indicate the result of their matches does not worry them unduly, but they immediately fell into talking about their frustrations. One girl provided a pessimistic response, feeling she had no power to influence a result. Despite the assertion that they do not lose very often, they recognised that they might not enjoy their football as much if they were losing regularly. This is in direct contrast with the younger local club team, who were not concerned about the result, only their own performance.

A significant difference between this group and the other three, evident from the focus group transcript, is that the girls used a number of words, such as 'annoying', 'fed up', 'downhearted', 'relieved' and often sighed, which may have connotations of pessimistic thinking. Seligman (2002) would, however, separate out 'annoying', 'fed up', 'downhearted' and 'relieved' as examples of optimistic explanatory style because they are negative emotions associated with motivations to formulate strategies to achieve a different, positive outcome. Seligman (2002) points out that negative emotions do not necessarily indicate a pessimistic explanatory style.

Extract 9.10 – (Local Community Club 2, Lines 381-405)

Researcher: "How do you feel when the other team scores or when you are losing?"

Girl 6: "It doesn't happen very often."

(laughing)

Girl 8: "It is a bit annoying"

Girl 5: "You do get fed up about it but it makes you think 'Right we are going to score now we need to get a goal.'

Girl 5: "You feel a bit downhearted."

Girl 8: "And if we lost every week we might not enjoy it as much."

Girl 7: "It is a bit more exciting when it is close, like 2-2 and someone has got to score."

Girl 8: "Like the other day, we only won 2-0 and it was right at the end. It was a bit more exciting, but it must have been horrible for them."

9.3.7 Positive Coping Strategies - Humour (5.6.1)

The girls used quite a lot of humour to express difficulties they have with training and developing the necessary football skills, the inevitable errors on the pitch, with their coaches and with the opposition. Being able to use humour about stressful or embarrassing situations is identified with increased resilience by Masten (1986). The other group from the Local Community Club did not describe any significant behaviours from their coach that caused them any concern. The discussion quickly moved from discussion of their coach and his behaviour to their own feelings around performance. The girls used humour to respond to their feelings of embarrassment:

Extract 9.11 – (Local Community Club 1, Lines 149-154)

Researcher: "No? He doesn't tell you off? What about when you have made a mistake how do you feel?"

Girl 4: "It depends how big your mistake is."

Girl 3: "Yeah."

Girl 2: "If it's like a little mistake like I passed to the wrong player then I don't really mind as long as we get it back and nothing happens. But say if it is a massive mistake and I go out and whack the ball with my hand or something, then I feel quite guilty and embarrassed."

(Laughter) (5.6.1)

Evans (2006), in her study of adolescent girls, suggests that girls' participation in sport is subject to a gendered evaluation and that both girls and boys perceive girls' image as more important than their performance. Evans (2006) contends that the femininity of girls in sport is constantly under surveillance by the critical masculine gaze. Evans (2006) found that, in school, girls are frequently subject to boys watching from the

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sidelines and that at the centre of the girls' embarrassment is the public audience, which Evans (2006) identified as one of the main reasons girls do not engage in or drop out of team sports like football. In contrast to Evans' findings, the reaction of the girls in this group was to laugh about their mistakes which, as has already been discussed, is an indication of good resilience (Masten, 1986; Ungar et al, 2005).

9.3.8 Protective Factors –Humour/External activities/Engagement in team sports (5.6.1/5.2.3/5.2.4)

The list of things that the girls enjoyed about football reflects many of the protective factors identified as enhancing resilience, such as: having a range of prosocial skills; being able to make and keep friendships; teamwork skills, such as collaborating with others and integrating new members to social groups (Holt et al., 2008); having a social interest outside of the home (Newman, 2004; Werner and Smith, 1982); and having a sense of self-efficacy (Daniel, Wassell and Gilligan, 2010).

Werner and Smith (1982) and Benson (1997) identify the important impact on resilience of participating in activities outside of the home. The girls were achieving this by joining a football club. The focus groups show that the girls gain a lot of experience of joining groups of girls from different locations and of assimilating other girls into their social groups. These are important skills that have a range of benefits. Sun and Stewart (2007) found that children who demonstrate prosocial behaviours have higher levels of resilience. The focus groups provided a lot of information about how the girls manage their social relationships through football and indicated that the girls have a very good appreciation of the importance of peer social skills and their significance in improving their chances of success as a team. The findings suggest that the prosocial skills of the girls from all four groups are well developed and lead to significant motivation to attend training and play football, regardless of any barriers such as negative attitudes to girl footballers or adverse weather conditions.

9.3.9 Protective factors - Social interaction/Activities outside of the home/Having Fun/External activities/Team sports (5.2.1/5.2.2/5.2.3/5.2.4)

There is evidence that having activities outside of the home is one of the protective factors that contribute towards developing resilience (Newman, 2004; Werner, 1995). Werner (1995) found that participating in interests and hobbies outside of the home correlated with greater resilience. Werner and Smith (1982) identified that amongst the protective factors for girls, engagement in interests and skills (both those defined as masculine and those as feminine), was significant. The girls in this study are engaging in activities outside the home within a realm normally identified as a masculine interest.

One of the recommendations from the review of existing research (Bowker, Gadbois & Cornock, 2003) was that for girls to continue with a sporting activity there needs to be an element of fun in the activity. The girls in my study talked about the fun they had together. These are all elements described by Bailey, Wellard and Dismore (2005) as essential to attracting girls in the first place. Bailey et al. (2005) recommend that giving emphasis to the social features of the sport will improve girls' participation. Humour, Carr (2011) contends, can increase the support from immediate social networks so long as the humour is not intended to belittle the person.

The girls described various scenarios where football is fun. Fun was not described as joking around, but centred on the opportunities to spend time socialising and taking on challenges in a supportive environment. They enjoyed training because they were able to chat together and relax. They were able to laugh at themselves when they made mistakes but most of all they enjoyed just playing. There is strong evidence of a significant change in children's patterns of play over the past fifty years. Blinkert (2004) found that children are increasingly excluded or restricted from public spaces. Warpole (2003) surveyed 500 children about their local parks and discovered that 45% were not allowed to play with water, 36% were not allowed to climb trees, 27% were not allowed to play on climbing equipment, 23% were not allowed to ride bikes or use skateboards. Armitage (2005) found that school playtime breaks have reduced by as

much as fifty percent since 1971. Thomson (2005) contends that school playgrounds have become areas where adults exert their control over children and where children learn to restrict rather than enhance their creativity. Barraclough et al. (2004) found that, despite a government initiative to enhance the play opportunities for children, many children lived in areas where areas either did not exist or had been vandalised play.

This evidence indicates that children play out less and less on the streets and in the local parks. There is still a significant focus on the need for younger children to be provided with an environment where they can explore and experiment with toys, games and relationships. Despite adolescents having similar needs, with less emphasis on toys and more attention on games and sports, youth service provision in the UK has been in decline since the early 1980's (Smith, 1988). As a result, the opportunities for adolescent girls to play and have outdoor fun are decreasing and, for these girls, football seems to be giving them that chance to experience that freedom and enjoyment.

Fun for the girls in this study included playing when it became physically challenging and even a bit rough, as well as when other players became angry. In this respect, the girls seemed to have moved from popular notions of femininity that emphasise particular forms of body image and behaviours as social markers of what it is to be a girl. The message from the FA back in 1921 and from boys still today (Evans, 2006) is that girls are not suited to playing football because of the physical demands of the sport. This study challenges this and suggests that this is one of the aspects of the game that girls find enjoyable. The girls explained that amongst the reasons for relishing the physicality, the experience of beating someone to the ball made them more confident in situations outside of football because of the awareness they gained that that would be able to stick up for themselves.

There is evidence from this study that even when they are confronted with the worst case scenario of bad weather and a defeat the girls still find enjoyment in playing football. They leave the pitch smiling.

Extract 9.12 – (Local Community Club 2, Lines 622-638)

Researcher: I've just got one last question, you know when you tip up on a Saturday morning and it is freezing cold and it is lashing with rain and it is so cold it is painful and you are trudging around in the mud and you get beat… why do you come back?

GIRL 8: <u>Because you didn't do it on your own</u> (author's emphasis). Everyone will probably still be smiling by the time they walk off and everyone will just have a laugh about it.

GIRL 6: It is not really a big issue if we lose.

GIRL 7: It makes you want to do better next time.

GIRL 5: Yeah. It makes you feel a bit disappointed in yourself but because it is our team.

GIRL 8: You have confidence.

GIRL 7: You walk off back to your car. Even if you are all muddy and wet or feeling really groggy you still end up smiling.

9.3.11 Recovery - Injuries and Performance Frustration – Injuries/Coach criticism (5.7.2)

Both of the Centre of Excellence teams raised the issue of injuries and the frustration felt when they were unable to play football. This was the only significant undesirable outcome that the girls raised, although it was discussed at length. The girls provided a long account of the various injuries that each girl had had and a description of the frustration they felt at not being able to play football whilst recovering from injury. Girls sidelined through injury were not included in this study. In future research, it would be interesting to measure the level of mental wellbeing of girls with long-term injuries and compare that with girls who are fit and playing regularly.

9.3.12 Managing Coach Criticism

Bandura (1994) stresses the importance for children to have the ability to bounce back promptly after any adversity or failure. Girl footballers may experience defeat as a team and need to develop collective strategies for responding to losing games, but they also need to manage their individual response to criticism from their coaches.

Coaches are essential to the training and management of girls' football teams. Tinsley (2010) commented that coaches within girls' football are reported as being too critical, aggressive and/or unenthusiastic or as favouring particular players. The issue of excessive criticism had been identified amongst athletic coaches in 1985 (Officer & Rosenfeld, 1985) and was also identified as an issue in a more recent study by Bartholomaeus (2011), who found that coaches' comments were imbued with negative stereotypes about girls' footballing ability. The WSFF (2012) recommend that coaches focus on being more supportive and encouraging when training girls. Anshel, Kubarso and Jubenville (2009) found that a girl's relationship with her coach was very important but discovered that girls were also much more likely than boys to use their social support.

Fasting and Pfister (2000), in a study of 38 elite women footballers, looked at the experience of having either male or female coaches. They found that, in general, male coaches were much more likely to develop a 'masculine, rough and tough' (p.103) coaching style and frequently did not afford the women as much respect as their commitment to their sport deserved. Fasting and Pfister also reported that, on the other hand, female coaches were more likely to respond to the emotional needs of the players and were much better prepared to deal with their psychological as well as their physical needs. Fasting and Pfister identified that women footballers responded well to encouragement, common to the style of female coaches, and responded poorly to harsh criticism, common to the style of many male coaches. These researchers found some examples of male coaches who had a more approachable, supportive style but felt that there should be a greater commitment to increasing the number of female coaches for young female athletes. Within this study, there were both male and female coaches at the Centre of Excellence whereas the coaches at the local community club were all male.

Having found so many negative stories in the literature about coach behaviour I was concerned to explore the impact of criticism that the girls may have received from their coaches. In my study, the majority of the girls said they found the comments from their coaches to be helpful because they provided guidance on how to improve. The

response by the first group from the Centre of Excellence indicated that they felt that the behaviour of their coach was appropriate to the situation.

Extract 9.13 – (Centre of Excellence 1, Lines 313-320)

Researcher: "How do you feel if and when the coaches tell you you've done something wrong?"

Girl 11: "That's good, because then you know that you've got to do something about it and get it right."

Researcher: "So you think about how to get it right?"

Girl 11: "Yeah."

Researcher: "Does anybody else feel the same? You want to put it right if you get told you've done something wrong?"

All girls: "Yeah."

After interviewing this first group, I reflected on the available research which indicated that coaches can have a very negative impact on the self-esteem of female athletes (Fasting & Pfister, 2000; Officer & Rosenfeld, 1985; Tinsley, 2010). I had anticipated that the girls would have a lot more to say and I wondered if the group had conformed to the majority view, which is one of the risks of focus groups (Krueger & Casey, 2000).

I realised that I should perhaps have picked this up as the facilitator but the girls were so definite in their answer. I decided to pursue this more vigorously with subsequent groups. The second Centre of Excellence group started with the same reply but one girl spoke of her feelings of 'disappointment' when told to improve. This disclosure had the effect of allowing some of the other girls the opportunity to share their feelings about coach criticism. Focus groups have the potential to go further than surveys, for example, because participants feed off each other and the 'cuing phenomenon' can develop the discussion beyond the original question (Krueger & Morgan, 1993). One participant from Centre of Excellence group 2 demonstrated what could be described as a positive psychology solution, with a clear plan of how to address the changes suggested by the coach within a definite timescale.

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Researcher: "What if the coaches tell you you've done something wrong?"

Girl 19: "Makes you want to improve."

Girl 16: "You try harder in training."

Girl 17: "Take it as a compliment."

Researcher: "You take it as a compliment? In what way?"

Girl 17: "Like, erm, improve it."

Girl 19: "It helps you because, you know what to work on."

Girl 20: "Disappointed."

Researcher: "How long does that feeling last?"

Girl 18: "Until you forget about it."

Researcher: "Until you've forgot about it? And when might that be?"

Girl 18: "If you have another game and like because like if you improve on it and you think you've improved on it, that's when you can forget about it."

This is what Seligman (2003) would describe as a hopeful approach and this hopeful approach is more likely, according to Seligman, to result in the girls having a positive outlook on life and good mental health. This sub-section of the conversation is an expression of the theory of resilience, in that the girls reflected on some negative feelings but quickly found a way to bounce back from the situation, as described variously in the research literature on resilience (Garmezy, 1991; Luthar, 2000; Olsson et al., 2003; Galli & Vealey, 2008).

The first local club focus group described a range of issues beyond straightforward coach criticism. Their dialogue shows how important recognition of girls' emotional experience is to good coaching. The first girl to speak on this issue (Girl 6 LCC1) said she stands up for herself and argues back. Other girls in the group then followed the response of previous groups in agreeing that the coach is providing 'constructive criticism' (Girls 7 & 8 LCC1). This assertion was quickly countered by Girl 5 (LT1) who

stated that she does not experience the criticism as constructive but that the criticism makes her want to cry, although she said this with a laugh. As the conversation developed within the focus group they expressed different responses to the coach, with Girl 7 (LCC1) moving from aligning herself with Girl 8 (LT1) to aligning herself with Girls 5 & 6 (LCC1) and then back to aligning herself with Girl 8 (LCC1) at the end of the discussion. [This particular piece of dialogue shows how well, as Krueger and Casey (2000) claim, a focus group interview creates an opportunity for greater discoveries than individual interviews, as a result of the dynamic process the focus group creates].

Extract 9.15 – (Local Community Club Group 2, Lines 443-487)

Researcher: "So, how do you feel if you do something wrong and the coach has a go at you?"

Girl 6: "You say something back."

Girl 8: "I think it is good though as he is letting you know how it looks off the pitch."

Girl 7: "It is constructive criticism."

Girl 5: "It makes me want to cry. It is not constructive he just tells you what you do wrong."

(laughing)

Researcher: "It makes you cry?"

Girl 5: "No. It makes me want to and at half time or at the end."

Girl 6: "When he doesn't mention you."

Girl 5: "No. He acts as if a goal is your fault."

Girl 7: "Well, at the end if you think you have played a reasonable match and you feel confident that you have and then he doesn't mention you, it is a bit like 'Oh. Let's just go home now.'

Girl 8: "Well. There is 15 people so he can't go through everyone as it would be like an essay."

Girl 6: "I think it is alright anyway 'cos if you are sub off the pitch you get to see all what your team is doing wrong so you realise that that is what your manager is seeing. Sometimes when you are on the pitch you think it is going really fast and going alright and then you come off the pitch and it is like everybody is in slow motion when you come off it looks really, really slow."

(Laughing)

Girl 8: "Like it is not a very fast paced game or anything, and then he tells us, but I don't think he says it in a nasty way or anything. I think he does it in a constructive way, or tries to."

Girl 7: "He says "well done" as well."

Researcher: "Just picking up on your point, you saying sometimes you have felt like crying at the end when you have been told off …but then you have gone home and come back again?"

Girl 5: "Yeah, but it is not like, like when I teacher has a go at you."

(laughing)

Girl 5: "That's how I am, I cry all the time."

One issue the girls raised was that they felt disheartened if, at the end of the game, the coach did not mention them personally in his praise for individual players. This, for them, could be as powerful as saying something directly to them because they interpreted his negative body language as directed at them. The coach's silence about their performance had as much importance for the girls as his direct criticism because they might have left the pitch confident that they had played well, but without confirmation from the coach, they were left feeling unappreciated. Coach validations are highlighted as essential by WSFF (2012) and are clearly important to this group of girls, suggesting that external affirmation is an important feature of internal resilience.

In defence of the coach, the girls then discussed the team from the perspective of the coach, putting themselves in his shoes and describing their own reactions when they were on the touchline as substitutes watching their teammates' performance. They found humour in their perceptions of their teammates and validated the coach's criticisms. A sense of humour is one of the important aspects of a resilient child, according to the International Resilience Project (2009), and the girl who originally raised the issue of how coach criticism upset her ended the conversation laughing about it.

9.3.13 Accurate understanding of personal strengths and limitations – Learning from coach criticism/praise (6.4.2)

One girl showed sufficient awareness to recognise that constant praise weakens the message and that praise is much more meaningful when it is balanced with constructive criticism:

Extract 9.16 – (Local Community Club 2, Lines 489-90)

"Yeah, but it is better for him to say if you were rubbish one week when you actually were rubbish, 'cos if he said you were good every week then when he said it, it wouldn't matter to you."

This echoes Seligman's (1995) claim that children need to experience the negative feelings associated with failure in order to gain the full benefits of their achievements. Indiscriminate praise, according to Seligman (1995), will undermine a child's trust in the adult and diminish the value of true accomplishments. One girl suggested that endless praise is patronising and could make the girls feel like 'a little kid's PE set.'

9.4 Self-esteem

Global self-esteem is the general value that a person places on him or herself (Baumeister, Campbell, Krueger, & Vohs, 2003) and having positive self-esteem is identified as a protective factor for resilience (Rutter, 1985). Good self-esteem can also act as a buffer against adversity (Galli & Vealey, 2008). Pedersen and Seidman (2004) found that there were specific additional benefits to global self-esteem to be gained from participating in a team sport, not solely from the physical activity, while Holt et al. (2008) found that playing football improves girls' self-esteem. The girls described how much they got from playing football. In respect of self-esteem, they talked about

how developing difficult technical skills through football provided them with enhanced status at school within PE.

Within the focus groups, the girls talked about how they address the need to respond to the other team scoring or to a defeat. They described working together to identify strategies to turn their experience of defeat into a success. The girls also talked about how the physical challenge of competitive football helped them to develop other qualities. Work by Ungar (2008) would suggest that these groups of girls were already predisposed to being more emotionally resilient as they largely came from communities higher up the social income scale. Rogers (1951) would contend that girls need unconditional positive regard from key adults in their life, such as parents, in order to develop their self-esteem however the relationship between the girls and their parents was not explored in this study.

9.5 Summary of the mental wellbeing factors arising from the focus groups

In this chapter I have explored the factors that could contribute to the mental wellbeing of girls playing football.

Psychological Resilience

The most important aspect of girls' participation in football to arise from this study relates to being part of a team. The valuable competences the girls depicted include welcoming and inducting new members, maintaining team cohesion and developing strategies to be successful in competition. Within these elements, the girls described the support they enjoyed from their teammates and the fun they had together. With the opportunity to explore collective rather than an individual goals, team efficacy may be playing an equal or bigger role than self-efficacy in building their confidence. The girls also described having the primary role in maintaining team cohesion rather than this being the role of the coaches. The girls in this study depicted how the confidence in their ability and the self-

assurance they gained from being in a team community was transferrable to other environments and provided some protection from bullying at school.

The girls described the sense of mastery from the skills they had developed and confidence this gave them within a wider social group. These girls did not appear to be affected by being on show and subject to the 'male gaze' and did not feel they have to reassert their femininity by dressing up or wearing make-up when they are socialising with their footballing friends. The girls described the motivation that they derived from the mastery of footballing skills. Proficiency in soccer was perceived as more complex and desirable than competence in an alternative activity, such as gymnastics. As a result of the supportive environment of the team, the motivation to continue playing and training appeared to be unaffected by setbacks or by making individual mistakes. There was frequent reference to the perceived social support the girls experienced from meeting up and training with their teammates.

Overcoming Adversity

There are examples within this study of how the girls reacted positively to overcome adversity. Their first response to a defeat was to reframe the setback in positive ways. They decatastrophised each defeat, minimising the impact and focusing on the external factors outside of their control that had influenced the loss. They also moved quickly into developing a practical strategy to remedy the situation. On the pitch, the girls described responding to the opposition scoring by 'stepping it up'. There were indications of the development of an optimistic explanatory style that may reduce any negative psychological impact of footballing setbacks.

The girls expressed determination and persistence to improve their chances of success whilst at the same time they demonstrated acceptance of their individual and team capabilities. Playing well was mentioned as more important than winning, even if they did enjoy winning too. Treating the opposition with respect and showing sportsmanship was also important because the girls expressed empathy with the opposition if they had beaten them. The girls depicted controlling their emotions both when they win and when they lose. They reframed defeats positively and celebrated modestly when they won.

The literature on resilience emphasises the importance of protective factors and the cumulative impact of having several protective factors. Having fun, humour and participating in extra-curricular activities are amongst the protective factors identified within the literature and within the study. The girls expressed a number of times how having fun was an important element of training. They also used a lot of humour relaying their footballing experiences. Even in the most adverse weather conditions, the girls described leaving the pitch smiling. On an external level, being involved in activities outside of the home is known to be beneficial to children's mental wellbeing, as well as the development of prosocial skills through group or team activities.

The one area in football where psychological resilience and an ability to overcome adversity become focused on the individual player is when they receive feedback from their coach. Sometimes this can be in the form of negative criticism. In this study, the girls said they found the coach's comments helpful and even described the attention they received to be directed towards helping them improve. The girls said that they felt more disheartened when the coach said nothing to them and that they needed the reassurance from the coach.

An analysis in this chapter of the issues that could be influencing the psychological wellbeing of the girls highlights several ways in which playing football could be contributing positively. There are indicators that engaging in football as team sport provides some opportunities for the girls to develop their psychological resilience. There are however indications that the girls in this study have an optimistic explanatory style that may have originated prior to or external to the football environment.

Chapter 10

Conclusion

'Women's football is an expression of modern times. In some cases, it can liberate the role of women in society and tackle fundamental problems such as gender prejudice and discrimination.' (Deutscher Fussball Bund, in UEFA, 2012, p.12)

10.1 Introduction

In this thesis I have investigated how girls overcome the barriers to playing football and the social and psychological benefits they derive from engaging in football. To examine these issues I designed a research study that explored girls' involvement in football and considered how playing football may enhance their mental wellbeing.

Over the past twenty years there has been a huge growth in girls' and women's football in the UK (Football Association, 2012, [3]) and I was interested in finding out whether playing football as a child could play a role in improving the mental wellbeing of girls. My professional background as an Approved Mental Health Professional has been located within chronic and acute mental ill health and in this context I became aware of the need to build resilience in girls. I was therefore concerned to ensure that any findings would have a practical application in enhancing girls' mental health.

My main interest was to develop a clearer understanding of the dynamics involved in girls' relationship with football and to try to ascertain whether football delivered specific social and psychological benefits for girls.

The operational definition of resilience I employed was 'a relatively good psychological outcome despite suffering risk experiences that would be expected to bring about serious sequelae… relative resistance to environmental risk experiences, or the overcoming of stress or adversity' (Rutter, 2006, pp.1-2).

In the introduction to the thesis, I explained that much of the available literature concentrates on adult women footballers and I proposed to fill some of the gaps in existing knowledge in relation to girl footballers. I also explained that very little research had focused on the psychological benefits of girls' football and I hoped to gain new insights into the experience of girls in a male-dominated sport.

The aims of the research were:

1. To explore the differential experience of girls in a traditionally male sport and their motivations to participate, sometimes over many years.
2. To explore whether engagement in football corresponds to positive mental health in girls.

In order to address these aims I employed both quantitative and qualitative methods. I selected a mixed methods approach so that the research questions could be adequately explored. Quantitative methods allowed me to gather data on the girls' wellbeing, which I was then able to compare with statistics available from national and international studies. Qualitative methods permitted me the opportunity to explore the girls' experience of training and playing football and the deeper meanings of the results from the questionnaire survey. The research was completed in two phases, firstly all participants (N=68) and their parents (N=66) completed the Strengths and Difficulties Questionnaire (Goodman, 1997) to provide a standardised measure of the girls' mental health. This was followed by focus groups formed from members of four teams, in order to provide an understanding of their experience of participation in football and how it related to their mental wellbeing. Questions for the focus groups were informed by the literature review and the results of the questionnaire survey.

The main research questions were:

1. What factors facilitate or hinder girls' engagement in football?
2. What sustains girls' engagement in football?
3. Does engagement in competitive football enhance mental wellbeing in girls?

4. Have girls who have engaged in football achieved greater mental wellbeing than average for girls of their age?

5. What factors are identified that contribute to increasing or decreasing their mental wellbeing?

In this chapter, I summarise the main findings and outline my main contributions to knowledge. I then outline the implications of the study for policy and practice. I explain the limitations of the study and discuss areas for future research. Finally, I provide a concluding summary.

10.2 Summary of Findings and Contribution to Knowledge

While much has already been written about the benefits of physical exercise for children's mental wellbeing, little is known about the effects on girls of playing a national competitive team sport that is dominated by male interests and serves as a fundamental vehicle for male socialisation: football. Set against this context, this study provides new knowledge about girls' agency, desires, resilience and strategies for overcoming adversity and challenges the universality of assumptions about feminine body image.

The participants in this study showed a desire to play football because they were motivated to do so, generally without encouragement or pressure from fathers or other relatives and despite the relative lack of media visibility of football role models for girls as compared to boys (Duncan & Messner, 2002). From the existing literature (Sport England, 2012) we can see that girls do not, in general, witness their mothers engaging in competitive sports and that women's sport is barely visible in the media (WSFF, 2012), yet these girls have sought out and continue to play football. The expression of agency for the girls in this study runs counter to dominant football culture. They have overcome a number of barriers to begin playing and in continuing to play but once engaged in playing, they may be deriving a number of benefits which could enhance their mental wellbeing.

This study found evidence of girls' agency in their choice of football; they decide for themselves whether they want to play football. This is a different finding to previous retrospective studies (Lopez, 1997; Macbeth, 2004) where adult female footballers and ex-footballers recalled being introduced to football by a male relative. The girls in this study described a variety of ways in which they started playing football, with male relatives frequently being invisible in the girls' descriptions of their entry into football. This could be a change in the way girls are entering football or it could be the effect of distortions in recall (Bridge & Paller, 2012) as other studies had investigated much older, adult participants. Another explanation could be that this is an effect of the masculinisation of women's and girls' history, whereby girls' agency has been

reconfigured as resulting from men's support and encouragement. The women in the munitions factories in the First World War did not need the encouragement of men to play football. Once the factory yard, the equivalent of the playground, was vacated by the men going to war, the women took out the football and organised their own games. It is possible that, if the school playgrounds were divided equally so that equal space or an equal number of days were devoted to girls' football, then the girls would organise more games of football so long as boys were not allowed on the sidelines to shout negative comments. Barthlomaeus (2011) showed that younger boys can be much more accepting of girls playing football than teachers give them credit for. The 'football is a boy thing' message that is reported in the literature was often reinforced by teachers, with teachers undermining girls' empowerment (Barthlomaeus, 2011).

The primary incentive for girls who maintain their involvement in football centres on making and keeping friends. Girls who decide to play football have to find their own way, using socialisation skills and strategies that seemed to be common among girls. The girls in the study focused on the importance of making and maintaining friendships. This was the first thing they identified when asked what they enjoy most about football. They talked about how they integrate new girls, how they enjoy spending time together and how meeting up for training very quickly helps them to forget about the cold and the rain. This concentration on cooperative relationships reflects the principles of positive psychology and is constructive for the mental wellbeing of adolescent girls. Positive psychology presents an alternative to individualistic explanations of Darwinian 'survival of the fittest' theory and asserts the advantages of collaboration over competition in developing resilience and good mental health (Compton, 2005). The girls who play football have, in general, positive explanatory styles, have an optimistic nature and are therefore likely to be happier as children and as adolescents (Seligman, 2002).

In girls, emotional disorders, and especially the incidence of depression, increase during adolescence (Harrington, 2004). This is a major concern in child and adolescent mental health services so any opportunity to improve girls' wellbeing during adolescence is important. Harrington (2004) showed that depression in adolescent girls is frequently triggered by adversity. It follows that girls who are able to rebound

from adversity are therefore more resilient to the onset of depression. If involvement in football could be shown to be effective in reducing depression in adolescent girls, then increasing participation would be a worthwhile target in terms of mental health, as well as the well-established physical health benefits of participation in sport as outlined in Chapter Two.

Other factors described by the girls that seemed to boost resilience include experimenting and acquiring mastery over new skills. The girls in this study described with some confidence how they have acquired meaningful footballing skills that they can display in school Physical Education lessons. Physical skills involved in football include pace, agility, balance, stamina, strength and endurance (Jones & Welton, 1979). Other important skills include vision, composure, decision-making and communication (Jones & Welton, 1979). We may deduce from the literature on self-efficacy (Bandura, 1987) that these girls are more likely to benefit from having increased self-efficacy. In the school environment, where the girls were able to demonstrate their athletic talents, the girls did not describe any negativity from other non-footballing girls. They described other non-footballing girls as wanting to share the same confidence in their sporting ability. The reaction from other non-footballing girls seems to affirm the sense of self-efficacy experienced by the girls who play football.

There are a number of other protective factors that increase resilience, such as having a good level of physical fitness and having a good sense of humour (Rutter, 1987; Werner & Smith, 1982). The level of fitness was not measured but was indicated by the number of sports in which the girls were engaged. The girls in this study described various ways in which they have fun (further evidence was provided by the amount of laughter and giggling that accompanied the focus groups!). It is clear that there is a great deal about football that girls find fun. In the focus groups the girls discussed how they can make mistakes and laugh at themselves in a supportive environment. As well as the benefits to mental wellbeing, having fun has been identified as a major influence on girls' continued participation in sport (Bowker, Gadbois, & Cornock, 2003).

Girls need spaces to have outdoor fun, yet opportunities for girls to have fun have decreased over the years with the reduction in facilities and increased concerns over girls' safety (Clements, 2004). Girls drop out of sports during adolescence (Tinsley, 2010) but the evidence from my research shows that football offers girls an opportunity to gain pleasure from competitive sport. It is possible that having fun through football could address some of the issues that lead to adolescent depression in girls. The inference is that it is important to keep girls in sports that build friendships and enhance resilience (e.g. team sports and sports that do not reinforce a 'feminine' stereotypical body image which undermines self-esteem) for as long as possible.

Amongst the concerns over the increase in depression in adolescent girls is the rise of eating disorders in the same age group (Basow & Rubin, 1999). It is possible that competing within a group or team setting may lead to less body scrutiny and self-consciousness than competing individually and being judged on the basis of one's own performance. This study showed that the girls who play football seem to have a well-adjusted attitude to the impact of playing football on their body image and, as a result, they may be less at risk from eating disorders. Very few of the girls in the study were engaged in other sports or activities considered a risk for negative body image (Crissey & Honea, 2006). One girl was involved in skating, one in ballet, two in dancing and a few were involved in athletics. Historically these sports were considered, by male representatives of the Football Association, to be more suitable for females (FA, 1921) yet having a sense of mastery of one's own talents is identified with having greater resilience (Newman, 2004). The girls in this study talked enthusiastically about the skills they had developed; they enjoyed the rough, physical elements of football and suggested that sports that require greater flexibility were unsuited to them.

The words of the Football Association back in 1921, that "the game of football is quite unsuitable for females and ought not to be encouraged" (Minutes of The Football Association meeting, 5th December, 1921), still resound in the attitudes of many teachers, coaches, boys and parents today, according to the literature (Bathlomaeus, 2011; Clark & Paechter, 2007). I feel it is worthwhile re-emphasising the message that girls enjoy the physicality of football. Moreover, it is clear from this study that the cold, wet, British weather is not a deterrent to girls playing football. As a concerned coach

and parent, one of my incentives to undertake this study was to try to discover the motivations of the girls to play football even when the physical environment is unpleasant. The girls in this study were fairly dismissive of the impact of cold weather and, in fact, moved very quickly into discussing how being with their friends playing football soon caused them to forget any discomfort. One of the important aspects in terms of physicality is linked with girl footballers' acceptance by boys. This study showed that girls who start playing with boys at a young age find they can compete with them physically. For the girls who started playing football at the same age as boys, the negative attitude of boys, despite being highlighted in the literature (Bartholomaeus, 2011; Clark & Paechter, 2007), was not always described as a barrier. Some girls spoke about how boys had accepted them once they knew the girls could be as physical as the boys. Other girls did describe boys excluding them when they played in mixed junior school football teams and it is possible that some girls will have stopped playing football at this stage as a result of negativity from boys. The difference between the girls who were accepted by the boys and those who were not is reflected in the age at which the girls started playing football. This study shows that if girls started at the same age as the boys, then they had developed their skills and their acceptance of physicality at the same stage. Where they had started playing football later, the girls found it difficult, and even impossible, to match the boys' skill and physicality and they were therefore dismissed by the boys. This study does however show that inside school, Physical Education classes and the playground only offer opportunities for the girls who have the most confidence in their athletic ability.

The situation is very different for girls who start playing football at a later stage. This study showed that the girls who try to join in boys' games once boys have started to develop their skills and their physicality, find it either very difficult or impossible. Boys generally start playing football a few years earlier than girls so girls struggle to join in boys' games of football. There is evidence from this study that girls who start playing with boys at a young age find they can compete with them physically. The girls who succeed have to demonstrate that they can tough it out with the boys. This would mean that they can then be considered by the boys as equals.

Football generally dominates the school playgrounds of the UK and other footballing countries (Bathlomaeus, 2011; Clark & Paechter, 2007). Being able to learn the social rules of playground football could have a transformative effect on other aspects of girls' lives (Capozza, 2000). The girls in this study who started playing football at the same time as boys were able to join in. If girls were to start playing football at an early age then the status quo of the playground could be challenged. In Germany, where 500,000 women play football, their football league's statement to UEFA sums up how they see the potential impact of women's football. It could, they feel, 'liberate the role of women in society and tackle fundamental problems such as gender prejudice and discrimination' (Deutscher Fussball Bund, in UEFA, 2012, p.12).

In order to facilitate the potential of girls' football, provision for girls would need to meet the demand. This study found, from the accounts of the girls, that there is considerable variability in the attitude of teachers and coaches and that this influences the availability of football for girls in primary schools. For some girls there was no encouragement for girls to play football or, often, the experience was rather negative. Girls had to play in mixed teams where boys did not pass the ball to them. Despite this negative introduction to football, the girls found a girls' team for which they could to play.

In addition to school provision there would need to be substantial support from parents. The importance of the supportive role of parents has been reported by Macbeth (2008) and Omli and Wiese-Bjornstal (2011). The girls in this study described good support from their parents, although the influence of male relatives is clearly more peripheral than previously reported. The role of parents involves important practical support, such as transportation, but also includes encouragement to engage in sport.

An analysis of the data collected on family income and car ownership shows that coming from a family with a reasonably good income may be essential for a girl to access organised, competitive football. In addition, having access to a car may be essential for a girl to play organised, competitive football. The girls in the study all came from areas with good average household income. This finding is consistent with

other research into sport participation (Sport England, 2012). All the girls in the study had access to a car, regardless of household income. In order to play football girls need to be able to get to training and to travel to matches. It would appear that girls who do not have access to a car might not be participating in competitive football at local club or regional Centre of Excellence level.

In terms of barriers to girls engaging in football, there are a number of factors that hinder girls' engagement. Some would be generic to many sports, such as having the finance to pay for participation or registration fees or having access to transport to training or match facilities. Other obstructions are specific to sports generally defined as more masculine, such as rugby and football.

It is clear from the available literature (Evans, 2004; Tinsley, 2012) that girls experience sport differently to boys and their motivations to participate or disengage are strongly rooted in social issues, such as the attitudes of families, coaches, boys and other girls. The nature of the sporting activity also influences girls because they are more likely to avoid competitive activities and activities that could be described as 'masculine', such as football and rugby. The fear of masculinisation impedes the growth of football, yet the girls in the study identified that other girls want to be like them, to enjoy PE. There is evidently a gulf that is difficult for other girls to cross, so some energy needs to be focused on helping girls cross that divide. It is apparent from Evans (2004) that opportunities for girls to participate in sport need to be created.

This study shows that girls can benefit from engaging in sport, but the opportunities do not necessarily need to be created in football. Very few of the girls in the study just played football, most played other sports as well, so it is difficult to separate out the impact of football alone. The majority of the girls, fifty-nine per cent, played other team sports. The girls in this study had lower Total Difficulties Scores, as measured by the SDQ, than the average for Great Britain. One explanation could be their engagement in team sports. Engagement in team sports is identified as likely to improve self-esteem (Pedersen and Seidman, 2004) and improvements in prosocial skills (Lepper, 2007), both of which can improve resilience (Newman, 2004).

10.3 Implications of the Study: Policy and Practice

Under the Social Work Professional Capabilities Framework 5.7 (The College of Social Work, 2012) social workers are required to 'understand forms of harm and their impact on people, and the implications for practice, drawing on concepts of strength, resilience, vulnerability, risk and resistance, and apply to practice' (pp.11-12). An appreciation of the importance of resilience is therefore embedded in the professional competence of social workers. It has long been established that supporting the development of resilience in children and adolescents can improve protection from adversity (Rutter, 1985). This study shows that football may play a role in the development of resilience in girls.

The inferences that may be drawn from this study are that football should be promoted amongst girls and that the promotion should start at an early age. It is possible that, if girls were to start playing football at an early age, then the dynamics of the playground could be transformed. It is already noted by Capozza (2000) that women who play team sports have an advantage in the boardroom. By extension, if the dynamics of the playground are reformed then opportunities for women in the workplace could also be impacted. While other sports may produce similar benefits, football occupies a unique socio-cultural space within British society and provides opportunities for physical achievement, skill development and fun at all levels of society in a way that is not matched by other sports.

There are studies of the dynamics of the playground (Bartholomaeus, 2011; Clark & Paechter, 2005) which identify the disadvantages girls face in terms of access to facilities and space. Girls find it difficult to enter boys' space or to join in the boys' games of football. The dynamics of the playground could be altered if girls were to be encouraged to play football from an earlier age. The evidence from this study is that girls can compete in the playground if they have started playing football at the same age as boys. For this change to be established, the literature suggests that the attitudes of teachers and coaches would also need to change.

Another factor that impedes girls' skill development is the gap between the start of girls' football leagues and the start of boys' football leagues. The suggestion from this study is that girls' leagues need to start at seven, the same age as for boys, so that girls do not have to play with boys or wait until they are older. This policy is already in place in Norway and the USA. Currently in the UK, girls who want to play competitive football from a young age have to play in boys' teams. For some girls this is fine because they wish to play in boys' teams, for example Minnie Cruttwell, a girl who challenged the Football Association to allow her to continue playing in a boys' team (Culf, 2006). Since 2010, the FA has responded to this demand by progressively changing the rules to allow girls to continue playing with boys in older age groups. There is, nevertheless, strong evidence to support the promotion of girls' only sporting opportunities (Evans, 2004). Further evidence to endorse this policy comes from Stiebling (1999) who found significant challenges for girls who play football with boys and that girls quit the mixed gender teams as soon as they are allowed to establish girl only teams.

Apart from Football Association regulation, previous research by Carroll (1998) has identified PE teachers to be a barrier to girls' participation in football because of their negative, or even insensitive, attitude to girls in general. This study showed that inconsistent provision and support for girls' football in schools exists, with the result that some girls needed a significant level of personal determination to locate opportunities if they wanted to play football. There is a need for a programme to raise awareness and to increase delivery of girls' football in schools if greater opportunities are to be made available to all girls.

Within this study there is a different picture from that shown by available literature when assessing coaching outside of schools. Poor coaching was identified by Tinsley (2010) as a reason for dropping out of sports amongst adolescent girls. Anshel, Kubarso & Jubenville (2009) found a negative relationship with their coach to be a source of significant stress for female athletes. Negative comments and attitudes from coaches is therefore a recurrent message in the literature. This problem was not found in this study, which may be a reflection of the input in recent years into providing FA qualified coaches for girls' football or, because of methodological limitations (for

example, the small study size and sample bias). Two key observations do however, emerge that could significantly enhance girls' wellbeing: 1. Keep them in football 2. Make it fun – change coaching and change the competitive league structure.

Promoting girls' football in school and addressing the development needs of primary school teachers and PE teachers seems to be a very important objective but a balance has to be struck between advancing girls' football in schools and encouraging girls to play football outside school. For some girls the pressures inherent in performing in front of others, and especially in front of boys, is too daunting (Evans, 2004). There were some situations described in this study where girls were the only girl on the team or in their class who played football. The girls in these situations did not describe any hostility from the boys, although the girls who started playing later than the boys experienced varying levels of exclusion. There are indications that girl-only facilities and facilities that cater for girls' needs are essential for the promotion of girls' sport, including football.

Development of these resources need not be costly as the facilities exist already; it merely requires greater sensitivity in their use. The Football Association Girls Centre of Excellence and a lot of local club facilities could provide the appropriate environment for useful mental health promotion work. Mental health promotion addresses a target group or a population at risk and not individuals already identified as having needs. This study identified that girls can derive significant benefit from participation in football. It would not necessitate any major adjustment to existing provision to augment the elements of mental health promotion.

In addition to improvements in attitudes of teachers and coaches, the content of training for girls' football needs to reflect girls' needs more accurately. This study showed that the coaches were generally supportive and encouraging but the content of the FA coaching curriculum is gender neutral and does take account of the different needs of girl footballers. Sun and Stewart (2007) conclude that strategies for enhancing resilience through athletic and leisure activity must be gender-sensitive. Gorley et al. (2011) identified the need for girls' sports to include an element of fun if girls are to maintain their engagement. This study found that the girls had fun in

training and in playing football and that this was an important element of their continued participation. Coach training should therefore reflect the inclusion of fun activities.

This study did not explore girls' experience of media representations of women's sport, but the literature suggests that alongside advances in coaching and facilities, barriers to girls' participation could be eased by improvements in television and newspaper reporting of women's sport. There is a need for consistent commitment within the media for equal exposure and treatment of women's sports. When there are high-profile events, such as the Summer or Winter Olympics or Wimbledon Tennis Championships, the quality and quantity of coverage of women's events is similar to that of men's events. The picture is very different when media coverage is measured across the whole sporting calendar. Throughout most of the year, the majority of media attention is focused on men's sports. Women's football appears outside the main television schedule and is limited to a handful of televised matches per year.

Two socio-economic issues arose through this study that could have a bearing on girls' participation in football – access to a car and being in a family with sufficient income to fund participation in competitive, league football. All the girls in the study had access to a car and good parental support was frequently described by the girls. It appears that many other girls may have been excluded from participation in competitive football because of these barriers. Solutions to engagement in sport may have to include consideration of the exclusion caused by the lack of access to transport and low family income. A suggestion would be that football for girls should be subsidised for low-income families and that football clubs should look at assisting with travel arrangements.

10.4 Methodological Contribution

I wished to investigate both the benefits girls may be deriving from playing football and the potential barriers to their engagement. I adopted a mixed methods approach with a questionnaire and focus groups because, on its own, I felt each method would

not attain the depth of understanding I sought. The quantitative data collection method was in the form of two questionnaires, one which covered key sociological information such as ethnicity, and the other an established tool used to screen community populations of children for their mental health, including emotional and behavioural difficulties: the Strengths and Difficulties Questionnaire (Goodman, 1997). The qualitative data was collected through interviewing groups of girls selected from four football teams. The knowledge gained from this approach was broader and deeper than if I had used a single quantitative or qualitative method.

A particular success was the use of focus groups with girls involved in team sports. As an adult male interviewing female children there was the risk that the imbalance of power and authority could diminish participation. By arranging to conduct the interviews at the girls' training facility I replicated the dynamics of the home and away status of football teams. The girls were on their familiar home territory and I was akin to the opposition. In addition to this, I had anticipated that interviewing the girls in groups, with each group consisting of players from the same team, would obviate the need for the group to get to know each other. Whilst I had reservations about the risk of participants feeling allegiance to their teammates and therefore tailoring their responses to those of the other girls, I discovered various benefits. For instance, the girls passed the topics around the group, they seemed comfortable talking about things they disliked and they laughed together about the things they found comical about the mistakes they make or the behaviour of other girls.

10.5 Theoretical contribution

This study has provided indications that girls who play football have, in general, positive explanatory styles, have an optimistic nature and have good mental wellbeing. They also described resilient behaviours when confronted by adversity (Seligman, 2002). There are a number of features of girls' engagement with football highlighted in this study that connect with previously reported protective factors: the girls in the study concentrate initially on the social interaction and communication that

is central to team development; they celebrate their skill development; they demonstrate good self-esteem; they adopt a problem solving approach to addressing setbacks and they have a belief in their own control; they discuss their participation in football with a lot of humour; the training and matches take place outside of the home and school environment. The study therefore reflects existing theory on resilience, in that the various features found to enhance resilience were present and the girls demonstrated resilient behaviours.   The study makes a theoretical contribution in its finding that the girls utilised agency in constructing identities that challenge hegemonic prescriptions of what it means to be feminine. That this occurs in respect of a sport that is considered to be a major feature of masculine identity and male socialisation processes (within the UK) and in the face of social barriers to participation, indicates internal strengths that have been little recognised. This agency is derived primarily from internal characteristics but is reinforced through group affirmation and may be aided or hindered by external factors (such as parental support).

10.6 Limitations of this Study

There were several limitations to this study. The limitations are largely a reflection of the overall scope of the study and include who, what, where and how girl footballers were investigated. The limitations give some indications for future research options.

It would be interesting to conduct similar research with a wider variety of girls and with larger numbers. The numbers of completed SDQs were not large enough to draw any general conclusions about the wider population of girls who participate in football, but they were sufficient to elicit an indication of girls' wellbeing across the range of girl footballers in terms of their level of participation. A larger study could for instance, assess whether the findings of relatively positive mental health are consistent across other groups of girls playing football.

The study was limited by only investigating girls who were playing football. The study did not explore girls who were not playing football, girls playing other sports or girls

who did not participate in any physical activity. This limited the groups with which the girls in this study could be compared. For example, it would have been interesting to study girls who began playing football but gave up, which would identify more barriers and, possibly, adverse effects of participation.

There were two main areas of investigation: the social environment for girls wishing to play football and the mental wellbeing of girl footballers. This study explored the relationship between the girls' desire to play football and the environment in which their motivations were enacted. The interaction between parents, teachers, coaches, boys, other girls and the girls who want to play football influences girls' choices. Similarly, media representations of women in sport and cultural and media representations of femininity create a discouraging environment for would-be girl footballers. This subject warrants further exploration if the sport is to attract girls who are on the fringe of playing football or girls who would consider playing football if appropriate measures were put in place. The main focus of the study was on girls' resilience, and an assessment was made of the girls' overall mental wellbeing. A study that concentrates on resilience could perhaps uncover greater detail of the development of resilience in girls who play football.

The study was concentrated in two geographical areas in the centre of England. The groups were not representative of the whole population of the UK. It would be useful to conduct similar research with groups of girls of the same age across different regions, and even in different countries. The sample was representative of the ethnic diversity of the region but not of the UK as a whole.

I wished to gather SDQs and demographic questionnaires from both girls and parents but I also wanted to explore the girls' experiences in greater depth. I chose to use focus groups because I concluded that focus groups as a method lent themselves well to researching girls in teams. Individual interviews would have offered a different opportunity to interrogate the subject in greater depth with the girl footballers. With individual interviews, I may have obtained a deeper understanding of each individual's experiences.

It would have been very useful, if it were possible, to identify whether there is a direct link between girls' participation in football and good mental health. This study did not set out to "prove" that link. What I did achieve, however, through a quantitative methodology, was to explore and understand how participation in football relates to girls' mental health and I identified some of the important factors. There are various influences on mental wellbeing, some of which can be shown to have links with participation in sport (Pedersen and Seidman, 2004) but it is possible that the girls in this study may have had good mental health anyhow and that is why they started and persisted with football. It is also possible that participation further improves wellbeing, so a longer study that measures girls at different points might generate greater understanding of the relationship between football and mental wellbeing.

10.7 Areas for Future Research

Future research may involve repeating this study with a broader population but may need to focus on more specific areas highlighted by this study, such as the availability of football for girls in primary school, the need for girls to have fun, the benefits of football for BME girls or the need for improved and increased coverage of women's sport in the media.

This study concentrated on the experiences of a particular group of young female footballers. Reflecting on the generalisability and transferability of the study it is important to consider the sampling for the study. In order to achieve a fully illustrative sample the study would have had to include representation from all the girls in the population. This would have made it possible to draw data from girls who had never played football, girls who had played but had stopped, and even girls who could not play through disability. A rationale could be put forward for including boys, to see how their motivations compared with those of girls. A study that includes adult female footballers could be considered. Drawing participants from such a large population would probably require a different research strategy.

The literature provides evidence that Black girls are more likely than White girls to be diagnosed with conduct disorder (Green et al., 2004) and that Black women are twice as likely to play football as White women (WSFF, 2012). It is possible that a programme designed to attract more Black girls into football may help reduce the diagnosis of conduct disorder amongst Black girls. Pedersen and Seidman (2007) found increases in self-esteem for girls who play football from an ethnically diverse group of Canadian girls. Further studies into all aspects of mental wellbeing, including self-esteem and conduct problems, could usefully be focused on girls from other, more ethnically diverse, regions of the UK.

Existing literature (Bartholomaeus, 2011; Clark & Paechter, 2007) outlines the challenges for girls in primary school playgrounds from both boys and from teachers and coaches. Girls at secondary school face a different set of barriers (Evans, 2004). Further research is needed into how girls can gain the space to play football at primary school and how girls can be provided with the appropriate facilities at secondary school, and whether the space and facilities should be provided externally and funded appropriately.

There is evidence from the literature and this study that a principal barrier to attracting girls into football is the attitude of significant adults: parents, teachers and coaches. Research into ways to persuade these key adults of the benefits of girls' football may provide indications of methods to reduce barriers to participation.

There was a motivation at the start of this study to identify whether football can have an influence on improving mental health in girls. There are indications that football could be beneficial to girls' mental wellbeing. Future research could add further understanding to how football could improve mental wellbeing in girls – for example, individual interviews and longitudinal and outcome studies of the impact of participation on wellbeing, perhaps particularly with vulnerable groups.

10.8 Concluding Summary

This study investigated girls' engagement in football and assessed the impact on their mental wellbeing. A mixed methods approach provided an opportunity to measure girls' mental wellbeing, using an established tool, and then to explore the social and psychological issues in greater depth through focus groups. The study provided indications that there are likely benefits for girls who play football and therefore football should be promoted for girls. Girls are motivated to play football but need the opportunities to participate. There have been significant strides towards the development of girls' football at the grassroots level, but there is a pressing need to address the representation of women's sport in the media and an even greater need to challenge the status quo in school sport. A commitment to equal resources, equal time and space in the playground and equal treatment by teachers and coaches is overdue.

APPENDICES

APPENDIX 1. Ethics: Risk Analysis

APPENDIX 2. Approval from FA. Joint letter from FA and University of

                 Huddersfield

APPENDIX 3. Letters of invitation, Participant Information, Consent Forms

APPENDIX 4. Demographics Questionnaire

APPENDIX 5. Strengths and Difficulties Questionnaire, Parent version

APPENDIX 6. Example Transcripts: Sections from each Group on Managing

                 Setbacks and Manager Criticism

APPENDIX 7. Analysis Template

APPENDIX 1 THE UNIVERSITY OF HUDDERSFIELD: RISK ANALYSIS & MANAGEMENT

ACTIVITY: RESEARCH			Name: IAN WARWICK	
LOCATION: SHEFFIELD UNITED FA CENTRE OF EXCELLENCE, DRONFIELD TOWN FC			Date: TBA	Review Date: 30 APRIL
Hazard(s) Identified	Details of Risk(s)	People at Risk	Risk management measures	
QUESTIONNAIRE Participant recalls some distressing experience during or after completing the questionnaire	Participant may become distressed	Particip ant	Participant will be asked to complete the questionnaire at home when parents/carers will be available. The method being adopted is based on a tried and tested tool.	
Breach of confidentiality		Particip ant	Questionnaires will be numbered and distributed through the centre of excellence. Only the researcher will be able to link questionnaires with specific individuals- this will be necessary for purposive sampling of focus group participants. After the Focus Groups the linking information will be destroyed	
FOCUS GROUPS Participant recalls some distressing experience during focus group		Particip ant	The focus groups will be held within the FA Centre of Excellence.	

			The focus groups will be held at a time when Centre staff and parents are available. There will be a female co-facilitator in the focus groups.
			The researcher has undertaken CRB checks and accredited child safeguarding training.
			If anyone becomes upset one facilitator can deal with the distressed individual whilst the other facilitator deals with the group.
			There is a welfare officer on site at all times with specific responsibility for the participants. Participants will be reminded of this facility.
			Parents are expected to remain on site whilst players are attending the centre.
			No player will be forced or induced to take part.
Breach of confidentiality		Particip ant	Focus groups will

	Participant's responses disclosed	Parent	be recorded, transcribed and recordings destroyed- transcriptions will be kept for the length of time recommended in the University's guidelines; these will be kept under secure conditions. Any references to specific individuals will be removed. Anonymity of participants will be maintained. Participants will sign confidentiality agreements.
	Confidential information disclosed during focus group may be disclosed outside the group. No risks to researcher making this study.		

APPENDIX 2

-----Original Message-----
From: Julie Callaghan [mailto:Julie.Callaghan@thefa.com]
Sent: 23 October 2009 19:09
To: Ian Warwick
Subject:

Ethics Panel

This is to confirm support for the research proposal for Ian Warwick to conduct with
Sheffield United Girls Centre of Excellence

Julie Callaghan

RESEARCH WITH THE UNIVERSITY OF HUDDERSFIELD

Dear Parents and Players

SUGCOE is working with The University of Huddersfield to look at the benefits of playing football.

We already know from research that being involved with football:

reduces girls' risk of obesity

reduces the risk of type 2 diabetes

reduces the risk of breast cancer

lowers adult onset of coronary heart disease

lowers the risk of certain cancers

helps girls build greater peak bone mass, thereby reducing adult risk for osteoporosis.

Girls engaged in sport:

report higher grades and lower school drop-out rates

have better body image and self-esteem

are at lower risk of developing depression and anxiety

are at least risk of exercise addiction

We want to investigate what impact playing football at SUGCOE is having on their resilience i.e. their long-term ability to deal with adversity throughout their life. To do this we would like players and parents to complete a questionnaire (10-15 minutes). Several of the girls will then be chosen to take part in focus groups after we have analysed the questionnaires.

We are hoping to do this during the training session on Wednesday 14th April. We hope you want to be involved.

Regards

Ian Warwick, Principal Lecturer in Child Mental Health, University of Huddersfield

Julie Callaghan, Centre Director, Sheffield United Centre of Excellence

University of HUDDERSFIELD

Letter of Invitation for girl footballers

With reference to the following project:

An Evaluation of the Development of Resilience in Girls Engaged in Competitive Football

I am inviting you to take part in a research study which will look at how being involved in football affects girls.

Whether or not you decide to take part is entirely voluntary.

You will find enclosed some information explaining the study and what to do if you consent to take part. The study simply involves you completing a questionnaire

With best wishes

Ian Warwick

Principal Lecturer

Human and Health Sciences
University of Huddersfield
Queensgate

Huddersfield

HD1 3DH
+44 (0) 1484 473239

i.warwick@hud.ac.uk

Participant Information Sheet

An Evaluation of the Development of Resilience in Girls Engaged in Competitive Football
Study 1

You are being invited to take part in a research study. Before you decide whether or not to give your consent, it is important for you to understand why the research is being done and what will be involved. Please take the time to read the following information carefully. Do not hesitate to ask if there is anything that is not clear or if you would like more information.

Whether or not you take part is entirely voluntary. You will remain free to withdraw at any time, without giving a reason.

What will girls have to do?

Please read the information enclosed and if you are happy to take part in the research, please complete the questionnaire. If you complete the questionnaire please put it in the envelope provided and return it to the university. You can ask someone to help you fill in the form if you need to, but it would be better if you could complete it yourself.

What is the purpose of this research?

The research aims to find out about the experiences of girls involved in competitive football. A full research report will be published including a PhD thesis.

Who is leading the research?

The research study was initiated by Ian Warwick, Principal Lecturer in Child Mental Health and is sponsored by Huddersfield University and by Sheffield United Girls Centre of Excellence.

Why have I been chosen?

You were selected because you are a girl who is currently participating in competitive football. I am inviting all of the players at the centre of excellence and their parents to complete a questionnaire.

Will my part in the study be kept confidential?

Each player will be given a code so that names are not used. Your names and contact details will only be known by the Centre of Excellence.

What will happen to the information we collect?

The information we collect will be summarised in a report and presented to the University of Huddersfield as a PhD thesis. A copy of the report will be provided to all involved if they wish to receive one.

If you want to know more, what should you do?

If you have any questions or would like further information please do not hesitate to contact **Ian Warwick at the University of Huddersfield on telephone number 01484 473239 or by email at i.warwick@hud.ac.uk.**

Participant Information Sheet (Parents)

**An Evaluation of the Development of Resilience in Girls
Engaged in Competitive Football
Study 1**

You and your daughter are being invited to take part in a research study. Before you decide whether or not to give your consent, it is important for you to understand why the research is being done and what will be involved. Please take the time to read the following information carefully. Do not hesitate to ask if there is anything that is not clear or if you would like more information.

Whether or not you take part is entirely voluntary. You will remain free to withdraw your daughter at any time, without giving a reason.

What is the purpose of this research?

The research aims to find out about the experiences of girls involved in competitive football. A full research report will be published including a PhD thesis.

Who is leading the research?

The research study was initiated by Ian Warwick, Principal Lecturer in Child Mental Health and is sponsored by Huddersfield University and supported by the Sheffield United Girls Centre of Excellence.

Why has your daughter been chosen?

Your daughter was selected because she is a girl who is currently participating in competitive football. I am inviting all of the players at

the centre of excellence and their parents to complete a questionnaire.

What will you have to do?

Please read the information enclosed and if you are happy for you and your daughter to take part in the research, please complete the consent form with your daughter. If you and your daughter complete the questionnaires please put them in the envelope provided and return them to the university. If possible, it would be better if you and your daughter could complete the questionnaires separately.

Will your daughter's part in the study be kept confidential?

Each participant will be given a code so that names are not used. Names and contact details will be kept by the university only.

What will happen to the information we collect?

The information we collect will be summarised in a report and presented to the University of Huddersfield as a PhD thesis. A copy of the report will be provided to all involved if they wish to receive one.

If you want to know more, what should you do?

If you have any questions or would like further information please do not hesitate to contact **Ian Warwick at the University of Huddersfield on telephone number 01484 473239 or by email at i.warwick@hud.ac.uk.**

Participant Information Sheet

Girl Footballer

An Evaluation of the Development of Resilience in Girls Engaged in Competitive Football

You are being invited to take part in a research study. Before you decide whether or not to give your consent, it is important for you to understand why the research is being done and what will be involved. Please take the time to read the following information carefully. Do not hesitate to ask if there is anything that is not clear or if you would like more information.

Whether or not you take part is entirely voluntary. You will remain free to withdraw at any time, without giving a reason.

What is the purpose of this research?

The research aims to find out about the experiences of girls involved in competitive football. A full research report will be published including a PhD thesis.

Who am I?

The research study was initiated by Ian Warwick, Principal Lecturer in Mental Health and is sponsored by Huddersfield University.

Why have I been chosen?

You were selected because you are a girl who is currently or has previously participated in competitive football. I am sending out questionnaires and hoping to carry out a number of focus groups with girls from the same team.

What will I have to do?

Please read the information enclosed and if you are happy to take part in the research, please complete the researcher contact and consent form and return it in the envelope supplied. If you are happy to take part then a convenient date and time will be arranged to meet for the focus group and the researcher will also ask you about your experience as a footballer. At the beginning of the group you will be asked to confirm that you are still happy to take part in the focus group.

The focus group will start with a number of questions that explore your experiences of being a footballer and how you view this has having or not having an effect on your life. There are no right or wrong answers; we are simply interested in your opinions. It is expected that the focus group will last around half an hour. The focus groups will be tape-recorded so that we are able to analyse their content in detail.

Will my part in the study be kept confidential?

Each participant will be given a code so that names are not used. Your names and contact details will be shredded following the interview report. All tapes and interview transcripts will be kept locked away and only the research team members will have access to this information. No names will be used in the final report and no one will be able to identify you, if you provide details that may lead to your identification such as a name or address this will be omitted from the final report. The tapes will be erased at the end of the research.

However if you provide any details concerning a public protection issue or new information regarding an offence, the researcher is under a moral, professional and legal obligation to disclose the information to the relevant authorities and therefore confidentiality cannot be assured in this instance.

What will happen to the information we collect?

The information we collect will be summarised in a report and presented to the University of Huddersfield as a PhD thesis. A copy will be provided to all involved if they wish to receive one.

If you want to know more, what should you do?

If you have any questions or would like further information please do not hesitate to contact **Ian Warwick at the University of Huddersfield on telephone number 01484 473239 or by email at i.warwick@hud.ac.uk.**

Participant Information Sheet (Parents)

An Evaluation of the Development of Resilience in Girls Engaged in Competitive Football

Your daughter is being invited to take part in a research study. Before you decide whether or not to give your consent, it is important for you to understand why the research is being done and what will be involved. Please take the time to read the following information carefully. Do not hesitate to ask if there is anything that is not clear or if you would like more information.

Whether or not you take part is entirely voluntary. You will remain free to withdraw your daughter at any time, without giving a reason.

What is the purpose of this research?

The research projects aims to find out about the experiences of girls involved in competitive football. The project will focus on the development of self-esteem, emotional strength and resilience. A full research report will be published including a PhD thesis.

Who am I?

The research study was initiated by Ian Warwick, Principal Lecturer in Mental Health and is sponsored by Huddersfield University.

Why have you been chosen?

Your daughter was selected because she is a girl who is currently or has previously participated in competitive football. I am sending out

some questionnaires hoping to carry out a number of focus groups with girls from the same team.

What will you have to do?

Please read the information enclosed and if you are happy for your daughter to take part in the research, please complete the researcher contact and consent form and return it in the envelope supplied. If you are still happy for her to take part then a convenient date and time will be arranged to meet for the focus group and the researcher will also ask your daughter about your experience as a footballer. At the beginning of the focus group you will be asked to confirm that you are still happy for your daughter to be interviewed.

The focus group will start with a number of questions that explore your daughter's experiences of being a footballer and how she views this as having or not having an effect on her life. There are no right or wrong answers; we are simply interested in your daughter's opinions. It is expected that the focus groups will last around half an hour. The interviews will be tape-recorded so that we are able to analyse their content in detail.

Will my part in the study be kept confidential?

Each participant will be given a code so that names are not used. Names and contact details will be shredded following the interview report. All tapes and interview transcripts will be kept locked away and only the research team members will have access to this information. No names will be used in the final report and no one will be able to identify your daughter, if your daughter provides details that may lead to her identification such as a name or address this will be omitted from the final report. The tapes will be erased at the end of the research. However if your daughter provides any details concerning a public protection issue or new information regarding an

offence, the researcher is under a moral, professional and legal obligation to disclose the information to the relevant authorities and therefore confidentiality cannot be assured in this instance.

What will happen to the information we collect?

The information we collect will be summarised in a report and presented to the University of Huddersfield as a PhD thesis. A copy will be provided to all involved if they wish to receive one.

If you want to know more, what should you do?

If you have any questions or would like further information please do not hesitate to contact **Ian Warwick at the University of Huddersfield on telephone number 01484 473239 or by email at i.warwick@hud.ac.uk.**

Participant agreement and consent form

Name of researcher: Ian Warwick

Title of project: An Evaluation of the Development of Resilience in Girls
Engaged in Competitive Football

1. I confirm that I have read and understand the information sheet for the above
   study and have had the opportunity to ask questions ☐(tick)
2. I understand that my consent is voluntary and that I am free to withdraw my
   participation :-
- At any time_____☐
- Without giving any reason_____☐
3. I understand that the questionnaire will be anonymous_____☐

Please complete your details in the space provided

Your name _____Date_____ Signature _____

Address _____

_____

Post code _____   Telephone number _____

Thank you for completing this form. Please return the form to Ian Warwick in
the envelope provided.

Parent agreement and consent form

Name of researcher: Ian Warwick

Title of project: An Evaluation of the Development of Resilience in Girls Engaged in Competitive Football

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions_____☐(tick)

2. I understand that my consent is voluntary and that I am free to withdraw my daughter's participation   and/or my participation

- At any time_____☐
- Without giving any reason _____☐

3. I understand that the questionnaire will be anonymous_____ ☐

Please complete your details in the space provided

Your name_____   Signature _____ Date _____

Address_____

_____

Post code_____   Telephone number_____

Thank you for completing this form. Please return the form to Ian Warwick in the envelope provided.

APPENDIX 4 Demographics Questionnaire

1. Child's\number:…………………………………………………………………
2. Month/Year of birth……………………………………….……………………
3. How many years have you played football?...
4. Do you play other sports? (Please list them)………………….……………
5. What are the first figures of your postcode? (e.g. S17, DN6 etc.)..…………
6. How do you travel to training? (Circle)   Bus   Car   Train   Tram
7. How many people in your home are in work? (Circle) 0 1 2   more than 2
8. Please study the list below and tick one box only to indicate your ethnic background.

White

- [ ] British
- [ ] Irish
- [ ] Traveller of Irish Heritage
- [ ] Gypsy/Roma
- [ ] Any other White background

Mixed

- [ ] White and Black Caribbean
- [ ] White and Black African
- [ ] White and Asian
- [ ] Any other mixed background
- [ ] **I do not wish an ethnic background category to be recorded**

Asian or Asian British

- [ ] Indian
- [ ] Pakistani
- [ ] Bangladeshi
- [ ] Any other Asian background

Black or Black British

- [ ] Caribbean
- [ ] African
- [ ] Any other Black background
- [ ] **Chinese**
- [ ] **Any other ethnic background**

APPENDIX 5. Strengths and Difficulties Questionnaire: Parent

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months or this school year. © Goodman, R (2005.)

Child's Number...................

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other children (treats, toys, pencils etc.)	☐	☐	☐
Often has temper tantrums or hot tempers	☐	☐	☐
Rather solitary, tends to play alone	☐	☐	☐
Generally obedient, usually does what adults request	☐	☐	☐
Many worries, often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other children or bullies them	☐	☐	☐
Often unhappy, down-hearted or tearful	☐	☐	☐
Generally liked by other children	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous or clingy in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by other children	☐	☐	☐
Often volunteers to help others (parents, teachers, other children)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐
Gets on better with adults than with other children	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Sees tasks through to the end, good attention span	☐	☐	☐

APPENDIX 6. Scoring Sheet for Strengths and Difficulties Questionnaire

Considerate of other people's feelings	0	1	2
Restless, overactive, cannot stay still for long	0	1	2
Often complains of headaches, stomach-aches or sickness	0	1	2
Shares readily with other children (treats, toys, pencils etc.)	0	1	2
Often has temper tantrums or hot tempers	0	1	2
Rather solitary, tends to play alone	0	1	2
Generally obedient, usually does what adults request	2	1	0
Many worries, often seems worried	0	1	2
Helpful if someone is hurt, upset or feeling ill	0	1	2
Constantly fidgeting or squirming	0	1	2
Has at least one good friend	2	1	0
Often fights with other children or bullies them	0	1	2
Often unhappy, down-hearted or tearful	0	1	2
Generally liked by other children	2	1	0
Easily distracted, concentration wanders	0	1	2
Nervous or clingy in new situations, easily loses confidence	0	1	2
Kind to younger children	0	1	2
Often lies or cheats	0	1	2
Picked on or bullied by other children	0	1	2
Often volunteers to help others (parents, teachers, other children)	0	1	2
Thinks things out before acting	2	1	0
Steals from home, school or elsewhere	0	1	2
Gets on better with adults than with other children	0	1	2
Many fears, easily scared	0	1	2
Sees tasks through to the end, good attention span	2	1	0

APPENDIX 7 SDQ Subscales

Emotional Symptoms Scale

Often complains of headaches, stomach-aches or sickness	0	1	2
Many worries, often seems worried	0	1	2
Often unhappy, down-hearted or tearful	0	1	2
Nervous or clingy in new situations, easily loses confidence	0	1	2
Many fears, easily scared	0	1	2

Conduct Problems Scale

Often has temper tantrums or hot tempers	0	1	2
Generally obedient, usually does what adults request	2	1	0
Often fights with other children or bullies them	0	1	2
Often lies or cheats	0	1	2
Steals from home, school or elsewhere	0	1	2

Hyperactivity Scale

Restless, overactive, cannot stay still for long	0	1	2
Constantly fidgeting or squirming	0	1	2
Easily distracted, concentration wanders	0	1	2
Thinks things out before acting	2	1	0
Sees tasks through to the end, good attention span	2	1	0

Peer Problems Scale

Rather solitary, tends to play alone	0	1	2
Has at least one good friend	2	1	0
Generally liked by other children	2	1	0
Picked on or bullied by other children	0	1	2
Gets on better with adults than with other children	0	1	2

Prosocial Scale

Considerate of other people's feelings	0	1	2
Shares readily with other children (treats, toys, pencils etc.)	0	1	2
Helpful if someone is hurt, upset or feeling ill	0	1	2
Kind to younger children	0	1	2
Often volunteers to help others (parents, teachers, other children)	0	1	2

APPENDIX 8. Example Transcript - LOCAL COMMUNITY CLUB GROUP 1

RESEARCHER: Can you tell me a little bit about when you started playing football how old you were and who were you playing football with?

GIRL 5: What do you mean by who with?

RESEARCHER: Well, did you play with your brothers or your dad?

GIRL 5: (whispers) I do not know.

RESEARCHER: Can you remember when you started playing football?

GIRL 5: erm Yeah. When I was 10 and I just started playing with school but then I decided to go to a team.

RESEARCHER: So when you were playing at school were you playing just with girls or boys and girls or? –

GIRL 5: Both.

RESEARCHER: Both?

GIRL 5: Yeah. It was in primary school.

RESEARCHER: OK. So was that in the playground or was that sort of school team or..?

GIRL 5: Yeah. School team.

RESEARCHER: School team? OK. So the next one. When did you start playing football?

GIRL 6: erm, think I started playing when I was like, err, how old are you when you are in year five?

GIRL 8: Ten.

GIRL 6: When I was ten with school and then got a little leaflet thingy to play for D***** Town so I decided to go to training and then I carried on.

RESEARCHER: So were other girls playing at school when you were playing?

GIRL 6: Yeah.

RESEARCHER: Yeah?

GIRL 6: Yeah. We had a girls' football team and we played in like a competition.

RESEARCHER: Right? And so did other girls come to D***** or were you the only one?

GIRL 6: No. It was all erm all the schools in D***** playing each other.

RESEARCHER: So when did you start playing football?

GIRL 7: About ten as well. Played with school and then I came with my friend to D***** Town as well.

RESEARCHER: Right

GIRL 8: err I started playing when I was about eight cos I played err we, me and my friend came er to D***** town and erm started playing then but we played a bit in school with like the boys as well so, but not for like a school team or anything.

RESEARCHER: What you mean you played in the playground with the boys or..?

GIRL 8: Yeah.

RESEARCHER: And were you the only girl or were there other girls playing?

GIRL 8: No there was a few of us.

RESEARCHER: right OK, so... you three that said you started when you were ten. Did you not play at all on the back garden with your dad, brother?

GIRL 6: Yeah. Probably

RESEARCHER: Probably?

GIRL 6: Can't really remember though.

GIRL 7: I played with my brothers a bit.

RESEARCHER: Have you got older brothers?

GIRL 7: I have got an older one and a younger one.

RESEARCHER: Right, and are they footballers?

GIRL 7: My younger one is, but the older one doesn't really like it, but he did play so a bit.

RESEARCHER: And what about playing with your dad or anything like that?

GIRL 8: Yeah, probably played on the beach a bit. You know, like on holiday and just like

kicking it about.

RESEARCHER: Yeah but not actually…?

GIRL 8: Nothing really serious.

RESEARCHER: Nothing really particularly serious? So were your family, when you decided you wanted to be footballers and you wanted to play for D***** were your family supportive?

GIRL 5: Yeah.

GIRL 6: I don't think there is anything particularly to be unsupportive about. It was just bringing me on a Saturday and to training, but I didn't start and think ooh I want to be a footballer. It was more like me and my friend wanted to do something out of school a bit and like we just found out about football, so we thought we would go for it and see how it goes, but I don't remember any unsupportiveness.

RESEARCHER: They didn't sort of suggest you did gymnastics or swimming or..?

GIRL 6: No, well I did gymnastics for a bit and it didn't go very well because I am not very flexible.

ALL: (giggling)

GIRL 7: I did ballet for a bit, but yeah, same reason, my mum likes sports so she was happy when I said I wanted to do it.

RESEARCHER: Right, and have you done other sports or..?

GIRL 8: Yeah I used to do gymnastics.

ALL: (giggling)

GIRL 8: I weren't amazing at it so I quit.

ALL: (giggling)

RESEARCHER: And did you do other sports at all?

 GIRL 5: Yeah. I did dancing and gymnastics.

RESEARCHER: And did you carry on any of these things, gymnastics so forth?

GIRLS 5 and 8: No.

RESEARCHER: No?

GIRL 8: Well I did. I did gymnastics till I was about twelve and dance until I was like twelve.

RESEARCHER: Right OK, and you have never had sort of comments from your family about how they would rather you were doing something more girly like gymnastics?

GIRL 8: Just erm like a more distant family member said do you do anything out of school and I said 'football' and he acted a bit surprised, that is about it.

RESEARCHER: So what about playing with boys, because you said you started playing with boys. You said you started in a girls team, I can't remember which way round it was? You started playing with boys. And, so, when you played at school were they like mixed teams when you were playing against other schools?

GIRL 7: Yeah, well, erm no we didn't. We just trained with boys. So it was just like boys and girls playing together like practice matches. It wasn't like we played actual other teams.

RESEARCHER: And did the boys play other teams?

GIRL 7: No.

RESEARCHER: No?

GIRL 5: I played other teams with boys but there were more boys than girls on the team.

GIRL 6: Yeah. The same with me.

GIRL 5: You had to have at least two girls so they had to pick two girls to play.

GIRL 6: Yeah. That is the same as with me.

RESEARCHER: At school? That was a school thing?

GIRL 5: Yeah, against like other teams.

GIRL 6: Yeah. I remember like the boys were always a lot better because I think they were encouraged to start a lot younger.

GIRL 6: Yeah.They did not like to hassle the girls.

GIRL 5: Yeah.So when we did training and stuff like that we were always a lot worse than they were at like dribbling and stuff.

GIRL 6: A bit embarrassing!

- Both giggling*

RESEARCHER: So how did they treat you?

GIRL 8: erm At my school they didn't do any different I don't think they noticed I think it is just something you notice yourself.

GIRL 5: Yeah.

GIRL 6: They were alright. They just preferred to play with boys, like if they had a choice to pass to a boy or a girl they would pass to the boy.

GIRL 7: Because they have got more confidence I suppose because the boy stereotypically does football.

GIRL 8: Yeah, and like in our, when we played in the playground and stuff like that it was literally three or four girls and the rest was boys. So it was a lot of just boys and then the girls would not go in and tackle as much because they were not as confident. And they were a bit rougher because, I don't know what it is just like they are assumed they will play it from when they are younger so they just play it all the time.

RESEARCHER: And when you were playing you were saying it was compulsory that they had a couple of girls. So did they resent you being in the side instead of two boys?

GIRL 6: Yeah kinda. Probably.

GIRL 7: Probably when they are picking teams they would pick a boy over a girl but the teachers would probably notice and say you have to pick at least two girls so that it would encourage the girls a bit.

GIRL 8: I can't remember it being like that. Like it wasn't like it was compulsory to have girls it was just if girls wanted to play then they could play. They would like be automatically on the team so it was a mixed team and only like I said, like a few girls and then the rest were boys. So it was, erm, use the girls that are there cos they want to play.

RESEARCHER: So what is good about playing football then and why do you?

GIRL 6: erm I just really like it because of our team.

GIRL 5: Yeah. We're all quite close aren't we?

GIRL 8: Yeah. I think we are.

GIRL 7: We are all good friends.

GIRL 6: We have made friends from different places. A lot of these people do not go to

our school.

RESEARCHER: Right so how many different schools do they come from?

GIRL 8: There is not that many.

GIRL 6: There is about three or four.

GIRL 5: There is 3.

GIRL 6: No. There is 4.

GIRL 5: Oh yeah. Because ****.

RESEARCHER: So there is 4?

GIRL 6: Girls!

(Giggles)

RESEARCHER: So from about 4 different schools, and yet you all get on?

GIRL 6: Yeah.

GIRL 8: We are all like quite good friends.

GIRL 7: When you look at other teams on the pitch they always argue on the pitch and stuff like that and I think it is kind of funny.

GIRL 8: It is a bit embarrassing.

GIRL 7: And even if like new people come and they have only been for a few weeks or something they get on with us and…

GIRL 8: 'cos I used to play for, when I used to play for E****** before it was like I didn't feel like I could be comfortable with them because like they had a go at you sometimes. Well I know somebody from the team has a go at you, but they all had a go at you.

(Giggles)

RESEARCHER: Yeah?

GIRL 8: And they like, no one was really good friends and like I dreaded going to training sometimes, but it is like really different here.

GIRL 6: Yeah, because even though it is like hard training and stuff like that and we have to do, it is fun because you can have a chat with people and like if you do something

wrong it is more of a joke or it is like you just get more made fun of a bit but in like a good way.

GIRL 5: Like in a funny way.

GIRL 7: Rather than like, 'oh my god I can't believe you did that wrong'!

RESEARCHER: So what else would you say is good about playing football?

GIRL 5: It keeps you fit and it is something to do out of school so you don't just do nothing.

GIRL 8: It gives you more energy. It is nice when you win as well.

ALL: Yeah!

GIRL 5: And when someone scores.

RESEARCHER: You have been winning big this season haven't you?

GIRL 7: Yeah we've been doing alright.

RESEARCHER: What don't you like about playing football?

GIRL 5: When it is cold and it is raining.

GIRL 6: Yeah. Like when it is cold like now, I hate training when it is like this.

GIRL 7: Yeah. I don't like training when it is like this. You have to wear lots of layers and you feel all restricted.

RESEARCHER: Anything else you don't like about playing football?

GIRL 5: Erm, no, not really. There is but I just can't think of it.

GIRL 8: Sometimes if you are tired and you can't really be bothered to do it and you dread it but when you get there it is alright.

RESEARCHER: What about this time when it is cold. Wouldn't you rather be indoors back doing your gymnastics?

GIRL 5,6,7: No.

GIRL 8: I would rather just be indoors watching TV.

RESEARCHER: Rather just be indoors?(laugh)

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GIRL 7: If I was indoors doing gymnastics I just think it would be boring and I think the way that we are together it makes it quite fun to be outside because you do get warm as soon as you are out there and start doing things and you feel yourself doing more exercise than you would if you were doing gymnastics or whatever and I think, I don't know about you guys, but I prefer it a bit more when it feels like you are doing more things like you are kicking a ball rather than doing a roly poly.

GIRL 6: It is a skill and you can say you are a girl and you can play football, you can actually do it.

RESEARCHER: Yeah?

GIRL 5: The competition is better , with gymnastics you don't really compete that much.

RESEARCHER: So you like the competitive part of it?

GIRL 5: I like that you can learn how to do it as well, because I am not very flexible at all and I don't think there is a way that you can become more flexible like if you started when you were sixteen, whereas football if you start at sixteen you can still get better within a certain amount of time if you try hard at it so anyone pretty much can be good at it.

RESEARCHER: What about the physicality of it?

GIRL 7: It is nice to like…

RESEARCHER: Because sometime it can get a bit rough cant it?

ALL: yeah, hmm.

RESEARCHER: How do you feel about it?

GIRL 7: I think it is quite fun when it gets a bit rough.

GIRL 8: Yeah.

GIRL 5 and 6: It is quite funny.

GIRL 5: How angry people get.

GIRL 6: Over not much.

GIRL 5: And I think it affects people more than others sometimes, but I think it also makes you kind of a bit tougher.

GIRL 7: Makes you want to win more if there is someone on the other team keeps pushing you.

GIRL 8: And annoying you.

GIRL 6: Who you think keeps fouling you but you aren't getting any free kicks from it. Then it like motivates you to do better because you want to get something over on them a bit.

GIRL 7: I think it makes you more confident like out of football as well though because you know that you can beat somebody to the ball or you know that you can stick up for yourself and not be pushed about or elbowed about or whatever.

GIRL 8: It is nice in PE. It helps a lot if you have a sport you specialise in because you can say that you know what you are doing.

RESEARCHER: How do you feel when the other team scores or when you are losing?

GIRL 6: It doesn't happen very often.

(laughing)

GIRL 8: It is a bit annoying though, like when we lost 6-2 and you just can't do owt about it.

GIRL 5: You do get fed up about it but it makes you think 'Right we are going to score now we need to get a goal'.

GIRL 7: Like when it is a cup match and it doesn't really matter when you are losing like 16-1 and you just want to stop' cos you don't want to do it any more.

GIRL 5: You feel a bit downhearted.

GIRL 5: And if we lost every week we might not enjoy it as much.

GIRL 6: When you are drawing and then they score a few and you just don't know what to do, you are just sighing about…

GIRL 7: It is a bit more exciting when it is close, like 2-2 and someone has got to score.

GIRL 8: Like the other day, we only won 2-0 and it was right at the end, it was a bit more exciting, but it must have been horrible for them.

GIRL 5: When you get the goal in and you have only got a bit left and you are really close it makes you appreciate that goal more you really celebrate it.

GIRL 8: You are relieved.

GIRL 6: We don't really celebrate that much do we?

GIRL 7: No. It's just "Well done". But when it cuts it close you start to celebrate more.

RESEARCHER: Why do you think, as you were saying you are quite close as a team but you don't celebrate that much?

GIRL 8: Some of us do.

GIRL 5: Yeah. I don't know. I don't think we need to that much.

GIRL 6: We do, don't we?

GIRL 7: Yeah.

GIRL 6: It is just a high five, "Well done". Pat on the back.

GIRL 8: I think we are close enough not to need to.

GIRL 5: There is not that much support, so there is no one to run up to and scream like proper football.

GIRL 6: We don't like that. We are modest. Yeah. Modest about it.

GIRL 6: What is that word? We always win that sportsmanship award don't we?

GIRL 8: Because if we are winning by quite a few some teams might rub it in to you when they are shaking hands or might be laughing about it but we are alright we just enjoy scoring the goals.

GIRL 5: And if the other team is nice, we are nice to them, but if they are not we are just a bit…

RESEARCHER: So how do you feel if you do something wrong and the coach has a go at you?

GIRL 6: You say something back.

GIRL 8: I think it is good though as he is letting you know how it looks off the pitch.

GIRL 7: It is constructive criticism.

GIRL 5: It makes me want to cry. It is not constructive. He just tells you what you do wrong.

(laughter)

RESEARCHER: It makes you cry?

GIRL 5: No. It makes me want to and at half time or at the end.

GIRL 6: When he doesn't mention you.

GIRL 5: No. He acts as if a goal is your fault.

GIRL 7: Well, at the end if you think you have played a reasonable match and you feel confident that you have and then he doesn't mention you, it is a bit like 'Oh let's just go home now'.

GIRL 8: Well. There is 15 people so he can't go through everyone as it would be like an essay.

GIRL 6: I think it is alright anyway cos if you are sub off the pitch you get to see all what your team is doing wrong so you realise that that is what your manager is seeing. Sometimes when you are on the pitch you think it is going really fast and going alright and then you come off the pitch and it is like everybody is in slow motion when you come off it looks really, really slow.

(Laughter)

GIRL 8: Like it is not a very fast paced game or anything, and then he tells us, but I don't think he says it in a nasty way or anything I think he does it in a constructive way, or tries to.

GIRL 7: He says "well done" as well.

RESEARCHER: Just picking up on your point, you saying sometimes you have felt like crying at the end when you have been told off …but then you have gone home and come back again?

GIRL 5: Yeah, but it is not like, like when I teacher has a go at you.

(Laughter)

GIRL 5: That's how I am, I cry all the time.

GIRL 8: Yeah, but it is better for him to say if you were rubbish one week when you actually were rubbish, cos if he said you were good every week then when he said it it wouldn't matter to you

GIRL 7: You would take it for granted.

GIRL 8: If he says you are good one week you know you are better that you usually are, you actually take it seriously. It doesn't make you cry.

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(Laughter)

GIRL 6: It doesn't make you feel like you are a little kid, people always telling you you have done well. It makes you feel like you can do better and you are actually part of the team rather than a little kid's PE set. They are like you have tried well today, you have done ok.

(Laughter)

RESEARCHER: I want to ask you a little bit about impact outside of football because you have had to work really hard to be good at football. Do you think training and playing football has made you work harder at school? Or made any difference to what you are like at school?

GIRL 8: No.

GIRL 6: It gives you a sense of achievement. You know that if you try hard you can get something in most cases.

GIRL 7: I don't know. I don't have trouble concentrating or anything and some other people do. I don't know whether that is an effect or anything but…

GIRL 5: I don't think it affects anything to do with it.

Girls x3: No.

RESEARCHER: You don't think it does?

GIRL 5: No, it gives you a break from revision.

GIRL 6: But then when you get home you have to do it all again.

GIRL 8: But then again, you aren't revising when you are playing football, could be a downside, like **** misses football for revision

GIRL 7: Well. That is what she said. (giggling)

RESEARCHER: What about other things such as social things at school? Has football helped you get through sort of problems at school at all? You were saying about how you have formed really good bonds as a team. Do you think that has had an impact on how you form friendships?

GIRL 7: Yeah. If you are worried about something it does make you forget because you are with people instead of being stuck at home worrying about it on your own, cos I worry a lot.

GIRL 8: You can talk to each other at school.

GIRL 5: Like when I came to ****FC I only knew you lot, so I wouldn't have known anyone if I didn't come to your team.

RESEARCHER: So you have mates round school but you were saying coming to training is a different bunch of mates?

GIRL 5: Yeah. There is certain people in the team that if you had a party you might not invite.

GIRL 6: We have little groups at football that talk to each other more.

GIRL 7: But we don't hang around at school.

GIRL 8: But we don't hang around with them at school, so it is nice to catch up with them when you are at football, or you don't have to think of anything to talk about because you can just…

GIRL 7: Yeah. It doesn't really matter, and I think it is good because we seem to spend a lot of time together even though we aren't doing activities, like cinema and stuff.

GIRL 5: We do go for meals sometimes, but it is a bit different because I don't want to say family, but you are a bit closer, so it doesn't matter what you say or if you just stand in silence because…

GIRL 6: Or what you look like it doesn't really matter.

GIRL 5: Oh yeah. You don't have to put on make-up at all.

RESEARCHER: Do you think it has helped your confidence?

 GIRL 7: Yeah. Probably. Yeah.

RESEARCHER: Generally, I mean. Has it helped you confidence?

GIRL 5: Yeah.

GIRL 6: Yeah. Probably. I don't know. I haven't felt a difference but…

GIRL 8: We haven't experienced not having football.

GIRL 6: I think it probably has, because how some people in PE , this is just another example are scared to go up and do the high jump because there is only one person doing it at a time, whereas I don't know about you guys, but I'm not that bothered. Just because when you are a football you see just one person running at a time when it is their go and it doesn't really bother you because you don't really notice that it is one person so other people won't notice you.

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GIRL 7: …but I am scared to do the high jump. (giggles)

RESEARCHER: You're saying at school there is an area of support because there is people you can talk to. But you were saying about the skills, having the ability to develop a skill feels like an accomplishment?

GIRL 6: Yeah.

GIRL 8: Uh huh.

GIRL 5: Something you know that you can do. You know that it is something you can say to people, that you can play football.

RESEARCHER: Do you think you will carry on for a few more years playing football?

GIRL 7: No.

RESEARCHER: No?

GIRL 7: I think I would like to, but I think things are going to be changing next year because more girls work.

GIRL 6: I think you go onto a team with different girls and if you want to do football you have got to be dedicated to go further in that stage. I don't want to do anything in my career with sport or anything like that and with a levels and stuff I know that it is just going to take up a lot of time.

GIRL 5: And it wouldn't be the same without our team I don't think.

GIRL 8: So next year we can't play our team?

GIRL 6: I am carrying on.

GIRL 7: Not everyone will though, and it gets a bit more serious when you get older and I like it how it is not too serious like it is at the moment.

GIRL 8: Yeah. I think people who are actually interested in doing something with their football or sport are looking into it, are really dedicated but I don't know. I'm not.

RESEARCHER: I've just got one last question, you know when you tip up on a Saturday morning and it is freezing cold and it is lashing with rain and it is so cold it is painful and you are trudging around in the mud and you get beat… why do you come back?

GIRL 8: Because you didn't do it on your own. Everyone will probably still be smiling by the time they walk off and everyone will just have a laugh about it.

GIRL 6: It is not really a big issue if we lose.

GIRL 7: It makes you want to do better next time.

GIRL 5: Yeah. It makes you feel a bit disappointed in yourself but because it is our team.

GIRL 8: You have confidence.

GIRL 7: You walk off back to you car even if you are all muddy and wet or feeling really groggy you still end up smiling.

RESEARCHER: So the cold and the wet don't matter?

GIRL 6: Yeah. I don't like the cold particularly when you are playing football but…

GIRL 5: No, but it is over and done with. It is like, I can't wait to get home and have a shower.

RESEARCHER: That was my last question anyway , so, right, thanks ever so much for that.

APPENDIX 9 – TEMPLATE

FINAL TEMPLATE			
An Exploratory Study of the Mental Wellbeing of Girls Engaged in Competitive Football			
Theoretical Strands	**Main theme**	**Sub-theme**	**Sub-sub theme**
1 **THE IMPACT OF SOCIAL CONTEXT AND STRUCTURAL INEQUALITIES** (Reported in Chapter 7)	1.Social Environment (e.g. Benson, 1997)	2. Playground	5. Dominated by boys
		6. School	3. Promoting girls' football
			4. Not promoting girls' football
		7. Opportunity	4. School teams
			5. Boys' teams
			6. Girls' teams
		8. Barriers	9. Parental responses
			10. Responses of other adults e.g. teachers
			11. Responses from boys
			12. Responses from girls
			13. Feelings of isolation/difference
			14. Responses from coaches
			15. Social factors (e.g. male dominance, financial constraints, race/ethnicity)
			16. Environmental factors
2 **GENDER AND SPORT AND GIRLS' AGENCY** (Chapter 8)	1.Gender and Sport	9. Androgyny	1. Playing with boys
			10. Playing football
			11. Physicality
			12. Physical strength
			13. Physical prowess
			14. Fitness
			15. Competence
			16. Engagement in both masculine and feminine interests and skills
		8. Dominant views on feminine identities	2. Body image

	(e.g. Bem, 1974, 1975)	9. Cooperation	2. Welcoming/accepting newcomers
		10. Competition	2. Enjoying winning, scoring
		11. Teamwork	3. Integrating others 4. Sense of belonging
		12. Team sports	2. Other sports – hockey etc.
		13. Individual sports	2. Other sports – feminine
	2. Girls' Agency and Motivation	3. Autonomy	4. Pioneering
			5. Choosing to play football with boys
			6. Choosing to play football with girls
		4. Competence	3. Skill base
		4. Relatedness	2. Coach support
			4. Teammate support
3. **RESILIENCE, OVERCOMING ADVERSITY AND POSITIVE PSYCHOLOGY** (Chapter 9)	1. Psychological resilience (e.g. Sarkar and Fletcher, 2013)	1.Self-efficacy	1.Mastery
		2.Confidence	1.Security – managing bullying
		3.Positive personality/ Optimism	1. Positive personality/ Optimism
		4.Psychosocial skills	1.Meeting new people
		5.Focus	1.Concentration
		6.Perceived social support	1.Fathers positive
			2.Mothers positive
			3.Sibling support -.Sisters positive
			4.Sibling support - Brothers positive
			5.Peer support - Team members
			6.Teachers Supportive
			7.Positive peer relations – teammates
		1.Positive adaptation	1.Problem solving/Solution focus
			2.Sportsmanship
		2.Protective factors	1.Social interaction
			2.Humour

	2.Overcoming adversity (e.g. Sarkar and Fletcher, 2013)		3.External activities
			4.Engagement in team sport
		3.Reconfiguration/Positive reinterpretation	1.Need to score if other team scores
		4.Problem solving/Proactivity	1.Planning to defeat other team
		5.Acceptance	1.Defeat can be explained
		6.Positive Coping Strategies	1.Humour
		7.Recovery	1.Injuries
			2.Coach criticism
		8.Competence under stress	1.Controlled emotions
	3.Positive psychology (e.g. Seligman, 1990)	1.Optimistic explanatory style	1.Decatastrophising
		2.Solution focus/Problem solving	1.Desire to win
		3.Bounce back	1.Step it up
		4. Persistence/ Determination	1.Commitment (Hardiness) to training
		5. Positive self-concept	1. Positive self-concept

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